Cochlear Implant Champion

Step 1: Role & Development Self-Assessment

Compare your current activity against the published Champion role, spot any gaps, and use this to discuss support, protected time, and objectives for the coming year.

This takes about 15 minutes. You only need to tick where you are now; you'll turn your 2 priority areas into SMART objectives on page 2.

☐ Rate all 6 areas → ☐ Pick your top 2 priorities → ☐ Turn each into a SMART objective

Role component	Tick where you are now	Why this matters to the department	What this looks like when it's going well
• *Facilitation of Learning & Education* **Train, support and empower colleagues to counsel patients/families about cochlear implants**	☐ Not started ☐ Developing ☐ Established ☐ Leading	*Reduces reliance on one individual; builds resilience so the service isn't vulnerable if the champion is away or leaves; raises whole-team competence at no extra training cost.*	Regular short team briefings or case discussions; new starters shown CI referral process as part of induction; colleagues confident to raise CI as an option unprompted. • Training tailored to different staff groups (support workers, trainees, band 5s, etc.)
• *Clinical / Professional Practice* **Support you team to inform all eligible patients/families are offered informed choice and shared decision-making about CI referral**	☐ Not started ☐ Developing ☐ Established ☐ Leading	*Reduces complaints and appeals; supports patient safety and consent standards the department is already accountable for.*	Patients routinely told about CI as an option where eligible; decision-support materials in use; documented discussion in records. • Checks equity of access (deprivation, language, learning disability, care home residents, older adults) • Reflects patient/carer voice: PALS, complaints, survey feedback
• *Evidence, Research & Development* **Audit the quality and quantity of CI referral counselling; monitor referrals**	☐ Not started ☐ Developing ☐ Established ☐ Leading	*Directly evidences KPI and commissioning-standard compliance that managers already have to report on, since the champion generates this evidence for them.*	Regular audit using BCIG/Auditbase tools; results show trend over time; under-referral or gaps identified early. • Uses QI method (e.g. PDSA) to understand why referrals are missed, not just count them

Role component	Tick where you are now	Why this matters to the department	What this looks like when it's going well
			• Confident, accurate data entry underpinning the audit
• *Leadership & Management* **Share audit results with the team at regular intervals**	☐ Not started ☐ Developing ☐ Established ☐ Leading	*Visible, low-cost quality improvement activity; ready-made content for CPD logs, team meetings and service reports.*	Audit findings presented at team meetings; actions agreed and followed up; results feed into service governance. • Findings linked to team CPD and service improvement plans
• *Leadership & Management* **Build and maintain a relationship with the local implant centre / Mentor**	☐ Not started ☐ Developing ☐ Established ☐ Leading	*Smoother, faster referral pathways mean fewer delays and fewer patient complaints, directly improving service KPIs.*	Named Mentor contact known and used; queries resolved quickly; joint working on complex or borderline referrals. • Engages with the wider regional/national CI Champion peer network, not just the named Mentor
• *Evidence, Research & Development* **Attend the annual CI Champion training day and engage with online/e-learning**	☐ Not started ☐ Developing ☐ Established ☐ Leading	*Keeps the whole department's CI knowledge current without the department paying for external training, since the champion brings it back in-house.*	Attendance at annual event; e-learning modules completed; new knowledge cascaded to the team afterwards. • Learning outcomes and practice change documented to contribute to CPD portfolio to maintain professional registration.

Step 2: Focus on your priorities - Choose the 2 areas (or more) you rated lowest, or that feel most useful to raise at appraisal.

You don't need to complete all six: depth on a few areas is more useful than a little on everything.

For each priority, turn the gap into a SMART objective (Specific, Measurable, Achievable, Relevant, Time-bound). This gives you something concrete to agree with your manager and review again next year.

EXAMPLE (for reference only, not for you to complete)

Priority area: Audit the quality and quantity of CI referral counselling

Current evidence/activity: I run the Auditbase referral report roughly twice a year, but don't yet look at why referrals are missed.
Gap identified: No formal QI method used to explore causes of under-referral.
My SMART objective: Run a 6-week PDSA test adding a one-line CI prompt to the referral proforma, then compare referral rates at the next audit review (by end of Q2).
Support needed to achieve this: An hour a quarter of protected time, and a short PDSA refresher.

Priority 1

Which role area:

Current evidence/activity:

Gap identified:

My SMART objective (Specific action + how you'll measure it + by when):

Support/resources needed to achieve this:

Priority 2

Which role area:

Current evidence/activity:

Gap identified:

My SMART objective (Specific action + how you'll measure it + by when):

Support/resources needed to achieve this:

Optional extra reflection *(only if useful, not required)*

Is this role sustainable within my current time and workload? What would need to change?

How does this role support my career development (banding, specialist/advanced practice, portfolio evidence)?