



UNIT V - SECTION 2

SUMMARY AND OBSERVATIONS

INSTRUCTOR'S GUIDE

1. Goals

- Goal 1: To allow students to explore how the course on the human dynamics of hearing loss has impacted his/her philosophy of practice
- Goal 2: To review the important concepts of the course in Human Dynamics of Hearing Loss
- Goal 3: To continue practice using skills learned over the course of the class

2. Lectures

- PowerPoint: “Summary and Observations”

3. Reflection

- a. Take some time to reflect on what you have learned in this course. If your methods are the expression of your philosophy, how would you describe your own philosophy now?
- b. How do your current methods differ from those reported at the start of this class?
- c. What changed for you in terms of your philosophy? Why?

4. Class Activity

There are several activities in this lecture that can be used to practice and engage the students further in reflection. The Instructor can pick and choose what activities to use with their class, depending on the level of the class and the amount of time left in the semester for practice. Videos can be found in the section of the course website called “videos and handouts”. For this lecture use the following link and go to the section called “Summary and Observations”: http://idainstitute.com/toolbox/university_course/videos_and_handouts/unit_v/

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

1. Establish learning mind-set.
2. Today we will summarize what we have covered in class. We will begin by taking the PPOS a second time and engaging in reflection of whether the PPOS scores have changed over the course of the student journey. We will reiterate the importance of reflective practice in Audiology, and we will integrate concepts learned by observing several ethnographies and discussing them from different perspectives.
3. PowerPoint
 - a. Summary and Observations – Begin by going over the goals of the class and by giving a review of the concepts learned in class.
4. Class Activity
 - a. What is your PPOS now?
5. PowerPoint
 - b. Review the concepts and models covered in class so that the material is fresh as we engage in more class activities in the remainder of the class
6. Class Activity
 - b. Ethnography: Oscar and the Steins
 - c. Ethnography: Claire, Adam and his Mum,
 - d. Ethnography: Joe, Bill, and Dallett
 - e. Role-Play
7. Reflection Moment
 - a. Students should reflect on how their philosophy of practice has changed over the course of the class.
8. Closing

CLASS ACTIVITY 1
(INSTRUCTOR COPY)**Goal of Activity**

This activity requires that the students complete the PPOS and calculate three scores: Total, Caring, and Sharing. The goal of this activity is to actively engage the student in determining their perceived preference for communication style (person-centered) vs (doctor-centered), after having completed the Ida University Course. The students will be asked to compare their score to their PPOS score obtained at the beginning of the course. By comparing the baseline PPOS score to the post course score, students and instructors may be able to determine how their preferences for patient-centeredness may have changed after training.

Background on the questionnaire

The PPOS has 18 questions. The test yields a total score and two sub- scores -a Sharing Score- and a Caring Score. The sharing score reflects the extent to which the respondent believes that patients desire information and should be a part of the decision making process (e.g., Patients should be treated as if they were partners with the doctor, equal in power and status). The second 9-item subscale reflects the Caring score, and reflects the extent to which the respondent sees the patient's expectations, feelings, and life circumstances as critical elements in the treatment process (e.g., A treatment plan cannot succeed if it is in conflict with a patient's lifestyle or values).

Instructions

Please have students fill out the PPOS. For each item, rank your level of agreement with the statement on a six-point scale, with 1 reflecting: strongly agree and 6- strongly disagree. After they complete the PPOS have them calculate the Sharing, Caring, and Total Score.

The instructions for the calculations follow:

1. The total score is calculated by calculating the average score for all 18 items.
2. The sharing score is calculated by taking the average of the first 9 items.
3. The caring score is calculated by taking the mean of the last 9 items (items 10-18).

Discussion

After giving students sufficient time to complete the PPOS, the discussion may begin. The instructor may want to have students raise their hand if their total score ranged between 4-6, and then a score of 1-4.

A score of 4-6 is indicative of patient-centered preferences, consistent with the Biopsychosocial model.

A score of 1-4 is indicative of doctor-centered preference, more consistent with a Biomedical model.

CLASS ACTIVITY 1
(STUDENT COPY - 1/2)

Instructions

Please fill out the PPOS. For each item, rank your level of agreement with the statement on a six-point scale, with 1 reflecting: strongly agree and 6- strongly disagree.

Patient-Provider Orientation Scale

1. The doctor is the one who should decide what gets talked about during a visit.
2. Although health care is less personal these days, this is a small price to pay for medical advances.
3. The most important part of the standard medical visit is the physical exam.
4. It is often best for patients if they do not have a full explanation of their medical condition.
5. Patients should rely on their doctors' knowledge and not try to find out about their condition on their own.
6. When doctors ask a lot of questions about a patient's background, they are prying too much into personal matters.
7. When doctors are truly good at diagnosis and treatment, the way they relate to patients is not that important.
8. Many patients continue asking questions even though they are not learning anything new.
9. Patients should be treated as if they were partners with the doctor, equal in power and status.
10. Patients generally want reassurance rather than information about their health.
11. If a doctor's primary tools are being open and warm, the doctor will not have a lot of success.
12. When patients disagree with their doctor, this is a sign that the doctor does not have the patient's respect and trust.
13. A treatment plan cannot succeed if it is in conflict with a patient's lifestyle or values.
14. Most patients want to get in and out of the doctor's office as quickly as possible.
15. The patient must always be aware that the doctor is in charge.
16. It is not that important to know a patient's culture and background in order to treat the person's illness.
17. Humor is a major ingredient in the doctor's treatment of the patient.
18. When patients look up medical information on their own, this usually confuses more than it helps.

Post-Test: Sharing score

Post-Test: Total score

Post-Test: Caring score

CLASS ACTIVITY 1**(STUDENT COPY - 2/2)**

Answer the following questions.

1. Compare your present PPOS scores to the baseline scores you obtained in the beginning of this course.
2. How have your scores changed for the Total, Sharing, and Caring Score?
3. Is there an area of the PPOS that changed more than another area? If so, which area changed and how did it change?
4. Think about the way you practice or interact with clients now. Is there a mismatch between your own perceived preference as noted by the PPOS and the way you actually practice?

CLASS ACTIVITY 3
 (INSTRUCTOR COPY)
 NO STUDENT HANDOUT

For this activity the students will watch the video “Claire Adam and His Mum” and answer the following questions. The goal is to have students integrate knowledge gained from different parts of the course. The questions below can be used by the instructor to guide the discussion or the questions can be used in test format.

Part 1: Questions for Discussion

1. How is the problem being experienced by the client? How is he casting his problem?
2. How is Adam reacting to hearing loss? Does the challenge represent a loss?
3. Can you make an educated guess as to where he might be in the grief cycle? Is he at acceptance, anger, denial, shock, bargaining, depression? And what verbal and non-verbal behaviors suggest this?
4. What did his mom ask that may indicate she has not accepted the loss?
5. What kind of coping style do you think he may have: approach or avoid? Why?
6. What are his sources of knowledge? Where is he getting information?
7. What types of questions does Claire use with Adam?
8. How has this audiologists shown empathy for the client, or respond to emotional talk?
9. What does Claire do to build rapport with Adam?
10. How does Claire use the Lines in her appointment?
11. What stage of change do you think Adam is in?
12. Why did Claire not just give Adam the hearing aids for a trial period, when she thinks he gladly would have taken them?
13. What are the benefits of integrating the Lines in the appointment the way that Claire does?
14. Which tool would you recommend that Claire use the next time Adam comes in?
15. What did you learn from Adam’s reflections after the appointment?
16. What did you learn from Claire’s reflections after the appointment?
17. What elements of Person-Centered Care were evident in this ethnography?
18. Imagine the patient were asked the question “Do you feel your audiologist understands the difficulties you are experiencing?” On a scale of 0-10, with 0 being does not understand and 10 being definitely understands, how do you think this particular client would respond? Why?

Part 2: Additional Activities

1. Create a patient Journey for Adam
2. Role-Play using the Box with Adam at his next appointment.

CLASS ACTIVITY 4
(INSTRUCTOR COPY)

The purpose of this activity is to have students gain experience using the Patient Journey tool, and in so doing engaging in an active process that encourages them to consider the client perspective in more detail than they may have thought about before. This activity requires use of their imagination to fill in a positive perspective. In engaging in the patient journey exercise we are curious about how the patient experienced hearing loss. This new knowledge and understanding may give us the tools to offer treatments that meet the actual needs of patients.

Ask the students to break up into groups of 2 and have them create a POSSIBLE PATIENT JOURNEY for Bill and a Possible Partner Journey for Dallett in the video re-enactment “Joe, Bill, and Dallett”. The students can use sticky notes or a white board to create the journey, or access the interactive tool on-line at the following link: <http://idainstitute-001-site3.smarterasp.net/?hide-ko=true>

Use the following phases of the patient journey.

1. PRE-CONTEMPLATION
2. CONTEMPLATION
3. PREPARATION
4. ACTION
5. MAINTENANCE
6. REPLAPSE OR PERMANENT EXIT

Additional Suggested Activities

1. Practice using the GPS with Bill and Dallett in role-play.
2. Create a possible Line and Box for Bill 2 years before he got his hearing aids and 2 years after he got his hearing aids. How would the two differ and why?
3. Living Well: Prior to getting hearing aids were Bill and Dallett living well with hearing loss? What changed after hearing aid fitting?

CLASS ACTIVITY 4
(STUDENT COPY - 1/2)

The purpose of this activity is to have you gain experience using the Patient Journey tool, and adapting it to create a Partner Journey as well, in so doing engaging in an active process that encourages you to consider the client and partner perspective in more detail than you may have thought about before.

Instructions

1. Break up into groups of 2.
2. CREATE A POSSIBLE PATIENT JOURNEY for the client in the video re-enactment “Joe Bill and Dallett, and also create a Possible Partner Journey for Dallett.
3. With your partner use evidence from the video to create possible experiences the patient may have had at each of the stages below.
4. You can use sticky notes or a white board to create the journey, or access the interactive tool on-line at the following link: <http://idainstitute-001-site3.smarterasp.net/?hideko=true>
5. As you watch the video think about the following:
 - a. When Bill first recognized his hearing loss and contemplated taking action, how did his hearing loss affect him emotionally and socially?
 - b. What impact did hearing loss have on Dallett? How did hearing loss affect him emotionally and socially?
 - c. Bill’s father had a hearing loss. How could this have affected Bill and his decision making process?

Use the following phases of the patient journey.

1. PRE-CONTEMPLATION

What kinds of problems may he be experiencing at this stage? At home or Work? What kinds of challenges, may others in his life be experiencing? How is he coping?

2. CONTEMPLATION

What kinds of experience may push the patient to realize his hearing loss is impacting his work or social life? Is this having a positive or negative effect on him?

3. PREPARATION

What was the tipping point he experienced that resulted in the patient seeking help?

4. ACTION

What is the patient’s main concern? How does he cast the story of his illness? What is important to him? What emotions do you think he may be feeling as he walks into the appointment? Did he have his main problem addressed? How did this make him feel?

5. MAINTENANCE

Although hearing aids were recommended what factors does he have to consider? Is he able to follow treatment options? If not, how might he feel about not being able to get hearing aids? What is his fear?

CLASS ACTIVITY 4

(STUDENT COPY - 2/2)

6. REPLAPSE OR PERMANENT EXIT

If he did not get the reason for his visit addressed, what strategy may he explore next?

CLASS ACTIVITY 5

(INSTRUCTOR COPY)

The purpose of this activity is to allow students to integrate knowledge learned across the span of this course through role-playing a difficult case. The case study below is based on a real-life example presented by one of the attendees of an Ida Institute Seminar. This was a challenging case for the audiologist for many reasons and was selected as one that was used in Theater Session, in which actors acted out the parts of the clients and real audiologists attending the seminar played the audiologist. The case background is provided below along with information about how the Role Play should take place. Please read all instructions below before getting started. Additionally, all students should be familiar with all Roles as they may be asked to step up and play one of the roles.

Three student volunteers are required to start this Role-Play exercise. The students will play the role of the Audiologist, Mrs. Reeves and Mr. Reeves.

Establishing the Mindset: Remind the students to be mindful of the principles of Motivational Interviewing, to think about their listening skills, and think about what Tools can be used as this case develops. You are also encouraged to be mindful of the relationship-centered approach as you proceed.

1. Have the students read the background for the role they are playing carefully. Encourage the students to take some time to imagine the Patient Journey. Likewise, have them take some time to imagine the Partner Journey and imagine all the possible emotions, contradictions and fears each character may be experiencing too. If you are the audiologist, be mindful of your role as the audiologist, making sure that you practice patient-centered care.
2. Once the students are ready, have the audiologist invite the couple to sit down.
3. Once the couple is seated have the audiologist start out by establishing the reason for the visit. Allow the students to Role-Play this case to whatever end they can. The Audiologist or the Professor can “freeze” the action and can request help from the audience, or can request that a different audiologist step in at any given natural stopping point. A discussion can ensue at these points that can help guide the audiologist as he or she proceeds.
4. The students playing roles of the wife and husband should maintain their role as seriously as possible throughout, attempting to make this case as real as possible.
5. After they have finished Role-Play, it may be helpful to the students to see how this case was approached by Dr. Sam Trychin in one of the Ida Seminars. To see the Theater Session use the following link, go to the section called “Summary and Observations” and find the video called “Exploring Dilemmas – Enabling Communication Partnerships.short”: http://idainstitute.com/toolbox/university_course/videos_and_handouts/unit_v/
6. Have the students answer the questions at the end of the section when finished.

CLASS ACTIVITY 5
(STUDENT COPY - 1/3)

ACTIVITY OVERVIEW

The purpose of this activity is to allow students to integrate knowledge learned across the span of this course through role-playing a difficult case. The case study below is based on a real-life example presented by one of the attendees of an Ida Institute Seminar. This was a challenging case for the audiologist for many reasons and was selected as one that was used in Theater Session, in which actors acted out the parts of the clients and real audiologists attending the seminar played the audiologist. The case background is provided below along with information about how the Role Play should take place. Please read all instructions below before getting started. Additionally, all students should be familiar with all Roles as they may be asked to step up and play one of the roles.

Three student volunteers are required to start this Role-Play exercise. The students will play the role of the Audiologist, Mrs. Reeves and Mr. Reeves.

Establishing the Mindset: Remember to be mindful of the principles of Motivational Interviewing, to think about your listening skills, and think about what Tools can be used as this case develops. You are also encouraged to be mindful of the relationship-centered approach as you proceed.

1. Read the background for the Role you are playing carefully. Take some time to imagine the Patient Journey if you are the patient and what you might be experiencing. Likewise, if you are the communication partner, take some time to imagine your own Partner Journey and imagine all the possible emotions, contradictions and fears your character may be experiencing too. If you are the audiologist, be mindful of your role as the audiologist, making sure that you practice patient centered care.
2. Once ready, have the audiologist invite the couple to sit down.
3. Once the couple is seated have the audiologist start out by establishing the reason for the visit. Allow the students to Role-Play this case to whatever end they can. The Audiologist or the Professor can “freeze” the action and can request help from the audience, or can request that a different Audiologist step in at any given natural stopping point. A discussion can ensue at these points that can help guide the audiologist as he or she proceeds.
4. The students playing roles of the wife and husband should maintain their role as seriously as possible throughout, attempting to make this case as real as possible.
5. Answer the questions that follow.

CLASS ACTIVITY 5
(STUDENT COPY - 2/3)

CASE BACKGROUND

Audiologist

Mr. and Mrs. Reeves arrive at your office this afternoon to discuss a problem they are having. They are a couple in their early 50's, obviously well to do financially. Mr. Reeves is an Architect and Mrs. Reeves is an artist. However, Mrs. Reeves has been diagnosed with a degenerative disorder that affects her motor control and her hearing. She is currently fit with binaural amplification, BTE's that are appropriately fit. However, Mrs. Reeves is experiencing increasing difficulty managing the hearing aids, due to her lack of motor control. That is, she is experiencing increased difficulty being able to insert the aids in her ears in the morning. She needs them to be able to hear. But her husband does not want to help her with that. You notice that the degenerative disorder has taken an emotional toll on the couple's relationship.

Mrs. Reeves

Mrs. Reeves you are a 50 year old successful artist and you are married to a well to do architect. You have been dealing with the unexpected diagnosis and symptoms of this degenerating disease for only a couple of years, but things seem to be deteriorating fast. You are now experiencing increased difficulty with motor function, and you are not always able to get the hearing aids in when you need to. You are also having some trouble walking and your right arm seems stiff. So, on many occasions you are requiring assistance from your husband to help you put the hearing aids in. However, your husband has expressed a reluctance to help with that. He refuses to help, he has told you on several occasions he does not want to become your crutch. At the appointment, you are reserved and do not seem fully engaged in wanting to discuss the problem. You seem overwhelmed and down. Although you are aware that your husband doesn't want to have anything to do with the hearing aids you need to find a solution to your problem. You need to be able to hear.

Mr. Reeves

You are a successful 50 year-old Architect who has enjoyed a very loving relationship with your wife. However, 2 years ago she was diagnosed with a degenerative disorder that has impaired her hearing and some of her other bodily functions. Recently, she has not been able to put the hearing aids on by herself and she has requested your assistance. You have been taken by surprise by your reaction, but you feel repulsed by the very idea of having to "touch those things". You feel they are ugly and you don't want to have anything to do with that. On several occasions you have flat out refused to help your wife because you simply don't want to touch the aids. Or feel like you should not have to deal with it. When asked you just say you just don't feel like you should have to deal with it. It is too much for you to deal with. You too seem a little overwhelmed. You are very outspoken, and you seem frustrated by what is happening to your wife. Although you may not be consciously aware of it, you are afraid of what is going to happen to her in the future and how you are losing your wife to this disease. You hope that the Audiologist

CLASS ACTIVITY 5
(STUDENT COPY - 3/3)

will have a solution to the problem your wife is experiencing without requiring you to deal with the problem. You are simply not willing to face the facts but you understand you need a solution.

Questions

1. What feelings did you experience as you observed this case proceed?
2. Did you find yourself reacting negatively to the husband? Did you find yourself judging him for his stance on not wanting to help? If so, why would this be problematic?
3. Was the audiologist sensitive to affective language used in the exchange?
4. What kind of affective language was used?
5. Did the clinician listen mindfully, in a non-judgmental way?
6. Were any of the Principles of Motivational Interviewing overlooked?
7. Did the clinician Roll with Resistance?
8. Did the clinician understand the client's motivation and develop discrepancy, if so how?
9. Did it take several attempts to understand the motivation?
10. Did the audiologist avoid argumentation?
11. How did you use the tools: The Line, the Box and the Circle?
12. Did you use the Communication Rings or the GPS? If so, how?
13. Did you find yourself trying to motivate the communication partner to help his wife?
14. How did it help to see Dr. Trychin attempt to use the Box with this case?