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# Supervision: Developing Person-Centered Care

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## Learning Outcomes

After this course, participants will be able to

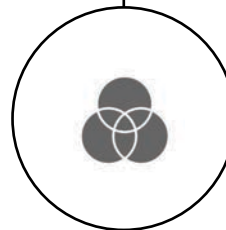
- Describe supervision objectives and the supervisory relationship.
- Describe skill development areas to provide person-centered care.
- Describe strategies for promoting student growth in person-centered care.

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Supervision includes a range of interconnected responsibilities, such as:

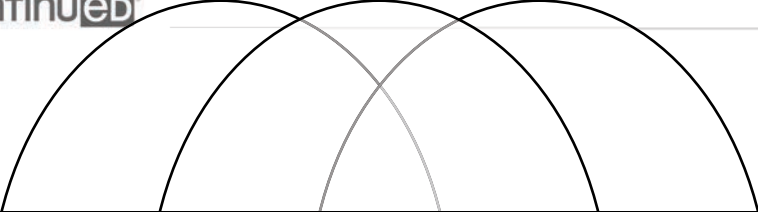
- Teaching
- Evaluating
- Mentoring
- Advising
- Modeling

(ASHA)



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continued



## Supervisory relationship

Is the key element in being able to challenge, motivate, and support growth of those you supervise

Q1 5

continued

## Providing feedback

- Is a fundamental aspect of supervision
- Students often feel particularly vulnerable when receiving feedback about how they communicate

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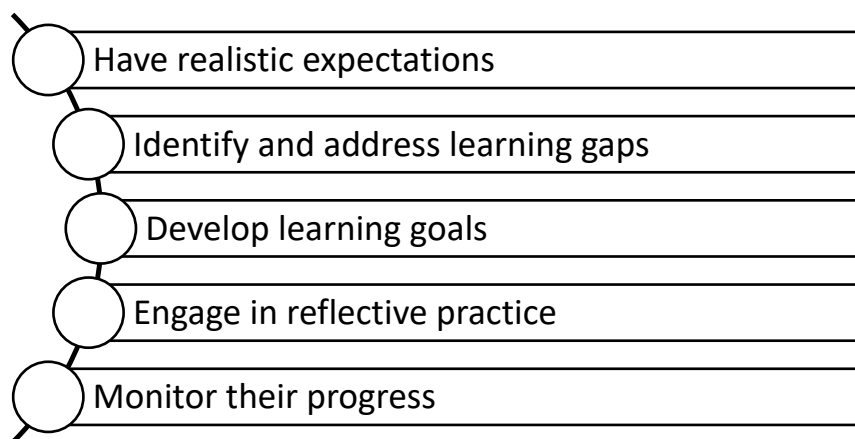
## When providing feedback

- Create safety
  - Who might hear this? Ask permission first (I'd like to talk about how it went today, would that be ok?)
- Be positive
  - When addressing both strengths and areas to improve
- Be specific
  - I saw you did [skill] well and noticed you struggled with [skill]
- Be immediate
  - Routinely engage while it is fresh on their mind (and yours)
- Be objective
  - Be honest, but not mean and make sure it is not emotion-based

Q2

7

## Purposeful dialogue about learning helps students...



Q3

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continued

Reflect on your supervision practices,  
consider how you...

- Invite students to express their thoughts/feelings
- Address their questions and concerns
- Help students develop concrete goals
- Teach them to embrace their role in learning
- Monitor your actions and reactions
- Model dealing with challenges

AND

- Teach them to provide PCC

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continued

Why is it important to teach PCC?

10

continued

## PCC influences patient...

- Acceptance
- Understanding
- Adjustment
- Self-management
- Self-advocacy

Improving satisfaction  
and outcomes



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continued

## Physician Communication and Patient Adherence to Treatment: A Meta-analysis

**Kelly B. Haskard Zolnierok** and  
Texas State University, San Marcos

**M. Robin DiMatteo**  
University of California, Riverside

**Conclusion**—Communication in medical care is highly correlated with better patient adherence, and training physicians to communicate better enhances their patients' adherence. Findings can contribute to medical education and to interventions to improve adherence, supporting arguments that communication is important and resources devoted to improving it are worth investing in. Communication is thus an important factor over which physicians have some control in helping their patients to adhere.

2009

12

continued



continued

Evidence-  
based  
communication  
strategies help  
patients  
commit

Patients do not follow treatment  
recommendations unless they:

- Know what to do
- Are committed to doing it
- Have the resources to be able to adhere

(Meta-analysis - DiMatteo, 2004)

continued

Mentoring PCC begins with your  
attitudes and practices

14

continued

## How you communicate with patients influences your teaching



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## Students model what they see...

- Technically-focused responses to client concerns (Ekberg et al., 2014)
- Dominating conversations (Grenness et al., 2015)
- Frequent multi-tasking during conversations (Ekberg et al., 2016)
- Not using skills / missed opportunities (Muñoz et al., 2017; Coleman et al., 2018)

16

continued

Take a moment and  
consider the PCC  
strategies you use in  
clinical encounters

17

continued

How do you...

Understand patient issues at hand?

Ask about patient values and priorities?

Respond to patient emotions?

Engage patients in shared planning?

Approach information sharing?

18

continued

continued

Teaching PCC includes addressing  
specific...

Attitudes

Knowledge

Skills

19

continued

Consider for a moment your  
supervision practices and how they  
support PCC skill development

20

continued

## Techniques used to support counseling skill development reported by audiology

(N=143; Whicker et al., 2018)

---

48% discuss performance after appointments

---

32% discuss skills before appointment

---

23% use a rubric to evaluate competencies for specific skills

---

22% provide written feedback about skill performance

---

10% use a performance feedback form specific to counseling skill development

21

PCC  
begins  
with  
attitudes,  
such as:

(Meibos, et al., 2019)

Present, caring, and compassionate

Curious/enter situations openly

Valuing patient engagement

Genuine interest in/concern for patients

Desire to help patients overcome their barriers

Willing to engage in self-evaluation

22

continued

Identify skills to improve, such as:

Question asking

Active listening

Shared planning

Responding to emotions

Identifying/addressing barriers

Non-verbal communication

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continued

Identify knowledge gaps, such as:

Psycho-social and functional impacts

Factors that influence behavior change

How barriers can impact intervention

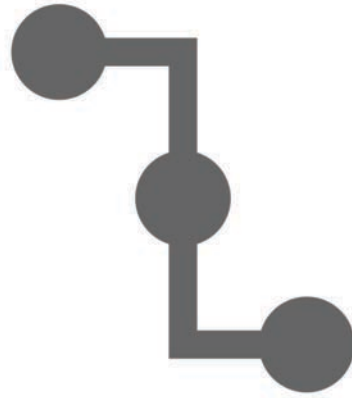
Stereotypes and stigmas surrounding disorder

Sociocultural diversity and cultural sensitivity

24

continued

continued



Connect the dots between communication element and how it influences behavior change

continued

Tip1:

Define and Use counseling terminology

This helps you provide specific feedback

Active listening...

Attending behavior...

Closed questions...

Empathy...

Encouragers...

Open questions...

Reflection...

Validation...

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continued

continued

Tip 2:

Talk about  
communication  
ahead of time

Ask students about their  
concerns

Prepare open-ended  
questions to ask

Role play skills

27  
Q4

continued

Tip 3:

Provide  
frequent  
performance  
feedback



Debrief soon after the  
session



Provide written comments



Review recorded sessions  
together



Together, make a plan for  
the next session

28

continued



continued

## Student counseling influenced by performance feedback

- 5 AuD student
- Minutes of counseling
  - Baseline
  - After individual instruction
    - Performance feedback after each encounter

Performance feedback provided between encounters  
*increased* student counseling behaviors

(Finai et al., 2018)

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continued

### Tip 4:

Acknowledge  
what went well  
in specific  
terms

“Great job validating her  
frustration. She seemed to  
appreciate that you  
understood her concerns. Did  
you notice how she then  
engaged in problem-solving? ”

30

continued

continued

Tip 5:

Facilitate reflection to  
raise self awareness

- Ask about their barriers
- Ask how you can help
- Talk about their goals
- Help them see their growth

Q5



continued

Tip 6:

Monitor development

- Provide opportunities for practice
- Expect growth
- Evaluate competencies



Q6

continued

continued

## Tip 7:

### Model counseling skills

- Be aware of your strengths
- Recognize areas for growth
- Be open to expanding your skills
- Ask a mentor for help



Q7 33

continued

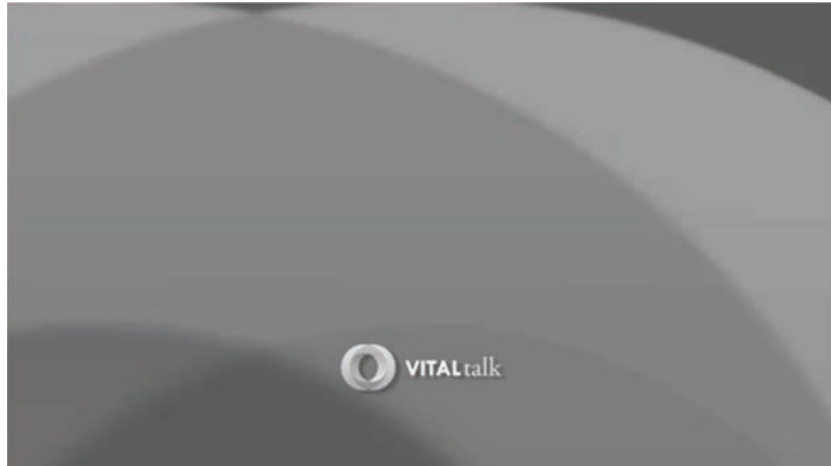
## Supervisor perspectives



continued

continued

## Cultivating your skills



continued

## Suggestions & Resources



continued

continued

Add PCC  
questions at  
beginning of  
intake forms

AUDIOLOGY CASE HISTORY FORM

Name: \_\_\_\_\_

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

What would you like help with today? \_\_\_\_\_

\_\_\_\_\_

What, if any, concerns are you having? \_\_\_\_\_

\_\_\_\_\_

What have you done to address your concerns so far? \_\_\_\_\_

\_\_\_\_\_

How have your daily activities/work/family/friends been affected? \_\_\_\_\_

\_\_\_\_\_

Hearing Health History

Q8

continued

Add PCC  
questions  
to patient  
feedback  
form

(strongly disagree to  
strongly agree)

The audiologist clearly  
understood my priorities for  
seeking services today.

The audiologist gave me  
personalized advice about how  
to improve my hearing/balance  
health.

The audiologist worked with me  
to set specific goals to help me  
manage.

Q10

continued



## Use a performance feedback form to track skill development

Counseling Education in Audiology  
Performance Feedback Form

2018

Rating Scale: 0-1 = insufficient (limited) 2-3 = developing (inconsistent; needs support) 4 = independent (consistent)

SKILLS	DATES OBSERVED											
<b>NONVERBAL COMMUNICATION</b> (includes body position, eye contact, posture, distance from client, voice tone, rate of speech, facial expressions, etc.)												
<b>ENCOURAGERS</b> (includes minimal encouragers (e.g., head nods, uh-huh) and door openers (e.g., tell me more about...))												
<b>QUESTIONS</b> (includes use of appropriate open and closed questions; words leading and stringing questions together)												
<b>REFLECTION</b> (CONTENT: includes paraphrasing, summarizing, etc.)												
(FEELINGS: includes positive and negative emotions)												
<b>SHARED AGENDA</b> (includes collaboration with patient to establish a plan and priorities for the session)												
<b>SHARED PLANNING</b> (includes collaboration with client for shared decision-making, problem-solving, monitoring progress)												
<b>PROVIDING INFORMATION</b> (includes asking permission, checking in for understanding, individualizing content, offering choices, avoiding jargon)												
<b>VALIDATION</b> (includes telling patient what they feel is normal, and they can still act)												
<b>EFFECTIVE FEEDBACK INCLUDES: (1) discussing skills/concerns ahead of time, (2) discussing/reflecting on performance after session, (3) reviewing and discussing specific skills in audio/video of session, (4) role playing skills, and (5) setting goals</b>												

Developed by Muñoz, K., Twichig, M., & Ong, C. (2018) with support from the American Academy of Audiology/American Academy of Audiology Foundation Research Grants Program.

Q9



## Supplement teaching with counseling resources: [www.heartolearn.org](http://www.heartolearn.org)



Includes:

- Video tutorial with demonstration examples
- Performance feedback form
- Action steps
- Terminology





IDA Institute PCC resources  
<https://idainstitute.com/>

#### Example Learning Hall Topics

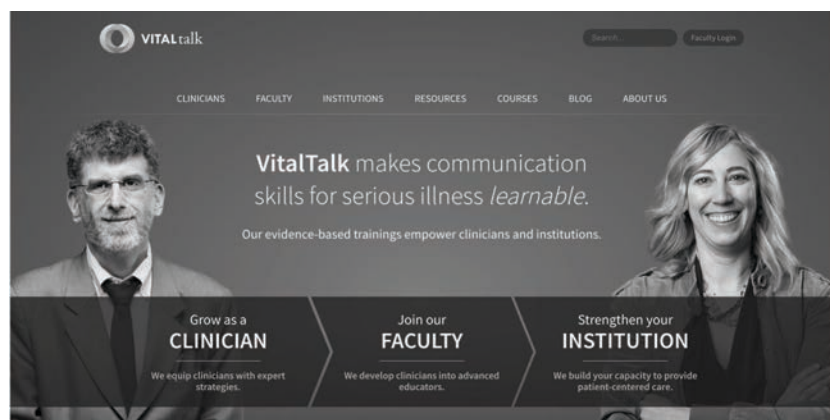
- Getting started with person-centered care
- Client engagement and Ida motivation tools
- Applying PCC in the appointment

#### Example Tools

- My hearing explained
- 4 Habits



Vital talk resources: [www.vitaltalk.org](http://www.vitaltalk.org)



<p><b>continued</b></p> <p>Learn more about effective communication in healthcare</p>	<div data-bbox="743 317 1239 898"><p>Rollnick, S., Miller, W. R., &amp; Butler, C. (2008). <i>Motivational interviewing in health care: helping patients change behavior.</i> Guilford Press.</p></div>
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<p><b>continued</b></p> <p>Thank you</p>
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