

Example of a Clinical Observation Journal Entry

The session that I observed on 4/18 was a treatment session classified as a hearing aid follow up for two individuals with hearing loss. This session was unique because both a husband and his wife were treated during the session. The audiologist split up the time between the man and the woman, addressing the woman first. First, she asked the woman follow up questions regarding her hearing aids: if the volume was working well for her, if she was using the different settings, etc. The patient mentioned that she was noticing an “echo” when she talked, so the audiologist noted that she probably needed bigger vents. She tried to drill down the hearing aid, but the patient still claimed to experience an echo, so the audiologist suggested they would just send it back to the manufacturer. The audiologist then adjusted the default setting of the hearing aids using the computer programming because the patient mentioned that she usually found herself turning down the volume. Then, the audiologist brought the patient into the sound booth to test the patient’s hearing with the hearing aids and see how far they have come and how far they still had to go. When the accuracy percent was lower than expected, the audiologist explained that she wasn’t doing as well as she can, at least not yet, and that they would be able to work out the best solution. In the wife’s session, one example of patient-centered care was that the audiologist considered the patient’s unique priorities regarding her hearing aids; such as when she turned down the default volume to accommodate the patient’s preferences. She also demonstrated an interest in the patient by asking her questions about her life and her work. Also, whenever she was doing something to the hearing aids, she made sure to pull up next to the patient so that she could see. One example of linguistic competence was when the audiologist gave the woman a handout with different communication strategies. This allowed the patient to have important information in another medium, which would allow her to easily refer to, especially if she was having a hard time hearing and understanding the audiologist. One thing I found interesting was that even with the hearing aids, the woman only correctly repeated 48% of the words in the sound booth. This led me to question whether bigger vents would really be able to help increase her accuracy, or if she would need new hearing aids all together. I did not find anything disturbing during this session.

The session with her husband was much shorter. The audiologist started out by asking how his hearing aids were fitting since they drilled them down in the last visit. He mentioned that the size was much more comfortable, but he was having trouble navigating the different settings. The audiologist pulled up the software and helped him pick different sounds that would be easier for him to distinguish. This way, it was much easier for the man to tell when he was at his default volume, his maximum volume, and his minimum volume. Then, the audiologist checked the man's ears for any redness or irritation and then gave him a supply of wax guards to take home. The audiologist demonstrated patient-centered care by supplying him with tools (the wax guards) that would benefit him personally. She also asked questions about the man's life and demonstrated an interest in the wisdom he shared (he had a lot of life-advice to share with us). I think that clarifying the setting confusion and changing the sounds could be interpreted as examples of linguistic competence because it helped the man better understand the features of his hearing aids. I did not really find anything surprising in this session, nor did anything make me uncomfortable. One question I had while observing is how the audiologist would treat any redness or site of irritation in the ear? I also wondered about the cause of any redness/irritation; could it be due to the wearing of hearing aids?