

FOCAS: Family Oriented Communication Assessment and Solutions

A new holistic tool for performing hearing needs assessments

1. Abstract

Based on recent research showing the importance of involving family to achieve good hearing healthcare outcomes, and insights gained from a survey of 76 hearing healthcare professionals (HCPs) from 5 countries, we developed the Family Oriented Communication Assessment and Solutions (FOCAS) tool. This poster outlines the key survey results, introduces the tool and explains how to use it and provides a small amount of feedback from 7 clinicians who piloted the FOCAS on more than 50 Patients.

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2. Background

- Hearing loss is a shared disability. And emerging research shows the importance of, preference for, and better outcomes with family involvement in the journey to better hearing (e.g., Poost-Faroooh et al., 2015; Myer et al., 2015; Rathert et al., 2013; Habanec, 2015).
- Research also shows a positive link between client satisfaction and the number of listening situations (near- and far-field) their hearing solutions deliver benefit (Kochkin, 2007).
- Yet there is currently no single communication assessment tool (CATs) that considers both the family and specific exploration of near-field and far-field hearing needs.

3. Methods

- We surveyed 76 hearing health care professionals (HCPs) from 5 countries (NZ, AUS, UK, Singapore, and Canada) to explore how they perform a communication needs assessment and to see if there was an opportunity for an improved CAT.
- The survey was split into three main areas: (i) Use of currently available tools, (ii) Consideration of near- and far-field hearing and (iii) Involvement of the family.

4. Results

4.1 SURVEY

(i) Use of currently available tools

- Only ~60% of respondents regularly (either always or mostly) use a formal tool (Fig 2.1.1)



- For those using formal tools, a staggering ~80% use the Client Oriented Scale of Improvement (COSI; Dillon et al., 1997).
- The main reasons HCPs reported using their currently preferred tool were: 1) - Quick/easy to use & understand and 2) - their value for Identifying goals & tracking benefit.
- When we asked how the current tools could be improved, the top three areas centred on structure (more clearly defined), a more holistic approach and availability in languages other than English (Primarily from Singapore respondents).
- Interestingly, a couple of respondents also mentioned the need for the a tool to actively involve the family.

(ii) Consideration of near- and far-field hearing

- Around 60% of HCPs indicated they do not regularly (i.e., either mostly or always) explore both near- and far-field hearing needs.
- For those HCPs who do specifically ask, a substantial proportion of their clients have far-field hearing needs (see Fig 2.2.1).
- Given it's reasonable to assume the proportion of clients with far field needs would not differ between clinicians actively asking about these needs or not, this suggests that a substantial proportion clients are not having all of their hearing needs optimally met.

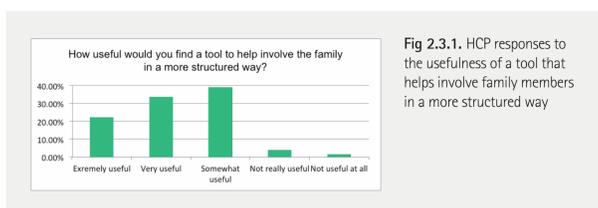


- When we asked HCPs who don't explore both near- and far-field hearing needs why that was, 37% had either not considered it or were unaware of the value of exploring this.
- One HCP commented: "I guess I assume the aid can handle it. We mostly fit top of the range".

- Given these responses, it is evident that understanding of the acoustic limitations of hearing aids and accessories that overcome distance are not well understood by some HCPs.
- A concern is this may lead clients (and HCPs) to overestimate the efficacy of hearing aids in certain situations, leading to lower than possible levels of performance, satisfaction and ultimately attitudes to hearing aids.
- 80% of respondents felt a tool that helped determine near and far field hearing needs would be useful.

(iii) Involvement of the family.

- Only 25% of HCPs reported a family member being present either often or almost always in appointments. This is consistent with Meyer et al. (2015), who interviewed a number of clinicians in Australia and found that family attended appointments only about 30% of the time.
- And the vast majority of respondents are interested in a tool that helps to involve family in a more structured way (see Fig 2.3.1)



4.2 – DEVELOPMENT OF THE FOCAS TOOL

- Gaps we saw in the currently available CATs as well as insights gained from the survey helped us to develop the FOCAS (see fig 4.2.1).
- Specifically, the FOCAS is a single, clinical tool that:
 - Integrates family centred care (FCC) so that clients and their families develop shared goals, are fully informed of the various rehabilitation options available and are central in deciding which is best for them
 - Explores the emotive impact of hearing loss
 - Considers holistic hearing needs, including both near- and far-field situations.
- Because language was noted by several survey respondents as an area for improvement, an additional goal was to translate FOCAS into several languages to promote hearing needs assessments within the hearing profession globally.

FOCAS - Family Oriented Communication Assessment and Solutions

1. Details
Client name: _____ Clinician: _____
Family Member(s): _____
Assess Date: _____ Outcome Date: _____

2. Hearing and communication challenges
Client - challenging situations and impact
Client's perspective on Family's experience and impact

3. Shared and individual hearing and communication goals
What would the family like to achieve?
Near/Far field Importance Optimal Solution Outcome

Fig 4.2.1. FOCAS tool



Fig 4.2.2. Explanation of the various components and how to complete each

- The FOCAS is already available in the following languages:

Simplified Chinese Spanish
Polish Japanese French Catalan
Korean Dutch English Russian
Hebrew Italian German Swedish
Traditional Chinese Portuguese
Afrikaans Danish Vietnamese

4.3 INITIAL FEEDBACK

- We have piloted the FOCAS with 7 clinicians who have used the FOCAS on more than 50 clients and their families. Clinician responses to our questionnaire appear in Table 4.3.1 and Fig 4.3.1 and are encouraging. 100% said they would recommend the FOCAS to colleagues.

Table 4.3.1. Clinician feedback (Note Q8 relates to % clients with Far-field needs – average rating of 3.5 suggests >60% client have some far field needs)

| Question | Strongly disagree | Disagree | Neutral | Agree | Strongly agree | Average rating |
|--|-------------------|----------|---------|-------|----------------|----------------|
| 1. The FOCAS was easy to use | 0 | 0 | 0 | 2 | 5 | 4.4 |
| 2. The FOCAS was time efficient given the information collected | 0 | 0 | 0 | 2 | 5 | 4.7 |
| 3. The FOCAS made it easier for me to involve family member(s) in the conversation | 0 | 0 | 0 | 2 | 5 | 4.8 |
| 4. The FOCAS helped the client understand the impact of hearing loss on their hearing | 0 | 0 | 0 | 2 | 5 | 4.8 |
| 5. The FOCAS helped to explore the hearing loss in a structured way | 0 | 0 | 0 | 2 | 5 | 4.8 |
| 6. The FOCAS helped to explore the hearing loss in a structured way | 0 | 0 | 0 | 2 | 5 | 4.8 |
| 7. The FOCAS helped to explore the hearing loss in a structured way | 0 | 0 | 0 | 2 | 5 | 4.8 |
| 8. What was the % of clients who had far-field hearing needs? | 2 | 0 | 3 | 1 | 0 | 3.5 |
| 9. The FOCAS helped to explore all technology options available to meet their hearing communication goals (i.e. near and far-field needs) | 0 | 1 | 2 | 3 | 4 | 4.3 |
| 10. The FOCAS helped encourage people to trial hearing technology to improve their hearing | 0 | 1 | 2 | 3 | 4 | 4.3 |
| 11. The FOCAS helped encourage people to trial hearing technology that involves their hearing needs (e.g. high needs – premium technology, low of distance hearing – budget) | 0 | 0 | 0 | 3 | 4 | 4.3 |
| 12. If people didn't trial the optimal technology to meet their needs, the FOCAS helped to establish realistic expectations | 0 | 0 | 1 | 0 | 4 | 4.8 |



Fig 4.3.1. Average clinician ratings to questionnaire (Specific questions are in Table 4.3.1, Note Q8 relates to % clients with Far-field needs – average rating of 3.5 suggests >60% client have some far-field needs)

5. Conclusions

- Our survey results indicated the need for a CAT that actively encourages input from family as well as exploration of both near- and far-field needs. Additionally, the need for a tool in multiple languages was also highlighted.
- We developed the FOCAS to address these needs, and in this poster describe this tool in detail.
- Feedback from initial pilot sites is extremely encouraging and we are looking to roll out a formal validation study in the near future. If you would like to be involved, please contact the authors:

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