

# Audiologic Counseling in Time-Constrained Health Care: Balancing Heart with Efficiency

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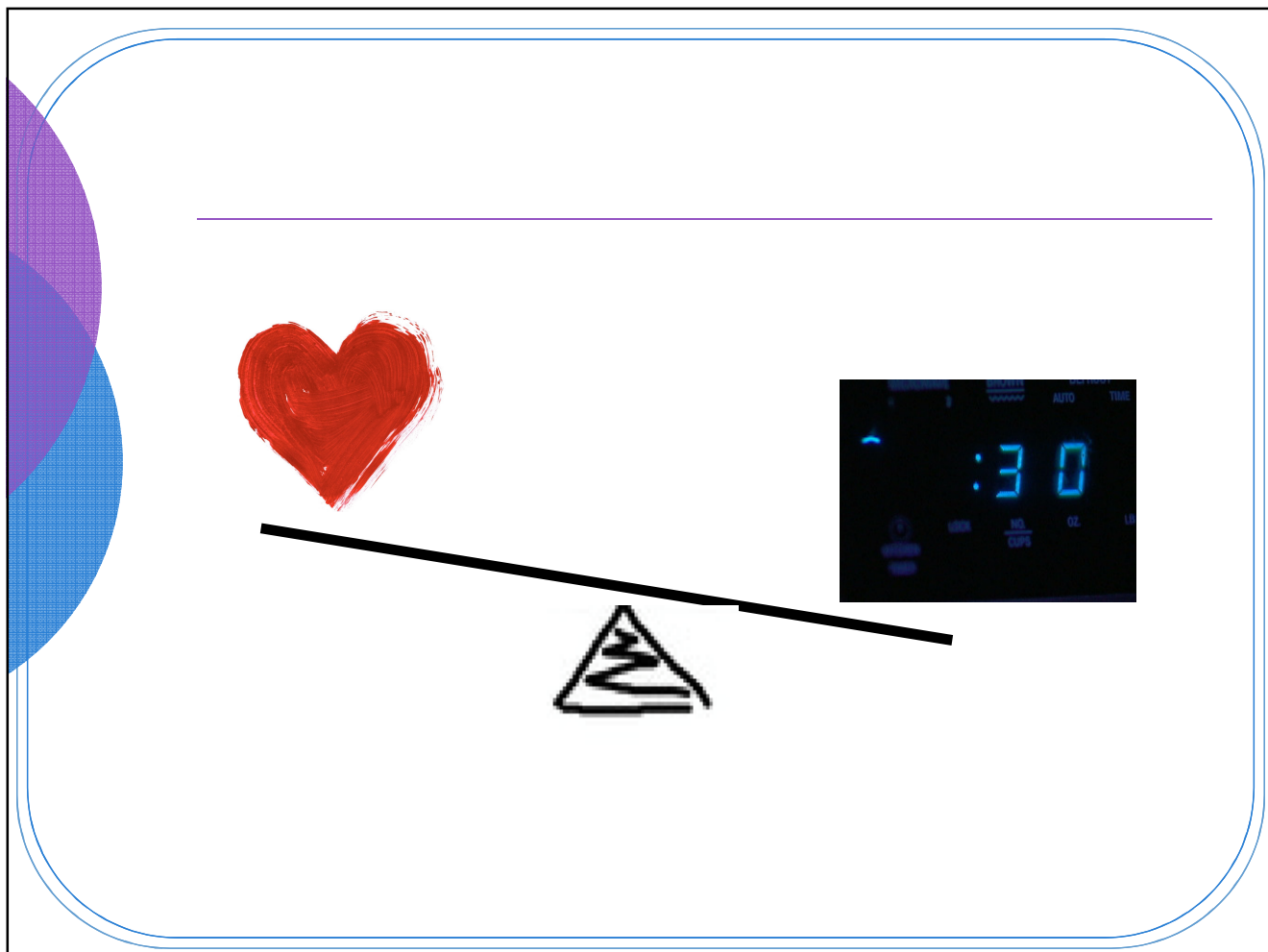


Kris English, PhD  
The University of Akron  
Ohio US

## Knowledge and Skill

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# How???

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## One Approach

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- Summer workshop (6 weeks)

### **The Ear Foundation**

Hearing & Communicating in a Technological Era



- Nottingham England

(English & Archbold, 2014)

## Participants = 25

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- Two cohorts
  - 2011: N = 10
  - 2012: N = 15



## Program

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- Opening session on site
- 6 weeks (~20 hrs) guided independent study
- Closing session on site

## Why Extended Format?

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- Research: Workshop effectiveness



Attendees acquire new info

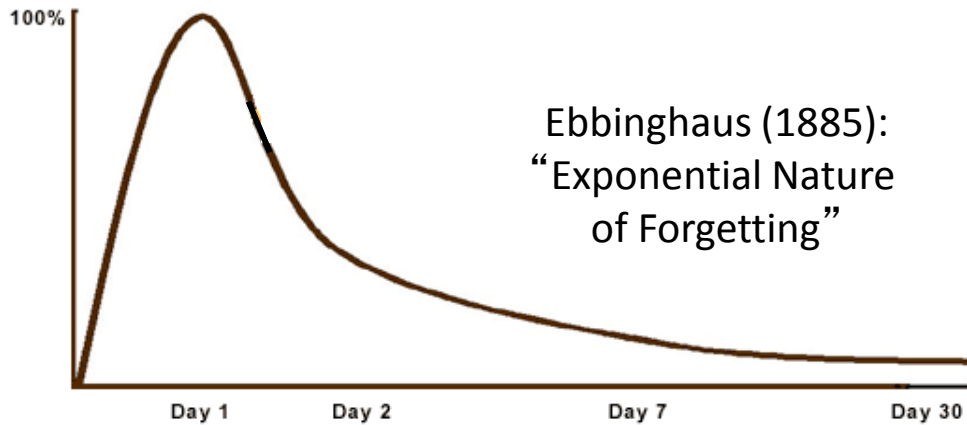


New knowledge does not translate into change in practice

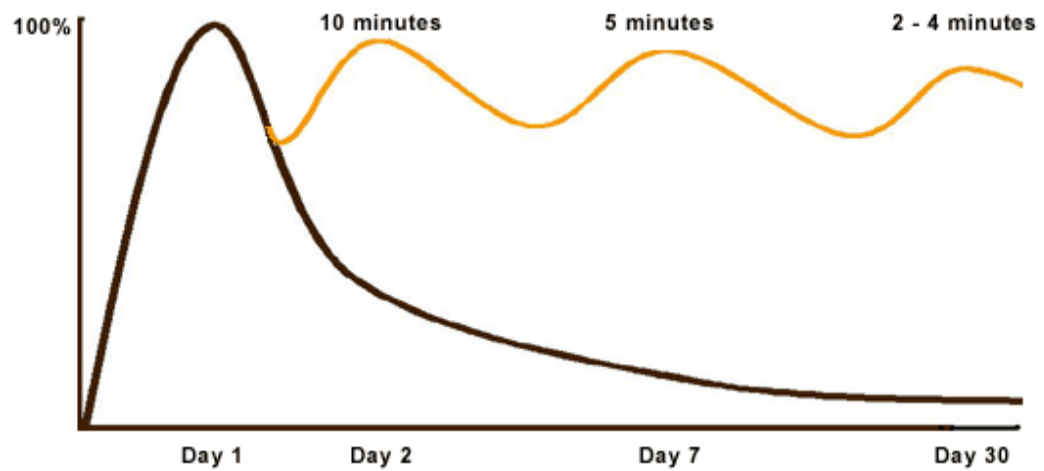


## “Forgetting Curve”

- Will forget 90% of what you listened to today within one month
- Most of the forgetting will occur within hours



## “Learning Curve”

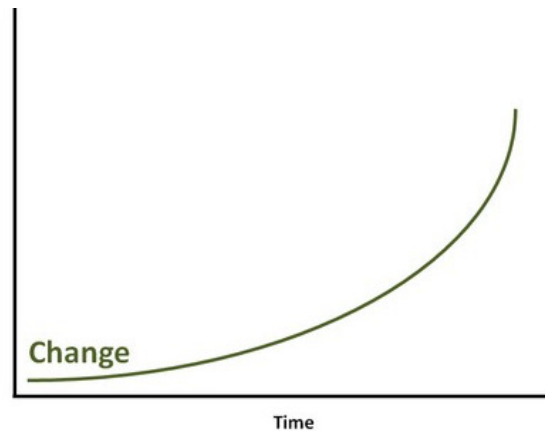


<http://www.adm.uwaterloo.ca/infocs/study/curve.html>

## Change Takes Time, Support

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- Practice opportunities
- Reflection
- Feedback
- Coaching



## Workshop Coaching/Curriculum

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- Weekly reading assignments
- “Thoughts for the Weekend” emails
- Individual, group online discussions
- Video consults



## Did Knowledge Translate to Skills?

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- Post-workshop survey, emailed
- Response rate:90%
- 4 Questions:

## Q1. Have you changed your practices after completing course?

- 1-5 scale
  - 1=not at all
  - 5=changed almost everything

	<i>Median</i>	<i>Range</i>
2011	3	2-5
2012	3	2-4

## Q2: If changes were made, please describe.

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- Open-ended; responses=>qual data
- Analysis: grounded theory technique (Knudsen 2012)
  - Coding, categorizing, comparison, interpretation, theorization
- One major theme, 5 sub-themes:

## Major Theme: Changes in Audiologist-Patient Dynamics

Minor Themes	Numbers	Sample Comments
Increased opportunities for patient to communicate	18	<p>"Asking the parent what they would like to know after disclosing the diagnosis. Holding back and not filling the parents silences".</p> <p>"I am less ready to jump in and answer without ensuring I understand the question fully".</p> <p>"I have had two major points of progress with families where we have had little progress over a year or more, which is very uplifting".</p> <p>"I've noticed a definite positive change in the way my patients respond since making these changes. A few of them have told me they were really dreading the appointment and their hearing test and have been pleasantly surprised ... they were relieved at having someone to talk to about their difficulties and they even quite enjoyed it!".</p>
Changes in self	18	<p>"When a patient now says to me that they are getting old, I no longer patronize them. I try to acknowledge their feelings of getting old".</p> <p>"I actively reflect on the sessions more".</p> <p>"Giving ' bad news' is never going to be an easy task but I now feel I have a catalogue of ways to bring about understanding and the journey of acceptance".</p>
Sharing control with patients	11	<p>"Letting the patients taking [sic] more of a lead during the appointments".</p> <p>"I am putting more emphasis on addressing any issues important to them as well as doing the routine tuning checks and hearing tests".</p> <p>"I have also started to allow the patient to come to conclusions through talking"</p> <p>"Trying not to be a hearing-aid cop!".</p>
Changes in student training	5	<p>"Created a new 2-week course. Positive feedback from enrollees (N = 10) who felt course should be core, not elective."</p> <p>"New approach to case presentations, using 'Listen For It' approach for discussion."</p> <p>"Using workshop content in my presentations".</p> <p>"Am seeing an impact on trainees".</p>
Changes in patient education	3	<p>"Avoiding information overload".</p> <p>"Aware of 'content trap'".</p> <p>"No longer automatically reviewing audiogram; what does <i>patient want to know?</i>"</p>



## Q3: If no changes made, could you explain?

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- 100% to Q2 =no response to Q3

## Q4: Do you foresee making changes as time goes on?

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- Continue to refer to course materials
- Encourage colleagues to be “less prescriptive”
- Use more rehab tools, questionnaires to keep focus on patient concerns
- Will share info with staff, others
- Enroll in counseling course

# How??? 3 Skills

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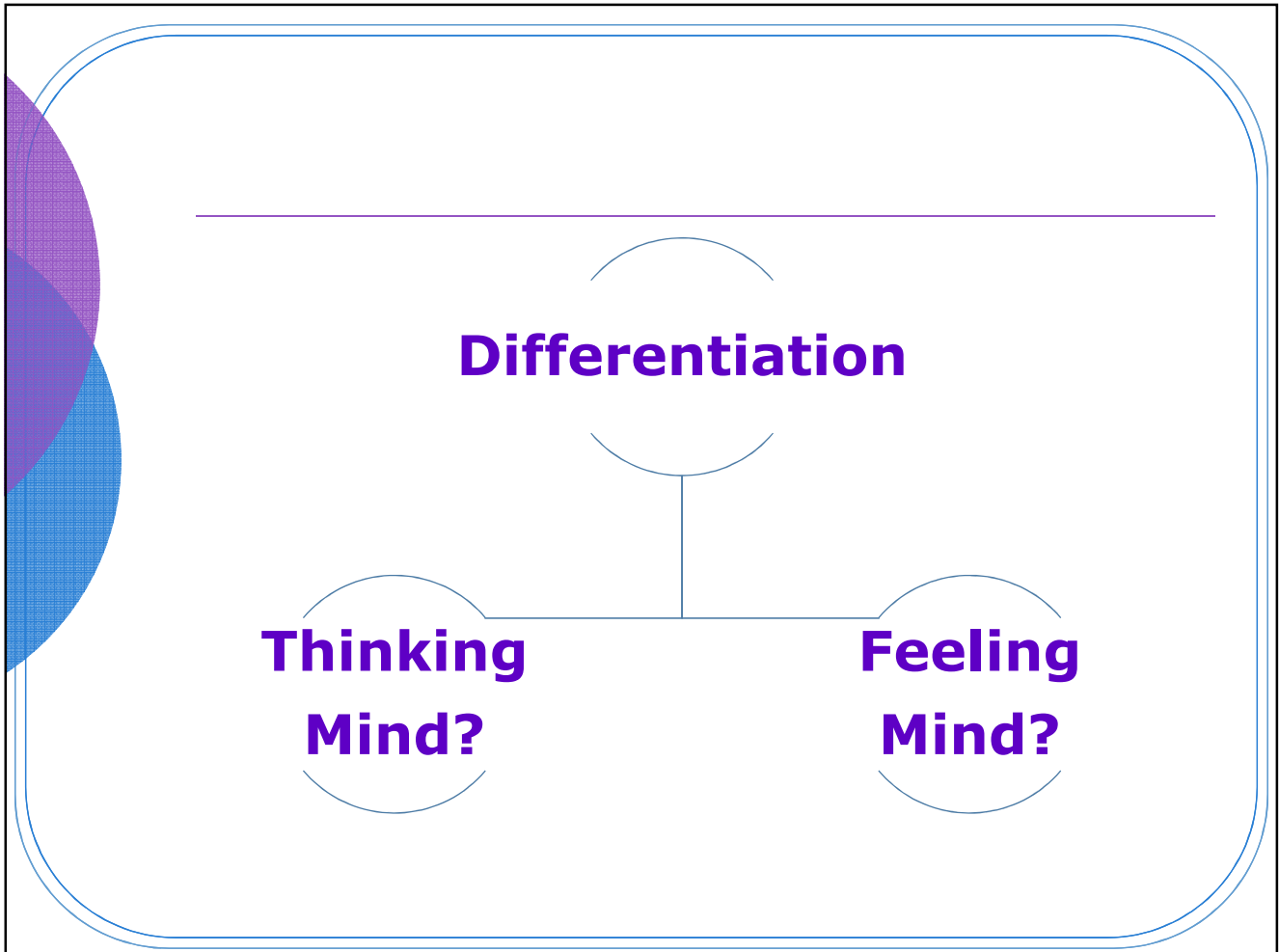


## Skill #1: Differentiation

*Thinking  
Mind?*

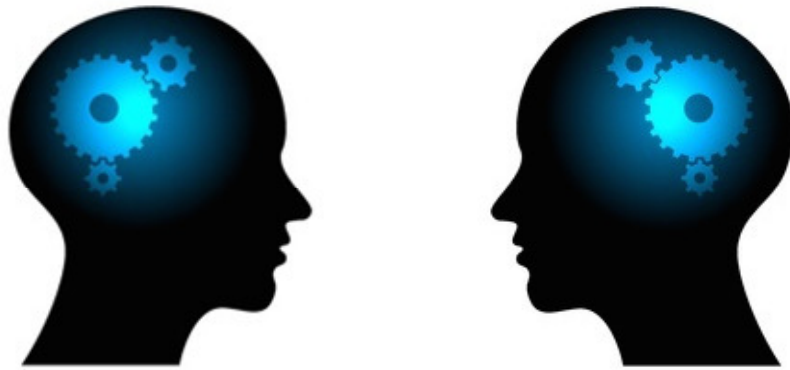


*Feeling  
Mind?*



## Skill #2: Align Response to Query ("Like to Like")

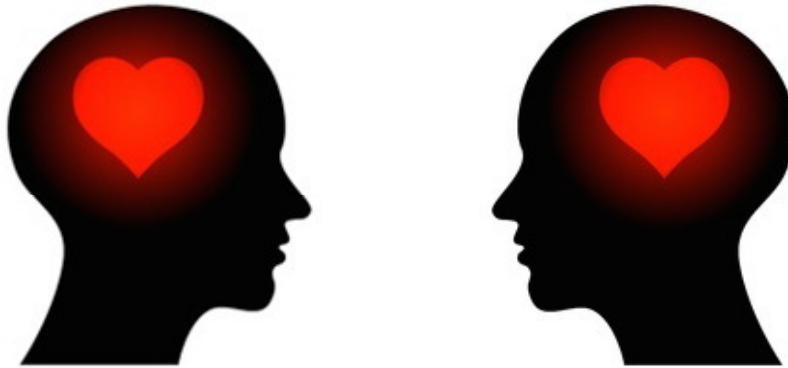
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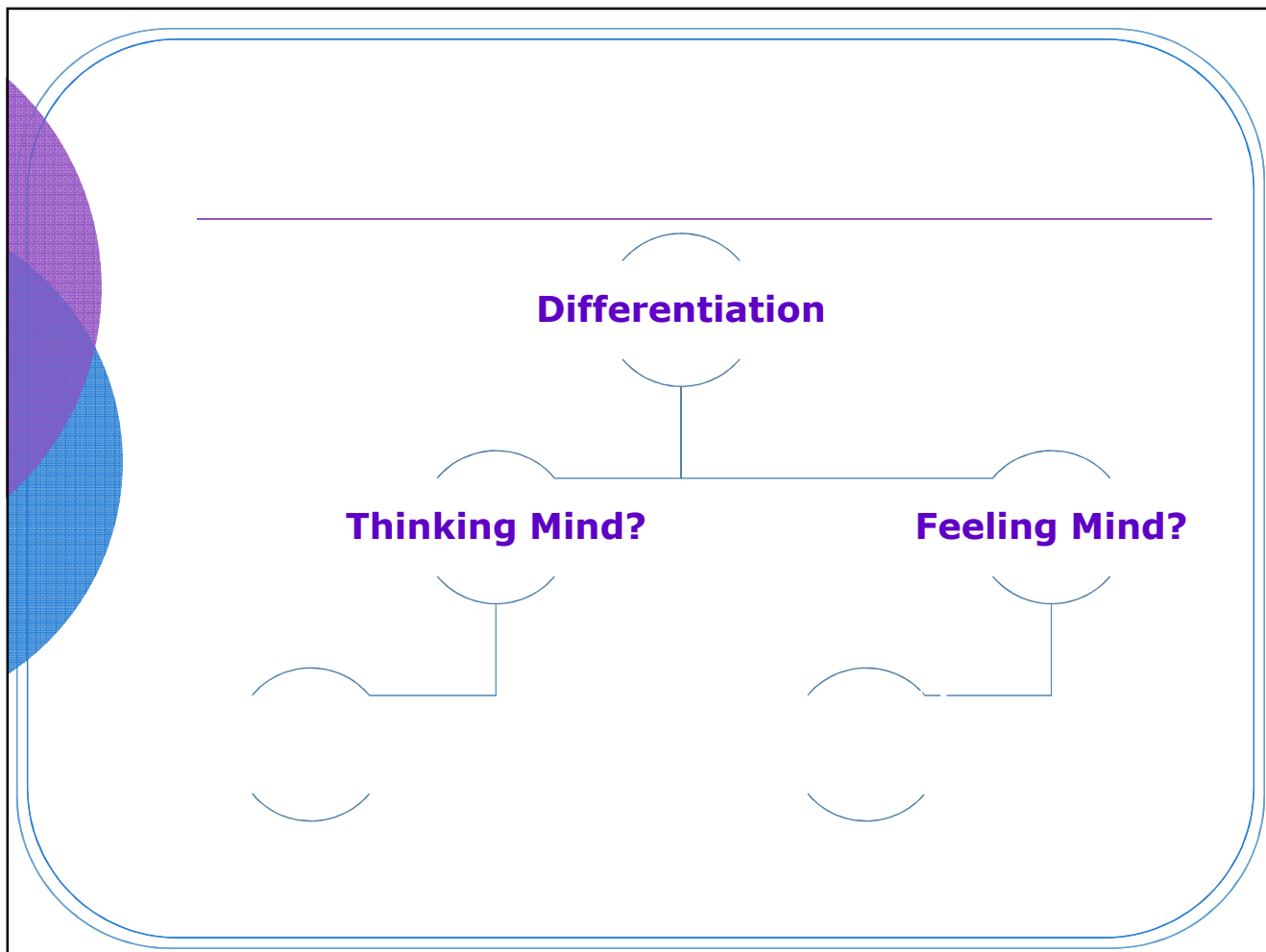
I've been told hearing loss is genetic.

## Skill #2: Align Response to Query ("Like to Like")

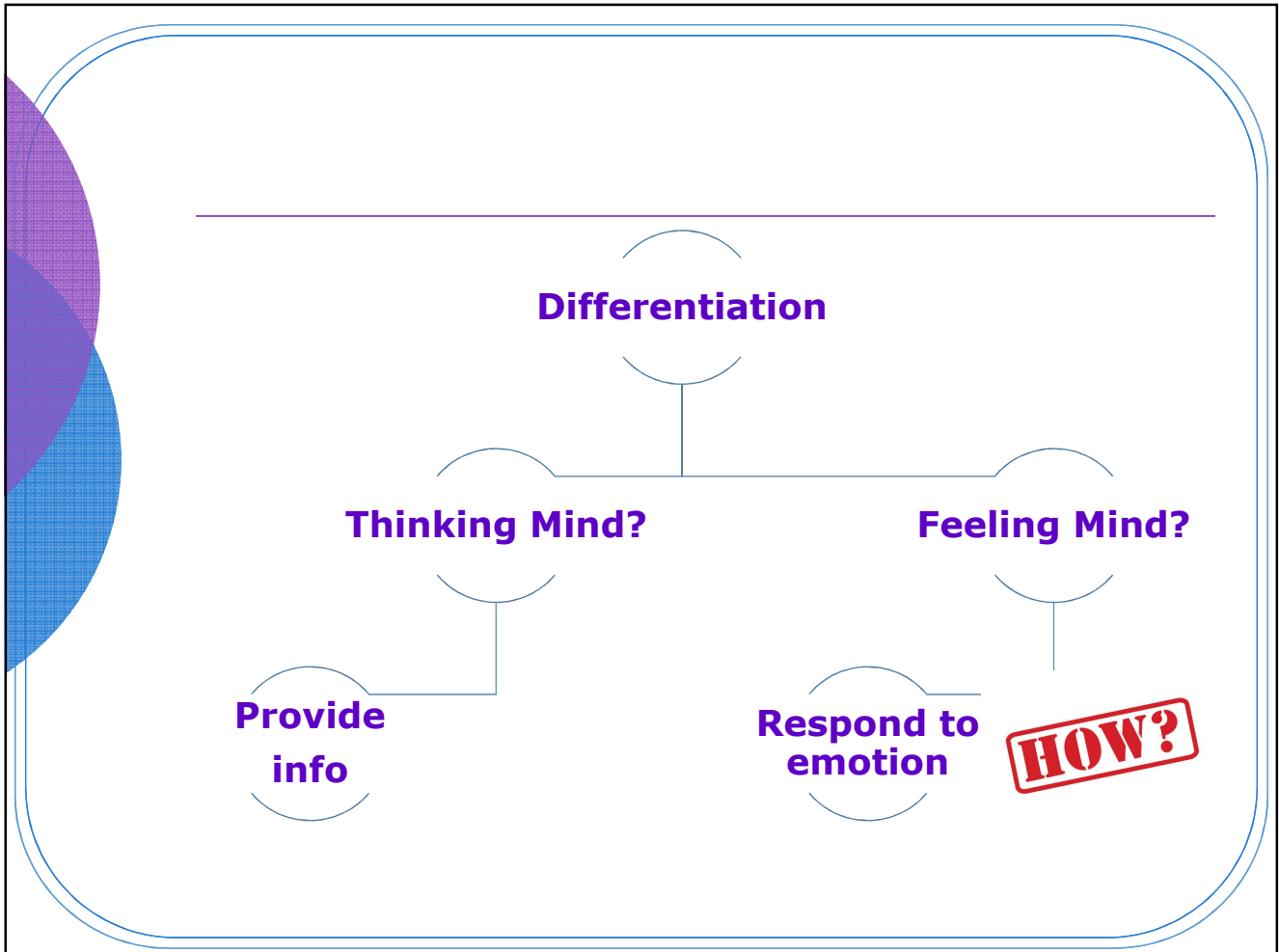
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I've been told hearing loss is genetic.







## Skill #3: “Feeling Mind” Responses

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- Therapeutic Listening
- “Drill down”
- Waiting

## Therapeutic Listening

Providing a troubled sender the opportunity to talk through a problem



I've been told hearing loss is genetic.

It's something you're worried about?



## “Drill Down” Response

Answer apparent question but also ... why?



I've been told hearing loss is genetic.

(answer surface question) That's often the case. (drill down) You're concerned about this possibility because...?



## Waiting

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i.e., wait 😊



I've been told hearing loss is genetic.

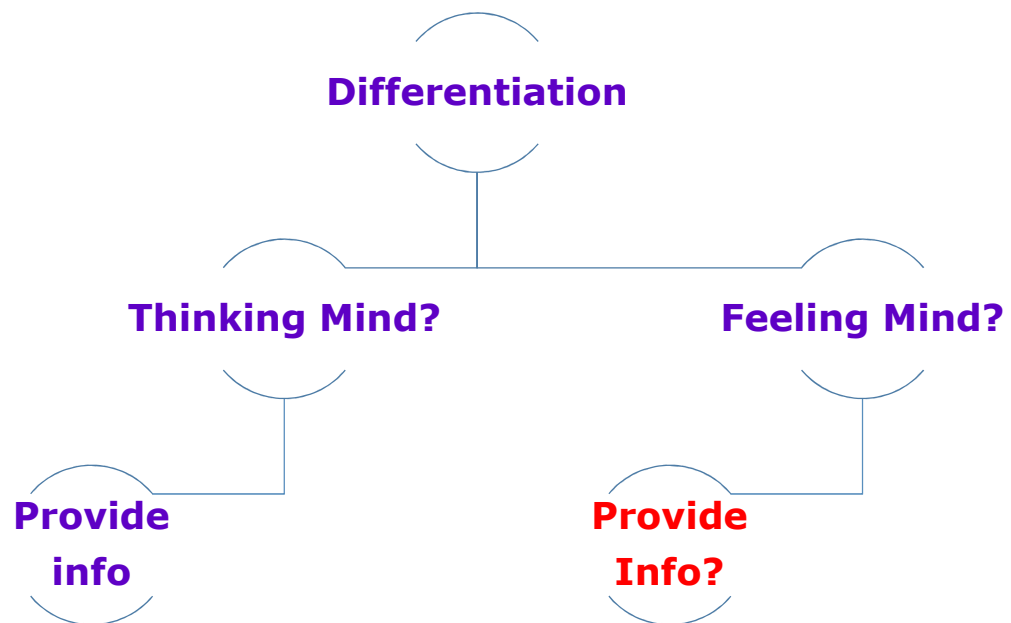
(waits: nonverbal *oh?*)

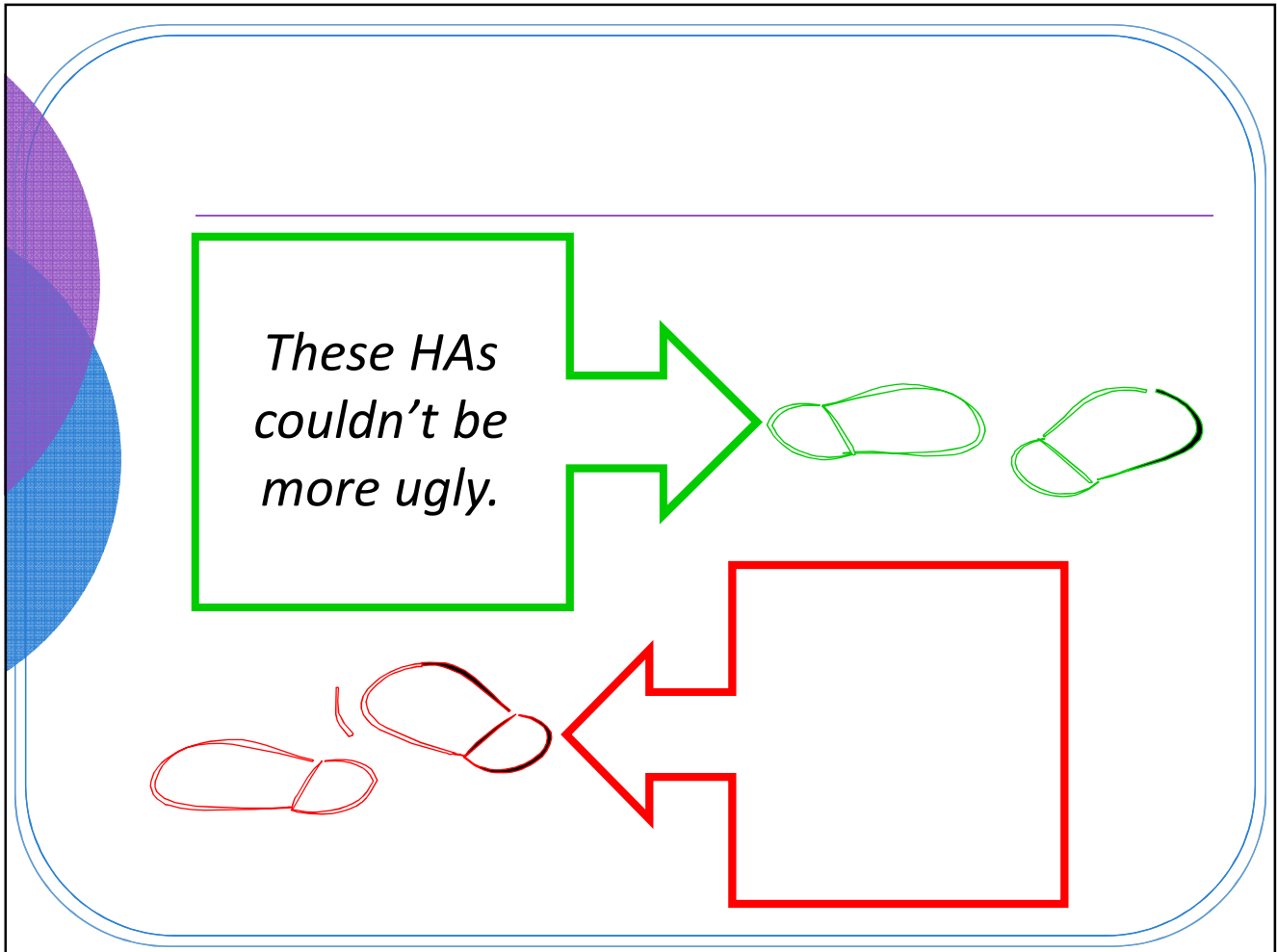


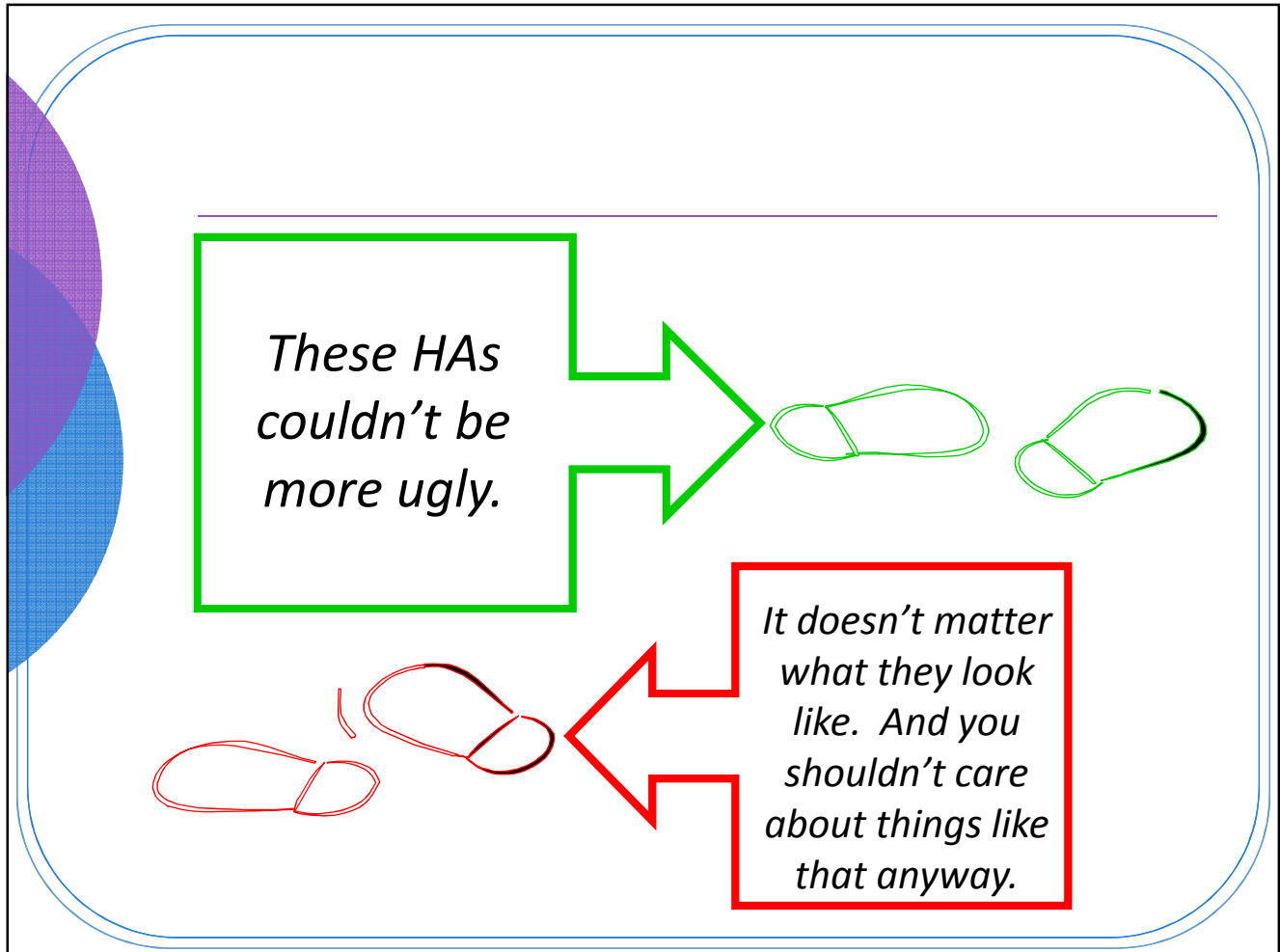
You see, we're expecting  
and are thrilled, but we're  
also worried ....



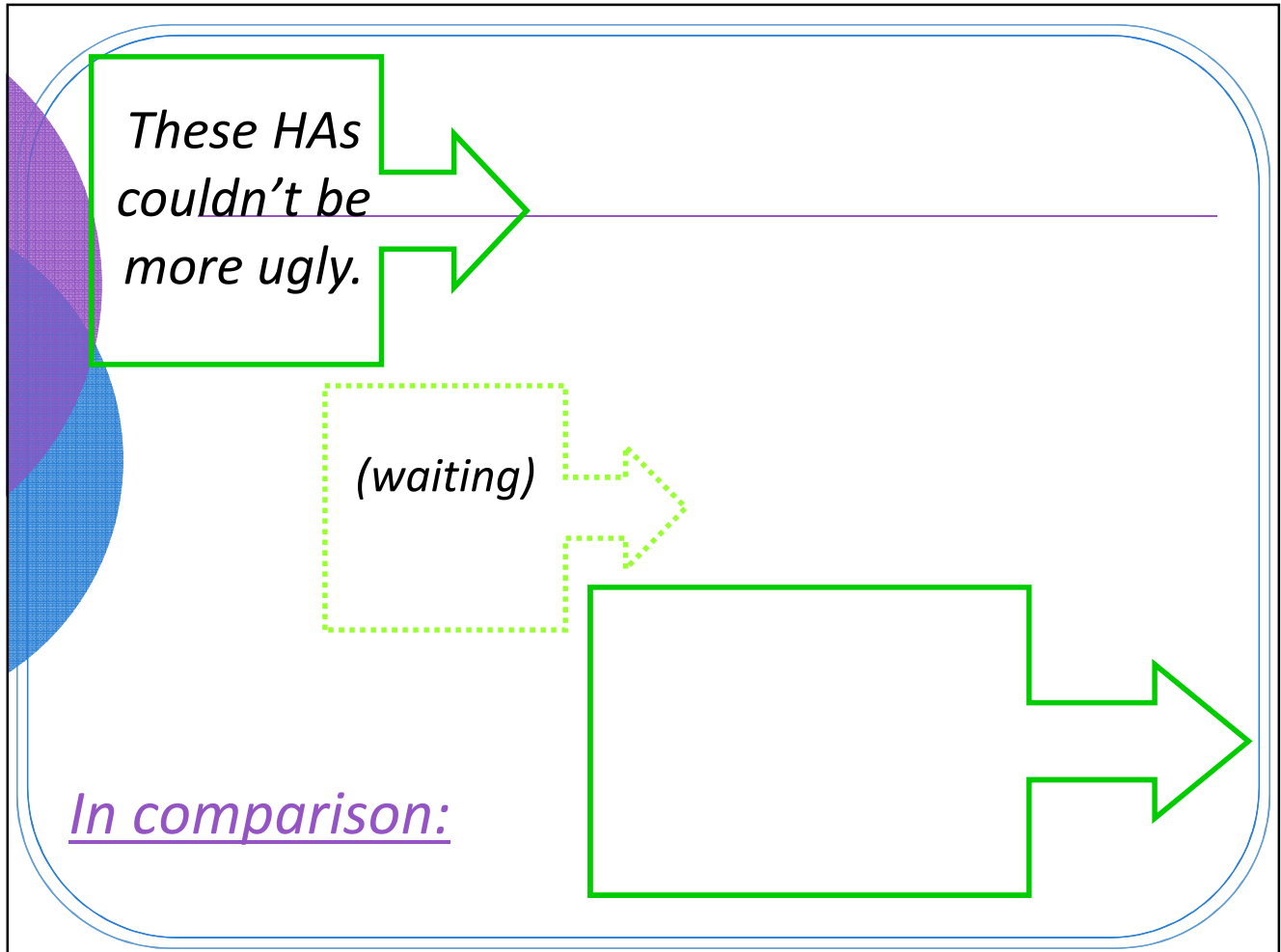
## What happens when our responses do NOT align?

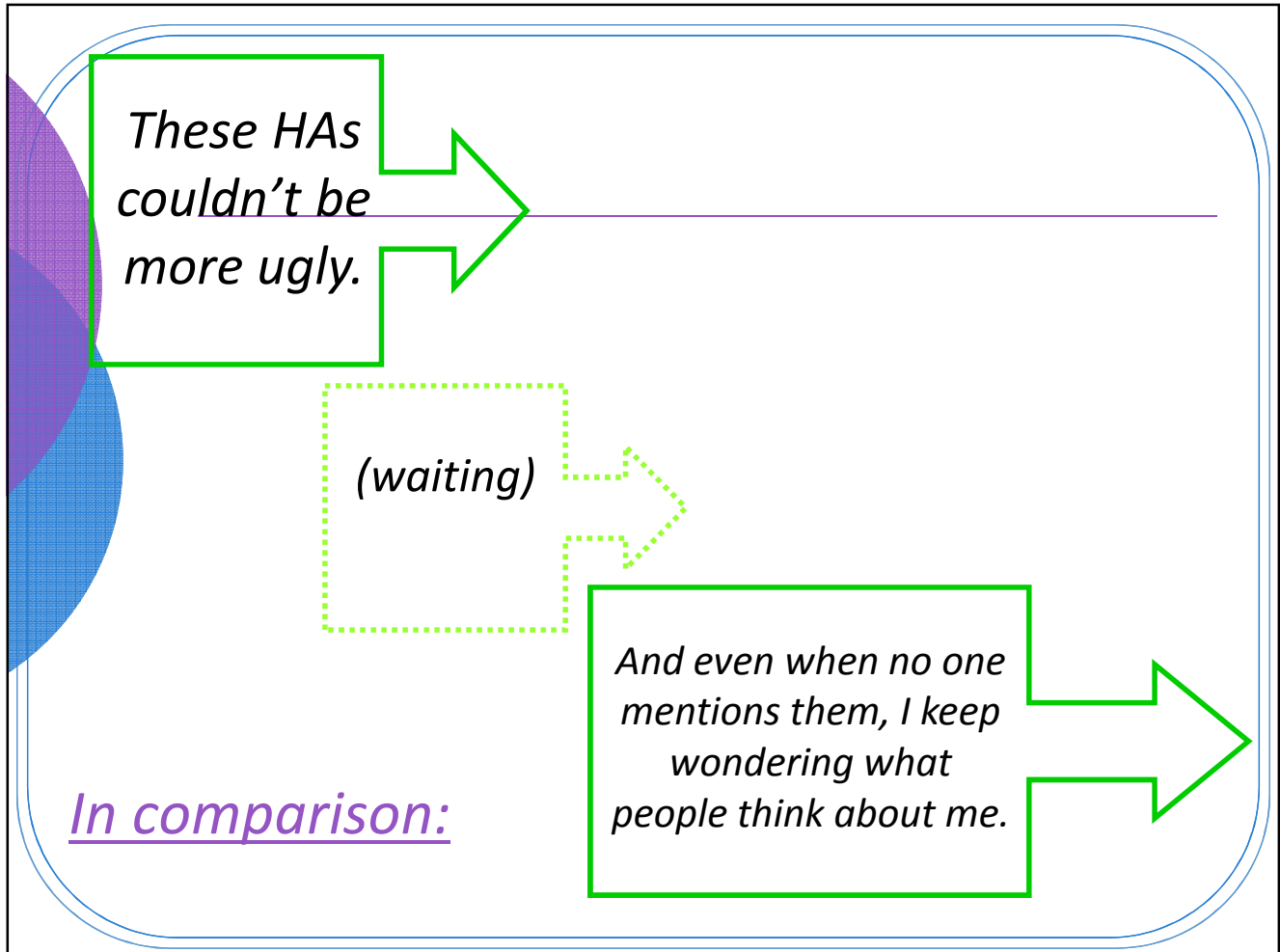


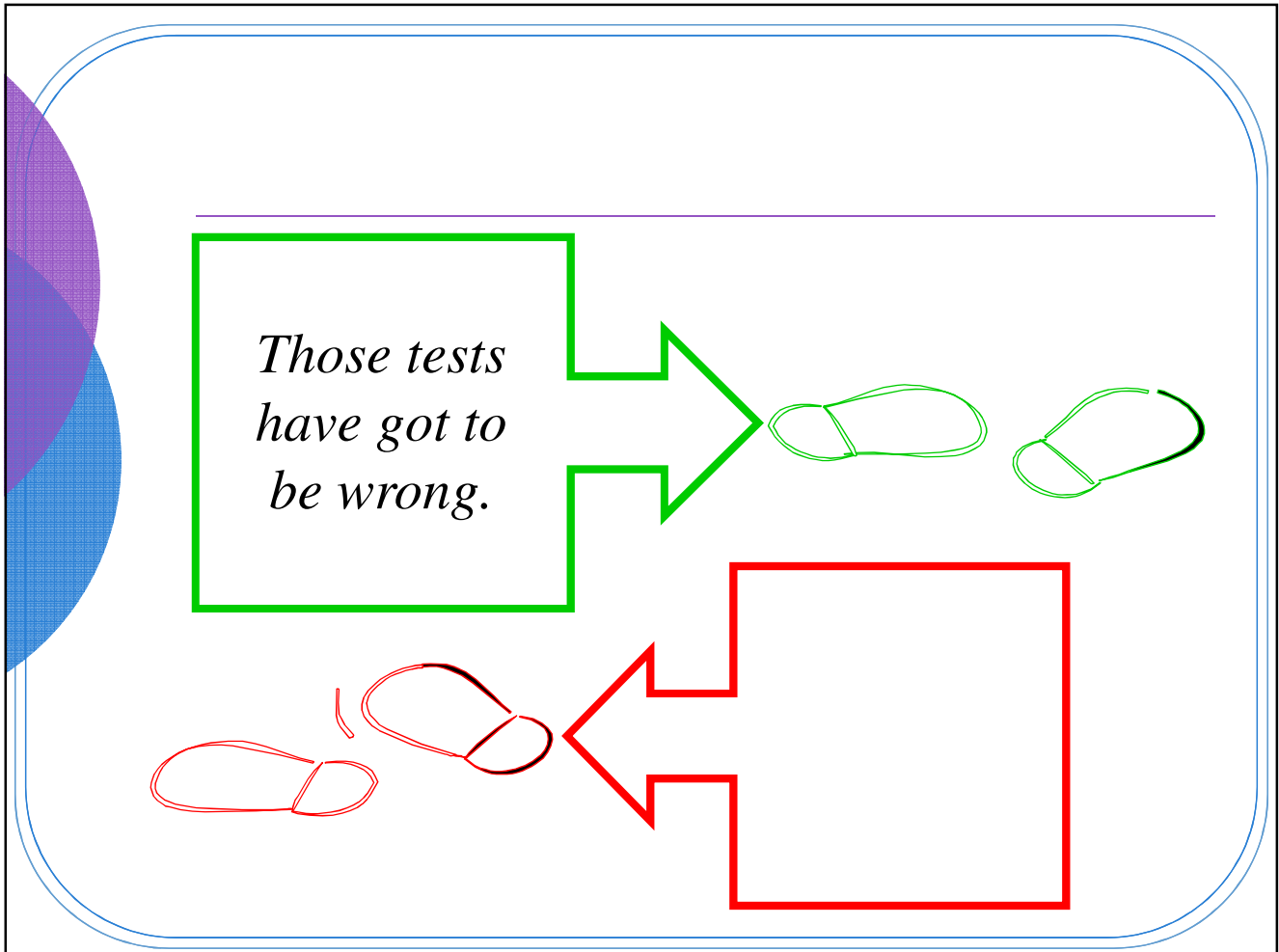


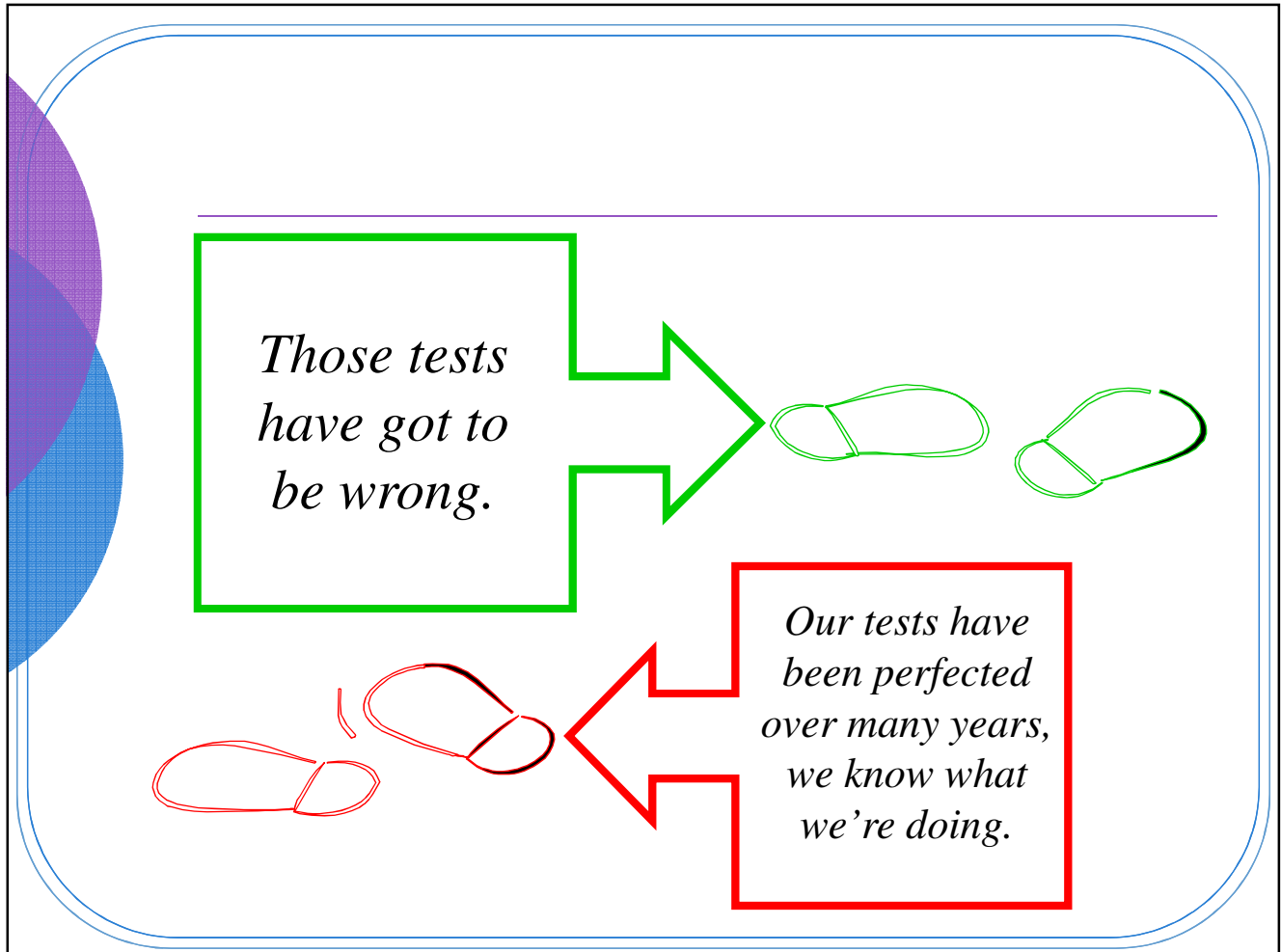


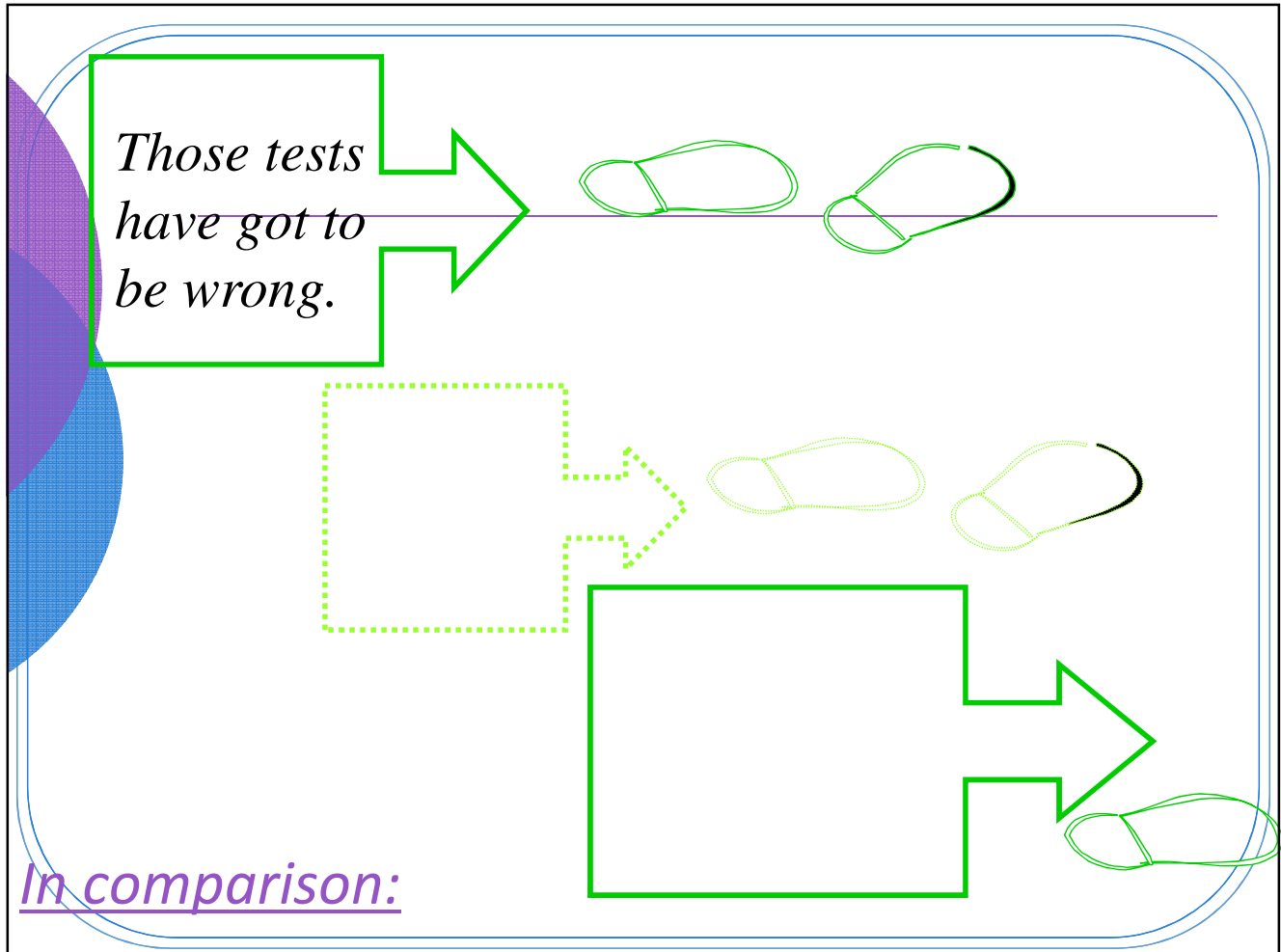


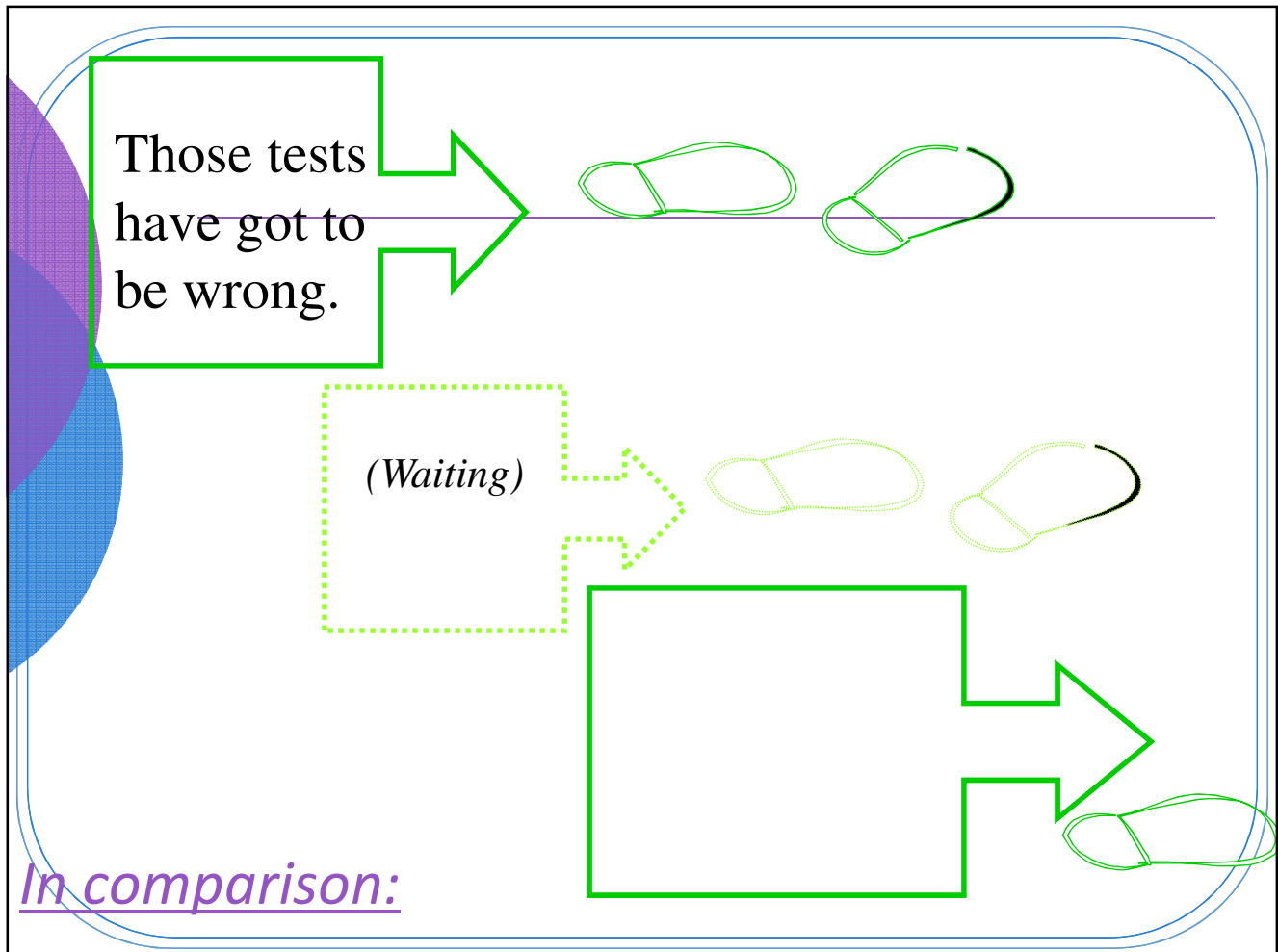


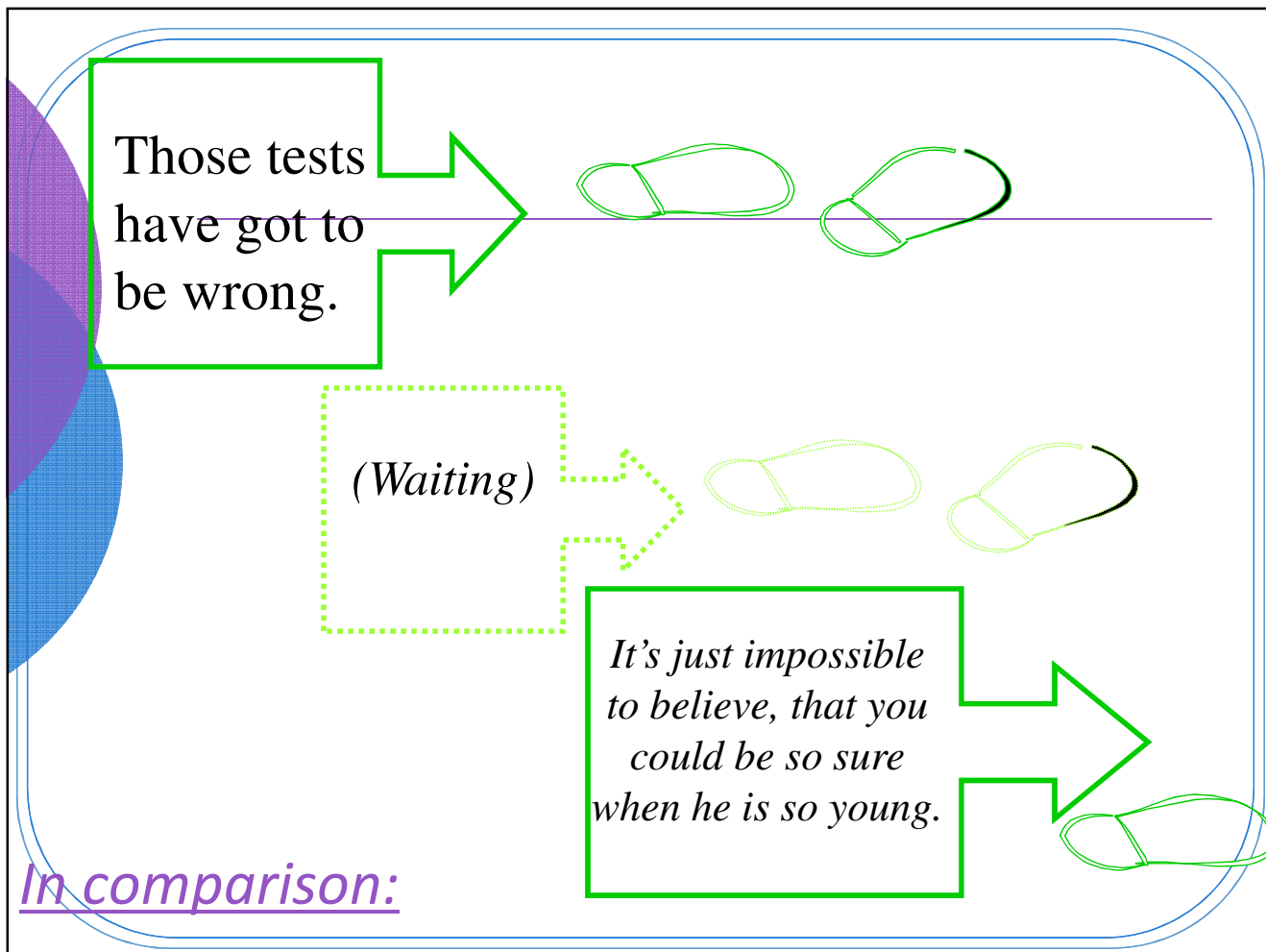












## The Way We Respond ...

- Will influence pt's next comment
  - Some comments will shut down conversation
  - Some responses keep conversation going
  - The more patients are able to talk through their concerns, the better equipped they are to manage those concerns





## When patients put their thoughts into words ...

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Vaughn, S. (1997). *The Talking Cure: The Science Behind Psychotherapy*.

“produces long-lasting changes in the neurons that make up your mind”

## Types of Responses

- “Continuer” statements (therapeutic listening, “drill down,” waiting)
  - Offers empathy, allows patients to continue expressions thoughts, feelings
  - Patients experience less anxiety and depression, **report greater satisfaction and adherence to tx**
- “Terminator” statements
  - Discourages disclosure

Pollak et al. (2007). Oncologist communication about emotion during visits with advanced cancer. *J Clin Oncol*, 25(36), 5748-52.

## Pollak et al. 2007

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- Audio-recorded 398 clinic conversations
  - 51 oncologists; 270 patients
- Conversations were coded for presence of empathic opportunities and oncologists' responses
- Empathic opportunities: N = 272
- Oncologists responded with **terminators 78%** of the time

## Pollak et al. Summary

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“To reduce patient anxiety and increase patient satisfaction, oncologists **may need training** to encourage patients to express emotions and to respond empathically to patients’ emotions.”

## Examples

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- Will present some case studies
- Let them remind you of similar cases!



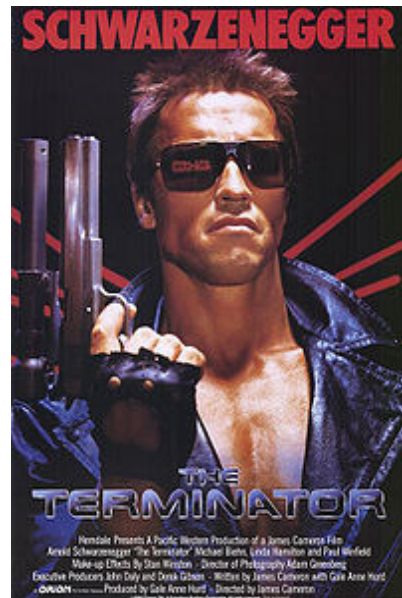
“She’ll hear the music  
like the other kids, right?”



## Terminator

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- “Yes, for the most part. She will need to keep alert for visual cues, though.”
- “Oh. I see, yes, of course.”



## Continuer

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- Therapeutic listening: Providing a troubled sender the opportunity to talk through a problem
  - “That’s especially important?”
  - “It really is. She lives for dance class, and I dread the day she gets embarrassed about not hearing something... although life is not perfect for anyone, is it? I’ve been thinking how I need to model some comfort with ‘nonperfection,’ so that she can learn that, too ...”



Female, age 77,  
in AR class, asks  
AuD students:  
“Do any of you  
have a hearing  
loss?”



# Terminator

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“Nope.”

## Continuer

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- “Drill down” response: Answer plus “so you’re asking this because ....?”

“Wouldn’t a good mother know  
her baby can’t hear?”

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## A good mother, a good father

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- Daughter is lost in the woods; search teams have been called.
- Mother asks chaplain: “Wouldn’t a good mother have known something was wrong before her baby got so far that even all these men with planes and dogs can’t find her?”

Braestrup, K. (2007). *Here If You Need Me*

# Terminator

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## Continuer

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- Waiting ....
- “I know that’s absurd, to think I could possibly know the moment she was born. One mom told me it takes awhile to stop blaming myself, and there are some days when I can see that. My son is a happy little boy, and I know I *am* a good mom .... I just worry about it.”

## “Can I wear hearing aids while I sleep?”

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## Terminator



## Terminator

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- “No, that is strongly discouraged. The device will irritate the skin and then you will need several days of non-use for that to heal.”

## Continuer

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- “Drill down” response: Usually people don’t, but I wonder why you are asking...?



## Putting Our Thoughts Into Words

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What is different?



## Is This Us?

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- "Virtually all professionals have been **deformed by the myth** that we serve our clients best by **taking up all the space** with **our hard-won omniscience.**" (Palmer, 1998, p. 132)
  - All the expertise
  - All the talking
  - All the experience
  - All the planning

# Can “Sharing Space” Save Time?

AJA

Research Article

## Addressing Patients' Psychosocial Concerns Regarding Hearing Aids Within Audiology Appointments for Older Adults

Katie Ekberg,<sup>a</sup> Caitlin Grenness,<sup>b,c</sup> and Louise Hickson<sup>a,b</sup>

**Purpose:** It has long been documented that patients may experience emotional reactions to a diagnosis of hearing impairment and recommendation of hearing aids. Because of this, patients may raise psychosocial concerns regarding their hearing rehabilitation during audiology appointments, particularly in relation to getting hearing aids. However, thus far there has been little systematic research exploring how patients' concerns about hearing aids are addressed by audiologists within appointments.

**Method:** This study used conversation analysis to examine a corpus of 63 video-recorded initial audiology appointments with older adults with hearing impairment.

**Results:** The findings demonstrated that when patients expressed concerns regarding hearing aids, these concerns were typically psychosocial in nature and expressed in a

way that carried a negative emotional stance. These types of turns thus invited an empathic response. However, patients' concerns were not typically addressed by audiologists during the appointment. As a consequence, patients persistently re-raised their concerns in subsequent turns, leading to expanded sequences of interaction during the management phase of the appointment.

**Conclusions:** Older adults' psychosocial concerns regarding hearing aids may not always be sufficiently addressed within audiology appointments. A greater emphasis on emotionally focused communication within audiology could result in improved outcomes from hearing health care services.

**Key Words:** audiology, psychosocial concerns, patient-centered care, hearing aids, counseling, conversation analysis

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