
Savvy Insight

Competence in Audiology: Decision making

Savvy Audiology



Introduction

Decisions made by audiologists directly impact on individual lives and on those in the immediate support network of the person. When working with elderly people, these decisions can influence a far wider support chain, initiating the involvement of assessment teams, medical and allied health specialists, home help services, aged care experts and financial advisors. This article will discuss the notion of competence in regard to the audiologist and the client, and how both of these need to entwine to facilitate a person centred approach to care.



Defining Competency

Competency is described as the ability to perform a specific task. This emphasises when assessing whether the client is competent in the clinic, it should be related directly to a task. Savvy Audiology supports the notion as described in the Medical Journal of Australia “...a patient is competent unless proven otherwise, and the preservation of autonomy is a central consideration” (1993, p. 401). This article talks about the ethical issues when assessing the competence of older persons and the considerations for the individual when such an assessment is wrong. Six questions are highlighted and Savvy Audiology concurs that each of these must be considered by the audiologist in the appointment.

1. environment
2. cognitive ability
3. daily coping ability
4. is the client well informed
5. client frame of mind and clinician frame of mind
6. family and sociocultural influence

Person centred care involves shared decision making, a joint process between clinician and client. To make a good decision one needs to be well informed and educated.

Savvy Audiology recognises that in the day to day consultations with older Australians, many common hearing difficulties are identified such as trouble hearing on the phone and trying to decipher speech in a noisy environment. With much advertising and discussion around 'product features and what the product can do for you', conversations in the clinic can sometimes flow in a direction which places the product as the solution to the hearing disability. This is not the case. The product is one tool which can help facilitate better communicative ability.

Before mentioning a hearing aid or making a specific recommendation, a huge amount of new information is presented to the client. This usually includes an explanation of the audiogram or hearing graph, some communicative strategies which need to occur, the need for assertiveness and educating others about the newly diagnosed impairment and many other issues relating to having a hearing loss and the likely consequences. Such an abundance of information can be overwhelming for a younger person with normal hearing! Savvy Audiology proposes that when the client is of advanced years and suffering from a sensory loss and any one of a multitude of chronic health problems, the ability to listen, retain and execute can become exhausting and highly stressful.

In the current Hearing Services pathway, often this sharing of new information occurs at the initial one hour appointment, the same time that the client has remained very focussed for twenty minutes or more, listening to very quiet sounds and remembering to press the response button each time the sound is heard. Included in this initial assessment is speech testing, heard at levels where a concentrated effort is required to listen, as well as a possible middle ear test, performed with objects placed in the ears causing some unusual sensations during testing. Whilst the audiological test battery is pretty standard, reasonably non-invasive and able to be performed quite swiftly, it simply is not the same experience for the client. Even young clients referred for audiology services wonder what is being done and they often have numerous questions and concerns. If you add just one other disability to the usual client of advanced age, for example, vision impairment, the experience must surely be daunting.

By painting this picture of the typical initial appointment, it is clear to see that each and every one of the aforementioned considerations for assessing competency in the client and indeed the competence of the hearing healthcare provider, is put into play. Remember the definition of competency refers to specific tasks. In the practice of audiology the

number of tasks is many and varied requiring many different skills. In short, it is complex for both clinician and client. The audiologist must be knowledgeable and able to ascertain whether the environment is conducive to obtaining reliable results and if the client is ready to undergo a comprehensive assessment requiring maximum effort. Savvy Audiology can testify to having performed many hearing tests over the years under conditions that were not favourable. One example is conducting a full day of assessments at a visiting site in a rural town during a mouse plague. This directly affected factors 1, 3 and 5 - the environment caused stress for the audiologist as mice were heard and seen running in the ceiling. In addition, the room was very small with no window. This second attribute was probably more influential on the clients probably because it was a foreign space, with a stranger assessing their health and a very limited personal space that had to be shared, sometimes with a family member present as well. Working under these conditions is not optimal for encouraging a relaxed and safe frame of mind. Depending on the coping abilities of both parties, the impact of these two factors alone is significant.

The role of family in helping determine client competence can be invaluable, particularly in cases where client cognitive, linguistic or cultural barriers exist. Family centred care is an extension of person centred care, where family members are encouraged to be actively involved, together with the client and the clinician, in the decision making process regarding the healthcare of the client. The spouse or designated carer knows the client - the person seeking support - best and therefore should be seen as someone who can contribute, express concerns, identify specific problems and advise regarding aspects of the client's daily functioning.

The final aspect which forms a part of the architectural framework of Savvy Audiology, is making sure the client is well informed. As already identified, an initial hearing test is an involved and comprehensive process, at the end of which the client is provided with a lot of new information. Often, a decision regarding treatment of the hearing loss is expected to be reached by the end of this same appointment. This decision too, commonly involves a decision regarding an investment, that is, hundreds or thousands of dollars, to purchase a hearing device. As with any investment, many people seek expert advice and consider their budget and needs before purchasing something new. The latest hearing devices are wonderful and as audiologists can testify, play an integral role in improving quality of life for those with hearing impairment and also for his or her support network. With such an important decision to make, the client and family should have time to process and competently assess the recommendation made by

the clinician. It is not uncommon for a vulnerable, older adult, who is suffering from multiple chronic conditions, to place complete trust in his or her audiologist.

This paper has addressed the notion of competence in the audiology clinic and how it impacts on decision making, obtaining reliable test results and eliciting informed decision making. As identified in the literature, assessing competence can be complex. “All too often, patients with communication problems such as deafness or dysarthria are wrongly suspected of mental incompetence, whereas the real incompetence may lie with the assessor” (Finucane et al 1993, p. 400). Audiologists who are alert to the numerous affective variables that impact directly on elderly clients, will provide more person centred, family centred and professionally competent care.

Reference

Finucane, P, Myser, C & Ticehurst, S. (1993). Is she fit to sign, doctor? Practical ethical issues in assessing the competence of elderly patients. In *The Medical Journal of Australia*. Vol 159: pp. 400-403: University of Newcastle.