

# Examples of giving feedback in a Balance Assessment Clinic

## Clinic 1: September

**Scores: '4' in all areas except 'History Taking' and 'Diagnosis and Management'; these were scored as '3'.**

### HISTORY:

You are asking a lot of closed questions and leading questions. You are not finishing sentences, and are hence leading patients in their answer.

eg "So are we talking hours or ...." [you need to add: "minutes or seconds"]

"Did it make you feel worse?" [you need to add: "or better?"]

"Were you ok after that?" [you need to add: "or better?"]

"You feel movements make it worse?" [you need to add: "or better?"]

etc

You must address this, and raise your awareness of this. I suggest try reflecting back to the patient a summary of the history, and check the patient agrees this is all accurate. Also ask if they want to add anything else.

### TESTING (caloric only today):

Clear, confident testing.

You need to develop increased confidence and experience in working out all the possible diagnoses from a history.

## Clinic 2: November

**Scores: '4' in most areas except 'History Taking'; this was scored as '3'.**

**'Diagnosis and Management' and 'De-briefing' scored as '5'.**

### HISTORY:

Despite taking a detailed and appropriate history, this was often fragmented and repetitive in nature. Some leading questions offered (though this was generally ok). Need to expand on techniques to elicit information from patients who are particularly vague in their recollection of events and symptoms. I would suggest taking a much stronger role in leading' the history-gathering, and keep a tighter control on the sequence of questioning.

### DIAGNOSIS AND MANAGEMENT:

Good reflection of test data and history and significance.

### DE-BRIEFING:

Excellent rapport and appropriate language when discussing difficult concepts / test results.

## Clinic 3: December

**Scores: '5' in all areas except 'debriefing'; this was scored as '4'.**

Clear confident approach with a non-routine case. Very good modification of history-taking and explanations to maintain patient's confidence and attention throughout the appointment.

Handled a complex diagnostic presentation extremely well. The initial suggestion was of Meniere's; in fact may possibly be migraine.

Management excellent today.

## Clinic 4: February

**Scores: '4' in all areas.**

Good reassuring manner.

Work on debrief.

Coming on well of appropriate understanding of test protocol and results. History now very good, comprehensive and calm.

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**Workshop DMU Leicester Friday 9 July 2010: HTS 'Balance Assessment & Rehabilitation' module**