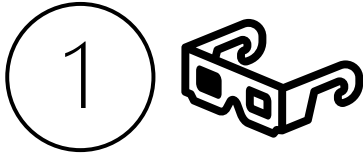
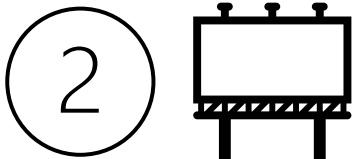


TIPS FOR COMMUNICATION

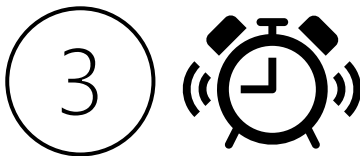
In a Medical Office Setting



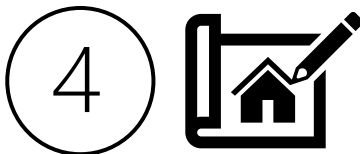
Don't put obstacles in front of your face. Make sure the person you're speaking with can see your face. Lipreading adds 30-40% better understanding of speech.



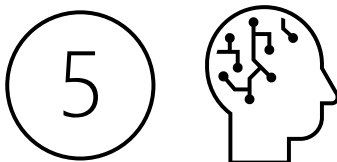
Use a tablet or computer to type in specific questions, directions for visual text support. Use captioning tools to present what you are saying visually and in real time.



Take your time to speak and do not shout, especially if the person is wearing hearing aids. Ask questions to make sure they understand what you are saying.



Provide written instructions if you are asking the person to do something specific. These instructions will be a guide after your meeting. Ask the person how to best talk to them so they can understand you.



For better understanding, ensure that you are in a quiet location (no machines running or other conversations in the background) when you are speaking. Get the attention of the person before telling them something.

Consequences of Hearing Loss

Symptoms

- Asks for repetition
- Brings 3rd-party interpreter
- Associated with cognitive decline and depression
 - Social isolation
 - Stress
 - Confusion

Medical Management

Misses verbal instructions

Noncompliance

Worse patient outcomes

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7 1

A Confounding Factor

Anosognosia: inability to know you are sick or have a sensory impairment

Patient “denies” illness

Lack of self-awareness

Spouse and family notice first

Not denial but true neurological deficit



¹ For a valid, objective hearing screening, go to www.theaudiologyproject.com/hearscreenusa

Vision, Audition & Cognition (2023)

<http://nebula.wsimq.com/58a83bdb9099fe1d47f1559f284e7b9a?AccessKeyId=847BD6B27AE76DDDF701&disposition=0&alloworigin=1>

Perspectives and Review in Cognition and Audition (2023)

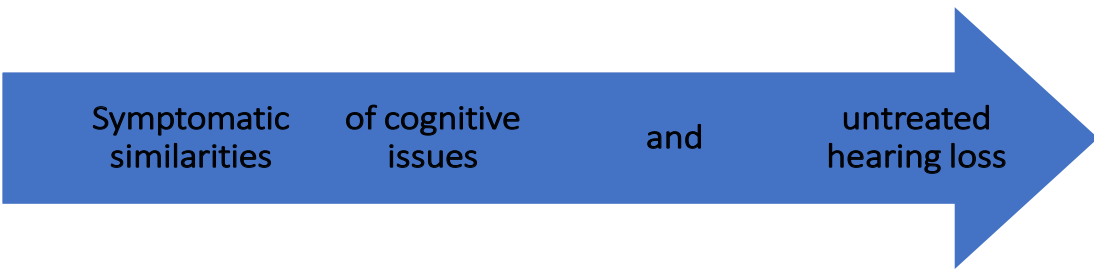
<https://hearingreview.com/inside-hearing/blogs/january-2023-cognition-and-audition-meet-the-authors-with-editorial-highlights>

Beyond the Audiogram (ASHA 2022): Whole Brain Hearing And

Listening <http://nebula.wsimq.com/994fa6868e243b0ae198fbb98bef2e44?AccessKeyId=847BD6B27AE76DDDF701&disposition=0&alloworigin=1>

Role of Audiology in Nursing Homes

- High incidence of hearing loss(90%)
- Decreasing hearing must be monitored due to illness and medications
- Training of staff in referral processes and taking care of hearing aids
- **OBRA federal and NC state laws** require hearing be assessed within 14 days of admission
- Improves quality of life and quality of care
- Audiologist must be part of assessment team especially before cognitive evaluations are administered



Alzheimer's Disease

- Depression, anxiety, disorientation
- Reduced language comprehension
- Impaired memory (esp. short term)
- Inappropriate psychosocial responses
- Loss of ability to recognize
- Denial, defensiveness
- Distrust and suspicion regarding other's motives

Hearing Loss

- Depression, anxiety, feelings of Isolation
- Reduced communication ability
- Reduced cognitive input
- Inappropriate psychosocial responses
- Reduced mental scores
- Denial, heightened defensiveness, negativity
- Distrust and paranoia (belief that others may be talking about them)