Efficient, Effective Counseling

Putting You and Your Patients on the Same Page

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What Do Patients Remember?

- 50% is FORGOTTEN immediately
- 25% is remembered INCORRECTLY
- ONLY 25% is remembered correctly

• Margolis, R.H. (2004)
Primacy Effect

First Presented = Best Remembered

**Information tends to be remembered for several weeks**
Recency Effect

Last Presented = 2nd Best Remembered

**Information tends to be remembered for several weeks**
NAME: Jane Smith
DOB: 1/1/49
REFERRED BY: Dr. Jones

FREQUENCY IN HZ

Audiogram Key:
- A: Aided
- AC/BC: Air Conduction/Bone Conduction
- A/C: Auditory/Conditioned Play
- A/V: Auditory/Verbal
- B/C: Bone Conduction
- CNT: Could Not Test
- CPA: Conditioned Play Audiometry
- DNT: Did Not Test
- HP: Hearing Level
- MLD: Monitored Live Voice
- MCL: Most Comfortable Loudness
- NML: Minimal Response Level
- NL: No Response
- P: Primary Speech Message
- P/T: Pure Tone
- PV: Physical Volume
- SAT: Speech Awareness Threshold
- S/C: Signal to Competition Ratio
- SF: Sound Field
- SL: Sensation Level
- SRT: Speech Reception Threshold
- UCL: Uncomfortable Loudness
- VRA: Visual Reinforcement
- VT: Vibrato
- WR: Word Recognition
- WT: Word Tone

Effective Masking Re O dB HL

Tape: MLV

Ear
- Right
  - 25 15
  - Masking Score: 60%
  - Masking Level: 96 dB
  - Material: Normal
  - Present Level: 60 dB
  - Discrim. Score: 96%
  - Material: Normal
  - Present Level: 60 dB

- Left
  - 22 15
  - Masking Score: 60%
  - Masking Level: 90 dB
  - Material: Normal
  - Present Level: 60 dB
  - Discrim. Score: 90%
  - Material: Normal
  - Present Level: 60 dB

Sound Field
- Competition
- White Noise
- Other

Results:
- Otoscopy: clear
- Tympanometry: WNL
- Pure Tones: Normal hearing from 250-1000 Hz sloping to a moderate SNHL from 3000-8000 Hz, bilaterally.
- WR: Excellent, bilaterally.
- Rec: Fly with Dr. Jones
  - Trial amplification
  - Wear HPDs in noise
  - Return for repeat audiogram

Hx: Otoalgia, tinnitus, vertigo, from Hx
- Noise Exp: Military + Intermittent Aural Fullness
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Hear Today, Gone Tomorrow

- 25 hearing impaired adults
  - 48 hours – Telephone call
  - 1 week later - Mailed survey
- 25 item questionnaire used for both
- Audiologists felt they were effective

- Martin, E., et. al. (1990)
Hear Today, Gone Tomorrow

• Degree of Hearing Loss = 46%

• Term “Audiogram” = 0 %

• Martin, E., et. al. (1990)
Patient Counseling

As Information INCREASES

Recall DECREASES

PRIMACY & RECENCY EFFECT

Recall DECREASES
Patient Counseling

Which of the following DO NOT have a significant impact on recall?
Factors That Affect Recall

- Familiarity with Topic
- Age
- Welcome vs. Unwelcome Dx
- Severity of Dx

- Intelligence of the Patient
- Expected vs. Unexpected Dx
- Level of Anxiety
- Patient Denial
- Emotional state during session vs. during later recall
Pop Quiz

• How many players on each team?
  - A. 11
  - B. 15
  - C. 5
  - D. Who cares? They all smell anyway.
Pop Quiz

• How Many Points for a Try?
  – A. 5 points
  – B. 7 points
  – C. 3 points
  – D. Try what?
Pop Quiz

• Who catches the ball from the Scrumhalf?
  - A. Winger
  - B. Fullback
  - C. Flyhalf
  - D. Hooker
You Had Me at Otalgia

- Limit the main points
- Repetition
- Check for comprehension
- Eye level, consider the environment
- 2 good minutes can be more effective than 10 minutes of unfocused details
Caring is Only Half the Battle

• Address their concerns
  – Take cues from the Case History

• Validate their feelings
  – Their frustrations are real
  – Silence is okay

• Focus on what is important
  – If you do not think it is important, they will not either
You Say Potato, I Say Tomato

• Speak the same language
• Limit the jargon
• Put down the audiogram
• Do not rely on their level of intelligence
• Monitor anxiety
  – Your anxiety and the Patient’s anxiety
Effective Counseling Techniques

• Keep it simple and specific
• Present most important info first
• Summarize at the end
• Repetition
• Address their needs
• If something is important, show it
• Use structured counseling
• Provide patients with customized counseling summaries
You have a mild hearing loss in the low pitches sloping to a moderate hearing loss in high pitches. This may cause general conversation, rapid speech, quiet voices, and some environmental sounds to seem soft and possibly muffled or unclear. Speech understanding may be particularly troublesome when trying to communicate in the presence of background noise, when the speaker is at a distance, or when the conversation is not face-to-face.

RECOMMENDATIONS
1. Follow up with your referring physician to review today’s results.
2. Schedule an appointment to further discuss options regarding hearing aids.
3. Repeat audiologic testing if any tinnitus, dizziness, ear pain, or change in hearing is noted.
4. Strategies for improving speech understanding include: 1) Encouraging face-to-face communication, 2) Reducing background noise, 3) Decreasing the distance to the person speaking, and 4) Enhancing room lighting.
5. Wear hearing protection whenever in noisy environments (e.g. occupational, power tools, lawn mowers, gun fire, loud music, etc.)

Disclaimer: This document does not contain official audiometric results. See your audiologist if you require official audiometric results. Please sign and date the lines below to acknowledge that you have been provided the above recommendations by your audiologist.
References


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Thank you for your time and attention.