

Making Connections: Early Detection Hearing and Intervention through the Medical Home Model Podcast Series

Podcast 2 – Utilization of the Teach-Back Methodology in Early Hearing Detection and Intervention

Transcript

SPEAKER AND NOTES	SLIDE GUIDE
<p>MODERATOR (Lisa Kovacs) Good morning and welcome to the American Academy of Pediatrics Early Hearing Detection and Intervention Program—or EHDl—Family Professional Partnership podcast on Utilization of the Teach-Back Methodology in Early Hearing Detection and Intervention. My name is Lisa Kovacs and I will be the moderator for this podcast.</p> <p>This podcast series is sponsored by a cooperative agreement between the American Academy of Pediatrics and the Health Resources Services Administration Maternal and Child Health Bureau.</p> <p>This is the second and final podcast in the Making Connections: Early Detection Hearing and Intervention through the Medical Home Model podcast series. The podcasts in the series focus on how to improve communication between pediatricians and other pediatric clinical providers with parents or caregivers of children who are deaf or hard of hearing. Practical strategies, tools and information are shared throughout the series.</p> <p>This podcast focuses specifically on the utilization of the teach-back methodology through the lens of a family whose child is deaf or hard of hearing. We will discuss how to do the following:</p> <ul style="list-style-type: none">• Share news about next steps for follow-up related to a confirmed hearing loss diagnosis using the teach-back methodology• Partner with families to improve communication and to ensure the family’s understanding of next steps	<p>Slide 1-2: Title slide and acknowledgement</p>
<p>MODERATOR After participating on this podcast, participants will be able to do the following:</p> <ul style="list-style-type: none">• Define teach-back and its purpose• List key elements of effective teach-back as it relates to children and families who are deaf or hard of hearing• Recognize appropriate questions to elicit teach-back as it relates to children who are deaf or hard of hearing• Demonstrate how to integrate teach-back into clinical encounters with patients/families who are deaf or hard of hearing	
<p>MODERATOR I would like to take a moment to introduce our guests, Dr Julia Richerson and Gayla Guignard.</p> <p>Julia Richerson is a general pediatrician at the Family Health Centers of Louisville and a strong advocate for family engagement in the pediatric medical home model of care. She serves as Chairperson of the AAP EHDl Family Professional Partnerships Subcommittee. She is also the Chairperson of the AAP Committee on Practice and Ambulatory Medicine.</p>	<p>Slide 3-5: faculty</p>

Gayla is the Chief Strategy Officer for the Alexander Graham Bell Association for the Deaf and Hard of Hearing (AG Bell). She is an audiologist, a speech-language pathologist and a certified listening and spoken language specialist. Gayla has also served in the roles of Indiana EHDI Coordinator and as the first executive director of Indiana’s Center for Deaf and Hard of Hearing Education. She participates on numerous national task forces and committees on behalf of AG Bell. She is also a mother to a young adult with special needs.

Thank you all for participating in this podcast and sharing your insights and experiences.

Julia, I will now turn the conversation over to you.

SPEAKER 1

Hello – and thank you for your interest in this important topic. As mentioned, today I am going to share information about the use of the **teach-back methodology** as it relates to clinical encounters between families or caregivers of children who are deaf or hard of hearing and clinicians.

To set the stage, I want to be sure that we all understand what “teach-back” is and also what it isn’t.

- Teach-back is a way to improve teaching and learning in a clinical setting by asking families or caregivers to explain their understanding of next steps during an office visit.
- It’s a way for the clinician to know if they have explained information clearly to the family or caregiver and an opportunity to improve a clinician’s communication skills.
- It also provides an opportunity to partner with parents and families in the care of their children.

Teach-back is a very effective way to share information with families who have a child who is diagnosed as deaf or hard of hearing because there are several important follow-up steps for a family if an infant does not pass an initial hearing screening. These steps include pediatric audiologic evaluations, referral to early intervention, decisions about language and communication options for the infant including the importance of bonding and interaction, and referral to other pediatric specialists, such as an otolaryngologist.

These follow-up steps—including appointments and deciding on language and communication options—can be overwhelming and confusing for families when they have just learned the news that their child is deaf or hard of hearing. Understandably, a family may misunderstand something that is shared by the clinician or may not recognize the importance of a specific follow-up visit. This can negatively impact the infant’s longer-term outcomes and development and lead to frustration for both the clinician and family.

Now that I’ve covered what teach-back is and the benefits of this form of interaction, I’d like to discuss some misconceptions about teach-back.

Teach-back is **not** meant to make families or caregivers feel like their knowledge is being tested or to embarrass families or caregivers if they didn’t quite understand what was said during the office visit. On the contrary, teach-back is a method that can be used to determine how well the clinician explains concepts to families and caregivers and to modify approaches to patient and family encounters.

Slide 6: overview of teach-back

One concern I've heard a lot from clinicians is that teach-back will add more time to a visit. Although using teach-back does take some practice and should be tried with only a few patients at first, it does **not** add time to a visit once the clinician is comfortable with this approach.

Teach-back actually ends up saving the clinician time, because families and caregivers have a better understanding of the information shared during the visits. This leads to improved follow-up related to next steps in care and improved family satisfaction and health care outcomes—all important components of a patient-centered medical home.

I think the best way to demonstrate how teach-back works related to EHDI is to do some role-playing. In this scenario, I will play the role of the clinician while Gayla will play the role of the parent being provided with next steps after her 2-month old infant's confirmed hearing loss diagnosis.

SPEAKER 1 and 2 Role Play

Speaker 1: Thanks so much for coming in today for this follow-up appointment and congratulations on your beautiful baby. I know you recently received some information about your baby's hearing. How are you feeling about that information?

Speaker 2: I'm feeling a bit overwhelmed at the moment. We just received the news about two weeks ago. At first, honestly, we cried. This information came as a complete shock to us as we don't have anyone in our family, that we know of, who is deaf or hard of hearing. Perhaps, we would feel differently if we were deaf ourselves, but this experience is new to us. The good news is that we have been able to find some information about what it means for a child to be deaf or hard of hearing, including the different perspectives and choices related to some important decisions you will be making for your child. We have even talked with a few other parents. I'm feeling a little more encouraged each day.

Speaker 1: Feeling a bit overwhelmed is completely understandable. In addition to the information you have already found, I thought it would be helpful to review some next steps and choices that are available to you and your family to help ensure the best possible outcomes for your baby.

There are a few things that I'd like to review with you today, including early intervention, family support, and referrals to some specialists. There are different language and communication options available to consider and Early Intervention and Family Support will assist you with getting information and resources so you as a family can make informed decisions.

But first, I'd like to share some information with you about an organization called Hands & Voices. Hands & Voices is a non-profit, parent-driven organization dedicated to supporting families of children who are deaf or hard of hearing. They can help connect you with support and resources that may be helpful to your family at this time, including other national organizations like AG Bell, American Society for Deaf Children, Family Voices, and your state/territory specific organization. In addition, many other parents report it is helpful to talk with other families who have gone through similar experiences. It sounds like talking with other families has been helpful to you. Here's some information about Hands & Voices.

I just want to stop and check-in for a moment to make sure I explained Hands & Voices clearly to you. In your own words, tell me what you understand about Hands & Voices?

Speaker 2: Hands & Voices is a way I can connect with other parents who have children who are deaf or hard of hearing. They have information and resources to support our family and are a parent-run group that can help support my family during this time, so it will be helpful to reach out to them. They can connect me to other organizations, but I could also contact those organizations, such as AG Bell, on my own. Is that correct?

Speaker 1: Yes, that's great.

Next, I'd like to share some information with you that will help ensure that your infant receives the services and support she needs as soon as possible. That's why I'd like to refer you to early intervention. Here is a phone number you can call to schedule an appointment and a brochure with information about early intervention in our area. Early intervention provides services to help babies learn the skills they need during the first three years of life. For a baby with hearing loss, these services may include hearing services and speech and language therapy.

It's important to continue to communicate with your baby. Without appropriate opportunities to learn language, children who are deaf or hard of hearing will fall behind their hearing peers in communication, cognition, reading, and social-emotional development. That's why it's really important that you call early intervention this week to schedule an appointment.

During this time, bonding and interacting with your baby is so important so continue to communicate with your baby ensuring your baby can see your facial expressions, your smiles and feel your touch. These things don't need to change, and early intervention will be able to assist you with more information.

I know I just shared a lot of information. I also know many times other family members will ask you what happened at the appointment. Tell me what you understand now about early intervention and how important it is.

Speaker 2: Early intervention can help provide services related to hearing that may help my baby's development. I should call the number you gave me within the next few weeks.

Speaker 1: Yes, early intervention will provide services related to both communication and hearing that will help your baby's development and help your family understand how you too can help your baby's development.

Let's discuss again how important it is for you to call early intervention this week, though. I recommend calling this week because it can sometimes take a while to schedule an appointment. Scheduling an appointment for your baby as soon as possible will lead to the best possible outcomes. How important is it for you to call early intervention this week on a scale of 1-10?

Speaker 2: On a scale of 1 to 10, I would say an 8. I know it's important. It's just that it's all overwhelming right now.

Speaker 1: I completely understand how overwhelming this all is. You are going to make it through this. Just take one step at a time.

Finally, I think it's important to refer you to some other professionals who really understand hearing loss. These professionals will be able to discuss the different types of language and communication choices available **and** can explain the

different assistive listening devices, like hearing aids, that are available if you wish to use them and if they will be helpful to your infant. The first would be a pediatric audiologist. A pediatric audiologist will discuss the different types of hearing devices with you, such as hearing aids and cochlear implants, that could work for your baby.

In your own words, how would you explain what I just said?

Speaker 2: The pediatric audiologist will help my baby hear by providing hearing aids.

Speaker 1: Let's discuss again the role of the pediatric audiologist and how hearing devices work. The audiologist will monitor your baby's hearing and share information with you about hearing technology, such as hearing aids and cochlear implants. Whether or not you choose hearing technology is your family's decision. However, you should know that these devices are designed to help your baby hear better and are important in terms of giving her access to the sounds of the environment and spoken language.

Your family will receive information and guidance from the audiologist, early intervention providers and other members of your health care team about important decisions such as hearing technology use and language and communication choices that are best for your child and family. I also encourage you to meet with other families, which is something you could do the family support organization that I mentioned to you.

In your own words, how would you explain what the next steps are in discussing language and communication choices for your baby and family?

Speaker 2: My family and I will discuss hearing technology with the audiologist. We will discuss the different communication choices with the audiologist and other providers. We can expect to learn a lot from these discussions. Ultimately, decisions related to the information that is shared with us regarding things like hearing aids and communication choices are ours to make as a family.

Speaker 1: That's right. I would also recommend seeing an ear, nose, and throat doctor as soon as possible to rule out other concerns. There are other healthcare providers that are common to be referred to, but we can discuss these other providers during your next visit. Let's plan to schedule a follow-up visit within the next month to discuss some of the other doctors you may want to see and to see how things went with the audiology appointment. At that time, we can also see where things are with Early Intervention. You should make another appointment at the front desk before leaving today.

We covered a lot today and I want to make sure I explained things clearly. In your own words, how would you explain what I just said?

Speaker 2: I should call the ear, nose, and throat doctor as soon as possible. There are other doctors my family should see as well, but we'll discuss these at the next visit. I'll make a follow-up appointment before leaving today.

Speaker 1: Yes, and in the meantime, if you have any questions about anything that we discussed today, please feel free to call the office and we will get back to you right away.

Speaker 2: Thank you. This was helpful.

<p>Speaker 1: This role-playing scenario that showed an interaction between a parent and clinician after the diagnosis of hearing loss demonstrates how teach-back can be used to effectively communicate with families to ensure that they understand next steps.</p> <p>It's also a good way for the clinician to improve skills and experiment with different communication methods and visual aids, such as patient education materials.</p> <p>I'll now turn it back over to Lisa who will share some additional resources related to teach-back and early hearing detection and intervention.</p>	
<p>MODERATOR</p> <p>Thank you, Gayla and Julia for sharing your insights and experiences related to teach-back in the context of early hearing detection and intervention.</p> <p>I would like to point to everyone's attention the resources we have listed on this slide. Please feel free to contact the American Academy of Pediatrics for more information.</p> <p>Thank you for listening to this podcast, "Utilization of the Teach-Back Methodology in Early Hearing Detection and Intervention." Please take a moment to fill out the brief survey included on this Web page.</p> <p>For additional information about EHDI, visit the American Academy of Pediatrics' Early Hearing Detection and Intervention Web site at www.aap.org/ehdi.</p>	<p>Slide 7-8: resources and contact info</p>