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Supervision: Developing Person-Centered Communication

Recorded Jun 5, 2020

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AudiologyOnline.com Course #35337

- [Moderator] It's my pleasure to welcome to AudiologyOnline today, Dr. Karen Munoz. She is Department Head and Professor of Audiology in the Department of Communicative Disorders and Deaf Education at Utah State University. Her primary research focus is on understanding parent and professional factors that facilitate and/or interfere with spoken language outcomes for children who are deaf or hard of hearing. Dr. Munoz, welcome to AudiologyOnline and I'll turn the microphone over to you.

- [Karen] Thank you. I appreciate the opportunity to be here and love this topic so I'm glad that I get a chance to talk with all of you about it today. Go ahead to the next slide. So these are just my disclosures for you. There are a few learning outcomes for today. So after the course I'm hoping you can describe some supervision objectives and the supervisory relationship. And describe skill development areas to provide person-centered care. And describe strategies for promoting student growth in person-centered care. As supervisors I think you all know if this a role that you've got that it's really multi-layered there's a lot of aspects to it. I worked as a clinical supervisor at a university for many years, so I'm really in tune with what that involves. Not only are you teaching, you're evaluating students, you're mentoring for skill development, you're advising them, modeling behaviors, just to name a few. It's a fairly complex role to have. And for that role to go well the supervisory relationship is key. This is the aspect of that interaction or relationship that lets you help students challenge what they understand, what they know, helps them motivate and get into what they're learning and supports their growth. The supervisory relationship and how you frame that and how you connect with students really can influence their behavior change. When you think about the learning process for almost anything, because we're learning something new it requires some aspect of behavior change. We need to act on doing something different based on what we learned. And so that supervisor relationship really has a powerful role in facilitating that ability to happen. Sometimes I think more than we might realize. A big aspect is providing feedback. I mean it's something that you're doing all the time when you're teaching and mentoring. And what we're talking

about today with person-centered care centers a lot around communication and how we communicate and the ways we engage people. And as you're teaching students to provide person-centered care you're often talking about how they communicate. And that can feel really vulnerable and it can be difficult feedback to get. And considering how you approach giving them that feedback can really make a difference in their ability to act on it. Does that open them up to say, "Oh, okay. "I see that now and I'm gonna try this." Or does it shut them down or make them defensive. So some things to consider when you're providing feedback. It's important to create safety. When we feel safe in a relationship we can hear more difficult news. And so some of this might be even thinking about: who can hear this? Am I giving feedback to students that might be hard to hear in front of other people, or a place where it could be overheard? That may make it hard for the student to focus on what you're telling them.

And asking permission first. This is an aspect of person-centered care too that when we when we respect that autonomy of the other person that they're ready to hear this feedback, it can actually help it go better for them. You're signaling that where you're headed in a conversation they're actually acknowledging that they're okay to go there. That brief exchange actually opens up the other person to hear what you're gonna say in a very constructive way than just assuming that, "Yep, I'm gonna give you this feedback, "I'm gonna tell it to you now "and that's all good with you." Even though it probably is and it may be fine, it changes that tone and the receptivity to the feedback. Being positive is important. We're addressing both strengths and areas to improve and how we frame that with the person that we're giving the feedback to can make a difference in how receptive they are to what they're hearing as well. So thinking about that phrasing. Also being specific. It's easy when we're talking about communication not to be specific enough for it to be meaningful. So really thinking about how you drill down into what it was that was good about what they did. So let's say they're working on asking open-ended questions, "I saw you ask some really good open-ended questions today. "Did you notice when you did that "they told you about X, Y, Z? "Something that we actually wouldn't have ever thought "to ask them, that was so

important." Really connecting those dots with them. Immediate feedback is also important. It helps because it's fresh for them but also for you. So I know different schedules and different routines can't always make it the same if there's an opportunity to debrief right after that may be the best. But, making sure that you're thinking about the timing of debriefing, how quick it is and how meaningful that will be based on when you can do that. And being objective, try to keep emotions out of it. Doesn't mean there's not hard things to say. But this isn't a judgment on them, it's looking at their behaviors and the skills that they're learning and how do you help them get better with that.

When we're talking about having purposeful dialogue around learning with our students it's helpful to, in so many ways, one when we're purposefully doing this we can help them have realistic expectations. It's not uncommon and I'm sure you all have experienced this too where students may not realize how long it takes to learn different skills and the developmental aspect of some of those skills. There's a reason that we've got them in school for four years. And we don't expect them to become experts and independent by the end of their first semester. But they may not realize how long it takes. It's not uncommon for students to want to please their supervisor. And that may impact their willingness to ask for help or admit when they don't know something. And so how do we help them set expectations that make sense for the learning process that we know that they're going through. Helping them to identify and address their learning gaps. Something that may be obvious from a supervisor's perspective about a gap that a student may have may not be obvious to that student. So getting explicit and specific as you look at gaps and how to go about addressing that can help move them along. Helping them develop learning goals, again, in specific ways. In our program students will write learning goals at the beginning of each semester. It's almost always needed to talk about those goals and break them down because they're frequently much bigger than they could achieve in the course of a semester. So that process of thinking about, "Well what is an achievable goal? "What is the timeframe to do that? "How am I gonna get there?" doesn't necessarily just happen because we've

asked people to think about their goals and get there, that breaking down of the goals is important. And that's something that shows up in working with our clients and helping them learn how to help the clients breakdown their goals. For example, when someone's got a barrier learning a new skill, I'll put it in the client frame for the moment. Let's say they've got hearing aids and they're having trouble learning how to work with them and wear them, it's not helpful really to say, "It's important that you wear the hearing aids every day," and give them a big global goal. But rather breaking down how can they get there. Because when we think about how our brains work, some people can break those goals down quite easily by themselves. But others don't always break them down as easily. And having some guidance in, well what would be a baby step in that direction and how can I help you get there is a really important and needed conversation. Students can need that too as they're learning their how to develop their own skills.

So breaking those goals down is a really helpful step. Engaging in reflective practice. A lot of work that we do we reflect on what we've done. We've thought about it, we think what worked, what didn't work. But bringing that reflective element out into the open as part of the dialogue students can get better at reflecting on their practice as it's happening, reflecting afterwards. And that self-awareness that they gain in reflective practice is really helpful and key in their behavior change. And monitoring progress over time to help them see where they're going. Reflecting on your own supervision practices and considering how you do things is really a helpful step as well. So getting into that reflective mode and identifying, well what are you doing that really helps. And maybe what are you doing that might hinder, or that you might wanna adjust a little bit. So thinking about how do you invite students to express their thoughts and feelings, that can connect to that feeling safe. Do they feel like it's okay to do that and make themselves vulnerable in that way? How do you go about addressing their questions and concerns? That again can connect to that feeling of safety. How do you help them develop those concrete goals? And what's your role or how do you teach them to embrace their role in learning? So it's a really dynamic process and what does their

role in learning look like? And that can really hinge on like, how were they taught before? What has been their role in learning say as an undergrad? And what does that role in learning look like as a graduate student? And how does that shift, and what does that, what does that look like for them? That's a process and takes some talking through. Monitor your actions and reactions. Are you staying objective or are your emotions getting in there and possibly influencing how safe a person feels in sharing with you on what's going on with them? Model how you deal with challenges. You're facing challenging things all the time and they're gonna see you do that. You can talk through kind of how did you approach that, and why did you approach it. Bring that aspect out into the open in your conversations with them. And then how do you go about teaching person-centered care? What are you already doing to support a student's ability to learn how to practice in a person-centered way? And what are your opportunities to look at expanding what you do? I think the first place to start is to think about: why is it important to teach person-centered care?

If we take a moment and just compare that to the medical model which is something we're all familiar with, we've all experienced it, and see what is the difference, sometimes the benefits of that start to show up a little bit more. In a medical model basically you've got the expert who knows how to fix the problem and will tell the patient what to do. What that does is sets you up as the expert with the answers. When it comes to changing behavior, getting new habits, learning how to implement new things, which is happening with people that we work with in a clinical setting, we aren't the experts on their behavior change. They're actually the expert. And so that model, while it can feel safe because you've gone to school, you study, you know these things really well, they don't know about it, you can tell them what to do, it's missing a really critical component which is what can they do. And how do these two come together for the services we provide to being maximally beneficial for them and make the impactful changes in their lives that they're seeking and looking for. And so how does person-centered care do that differently than a medical model? If you pick it apart a little bit, person-centered care really promotes a shared process. And the

reason for that is it empowers the person to recognize their role in behavior change, and to be an active part of the process to the extent that they want to. What it also does is it guides people. So when you're providing person-centered care a mindset to have is thinking that you are a guide. And you are guiding them on where they wanna go, why they wanna go there, how best to get there. And it's a strategic approach to your conversation, because as you're guiding them one of your goals is for them to voice why is this important for them to do, what is it they can do. And their actual action of voicing these things is important for behavior change. The flip side of that is if they're more passive and you're telling them what to do, the very natural human reaction is to think or say why you can't.

So now instead of voicing why they can, they're voicing why they can't. And that does not go well with behavior change. And so person-centered care is a very purposeful, strategic approach to practice for the purpose of helping people act on the things that are important for them and that they value and why they're coming and seeking services. So helping students make that connection, that how they interact makes a difference in outcomes is an important mindset shift to talk through. And when we provide person-centered care that helps patients accept their situation, understand where they're at, where they need to go, make adjustments in their life. And these adjustments will help them really know how to provide effective self-management day to day. And then advocate for themselves. If we are successful and we help people know how to change their routines or their habits in the ways that they need to, to wear their hearing aid or take the steps that they are needing to take then they're going to have a better quality of life. They're going to feel better. They're going to be more satisfied. And their outcomes are going to be better. What is typically not effective or often not effective is just telling someone that big overall goal. If you picture a parent of a child with hearing loss and you say, "You know, "the goal here is that your child "should be wearing those hearing aids "10 or more hours per day, "they're gonna have a lot better language development." A parent needs to understand these things but when it's not going well a reminder of that goal isn't what's going to help them get

there. And it's just gonna cause them to have some guilt, feel bad. They're not gonna feel good about their confidence and how they're helping their child get there. It's a reminder of that big goal is often not what's needed to achieve those goals. There's been some work that they've done in the medical community looking at communication. And they found that the communication provided by physicians was really correlated with better patient adherence. And that was adherence to whatever was recommended in the care that was happening whether it's taking medications or following through on other aspects of medical care. And that through this meta-analysis they found that it was very worthwhile to devote some time and resources to learning how to communicate better and more effectively because it can make a difference in those outcomes that we all care about, the patients care about, this element in there can make a difference. And there's using evidence-based communication strategies will really help your patients commit. And commitment is what's need within behavior change.

So people are not going to be able to follow through on treatment recommendations very well unless they know what to do, are committed to doing it, and have the resources to be able to do it. I think generally we're fairly good at helping people know what to do. We teach a lot. A lot of what we do is education and teaching. And so that information aspect is there. There's probably a bit to think about how we deliver the information for that to be effective. But when we think about the resources to be able to adhere, it's not just external resources like, "I've got the money to buy a hearing aid," or the ability to do that, but the mental resources and the emotional resources to tackle it when it's hard. So when people are having trouble adhering, what are the kinds of barriers that can get in the way. And oftentimes, those are internal barriers. They may be how they feel about it, being self-conscious, it may be they're worried about what other people may think. There's so many different things that can get in the way. Those are part of their resources. Do they have the mindset and the strategies to overcome those things that are getting in the way? And that's where we can help them. So mentoring students to learn how to practice in a patient-centered way really begins

with your own attitudes and your own practices. And being aware of how are you modeling what you want the students to learn. Are you the expert in the room? Or are you the guide in the room? And in audiology there has been such variability in training. And the skills that we use to provide patient-centered care are really aligned with counseling skills. So if we think about our counseling skills those are what we need in order to practice in a person-centered way. And even today, where many universities will have a counseling course, there's not standardization or common expectations about what that course needs to include. So having a clear understanding of what does it mean to have good counseling skills or know what to do with that isn't as clear as it could be and hopefully will be down the road. And given that variability on even if you've had a course, what did you learn, how confident are you, you, as a supervisor, may feel vulnerable trying to teach these skills if you're not as comfortable or clear on what that means.

So I'm asking you to observe your own practices, be reflective and see what you're doing. And that's happening possibly for many people without a great foundation of, what should it look like, what does that mean. And so what we find is that students may be learning some of these things while we're learning them too. And that's okay. Once you get past being too concerned about maybe not being the expert with that but you're learning with them, it can go really well. But it's a little bit of a mental hurdle to get through that. So keeping in mind that how you communicate, how you communicate with your patients is really gonna influence your teaching, so you need to understand, well what does that look like. And we've got some research that has happened a bit looking at how audiologists communicate. And these are studies that were either video and audio recorded or just audio recorded to look at communication patterns, what does that look like in practice. So there was a study that was done in Australia and they found that the audiologists were providing very technically-focused responses to client concerns. And that means when clients were raising concerns about how they felt, or emotions that they were having around what was goin on, rather than providing some space for acknowledging how that client was feeling they

were provided a technical response. And I've seen that in some studies that I've done as well. And I think what it's reflective of as I've looked at this, is that a lot of people aren't real comfortable with emotions and aren't sure what to do with that. I often hear people say, "Well, "I won't know what to say. "What if I open that door and they tell me how they feel? "I don't know what to do with that." And I think that's part of remembering that we don't have to have the answers to everything. A lot of these things are on the patient's side to be the expert on. But being able to listen and acknowledge and be there for them is very powerful in and of itself. Some other things that are showing up in these studies are audiologists dominating the conversation. So that means that when we look at how much people are talking, the audiologists are doing much more talking than the patients. That dominating aspect is a little bit interfering, it can interfere with the empowering the patient and having a shared process.

So what does it mean actually when you're doing most of the talking and they're more passive and listening? And what is the impact when that's occurring? Some other things are frequent multi-tasking during conversations has shown up. We're on computers a lot. We're working with devices a lot. And that can take away from actually listening and hearing what someone said. I have a counseling class that I teach and a few years ago, the students will watch videotapes of themselves and reflect on that. And one student said, "Oh my gosh "I didn't look at that person "the whole time they were talking. "I can't believe. "I missed this because I was so busy "cleaning the hearing aid." So considering what, how do we set up our space and in what ways are we attending to what's happening versus trying to do more than one thing at a time. There's a trade off. And then these situations set up space for either not using skills or missed opportunities. So providing a technical response to an emotional comment that a patient raises is basically a missed opportunity. It was a missed opportunity to, to help that person feel heard. And when people feel heard, that barrier, let's say the person's feeling really frustrated. And you're not acknowledging that frustration that they're feeling. That frustration gets bigger and it's in the way. And the sheer act of

acknowledging it, listening, empathizing with that reduces the power of the frustration. And when that power of that emotion is brought down the person is better able to move forward and act on the things that need to be acted on at that point in time. Thinking about how you're doing that influences what students see and what they're trying to emulate and model from observing you. I'd like you just to take a second and think about the person-centered strategies that you use in clinical encounters. Try to just conjure up clinic for a moment and think about what that looks like for you. And when you think about that think about your approach that you use to understand patient issues and what's happening with them. And how do you ask patients about what they value or what their priorities are. Another element of communication that's been showing up in the work that we're doing is that it's not, not as common as I would say it ought to be to find out what patients' priorities are that day. What do they value? It's driven very much by the agendas that the audiologists have in looking at what the goal of the appointment is that day.

So you're here for a fitting that's what we're gonna do. Giving a little bit of space to understanding what else is on their mind, what would be important to them to make sure you talked about that day during that appointment. There's always room for something that you may not anticipate or know. So thinking about how do you find that out so that it can have room in an appointment. How do you typically respond to patient emotions that show up? And how do you engage patients in shared planning? What does that look like? And how do you approach sharing information? Are you looking at just providing all of the things that you know are really important for them to understand and have? Are you finding out what they already know? Are you finding out what they want to know more about? Are you checking to see how much they're understanding along the way? These are just a few questions to consider and reflect on your own routines. When you're going to go and teach person-centered care you basically are looking at addressing attitudes, knowledge and skills. And helping students understand and identify what to work on, is important versus telling them what they need to work on. So there's that guiding aspect again that you're looking at

engaging them in the conversation and guiding them through in a very strategic, purposeful way versus telling them exactly what to do. It will have a more impactful experience for them on changing their behavior and making some progress on that than if you just pointed out to them and move on. So take a second, again now with this in mind and think about your supervision practices and how they support person-centered skill development. We did a brief study that we looked at techniques that different supervisors use to support counseling skills by audiology students who were out on their final year placement. This was a survey and students were asked a lot of different things. But one aspect of this survey was finding out how they were getting feedback and information from their supervisors. We wanted to find out if it happened not at all, maybe a quarter of the time, maybe half of the time, more than half of the time or all of the time.

So these percentages here represent the students or the participants that responded that these things happened for them more than half of the time. So just under half of the students said that they would discuss their performance about counseling after appointments with their supervisor more than half of the time. So it was happening more than anything else but still fairly infrequent. Only about a third discussed counseling skills prior to the appointment. About a quarter said that a rubric was used to evaluate their competencies for specific counseling skills. A little less than that said they got written feedback about their skill performance. And then 10% had a performance feedback form that was actually specific for counseling skill development. So just like any skill that a student is learning they need specific feedback and frequent feedback to learn how to improve those skills. And what we're seeing is that it's maybe not as frequent as it could be. This is just one study and it was later in the program. So it's a snapshot in time. So when we think about person-centered care beginning with attitudes, well what kinds of attitudes are we thinking about? And they're probably all attitudes that that you all have and that you demonstrate to your students. It may be times where it's worth talking about why does a certain attitude matter and how does that fit in. So for example, being present, caring and compassionate. Being curious and

entering a situation openly is a really important mindset. Sometimes it's easy to get frustrated with clients that are having trouble with follow through and aren't doing the things that we've talked with them about. And we can start to let some judgment creep in and that can get in the way. So genuinely being curious is an important mindset. Valuing patient engagement. Are we valuing that they are engaged or are we thinking, "Boy, I don't have time for that. I'm not even gonna go there." There is a lot of concern from people that I've heard that counseling takes too much time. But there's not really data that supports that it takes longer to do this in a shared process. In fact, you may meet their goals quicker that way and ultimately save time. Showing a genuine interest in and concern for patients. Having a desire to help them overcome their barriers. And I think that's an important question. So do you see that as part of your job and as part of what you teach students that these conversations about their barriers and the steps that they need to take or want to take to overcome them is part of your job and your discussion or is that something they should work on on their own, and that's really not for you to be a part of.

I think a big question for that if that's a thought, it would be if not you, then who? Our services and support for their success doesn't end when the appointment is over. It's something that it extends to their home and may need a different kind of support and education actually to be successful with the things that we're doing. And then willing to engage in self-evaluation. How am I doing, how did that go, what went well, what might I do different next time, kind of thinking. When we think of skills this is definitely not a comprehensive list. So this is just to give the idea it could be about asking open-ended questions. One interesting thing that I've discovered is that pretty much everyone that I have worked with thinks they ask open-ended questions. But when they actually sit back and look at them they're not. They are by far and large closed-ended questions. The reason that matters is that when you ask a closed question it really just leads oftentimes to a yes-no answer. It doesn't invite exploration or understanding. So it doesn't mean that you can't ask closed questions, there's great reasons to especially when you want to understand something really specific. But

open-ended questions are what bring that engagement from the person that you're talking to in. And it's, it's interesting to see the work and feedback it takes to help students actually get into asking open-ended questions. Once they get there, they're there. But it doesn't just happen because they should. Active listening is another example. Shared planning. And when I say shared planning, that touches on a few different ways. In an appointment it can be understanding priorities for what's gonna happen that day when you're working together, making shared decisions. Or a shared plan for addressing a challenge or a barrier that the person is having. These I have not found to be typical components in audiology appointments. I am seeing that we are much more typically telling people what's going to happen and more broadly saying what somebody should do versus helping them get there. So with shared planning, generally I've seen as definitely an area in need of growth. Responding to emotions as well. More often than not I see in my work that people fly right past that and don't respond to emotions.

Again, once that self-awareness of doing that happens then this becomes automatic and it's just a part of interacting with people. Getting to that point is what takes some work and feedback. Identifying and addressing barriers, similarly. Non-verbal communication is something a lot of people are familiar with. It's just attending to, am I multi-tasking maybe when I shouldn't. And knowledge gaps that connect in with the student's understanding of why they're doing the skills. And there can be all different kinds of knowledge that come into play, such as: what the patient's going through; what factors influence behavior change; how can those barriers impact intervention; why would they talk about it; things like that. So you're really looking at connecting those dots between that communication element and how it influences behavior change. It's taking an aspect of our work and bringing it more into into the running conversation we're having as we're teaching students. So one tip is to use counseling terminology. Use specific words when you talk about it 'cause that can support their ability to connect the dot between that skill that they're trying to develop and why they're trying to develop it. If they've got a common terminology especially among

supervisors, even better, that will support that development. Talk about communication ahead of time as much as possible. Ask them about, "Well what are you concerned?" And talk through hesitations they may be having about talking with their patients. Help them prepare those open-ended questions. Maybe even role play a skill that they're concerned about trying. And help them work through that. That will help increase some confidence for giving it a go. And I think it's important to remember that we're gonna just keep having chances to practice. And as a supervisor, you're there to step in and help when it doesn't go. If you find that you have to step in then you're stepping into a modeling role. There's nothing wrong with that. So a student can try and then you can support it by modeling if they need that extra support. And then they're gonna build from there.

Provide frequent performance feedback. Debriefing as soon as is feasible after a session. Giving them some written comments to walk away with. If you're in a place that you record sessions reviewing those recordings together happen to be hands down the best thing I have seen work to change behavior around communication. And work together to make that plan for for the next session. What are they gonna work on? You want them to feel good about what they're doing so that they've got the confidence to try it. But the self-awareness to accept when they're not there yet and there's some things to work on, so an honest conversation that is encouraging. We did a little study where we looked at what was the impact of providing some counseling performance feedback to students. It was a single-subject design with five students. And we looked at how many minutes did they basically spend in counseling kinds of behaviors asking open-ended questions, responding, things like that. Then they had an individualized instruction on where their skills were to help them learn what to do. And then after that they had a feedback session after each encounter in the clinic. And we saw their performance increase. So the students were really responsive to this type of feedback and learning. And it showed up in their clinic session. So these were audio-recorded clinic sessions that they were actually having in their practicum. And they really improved quite a bit. It was a small study just to see how quickly they responded.

A couple of students didn't respond as well as others and they had not yet had the counseling class. I wonder a bit if having some of that understanding of the why makes a difference in how well they're gonna act on what they're learning too. Another tip is acknowledging what went well in a specific way. It's easy to say, "That went great today. "I love how you talked with them." Well that doesn't pick out what they did really well. So for example you could say, "Great job validating her frustrations. "She seemed to appreciate that you understood her concerns. "Did you notice how she then engaged in problem-solving?" Notice how that specific kind of comment connects those dots. Thinking about how you provide feedback on something that's not technical. When we're talking about person-centered care none of this is technical, it's all about communication. Facilitate their learning to reflect on their practice and raise their self-awareness. Increasing self-awareness is a key piece of changing behavior as they go. So asking some key questions can help them do that. And ask them: what are their barriers, or how can you help. Talk about their goals. Help them see their growth. That can be really powerful too. They don't always see what we see so helping them see that is good. And monitor their development, make sure they have opportunities to practice. Expect growth and evaluate their competencies. And be aware of your own counseling skills and your strengths and where you wanna go and be open to expanding that and asking for help as needed. This is just a brief video that we'll watch a couple of supervisors in our program talking about their experience learning how to help teach students more about their counseling skills so that they can improve on their person-centered care. So let's watch this video.

- What has been helpful for me for teaching effective counseling skills has, first of all, really been learning effective counseling skills. For me having a good mentor, somebody who could help me, myself to improve my own counseling skills has helped me to be able to model counseling skills to students. And also to help encourage them to overcome some what may be some discomforts to help them to improve their ability to ask good questions and to be able to say and express themselves in ways that would be helpful to the patients.

- A few things that have been helpful in teaching counseling skills for me, number one, I've been going through some extra training to beef up my counseling skills. And so having those skills in the forefront of my mind and me working to improve my skills has helped me really emphasize the importance to my students as well. Another thing that helps is really having a specific tool to grade them on their counseling skills. So I have a daily grading form that I fill out for the students. And as part of that, I look at how they communicated with the parent.

- [Karen] Okay. It looks like we ended there. So you could see that with these brief little clips it was actually quite a process to learn how to integrate teaching counseling and person-centered care in our program. And it's something that we're still working on. It's a process for the long haul. It doesn't happen immediately just because you think that it's a good idea. There's a lot of different elements in practice that can support it, which I'll show you some examples in a moment. Gonna go to the next slide. This is a clip here from a group called VitalTalk. It's physicians that have put lot of work into developing counseling and communication behaviors within physicians that I think give some interesting perspectives that might be helpful. So let's play this video.

- When physicians are working on their communication skills it can be really challenging at first because doctors have been talking with patients for their whole training career. And so they develop habits and they develop ways of interacting with patients that work for them. But they might not be the best way of talking with patients. And so for us, this is like skiing, you've got your habits, your favorite ways of getting down the hill that are just really comfortable to you, but they might not be the best skills to be using. So when you start working with a coach and your coach totally disrupts your skiing practice, it might initially just feel really awkward. And it could even be frustrating when you're trying out these new skills. But staying with that coach and staying with those deliberate skills to try in the long run will really improve your practice.

- [Karen] So I think one of the important takeaways from both of these video clips is that that it purposefully teaching communication and counseling within the dynamics of supervision in audiology can take some practice and it can feel uncomfortable. And it comes by little, by little. It's not uncommon to be a wonderful audiologist and a great supervisor and maybe not include much about talking about communication and counseling in specific enough ways to mentor the students. And this is where I think we have some nice opportunities. So I've got some suggestions and resources, there's some things that we found helpful that you might find helpful as well. We felt that in teaching our students they use a case history form, for example, and an intake form. And we had all of our open-ended questions at the end of the form. And so no matter how much we talked about understanding the patient's priorities, getting some information from them and their perspective, in their learning they wanted to follow this intake form.

So we restructured it to put some person-centered care questions at the beginning because that really went with their habit and their comfort. They were kind of nervous in the room anyway. And then we created an intake form for every appointment rather than just a diagnostic. We had an intake form like, how are you doing today, what's happening. A few questions on it that they could use whether they were coming in for a hearing aid follow up or something else that maybe didn't have the standard hearing evaluation intake form. That was one step that has been helpful. We also like to get feedback on our services and we want to understand how patients are viewing our person-centered care work. So we've added a few questions to our patient evaluation form that can help us get from them some thoughts that might make us look at things from another angle that maybe we're not seeing. We also created this form here. So this is a performance feedback form and it provides some just key communication areas with a brief description on there. And the supervisors, some use it in a written format, some people like to use it on an electronic format. But you can put the date you observe and provide a rating scale. And we provided a simple rating scale to say, a

zero to one was insufficient or really limited, they didn't show it very well. Two to three, it's developing, somewhat inconsistent and they need support. And four, independent, consistent, they've kind of got this skill and it shows up every time. And then you can see how often they're doing certain things by whether or not you're rating it. If there's no rating there and they, they're not asking open-ended questions, let's say or something like that, I mean it would show up or not as shared agenda. So you could see some gaps in communication with this as well. So that's been a useful tool. We created some videos. I had a small grant from AAA a few years ago and we created some counseling videos and materials that you can get for free on a website that we've got that's called www.heartolearn.org. This website is focused on materials for parents and professionals working with young kids, birth to six that are learning spoken language.

So the bulk of the material on the website is on that. But on our tutorials page, if you go to the bottom I added a clinical skills section. It kind of works like Netflix, you just click to the right to see the other videos. We've got some videos here that we happen to use early on in our student training to help introduce them to thinking about counseling from the get go, from the beginning. 'Cause they're shaping their approach to how they communicate with people right from the start, and it's gonna develop over time. So that's accessible for anyone. The IDA Institute is another place to get some great resources. They've done a lot of work with person-centered care and actually have a really strong initiative now that they're working on it and I happen to be part of a working group in looking at how do we help teach person-centered care in audiology programs. And so they've got more and more resources coming out. I think you'll see more things coming out over the next even year or so to support teaching person-centered care in audiology. In light of this work and what's happening there we've actually looked at our program and overhauled how do we infuse person-centered care so that it's bridging well from coursework to our clinic supervision so that students literally have a person-centered care pathway for their learning as they're going through the program and they see the connections and how that will develop over

time, what specific kinds of skills are we expecting them to gain over time and what are we doing to teach them that. So you may find a lot of things that you find useful on the IDA Institute. VitalTalk, I shared the one video with you. They have several videos, and a number of things they've developed that are completely applicable to audiology. I found it to be a pretty useful place to get some information to share and to share with students, I share it with them quite a bit. If you're interested in reading more about it, motivational interviewing is a foundational aspect of a lot of what I'm talking about. And this textbook, it's a paperback, not too difficult to get through at all is a really great way to think about some of that purposeful and strategic aspects of communication that I've been talking about, they're derived from motivational interviewing. And thank you. That is my whole presentation. I'd be happy to answer questions if you have any.

- [Moderator] Thank you so much Dr. Munoz. Your students are so lucky to have you and we're lucky to have you today sharing this information with the profession. We have a comment in the Q&A: thank you. We'll give it another minute, if anyone--

- You are welcome.

- [Moderator] If anyone's working in a university setting and would like to share, we would love to hear from you as well. I don't see anything else coming in today so we'll close out today's class. Again, Dr. Munoz, our thanks. We hope to have you back on AudiologyOnline in the future. And thanks to everybody who participated today. It's great to see such high numbers of participants in the class on a Friday afternoon. I hope to see you all back soon. Oh, before we close now of course one question came in. Let's take a look. The question is: the intake form you mentioned, do you give that to your patients to fill out or do your students fill it out as they go?

- [Karen] So oftentimes we give it to the patient to fill it out before they come back so that the students can use that as a guide as they talk with them. If they didn't have

time to fill it out then they would do it with them. But usually it's ahead of time. Thank you so much.

- And I see another one. Yes, please feel free to email me anytime. Do they have my email,

- You know what,

- On the handout?

- Right now, I don't believe so, but we can share it right now in the course. Let's do that.

- [Karen] Yeah, please feel free to email me at anytime. I'm happy to share anything that we have developed. So no ask is too big, okay. I'm available.

- And Dr. Munoz do you wanna type your email address in the notes pod on the screen there?

- [Karen] Oh, yep.

- [Moderator] Thank you. And thanks to everybody again for logging in and for your nice comments in the note. One more: Lisa, did you indicate if the slides would be shared with participants? Yes, they are. They're in the handout pod on the left hand-side. If you didn't have time to download it we will email that out to you Lisa. Thank you so much everybody. We're gonna close out today's class and wish everybody a great weekend.

- [Karen] Thank you.