

TIME AND TALK: STRUCTURING PATIENT-CENTERED COMMUNICATION

LIST OF COMPETENCY SKILLS* 1/3

Below is a list of skills that can help student and practicing hearing care professionals build a relationship with their patients while performing their clinical tasks during an appointment.

GATHERING INFORMATION

INITIATING THE SESSION

- Greets patient and obtains patient's name
- Introduces self and clarifies role

IDENTIFYING REASON FOR CONSULTATION

- Uses an opening question to identify the issues
- Listens to the opening response without interrupting or directing
- Checks and confirms list of problems
- Negotiates to set an agenda for the session

EXPLORING THE PATIENT'S PROBLEM

- Encourages patient to tell own story
- Uses open and closed questions, appropriately moving from open to closed
- Listens attentively, leaving the patient space for thinking before answering, and continuing after pausing
- Facilitates responses by verbal and non-verbal techniques
- Picks up and responds to verbal and non-verbal cues
- Clarifies statements
- Uses clear language avoiding jargon
- Summarizes to confirm own understanding before moving on
- Elicits relevant and specific information from patients to help gain clarification

UNDERSTANDING PATIENT'S PERSPECTIVE

- Discovers patient's ideas regarding each problem
- Determines how each problem affects the patient's life
- Determines the patient's goals - what help they expected for the problem
- Encourages expression of feelings and thoughts
- Accepts legitimacy of patient's views

EXPLORES CONTEXT

- Considers relevant physical and psychosocial contexts of the patient

STRUCTURES THE CONSULTATION

- Establishes dates, sequence of events
- Uses signposting in explanation
- Structures explanation in logical sequence, attends to timing
- Writes notes without interfering with flow
- Summarizes, thanks and closes

EXPLANATION AND PLANNING

- Repeats and summarizes explanation
- Checks understanding of explanation
- Reaches a shared understanding of explanation with patient

AUDIOLOGICAL TASKS

- Where appropriate, carries out otoscopy and hearing evaluation. In addition appropriate selection, evaluation, verification and/or validation of technology testing
- Recognises major departures from normal physical and psychosocial findings
- Elicits common abnormal physical and psychosocial findings correctly and sensitively

PROBLEM SOLVING

- Discusses the cause and degree of the hearing loss in the light of the patient's history
- Presents management options and choices
- Involves the patient in shared decision-making
- Agrees joint goals
- Negotiates realistic strategies to achieve agreed goals
- Recognizes the limits of personal competence and acting accordingly

PATIENT MANAGEMENT

- Makes rational and discriminating use of tests and procedures
- Interprets common investigations in the light of the patient's history
- Formulates management plans appropriate to findings in collaboration with the patient
- Uses time, referral and team working appropriately
- Acts on appropriate opportunities for health promotion
- Facilitates an appropriate level of patient involvement in the management plan

LIST OF
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3/3

RELATIONSHIPS WITH THE PATIENTS

- Uses empathy to communicate understanding
- Provides support
- Deals sensitively with embarrassing topics
- Explains rationale for questions, tasks and tests
- Maintains friendly but professional relationships with the patient
- Attends to patient comfort
- Demonstrates confidence

*The list is based on the HYMS Modification of Calgary Cambridge list of skills and has been adapted for audiology by the Ida Institute.