

## Appendix A. Survey

The survey is made up of four short sections, a) biographic information, b) personality inventory c) modified Patient-Practitioner Orientation Scale and d) open ended question. Please complete all four sections.

### Section A: Biographic information:

Please select the appropriate information from the dropdown menu:

#### Date of birth:

	Month	Day	Year
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#### Sex

- Male
- Female
- Prefer not to say
- Other \_\_\_\_\_

#### Ethnicity

- White
- Indian
- African
- Other (Specify) \_\_\_\_\_

#### Home Language

- English
- Afrikaans
- SeSotho
- isiZulu
- isiXhosa
- Sepedi
- Tswana
- Tsonga
- Swazi
- Venda
- Southern Ndebele
- Sign Language
- Other (Specify) \_\_\_\_\_

Is Speech-Language Pathology/Audiology the first degree you have registered for?

- Yes
  - No (If no, what did you study previously?)
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Select the most influential reason behind your choice to study Audiology/Speech-Language Pathology

- My aptitude test results
- A family member has a communication or hearing disorder
- Career opportunities
- Expand knowledge base
- To help others
- Other (specify) \_\_\_\_\_

Currently registered and completing:

- Audiology
- Speech-language Pathology
- Dual: Speech-language Pathology and Audiology

Completing your degree at which \*University?

- University A
- University B
- University C
- University D
- University E
- University F
- University G

\*University names removed due to ethical clearance requirements

**Year of study:**

- First year
- Second year
- Third year
- Fourth year

### **Section B: Ten-Item Personality Inventory-(TIPI)**

Below are a number of personality traits that may or may not apply to you. Please rank each statement to indicate the extent to which you agree or disagree with it. You should rate the extent to which the pair of traits applies to you, even if one characteristic applies more strongly than the other using the following 7 point likert scale:

**I see myself as:**

	1 Disagree Strongly	2 Disagree Moderately	3 Disagree a little	4 Neither agree or disagree	5 Agree a little	6 Agree moderately	7 Agree Strongly
1.Extraverted, enthusiastic							
2. Critical, quarrelsome							
3.Dependable, self- disciplined							
4.Anxious, easily upset							
5. Open to new experiences, complex							
6. Reserved, quiet							
7. Sympathetic, warm							
8. Disorganized, careless							
9. Calm, emotionally stable							
10.Conventional, uncreative							

**Section C: Modified Patient-Practitioner Orientation Scale:**

The term ‘clinicians’ refers to student Audiologists and/or student Speech-Language Pathologist. The term ‘communication impairment’ refers to a speech and/or audiology impairment. For each item, rank your level of agreement with the statement using the six-point Likert scale:

	1 Strongly Agree	2 Agree	3 Slightly Agree	4 Slightly Disagree	5 Disagree	6 Strongly Disagree
1. The clinician is the one who should decide what gets talked about during the visit.						
2. Although health care is less personal these days, this is a small price to pay for communication advances.						
3. The most important part of the standard appointment is the assessment.						
4. It is often best for clients if they do not have the full explanation of their communication impairment.						

5. Clients should rely on their clinicians knowledge and not try to find out about their conditions on their own.						
6. When clinicians ask a lot of questions about a client's background, they are prying too much into personal matters.						
7. If clinicians are truly good at diagnosis and treatment, the way they relate to clients is not that important						
8. Many clients continue asking questions even though they are not learning anything new						
9. Clients should be treated as if they were partners with the clinician, equal in power and status						
10. Clients generally want reassurance rather than information about their communication impairment.						
11. If a clinician's primary tools are being open and warm, the clinician will not have a lot of success						
12. When clients disagree with their clinicians this is a sign that the clinician does not have the client's respect and trust.						
13. A treatment plan cannot succeed if it is in conflict with the client's lifestyle or values						
14. Most clients want to get in and out of the clinician's office as quickly as possible.						
15. The client must always be aware that the clinicians is in charge.						
16. It is not that important to know a client's culture and background in order to treat the client's communication impairment.						
17. Humour is a major ingredient in the clinician's management of the client.						
18. When clients look up communication impairment information on their own, this usually confuses more than it helps						

**Section D: Open-ended question**

We are interested in knowing what your personal opinion and views are about person-centered care. Please write 30 words or more in the space available below.

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If you are willing to participate in a focus group, kindly provide your email address below so we can contact you.

Only if you leave your email addresses will you be approached to participate in the focus group. The virtual session will take place using Microsoft Teams at a suitable time for all participants and will not take longer than 45 minutes of your time. All participants who participate in the focus groups will receive a data voucher of R100.

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If you have completed the survey in full and would like to be considered for a lucky draw to receive one of seven Takealot™ vouchers worth R350, please provide your email address below:

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## Appendix B. Focus group guide

### Opening Question

#### 1. What is your understanding of person centered care?

*Note: A probe is only necessary if there is a lull in the discussion.*

Free Probes	<i>Specific Probes</i>
<ul style="list-style-type: none"> <li>• What else?</li> <li>• Does anyone have a different thought?</li> </ul>	<ul style="list-style-type: none"> <li>• What have you heard about in class or read in the literature on this topic?</li> <li>• What is your opinion on the objectives of Person centered care?</li> </ul>

#### 2. What are the limitations and benefits of utilizing a person centered approach?

Free Probes	<i>Specific Probes</i>
<ul style="list-style-type: none"> <li>• What else?</li> <li>• Does anyone have a different thought?</li> <li>• Can you elaborate further?</li> </ul>	<ul style="list-style-type: none"> <li>• Why in your opinion do you think that is a benefit?</li> <li>• Why in your opinion do you feel that is a limitation?</li> </ul>

#### 3. What content and exposure did you receive at your training institutions to develop your skills in person-centered care?

Free Probes	<i>Specific Probes</i>

<ul style="list-style-type: none"> <li>• What else?</li> <li>• Does anyone have a different thought?</li> <li>• Can you elaborate further?</li> <li>• Can anyone think of anything else?</li> </ul>	<ul style="list-style-type: none"> <li>• Have you heard or discussed the topic in theory classes?</li> <li>• Has PCC been modeled during your clinical sessions by the clinical educator?</li> <li>• Have you utilized a person centered approach during your clinical sessions?</li> </ul>
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**Appendix C. Inter-item correlations and corresponding p-values for scales/constructs**

**with less than 10 items**

<b>Subscales</b>	<b>Number of items</b>	<b>rs Scales</b>	<b>p-value or % sign p values</b>	<b>Interpretation</b>
<b>Extroversion</b>	2	0.500	p<0.001	Acceptable; rs > 0.1 and p-value significant
<b>Agreeableness</b>	2	0.131	p=0.019	Acceptable; rs > 0.1 and p-value significant
<b>Consciousness</b>	2	0.405	p<0.001	Acceptable; rs > 0.1 and p-value significant
<b>Emotional Stability</b>	2	0.539	p<0.001	Acceptable; rs > 0.1 and p-value significant
<b>Openness</b>	2	0.129	p=0.022	Acceptable; rs > 0.1 and p-value significant
<b>PPOS All</b>	18	0.125	66.7%	Acceptable; mean rs > 0.1 and the majority of p-values are significant
<b>PPOS Sharing</b>	9	0.187	83.3%	Acceptable; mean rs > 0.1 and the majority of p-values are significant
<b>PPOS Caring</b>	9	0.064	58.3%	Unacceptable, the mean rs < 0.1

**Appendix D. Mean (SD) scores per year group for Ten Item Personal Inventory (TIPI)**

	<b>1<sup>st</sup> year</b>	<b>2<sup>nd</sup> year</b>	<b>3<sup>rd</sup> year</b>	<b>4<sup>th</sup> year</b>	<b>All year groups</b>
<b>Extraversion</b>	4.1 (1.5)	3.9 (1.6)	4.3 (1.7)	4.1 (1.4)	4.1 (1.6)
<b>Agreeableness</b>	5.4 (0.9)	5.5 (1.0)	5.3 (1.1)	5.3 (1.1)	5.4 (1.1)
<b>Conscientiousness</b>	5.9 (1.0)	6.1 (1.0)	6.0 (1.0)	6.0 (1.0)	6.0 (1.0)
<b>Emotional stability</b>	4.9 (1.3)	4.7 (1.3)	4.1 (1.5)	4.5 (1.5)	4.6 (1.4)
<b>Openness</b>	5.6 (0.9)	5.6 (1.0)	5.2 (1.1)	5.4 (1.1)	5.5 (1.1)

**Appendix E. Thematic analysis with example quotes**

<b>Theme 1: Client-clinician relationship (#462)</b>	
<b>Sub-Theme</b>	<b>Quotation</b>
<b>Client Satisfaction</b>	

<p><b>(#98)</b></p>	<p>“You give the ...patient hope...” that can result in an individual having a positive effect on their own identity, self- worth, self-esteem and self-confidence” (Second Year, SLP, University C)</p> <p>“The main goal of person-centered care is to improve the outcomes when patients are more involved in their care, they often recover more quickly and are more satisfied with the care they receive.” (Second Year, SLP, University C)</p> <p>“You have more success in gaining their buy-in in therapy and trust. That will help you tailor treatment goals to suit their needs and address what is relevant to them while incorporating trustworthy research. By so doing, you will reach your treatment targets more efficiently and create greater satisfaction in the treatment process for the client and yourself as the clinician.” (Fourth Year, SLP, University B)</p> <p>"I think like a benefit of person-centred care would be, uplifting a client’s morale and influencing their outlook on life". (Fourth Year, Audio, University G)</p> <p>“Person-centered care empowers the patient to take charge of their own health rather than being passive recipients of services. The process of therapy is not to have the patient dependent on their clinician or caregiver but to encourage ("empower") them to independently/confidently fall back into society.” (Fourth Year, SLP, University B)</p> <p>“Most of the organizations with patient-centered care have positive outcomes, such as greater satisfaction with care, greater job satisfaction among healthcare professionals, increased quality and safety of care, greater of life and well-being of patients.” (Fourth Year, SLT, University B)</p>
<p><b>Establishing Rapport (#91)</b></p>	<p>“You're building trust with the patient, and I feel like the more comfortable they become with you, the easier it will become for them to cooperate with you” (First Year, SLP, University F)</p> <p>“Person-centered care should revolve around the client and making sure that the client feels safe and heard in order to help them in any way, shape or form. Trust roots from relationship and that is why the clinician should have a connection and deeper understanding about the client to have a more holistic approach in treatment.” (First Year, SLP, University E)</p> <p>“It’s more about developing a relationship with your patient, providing respect with your patient so that you can actively move forward together." (Second Year, SLP, University G)</p> <p>"You make them feel heard and that makes them more responsive. " (Third Year, SLP, University B)</p> <p>“The client wants to be understood, their background appreciated, and their communication needs met. By practicing PCC, the clinician builds the necessary relationship to optimally help the client.” (Fourth Year, Audio, University F)</p>

<p><b>Individualized Care (#190)</b></p>	<p>"Forming a relationship with your patient and ... ensuring that their preferences and their needs are met when it comes to helping them and ensuring that they get the best of what they can...[by] catering it to the individual's needs." (First Year, SLP, University B)</p> <p>"It is important to know about an individual's background and personal beliefs as well as values in order to show a sign of respect." (First Year, Audio, University F)</p> <p>"It is important to involve patients in all decisions regarding their health" (First Year, Dual, University A)</p> <p>"Person-centered care ensures individualized services are achieved... It offers a holistic framework where the patient is not seen as someone with an impairment but there are seen as a human being first. By doing this it provides an understanding of the biological, psychology and social aspect of the patient." (Second Year, Audio, University G)</p> <p>"Their personal access and then tailoring therapy around that" (Third Year, Audio, University G)</p> <p>"Person-centered care involves treating the client as person and not a project. The client is the main focus at all times. Treatment and intervention are based on the individuals personality, strengths, weaknesses etc. and not a general approach to therapy. "(Third Year, SLP, University G)</p> <p>"Person centred care, it's sort of reaching out and caring for your client beyond whatever condition they have, and making sure that your service, is like taking their needs and wants into account. ". (Fourth Year, SLT, University E)</p>
<p><b>FCC (#21)</b></p>	<p>"The family of the patient/client are included and considered throughout." (Second Year, Audio, University D)</p> <p>"It is where the client or a patient of the family are treated and offering of support " (Third Year, SLP, University C)</p> <p>"The outcome of therapy is dependent on the client and their family and not on the clinician therefore it is important for the clinician to take into consideration every aspect of the clients' needs and lifestyle." (Fourth Year, SLP, University F)</p> <p>"From what I've gathered I believe it would be quite beneficial to work with families and the member dealing with a communication impairment." (Fourth Year, SLP, University C)</p>
<p><b>Necessity (#62)</b></p>	<p>"I believe that person-centered care should be one of the most important factors governing a consultation and subsequent therapy for a patient." (First Year, SLP, University E)</p> <p>"It serves as the key domain of high-quality care. Healthcare providers must prioritize person-centered care." (First Year, Dual, University A)</p>

	<p>“Person-centred care is very important to ensure full participation of the client, which in turn ensures the best outcome for the client. “(Second Year, Audio, University F)</p> <p>”Person-centred care should be prioritised in providing healthcare...it is primary healthcare”. (Second Year, SLP, University G)</p> <p>“Person centred care is vital and necessary.” (Third Year, Audio, University G)</p> <p>"Person-centered care is a cornerstone of clinical care in both a South African and a global context" (Fourth Year, SLP, University F)</p>
<b>Theme 2: Barriers towards PCC (#51)</b>	
<b>Language Barrier (#8)</b>	<p>“Maybe like the patients doesn't understand what she's saying. For example, maybe they speak isiZulu and you don't know isizulu.”(Second year, SLP, University G)</p> <p>“English is the only language I speak. I'm not generally exposed to the 11 or the ten other South African languages. With the client, I think that's a huge limitation in like obviously trying to be like, you know, one on one with that client.” (Third Year, Audio, University G)</p> <p>"South Africa is very multicultural and diverse. I think that there's only so much I can do without fully understanding. Like for example, as a speech therapist my home languages might not be the language of the patient, which means that I have to use a translator, which means that person centred care is it's not being facilitated in a way that is effective or as effective." (Fourth Year, SLP, University B)</p>
<b>Expense (n=6)</b>	<p>"I feel like it would be more costly because we have to tailor everything to your preferences. " (First Year, SLP, University G)</p> <p>"It also might be a bit more expensive both for the clinician and the patient. Just because, like the research and extra courses and making it individualised and having to meet with them because of the difficulty in defining the progress." (Third Year, SLP, University F)</p> <p>"I also feel like access to healthcare services is a really big limitation and I mean it's in the sense that patients coming in for therapy because sometimes patients can only come in, you know, once every few weeks ... because of their financial situations... " (Fourth Year, Audio, University D)</p>
<b>Time (#15)</b>	<p>“I personally believe that person-centred care in South Africa specifically is not always possible due to the amount of clients clinicians receive per day.” (First year, Audio, University G)</p> <p>"It does take quite a bit of time to really get to know the client to get to know like what their communication contexts are like and what works for them. “(Third year, SLP, University B)</p> <p>” A huge limitation would be time and being able to give that individualised attention and the amount of time that patient needs to them." (Third year, SLP, University G)</p>

	<p>” You need multiple sessions, that's just not feasible for majority of the population because a lot of those sessions are going to be taking place at a clinic or a hospital, and you, the patient, will need to not travel there. “(Fourth year, Audio, University G)</p>
<b>Resources (#8)</b>	<p>“Another limitation of course, be like the so the like access to things and resources of like potential treatment methods and then also just like knowledge.” (Third Year, SLP, University B)  “The fact that we just don't have the resources to support person centred care in South Africa in general. You need access. You need time and you need resources, and that's just not a possibility. “(Fourth Year, SLP, University B)  ”I think access is a big thing and with audiology specifically a lack of equipment” (Fourth Year, Audio, University G)  "There's not enough healthcare professionals that the ratio to healthcare professionals to patients that need our help is high... we're not serving the majority of the population.” (Fourth Year, Audio, University D)</p>
<b>Emotional Fatigue (#11)</b>	<p>“I struggle to find like the line between personal life and therapy like when to stop. “...”I'm not saying that compassion and empathy isn't important ...but [it] can also be emotionally exhausting. ” (First Year, Audio, University F)  “You need to have a balance between emotional support and ...the logical part of it.... I think with patient centred care it can lead to something like getting too emotional with your patient and then maybe not making the right decision” (Second Year, Audio, University G)  " A limitation would be the emotional drain it has on us." (Third Year, SLP, University B)  "For me a limitation is definitely burnout... like just through my clinics. I think because I'm a fourth year and I don't have many years on me. I tend to focus like hyperfocus on cases. And obviously that becomes person centred because I'm looking at the person holistically, but it does eventually drain you if you don't set barriers for yourself." (Fourth Year, SLP, University D)</p>
<b>Client Restrictions (#3)</b>	<p>“A limitation for me is when the patient doesn't want to comply because it will be difficult for me to interact with the patient if the patient is not ready to comply and follow all the rules that I will be giving to them.” (First year, Dual, University A)  “Especially if you encounter a patient that's headstrong and then just wants to go... beyond what you, your health expertise is advising.” (Second year, Audio, University D)  “Working in paed's, I've seen the difference between families that are open and involved in the child's management opposed to parents that are not as involved.” (Third Year, SLP, University D)</p>
<b>Theme 3: PCC Training (#49)</b>	

<p><b>Theoretical Knowledge (#19)</b></p>	<p>"We haven't really touched on specifics of person-centred care or we've just been going through the foundational things and theoretical things." (First Year, SLP, University F)</p> <p>"I'm not sure when we're going to start and then I think it's it has just been mentioned very very very briefly somewhere, um I'm not sure in what module where they just mentioned how important it is to be there for your patient to listen. I think it was in audiology to really listen and observe how they react and how they explain their story." (First year, Audio, University F)</p> <p>"I think like that's just we did do umm when we were doing adult diagnostic in block one, we were doing stuff about umm ICF so, the international classification of Functioning Disability and Health." (Second year, Audio, University G)</p> <p>"We haven't had too much exposure to patient centred care... I would say it was over 2 or 3 sessions" (Second Year, SLP, University D)</p> <p>"We didn't go too much into it, but then we were given a case study on how we can incorporate like a patient to care, and we had to do an activity about it... last year we were also given a case study" (Second Year, Audio, University G)</p> <p>"So we did the, the ICF I think it it's the interact, your international classification or functional diseases.. when we looked at like you look at the different components of someone's life" (Third Year, SLP, University B)</p> <p>"We were introduced to firstly the ICF model, and then we'd carried on a little bit in depth, and that's where we first learned about person centred care. And, Umm, you know, throughout all of my years of study we it was always emphasized, think about the patient you know, think about the patient's needs. Always try to cater to the patient's needs so you know for us, it was always something that was like spoken about and it was only in 3rd year that we went like really deep in it in terms of theory." (Third year, Audio, University G)</p> <p>"Another limitation is the curriculum but in the sense that we're taught about person centered care, but we don't go too deeply in it." (Fourth Year, Audio, University D)</p>
<p><b>Clinical Training (#18)</b></p>	<p>"We haven't really started seeing patients or clients or anything yet. So far it's just you know, observations where you watch and that's it. I can't really say I've applied it anyway. "(First Year, SLP, University G)</p> <p>"I haven't had a lot of exposure to it other than what I've read" (Second year, Audio, University D)</p> <p>"So we did that in theory." so we've just done that in theory, but not actual application" (Third Year, SLP, University G)</p> <p>"Our practical, we do it very individualised that we get a lot of information. We make sure everything's culturally appropriate. We</p>

	<p>collaborate with the teachers and with the parents to ensure that what their concerns are being addressed and we do parent counselling " (Third Year, SLP, University F)</p> <p>"You read about person centered care, but you can't even think to apply it because it's such an abstract concept." (Fourth Year, SLP, University B)</p> <p>"I think that especially in the fourth year now we were exposed to a lot more and it has kind of become like an unconscious thing." (Fourth Year, SLP, University B)</p>
<p><b>Practical Supervision (#12)</b></p>	<p>" Your marksheet plays a huge role, especially as a student ... whether or not you have the ability or the space to honestly practice person centred care" (Third Year, Audio, University G)</p> <p>"When you chat to your supervisors or when your tutors come in to give you guidance. On very few occasions, person centered care was actually, umm was actually like emphasized." (Fourth year, SLP)</p> <p>"It falls on you as the clinician to bring that aspect into the intervention ...It's not really emphasized from like our superiors, which is a bit disappointing yes." (Fourth Year, SLP, University E)</p> <p>"It really just differs from supervisor to supervisor because everyone's views are very different and everyone's style of mentoring the students under them is also different. " (Fourth Year, Audio, University E)</p>

SLP- Speech Language Pathology students, Audio- Audiology students