



SPAU315 Audiology Practicum I

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Grading

- Interpersonal skills, commitment and Attitude 10%
- Assignments (inc. 1 presentation) 15%
- Midterm Exam 20%
- Daily Evaluations 20%
- Final Exam (Written and Practical) 35%

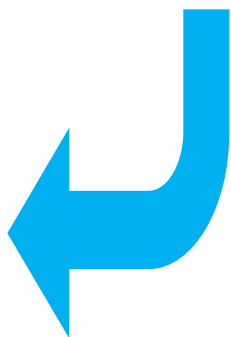
Skills Lab Rules

- To be left in **IMPECCABLE** condition when you leave **REGARDLESS** of how you found it
- Everything to be wiped down with wipes, including surfaces, equipment and PCs
- All used tips and consumables to be disposed of
- All chairs and furniture to be placed back in the correct places
- Absolutely **NO** food or drink to be brought in and be consumed in the lab!

**Case History:
Your most valuable Tool!**


For a correct differential diagnosis:

Case History Taking



Clinical Examination



- 
- Interpersonal skills
 - Knowledge of Medicine
 - Analytical Skills

Three Requisites for Taking a Good Case History:

- Skills (listening and analytical)
- Patience
- Knowledge

And don't forget to document it in patient's notes...

if you did not record it, it did not happen!

Case History Tools

- Interviews
- Questionnaires: Written or Computer or Verbal
- SOAP: Subjective, Objective, Assessment and Plan –based on the medical model of history taking
 - ✓ Can be used in tandem or as preferred by you depending on the patient
 - ✓ Either way, this is also the opportunity to identify the RED FLAGS

Interviews: Some obvious tips

- Introduce yourself, identify your patient and gain consent to record answers
- Sit a good distance away, about 1 meter
- Well-lit room
- Face the patient
- Beware of **background or ambient noise**—remember most people you see will have a hearing loss!
- Have patient's full attention— family members and/or children can cause distraction
- Show you are **actively-listening**
- Don't be afraid to **para-phrase** if you are not getting clarity

Questionnaires

- Ensure that patient can read/write
- Availability in other languages
- Multiple choice vs. written answers
- Via the internet prior to appointment
- **But beware data protection**

Referral Source

- Who has referred the patient?
- Why has the patient been referred?
- British Academy of Audiology Guidelines for Referral to Audiology of Adults with Hearing Difficulty (2009)

https://www.baaudiology.org/files/3513/5898/2984/BAA_Direct_Referal_Criteria_0909_amended1.pdf

Main sections

- Presenting complaint
- History of the presenting complaint
- Past medical History
- Personal, social and occupational history
- Medications
- Family History

Evaluation of Symptoms

- Location/laterality
- Timing: sudden/acute/duration
- Intensity
- Patterns: fluctuating, consistent, worse at night
- Aggravating and relieving factors
- Quality
- Associated symptoms: e.g. vomiting

Audiological Red Flags

- Sudden Hearing Loss- Sudden = within 1 week
- Persistent pain
- Bleeding or draining ears
- Fluctuating hearing loss- other than associated with colds
- Unilateral symptoms of HL and/or Tinnitus (especially if troublesome and/or pulsatile)
- Dizziness?



FINAL WORDS

- If the **case history** has been well done, you should be formulating a **test battery** appropriate for this patient... In vestibular patients, most of the hard work is probably already done!
- BUT before you start testing, don't forget the clinical examination
- The more you do case histories, the better you will become at it!

Patient Demographics

Patient Initials: L.H
Date of birth: 10.05.1955
Sex: Female
First language: English

Referred from: xxxxxxxxx

Main Presenting Complaint

- Rapid progressive bilateral SNHL hearing loss without obvious predisposing cause

Medical History

- Patient noticed hearing loss when getting up in the morning, it was a rapid bilateral hearing loss that continued to progress
- No history of ear infections/discharge/perforation/pain
- No ENT operations
- No Family history of hearing loss
- No occupational, hobby or recent loud noise exposure
- No head trauma
- No dizziness
- No ototoxic drugs
- Patient report's no viral infection
- MRI scan, CT scan and screening tests seem to be normal
- Blood tests performed: NAD
- No untoward pathology that has been defined

Social History

L.H lives alone but cares for her grandchildren during the day. However since her hearing loss she has been unable to care for them as she feels uncomfortable because she cannot hear them. Due to the hearing loss she does not want to leave the house, and has become very reliant on her daughter. The hearing loss is causing her to feel depressed and anxious and is affecting her social life and confidence.

Hearing History

Prior to the event L.H did not have any hearing problems. She reports that she now relies heavily on lip reading. She cannot hear one to one conversation. Importantly to her she can not hear her grandchildren talking, the door bell or phone ring. She cannot use the telephone. She relies on subtitles to watch TV. L.H does not know if she can hear the fire alarm as she has not tried it. The audiologist recommended she tried this when she got home and recommended getting a flashing fire alarm from the fire services.

UGA SPEECH AND HEARING CLINIC
 The University of Georgia
 Department of Communication Sciences and Special Education
 706.542.4598 (office) 706.542.4574 (fax)

ADULT CASE HISTORY FORM (AUDIOLOGY)

Please complete this form. Attach copies of any additional information or reports that might assist us in our evaluation.

Name: _____ Birthdate: _____ Male Female

Address: _____
 Street/PO Box City State Zip Code

Home Phone: _____ Cell Phone: _____

Email: _____ Occupation: _____

May we contact you regarding your appointment at any of the phone numbers or addresses listed above? Yes No
 If no, please state where we **may not** contact you: _____

Referred by _____

Primary Physician: _____ Telephone: _____

Emergency Contact: _____ Telephone: _____
 Name Relationship to Client

1. Describe your chief complaint or reason for referral: _____
2. Have you had your hearing evaluated previously? Yes No
 If so, what were the results? _____
3. Do you have hearing loss? Yes No If so which ear? Right Left Both
 When did it begin? _____ Has it become worse? Yes No
 Does it fluctuate or vary? Yes No
 What caused the hearing loss? _____
4. Is there a family history of hearing loss? Yes No
 If so, who had hearing loss? _____
 What was the age it began? _____ What caused the hearing loss? _____
 Describe situations where you have a hard time understanding speech: _____
5. Have you had a history of loud noise exposure? Yes No
 Where were you exposed: Work Military Hobbies (woodworking, shooting, motorcycles, etc.)
 How long were you exposed? _____ Did you use ear protection? Yes No
6. Do you hear noise, ringing, or buzzing in the ears? Yes No
 If so, in which ear do you hear it? Left Right Both
 Describe how it sounds _____
7. Have you had dizziness or vertigo? Yes No If so, was it treated by a physician? Yes No
 If so, describe your symptoms: _____
8. Have you had surgery on your ears? Yes No If so, which ear? Right Left Both
 What type of surgery did you have? _____
 When and where was your surgery? _____
 Who performed the surgery? _____

Name: _____ Date of Birth: _____

9. Have you had an ear injury? Yes No
 If so, describe _____
10. Have you had ear infections? Yes No If so, What ear? Right Left Both
 What age did they begin? _____ How many have you had? _____
 When was the last infection? _____ Have you had drainage? Yes No
 What kind of treatment have you had? _____
11. Have you had a head injury? Yes No
 If so, describe _____
12. Please check any diseases you have had:
 Measles Mumps Meningitis Malaria
 Diabetes Kidney Infections Circulatory problems
 Other _____
13. Have you had a very high temperature? Yes No
 If so, how high was it? _____ How long did it last? _____
14. Do you use tobacco products? Yes No How frequently? _____

15. List any current medications:

Medication	Dosage/Frequency	By Mouth/Injection/Patch/Other	Negative Side Effects

16. Which ear do you normally use on the phone? Right Left
17. Have you used a hearing aid previously? Yes No
 If so, which ear? Right Left Both What type of aid? _____
 How long did you use it? _____ How did it benefit you? _____

Signature of person completing questionnaire

Relationship to Client

Date

Week 1- Written communication and history taking

- At an adult assessment various questions are asked about the patient's history. What questions are required to take a full history? Please justify your answer.
- Please design your own 'Adult Assessment form'.
- Headings could include:
 - Background
 - Ears
 - Tinnitus
 - Balance
 - General Health
 - Patient information
- Please make sure you include any information which may affect the patient's management plan. You may be asked to present your work to a group of your peers.