

# Ida Institute's legacy and the future of person-centred care

BY KRIS ENGLISH

Professor Kris English reflects on the IDA Institute's closure, celebrating its legacy of advancing patient-centred care and reshaping audiological counselling worldwide.



In September 2008, the Ida Institute's Director, Lise Lotte Bundesen, and her team held its inaugural 'Defining Hearing Seminar' in Nærum, Denmark. Their approach was groundbreaking: audiologists from around the globe were invited to co-create definitions and applications of person-centred care (PCC), a concept relatively new to audiology. In subsequent years, hundreds of audiologists, as well as persons with hearing loss and their families, supported Ida's mission to develop a deep library of teaching materials, tools, videos, assessments and other resources, while broadening its focus to address person-centred care for families, children and young people.

The Ida Institute's approach and products fundamentally changed audiology at its core. As healthcare in general was recognising, the traditional model of 'doctor knows best' had proven to be unsatisfactory for both providers and patients. Ida's collaborative process resulted in a reframing of clinical values, social power and the interpersonal skills needed in audiological counselling.

## Two overlapping developments

Over time, the Ida Institute developed an extensive catalogue of clinic-ready materials, tutorials and related research. However, in October 2024, audiologists were informed that, even after a drastic February 2023 restructuring, Ida was to be permanently shut down. During the same time period, a body of research was identifying disparities in healthcare services and outcomes. Contributing factors include system variables (time pressures, geographical availability), patient variables (personal preferences,

mistrust, misunderstandings) and, relative to PCC, *clinician variables*, specifically the impact of healthcare providers' biases and stereotyping [1].

Although not a comfortable topic, the one variable that we can directly and personally address is unconscious or implicit bias. On the one hand, it's easy to explain: as neurologists like to say, 'If you have a brain, you have biases' [2]. On the other hand, accepting ourselves as biased persons can be a struggle and, even when we acknowledge bias as a universal experience, we may not have associated unaddressed biases as a barrier to person-centred care. We might not be aware that 'truisms' we absorbed in our formative years would cause us later, as clinicians, to be less open, less curious, more directive, more abrupt with those we hold biases against. Another variable: given the diversity of our populations, we must also factor in the likelihood of unconscious bias occurring many times throughout the day, as we encounter patients who differ from us by race, culture, socioeconomic status, LGBTQ+ identities, religion, political affiliations and more. Finally, lest we assume audiological practices are free of bias, evidence indicates otherwise. Recent examples include disparities in adult cochlear implantation, delayed paediatric referrals and rehabilitation, and under-representation in genetic testing [3,4,5]. As the saying goes, 'it's a lot to unpack.'

## 'Addressing bias' was on Ida's to-do list

Tracking its evolution over the past 15 years, it may come as no surprise to learn that the Ida Institute had already recognised the

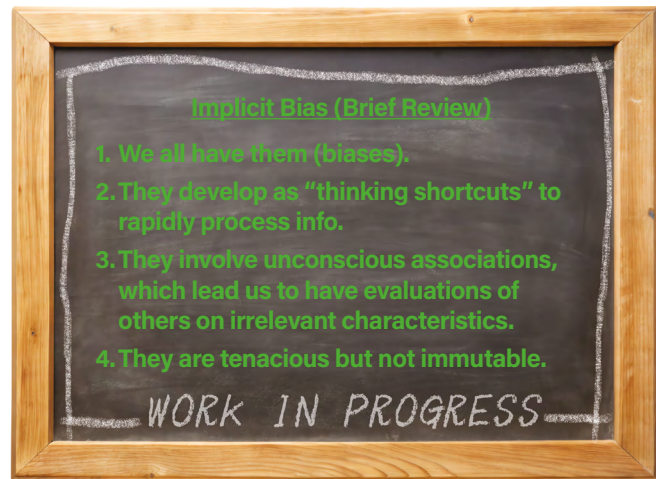
need to address unequal hearing care as a natural extension of PCC. In an email conversation (27 October, 2024), Director Ena Nielsen reported that Ida had planned to launch a project in spring 2025 focusing on cultural competence (understanding others) and cultural humility (understanding ourselves). Cultural humility has been defined as “having an interpersonal stance that is other-oriented rather than self-focused, characterised by respect and lack of superiority toward an individual’s cultural background and experience”, and is considered an essential step in addressing bias-based healthcare disparities. [6] This kind of ‘interpersonal stance’ shares many characteristics with person-centred care, but also requires a different type of self-knowledge, i.e. implicit bias recognition and management (IBRM) [7].

### Continuing to be ‘Ida inspired’

The Ida Institute provided a launching pad to support audiologists in developing PCC skills, and fortunately its materials continue to be available at [IdaInstitute.com](http://IdaInstitute.com) (Note: these are legally restricted to non-profit, educational purposes only.) Our challenge now is to take up the mantle and continue to advance PCC and cultural humility in our own backyards. For example:

- In training programmes, we can promote PCC and IBRM values in student recruiting materials, and review syllabi and student assessments to confirm that person-centred skills are consistently highlighted in all courses that involve humans receiving care.
- In clinical settings, we can review mission statements, schedule annual reviews of PCC and IBRM concepts and practices, sponsor journal clubs and seminars, and routinely seek out patient input, for instance with the ‘I Feel Heard’ scale [8].
- In research settings, we can measure PCC and IBRM as related to patient experiences and satisfaction, clinician challenges and organisational values.

The Ida Institute’s international leadership during this next development in person-centred care will be sorely missed. Audiologists will be drawing on Ida content for local training for years to come, as well as advancing PCC in new directions. As we move forward on our own, Director Ena Nielsen offers these words of encouragement: “*We are incredibly grateful and indebted to the many hundreds of hearing care professionals, people with hearing impairment and their relatives, and outstanding academics worldwide who freely and generously lent us their knowledge, experience and expertise in the co-creation of all Ida’s free resources. May their commitment, engagement and curiosity continue to challenge and inspire the field of audiology to strive for better and more holistic care that truly meets the needs of each and every person in need of better hearing.*”



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