



UAMS

College of
Health Professions



DOCTOR OF AUDIOLOGY PROGRAM

CLINIC HANDBOOK

2024-2025 ACADEMIC YEAR

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INTRODUCTION

The purpose of the *UAMS AuD Clinic Handbook* is to familiarize you with various audiology clinic guidelines that will be important for you during your on-site and off-site clinical rotations. If you have any questions about these or any other guidelines, please do not hesitate to contact your clinical supervisor or the Clinical Education Director.

These guidelines are not all inclusive. You must also be aware of the policies and procedures contained in other publications developed by the department, college (College of Health Professions), university (UAMS), and profession (ASHA, AAA).

THE UAMS CHP SPEECH-LANGUAGE AND HEARING EDUCATION CLINIC

The UAMS CHP Speech-Language and Hearing Education Clinic is operated by the Department of Audiology and Speech-Language Pathology, a program of the University of Arkansas for Medical Sciences (UAMS). The clinic is a training and service facility providing diagnostic and treatment services for persons of all ages. These services include audiologic and vestibular evaluations, as well as audiologic rehabilitation, assistive listening device consultation/fitting, and hearing aid selection and fitting. The clinic is housed in the Education South building on the UAMS campus.

In addition to clinic, space located within the Audiology Clinic at the UAMS CHP Speech-Language and Hearing Education Clinic is also used for classes, teaching labs, and research.

The UAMS CHP Speech-Language and Hearing Education Clinic and the department are part of the University of Arkansas for Medical Sciences' College of Health Professions (CHP). The department is accredited by the Council on Academic Accreditation, most recently in 2017. Clinical services are provided by UAMS graduate students under the supervision of faculty supervisors, all of whom hold an Arkansas License in Audiology and the Certificate of Clinical Competence in Audiology (CCC-A).

CLINICAL SERVICE GOALS

- To prevent audiologic disorders and to maintain effective communication skills in individuals across the lifespan
- To identify and assess persons at risk for audiologic and/or balance disorders
- To provide rehabilitative services to individuals with audiologic and/or balance disorders
- To work cooperatively with families and allied health professions in providing the highest quality of service
- To help persons with audiologic and/or balance disorders understand the potential impact of their hearing/balance disorder and achieve their educational, social, vocational, and individual potential
- To inform the public about audiologic and/or balance problems and the availability of appropriate services
- To maintain a model service program for students pursuing careers in audiology

BASIC CLINIC INFORMATION

CLINIC PHYSICAL ADDRESS

This address is used for patient directions and for order deliveries. A different address is used for mail delivered through the UAMS CHP mailroom. When in doubt about which address to use, ask your preceptor or the Clinic Manager.

For deliveries and clinic mail:

UAMS CHP Speech-Language and Hearing Education Clinic
4021 West 8th Street
Little Rock, AR 72204

Clinic Phone Number: 501-320-7300
Clinic Fax Number: 501-214-2161

For department mail:

ASP, Slot #711
UAMS
4301 W. Markham St
Little Rock, AR 72205

ROOMS IN THE CLINIC PERTINENT TO AUDIOLOGY

Room 107 - Simulation Lab	Room 204 - Audiology Workroom
Room 111 - Vestibular Room	Room 206 - Aural Rehab Room 1
Room 115 - Audiology Booth 1	Room 208 - Aural Rehab Room 2
Room 113 - Audiology Booth 2	Room 215 - Classroom/Conference Room
Room 106 - Audiology Research Booth	Room 303 - Classroom/Conference Room
Room 203 - Classroom	Room 309 - Student Work Room
Room 202 - Audiology Rehabilitation Suite	Room 311- Kitchen

PARKING

UAMS CHP Speech-Language and Hearing Education Clinic patients are permitted to park in designated parking spaces in front of the clinic. UAMS CHP students are NOT permitted to park in these spaces. Students may park in the student lot adjacent to the faculty and patient lot. There are 24 student parking spaces available on a first come basis. Students must obtain a parking decal for any free parking lot from UAMS Parking Operations to park in this lot without being ticketed.

CLINICAL EDUCATION

This section describes what to expect as a student clinician. Information about clinical training includes details about the technical aspects of being a student in a clinical training program. For instance, this section provides you with guidelines about knowledge and skills acquisition, clinical practicum and externship assignments, documentation of clinical education hours, attendance and grading policies, and tools used for ongoing program assessment. Information about performance based clinical skills examinations and professionalism assessments are included in this section.

EXPECTATIONS

Students are expected to participate in and complete all assigned clinical experiences. The student is representing the program and should be in compliance with professional standards at all times. All on- and off-campus clinical experiences are coordinated by the Clinical Education Director. Students **DO NOT** independently make arrangements for practicum/externship placements. Students should

be aware of on- and off-campus policies and procedures for attendance, absences, holidays, sick-time etc. 1st, 2nd, and 3rd year clinical practicum are based on semesters (16 weeks fall and spring; 8 weeks summer). 4th year externships are a transition to the workforce based on a typical 32 to 40-hour work week. In the event of the need for personal or family leave of absence, the student must inform the Audiology Program Director and the Audiology Clinical Education Director as soon as possible to discuss options.

ATTENDANCE

Professionalism and an attitude of life-long learning are necessary and highly valued in the AuD program and in a career as an audiologist. One of the goals of our program is to help our students integrate these values. We would like to make clear our expectations regarding attendance in class, clinic, traineeships and other school-related activities.

The official program policy on absences is:

Attendance at all classes and other required sessions is expected. Absence is defined as not being present during the assigned class, clinical rotation, or program activity (e.g., Grand Rounds, Student Research Day, etc.). If a student will be absent from a class session, clinic session or scheduled program event, the student should let all affected faculty know as soon as possible. (This, however, does not automatically imply an excused absence). ***Unexcused absences, starting with the 2nd occurrence, will result in lowering the final course or clinic grade by 4 percentage points per absence or a professionalism infraction for each missed program event.***

The official program policy on tardiness is:

Students are expected to be on time for class or clinic sessions and program events. If you will be late, please let all affected faculty know prior to your tardiness. Starting with the 2nd occurrence a student is tardy, the student's final course or clinic grade will be reduced at a rate of 2 percentage points per tardy, or a professionalism infraction for a program event. A tardy in excess of 30 minutes will be considered an absence.

We realize that at times emergencies may arise and you may have to miss a class, clinic day or program event. Telephoning or emailing your instructor to that effect is a professional courtesy that you should be in the habit of; however, that call or email does not ensure the absence will be excused.

Students are expected to treat clinical rotations like any other course for credit. Attendance at all scheduled clinical days (for the entirety of the assigned day) is expected. Clinical rotations involve direct patient care and volunteer clinical instructor faculty, and poor performance due to consistent absences reflects inadequate professional conduct on the part of the student. Appointments with advisors, doctor's appointments, or other personal events should not be scheduled during these times.

- You are expected to be in the clinic at least 30 minutes (or earlier) before your scheduled clinic time. This will allow time for set up and consultation with your preceptor to get ready for your scheduled patient(s).
- You are expected to stay following the last patient to complete close-out tasks for the day. You are not excused from clinic until all clinic closing tasks have been completed, or at the discretion of the preceptor.

- If you have a scheduling conflict for a clinic time (e.g., doctor's appointment), you must make arrangements with your preceptor well in advance of the scheduled clinic.
- If absence on short notice is unavoidable, students must make multiple efforts to contact the preceptor(s) and the clinic manager via telephone and email. Efforts must be well documented.
- If a clinician is ill, the preceptor must be notified as early as possible, and a decision will be made regarding what is to be done. Illness or injury lasting longer than 3 days requires a physician's statement.
- Excused absences may be approved for audiology-related conferences or event attendance with notice as soon as possible (a minimum of 2 weeks' notice) and preceptor permission.
- Examples of excused absences (with less than two weeks' notice) include funerals for immediate family members, serious illness or injury, hospitalizations, etc.
- Any pattern of absence or tardiness may impact your final practicum grade and may result in a failed practicum, professionalism infraction, remediation, or probation.

DRESS CODE

Students represent University of Arkansas for Medical Sciences as well as the profession of Audiology. Dress and appearance should reflect the high standards of professionalism and service established by this Department, the Clinic, and University. Attire does not need to be devoid of personality, and you do not need to have a large or expensive wardrobe to dress professionally.

General clothing guidelines are as follows:

- Clothing must be neat, clean, and suitable for the job, presenting a professional appearance.
- Skirt lengths should not be more than two inches above the knee.
- Hats are not allowed unless required for religious purposes.
- Clothing must not be extremely tight or have revealing necklines.
- If pants have belt loops a belt should be worn.
- Shirts should be tucked in (unless the clothing style is otherwise).

Name Tags

Nametags should always be worn on the upper torso and easily visible when in the clinic and for any off-campus clinical activities.

Clothing

- Acceptable attire for clinic includes: business casual dress or scrubs. Scrubs must be navy, gray, black or teal blue; students should wear a full matching scrub set when in clinic.
- When scheduled to see pediatric clients, attire should be professional but comfortable. Clinicians should be able to kneel or sit comfortably on the floor if needed without worry of skirts or necklines being overly revealing.
- Off-campus screening events with UAMS CHP faculty/staff may have a different dress code than the UAMS CHP clinic or other off-campus facilities, e.g. polo shirts or certain types or T-shirts may be permitted, students should confirm specifics with their preceptor.

Hair

Hairstyles, scarves, and facial hair should not prevent or distract from a client's ability to speechread.

- Hair is to be kept neat/combed and clean.
- Beards and mustaches must be clean and neatly trimmed, and preferably closely cropped so that they do not interfere with speechreading.

Shoes

Safety should be used as guidelines for choice of footwear.

- Shoes should be clean and appropriate for daytime wear.
- High heels should be of reasonable height (<2" high) to remain safe and comfortable.
- Tennis shoes/sneakers are only allowed if they are dressy instead of athletic.
- The following types of shoes are not permitted in clinic:
 - Heavy boots (e.g. hiking boots, snow boots, rubber rain boots).
 - Open-toed shoes
 - Croc-style shoes
 - Stilettos or shoes with heels over 2 inches

Off-Campus Sites

- Dress codes vary among off-campus practicum sites. Students should discuss specifics about dress code with their off-campus preceptors before beginning their clinical rotation.

Miscellaneous

- Make-up and nail polish must be of a conservative, daytime style.
- The amount and size of jewelry worn should not be excessive.
 - Rings may be worn if they are kept clean and do not create a safety hazard for the wearer or patient.
 - If you take off jewelry during appointments, be very cautious about where you put it, and remember to put it back on before you leave the room. The University and Department are not responsible for lost or stolen jewelry.
- Many persons are sensitive or allergic to colognes/perfumes; scents should therefore be used sparingly, if at all.
- Nails should be neat and clean. Nails must be short due to infection control, nails should be short enough so you cannot see them from the palm side of your hand.
 - **Artificial nails are not allowed.**
- Visible body piercing(s) and/or body art, e.g. tattoos, should be modest and appropriate for a professional setting (i.e. no foul language, no scary or inappropriate imagery)

GENERAL CONDUCT

It is expected that all clinicians will avoid the following:

- Using smart watches or cell phones while seeing patients

- Chewing gum, eating or drinking while seeing patients
- Having food or drinks in any clinic areas especially around clinical equipment.

If you are under the influence of drugs or alcohol, disciplinary action will be taken, and the behavior may be grounds for dismissal from the program. Positive findings on a random drug test or on a drug test performed for cause may result in an immediate dismissal from the program.

CLASS AND CLINIC HOURS

The AuD program provides didactic courses, clinical observation, clinical experiences, independent study, and seminars. Based on the student's classification (first year, etc.), individual classes will generally meet one day per week with all classes scheduled across two days per week. In addition, there will be clinical meetings, grand rounds, conferences, and clinical and research activities scheduled on the other days (generally Friday mornings). Students should expect to have clinical rotations both within and outside the UAMS College of Health Professions Speech and Hearing Education Clinic. Students are expected to provide their own transportation to clinical training sites. When necessary, the Audiology and Speech-Language Pathology department reserves the right to adjust class schedules, times and program sequencing, as well as assign clinical rotations outside of the Little Rock/Central Arkansas metropolitan area. As a full-time graduate student, you should consider graduate school your first priority. Excusals for outside work obligations will not be granted to students for class or clinic rotations.

ON-SITE PRACTICUM ROTATIONS

All AuD student clinicians are required to complete clinical practicum at the UAMS CHP Speech-Language and Hearing Education Clinic for a minimum of 3 semesters prior to assignment to an off-campus practicum placement. Practicum experiences are coordinated by the Audiology Clinical Education Director. Prior to the first outside practicum experience, students must pass two Performance-Based evaluations, one covering basic diagnostics and the second covering amplification-related skills.

OFF-SITE PRACTICUM ROTATIONS

In addition to the on-site practicum, student clinicians are expected to complete at least three outside practicum rotations. While student preference is taken into consideration when making practicum assignments, the sites are assigned based on the diverse needs of the students to ensure they meet all clinical competencies as well as the experiences that will be provided at the practicum site. The goal is for each student to complete practicum in at least 3 different types of settings, such as hospitals or rehabilitation centers, ENT clinic, private practice clinic or public-school settings. Each student must successfully complete all Performance-Based Evaluations of clinical skills before being allowed to progress to an off-site clinical experience. Students must also be in good academic standing (not on probation) to be recommended for a practicum or externship placement and be enrolled full-time during the semester the clinical learning experience is completed.

4TH YEAR EXTERNSHIP

The culminating clinical experience of the didactic portion of the AuD program is the full-time externship during the 4th year. All academic coursework must be completed prior to the 4th Year Externship. Exceptions to this policy will be considered on a case-by-case basis. This externship is indirectly supervised by the Audiology Clinical Education Director.

During the end of the 2nd year and beginning of 3rd year audiology faculty will work with students on preparing for applying for 4th year placements by assisting students in the identification of appropriate externship placement options, development of a cover letter and resume, and participation in mock interviews. During the fall of the 3rd year, the Clinical Education Director will provide oversight for the application process, procure the affiliation agreement with the site if needed, and monitor the process of 4th Year Externship Placements to make students' experience as rewarding as possible.

Tuition and other fees apply during the fourth year since you are still a student, and you will accrue graduate credit toward your degree for your activities. Fourth Year Externships must be at least 32 hours a week to be considered full-time. Prior to starting the externship, you should have at least 400 contact clinical hours and have fulfilled the hours in specific areas as noted in the "Timeline of Clinical Experiences" table.

PRACTICUM/EXTERNSHIP PLACEMENTS THROUGHOUT THE PROGRAM

1ST YEAR HEARING SCREENING ROTATIONS

During your first year of study, you will complete a rotation in which you complete community hearing screenings at a variety of settings (e.g., UAMS HeadStart Centers, Conway Public Schools, local private and public schools).

1ST YEAR CLINICAL PRACTICUM: ON CAMPUS

During your 1st year of study (fall and spring), and 2nd year (summer) you will complete a ½ to 1 day on-campus clinic practicum in the Audiology Clinic at the UAMS CHP Speech-Language and Hearing Education Clinic. Students are typically assigned with another student during their on-campus rotation. Clinical practice during the first half of the first semester will follow the "apprenticeship" model, in which the student primarily observes the preceptor to learn the clinical procedures and become familiar with the equipment. The number of observation hours needed prior to clinical practice will be set by the Clinical Education Director. Once the clinical preceptor and student clinician feel the student is ready, they will then progress from observation to hands-on clinical practice with patients (typically by mid to late fall semester).

Your primary goal during your first clinic year is to become competent in completion of an ADULT diagnostic test battery and to acquire an introduction to amplification and counseling.

2ND YEAR CLINICAL PRACTICUM: OFF-CAMPUS AFFILIATES

During your 2nd year of study (fall, and spring), you will complete a 1-2 day per week clinical practicum rotation with one of our off-campus affiliates. You must demonstrate competence with basic adult diagnostics prior to an off-campus placement. Off-site affiliates typically include audiology clinics within the central Arkansas metropolitan area (sites may be up to 1 - 1 ½ hours away from UAMS). Occasionally, it is necessary/requested for 2nd year students to be placed at non-local clinical education sites which can be up to 2½ hours away, students will need to make their own accommodation arrangements to be able to participate in these clinics when needed.

2ND YEAR INTERPROFESSIONAL EDUCATION ROTATIONS

During your second year of study, you will complete an Interprofessional Education (IPE) clinic rotation at the UAMS 12th Street Health and Wellness Center. This is a free clinic that offers services to the local community. The clinic runs Mondays, Wednesdays, and Thursdays from 4:00pm-9:00pm.

Students will attend the clinic 2 times during their 2nd year for their rotation, once in the fall semester and once in the spring semester. This clinical rotation can also count towards IPE Milestone 6 (UNIV 16000).

3RD YEAR CLINICAL PRACTICUM: OFF-CAMPUS AFFILIATES & ON CAMPUS SPECIALTY CLINICS

Typically, during your 3rd Year (summer, fall, and spring), you should expect to participate in clinic 2-3 days per week. You may need to travel 2 to 3 hours away from central Arkansas for practicum experiences and will need to make your own accommodation arrangements to be able to participate in these clinics when needed. It is possible that you could be placed in more than one outside facility per semester. You may also have the opportunity to participate in advanced diagnostic (APD, Electrophysiology, Tinnitus) and rehabilitation clinic rotations at the UAMS CHP Speech-Language and Hearing Education Clinic.

3rd Year INTENSIVE, SHORT-TERM CLINICAL ROTATIONS

During semester 6 (3rd year summer) non-local (e.g., > 3-hour drive or out-of-state) clinical practicum rotations may be arranged with academic and clinical faculty approval. Past students have completed 5-8 weeks of clinical rotations out of state or completed T-35 research training programs. Arrangements must be made a semester in advance and coordinated with summer course instructors following approval from the Audiology Program Director and Clinical Education Director. It is the student's responsibility to arrange accommodations to be able to participate in these clinical rotations.

4TH YEAR CLINICAL EXTERNSHIP

After successful completion of comprehensive exams and the Capstone research project (data collection must be completed at a minimum), students will begin their 4th year clinical externship in the summer. Students from our program have completed 4th year externships in a variety of sites across the nation. Acceptable states to which UAMS students can go are subject to approval by NC-SARA (National Council for State Authorization Reciprocity Agreements) and, at times, by UAMS. All clinic hours must be submitted on Calipso and approved by your supervising preceptor prior to your graduation checkout appointment during the week of graduation. Failure to complete graduation checkout will result in not being cleared for graduation.

CLINICAL AFFILIATION AGREEMENTS

Clinical Affiliation Agreements are established contracts between UAMS and the clinical facility outlining the working relationship between the two entities. These agreements **must be in place prior to a student being placed at or beginning a clinical site**. This affiliation agreement outlines UAMS's responsibilities, the facility's and preceptor's responsibilities, Health Information Portability and Privacy Accountability (HIPAA) policies and provides protection for the student. It is the responsibility of the Audiology Clinical Education Director and Audiology Program Director to maintain a current list of active clinical affiliates.

TIMELINE OF CLINICAL REQUIREMENTS DURING AUD PROGRAM

The ASHA 2020 Audiology Standards has moved to a competency-based model, rather than a clock hour model. However, the Council on Academic Accreditation in Speech-Language Pathology and

Audiology (CAA) requires the equivalent of a one-year, full-time clinical experience over the course of the four-year program. This equates a range between 1820 and 2000 clinical hours. The clinical hours expected throughout the course of the AuD program and in specific content areas are listed on the Calipso website. The program requires documentation of clinical activities in order to ensure that you are being provided the diversity of experiences necessary in order to maximize your educational opportunities. It will be your responsibility to ensure that you maintain an on-going record of all direct and indirect contact hours approved by your preceptors.

General Timeline of Clinical Practicum Rotations & Externship Placements				
	Summer Semester	Fall Semester	Spring Semester	Cumulative Subtotals
Year 1 ≤ 8 hrs/wk In-house		Observation, assisting, screening, direct service 1 SC Practicum 6-8 hrs/wk Minimum - 30 hrs	Assisting, direct service 1 SC Practicum 6-8 hrs/wk Minimum - 30 hrs	Goal - 75-100 hours direct service contact hours prior to off-site practicum rotation
Year 2* ≤ 12 hrs/wk In-house and/or off-site	Direct service 1 SC Practicum 6-12 hrs/wk Minimum - 30 hrs	Direct service 2 SC Practicum 12-16 hrs/wk Minimum - 50 hrs	Direct service 2 SC Practicum 12-16 hrs/wk Minimum - 50 hrs	Goal - 200 hours direct service contact hours
Year 3* ≤ 16 hrs/wk In-house and/or off-site	Direct service 2 SC Practicum 16-24 hrs/wk Minimum - 70 hrs	Direct service 2 SC Practicum 12-16 hrs/wk Minimum - 50 hrs	Direct service 2 SC Practicum 12-16 hrs/wk Minimum - 50 hrs	Goal - 400 hours direct service contact hours -- 500 hours direct service prior to 4 th year Externship
Year 4* 32-40 hrs/wk Off-site	Direct service 4 SC Externship 32-40 hrs/wk Minimum - 300 hrs	Direct service 6 SC Externship 32-40 hrs/wk Minimum - 500 hrs	Direct service 6 SC Externship 32-40 hrs/wk Minimum - 500 hrs	Goal - 1400 hours
				Total Goal - 1820 hours

*A 'non-local' (outside central Arkansas) may occur during one of these semesters.

Note: Although students may participate in practicum at sites in which the supervisor does not hold the Certificate of Clinical Competence in Audiology from ASHA, these clock hours will count toward the minimum 1820 program requirement for graduation but will not count toward the minimum 1820 ASHA CFCC clock hour requirement for obtainment of your ASHA certification. In the event a student graduates with fewer than 1820 hours precepted by individuals with the CCC-A credential, ASHA's Council for Clinical Certification (CFCC) has a process in place for a graduate to earn that credential. Visit the [CFCC website](#) for additional information.

CLINICAL PRACTICUM KITS

Incoming AuD students will receive a Clinical Practicum Kit. The purpose of the kit is to facilitate the development of professional skills and provide the student with items used on a daily basis in audiology clinics and in coursework. These items are included in the student laboratory fees assessed by the College of Health Professions each semester. The items, particularly the whitecoat and the otoscope become the property of the student and are yours to keep upon completion of the AuD program. You are responsible for the care and maintenance of these items during your tenure in the program. If the items are lost, damaged or stolen, you are responsible for replacement of the item(s). You may be required to bring these items to your on-site clinic and/or clinical lab sessions. You may be required to bring these items to off-site clinics, or you may be discouraged from use (e.g., whitecoat) at some off-site clinics; students should discuss this with their off-site preceptor prior to beginning the clinical rotation.

CLINICAL SUPERVISION

Supervision provided is commensurate with the clinical knowledge and skill level of each student. The standards of care ensuring the welfare of each person served by students must comply with recognized standards of ethical practice and relevant federal and state regulations.

The goal of clinical education is for the student to progress from an engaged observer to a clinically competent service provider over the course of their academic and clinical education. During this time, students will encounter a variety of mentoring, teaching, and supervisory approaches. These may include situations in which they observe a master clinician, either as a single student or within a group of students; they may observe with limited participation in discrete aspects of direct care, or they may provide the majority of direct care with a single mentor or multiple mentors supervising and taking responsibility for their actions. Best practice is basically a situation in which a student is able to accurately convey to the preceptor their level of experience and competence, and the preceptor is able to accurately assess the student's skill level and facilitate development to the next level of transition from classroom to clinic.

The Audiology Clinical Education Director will evaluate each rotation facility's appropriateness to provide supervised practice learning experiences on an annual basis. Facility, Preceptor, and Student feedback (through exit evaluations, surveys, communication with preceptors, etc.) will be used to ensure that students have a learning experience consistent with the rotation curriculum that meets the required competencies. Clinical facilities/preceptors are not to use students in lieu of professional or non-professional staff.

PRECEPTOR'S RESPONSIBILITIES

CHART REVIEW & DISCUSSION WITH STUDENT CLINICIANS

Together with students, clinical preceptors should discuss the plan of evaluation, approach to amplification management, rehabilitation objectives, and responsibilities and procedures for case follow-up.

CLINICAL INSTRUCTION

Preceptors will provide clinical instruction to students using a variety of techniques, such as verbal instruction, demonstration, simulation, role-playing, lab assignments & practice, written instruction, etc.

EVALUATING & CO-SIGNING WRITTEN RECORDS

Preceptors are responsible for reading and editing reports. **All** contact notes, reports and official clinic documents must be co-signed by the preceptor.

ORDERING DURABLE MEDICAL EQUIPMENT

Preceptors must approve all hearing instrument and earmold orders, repair orders, hearing instrument returns or exchange for credit, & paperwork before the clerical staff will process the orders.

ASSESSMENT

Preceptors will evaluate student clinicians' progress and provide grade input. Grade recommendations will be pooled from all the on- and off-campus supervisors involved before individual students receive a final grade.

MIDTERM & FINAL CONFERENCES

Although it is the student's responsibility to initiate a mid-term and final conference, preceptors should be prepared to provide the students with feedback during a formal conference at least twice per semester. It is the preceptor's responsibility to guide the development of goals for clinical skill development and to monitor progress toward these goals. Preceptors should provide written comments to the student and may maintain a supervisory log of interactions with students, results of midterm & final conferences, and samples of student reports.

APPROVAL OF STUDENT CLINICIAN INTERPRETATION, TREATMENT, INTERVENTION

All major decisions regarding the evaluation or treatment of a client must be approved by the preceptor holding the appropriate certification (State Audiology License) before they can be implemented or communicated to the client.

DOCUMENTATION OF CLINICAL EDUCATION/CLOCK HOURS

As part of the clinical education experience, students maintain a log of clinical activities that include direct and indirect services on Calipso (www.calipsoclient.com). On Calipso, students will click on the daily clock hours link and add clock hours for each clinical setting and/or preceptor. **Clock hours must be entered and submitted for preceptor approval within one week of their occurrence. If not submitted within this time, students may no longer be able to count this time toward their clinical clock hours.** It is the student's responsibility to make sure that their hours have been approved and to discuss changes as needed. Grades are not released until all clock hour forms have been completed correctly. Clock hour examples and instructions can be found in **Appendix D**.

COMMUNICATION GUIDELINES

Students are expected to engage in professional behavior at all times. You are a representative of the program, and you never know who is observing your behavior. In addition, you are expected to use good judgment in adherence to guidelines regarding communication.

PROFESSIONAL COMMUNICATION COURTESY GUIDELINES

- Keep noise levels in the clinic rooms and surrounding areas at a minimum.
- Always demonstrate respect for patients and their significant others.

- Language must reflect cultural sensitivity and always maintain a positive clinical environment. Comments involving religious exclamations, racial or ethnic slurs, personal slander, or sexual innuendo **are forbidden and will not be tolerated.**
 - Do not engage in political or religious discussions with patients and/or their family.
- Refer to adult patients (≥ 18 years) by an appropriate title (Mr., Mrs., Ms., Dr., etc.) and their last name both in person and in reports. If adult patients have given you permission to use their first names, you may do so judiciously when in person, but do not use their first names in reports.
- Refer to preceptors or supervisors as Dr., Ms., or Mr.
- If you are upset about something, please keep your comments out of earshot of any patients or their family members, guest speakers, manufacturer representatives or other visitors to the department.
- Practice attentive listening. Try not to interrupt patients or to "put words in their mouths."
- When counseling, observe listeners for their attention and apparent comprehension. Adjust counseling accordingly.
- Always look at your patient when using interpreters. Do not communicate with the interpreter and thus exclude the patient from their own healthcare appointment.

INTERPERSONAL COMMUNICATION: FACULTY/STAFF/PRECEPTOR/STUDENT RELATIONSHIPS

The audiology faculty and staff strive to maintain a cordial "open door" policy with respect to their work with student clinicians. They also desire the development of a collegial relationship with students that must evolve over the 4-year span of the program. The initial relationship is a formal one of instructor-student. Later this evolves into one of mentor-student. While striving toward becoming a professional clinician, student clinicians should recall that they are students, and they must observe instructor-student social protocols.

General communication strategies include the following:

- Treat preceptors both on- and off-campus with respect and always observe appropriate professional boundaries with preceptors. Refer to preceptors as Ms., Mr., or Dr.
- Request approval from your preceptor to try a new or different clinical procedure, rather than stating or demanding.
- Avoid communication styles that appear defensive, argumentative, or domineering.
- If you do not understand why your preceptor suggested one procedure over another, ask the preceptor what the advantages are, but save questions until an appropriate time when you are not with the client.
- If you are experiencing problems with your off-campus preceptor, contact the Clinical Education Director and/or the Audiology Program Director to discuss your concern.
- Remember that a positive experience with you will pave the way for valuable clinical rotations for other students.
- Student social media contact (with faculty, staff, and preceptors) is **strongly discouraged.**

INTERPERSONAL COMMUNICATION: CLINICIAN/PATIENT RELATIONSHIPS

- The clinician-patient relationship should be professional, cordial and respectful. Treat patients at least as well as you would want to be treated yourself when you go to a professional appointment.
- Clinicians are expected to maintain confidentiality at all times, listen attentively, and avoid becoming personally involved in a patient's life.
- Clinicians should follow the patient's lead with respect to familiarity, but do not become overly familiar with patients.
 - You may be friendly and joke judiciously with patients, but do not joke with patients unless and until they have begun to do so with you.
 - Avoid comments or jokes relating to personal health issues unrelated to hearing or audiologic rehabilitation.
 - Also avoid comments or jokes regarding religion, race, politics, or sex. If patients begin to converse about these topics, steer the conversation back to appropriate topics. Consult your preceptor as needed.
- It is **not** acceptable to become social media friends with your patients (or engage in other social media contact), unless you already had an established 'relationship' with the patient previously.
- Fraternization with on- or off-campus patients or preceptors is **not acceptable**.

GRADING POLICIES

Clinic grades are determined by the following three basic processes:

- Earning credit/points for acquiring & demonstrating clinical skills
- Deduction of credit/points for infractions of clinic policies
- Demonstration of professional behavior, confidentiality practices and infection control practices

Grading information will be pooled from all the on- and/or off-campus supervisors who have worked with a given student during the course of the semester. All input will be considered when determining the clinic grade.

Credit will be accumulated for:

- Clinical performance with patients
- Record keeping, reports & follow-up
- Clinic job & assignments for clinic meetings
- Clinic meeting attendance & participation
- Professionalism & motivation
- Practical examinations

Credit deductions may occur for:

- Failure to help maintain clinic (cleaning equipment/supplies and straightening booths, rooms; breach of infection control practices)
- Failure to perform daily listening checks, daily calibration procedures
- Failing to perform clinic job in a timely manner
- Lack of clinical engagement
- 2 or more late reports
- 1 unexcused absence
- 2 tardy appearances for clinic
- Regular pattern of unexcused absence, tardiness, or leaving clinic early
- Unprofessional behavior
- Breach of confidentiality
- Breach of dress code
- Other

Professional behavior, confidentiality and infection control are always serious concerns. Infractions in any of these areas may result in a written professionalism infraction, remediation plan and/or withholding of clinical experience hours. Serious or ongoing infractions may result in dismissal from the program. (See the Student Conduct and Discipline, and Student Progression Policy sections of the Program Handbook for information regarding academic progression, professionalism infractions, remediation, probation, and dismissal policies.)

PRECEPTOR EVALUATION

All on- and off-campus clinical preceptors are evaluated each semester using the Evaluation of Practicum Supervisors on the Calipso website. This is your opportunity to provide feedback to your preceptor about the extent to which the preceptor serves as a role model of professional behavior and assists you by modeling and coaching you in clinical processes and procedures. Your feedback is needed about your working relationship with your preceptor, what your preceptor could start doing, stop doing, or continue doing to facilitate your learning process.

STUDENT EVALUATION

Students enrolled in practicum and clinical externships are evaluated at mid-term and at the end of the term using the Evaluation Form on the Calipso website. These assessments become part of your student file and are used to make decisions about future clinical placements and progression in the program. Students should complete a self-evaluation, then schedule a mid-term appointment with their on- or off-site preceptor for a clinical competency assessment conference. At the end of the semester, each student must complete a final self-evaluation for that site and schedule a final appointment with their on- or off-site preceptor for a final clinical competency assessment conference.

Students should be prepared to have an honest discussion with their preceptor about their goals for clinical education, their progress from beginning of the semester to mid-term, and their progress from mid-term to final. When you take the initiative to take responsibility for complete regular self-

assessments to monitor your progress, and share these with your preceptor, it becomes an opportunity for you and your preceptor to work together to identify your strengths and weaknesses and to formulate a plan for progression in clinical knowledge and skill acquisition.

The student's final grade will be assigned using the following scale based on your final Calipso evaluation score. See the practicum syllabus for further breakdown of the grading scale.

1 st Year	2 nd Year	3 rd & 4 th Year
5.0 - 2.5 = A	5.0 - 4.0 = A	5.0 - 4.5 = A
2.49 - 2.0 = B	3.9 - 3.0 = B	4.49 - 4.0 = B
1.9 - below = C Remediation plan	2.9 - below = C Remediation plan	3.99 - below = C Remediation plan

PERFORMANCE BASED EVALUATION

Additional tools used to assess clinical knowledge and skill progress toward acquisition and competence are the 1st Semester Diagnostics Performance Based Examinations and the 3rd Semester Amplification Performance Based Examination. Prior to the first outside practicum experience, students must pass these examinations.

STUDENT LIABILITY INSURANCE COVERAGE

UAMS CHP maintains student liability insurance coverage for students enrolled in a practicum or clinical externship during their education and training (see **UAMS Academic Catalog, section 10.7.1**). However, additional professional liability insurance coverage for interested students may be available: www.hpsoc.com.

LICENSURE

Every state in the United States requires audiologists to be licensed to practice within that state. The UAMS AuD program, by virtue of its accreditation with the CAA, ensures that graduates will be eligible for licensure in all 50 states.

Note that some states may have additional requirements such as a test or activity based on the audiology law(s) of that state.

PROFESSIONAL MEMBERSHIPS, DEVELOPMENT AND SERVICE

One key attribute of a professional is participation in associations and societies which influence the direction, education and practice of the members of a profession. In order to develop this aspect of professionalism, the student will be expected to maintain active student membership in at least one appropriate professional association or society during their tenure in the AuD program. Membership in the Student Academy of Audiology (SAA), the National Student Speech-Language-Hearing Association (NSSLHA), the Student Academy of Doctors of Audiology (SADA), or student membership in the Arkansas Academy of Audiology (ArAA), the Arkansas Speech-Language-Hearing Association (ArkSHA) or the Arkansas Affiliate of the National Black Association for Speech-Language and Hearing (AR-NBASLH) is strongly encouraged to meet this requirement. Professional participation and leadership experience are highly valued in the field of audiology. Participation in student organizations provides you with cost benefits when seeking certification.

Please visit each organization's website for additional information:

- [Arkansas Academy of Audiology \(ArAA\)](#)
- [Arkansas Speech-Language-Hearing Association \(ArkSHA\)](#)
- [AR Affiliate of the National Black Association for Speech-Language and Hearing \(AR-NBASLH\)](#)
- [National Student Speech-Language-Hearing Association \(NSSLHA\)](#)
- [Student Academy of Audiology \(SAA\)](#)
- [Student Academy of Doctors of Audiology \(SADA\)](#)

HEALTHCARE POLICIES

Clinicians are expected to be familiar with and act in accordance with the ASHA and AAA Codes of Ethics and Arkansas Board of Examiners in Speech-Language Pathology and Audiology (ABESPA) rules and regulations. In addition, student clinicians are expected to be familiar with university and department policies. Policies that provide guidelines for decisions about confidentiality, emergencies, ethical, professional, and other types of behavior are listed below along with a link to the policy.

PROFESSIONALISM

Professionalism refers to your behavior as a doctoral student and health care professional - the methods you use when working with colleagues and clients, interpersonal communication skills, observance of professional standards, and your character as perceived by others. This includes your sense of ethics, appearance, communication style, and general behavior in your role as a student and audiologist. In addition to the department professionalism standards, student must also adhere to the College of Health Professions [Student Academic Professional Standards Policy 02.00.02](#). There is also additional information in the Au.D. Academic Handbook in the Student Conduct and Discipline section.

CULTURAL SENSITIVITY

Sensitivity to cultural differences must be maintained with respect to age, gender, gender identity, race, religion, ethnicity, military status, socioeconomic status, etc. All clinicians must be attentive to and respectful of cultural differences between themselves, clients, and colleagues. Written and verbal communication and body language should be monitored with respect to creating a positive clinical environment and avoiding cultural conflict.

It is assumed throughout the University that all students, faculty, and staff members will adhere to the UAMS and UAMS CHP policies regarding non-discrimination. Clinic meetings, special assignments, and clinical experiences at UAMS CHP and clinical sites are designed to allow students to practice professional social skills for effective communication in a variety of settings.

In addition to referring to ethnic and other cultures, "culture" may also refer to types of social situations and environments. Social rules for communicating with friends, for example, may be quite different from the social rules used when communicating with professionals at clinical sites. Professional behavior appropriate to the given social situation is expected of students on campus, at clinical sites, and at conventions or workshops. The level of professionalism demonstrated on- or off-campus can affect clinic grades.

References

Lynch, E. W. & Hanson, M. J. (2004). *Developing cross-cultural competence: A guide for working with young children and their families*. Baltimore, MD: Paul H. Brookes Publishing Co.

Taylor, O. (Ed.) (1986). *Treatment of communication disorders in culturally and linguistically diverse populations*. Austin, TX: Pro-Ed, Inc.

Langdon, H. (Ed.) (2008). *Assessment and intervention for communication disorders in culturally and linguistically diverse populations*. Clifton Park, NY: Delmar.

CONFIDENTIALITY

Through clinical activities and attendance in classes or other staff meetings, students may obtain certain information about patients seen in the clinic or in related service programs. Information about a patient is confidential and must be treated in a professional manner.

See UAMS policy at: [Confidentiality Policy.pdf](#)

- Verbal, gestural, and written communication must be closely monitored to ensure patients' rights are protected.
- All persons working or observing in the clinic, or at off-campus clinical sites need to be aware of every patient's right to privacy & confidentiality.
- All students who have access to patient information as either observers or clinicians are required to sign a statement indicating that they are aware of the policies concerning confidentiality and that the responsibility for confidentiality is accepted.
- Patient information is kept in a file cabinet in the Copy & File room on the first floor (Room 117) or uploaded and stored in their electronic medical record using a secure network (CounselEar).
 - Access to records is limited to faculty, staff, and students.
 - To access paper charts, students should follow proper check out procedures to access and return patient files and reports.
 - To check a file out from the filing cabinet, fill in your name/initials, date and patient's name on the manilla & orange check out card. All files should be returned to the file room on the same day they are borrowed.
 - Patients may obtain a copy of their records for their own use or may request that a copy of their records be sent to another provider. In either case, a **Release of Information** form must be completed.
- Confidentiality may be violated easily in the university setting for two principal reasons:
 - Much of the learning at the university level occurs as individuals share information and experiences with each other;
 - Persons not directly involved with service delivery (e.g. undergraduate practicum students) frequently observe patients receiving services.

- The following guidelines are designed to help ensure patient confidentiality:
 - Students must read and agree to abide by the Confidentiality Statement before they will be permitted to observe or treat patients in the clinic.
 - All enrolled students must complete training to ensure they are familiar with the Health Insurance Portability and Accountability Act (HIPAA).
 - All student and faculty personnel providing or observing clinical services of any type must have thorough training in confidentiality practices and procedures, including:
 - Basic UAMS on-line HIPAA training regarding the nature and purpose of the law
 - General principles and procedures for maintaining client confidentiality and UAMS privacy policies
 - Protection of spoken, written, and electronic information
 - Patients, parents and/or caregivers are all asked to sign a statement indicating that they are aware of the educational purpose of the clinic and that patient files may be made available to students and faculty for training purposes.
 - If presenting information about patients during class, students should refer to them as "my patient," not by name. Patients' identification must be removed from test results before using them in handouts or presentations.
 - Patients have the right to refuse to have observers other than the primary student clinician(s) and their clinical preceptor. No one should observe patients without patient consent. Remind observers that they must respect patient confidentiality.
 - Students should not:
 - Discuss their patient's case in public areas (e.g., in the waiting room, hallway, elevator; at restaurants, etc.).
 - Discuss their patient by name, except with their clinical supervisor, clinic staff, or as absolutely necessary during clinic meetings.
 - Discuss or refer to their patient on any social media platform.
 - Nickname their patient.
 - Take patient files out of the building or remove, photocopy, take a picture of, or screenshot any information from the files.
 - Discuss their own or another professional's patients with anyone, including professionals or persons in other agencies, unless the patients have authorized the release of information, and their supervisor has approved the communication.
 - Leave reports, superbills or other written information containing patient information unattended or in patient care areas.
 - Discuss the on-campus clinic or any off-campus clinical site or preceptor with anyone at any other site. Proprietary information from one site should not be shared with anyone outside of that site, including adjunct faculty.

HEALTH INSURANCE PORTABILITY ASSURANCE ACT (HIPAA)

HIPAA is the acronym for the Health Insurance Portability and Accountability Act that was passed by Congress in 1996. HIPAA does the following:

- Provides the ability to transfer and continue health insurance coverage for millions of American workers and their families when they change or lose their jobs;
- Reduces health care fraud and abuse;
- Mandates industry-wide standards for health care information on electronic billing and other processes; and
- Requires the protection and confidential handling of protected health information.

Students enrolled at UAMS are required to complete HIPAA training annually. More information can be found at the following link: <http://hipaa.uams.edu/>.

ARKANSAS MANDATED REPORTER FOR ABUSE AND NEGLECT

We are mandated by state law to report suspected cases of abuse and/or neglect. Discuss particular cases with your preceptor before making the report. **The Audiology Clinical Education Director must be informed before any Protective Services reports are filed.** For specific information regarding protective services in Pulaski County and reporting guidelines, call: **1-800-482-5964 to report suspected CHILD abuse or neglect and 1-800-482-8049 for suspected ADULT abuse or neglect.**

Anyone and everyone who suspects child abuse or neglect should call the Arkansas Child Abuse Hotline to make a report, but Mandated Reporters are required by law to do so.

As a student enrolled in a UAMS program, you are required to complete the [Arkansas Mandated Reporters training](#). Training is free to all Arkansas Mandated Reporters. The state offers an online course to help all Arkansas Mandated Reporters understand their critical role in protecting children by recognizing and reporting child abuse.

INFECTION CONTROL

Observe the following infection control policies specific to Audiology:

- Wash your hands between appointments and before taking earmold impressions. If needed, latex gloves are available throughout the clinic.
- Keep used probe tips, specula, etc. separate from clean ones. Separate containers with labels are available throughout the clinic. Put used tips into appropriate containers immediately after use. **DO NOT** leave them out for the next clinician to dispose of.
- If any item that must come in contact with a patient's ear or skin has touched the floor or otherwise become dirty (e.g. from laying on a table, grinding/buffing), it must be properly cleaned before being used for the patient. Spray disinfectant and alcohol wipes are available for this purpose throughout the clinic.
- Only clean hearing aids with approved cleaners. Use the UV lamp to sterilize hearing aids.
- **DO NOT** use alcohol on GSI immittance probe tips. It will burn the tips and cause them to crack. Replacement tips are expensive.

- DO NOT use products containing bleach or ammonia in the sonic cleaner. It will cause holes to form in the equipment. Use Wavicide, Cavicide or Sporox.
- Any objects or toys which have been in a patient's mouth, or which have had contact with drool or other bodily fluids must be washed and disinfected with alcohol, Wavicide, Audiolenz, a 10% bleach solution, or other appropriate cleaners. (*Tip: Avoid getting these cleaning agents on your clothing, as they may damage the fabric.*)
- Keep the clinic environment and supplies clean for all patients, as you would want them to be for yourself. Keep cords untangled & out of the way.
- Cover wounds, broken skin, etc. with a bandage. A First Aid Kit is located in the copy/supply rooms on the first and second floor.
- Avoid cuts/punctures from sharp objects. Wash cuts/punctures immediately with soap & water and follow this with alcohol or other appropriate cleansers. Report all injuries immediately to your preceptor and complete an injury incident report (available from the clinic office manager).
- Any disposable items coming in contact with human blood or other bodily fluids must be closed in a plastic bag and placed in the appropriate red biohazard receptacle located throughout the clinic. Zip-lock bags are available in the clinic for this purpose.
- Ear impressions contaminated by potential biohazards must be placed in an earmold box, then placed inside a zip lock bag and labeled appropriately as a courtesy to the hearing aid or earmold manufacturer.

UNIVERSAL PRECAUTIONS

Universal precautions is an approach to infection control in which you treat all human blood and certain bodily fluids as if they were known to be infectious (e.g., HIV, hepatitis B and other bloodborne pathogens). Students should observe **universal precautions** at all times. Please refer to the following UAMS policies for further details and procedures:

- [Student Needle Stick/Sharps Injuries and Blood/Fluid Exposure Policy](#)

APPENDICES

APPENDIX A - SCOPES OF PRACTICE

- American Speech-Language-Hearing Association
 - [Scope of Practice](#)

- American Academy of Audiology
 - [Scope of Practice](#)

*APPENDIX B - ARKANSAS LICENSURE INFORMATION***State Licensing Agency**

Arkansas Board of Examiners for Speech Pathology & Audiology
4815 W Markham, Slot 72
Little Rock, AR 72205
Voice: 501- 537-9151

APPENDIX C: CLINICAL PRACTICUM KASAs

FOUNDATIONS OF PRACTICE

- A17. Importance, value, and role of interprofessional communication and practice in patient care
- A23. Principles and practices of effective supervision/mentoring of students, other professionals, and support personnel

PREVENTION AND SCREENING

- B3. Participating in programs designed to reduce the effects of noise exposure and agents that are toxic to the auditory and vestibular systems
- B4. Utilizing instrument(s) (i.e. sound-level meter, dosimeter, etc.) to determine ambient noise levels and providing strategies for reducing noise and reverberation time in educational, occupational, and other settings
- B5. Recognizing a concern on the part of medical providers, individuals, caregivers, or other professionals about hearing and/or speech-language problems and/or identifying people at risk to determine a need for hearing screening
- B6. Conducting hearing screenings in accordance with established federal and state legislative and regulatory requirements
- B8. Performing developmentally, culturally, and linguistically appropriate hearing screening procedures across the life span
- B9. Referring persons who fail the hearing screening for appropriate audiologic/medical evaluation
- B10. Identifying persons at risk for speech-language and/or cognitive disorders that may interfere with communication, health, education, and/or psychosocial function
- B11. Screening for comprehension and production of language, including the cognitive and social aspects of communication
- B12. Screening for speech production skills (e.g., articulation, fluency, resonance, and voice characteristics)
- B13. Referring persons who fail the screening for appropriate speech-language pathology consults, medical evaluation, and/or services, as appropriate

AUDIOLOGIC EVALUATION

- C1. Gathering, reviewing, and evaluating information from referral sources to facilitate assessment, planning, and identification of potential etiologic factors
- C2. Obtaining a case history and client/patient narrative
- C3. Obtaining client/patient-reported and/or caregiver-reported measures to assess function
- C6. Providing assessment of tolerance problems to determine the presence of hyperacusis
- C7. Selecting, performing, and interpreting a complete immittance test battery based on patient need and other findings; tests to be considered include single probe tone tympanometry or multifrequency and multicomponent protocols, ipsilateral and contralateral acoustic reflex threshold measurements, acoustic reflex decay measurements, and Eustachian tube function
- C8. Selecting, performing, and interpreting developmentally appropriate behavioral pure-tone air and bone tests, including extended frequency range when indicated
- C9. Selecting, performing, and interpreting developmentally appropriate behavioral speech audiometry procedures to determine speech awareness threshold (SAT), speech recognition threshold (SRT), and

- word recognition scores (WRs); obtaining a performance intensity function with standardized speech materials, when indicated
- C10. Evaluating basic audiologic findings and client/patient needs to determine differential diagnosis and additional procedures to be used
 - C14. Selecting, performing, and interpreting vestibular testing, including electronystagmography (ENG)/videonystagmography (VNG), ocular vestibular-evoked myogenic potential (oVEMP), and cervical vestibular evoked myogenic potential (cVEMP)
 - C15. Selecting, performing, and interpreting tests to evaluate central auditory processing disorder

COUNSELING

- D2. Providing individual, family, and group counseling as needed based on client/patient and clinical population needs
- D5. Addressing the specific interpersonal, psychosocial, educational, and vocational implications of hearing impairment for the client/patient, family members, and/or caregivers to enhance their well-being and quality of life
- D7. Promoting clients'/patients' self-efficacy beliefs and promoting self-management of communication and related adjustment problems
- D9. Monitoring and evaluating client/patient progress and modifying counseling goals and approaches, as needed

AUDIOLOGIC REHABILITATION ACROSS THE LIFE SPAN

- E1. Engaging clients/patients in the identification of their specific communication and adjustment difficulties by eliciting client/patient narratives and interpreting their and/or caregiver-reported measures
- E2. Identifying the need for, and providing for assessment of, concomitant cognitive/developmental concerns, sensory-perceptual and motor skills, and other health/medical conditions, as well as participating in interprofessional collaboration to provide comprehensive management and monitoring of all relevant issues
- E3. Responding empathically to clients'/patients' and their families' concerns regarding communication and adjustment difficulties to establish a trusting therapeutic relationship
- E4. Providing assessments of family members' perception of and reactions to communication difficulties
- E5. Identifying the effects of hearing problems and subsequent communication difficulties on marital dyads, family dynamics, and other interpersonal communication functioning
- E6. Engaging clients/patients (including, as appropriate, school-aged children/adolescents) and family members in shared decision making regarding treatment goals and options
- E7. Developing and implementing individualized intervention plans based on clients'/patients' preferences, abilities, communication needs and problems, and related adjustment difficulties
- E8. Selecting and fitting appropriate amplification devices and assistive technologies
- E9. Defining appropriate electroacoustic characteristics of amplification fittings based on frequency-gain characteristics, maximum output sound-pressure level, and input-output characteristics
- E10. Verifying that amplification devices meet quality control and American National Standards Institute (ANSI) standards
- E11. Conducting real-ear measurements to (a) establish audibility, comfort, and tolerance of speech and sounds in the environment and (b) verify compression, directionality, and automatic noise management performance

- E12. Incorporating sound field functional gain testing when fitting osseointegrated and other implantable devices
- E13. Conducting individual and/or group hearing aid orientations to ensure that clients/patients can use, manage, and maintain their instruments appropriately
- E14. Identifying individuals who are candidates for cochlear implantation and other implantable devices
- E15. Counseling cochlear implant candidates and their families regarding the benefits and limitations of cochlear implants to (a) identify and resolve concerns and potential misconceptions and (b) facilitate decision making regarding treatment options
- E16. Providing programming and fitting adjustments; providing post-fitting counseling for cochlear implant clients/patients
- E17. Identifying the need for—and fitting—electroacoustically appropriate hearing assistive technology systems (HATS) based on clients'/patients' communication, educational, vocational, and social needs when conventional amplification is not indicated or provides limited benefit
- E18. Providing HATS for those requiring access in public and private settings or for those requiring necessary accommodation in the work setting, in accordance with federal and state regulations
- E19. Ensuring compatibility of HATS when used in conjunction with hearing aids, cochlear implants, or other devices and in different use environments
- E20. Providing or referring for consulting services in the installation and operation of multi-user systems in a variety of environments (e.g., theaters, churches, schools)
- E21. Providing auditory, visual, and auditory-visual communication training (e.g., speechreading, auditory training, listening skills) to enhance receptive communication
- E22. Counseling clients/patients regarding the audiologic significance of tinnitus and factors that cause or exacerbate tinnitus to resolve misconceptions and alleviate anxiety related to this auditory disorder
- E23. Counseling clients/patients to promote the effective use of ear-level sound generators and/or the identification and use of situationally appropriate environmental sounds to minimize their perception of tinnitus in pertinent situations
- E24. Counseling clients/patients to facilitate identification and adoption of effective coping strategies to reduce tinnitus-induced stress, concentration difficulties, and sleep disturbances
- E25. Monitoring and assessing the use of ear-level and/or environmental sound generators and the use of adaptive coping strategies to ensure treatment benefit and successful outcome(s)
- E26. Providing canalith repositioning for patients diagnosed with benign paroxysmal positional vertigo (BPPV)
- E27. Providing intervention for central and peripheral vestibular deficits
- E28. Ensuring treatment benefit and satisfaction by monitoring progress and assessing treatment outcome

PEDIATRIC AUDIOLOGIC (RE)HABILITATION

- F1. Counseling parents to facilitate their acceptance of and adjustment to a child's diagnosis of hearing impairment
- F2. Counseling parents to resolve their concerns and facilitate their decision making regarding early intervention, amplification, education, and related intervention options for children with hearing impairment
- F3. Educating parents regarding the potential effects of hearing impairment on speech-language, cognitive, and social-emotional development and functioning

- F4. Educating parents regarding optional and optimal modes of communication; educational laws and rights, including 504s, individualized education programs (IEPs), individual family service plans (IFSPs), individual health plans; and so forth
- F5. Selecting age/developmentally appropriate amplification devices and HATS to minimize auditory deprivation and maximize auditory stimulation
- F6. Instructing parents and/or child(ren) regarding the daily use, care, and maintenance of amplification devices and HATS
- F7. Planning and implementing parent education/support programs concerning the management of hearing impairment and subsequent communication and adjustment difficulties
- F8. Providing for intervention to ensure age/developmentally appropriate speech and language development
- F9. Administering self-assessment, parental, and educational assessments to monitor treatment benefit and outcome
- F11. Counseling the child with hearing impairment regarding peer pressure, stigma, and other issues related to psychosocial adjustment, behavioral coping strategies, and self-advocacy skills
- F12. Evaluating acoustics of classroom settings and providing recommendations for modifications
- F13. Providing interprofessional consultation and/or team management with speech-language pathologists, educators, and other related professionals

APPENDIX D: CALIPSO INFORMATION

The following are some general guidelines about documentation of clock hours:

- On the Calipso site, hours should be assigned to the correct clinical site, preceptor, month, and academic semester.
- Clock hours should be submitted for approval by the preceptor **weekly**. Hours that are logged and multiple dates selected for submission, will be consolidated into one record for preceptor approval. The designated preceptor will receive an automatically generated e-mail requesting approval of the clock hour record.
- Qualifying clock hours are only for supervised direct-patient care only. Your preceptor must supervise at least 25% of your work.
 - Audiograms, Immittance Testing, and OAEs fall under **Assessment of Hearing**.
 - Setting up and pre-fitting a hearing aid prior to a patient's arrival is counted under **Selection, Verification; Use of Amplification**.
 - Discussing results with a patient and/or their family is **Counseling**.
 - You may count minutes spent discussing an actual patient with your preceptor or para-professionals (nurses, SLPs, MDs, etc.) as **Consultation/Staffings** as long as that time is supervised by a licensed Audiologist.
 - Reports, forms, and other paperwork completed for an actual patient counts as **Administration**.
- At the end of each semester, students should complete a Self-Evaluation in Calipso.
- Students are responsible for keeping track of how many practicum experience hours have been accumulated in each required category and the skills they have acquired because clinical scheduling is done primarily at the start of each semester before classes have begun.
 - If you are in need of a specific type of experience, it is your responsibility to request that experience from your audiology preceptor(s).
 - If you are lacking in a particular skill area, you should ask the Audiology Clinical Education Director for more experience in that area.

WHAT DOES NOT COUNT AS CLOCKHOURS:

- Clinic opening and closing duties.
- Any work performed without supervision by a licensed Audiologist.
- Any generic work done for the clinic, but not for a specific patient or Aural Rehab group, such as newsletter writing, marketing, stocking supplies, cleaning booths/equipment, etc.