TIME AND TALK:
STRUCTURING PATIENT-CENTERED COMMUNICATION

ROLE-PLAY TOPICS 1/3

Role-play is an effective, experiential way for the whole group to explore communication problems and challenges. By sharing observations, comments, and feedback, observers can learn at the same time as the people who are engaged in the role-play. Participants will benefit the most from role-playing if the scenarios are as true to real-life clinical situations as possible. Below is a list of role-play scenarios for inspiration.

1. EMPATHY WITH DISTRESSED PATIENTS

- Fear of losing work or partner leaving as a result of hearing impairment
- Being unattractive physically or appearing old
- Not being able to hear and communicate with grandchildren/children
- Having to cope with a very ill partner and not hearing his/her requests for help
- Sudden traumatic loss, e.g., after meningitis, road traffic accident or violence
- Fear of brain tumor or serious illness triggered by earlier experience of others

2. THE TRUTH IS NOT WHAT IT SEEMS

- Manipulative patient
- Fear clouding presentation of problems, e.g., over-talkative patient
- Compensation/health care benefits or insurance claims
- Satisfying family demands with no intention of carrying out agreed tasks
- Concealed anxiety about paying for services or equipment

3. MANAGING EXPECTATIONS ABOUT TECHNOLOGY

- Desire for ”state-of-the-art” technology rather than the appropriate technology for their needs
- Seeking funding for FM Systems, etc.
- Access to work and the issues of disclosure
- Asking for a comparison of hearing aids based on health care benefits
- Technophobia

4. DEALING WITH DIFFICULT/AGGRESSIVE/RESISTANT PATIENTS WITH COMMUNICATION PROBLEMS

- Annoyed at having to re-tell the story of their loss to yet another professional
- Hearing aid perceived as faulty and not solving all the problems associated with hearing impairment
- Garrulous patients who want to talk about anything except their hearing loss

ROLE-PLAY TOPICS 2/3

- Monosyllabic depressed patients or simply reluctant to discuss hearing impairment at all
- Not sharing a common spoken language with the clinician, little or poor interpreter support
- Dementia or other communication problems, e.g., communication difficulties due to a stroke
- Dexterity or other health problems, e.g., vision, learning difficulties
- Reluctant patients, e.g., a bereaved partner, who is sent by a son or daughter too soon after loss in the family or who is otherwise emotionally upset
- Consultation with another caregiver or family member who dominates or inhibits the consultation

5. OTHER MEDICAL PROBLEMS

- Acoustic neuroma
- Caloric testing
- Menieres disease
- Sudden onset of hearing loss from the flu, meningitis, or another condition
- Functional hearing loss

6. ASKED FOR INFORMATION THAT YOU CANNOT PROVIDE/ MANAGING UNCERTAINTY

- Parents ask questions such as "Will he/she have a normal life?" or “Will he/she receive a normal/good education?" following the diagnosis of deafness for their child
- Head injury
- Stroke

7. UNCLEAR DIAGNOSIS

- Why am I coming for a hearing test if I am dizzy or if I have tinnitus only?

8. OUTLINE OF AN AUDIOLOGICAL CONSULTATION

- Establish trust and show understanding
- Why is the patient there?
- Find out what the patient wants from the consultation (ideas, concerns, and expectations)
- Explain the situation
- What you can offer within the time frame / set an agenda
- Negotiate a shared agreement
- Taking consent, e.g. otoscopic exam or hearing test
- Explanation: Not only of the audiogram but of the process and results
- Summarizing and checking out understanding and agreed outcome
- Forward planning

ROLE-PLAY TOPICS 3/3

9. OTHER CLINICAL SITUATIONS

- Providing written carry-over notes for the next audiologist
- Communicating with other professionals about the patient, e.g., ENT, GP, neurologist, pediatrician, teacher of the deaf, etc.
- Communicating with colleagues and multi-disciplinary meetings