Framing the clinical encounter

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Defining hearing

How is hearing and hearing loss defined?

By whom, who are the interested parties

How?

Where? In what situations?

Who is the definer? What/who is defined?

Who has the power to define hearing?

Defining hearing

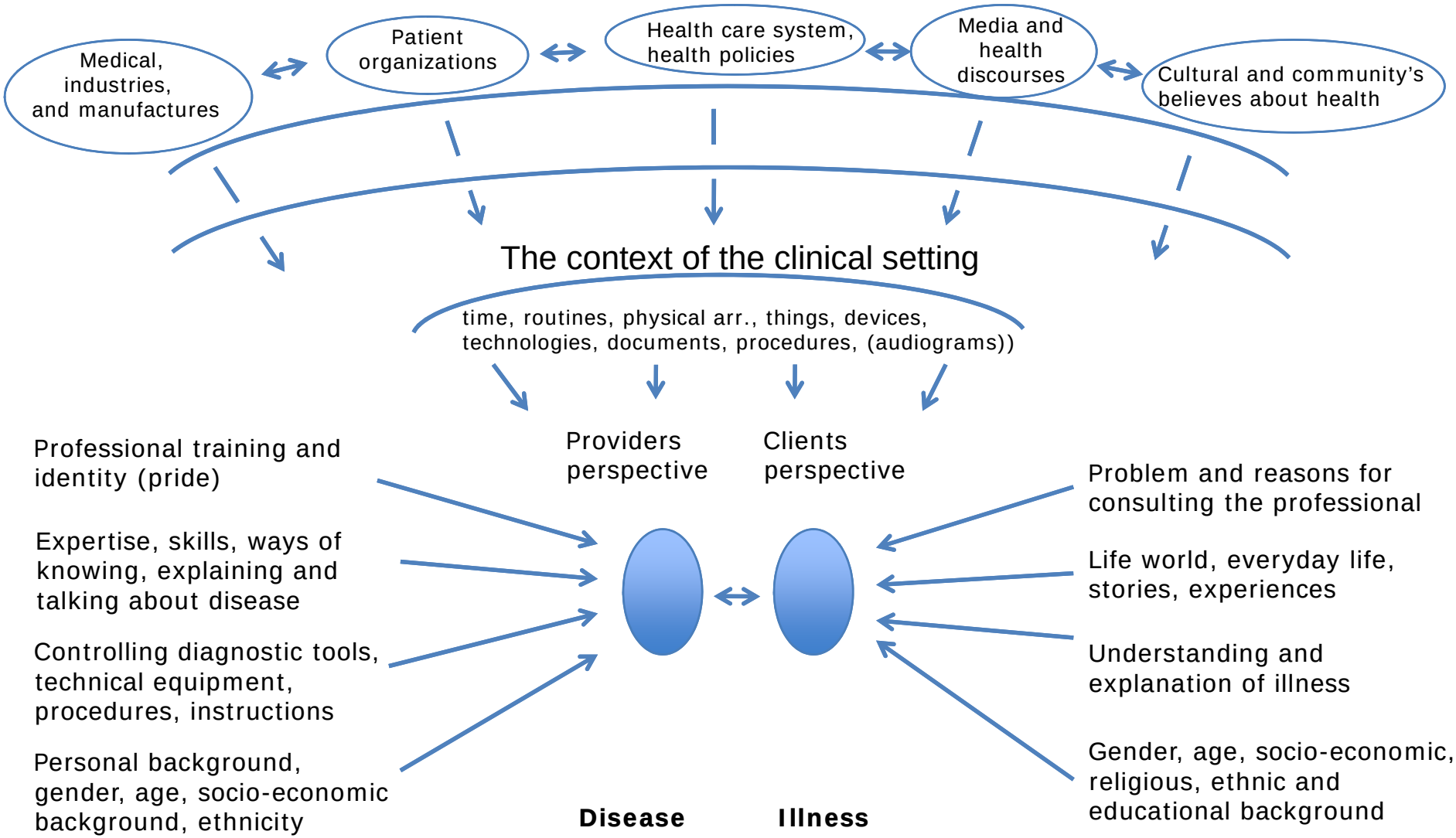
Defining hearing and hearing loss depend on perspective and context

Defining hearing is a process involving different actors, interests and concerns

We will present *a model for* reflections on

- what is at stake in the encounter between the provider and the client
- how this encounter is framed by a larger context

Framing the clinical encounter



Zooming in on the clinical encounter

Key actors: the health professional (provider) and the client (and family members)

The clinical encounter is often portrayed as problematic and marked by confusions and misunderstanding

Why? What is at stake? What can we do about it?

First step is to consider the explanatory models that are brought into clinical interaction

Explanatory models in clinical encounters

Explanatory models are notions about the cause of the health problem, diagnostic criteria and treatment options'

Explanatory models refers to beliefs and expectations, norms and behavior, meaning of health and illness and therapeutic activities and evaluation of outcome

They may be partly conscious and partly outside of awareness

They draw on belief systems characteristic of the culture large

Illness and disease

illness refers to

- how the sick person (client) and the members of the family or wider social network perceive, live with and respond to symptoms and disability
- the difficulties and distress illness creates in people's everyday life
- the experience and meaning of symptoms and suffering (fear, shame and life disruption, social exclusion)
- the sick persons own categorising, explaining and ideas of how to cope best

disease refers to

- the problem seen from the practitioners /providers perspective
- malfunctioning of biological and/or psychological processes
- what the practitioner creates in the *recasting* of illness in terms of medical theories of disorder
- what the practitioners have been trained to see through the theoretical lenses of their particular form of practice.
- an interpretation of a health problem within a particular nomenclature and taxonomy

(A. Kleinman, 1980, *The illness narratives: Suffering, healing, and the human condition*)

To reflect on and explore explanatory models

In a clinical encounter the explanatory models held by providers, clients and family member may differ and lead to misunderstandings

By exploring explanatory models providers may

- understand their client better and learn more about the client's own explanations and viewpoints
- reflect on their own practices and ways of explaining and defining the problem

Client's perspective: Life worlds point of view

- The problem, how it is experienced and the reason (motive) for seeking help (the role of family members)
- Life world, everyday social life
- Stories: Making sense of and presenting the problem
- Sources of knowledge (internet, family, friends and media)
- Understanding and explanation of the illness
- Gender, age; religious, ethnic, socio-economic and educational background

Client's perspective: What do we learn?

Illness and health problems and their management cannot be separated from the broader circumstances of the clients' lives

Clients' goals and strategies are in constant interaction with world of everyday life action and concerns

Clients' often do or invent something to cope with their problem. What they do, where and when is a good starting point for the clinical communication

Clients try to find ways to *fit the recommended behavior* into the complex context of everyday life - but they do not always manage

Provider's perspective: Clinic-world point of view

- Professional training, socialization and identity
- Professional commitment and pride
- Expertise, knowledge, and particular ways of knowing (epistemology rooted in biomedicine), skills
- In control of diagnostic technology, technical procedures (*the technological imperative*)
- Expected to provide treatment recommendations, prescriptions and instructions
- Gender, age; religious, ethnic, socio-economic, educational and personal background (morality, values etc.)

Provider's perspective: Challenges in clinical interaction

Managing uncertainty

The problems of "non-compliant" clients

Time as a scarce resource

- what would you do with more time?

Other challenges??

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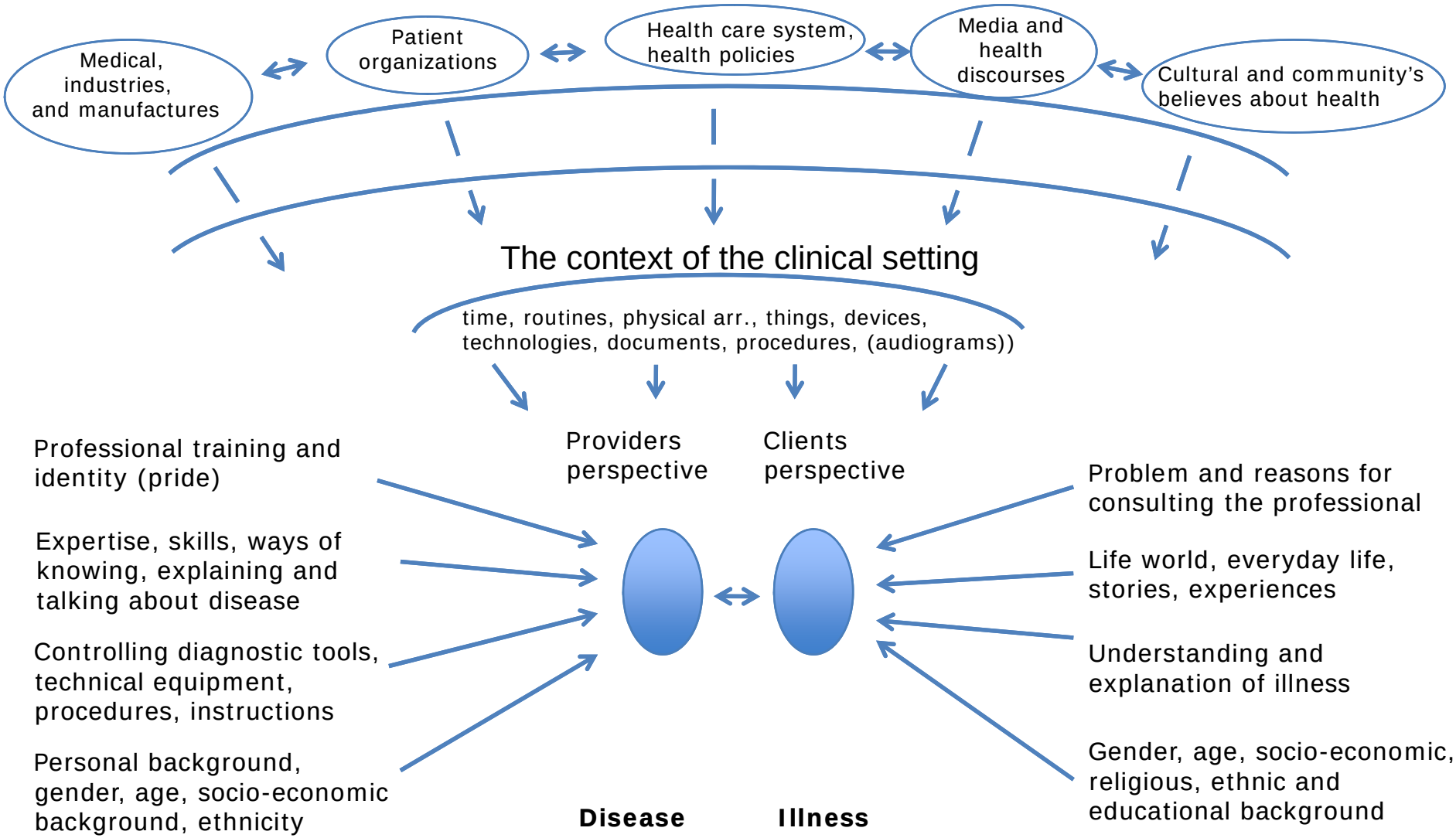


Tuning in on the clinical setting

The clinical situation

The physical and aesthetic arrangement of the clinic (examinations room, waiting room etc.) (space)

The social organization of the clinical work; allocation of power and control

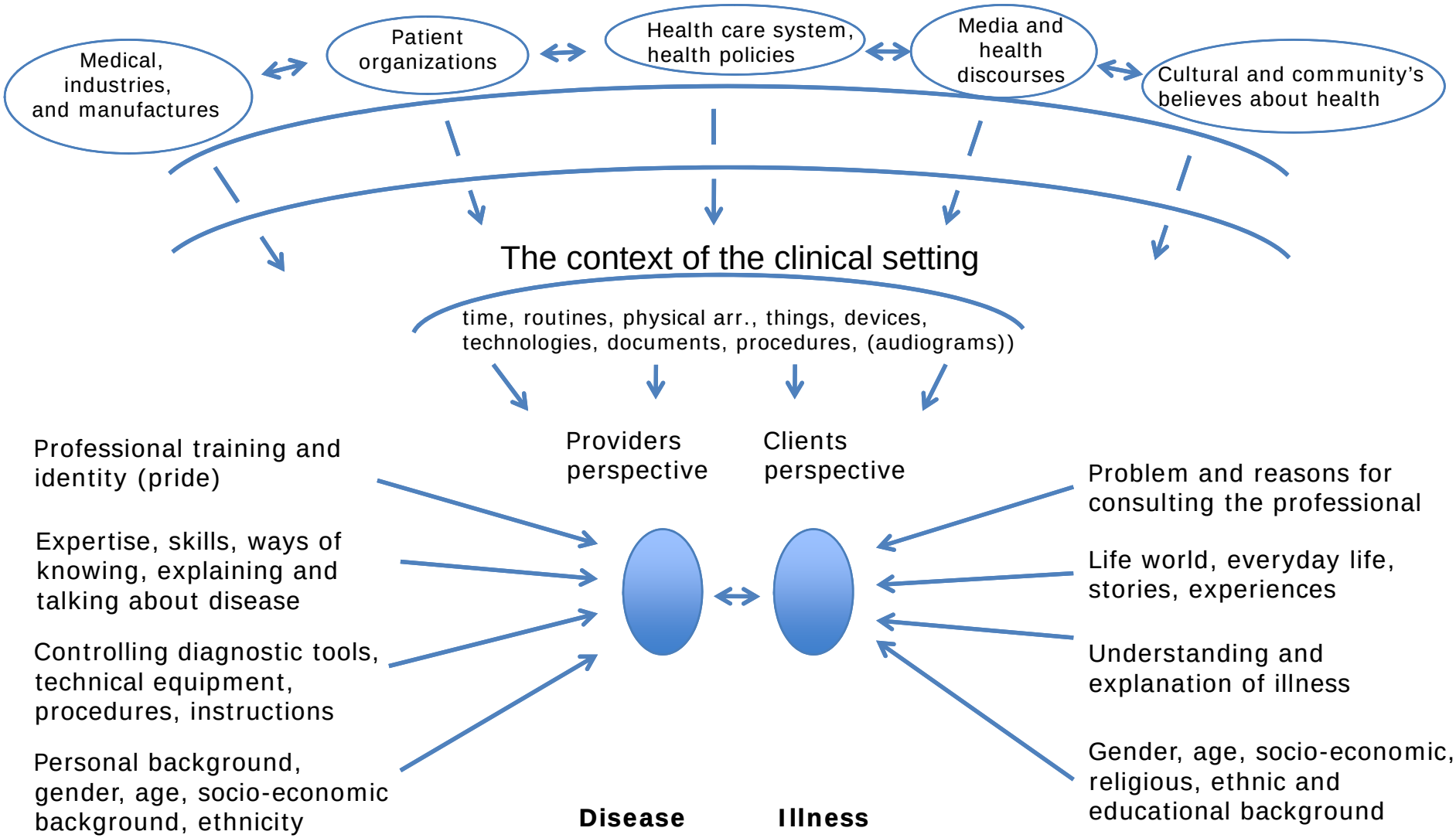
Clinical procedures and routines

Things (documents, pamphlets), instruments and technologies

Time management and negotiation

Rhetorical space

Framing the clinical encounter



Zooming out: The larger framework

The influence from medical companies, manufactures of medicines and technologies (commercial interests, marketing)

The health care system, health care policies and priorities

Patients organizations and patients rights

The role of media and discourses (about health)

Cultures and community beliefs about health, sickness, disability and rehabilitation

Defining hearing: Summing up

Provider and client bring different concerns, power, expectations, perspectives and explanatory models into the clinical interaction

They define hearing in different ways, but have to negotiate a shared understanding of what is at stake in the clinical situation

The clinical setting is not a mere backdrop for the interaction but a integral part of the relationships between provider and client

The encounter between provider and client is informed and framed by a larger context