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# Patient and Family-Centered Audiology

Professor Louise Hickson

Associate Dean External Engagement  
Faculty of Health and Behavioural Sciences  
The University of Queensland, Australia



THE UNIVERSITY  
OF QUEENSLAND  
AUSTRALIA  
CREATE CHANGE

## OVERVIEW

Focus = How to bring true patient- and family-centered care (PFCC) to your audiology practice?

**Learning outcomes.** After this course participants will be able to:

- describe the nature and benefits of patient and family-centered clinical practice.
- identify the needs of patients and families affected by hearing impairment.
- meet the needs of patients with hearing impairment and their families through collaborative management planning.

**Patient and Family-Centered  
Speech-Language Pathology  
and Audiology**

Carly Meyer  
Nerina Scarinci  
Louise Hickson



Online on  
MedOne  
Videos

Thieme

- Written by SLPs (Meyer and Scarinci) and an audiologist (Hickson)
- Published 2019 (paperback and ebook)
- Contributions from 46 colleagues around the world
- Includes 29 videos
- Learning structured around case examples
- Foreword from Prof Joseph Montano, Weill Cornell Medical College, New York
- Aimed at SLP and audiology students but hopefully useful for many clinicians

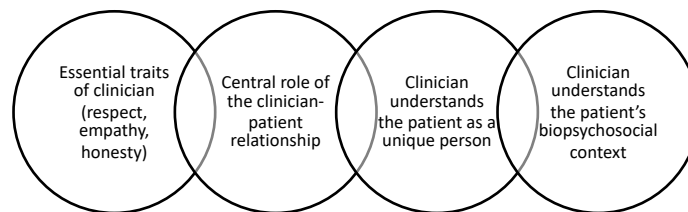
## Chapters

1. Principles and Outcomes of Patient- and Family-Centered Care
2. Getting Ready to be a Patient- and Family-Centered Clinician
3. Getting the Environment Ready for Patient- and Family-Centered Care
4. Planning a Patient- and Family-Centered Approach to Service Delivery
- 5. Identifying Patient and Family Member Needs through Assessment\***
- 6. Meeting Patient and Family Member Needs through Collaborative Management Planning\***
7. Consideration of Cultural and Linguistic Diversity in Patient- and Family-Centered Care

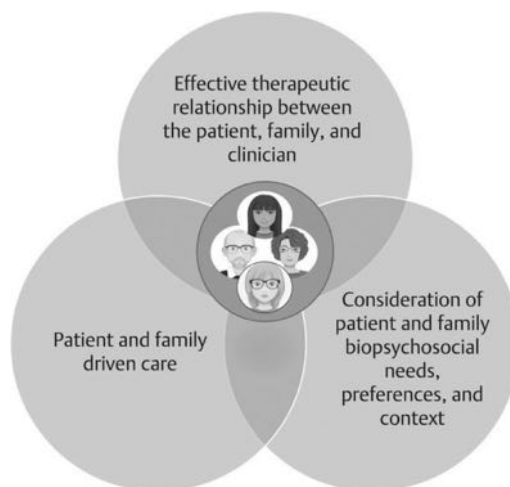
\*focus in this presentation

## What is patient-centered care?

- Has its roots in psychological counselling – Carl Rogers (1965) saw the relationship between patient and practitioner as inseparable from the clinical encounter.
- A conceptual framework that promotes high quality, holistic care where the patient is seen as, and encouraged to be, an active participant in his or her own health care (Mead & Bower, 2000)
- 4 principles (Scholl et al, 2014; Zill et al, 2015)



## PFCC is an extension of PCC



Source: Principles and Outcomes of Patient- and Family-Centered Care. In: Meyer C, Scarinci N, Hickson L, ed. Patient and Family-Centered Speech-Language Pathology and Audiology. 1st Edition. Thieme; 2019. doi:10.1055/b-006-161149

## Family is “the unit of attention” (Epley et al, 2010)

- Who is “Family”?
  - Two or more persons related in any way: through a continuing biological, legal or emotional relationship
  - Any individual who plays a significant role in an individual’s life. (Family Voices, 2008; Kilmer et al., 2010)



## A case example from the book...

- Now, meet Emily, a 23-year-old singer in a local Indie band. She has been singing her entire life. In recent years, she has been performing most Friday and Saturday nights at the local live music venue. She does this mostly because she loves it, and also to support her through her University Music Program. A couple of years ago Emily was diagnosed with vocal nodules and saw a speech–language pathologist in order to learn better vocal hygiene behaviors. Recently, she also started to notice a change in her ability to hear in background noise, and, with the encouragement of her boyfriend Hugh, she had a hearing assessment with an audiologist. The audiologist diagnosed Emily with a mild high-frequency hearing loss consistent with noise exposure. Together, Emily’s voice disorder and hearing loss means that Emily is struggling to perform at her regular gigs and it’s also affecting her University studies.

What is important  
for the holistic  
management of  
Emily?

**Music**

**Hugh**

**Uni**

**Singing**

**\$\$**

## Summary of the evidence about benefits of patient- and family-centered health care

|  |   |  |  |
|--|---|--|--|
|  | <b>Patient-level outcomes</b> <ul style="list-style-type: none"> <li>• Improved health status</li> <li>• Better psychosocial health and quality of life</li> <li>• Decreased activity limitations and participation restrictions</li> <li>• Better child behaviour</li> <li>• Improved self-efficacy</li> <li>• Increased knowledge and improved attitudes</li> <li>• Positive behavioural changes</li> <li>• Better treatment adherence</li> </ul> | <b>Family-level outcomes</b> <ul style="list-style-type: none"> <li>• Reduced anxiety and depression</li> <li>• Improved coping skills</li> <li>• Increased quality of life and psychosocial well-being</li> <li>• Enhanced knowledge, skills, attitudes, and confidence towards health</li> <li>• Improved caregiving practices</li> <li>• Lower caregiver burden</li> </ul>  |  |
|  | <b>Clinician-level outcomes</b> <ul style="list-style-type: none"> <li>• Improved knowledge of patient/family management plan</li> <li>• Improved communication skills</li> <li>• Increased engagement</li> <li>• Greater job satisfaction</li> <li>• Reduced burnout</li> </ul>  | <b>Service-level outcomes</b> <ul style="list-style-type: none"> <li>• Improved communication</li> <li>• Improved continuity of care</li> <li>• Better consumer satisfaction and experience ratings</li> <li>• Improved efficiency</li> <li>• Reduced healthcare costs</li> <li>• Decreased adverse events</li> <li>• Higher employee retention rates</li> <li>• Fewer malpractice claims</li> <li>• Increased market share</li> </ul> |  |

Source: Principles and Outcomes of Patient- and Family-Centered Care. In: Meyer C, Scarinci N, Hickson L, ed. Patient and Family-Centered Speech-Language Pathology and Audiology. 1st Edition. Thieme; 2019. doi:10.1055/b-006-161149

Bettina Turnbull (video 1.6) talks about what PFCC means for your practice

"Patient- and Family-Centered Speech-Language Pathology and Audiology:  
A Practical Guide for Students" by Carly Meyer, Nerina Scarinci, & Louise Hickson

**Bettina Turnbull:**  
What does patient- and family-centered  
care mean for your practice?

## What are the benefits of PFCC in audiologic rehabilitation?

- Improved outcomes for clients
  - People with hearing impairment (PHI) are more likely to **seek help**
  - Families help with **rehabilitation decisions**
  - PHIs have more **successful hearing aid use**
- Improved outcomes for families
  - Opportunity to address **third-party disability**, which refers to the difficulties families face from their loved one's hearing loss
- Improved outcomes for businesses
  - PHIs are **more likely to obtain hearing aids** when families attend appointments

(Meyer et al., 2014; Laplante-Lévesque et al., 2010, Hickson et al., 2014)

(Scarinci, Worrall, & Hickson, 2009, 2012)

(Singh & Launer, 2016)



## What PFCC happens in audiologic practice?

- FMs attending appointments 20-30% of the time
- FMs not typically invited to join the conversation
- FMs would self-select to speak by:
  - responding to questions from the audiologist directed to the PHI
  - self-initiating expansions on PHIs' turns
  - self-initiating questions
- Audiologists typically responded by shifting conversation back to the PHI.

(Grenness et al., 2015)

(Ekberg et al., 2015).





Gurjit Singh (video 1.5) talks about patient and family preferences for PFCC in audiology

"Patient- and Family-Centered Speech-Language Pathology and Audiology: A Practical Guide for Students"  
by Carly Meyer, Nerina Scarinci, and Louise Hickson

Gurjit Singh: Patient and family member preferences for patient- and family-centered care

Getting the clinic ready for PFCC



Source: Getting the Environment Ready for Patient- and Family-Centered Care. In: Meyer C, Scarinci N, Hickson L, ed. Patient and Family-Centered Speech-Language Pathology and Audiology. 1st Edition. Thieme; 2019. doi:10.1055/b-006-161149

## Joseph Montano's Office Weill Cornell Medical College, NY



## Consider written material in your clinic – is it PFCC?

**Direct Audio Input (DAI)**

Using the Direct Audio Input (DAI) enables direct, undistorted connection to facilities such as: Television, Radio, Theatre, microphone.

How to connect the audio cord to the hearing instrument

Plug cable directly to the hearing device to connect and disconnect the audio cord below.

1. Make sure the tip of the audio cord is placed fully in the DAI.
2. Push the audio cord on to the hearing instrument.
3. The audio cord is now connected.

**Low Battery Warning**

Your hearing aid programmed can activate a Low Battery Warning function in your hearing instrument. When the battery voltage/level decreases to a certain level, the instrument will emit low and 'beeping' signals. This sequence will continue until the instrument automatically switches off. The occurrence of the warning can occur by using rechargeable batteries and also between different battery brands. It is recommended that you check to ensure battery on time.

**Changing the Battery**

1. Gently push the battery compartment to open.
2. Use a magnet or to remove the battery.
3. If it needs.
4. After removing the old battery, insert the new one. It is important to insert the battery with the positive side in the correct position. The battery door has a marking to help determine correct insertion.
5. Always use DAI or rechargeable batteries (see DAI or DAI model and P13 for DAI or DAI model).

**Tip**

Removing the battery when you are not wearing the instrument for a longer period will help prevent corrosion of the battery contacts.

**Maintenance**

**Daily Maintenance**

It is important to keep your hearing instrument clean and dry every day. To clean the instrument, use a soft cloth. If the instrument has been exposed to high humidity or perspiration, use a drying kit that is available from your hearing care professional.

To avoid the risk of injury:

1. Never immerse the instrument in water or other liquids since this may cause permanent damage to the hearing instrument.
2. Protect your hearing instrument from rough handling, and avoid dropping it on hard surfaces or floors.
3. Do not leave the instrument in or near direct heat or sunlight which excessive heat can damage the instrument or perform the hearing.

**Cleaning the Earmould**

The earmould should be cleaned regularly:

1. Remove the earmould and the tubing from the hearing instrument before you clean it.
2. To clean the earmould, wipe with a damp cloth.
3. If ear wax is stuck in the front canal of the earmould, the cleaning end of a larger soft cotton swab can be used to clean the wax out. Use caution to remove excessive ear wax. Do not go through the earmould to remove excessive ear wax.
4. Be sure to thoroughly dry the earmould and the tubing before re-attaching it to the hearing instrument.

The tubing connecting the earmould to the hearing instrument should be changed if it becomes stiff or brittle. Contact your hearing care professional to change the tubing when needed.

**Quick Guide**

**1. Changing batteries**

1. Find battery door
2. Open battery door – pull up on ridge.
3. Put battery in battery door. Make sure + side faces up.

**2. On / Off**

ON OFF

**3. Volume control**

To increase volume: Press upper part of button for 1 sec. Repeat as necessary.

To decrease volume: Press lower part of button for 1 sec. Repeat as necessary.

**4. Changing the sound program**

Program 1: Press lower part of button for 2 sec.

Program 2: Press upper part of button for 2 sec.

Before
After

Source: Getting the Environment Ready for Patient- and Family-Centered Care. In: Meyer C, Scarinci N, Hickson L, ed. Patient and Family-Centered Speech-Language Pathology and Audiology. 1st Edition. Thieme; 2019. doi:10.1055/b-006-161149

## Other ideas for making your clinic ready for PFCC



- Managers could create and support a PFCC workplace by emphasizing the value and importance of PFCC in all correspondence with staff
- Administrative staff could encourage patients to bring family members to appointments by describing the benefits of their involvement
- Staff could contact patients and families before appointments
- Reception staff could interact with patients and families in the waiting room, ensuring they feel welcome
- Make sure consultation rooms have sufficient space and additional chairs for families to be involved in appointments
- Provide easy access to care by having simple appointment making processes (e.g., online bookings)
- Give patients and families self-report questionnaires before appointments
- Audiologists could involve family in all aspects of care....

## Example of a questionnaire for family

### Communication Partner Survey

Thank you for attending this audiology appointment with your communication partner (family member, friend, neighbour, colleague etc.). As hearing can affect a person's communication with others, it is helpful for us to understand your perceptions of your communication partner's hearing.

Your Name: \_\_\_\_\_ Date: \_\_\_\_\_

Your relationship to the person attending the clinic today: \_\_\_\_\_

How do you rate your communication partner's hearing ability? (Please place an X on the line)

Very poor  Very good

How important is it for you that your communication partner does something about their hearing? (Please place an X on the line)

Not important  Very important

Please list the top 5 listening situations/environments in which you experience the most difficulty with your communication partner and you would like an improvement in.

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Notes:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### How your communication partner's hearing problems are affecting you

We are interested in finding out how your communication partner's hearing loss affects you. Please read each statement carefully and circle how much of a problem it is for you.

1. Because of my communication partner's hearing difficulties I have to repeat myself often.

|                 |                     |                         |                       |                         |
|-----------------|---------------------|-------------------------|-----------------------|-------------------------|
| 0<br>No problem | 1<br>a mild problem | 2<br>a moderate problem | 3<br>a severe problem | 4<br>a complete problem |
|-----------------|---------------------|-------------------------|-----------------------|-------------------------|

2. Because of my communication partner's hearing difficulties I have to answer the phone for him/her.

|                 |                     |                         |                       |                         |
|-----------------|---------------------|-------------------------|-----------------------|-------------------------|
| 0<br>No problem | 1<br>a mild problem | 2<br>a moderate problem | 3<br>a severe problem | 4<br>a complete problem |
|-----------------|---------------------|-------------------------|-----------------------|-------------------------|

3. Because of my communication partner's hearing difficulties I withdraw from my partner and do things alone.

|                 |                     |                         |                       |                         |
|-----------------|---------------------|-------------------------|-----------------------|-------------------------|
| 0<br>No problem | 1<br>a mild problem | 2<br>a moderate problem | 3<br>a severe problem | 4<br>a complete problem |
|-----------------|---------------------|-------------------------|-----------------------|-------------------------|

4. Because of my communication partner's hearing difficulties I do not go to as many social events as I would like.

|                 |                     |                         |                       |                         |
|-----------------|---------------------|-------------------------|-----------------------|-------------------------|
| 0<br>No problem | 1<br>a mild problem | 2<br>a moderate problem | 3<br>a severe problem | 4<br>a complete problem |
|-----------------|---------------------|-------------------------|-----------------------|-------------------------|

5. It makes me upset that I have to adapt to my communication partner's hearing difficulties.

|                 |                     |                         |                       |                         |
|-----------------|---------------------|-------------------------|-----------------------|-------------------------|
| 0<br>No problem | 1<br>a mild problem | 2<br>a moderate problem | 3<br>a severe problem | 4<br>a complete problem |
|-----------------|---------------------|-------------------------|-----------------------|-------------------------|

6. Because of my communication partner's hearing difficulties I worry about what people think of him/her when he/she doesn't respond to questions or conversation.

|                 |                     |                         |                       |                         |
|-----------------|---------------------|-------------------------|-----------------------|-------------------------|
| 0<br>No problem | 1<br>a mild problem | 2<br>a moderate problem | 3<br>a severe problem | 4<br>a complete problem |
|-----------------|---------------------|-------------------------|-----------------------|-------------------------|

## Taking a PFCC case history

- Give patient and family self-report questionnaires before the appointment
- Let patients and family know they will both have a chance to tell their stories. Audiologist could say to the patient: *"First I am going to find out about your hearing and communication and then I would like to find out what your family's view is – is that ok with you?"*
- Questions for the family after you have heard the patient's story:
  - "Tell me how you see things from your perspective"*
  - "How does this affect (patient's name)?"*
  - "How does this affect you?"*
- Observe the communication between patient and family
- Summarise perspectives of both patient and family, noting similarities and differences
- Finish by asking patients and family if there is anything else they want to tell you and if they have any questions

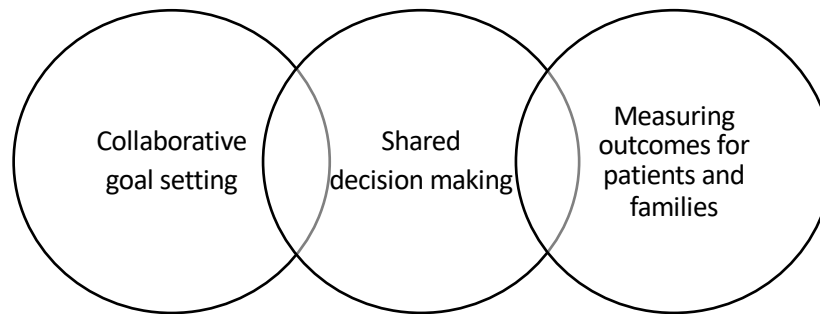
## Gerard William (video 6.1) about PFCC

"Patient- and Family-Centered Speech-Language Pathology and Audiology:  
A Practical Guide for Students" by Carly Meyer, Nerina Scarinci, & Louise Hickson

**Gerard William:**  
How has your own hearing impairment  
given you insight into the value of  
patient-centered care from a client's  
perspective?



## Developing a PFCC management plan



## PCC goal setting

Collaborative  
goal setting

**Client oriented scale of improvement**

Name : \_\_\_\_\_ Category : ☐ New ☐ Return

Audiologist : \_\_\_\_\_ Degree of change

Date : 1. Needs established 2. Outcome assessed

**Specific needs**


Indicate order of significance

| Worse | No difference | Slightly better | Better | Much better | Category | Final ability (with hearing aid) |
|-------|---------------|-----------------|--------|-------------|----------|----------------------------------|
|       |               |                 |        |             |          | Person can hear                  |
|       |               |                 |        |             |          | 10% 25% 50% 75% 95%              |
|       |               |                 |        |             |          | Hardly ever                      |
|       |               |                 |        |             |          | Occasionally                     |
|       |               |                 |        |             |          | Half the time                    |
|       |               |                 |        |             |          | Much of time                     |
|       |               |                 |        |             |          | Almost always                    |

Categories

1. Conversation with 1 or 2 in quiet
2. Conversation with 1 or 2 in noise
3. Conversation with group in quiet
4. Conversation with group in noise
5. Television/Radio at normal volume
6. Familiar speaker on phone
7. Unfamiliar speaker on phone
8. Hearing phone ring from another room
9. Hear front door bell or knock
10. Hear traffic
11. Increased social contact
12. Feel embarrassed or stupid
13. Feeling left out
14. Feeling upset or angry
15. Church or meeting
16. Other

Source: Meeting Patient and Family Member Needs through Collaborative Management Planning. In: Meyer C, Scarinci N, Hickson L, ed. Patient and Family-Centered Speech-Language Pathology and Audiology. 1st Edition. Thieme; 2019. doi:10.1055/b-006-161149



PFCC goal setting

**Collaborative  
goal setting**

Source: Meeting Patient and Family Member Needs through Collaborative Management Planning. In: Meyer C, Scarinci N, Hickson L, ed. Patient and Family-Centered Speech-Language Pathology and Audiology. 1st Edition. Thieme; 2019. doi:10.1055/b-006-161149

**GPS-Mini: Developing Shared Goals**

*"I'd like to get both of your perspectives on the impact hearing loss has on your communication."*

Date: \_\_\_\_\_

Person with Hearing Impairment (PHI): \_\_\_\_\_

Communication Partner (CP): \_\_\_\_\_

To both PHI and CP: When / where do you experience successful communication? \_\_\_\_\_

\_\_\_\_\_

To PHI: What 2 or 3 communication problems do you experience because of your hearing loss?

Prompt Question: How often does this happen? \_\_\_\_\_

Prompt Question: What do you do when this happens? \_\_\_\_\_

To CP: Do you feel that these are problems also? \_\_\_\_\_

Situation 1: \_\_\_\_\_

PHI's response: \_\_\_\_\_

CP's reflection / response: \_\_\_\_\_

Situation 2: \_\_\_\_\_

PHI's response: \_\_\_\_\_

CP's reflection / response: \_\_\_\_\_

Situation 3: \_\_\_\_\_

PHI's response: \_\_\_\_\_

CP's reflection / response: \_\_\_\_\_


To CP: Are there other communication problem(s) you experience because of your partner's hearing loss? If so, what are they? \_\_\_\_\_

To PHI: Do you feel that these are problems also? \_\_\_\_\_


Situation: \_\_\_\_\_

CP's response: \_\_\_\_\_

PHI's reflection / response: \_\_\_\_\_



Victor Montori, Mayo Clinic Professor of Medicine,  
talks about shared decision making



Shared Decision Making:  
An Interview with Mayo Clinic  
Professor of Medicine Victor Montori

## Decision aids

Shared  
decision  
making

| My Hearing Options                |   |   |   |  |
|-----------------------------------|---|---|---|--|
| What is it?                       | Hearing aids  | Communication education   | Assistive listening devices   | No treatment   |
| What is involved for you?         | <ul style="list-style-type: none"> <li>■ Being fitted with hearing aids</li> <li>■ Wearing the hearing aids in my everyday life to help with my hearing problems</li> </ul> | <ul style="list-style-type: none"> <li>■ Participating in group sessions to learn strategies to manage my hearing problems</li> <li>■ Using the strategies to help in my everyday life</li> </ul> | <ul style="list-style-type: none"> <li>■ Buying some devices to help me hear in certain situations</li> <li>■ Wearing the devices in everyday life</li> </ul> | <ul style="list-style-type: none"> <li>■ Keep on going the way I am at the moment</li> </ul> |
| What is involved for your family? | <ul style="list-style-type: none"> <li>■ Attending when the hearing aids are fitted</li> <li>■ Helping you to wear the hearing aids</li> </ul>                              | <ul style="list-style-type: none"> <li>■ Participating in the group sessions to learn strategies to help you</li> <li>■ Using the strategies to help in everyday life</li> </ul>                  | <ul style="list-style-type: none"> <li>■ Learning about the devices</li> <li>■ Helping you wear the devices</li> </ul>  |  |
| Options I want to know more about | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>   |
| Options I will think about        | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>   |

Figure 1a. Example of the first page in a Decision Aid for adults with hearing loss and their families (based on Laplante-Lévesque et al<sup>7</sup>). Each option has its own page, with the option of hearing aids shown below in Figure 1b.

## Decision aids

Shared  
decision  
making

### Hearing aids

|  |   |
|--|---|
| What is involved?                          | <ul style="list-style-type: none"> <li>■ Being fitted with hearing aids</li> <li>■ Wearing the hearing aids in my everyday life to help with my hearing problems</li> </ul>   |
| What is expected from you and your family? | <ul style="list-style-type: none"> <li>■ Attending 3 or 4 appointments at a hearing clinic</li> <li>■ Returning to the clinic if you have problems with the hearing aids</li> </ul>   |
| What are the positives?                    | <ul style="list-style-type: none"> <li>■ You will be able to hear soft sounds better</li> <li>■ You will hear better in one-to-one conversations, in small groups and when listening to TV or radio</li> </ul>                            |
| What are the negatives?                    | <ul style="list-style-type: none"> <li>■ Hearing aids will not sound natural in noise or in large groups.</li> <li>■ You will need to persevere to get used to hearing aids</li> <li>■ Most hearing aids can be seen by others</li> </ul> |

Figure 1b. Example page from a Decision Aid on the option of hearing aids.

## Top Tips for using Decision Aids

- Ask open questions to explore the perspective of patients and their families regarding intervention options. For example, instead of asking “Have you thought of hearing aids?,” ask patients and their families “What do you think of hearing aids?”
- Say explicitly to your patients that you are working alongside them to make the best choices together.
- Not all patients want to be involved in the same way in decisions concerning their care. Offer patients to be involved in every step of decision making, observe their reactions, and adjust accordingly. Think patient- and family-centered!
- Remember that decision aids alone do not guarantee shared decision making. They are a tool to enable good conversations with your patients. Up to you to make the most of them and make shared decisions a reality!

Measuring  
outcomes  
for patients  
and families

- Think about how you measure outcomes now and expand it to include families.
- Consider using the Significant Other Scale for Hearing Disability (SOS-HEAR; Scarinci et al, 2009) before and after rehabilitation

### How your communication partner's hearing problems are affecting you

We are interested in finding out how your communication partner's hearing loss affects you. Please read each statement carefully and circle how much of a problem it is for you.

1. Because of my communication partner's hearing difficulties I have to repeat myself often.

|                 |                     |                         |                       |                         |
|-----------------|---------------------|-------------------------|-----------------------|-------------------------|
| 0<br>No problem | 1<br>a mild problem | 2<br>a moderate problem | 3<br>a severe problem | 4<br>a complete problem |
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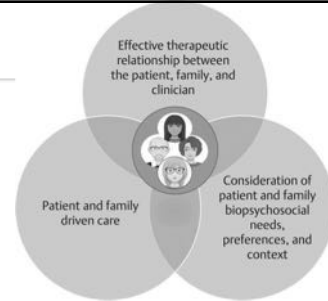
2. Because of my communication partner's hearing difficulties I have to answer the phone for him/her.

|                 |                     |                         |                       |                         |
|-----------------|---------------------|-------------------------|-----------------------|-------------------------|
| 0<br>No problem | 1<br>a mild problem | 2<br>a moderate problem | 3<br>a severe problem | 4<br>a complete problem |
|-----------------|---------------------|-------------------------|-----------------------|-------------------------|

3. Because of my communication partner's hearing difficulties I withdraw from my partner and do things alone.

|                 |                     |                         |                       |                         |
|-----------------|---------------------|-------------------------|-----------------------|-------------------------|
| 0<br>No problem | 1<br>a mild problem | 2<br>a moderate problem | 3<br>a severe problem | 4<br>a complete problem |
|-----------------|---------------------|-------------------------|-----------------------|-------------------------|





- PFCC has benefits for patients, families, clinicians and clinics.
- There are many ways to make PFCC a reality – develop your own plan!
- Start where you are and take small steps: “From little things, big things grow”.

## Acknowledgements

- Our PFCC research and practice has been supported many:
  - The University of Queensland
    - The Ida Institute
    - The Oticon Foundation
  - Phonak Family-Centered Care Expert Circle
    - Sonova
- Hearing Cooperative Research Centre, Australia

## Thank you

Prof Louise Hickson | Faculty of Health and Behavioural Sciences  
Associate Dean External Engagement

  
[l.hickson@uq.edu.au](mailto:l.hickson@uq.edu.au)



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