



UNIT I - SECTION 1

LEARNING PRINCIPLES

INSTRUCTOR'S GUIDE

1. Goals

- Goal 1: To provide an overview and increase understanding of the learning principles adopted by the Ida Course on the Human Dynamics of Hearing Loss
- Goal 2: To understand how active learning principles apply to self-learning and patient centered care
- Goal 3: To understand how the learning environment influences learning (for patients and students)

2. Concepts to Master

- a. How learning style (active vs. passive) affects retention
- b. Definition of active learning
- c. Importance of establishing prior knowledge, contextualized learning, and conceptual models to learning
- d. What metacognition means for us and our patients
- e. Importance of the learning environment for us and our patients

3. Reading

- a. Von Hapsburg, D. and Lauritsen, K.L. (2012). The learning principles adopted by the Ida Institute, *Seminars in Hearing*, 33, 16-23

4. Lecture

- PowerPoint: "Learning the Ida Way"

5. Class Activity: Embedded in Lecture

- Class Activity 1: Establishing current knowledge/practice on how to counsel
- Class Activity 2: What is metacognition?

6. Reflection: Last Slide in Presentation

- a. How did this lesson inspire you to think of new ways to approach counseling?
- b. What are some ways you can shift the balance in order to achieve more active engagement of your clients?

7. Assignment

- a. Von Hapsburg, D. and Lauritsen, K.L. (2012). The learning principles adopted by the Ida Institute, *Seminars in Hearing*, 33, 16-23

CLASS OUTLINE**LESSON OVERVIEW: WHAT ARE WE DOING TODAY?**

1. Establish learning mind-set.
2. Talk about active learning and how it will help us understand human dynamics of hearing loss and become better practitioners.
3. Begin by going over the goals (PowerPoint slides 2-3).
4. **Class Activity**
 - a. Role-play counseling (handouts)
5. Overview of active vs. learning principles (PowerPoint slides 5-7).
6. Reflective exercise regarding active vs. passive engagement during counseling (handout)
7. **PowerPoint**
 - a. Slides 9-14
8. **Reflection**
 - a. How did this lesson inspire me to find new ways to approach counseling?
9. **Closing**
 - a. Announcements
 - b. See assignments associated with the next lecture.

CLASS ACTIVITY
(INSTRUCTOR COPY)

The following class activity is designed to take a “snapshot” of how students counsel a case in audiology. The goal of this activity is to allow the instructor to observe what the students do rather than what they say they do. At this point the instructor should allow students to counsel as they normally would, without interrupting or correcting their behaviors.

The activity has multiple purposes:

1. This activity will elicit prior knowledge. It may reveal the conceptual framework under which students are operating (i.e., what they have internalized as acceptable counseling). New knowledge can be better built on the existing understanding of the students in a more efficient way, as it is contextualized.
2. This activity will be used throughout the lecture/discussion to highlight the concepts of active versus passive learning, to clarify their implications for retention of information, and to provide a context that is meaningful for the student.
3. This activity will highlight the benefits of active learning and the reasons for using it in the classroom and in the clinic.

CLASS ACTIVITY
(STUDENT COPY)

In this activity you will be asked to counsel a patient. Team up with two other students and decide who will be the audiologist, who will be the client, and who will be the observer. The audiologist will receive a handout titled "Audiologist's Role," the client will receive a handout titled "Client's Role," and the observer will receive a handout titled "Observer's Role." The instructions for each role are specified in the handout. Do not share any information about the roles with each other. Please read through the information about your particular role a couple of times before you begin counseling. If you are the audiologist, you will be asked to have a short initial interview with the client; pretend you did an exam, and then counsel the patient with a proposed management plan, given the results of the interview and pretend exam. If you are the client, read your role a couple of times and try your best to assume this person's personality, given what you know. If you are the observer, take notes about what you see, hear, and notice. Once all of you are ready and you know what you are going to do, begin the mock interview and counseling.

The point of this exercise is to show how you typically counsel, so that you can establish what your model of counseling is.

OBSERVER'S ROLE

Your role is to observe the interaction between Mrs. Robertson and the audiologist. Both Mrs. Robertson and the audiologist have an “agenda,” or a goal, for the encounter. As an observer, take notes on what you see, what you hear, and what you notice about the counseling session. Use this opportunity to reflect on the quality of the communication between the two, and reflect on your own patterns of communication with your patients.

1. What did you observe that was positive?
2. What did you observe that made you curious?
3. What did you observe about the interaction?

AUDIOLOGIST'S ROLE

Mrs. Robertson is a 50-year-old female here for an annual evaluation. Pretend you are seeing her right before the hearing exam and right after the exam. You have 20 minutes to evaluate her. Interview the patient as you normally would prior to a hearing evaluation on a first-time patient. Once you have performed an initial interview with her, assume you did the hearing test. You will now counsel her accordingly. Her results are as follows.

Exam results

You performed a full audiometric evaluation and immittance testing. She has a moderate sensorineural hearing loss bilaterally that affects her communication function at work and at home, as she reports it. Your assessment leads you to believe she is a candidate for hearing aids, and you would like to recommend hearing aids, as they seem appropriate. Given what you know, develop a plan for counseling this patient and then counsel Mrs. Robertson about your plan as you normally would. Please note you have about 15 minutes left in your appointment, and your next patient is early.

CLIENT'S ROLE

(1/2)

Read the entire case study below and try as best as you can to take on the role of Mrs. Robertson. Read the entire history and background a couple of times to get a sense of who she really is. You, as Mrs. Robertson, are showing up for a hearing test. Allow the audiologist to lead you through an interview, and share with him/her only the information that you think the audiologist has requested.

Your name is Mrs. Ann Robertson. You are an accountant for a large healthcare corporation. You are married and have three children who are in their teens. You have a very busy lifestyle. You work Monday through Friday and then spend time with your children in afterschool activities like soccer practice, Girl Scouts, and band. On the weekends you enjoy getting together with close friends for activities such as running, shopping, or having dinner. You are very social and enjoy interaction with friends and family. You have always been healthy and outgoing and have had a concept of yourself as an independent, successful woman who will live long without disability. You may or may not be aware of these concept issues, so you may or may not even take this into account when you talk with the audiologist.

You have been experiencing some difficulty with your hearing over a three-year period. At first you thought it was a cold, but then your hearing never quite returned. You have become slightly anxious about not being able to hear at home, on social outings, and at work. You feel that you are struggling more somehow and don't know quite what to do about it. You have not enjoyed your last interactions at the coffee shop with your friends because you feel you are missing out, and they think you are distracted. You honestly have been dreading this appointment because you are scared you may have to wear hearing aids, and you just don't think you are old enough to be wearing them. Your husband and your best friends don't know you are at this appointment, and you are not sure you are going to tell anybody. You are hoping to be told it's a minor problem. You are not sure you can handle bad news (i.e., you need to get hearing aids). You are not sure how you would even tell your friends that you need hearing aids. It's a vanity thing, a youth thing, and a self-concept thing.

You are here on a fact-finding mission. You tell the audiologist that you have had some problems with hearing over the last three years and you just want to make sure everything is OK. Answer the questions the audiologist asks, as you see fit, but don't feel you have to reveal anything personal about yourself or your motivations. If the audiologist probes into your emotional state or your motivation to get hearing aids specifically, then open up a little more but only if you feel the audiologist is connecting with you and is asking the right questions. At this point you really just want to see if there are other options for you, like medicine, surgery, etc. Focus on alternatives and ways to get around hiding the loss. Hearing aids are not your thing.

CLIENT'S ROLE

(2/2)

If the audiologist asks what brought you to see him/her, you can say that you've been having some problems with hearing.

If the audiologist asks further questions, you can answer questions confidently using the following information about your history:

- Can't remember the last time you had a hearing test, but it was normal
- No history of ear infections, no family history of hearing loss
- No ringing, no dizziness
- No trauma
- No ototoxic medications
- Both ears seem about equally affected
- Can hear but can't understand, especially with multiple people
- First noticed the loss after a cold, and difficulty hearing seems to be increasing

REFLECTION ON COUNSELING

On a scale from 0 to 10, with 0 being not at all and 10 being very much, how satisfied are you with how counseling went? Why?

Answer the following questions with “yes” or “no.”

1. Did I explain the audiogram?
 - a. Did I use the term “frequency?”
 - b. Did I use the term “decibel?”
 - c. Did I explain Xs and Os?
 - d. Did I explain where normal hearing is on the audiogram?
 - e. Did I explain where loud sounds are and soft sounds are?
 - f. Did I explain speech awareness and discrimination scores?
2. Did I explain tympanometry with these terms?
 - a. Ear canal volume
 - b. Immittance
 - c. Probe tip
 - d. Pressure
 - e. Tympanic membrane
 - f. Reflexes
 - g. Types A, B, and C
3. Did I explain the anatomy of the ear?
 - a. Outer ear
 - b. Middle ear: little bones, ossicles, TM
 - c. Inner ear: cochlea, hair cells, auditory nerve
4. Did I recommend hearing aids?
 - a. Did I show different styles of hearing aids?
 - b. Did I explain anything else that is not on the list related to technology or the hearing test?
5. What percentage of the time spent counseling did I spend talking?
6. What percentage of the time spent counseling did the patient talk or do something other than listen?
7. Did I establish what the patient’s concern was?
8. Did I establish what the patient’s motivation for getting treatment was?
9. Did I monitor the patient’s understanding? If so, how?
10. By examining my own counseling pattern, I would say I mostly engaged the client in an active/passive (circle one) way.