

Assessment Guide for the 5A's Behavior Change Model Adapted for Audiology

Instructions: Rank each section from 1 (did not accomplish) to 5 (demonstrated target thoroughly)

1. Assess patient level of behavior.

The audiologist should have:

- Asked the patient about the impact of perceived impairment on communication function and daily living.
- Asked for specific examples of communication function – is listening more difficult in different situations, for different stimuli – familiar voice v. environmental noises.
- Asked patient about daily living routines.
- Asked about general health and well-being.
- Elicited general concerns/ questions related to impairment.
- Obtained complete/comprehensive medical and otologic history.
- Discussed impact of impairment on communication partners.
- Engaged the patient in active conversation without barriers that impede communication.
- Effectively listened to patient and family as they “tell their story.”
- Addressed patient’s motivation for behavior change. How important is changing their behavior to them personally and what is their assessment of resources to make the change. (For example, used the Ida Motivation Tools)

2. Advise the patient based on personal health risks.

The audiologist should have:

- Made specific recommendations for next steps, such as use of technology and communication strategies.
- Made appropriate referrals to other professionals to participate in care of the patient and explained purpose of expected outcomes of the referral.

- Explained the impact of recommended strategies in a way that is meaningful to the patient/family.
- Discussed implications of not following through with recommendations.

3. Agree with the patient on a realistic set of goals.

The audiologist should have:

- Allowed patient to establish goals for communication.
- Discussed different treatment options and expected outcomes of each possible option to enable informed decision making.
- Related goals to concerns expressed by patient – allowed patient to prioritize based on their needs.
- Provided input on how realistic goal achievement may be.
- Given specific suggestions on how to best achieve high priority goals.

4. Assist in anticipating barriers and develop an action plan.

The audiologist should have:

- Discussed potential barriers to successful goal attainment.
- Supported the patient in developing a plan to minimize barriers (could be done through role-playing).
- Used information about daily-living routines to brainstorm potential barriers and possible solutions to improving function.
- Included information about patient's values, traditions and priorities in suggested solutions.
- Provided information in a way that is sensitive to a variety of learning styles (provided written as well as verbal instructions).
- Suggested a plan for monitoring progress, problems and questions that arise between encounters.

5. Arrange follow-up support.

The audiologist should have:

- Developed a plan for contacting the patient to check on the progress following the appointment.
- Made recommendations for support or information-sharing groups.

- Helped make plans for how to get support from friends, family and community.
- Referred the patient to additional mental support if need is identified (concerns expressed were beyond scope of clinician's practice).
- Established a plan for purposeful follow-up to support patient in achieving goals when needed.

6. Affect was appropriate.

The audiologist should have:

- Given the patient full attention – no obvious distracters, time was sufficient
- Acknowledged the emotions the patient expressed in the appointment
- Listened to the patient
 - Used minimal encouragers – used well placed comments that do not interrupt the patient, yet encouraged them to continue speaking and tell more of their story
 - Body language included an open posture
 - Paraphrased and repeated what the patient stated
- Asked questions for clarification
- Remained compassionate and attentive throughout the interaction
- When feedback is solicited, it should be descriptive and non-judgmental
- Room was physically designed to facilitate an open conversation – no barriers between the audiologist and the patient, tissues were available

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