



# 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%

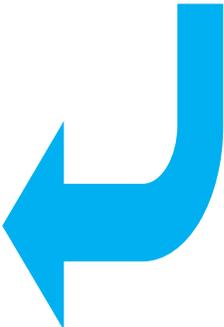
# Skills Lab Rules

- 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](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  
 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

- Describe your chief complaint or reason for referral: \_\_\_\_\_
- Have you had your hearing evaluated previously?  Yes  No  
 If so, what were the results? \_\_\_\_\_
- 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? \_\_\_\_\_
- 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: \_\_\_\_\_
- 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
- 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 \_\_\_\_\_
- Have you had dizziness or vertigo?  Yes  No If so, was it treated by a physician?  Yes  No  
 If so, describe your symptoms: \_\_\_\_\_
- 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: \_\_\_\_\_

- Have you had an ear injury?  Yes  No  
 If so, describe \_\_\_\_\_
- 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? \_\_\_\_\_
- Have you had a head injury?  Yes  No  
 If so, describe \_\_\_\_\_
- Please check any diseases you have had:  
 Measles  Mumps  Meningitis  Malaria  
 Diabetes  Kidney Infections  Circulatory problems  
 Other \_\_\_\_\_
- Have you had a very high temperature?  Yes  No  
 If so, how high was it? \_\_\_\_\_ How long did it last? \_\_\_\_\_
- 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

- Which ear do you normally use on the phone?  Right  Left
- 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.