

COCHLEAR IMPLANT CONSUMER GROUP

Minutes of the meeting held at The Hearing House, Greenlane, Auckland on 22 March 2014

Present: Anita, Frank, Donald, Zita, Ged, Nic, Lee, Virginia, Donna, Di, Apii, Lyn, Karel, Kerry, Laurie, Raewyn, Stuart, Diana, Fred, Maxine

Apologies: John Christianson, Kathleen Bennett, Graham Duffy, Vince

Business: Nic will send the YouTube link featuring Apii with her story. Woman's Day will be doing articles on Donna, Yvonne and McKenzie as well. Apii has just been switched on and as a result she now has the confidence to get up and speak to the group. She is able to interact with her community, especially Pacific Islanders, and is encouraging them to come forward if deafness is a problem for them or their families.

A receipt was received from The Hearing House for the \$40 donation raised by our group on Loud Shirt Day.

Speaker: Ellen Giles - Cochlear Implant Technology: Then, Now and Next

Ellen began her talk by telling the group about her background. She was trained in the United Kingdom, gaining a Masters in Biology and Psychology. She realised that, because the training at that point was purely academic, it wasn't enough when her interest was in rehabilitation. She embarked on a one year programme in London which focused on audiology and hearing therapy.

Marriage led to a move to Manchester, where, like here, the CI programme was based in the University. However, it was made easier because the hospital was just across the road. She found the CI programme in Manchester was very busy but there was no public funding. Ellen's involvement in the programme was on the mapping side.

When she moved to New Zealand in 1997, she discovered the CI programme at the time was parallel with that in the UK. Both in the UK and in NZ, the plan was always for children, but this has changed over time.

Ellen talked about how Professor Graeme Clark got involved as a result of his father's deafness. While sitting on the beach, a strand of marram grass and a shell gave him the idea of how a CI could work. This simple beginning led to the first CI which was switched on in 1982 in Melbourne, Australia. The original CI's were very basic compared with today's CI. Recipients had to carry the processor in a bag. Over time they became less cumbersome with the head-set being replaced by a behind the ear processor. Today there are more channels and more stimulation with 22 active electrodes and two externals. In 2005 rechargeable batteries were introduced.

Because of the improvements, there is better speech perception in noise and better chance at preserving hearing. There is better usability, durability and reliability. Ellen showed graphs of improvements for recipients. Ability to hold a two way telephone conversation, social participation, improved self esteem and quality of life all showed remarkable figures. Not many prostheses have such an effect on a person's life. Probably the others would be intensive care for neo natal babies and heart surgery.

Ellen is particularly interested in people who aren't happy with their CI. She questions if the clinic has failed to meet satisfaction, and why.

For each patient, the skills are based on learning so it is necessary to train the brain to hear

and understand. Partner training is just as important, so that there is support for the patient once they are away from the clinic. The skills learnt at the clinic are transferred to the home so that what has been learnt can be reinforced. There is a hierarchy of skills which are developed in speech perception.

- Detection of sounds

- Discrimination of similar speech sounds

- Identification of similar speech sounds

- Comprehension of speech

- Hearing what has been said and understanding it.

Aural Rehabilitation.

The question is often asked 'Why do people have to go to the clinic rather than the audiologist?'

The reason is that there are many facets to patient training after switch on that an audiologist wouldn't cover.

There is a strong focus on training in the first three months after switch on where the patient has to learn hearing tactics and conversational skills. Assertiveness training so that the patient learns to use those tactics and can ask for help when it is required. The clinic covers counselling, telephone training and psychological group work.

The students who are audiologists in training get to see a whole range of people. It gets them thinking about patients when they get out into the practice situation. They will be more aware of CI's and how much they change a person's life.

Ellen said she feels so lucky to be involved in the life changes that take place. She loves her job and it shows.

Lyn added that switch on could be likened to giving birth to a baby. Ellen said that there are many different reactions when a person hears for the first time, ranging from tears to smiles.

Donna thanked Ellen for an interesting and informative talk.