**Submission Template**

**Counseling**

# **Descriptive Title of Case. Replace this heading with your title.**

# **Authors**

Jane Doe, Ph.D., University of Where Ever

John Smith, B.S., Doctoral Student of Audiology, University of Where Ever

ACKNOWLEDGEMENT: Mary Jane, Au.D., Cool Medical Externship Site, City, State

# **User Agreement**

The user agreement is within the Submission Guidelines (www.audcasres.com). Type the initials of the authors below to electronically sign the user agreement, most importantly, that you have thoroughly checked that the case is completely de-identified:

# **Table of Content Items**

List the items for your table of content here. Do not indent. Use a separate line per item.

# **Educational Level**

Choose one educational level that most adequately describes your case and delete the others.

 Introductory

 Intermediate

 Advanced

# **Learning / Assessment Objectives**

Replace the list below with your own objectives. Use the format provided.

By completing this case, the student will be able to:

1. Identify counseling strategies used to understand patient/family priorities, concerns, and desired outcomes
2. Identify counseling strategies used to assess for and address patient treatment barriers
3. Identify counseling strategies used to engage the patient in a shared process for planning, decision-making, and problem-solving

Omit headings that are not appropriate. If your case requires a different type of heading system, please justify that in the accompanying note to reviewers.

# **Appointment Intake**

Provide information on the patient presentation and statement of the problem. Include prompts to consider counseling skills used to understand patient concerns, challenges, and priorities.

* What question do you want to insert here? Delete if no question is to be used.
* If a question is given, please provide the answer to the question as it would appear in the Instructor Guide. Delete this bullet if no question is to be used.

# **Test Results Counseling**

Include prompt to consider counseling skills used to approach sharing news that may be difficult.

* What question do you want to insert here? Delete if no question is to be used.
* If a question is given, please provide the answer to the question as it would appear in the Instructor Guide. Delete this bullet if no question is to be used.

If an audiogram is used, please create it digitally using this link. <http://www.audsim.com/audgenJS/> . The submission guidelines document details when other formats can/should be used.

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* If a question is given, please provide the answer to the question as it would appear in the Instructor Guide. Delete this bullet if no question is to be used.

Use this table for speech testing results, inserting patient-specific results. If using alternative stimuli (e.g. QuickSIN) then use your preferred format.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **PTA (dB HL)** | **SRT (dB HL)** | **WRS** | **WRS Intensity (dB HL)** |
| **Right Ear** | 80 | 80 | 44 | 100 |
| **Left Ear** | 10 | 15 | 100 | 50 |
|  |  |  |  |
| Spondee Technique | MLV | WRS Technique | Recorded |
|  |  | List and Number | NU-6 Right: 1A Left: 2A |
|  |  | Number of Items |  Right: 50 Left: 10 MD |

MLV = Monitored Live Voice NU-6 = Northwestern University List 6

CID W-22 = Central Institute of the Deaf, Word List 22.

PB-K = Phonetically Balanced – Kindergarten 10 MD = 10 Most Difficult

* What question do you want to insert here? Delete if no question is to be used.
* If a question is given, please provide the answer to the question as it would appear in the Instructor Guide. Delete this bullet if no question is to be used.

# **Problem Solving**

## **Shared Decision Making**

## **Patient/Family Involvement; Sharing Information**

Include prompt to consider counseling skills used to promote a shared process (e.g., sharing desired information, checking for understanding).

* What question do you want to insert here? Delete if no question is to be used.
* If a question is given, please provide the answer to the question as it would appear in the Instructor Guide. Delete this bullet if no question is to be used.

# **Action Planning / Future Follow-Up**

## **Shared Decision Making**

## **Patient/Family Involvement; Sharing Information**

Include prompt to consider counseling skills used to promote a shared process (e.g., sharing desired information, checking for understanding).

* What question do you want to insert here? Delete if no question is to be used.
* If a question is given, please provide the answer to the question as it would appear in the Instructor Guide. Delete this bullet if no question is to be used.

# **Summary and Discussion**

Omit this category if not appropriate to the case. You may reorder this heading vs recommendations as fits your case.

* What question do you want to insert here? Delete if no question is to be used.
* If a question is given, please provide the answer to the question as it would appear in the Instructor Guide. Delete this bullet if no question is to be used.

# **Recommendations**

Omit this category if it is not appropriate to your case.

* What question do you want to insert here? Delete if no question is to be used.
* If a question is given, please provide the answer to the question as it would appear in the Instructor Guide. Delete this bullet if no question is to be used.