

Applying Person-Centered Care (PCC) in the Appointment Webinar

Cherilee Rutherford, Ida Institute

May 27th, 2020



idainstitute

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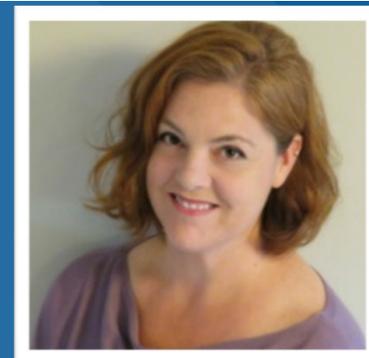
The Ida Institute is a non-profit organization founded in 2007. Our mission is to build a community that embraces person-centered care and empowers people to get the hearing care they need. We work with clinicians, academics, and people with hearing loss to create resources that help people develop the knowledge, skills, and confidence to better manage hearing loss.



CAA is a professional association dedicated to enhancing the role of audiologists as primary hearing health care providers through advocacy, education and research.

Sarah Mason, Host, CAA President

Dr. Sarah Mason currently serves as the Academic Coordinator for Clinical Education at Dalhousie University where she teaches courses in clinical methods and pediatric aural rehabilitation. She serves on the Advocacy Committee as well as the Practice Education Committee at the School of Communication Sciences and Disorders. She also supervises patient care through the Dalhousie Hearing aid Assistance Program and on-site Audiology Clinic at the school.



Speaker: Cherilee Rutherford, Ida Institute

Cherilee is the senior audiologist at the Ida Institute. Her professional qualifications include a Bachelors degree in Speech-Language Therapy and Audiology (University of Stellenbosch), a Masters of Health Science and a Professional Doctorate in Audiology (Nova Southeastern University (Florida) as well as Postgraduate Certificates in Teaching and Learning for Higher Education (UCL, London) and Online Facilitation (University of Cape Town).

Before joining Ida, Cherilee was the course director for the MSc in Advanced Audiology programme at University College London and lectured at the University of Cape Town in amplification technology and aural rehabilitation.



Person Centred Care In The Appointment

Dr Cherilee Rutherford, AuD
Sr Audiologist
Ida Institute



About the Ida Institute



Facts

- Non-profit organization established in 2007
- Funded by the William Demant Foundation
- 14,000 + members in the Ida Community

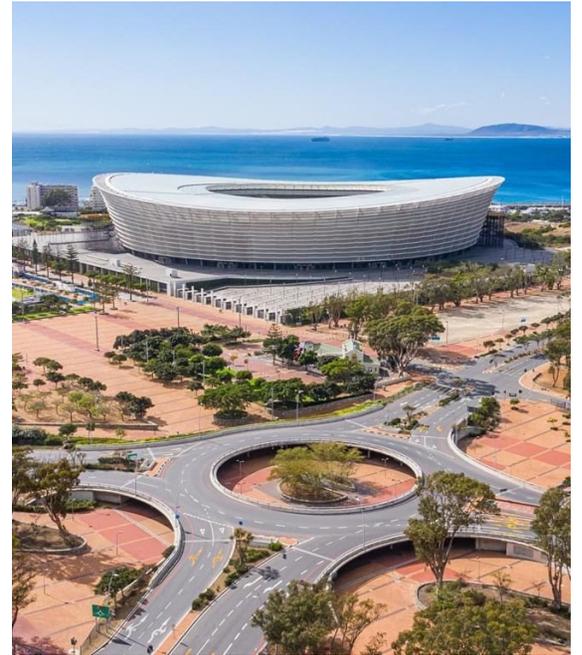
We believe that every person and every hearing loss is unique.

We work with hearing care professionals and people with hearing loss from around the world to develop and integrate person-centered care in hearing care.

Together we develop knowledge and tools to strengthen the counseling process, enabling people to express their individual needs and preferences and take ownership of their hearing care.

Helping people hear is about knowing how to listen.

IDA
MISSION



Acknowledgements

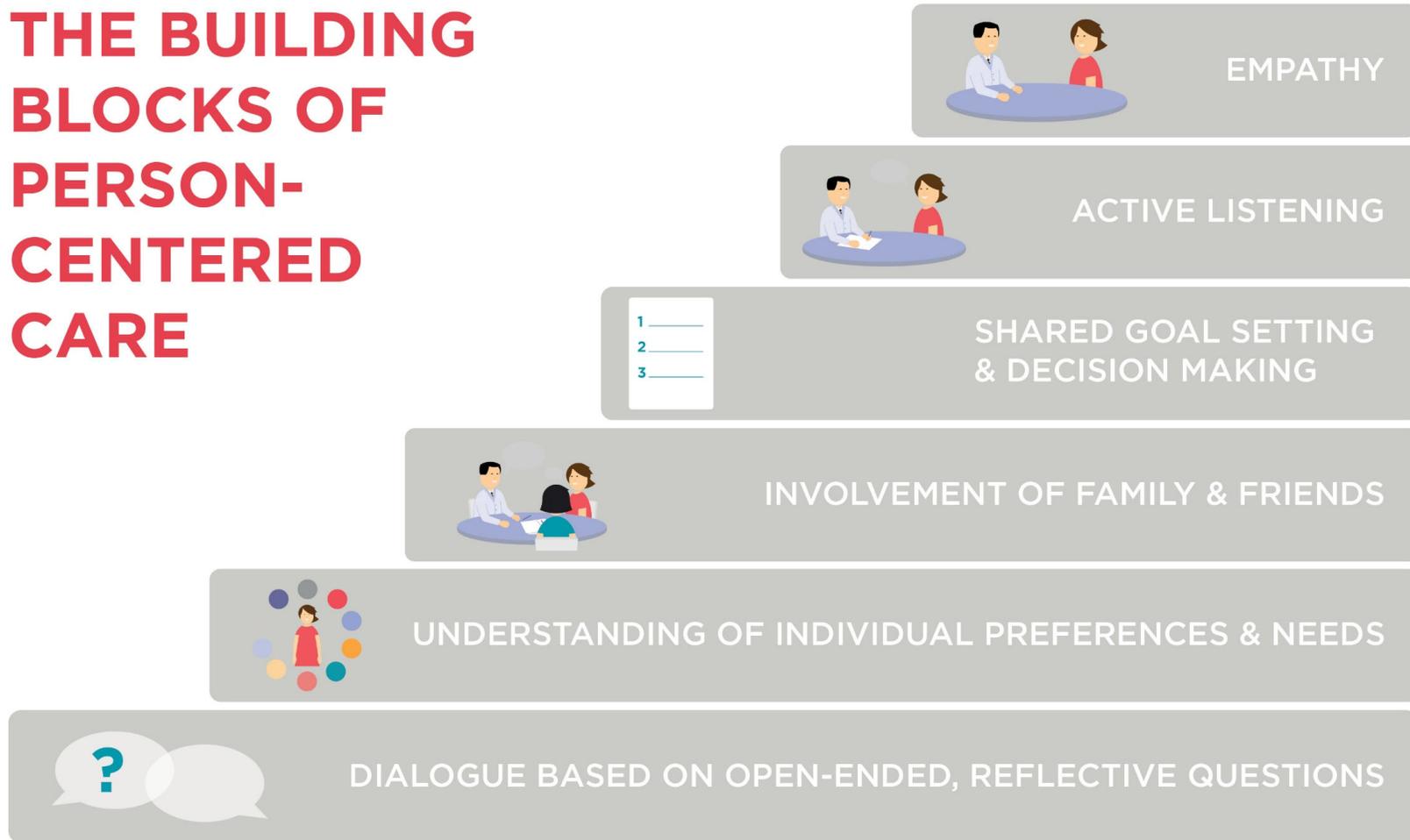
Dr Samantha Tai, Lecturer and Audiologist at the University of Melbourne co-created this course with the Ida Institute.



Learning objectives

- # 01 Review the concept of person-centered care and define the key components of person-centered communication in hearing care and rehabilitation.
- # 02 Revisit the Calgary-Cambridge Guides and introduce The Four Habits to facilitate a person-centered interaction.
- # 03 Review key communication skills that are fundamental in *any* hearing care or rehabilitation scenario.

THE BUILDING BLOCKS OF PERSON- CENTERED CARE



Person-centered clinicians

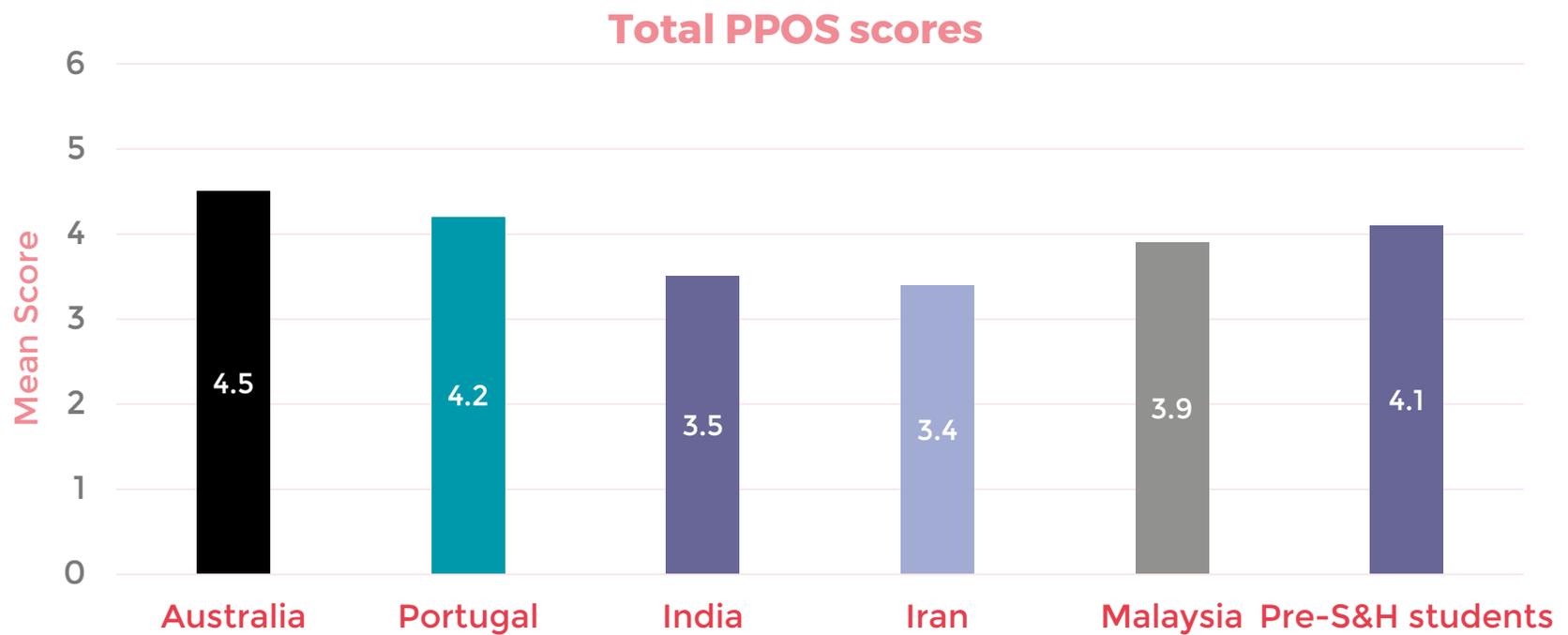
Person-centered care

- Respect for patients' values, preferences, and needs
- Information to facilitate independence and self-care
- Joint decision-making
- Emotional support and empathy

Person-centered communication

- Information gathering
- Information providing
- Shared decision-making
- Emotional responses
- Therapeutic relationship

Studies on person-centered preferences



Do person-centered preferences translate into practice?

- Observation studies of audiologist-patient interactions suggests that preference for patient-centred interactions may not translate into practice
- Impact patient outcomes:
 - Hearing aid uptake
 - Patient satisfaction
 - Adherence to recommendation



Barriers to person-centered care

- Assessments form a big part of ongoing hearing healthcare appointments and protocols
- Uneven weighting on teaching and assessing person-centered skills compared with technical skills in audiology education
- Perceived challenges when communicating with patients
- Audiologists are more than just good technicians
- It's important to learn about person-centered communication skills

Communication can be taught and learned



Communication is a skill that can be taught and cultivated

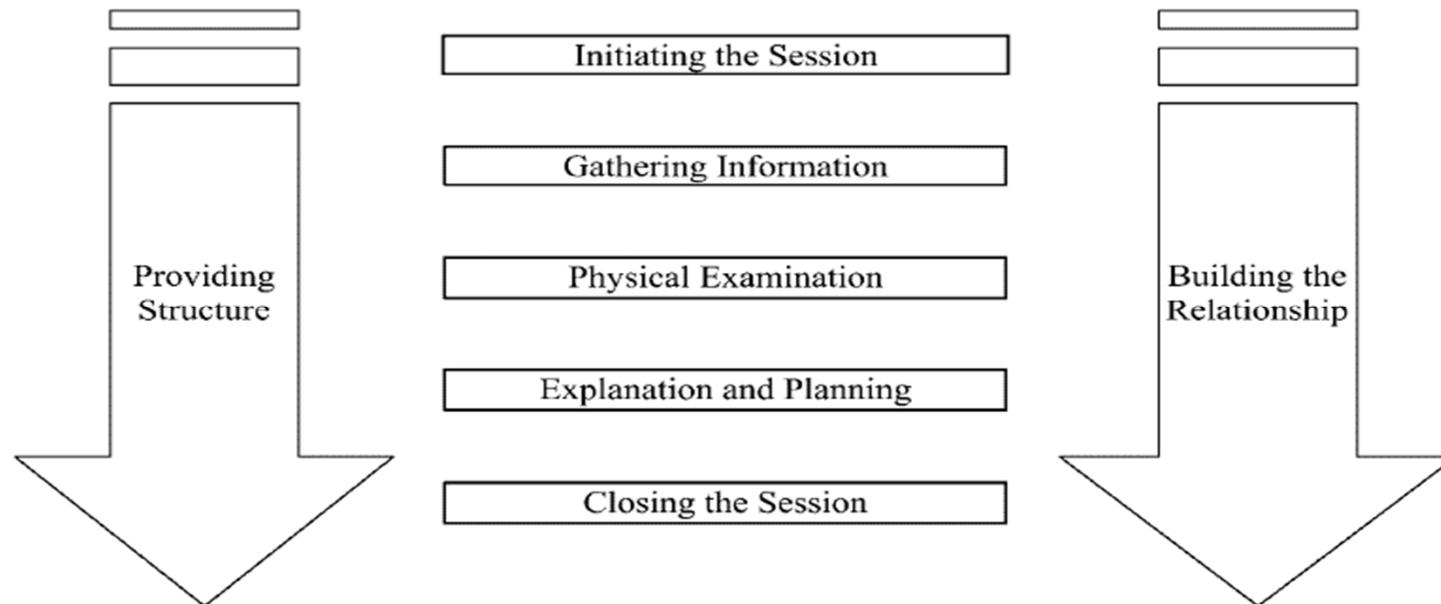


Training can improve how we respond to patients' emotions



Practice and individual feedback plays a key role in communication training

Calgary-Cambridge consultation guide



Kurtz, S., Silverman, J., Bensons, J. Draper, J.(2005). Marrying content and process in clinical method teaching: Enhancing the Calgary-Cambridge Guides. *Academic Medicine*,78(8),802-809.

The four habits

These habits are based on empirical evidence from the medical literature.

Each habit includes descriptions of key communication tasks that are associated with positive patient outcomes.

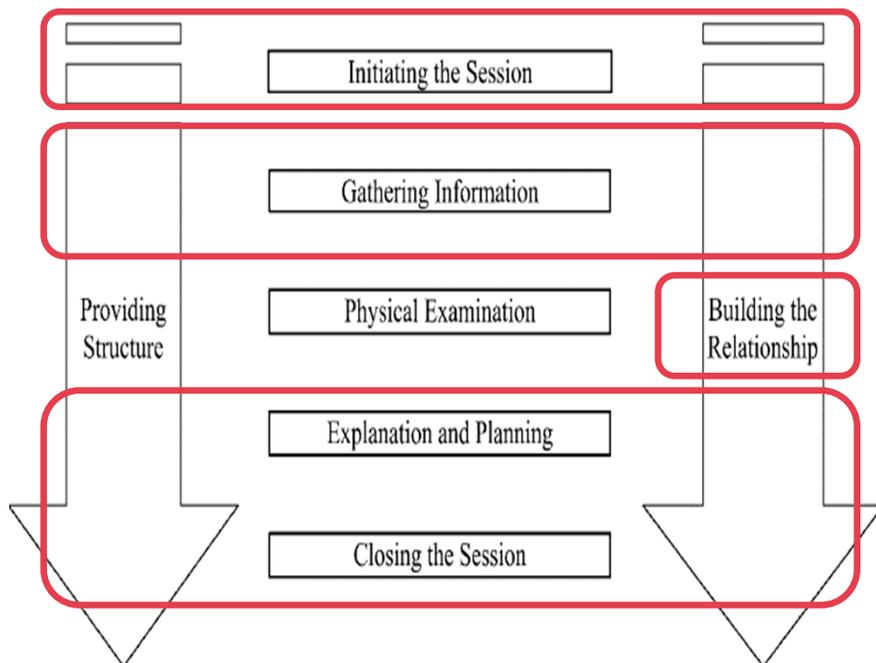
1. Invest in the beginning

2. Elicit the patient perspective

3. Demonstrate empathy

4. Invest in the end

Calgary-Cambridge Guides



Kurtz, S., Silverman, J., Bensons, J. Draper, J.(2005). Marrying content and process in clinical method teaching: Enhancing the Calgary-Cambridge Guides. *Academic Medicine*,78(8),802-809.

The Four Habits

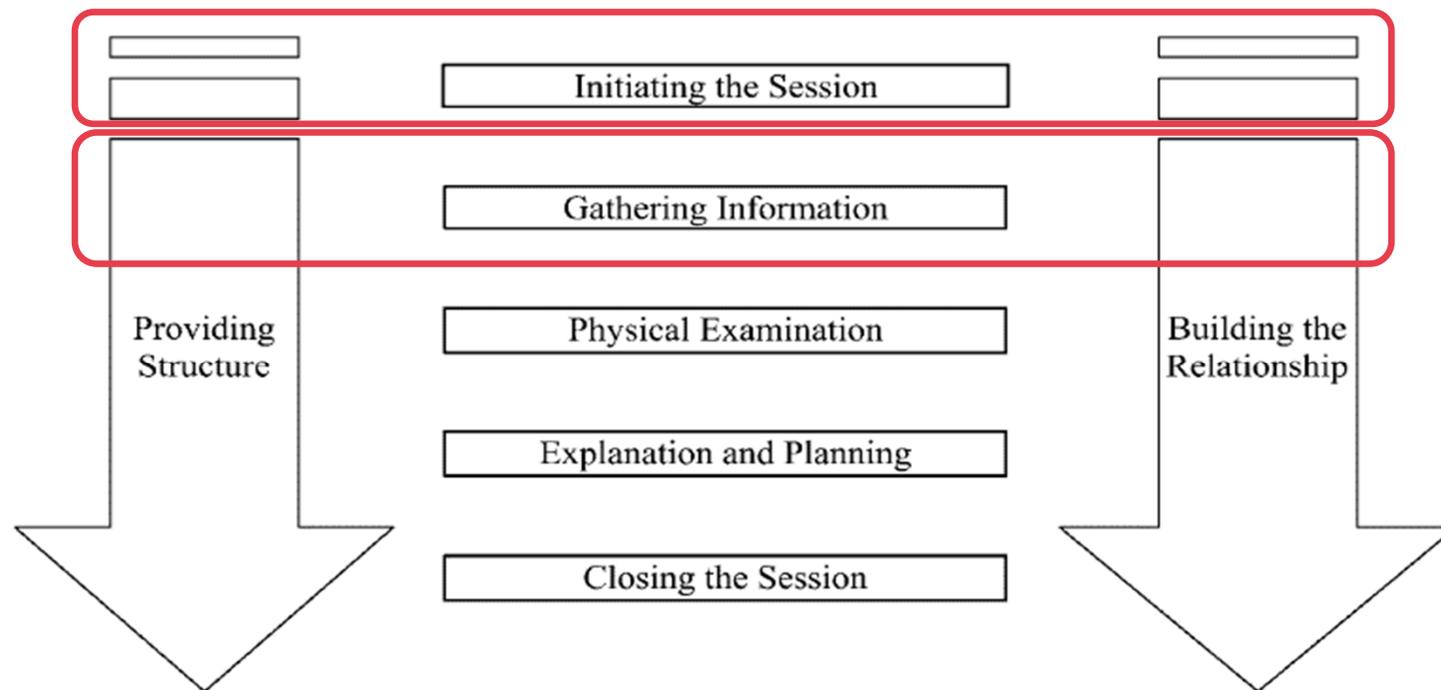
1. Invest in the beginning	<ul style="list-style-type: none"> • Create rapport quickly • Elicit patient concerns • Plan the visit with the patient
2. Elicit the Patient Perspective	<ul style="list-style-type: none"> • Ask for patient's ideas • Explore impact on patient's life
3. Demonstrate Empathy	<ul style="list-style-type: none"> • Be open to patient's emotions • Discern empathetic opportunities • Express empathy
4. Invest in the end	<ul style="list-style-type: none"> • Deliver diagnostic information • Provide education • Involve patient in making decisions • Complete the visit

Frankel, R. M., & Stein, T. (1999). Getting the most out of the clinical encounter: the four habits model. *Perm J*, 3(3), 79-88.

**Invest in the beginning:
Listening to our patients' stories**

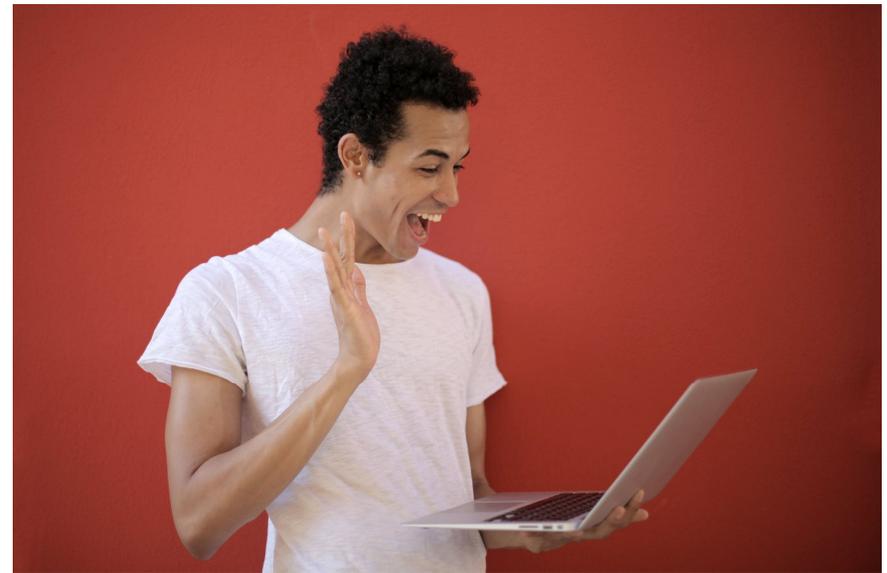


Calgary-Cambridge Guides



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First impressions



<https://www.youtube.com/watch?v=ROXMzD6EX6E>

Clinical video: Invest in the beginning



What did you observe?



- Recap, consolidation
- Creates a warm, welcoming atmosphere
- Actively involves & encourages the CP
- Starts to plan the visit with the clients

Initiating the session

Benefits

- Create a welcoming and safe environment
- Build trust and rapport
- Prioritize what to do

Tasks

- i. Create rapport quickly
- ii. Elicit patient concern(s)
- iii. Plan the visit with the patient

I. Build rapport quickly

Preparedness (e.g. case notes, referrals, past audiograms, seating arrangements)

Introduction:

- Who is in the room? e.g. supervisor, family member
- Address the patient to match how you would like to be addressed

HCP: Hello Margaret,
my name is Samantha.
How are you today?

P: Oh! That's my
granddaughter's
name. Hello
Samantha, I'm very
well thank you.

HCP = hearing care professional
P = patient

II. Elicit patients concerns

- Establish patient's main concern
- Listen without interruption
- Acknowledge and explore any other concerns



HCP = hearing care professional
P = patient

III. Plan the visit with the patient

Set an agenda for the appointment

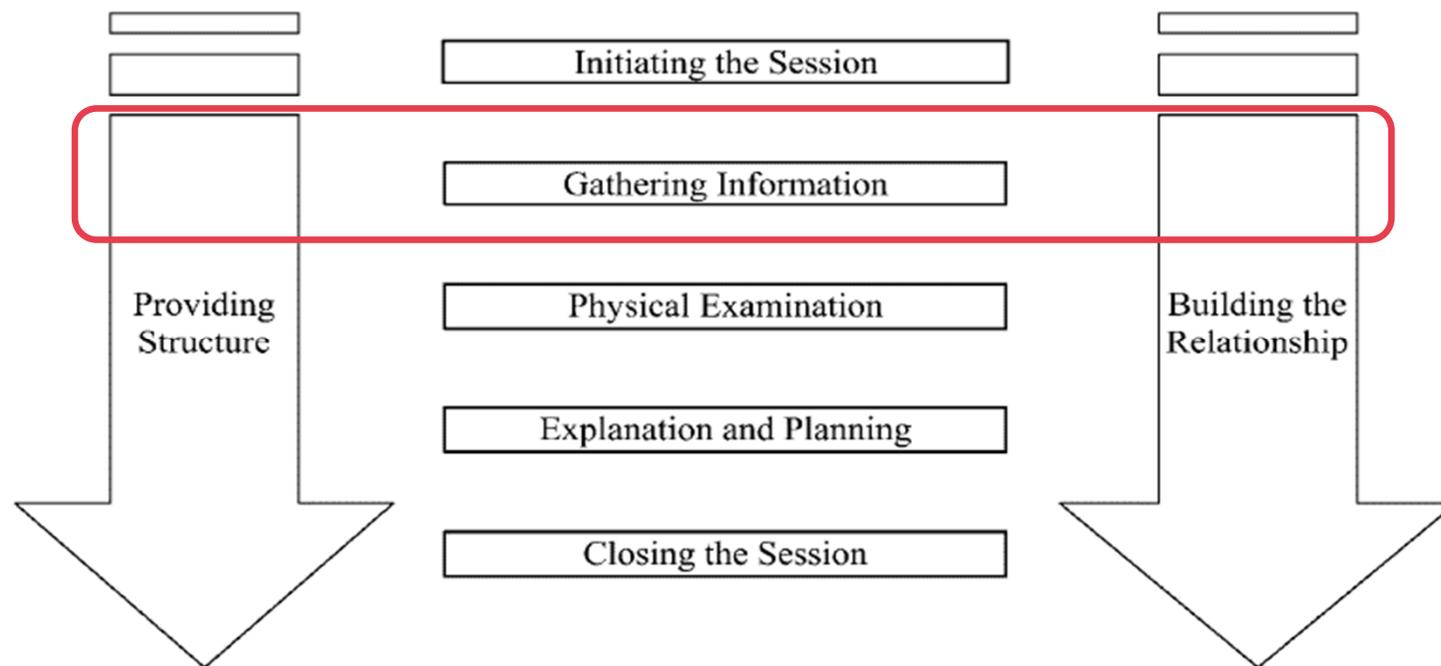
- Summarize what the patient has stated
- Signpost further exploration
- Propose a simple outline of the appointment
- Check if the patient agrees.

HCP: Perhaps what we should focus on first is why the left hearing aid has stopped working. Then, we can go through the different programs. Would you be comfortable with this plan?

P: Yes, that would be wonderful.

HCP = hearing care professional
P = patient

Calgary-Cambridge guide



Kurtz, S., Silverman, J., Bensons, J. Draper, J.(2005). Marrying content and process in clinical method teaching: Enhancing the Calgary-Cambridge Guides. *Academic Medicine*,78(8),802-809.

Information gathering

Benefits

- Understand patients' individual experience
- Gather important clinical information effectively
- Improve accuracy

Tasks

- i. Ask for patients' perspectives
- ii. Explore impact on the patient's life

I. Ask for patient's perspective

Explore and understand possible causes

Example questions:

- *“What do you think caused the problem?”*
- *“Why do you think it started when it did?”*

HCP: What do you think may have caused the left hearing aid to stop working?

P: Well, last week, we took my granddaughter to the playground. We were having such a lovely time that we didn't realize there was a big rain cloud heading towards us. I forgot my umbrella and we were all soaked by the time we got home. I realized that night, the left hearing aid wasn't quite right.

HCP = hearing care professional
P = patient

II. Explore impact on patient's life

Explore the impact of issues on the patient's daily activities (e.g. Communication Rings, Living Well)

WHO ICF

Examples:

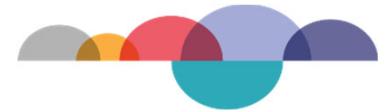
- *“Can you describe the difficulties this problem has caused for you?”*
- *“What are you worried most about regarding this problem?”*

HCP: What difficulties have you noticed with a faulty left hearing aid?

P: It's certainly caused some annoyance. I'm not able to use my left ear for the phone. I can't hear conversations very well around the dinner table and I kept missing what my granddaughter is saying because she tends to sit on my left.

HCP = hearing care professional
P = patient

Clinical video: Eliciting the client perspective



What did you observe?



- Clinician using the information from completed telecare tools in the face to face appointment.
- Provides an opportunity for them to speak, elaborate
- Expresses empathy & shared understanding so the clients feel heard and understood
- Provides a solution directly related to that specific challenge

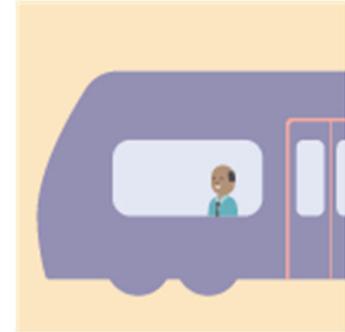
Ida Telecare



Prepare for your first appointment



Prepare for your follow-up appointment



Everyday life with hearing loss

Clinical video: Preparing for appointment

Exploring the client perspective



What did you observe?

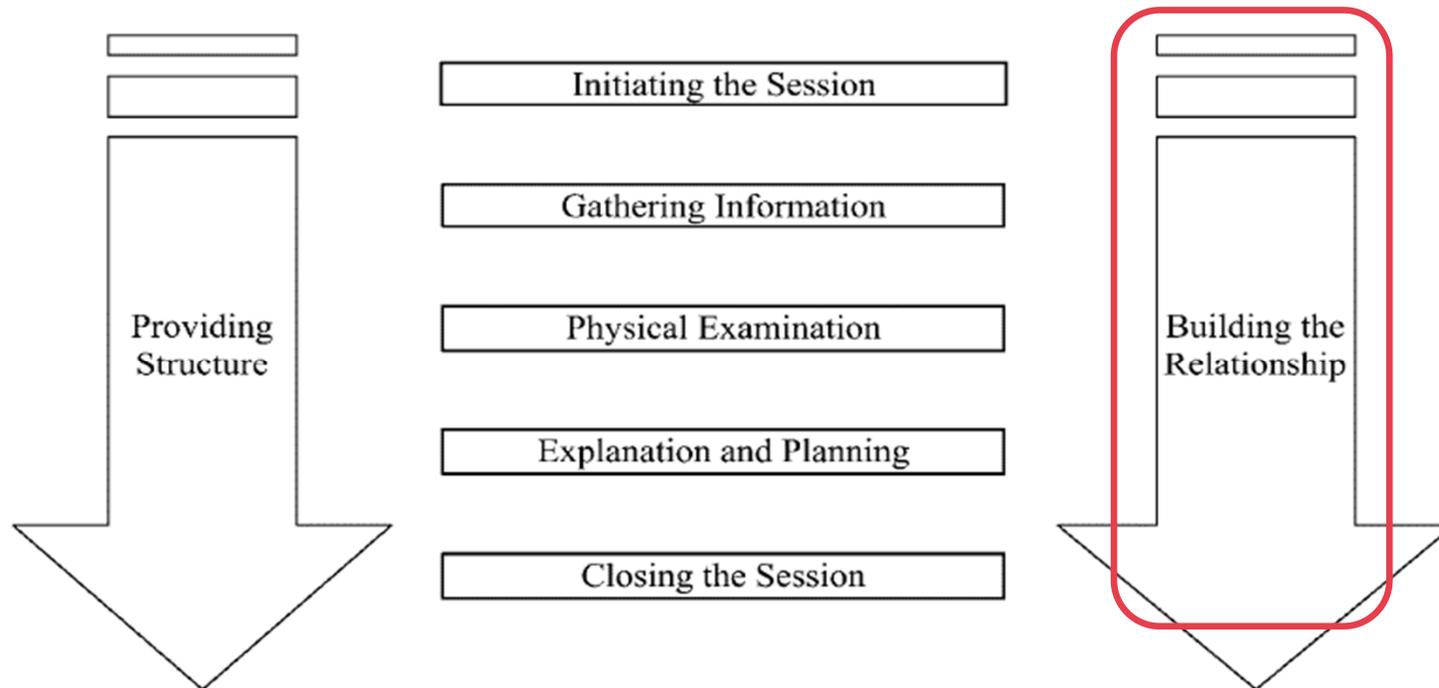


- Clients & CPs appreciate reflecting about communication situations in a relaxed environment of their own home. No time pressures.
- Feel more prepared, not worried about forgetting to ask questions that matter to them.
- They valued reflecting together, even though they have known each other for a long time.
- Zoom in on needs & expectations quickly, time saver.
- Equal partner with the audiologist

Building a therapeutic relationship: Empathy is the key



Calgary-Cambridge guides



Kurtz, S., Silverman, J., Bensons, J. Draper, J.(2005). Marrying content and process in clinical method teaching: Enhancing the Calgary-Cambridge Guides. *Academic Medicine*,78(8),802-809.

Missing emotional cues



Observational studies showed audiologists rarely acknowledge patients' emotional concerns.



Students and clinicians tend to feel more comfortable with information counseling than personal adjustment counseling.

Clinical video: Empathy



What did you observe?



- Body language: eye contact, leaning forward
- Encouraging: “fantastic”, “yes”
- Tone of voice
- Humour & laughter

Demonstrate empathy

- i) Be open to patients' emotions
- ii) Discern empathetic opportunities
- iii) Express empathy

“Empathy begins with understanding life from another person’s perspective. Nobody has an objective experience of reality. It’s all through our own individual prisms.”

- Sterling K. Brown

Recognise empathetic opportunities



Active listening

- Focus on not interrupting or finishing other peoples' sentences
- Affirm responses with 'I see', 'mm', 'I understand' etc.



Observations

- Observe non-verbal cues
- E.g. body posture, facial expression, tone of voice

Express empathy

Examples of empathetic responses

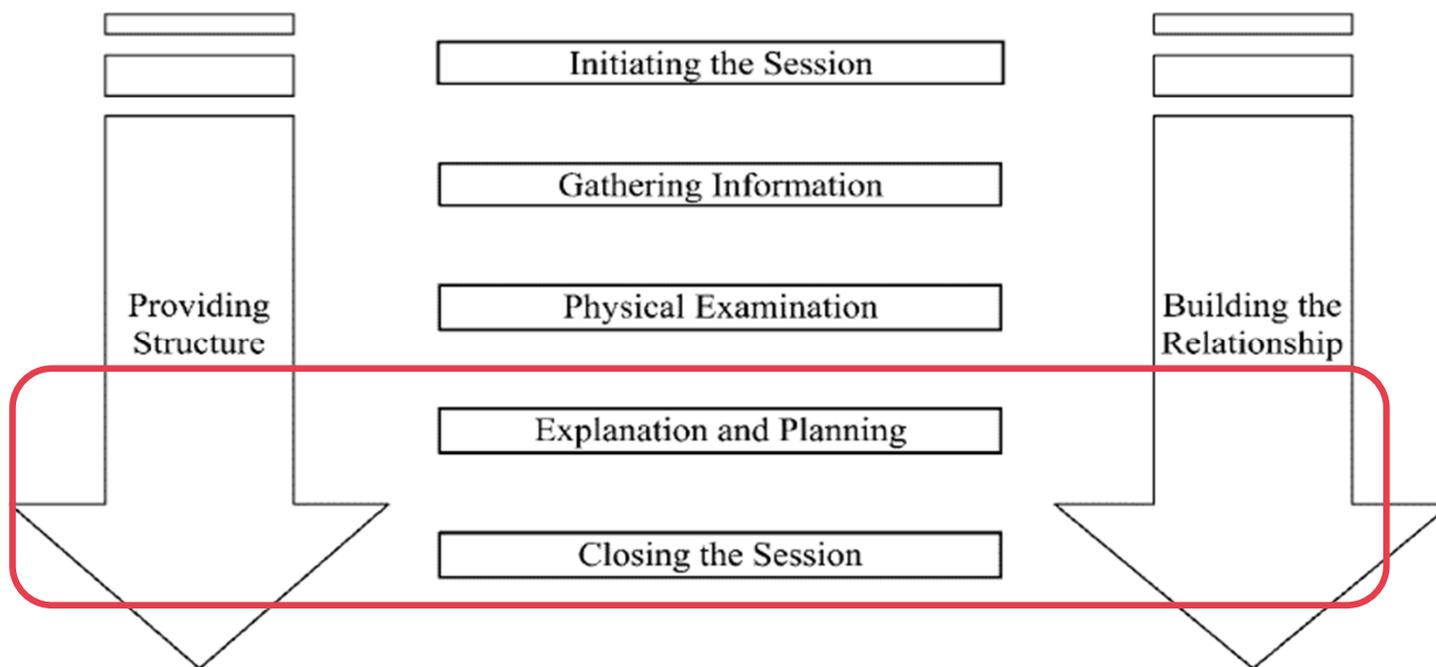
- Naming: *“I can see you are upset”*
- Encourage: *“I’m glad you shared that with me. Tell me how you are feeling about...?”*
- Legitimation: *“That must be hard. I’m sorry this is happening to you”*
- Support: *“What can I do to help?”*
- Respect: *“Sounds like you are managing very well”*

How should this end?

The end stages of the appointment



Calgary-Cambridge guides



Kurtz, S., Silverman, J., Bensons, J. Draper, J.(2005). Marrying content and process in clinical method teaching: Enhancing the Calgary-Cambridge Guides. *Academic Medicine*,78(8),802-809.

Invest in the end

Benefits

- Improve patient recall and understanding
- Adherence with recommendations
- Patient satisfaction

Tasks

- i. Delivering (audiologic) information: e.g. diagnosis of hearing loss, problems with the hearing aids, factors contributing to tinnitus
- i. Providing education and joint decision-making
- i. Closing the visit

Deliver diagnostic information

Prior to delivering any audiologic information, think about what your patients want to know?

- What is the cause?
- What can they do about it?

Consider patient's emotions!

Use appropriate verbal and non-verbal cues

Avoid jargon. Use simple and concise statements.

Example phrases

Examples of how we can tailor the information back to patient's initial concern(s):

- Re-state initial concern e.g. *"You mentioned earlier about noticing a drop in hearing, the results today showed..."*
- Check information needs e.g. *"Are you interested to know the technical details of each tests or just the main points?"*
'What do you know about this condition?'

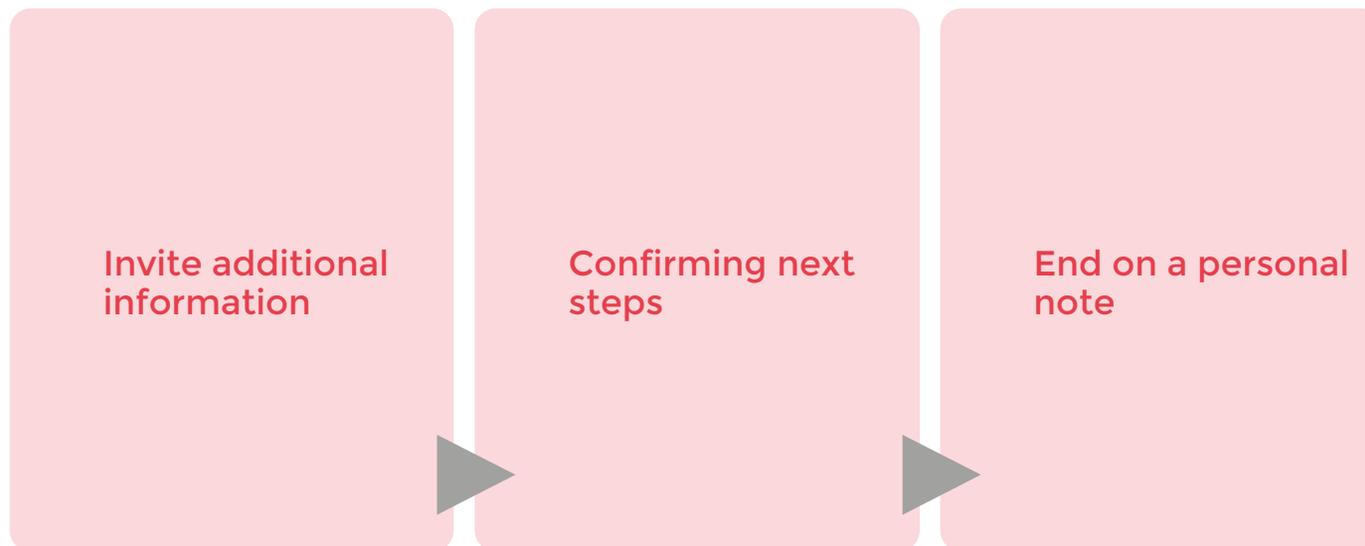
Example phrases

Examples of communication tasks:

- Outline recommended options and rationale behind it *e.g. "I want to go through the management options with you and why I have chosen these. The two options are..."*
- Check for patient understanding *e.g. "Does everything make sense so far?"*
- Valuing patient's preferences and opinions *e.g. 'How do you feel about these options?'*
- Seek any potential barriers *e.g. 'Is there anything that may prevent you from taking this recommendation'*
- Assessing patients' readiness for change can help orientate the correct recommendation *e.g. 'Are you open to the idea of hearing aids?'*

Complete the visit

Three key communication tasks



Example phrases

Three key communication tasks

i. Invite additional information

e.g. *“Do you have any questions about what we’ve discussed?”*

ii. Confirming next steps

e.g. *“To summarize, once you have seen the Ear, Nose, and Throat specialist and have gotten clearance for hearing aids, we will begin the hearing aid trial. The ear specialist will know how best to stop the recurrent ear infections.”*

iii. End on a personal note

e.g. *“Enjoy your holiday to Bali.”*

Clinical video: Invest in the end

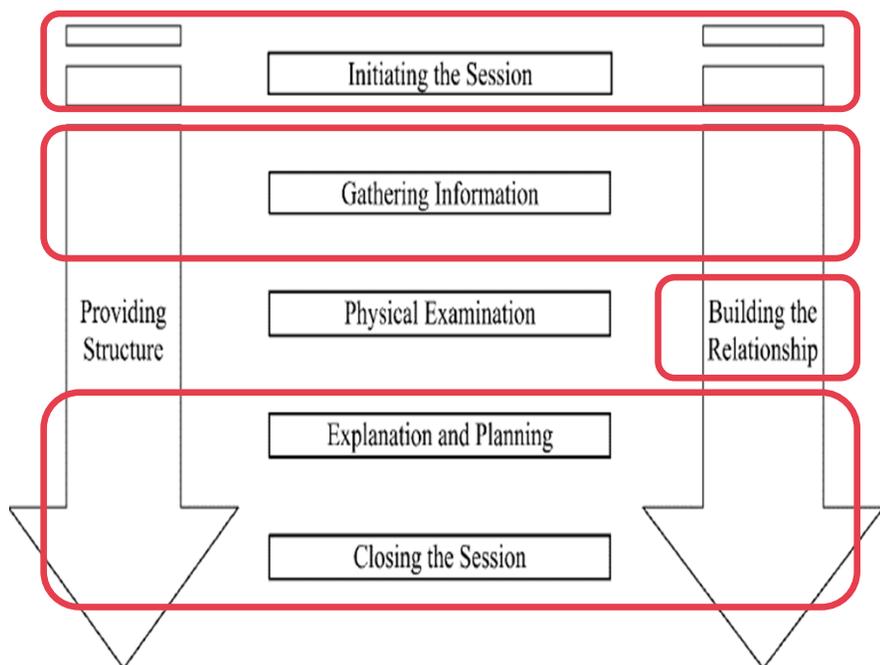


What did you observe?



- Repeat important information
- Written instructions
- Thank you and a warm goodbye

Calgary-Cambridge Guides



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The Four Habits

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Resources

IDA LEARNING HALL



Tools

Our tools help open communication between hearing care professionals and their clients. Clinicians can gain a better understanding of their clients' needs and wants, involve their clients in the rehabilitation process, and improve outcomes. For people with hearing loss, the tools are a way to help prepare for appointments, emphasize their hopes and concerns, and take an active role in their hearing care. Explore our tools below.

The four habits framework

PCC in the appointment (Ida Learning Hall course)

My Hearing Explained (Ida Learning Hall course) *

Time & Talk: Competency Skills List for structuring person centred communication

Thank you

Questions and feedback:

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www.idainstitute.com



UPCOMING WEBINARS

NEW: Employment Law
Considerations for
Employers Re-opening
their Audiology Business
Post COVID-19 with
Anthony Panacci – June 4

Understanding Cases of
Tinnitus with a Normal
Audiogram: Is Hearing
Loss Undetected with
Brandon Paul – June 9th,
2020

CAA Webinars on Demand

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CAA webinars count towards CEUs.

Please keep your 'thank you for attending email' for your record. More information on website.

UPCOMING WEBINAR: UNDERSTANDING CASES OF TINNITUS WITH A NORMAL AUDIOGRAM: IS HEARING LOSS UNDETECTED WITH BRANDON PAUL – JUNE 9TH, 2020 +

ARCHIVED WEBINAR: THE IMPORTANCE OF VESTIBULAR ASSESSMENT IN SPORT-RELATED CONCUSSIONS WITH JAMIE M. BOGLE, FEB 25, 2020 +

ARCHIVED WEBINAR: WHAT THE AUDITORY CORTEX DOES BEFORE AND AFTER HEARING LOSS WITH STEPHEN G. LOMBER (MAY 29TH, 2019) +

ARCHIVED WEBINAR: SPEECH UNDERSTANDING IN COMPLEX ENVIRONMENTS BY CHILDREN WHO ARE HARD OF HEARING – SEPT 25, 2019 +

- COVID19 Resources
- Visit CanadianAudiology.ca
- Under Professional Resources
- COVID19

COVID19 HELPFUL LINKS

The Canadian Academy of Audiology would like to thank its members, associates and communities for all they are doing to manage the COVID19 efforts directed by the Federal, Provincial and Municipal governments together with their regulatory colleges.

We understand that this is a challenging time for you. Many have had major impacts on their ability to go to work and many have had to manage challenging communication with their patients. We know many of you also have stresses related to your personal and family life.

CAA will be monitoring ways we can support your needs within the scope of a professional association.

Facilitating your information needs:

We have provided a list of links to your regulatory college websites where you will find COVID19 messages and links. We have provided links to recommendations by other constituencies and some government health and business links.

We have also included links to the Employment Insurance website. We urge you to continue to monitor federal, provincial and municipal government websites to ensure that you are informed about the health and employment related mandates and policies.

Contact Information

- CanadianAudiology.ca
- Contact@CanadianAudiology.ca
- Webinar recording, and PDF will be posted to the CAA website within a few business days.
- Subscribe CanadianAudiology.ca/get-involved/subscribe/