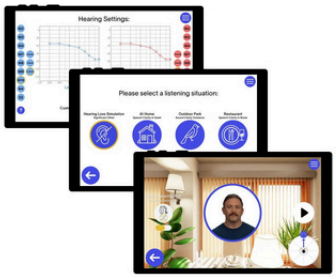

Engage Implementation Guide | **Existing Patient Upgrades (Appt. Type 3)**

Use case: This patient already wears hearing aids and already believes treatment works. The job is different: surface where their current technology is still falling short, let them experience what today's most advanced technology can do, and build confidence that a trial period feels like a natural next step.

Phase 1 - Discovery (2-3 minutes)

Clinician to patient: "Today, I'm going to ask you something a little different. If you could wave a magic wand and change three things about your hearing aids — anything at all — what would they be?"

> **Action** | Listen without steering. Note exact words around noise, effort, clarity, or specific situations. Most common: still struggling in noisy places, voices sound unnatural, too much listening effort, missing things in group settings.
>
> MI Note | "Magic wand" disarms defensiveness about admitting current aids aren't working well enough.

Clinician to companion: "From your perspective — where do you notice [him/her] still struggling most, even with the hearing aids?"

> **Action** | The patient answers first, but then the companion adds to it. Encourage the patient to hear what their companions have to say.
>
> MI Note | This sequence establishes the patient's own motivation before the companion's perspective reinforces it.

Clinician to patient: "Ok, so it sounds like [their top priorities] are really important to you. What I'd like to do right now is give you the opportunity to experience what today's most advanced hearing aid technology actually sounds like — in the specific situations you just described."

"Before we do that — is there anything else you want to make sure I know about what you're hoping for?"

Action | Pause and listen.

Phase 2 - Reflection Bridge (1 minute)

Clinician: "Okay, so it sounds like hearing better in [their situations] is really important to you. What I'd like to do right now is give you the opportunity to experience what better hearing could be like for you in some of those challenging listening situations first-hand."

Clinician: "Before you do that — is there anything else you want to make sure I know about your hearing goals?"

Action | Pause and listen. Then move forward.

Phase 3 - Demo Credibility (2 minutes)

Clinician to patient (before putting headphones on): "Before you put these on, I want to give you a quick heads up. This is a new technology we are using to demonstrate hearing aids."

"The audio you're going to hear was recorded using today's most advanced hearing aid technology, in actual real-world environments — a quiet room, an outdoor setting, and a noisy restaurant. It's a recording of what that technology actually captures and processes in those situations."

"It's also personalized to your specific hearing profile, so what you hear reflects how that technology would work for your pattern of hearing loss."

"Now — it is an approximation. The full experience comes when we take you through a customized fitting and auditory retraining process, where the technology is precisely calibrated to you. But this gives you a genuine first-hand sense of what's possible before we get there."

"What questions do you have before we start? … Okay, ready?"

Phase 4 - Running the Demo: Clinician-Guided Scene Selection (5 min)

If they named clarity/quiet speech: *Run quiet room scene.* "Listen with the standard technology first, then toggle to the advanced level and notice what changes."

If they named noise/restaurants/gatherings: *Go directly to restaurant scene.* "Listen first without the advanced features on. Then toggle it and pay close attention to the voice in front of you. That difference is what today's most advanced technology is built to do."

If they named spatial awareness/directionality: *Run outdoor scene.* "Try rotating the tablet and notice how the advanced technology handles where you focus your attention."

If they named listening effort/fatigue: *Run restaurant scene, framed around effort.* "Notice not just whether you can hear the voice — but how hard you're working to follow it. That listening effort is what we're targeting."

> **Action** | Encourage 3–4 toggles in each scene. If companion present, let them listen simultaneously.

MI Note | Scene selection based on the patient's own words presents a personalized solution for their frustration.

Phase 5 - Post-Demo Reflection/Trial Close (3–5 min)

Action | Remove headphones. Take tablet back and pause before speaking.

Clinician to patient: “What did you notice? Based on what you just experienced — can you imagine what it would be like to hear that way in [their top situation]? What would that be like for you?"

Clinician to companion: "And from where you're sitting — what was it like to experience that difference alongside [him/her]?"

Action | Let them answer fully before moving to next steps.

Closing bridge: "What you just heard is what today's most advanced hearing aid technology is capable of — and remember, that audio was recorded through the actual technology, personalized to your hearing. What we'd do next is set that up properly for you and let you live in it for [X] days, so you can experience that difference in your real life: at dinner, at work, wherever it matters most to you."

"Treating hearing loss is a process that involves retraining your brain's ability to process sound normally again — so a real-world trial is actually the most important part. It's not just about whether the technology is better. It's about whether better hearing changes things for you in the ways that matter."

"What questions do you have before we talk about what that looks like? … [address questions] … Where should we go next?"

MI Note | "Where should we go next?" hands the patient agency at the moment of decision. They are choosing the trial, not being sold it.

Next Steps

This guide provides a framework for implementing MI-based demo scripts. Remember to adapt these scripts to your individual patients and their unique needs. Consistent practice and refinement of these techniques will lead to improved patient engagement and treatment outcomes.