

Title of the study:

Learning to 'Walk the Walk' with 'Time and Talk': Evaluation of changes in audiology and speech-language pathology students' patient-centred communication

Introduction:

Describe briefly the who, what and why of the study: Who conducted the study, what was the purpose of the study and why is it important/what is the problem that the study seeks to address?

In order to provide the highest quality hearing care to persons who have hearing loss and their communication partners, audiologists and speech-language pathologists need to be able to communicate in a way that is sensitive, appropriate and meaningful; and importantly, communicate in a way that allows the person with hearing loss and their communication partners to participate in decision-making. This type of communication is termed 'person-centered'. Audiology and speech-language pathology students start to learn communication skills from the first time they see a client with a communication disability, early in their university education. However, despite these being a central set of skills for audiology and speech-language pathology students, little research exists that shows how to teach person-centered communication skills in a university context or demonstrates how short-term training can change student communication behaviors.

We hypothesized that by exposing audiology and speech-language pathology students to a tailored person-centred communication program, the Time and Talk tool, we would improve their self-reported communication skills, confidence and actual communication behavior. Audiology students from the University of Melbourne and Speech-language Pathology students from the University of Queensland were recruited for this pilot study.

Method:

Explain briefly the method behind the study. Who/how many people participated in the study, how were they selected, what approach did you use?

To address our research question, we conducted a cross-sectional study with pre and post measures. The study occurred over a five-week period. In Weeks 1 and 5, students completed a series of self-report outcome measures (1) preferences for patient-centred communication – PPOS questionnaire; 2) self-reported confidence with empathy – Jepherson Empathy Scale; 3) simulated patient perceived empathy of student – Jepherson Practitioner Empathy Scale) and then conducted a 7-minute, filmed interaction with a simulated patient. This filmed interaction was analysed using the Four Habits Coding Scheme (we focused only on Habits 1, 2, and 3). In Weeks 2, 3 and 4, students attended at least 2 workshops curated to use the Time and Talk philosophy of being student-led, using theoretical basis of the Calgary-Cambridge Model of clinical encounters and the Four Habits Scheme.

All students completing the first year of the Master of Clinical Audiology at the University of Melbourne and first year of the Master of Speech Pathology at University of Queensland in 2018 were invited to participate in this study. At University of Melbourne, the program was integrated into the coursework and was therefore compulsory to attend (but optional to participate in the research). At University of Queensland, the program was offered as an additional opportunity and support.

Forty audiology students and ten speech-language pathology students (N=50) participated in this pilot study. Students were majority local students (88%) who reported English as their primary language (68%). Audiology students had had limited clinical exposure at the time of the study; speech pathology students had had greater clinical exposure.

Key Findings:

Preliminary analysis indicates that a Time and Talk inspired program offered to audiology and speech-language pathology students does improve their confidence and preferences relating to person-centred communication. Specifically, we found:

- Students' preferences for sharing communication behaviours (a subscale of the Patient-Practitioner Orientation Scale; PPOS) increased significantly
- Students' preferences for person-centred communication behaviours (the PPOS) increased significantly
- Students self reported confidence in being empathetic and showing empathy (Jepherson Scale of Empathy) increased significantly
- Simulated patients' perception of students' empathy increased significantly, but we caution putting weight on this result with the present analysis
- Observed communication behaviours using the 4 (3) Habits did not significantly increase.

Conclusion:

What are the clinical implications of these findings and what can we learn from them? Do they open up any new perspectives?

In many ways, the educational implications and learnings are the most valuable outcomes of this pilot. They most central implications are listed below and future use of this tool in the teaching context should consider:

- The Time and Talk tool is ready to be fleshed out with curriculum in addition to the principles and approach
- Ensure your facilitators are on the same page and have good facilitator guides
- The benefits of imbedding in the curriculum directly for greater attendance and attention
- Ensuring that the student-centred and led approach is taken by all facilitators (this can be hard to change!)
- Give more time to each workshop; students take time to warm up and time to feel comfortable. Their comfort is paramount.
- Consider the timing of the workshops and link to outcomes. Pre-clinical is beneficial in that it might 'protect' students from picking up other approaches in the clinic, but also means they don't know what they don't know
- Consider the benefits of linking with formative assessment.
- Consider how this tool integrates with students' learning in other subjects and insure the content is integrated and reinforced elsewhere and by others.

In conclusion, this pilot study reveals that intensive communication training using the Time and Talk philosophy and approach can improve audiology and speech-language pathology students' communication

with clients or families of people living with hearing loss in the educational setting; however, substantial planning and preparation needs to be undertaken to ensure it fits to context to get effective results.

About the author(s)

Please provide the following information:

- Full name and academic degree/credentials
- Short bio (maximum 35 words)
- Photo (headshot) of the author(s) in high resolution (minimum 1000 pixels wide)

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Dr Barr's PhD and research program uncovered the mismatch between older adults' preferences for patient-centred hearing care and current clinical practice. Caitlin's is now using her passion to eliminate this gap to lead Better Hearing Australia VIC, a consumer advocacy and service organization.