



# SPAU315

## Audiology

### Practicum I

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# Grading

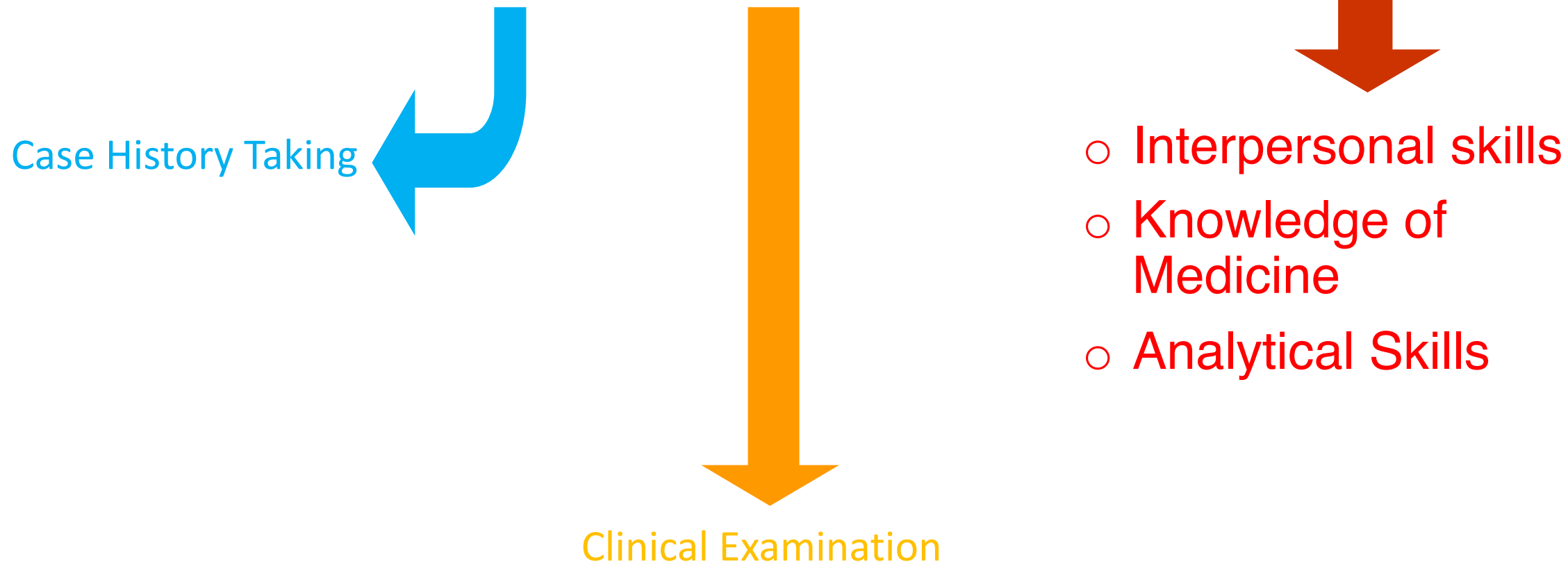
• Interpersonal skills, commitment and Attitude	10%
• Assignments (inc. 1 presentation)	15%
• Midterm Exam	20%
• Daily Evaluations	20%
• Final Exam (Written and Practical)	35%

# 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:



# 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\\_Referral\\_Criteria\\_0909\\_amended1.pdf](https://www.baaudiology.org/files/3513/5898/2984/BAA_Direct_Referral_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  
First Middle Last  
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.