AU.D. CLINIC HANDBOOK
DOCTOR OF AUDIOLOGY PROGRAM

UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES (UAMS)

UNIVERSITY OF ARKANSAS AT LITTLE ROCK (UA LITTLE ROCK)

2017-2018 ACADEMIC YEAR

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DEAR AU.D. STUDENTS,

Welcome to the consortium Au.D. degree program of the University of Arkansas for Medical Sciences (UAMS) and the University of Arkansas at Little Rock (UA Little Rock). Our program is to provide you with an education that will allow you to practice as a clinical audiologist who evaluates and treats individuals across the lifespan with hearing and/or balance disorders. The purpose of the Au.D. Clinic Handbook is to provide you with information about (a) the department, clinic, and accreditation, (b) your clinical education, (c) clinic practice (policies and procedures), and (d) clinic protocols.

Definitions

Your clinical education is important to us and it is important that we provide a safe education (free from harm or risk) under the supervision of a clinically competent professional. Audiology students in training have the opportunity to learn from and rely on the knowledge, judgment, and experience of their teachers. Healthcare is different than learning life lessons from experience. When the lessons learned by experience only hurt the learner, that's just part of life. For example, when you overestimate your ability to perform an activity such as skiing, and you wipe out on a ski slope – you have only hurt yourself. However, in the clinical setting, if you overestimate your ability to perform an activity or handle a situation, it could be the patient who suffers from the misjudgment or error of the learner. The best student clinician is the one who knows what they don't know and is not afraid to ask questions. We have a few definitions we would like to present here to help you navigate this handbook:

Practicum – a course of study designed especially for the preparation of teachers and clinicians that involves the supervised practical application of previously studied theory

Externship – a training program that is part of a course of study of an educational institution and is taken in private business

Intern – an advanced student or graduate usually in a professional field (as medicine or teaching) gaining supervised practical experience (as in a hospital or classroom)

During your clinical education, we will arrange practicum and externship experiences for you. The first three years you will register for practicum, although some of these experiences may take the form of an externship. During your 4th year, you will register for externship semester credits. During the tenure in our program, you may be referred to in practicum or externships as a student, an extern, or an intern, depending upon preference of the site.

Other terminology that may be confusing is that of a preceptor or clinical supervisor. Both are clinical educators. We suggest that the role of all clinical educators is to serve as a preceptor. In some cases, these individuals are also responsible for patient processes and procedures, thus also assuming the role of a supervisor.

Supervisor – one that supervises; especially: an administrative officer in charge of a business, government, or school unit or operation

Preceptor – teacher, tutor

We have tried to use these definitions in a general, but consistent manner throughout this Handbook.

Introduction

This section provides you with basic information about the department, the UA LITTLE ROCK Speech and Hearing Clinic, and accreditation of the program.

Clinical Education

The 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 skill acquisition, clinic 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. All forms for the Clinical Education Section can be found in **Appendix A.**

Clinical Practice

This section of the clinic handbook provides you with specific information about the audiology clinic and how it operates. The Audiology Clinic serves two purposes: (a) a clinical training center for Au.D. students and (b) audiology services provided to the community. This section is focused on what you need to know as a student in training in a university teaching clinic. It includes information about how patient appointment are made, where charts are located, how to meet and greet your client, case preparation, and daily responsibilities. In addition, guidelines about dress code and communication are included in this section. All clinical practice forms can be found in **Appendix B**.

Clinic Protocols

This section of the clinic handbook provides you with basic information about clinical protocols and procedures relevant to audiology patient care in the UA LITTLE ROCK Speech and Hearing Clinic. **Appendix C,** when completed, will have all the forms used in patient care.

Healthcare Policies

The last section provides you with information about university wide health care policies such as the required trainings for mandated child abuse report, Title IX, HIPAA, Infection Control, Safely, and Emergency. Other university wide policies and guidelines including confidentiality, professionalism, etc. are included in this section.

On behalf of the faculty and all of Audiology, welcome to our (and now your) Audiology Clinic.

Sincerely,

Jennifer L. Franklin, Au.D., CCC-A
Assistant Professor and Audiology Clinic Director

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FACULTY AND STAFF

AUDIOLOGY FACULTY

Amyn M. Amlani, Ph.D., Professor, Department Chair, AMAmlani@uams.edu
Samuel R. Atcherson, Ph.D., CCC/A, Professor, Director of Audiology, SRAtcherson@uams.edu
Clifford Franklin, Ph.D, CCC/A, Associate Professor, CAFranklin2@uams.edu
Jennifer Franklin, Au.D., CCC/A, Assistant Professor, Audiology Clinic Director, JLFranklin2@uams.edu
D. Bradley Davis, Au.D., CCC/A, Advanced Instructor, dbdavis@ualr.edu
Naveen Nagaraj, Ph.D., CCC/A, Assistant Professor NKNagaraj@uams.edu
Nannette Nicholson, Ph.D., CCC/A, Professor, Director of Children's Hearing Services, NN@uams.edu

ADJUNCT FACULTY

Charia Hall, Au.D., CCC/A, Instructor, HallCA@archildrens.org
Holly Marvin, Au.D., CCC/A, Instructor, MarvinHD@archildrens.org
Timothy Lim, Au.D., CCC/A, Instructor, TJLim@uams.edu
Patti Martin, Ph.D., CCC/A, Assistant Professor, MartinPF@archildrens.org
Terry 'JR' McCoy, Au.D., CCC/A, Instructor, Terry.McCoy2@med.va.gov

SPEECH-LANGUAGE PATHOLOGY FACULTY

Betholyn Gentry, Ph.D., CCC/SLP, Professor, Director of Speech Pathology, GentryBetholynF@uams.edu
Donna Kelly, Ph.D., CCC/SLP, Associate Professor, DJKelly@ualr.edu
Stephen Kintz, Ph.D., Assistant Professor, SGKintz@ualr.edu
Chenell Loudermill, Ph.D., CCC/SLP, Speech Pathology Clinic Director, CLoudermill@uams.edu
Dana Moser, Ph.D., CCC/SLP, Assistant Professor, DRMoser@uams.edu

Greg Robinson, Ph.D., CCC/SLP, Associate Professor, GCRobinson@ualr.edu

AUDITORY BASED INTERVENTION GRADUATE CERTIFICATE PROGRAM FACULTY

Mary Ellen Nevins, Ed.D., Professor and Program Director, MENevins@uams.edu

ADMINISTRATIVE STAFF

Lydia Buie, Business Manager, LCBuie@uams.edu
Laura Bertram, Research Assistant, LLBertram@uams.edu
Natasha Stephens, Clinic Manager/Billing Specialist, nystephens@ualr.edu
Veva Petty, Administrative Specialist-III, vapetty@ualr.edu

INTRODUCTION

This *Au.D. Clinic Handbook* was developed to assist you in understanding the clinical requirements of your program. The section on Clinical Education provides you with information about the Au.D. clinical training program, knowledge and skills acquisition and assessment, the role of your clinical supervisor, clock hour documentation, supervisor responsibilities, grading policies, and clinical check out at the end of each semester. The section on student responsibilities lists the policies and procedures you are responsible for following in the Audiology Clinic at the UA Little Rock Speech and Hearing Clinic. Many of these general principles apply to any clinical situation. The last section outlines clinical procedures and protocols specific to the department's Audiology Clinic and practicum. The protocols are best practice procedures based on clinical guidelines and are evidence-based. Your first clinical training experiences in the department's Audiology Clinic. If you have questions, you are encouraged to discuss specific requirements with any of your assigned on-site or off campus preceptors.

This guide is revised periodically to include the latest clinic modifications. Along with the *Au.D. Academic Handbook*, it is the first place you should seek information about your program. The policies and procedures included in this *Handbook* are the established policies and procedures of the Audiology Clinic located within the UA Little Rock Speech and Hearing Clinic.

DEPARTMENTAL MISSION

The Department of Audiology and Speech Pathology educates professionals who serve persons with communication, swallowing, and balance disorders at the local, state, national, and international levels. The department is dedicated to excellence in:

- Teaching and lifelong learning in a student-centered environment
- Service in a patient-centered environment based on academic excellence, leadership, and the ethic of community responsibility
- Research that supports communication science and the practice of audiology and speech-language pathology

In order to accomplish this mission, the Department believes it is essential to use and integrate:

- Excellence in teaching;
- High quality clinical practices and services for our clients, including involvement of clients, families, and significant others in the total rehabilitation process;
- State of the art technology;
- Support for student, staff, and faculty research;
- Support for continuing education of staff and faculty;
- Cultural sensitivity and diversity; and
- Dedication to open communication and teamwork, both within the Department and interdepartmentally.

THE UA LITTLE ROCK SPEECH AND HEARING CLINIC

The UA Little Rock Speech and Hearing Clinic is operated by the Department of Audiology and Speech Pathology, which is a consortium program of the University of Arkansas at Little Rock and University of Arkansas for Medical Sciences. The clinic is a training and service facility providing diagnostic and treatment services for persons of all ages. These services include speech, language, literacy, and audiologic evaluations, as well as speech, language, swallowing, and literacy therapy, audiologic rehabilitation, assistive listening device consultation/fitting, and hearing aid selection and fitting. The clinic is housed at the University of Arkansas at Little Rock.

The Audiology Clinic, Arkansas Center for Stuttering Research and Treatment and the Beth B. Eaton Scottish Rite Children's Language and Literacy Center are also located in the department. The Eaton Center serves children from birth through adolescence with speech, language, and literacy disorders. Many of the professional fees charged by the Center are paid in the form of scholarships provided by the Scottish Rite Masons. The Technology Assistance Center (TAC) is located in the Audiology Clinic and hosts a display of Hearing Assistive Technology (HAT), also known as Assistive Listening Devices (ALDs). There are three auditory research laboratories located within the Audiology Clinic at the UA Little Rock Speech and Hearing Clinic.

The UA LITTLE ROCK Speech and Hearing Clinic, the Centers, and the department are part of a consortium program operated jointly by the University of Arkansas at Little Rock, College of Education and Health Professions (CEHP), and 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 2009. Clinical services are provided by UA Little Rock senior-level undergraduate students and UAMS graduate students under the supervision of faculty supervisors, all of whom hold the Certificate of Clinical Competence (CCC) in Speech-Language Pathology and/or Audiology and Arkansas Licensure in Audiology and/or Speech-Language Pathology.

Clinical Service Goals

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

Accreditation

There are two organizations that provide accreditation of Audiology graduate programs: The Council on Academic Accreditation (CAA) and the Accreditation Commission for Audiology Education (ACAE). Our Au.D. program is accredited by CAA.

Council on Academic Accreditation

The Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA) of the American Speech-Language-Hearing Association (ASHA) accredits graduate programs that prepare individuals to enter professional practice in audiology and/or speech-language pathology. The CAA was established by ASHA and is authorized to function autonomously in setting and implementing standards and awarding accreditation. The CAA is recognized by the Council for Higher Education Accreditation and by the U.S. Secretary of Education as the accrediting agency for the accreditation and pre-accreditation (accreditation candidate) of education programs leading to the first professional or clinical degree at the master's or doctoral level and for the accreditation of these programs offered via distance education, throughout the United States. Students who graduate from CAA accredited programs are eligible to apply for the Certificate of Clinical Competence in Audiology (CCC-A) through ASHA. Students who wish to pursue certification following graduation are encouraged to visit the ASHA website to learn more about the process http://www.asha.org/certification/AudCertification.htm.

The Au.D. program received continued accreditation by the Council on Academic Accreditation (CAA) in Audiology and Speech-Language Pathology in 2008 (8-year review cycle). As a training program, we must maintain consistency with the accreditation standards which govern the way we educate students. More information about these standards and accreditation can be found at http://www.asha.org/academic/accreditation/. The CAA has identified the following six components as essential to quality education in the professions and has established its accreditation standards accordingly:

- administrative structure and governance
- faculty
- curriculum (academic and clinical education)
- students
- assessment
- program resources

Accreditation Commission for Audiology Education

Although our Audiology program is not accredited by the Accreditation Commission for Audiology Education (ACAE), we would be remiss if we did not mention this accrediting body as it is a potential option for the program in the future. The ACAE was founded in 2003 by the American Academy of Audiology (AAA) and the Academy of Dispensing Audiologists, now the Academy of Doctors of Audiology (ADA) to develop educational standards for academic institutions offering the Au.D. degree in the United States. The ACAE serves the public by establishing, maintaining and applying standards to ensure the academic quality and continuous improvement of audiology education that reflects the evolving practice of audiology. Our Doctor of Audiology program is not accredited by ACAE.

The American Board of Audiology (ABA) offers three types of voluntary certification programs that showcase an audiologist's expertise and experience in the field. Audiologists who hold the Board Certified in Audiology®, the Pediatric Audiology Specialty Certification (PASC®) and/or the Cochlear Implant Specialty Certification (CISC®) credentials have passed a rigorous exam testing their knowledge and skill sets, hold master's and doctoral degrees in the field and have numerous years of experience. Students interested in pursuing ABA certification following graduation are encouraged to visit the website to learn more about these options http://www.boardofaudiology.org/.

Code of Ethics

All 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.

American Academy of Audiology (2011) Code of ethics [Ethics]. Available from http://www.audiology.org/resources/documentlibrary/Pages/codeofethics.aspx.

American Speech-Language-Hearing Association. (2010). *Code of ethics* [Ethics]. Available from www.asha.org/policy.

Arkansas Board of Examiners in Speech Pathology and Audiology (2005). Rules and Regulations; Practice Act. Available from http://www.abespa.com/.

CLINICAL EDUCATION

KNOWLEDGE AND SKILLS ACQUISITION

The CAA Standards for Accreditation of Graduate Education Programs in Audiology and Speech-Language Pathology address (a) administrative structure and governance, (b) faculty, (c) curriculum (academic and clinical education), (d) students, (e) assessment, and (f) program resources. Standard 3.0A CAA (http://www.asha.org/academic/accreditation/accredmanual/section3/) specifically addresses clinical education for audiology students. These standards include the specific knowledge and skills that academic programs are responsible for providing. While we provide you with opportunities for learning knowledge and skills, it is your responsibility to acquire and track the acquisition of these competencies as they are acquired throughout your academic and clinical education careers. A template of the form we recommend for use in tracking ***knowledge and skills acquisition*** (KASA) is provided for you in the Au.D. Academic Handbook. The KASA standards for audiology can also be found in **Appendix A.**

The Au.D. curriculum must provide opportunities for a minimum of 12 months of full-time equivalent of supervised clinical experiences. These include short term clinical rotations on-site as well as off-site rotations and clinical externship opportunities with approved clinical education affiliates. Clinical experiences must be distributed throughout your program of study and constitute at least 25% of the length of your program. On-site clinical rotations are obtained in the audiology division at the UA LITTLE ROCK Speech and Hearing Clinic. Local off-campus (typically within 120 mile radius) clinical rotations are completed at clinical affiliate sites in central Arkansas. Non-local off-campus clinical rotations are completed at sites across the state and in neighboring states (typically within 300 mile radius). Intensive clinical externships may be arranged for a semester in residence in other states with approval of your advisor, the practicum coordinator, and the Director of Audiology. These in-residence externships, if desired, can be arranged to occur during your 2nd summer as a student in our program. If you are interested in pursuing an intensive clinical externship experience, you need to begin planning (with a committee consisting of your advisor, the clinical faculty, and the Director of Audiology) at the beginning of your 2nd year in the program.

To meet the CAA requirements, the aggregate total of your clinical experiences must equal a minimum of 12 months (1820 hours) and include direct client/patient contact, consultation, record keeping, and administrative duties relevant to professional service delivery in audiology. *The minimum number of clock hours required for graduation from our program is 1900 clock hours*. It is our responsibility to provide you with sufficient breadth and depth of opportunities to obtain a variety of clinical experiences in different work settings, with different populations, with appropriate equipment and resources in order to acquire and demonstrate skills across the scope of practice in audiology, sufficient in scope to enter independent professional practice. In addition, it is our responsibility to plan a clinical program of study for you and to demonstrate that we have a sufficient number of affiliations with clinical sites and supervisors or preceptors to provide each of you with the clinical experiences necessary to prepare you for independent professional practice, and to design, organize, administer and evaluate your overall clinical education and performance.

CLINICAL PRACTICUM AND EXTERNSHIP ASSIGNMENTS

A detailed description of clinical practicum and clinical externship assignments is provided in the Au.D. Program Handbook. A general description of how it works is provided below:

1. First Year Au.D. students are assigned to the UA Little Rock Speech and Hearing Clinic (typically ½ day in the fall and 1 full day/per week during the spring semester), and are eligible to be assigned to off-site clinical practicum or clinic externships following successful completion of the First Year Performance-Based Evaluation by demonstrating clinical acquisition of knowledge and skills in the following:
    a. Pure tone air and bone conduction thresholds, including masking as needed
    b. Speech recognition thresholds and word recognition scores, with use of masking as needed
    c. Immittance measures including tympanometry, acoustic reflex thresholds and acoustic reflex decay
    d. Otoacoustic emission screening and diagnostic assessment
2. Second Year Au.D. students have successfully completed the First Year Performance Based Evaluation and are typically placed at interdisciplinary off-site clinics and/or at clinical rotations within 60 miles of Little Rock (typically completing 1 to 2 full-days of clinic/per week during fall and spring semesters).Second Year Au.D. students are eligible for intensive clinical externship experiences (typically summer placements) when arrangements have been made well in advance, and following demonstration of a firm grasp of the following concepts:
    a. Pediatric diagnostic and intervention principles
    b. Electrophysiological assessment procedures
    c. Electroacoustic analysis of hearing aids and other assistive listening technology
    d. Basic hearing aid candidacy, evaluation, selection, programming, and fitting
3. Third Year Au.D. students have successfully completed the Second Year Performance Based Evaluation and are typically placed at off-site clinics within 120 miles of Little Rock (typically completing 2 to 3 full days of clinic/per week during fall and spring semesters).
    a. In some situations, in order to gain valuable clinical experience – students may be placed in sites further away. All efforts are made to secure accommodations for students in these cases.
    b. In other cases, second and third year students may be placed at the UA Little Rock Speech and Hearing Clinic in order to meet Education/Advocacy/Collaboration KASA objectives.
4. Fourth Year Au.D. students work with the Externship Coordinator and the Director of Audiology to secure a 4th Year Au.D. Externship following the clinical education guidelines and timeline suggested by the American Academy of Audiology (http://www.audiology.org/resources/documentlibrary/pages/clinicaleducationguidelines.aspx).

CLINICAL PRACTICUM KITS

Beginning Fall 2014, incoming Au.D. 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 lab coat and the otoscope become the property of the student and are yours to keep upon completion of the Au.D. 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 or items or for replacement fees. You will be required to bring these items to your on-site clinic; however, whether you use the item or not may depend upon your preceptor. You may be required to bring these items to off-site clinics, or you may be discouraged from use (lab coat) at some off-site clinics.

CLINICAL SUPERVISION

Practicum in the UA Little Rock Speech and Hearing Clinic is required for a minimum of 2 semesters prior to assignment to one of clinical affiliate educational training partners. The training model used in our clinic, and the majority of sites which are recognized as clinical education partners, is a continuum of clinical experiences in which participation gradually increases from Student Observer to Direct Care Provider. In general, the amount of student supervision decreases in an inverse proportion to the increase in student skill competency. Typically, in the Audiology Clinic at the UA Little Rock Speech and Hearing Center, the student can expect to observe for a few weeks with minimal participation as they learn clinical procedures and can then expect to be given increasing responsibility in the provision of clinical services as their skill level and confidence increases.

Clinical Affiliation Agreements have been established with external facilities. These agreements are a contract between UAMS and the facility outlining the working relationship between the two entities. These agreements must be in place prior to student placement at a site. This affiliation agreement outlines UAMS responsibilities, facility responsibilities, Health Information Portability and Privacy Accountability (HIPAA) policies, and provides protection for you as a student. It is the responsibility of the Clinical Business Services Manager, Practicum Coordinator, and Director of Audiology to maintain a current list of clinical affiliates. This list can be found in **Appendix A.**

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 are observer 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 accurate assess the student's skill level and facilitate development to the next level of transition from classroom to clinic.

Supervision is provided commensurate with the clinical knowledge and skill level of each student following standards of care ensuring the welfare of each person served by students is protected, in accord with recognized standards of ethical practice and relevant federal and state regulations.

Supervisors and preceptors may use a number of techniques and strategies designed to assist the student in achieving their full potential. Assessment is used to help facilitate the development of student clinical skills. Supervisors may serve as teachers, preceptors, and mentors during this process, assessing clinical skills at mid-term and at the end of each semester. The form used for clinical assessment (coded with KASA objectives) is the Clinical Skill Competency Assessment Form and is provided in **Appendix A. (Note: Beginning Fall 2015 and thereafter, incoming Au.D. students and clinical preceptors will begin using Calipso.)**

Students are expected to take responsibility for their clinical skill competency and to demonstrate their responsibility by providing their preceptor with a copy of the clinical skill competency form at the beginning of each semester. Students should routinely conduct self-assessments, schedule a med-term appointment with their on- or off-site preceptor for a clinical competency assessment conference, and schedule a final appointment with their on- or off-site preceptor for a final clinical competency assessment conference.

It is recommended that students (a) provide the preceptor with a copy of the clinical skills assessment form prior to the beginning of the semester, review the clinical skills assessment form during the semester, and bring a copy of the clinical skills assessment form to the mid-term and final clinical assessment conference appointments. Students should review the form prior to their appointment and 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. Students and preceptors are expected to sign and date the Clinical Skill Assessment Forms. Due dates for Clinical Skill Assessment Forms are provided on the Audiology Academic Calendar at the beginning of each semester. Clinical Skill Assessment Forms for off-campus placements can be faxed to 501-569-3157.

Audiology students participate in a number of activities designed to assess clinical competence. The assessment schedule as follows:

- Clinical skills competency assessment (every semester; mid-term and final)
- Professionalism Evaluation (annually in December; and as needed)
- Performance Based Evaluation of Basic Diagnostic Clinical Skills (1st Year Students, early Summer)
- Performance Based Evaluation of Amplification Clinical Skills (2nd Year Students, late Spring)

Professionalism, and Performance Based Assessments forms can be found in **Appendix A**. Successful completion of the Professionalism Evaluation and The Basic Diagnostic Skills Performance Based Evaluation is necessary before the student progresses to 2nd Year Student status and prior to an off-campus placement. All externship experiences must be coordinated with the assistance of the clinical education coordinator and the Director of Audiology. Although students are encouraged to be proactive in considering and discussing options for off-site placements (with their advisor and/or the clinical education coordinator), under no circumstances are students allowed to make arrangements for clinical externships independent of the program's participation. Students may review the list of programs currently approved as clinical education affiliates (Appendix A).

SUPERVISORS RESPONSIBILITIES

Chart Review & Discussion with Student Clinicians

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

Clinical Instruction

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

Evaluating & Co-Signing Written Records

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

Ordering Durable Medical Equipment

An internal purchase order form (IPO) must be completed prior to placing an order for services or equipment. Supervisors must approve all hearing instrument and earmold orders, repair orders, hearing instrument returns or exchange or credit, & paperwork before the clerical staff will process the orders.

Assessment

Supervisors 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 students' responsibility to initiate a mid-term and final conference, supervisors should be prepared to provide the students with feedback during a formal conference at least twice per semester. It is the preceptors' responsibility to guide the development of goals for clinical skill development and to monitor progress toward these goals. Supervisors should provide both verbal and 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 supervisor holding the appropriate certification (e.g. ABA, ASHA CCC-A; Arkansas 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 daily log of clinical activities that include direct and indirect services. A separate form is used for each supervisor. The supervisor's name and ASHA certification number are recorded on the form. Each week, the clock hour forms are initialed by the supervisor. Each semester, clock hours are summarized on a semester clock hour form that contains totals for each of the sites the student accrued clock hours at during that semester. Semester clock hour forms are checked and signed by on-campus preceptors responsible for your clinic check-out. A cumulative clock hour form is completed each semester documenting the 'current' total accumulated hours. It is the students' responsibility to have these forms completed prior to clinic check-out. Grades are not released until all clock hour forms have been completed correctly and a copy has been placed in your academic file. Clock hour forms can be found in **Appendix A.** Following are some general guidelines about documentation of clock hours:

- The "**Audiology Clock Hours**" form must be completed by the student and initialed by the supervisor **weekly**.
- Use one form per supervisor, per site.
- At the end of each semester, complete a **"Semester Summary of Clock Hours".**
- Complete a **"Clock Hour Cumulative Summary Form"** at the end of each semester as an ongoing record of your total accumulated hours.
- Bring these three Clock Hour Forms (Audiology Clock Hours, Semester Summary of Clock Hours, and Clock Hour Cumulative Summary Form) to **Clinic Check-Out**.
- **Keep photocopies of all your signed clock hour forms for yourself.** You may need them at a later date (e.g. in order to obtain licensure in another state).
- 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 clinician 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 the Audiology Supervisor(s) in writing well in advance of the next semester.
- If you are lacking in a particular skill area, you should ask the clinical faculty member(s) in charge of clinical assignments or the off-campus liaison for more experience in that area.

Recording Audiologic Rehabilitation Hours - You may record "**Treatment Hours**" obtained during diagnostic and amplification fitting appointments (e.g. ALD consultation; teaching clients to use a telecoil) and counseling as well as for clients seen for regular rehabilitation appointments.

*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 not count toward the minimum 1820 ASHA clock hour requirement, but will count toward the minimum 1900 program requirement.

(Note: Beginning Fall 2015 and thereafter, incoming Au.D. students and clinical preceptors will begin using Calipso.)

STUDENT ATTENDANCE POLICY

- Attendance is expected at every clinic you are assigned to during a semester, if you miss due to illness or emergency, it is your responsibility to make up the clinic time.
- Arrive 30 minutes early to your clinic assignment to prepare for the day (set up booth, check equipment, review charts, etc.).
- Under rare circumstances, you may be allowed to exchange clinic days for Audiology Clinic at the UA Little Rock Speech and Hearing Clinic, with two week prior notice and permission from your supervisor. In this case, the clinic supervisor will notify the office staff.
- Students are expected to treat clinic practicum and clinical laboratory just like any other course for credit, appointments with advisors, doctor's appointments, counseling appointments should not be scheduled during this 'class' time.
- Excused absences may be approved for audiology conference attendance with notice as soon as possible (a minimum of 2 weeks' notice) and supervisor permission.
- If absence on short notice unavoidable, students must make multiple efforts to contact supervisors and office staff using telephone, text, and email. Efforts must be well documented.
- If a clinician is ill, the supervisor and clerical staff must both 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.
- Examples of excused absences (with less than two weeks' notice) include funerals for immediate family members, serious illness or injury, hospitalizations, etc.
- Examples of unexcused absences include (but are not limited to) the following: hangover, weddings; family vacations, birthdays or anniversaries; funerals for persons outside the immediate family; death of a pet; or extended weekends or holidays.
- Any pattern or absence or tardiness may result in a failed practicum, remediation, or probationary status.
- 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 will result in an immediate dismissal from the program.

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 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. See the practicum course syllabus regarding specific weighting for grades.

Credit will be accumulated for:

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

Credit deductions will be taken 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 and logging same
- 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
- 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 serious concerns at all times. Infractions in any of these areas may result in remedial action and lowered grades. Credit for clinical experience/clinical hours may be withheld. Serious infractions may result in dismissal from the program. (See the Au.D. Academic Handbook for information regarding academic progression, remediation and probation policies.)

CLINIC CHECK-OUT

At the end of each semester, students participate in a Clinic Check-Out procedure. Clinic Check-Out is typically scheduled the day after the official last day of class and is posted on the Audiology Academic Calendar distributed at the beginning of each semester. The purpose of clinic check-out is to process all the necessary program and student documentation needed related to clinical education. Currently, students are responsible for bringing their completed clock hour forms with them to clinic check-out:

- Signed Daily Audiology Clock Hour Forms
- Semester Summary Clock Summary Form
- Cumulative Clock Hour Summary Form

In addition, Clinical Skill Competency Forms must be completed and received on or before Clinic Check-Out. As part of the clinical training program, the program is required to report on the size and diversity of client populations available in the facilities where students are placed. Students complete a Supervisor Evaluation Form for each preceptor they have had at each site throughout the course of the semester. The additional forms used for Clinic Check-Out are provided in **Appendix A.**

Your grade for practicum is not released until all of this paperwork has been completed.

(Note: Beginning Fall 2015 and thereafter, incoming Au.D. students and clinical preceptors will begin using Calipso.)

PROGRAM ASSESSMENT AND ONGOING EVALUATION

Program evaluation is a planned process of gathering and analyzing data in order to gather information regarding program effectiveness and efficiency. Forms are to be completed at clinic check out each semester. Failure to complete these forms in a timely manner may influence your grade for practicum. The following forms, found in **Appendix A,** are used to assist in program evaluation:

Course/Instructor Evaluations

An important part of program assessment and quality improvement is the feedback we receive from students. All course/instructor evaluations are completed via a Blackboard Application called EAC Outcomes and only takes a few minutes. These evaluations become part of an instructor's portfolio and are used in annual performance evaluations, decisions regarding promotion and tenure, etc. This is an opportunity for you to provide constructive feedback about course organization, goals and objectives, assignments and activities that were effective or to offer suggestions about assignments and activities that would enhance the effectiveness of your learning process.

When we assign course instructors, we recognize and respect expertise areas and where there is no subject matter expert; we try to identify a faculty member comfortable with taking this on, or make all attempts to find a qualified member of the community. Our goal is to assign courses to instructors who are knowledgeable about the course content, are able to simplify difficult concepts to facilitate learning, create an atmosphere conducive to learning, use grading standards specified in the syllabus, and serve as a role model of professional behavior. This is your opportunity to provide feedback to the program about how strongly you agree or disagree that we have or have not met this goal. The course/instructor evaluation also asks for suggestions about what the instructor could start doing, stop doing, or continue doing to best facilitate your learning process. Students are expected to complete course evaluations for every course.

Supervisor Evaluation

All on- and off-campus clinical supervisors are evaluated each semester using the Evaluation of Practicum Supervisors. This is your opportunity to provide feedback to your preceptor about the extent to which the supervisor serves as a role model of professional behavior and assists you by modeling and coaching you in clinical processes and procedures as you (a) develop your clinical goals and objectives, (b) develop and refine your assessment and intervention skills, (c) learn principles of maintaining clinical records and responsibilities of documentation, report writing, etc., and (d) teaching you principles of patient and family centered care (i.e., compassion, dignity, respect). We also ask for your feedback 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 Clinical Skills Assessment Form. These assessments become part of your portfolio and are used to make decisions about placement and progression in the program. This is an opportunity for your instructor to provide constructive feedback about your professionalism; verbal, nonverbal and written communication abilities; and level of progression in acquisition of clinical knowledge, skills, and experiences. 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.

Additional tools used to assess clinical knowledge and skill progress toward acquisition and competence is the 1st Year Performance Based Examination and the 2nd Year Performance Based Examination. Successful completion for each of these examinations is required prior to progression to the next phase of your development. In addition, Professionalism is assessed by your peers and other professionals on an annual basis.

(Note: Beginning Fall 2015 and thereafter, incoming Au.D. students and clinical preceptors will begin using Calipso.)

Evaluation of Clinical Services

At the end of each diagnostic appointment and each initial hearing aid fitting appointment clients/caregivers are given the opportunity to evaluate the overall service they have received at the clinic by completing the *Evaluation of Clinical Services*. Clients receive this form at during the clinic check-out process. The purpose of the evaluation is to determine the efficiency and effectiveness of clinical services, as well as consumer satisfaction. This is an opportunity for clients to provide feedback about the quality of services they received and their satisfaction with services. The responses are compiled, filed, and available for review by the faculty and students. Clients (ideally) complete this form before leaving the clinic. If the client does not complete the form at the time of the visit, provide the client with an addressed, metered return envelope.

CLINICAL PRACTICE

BASIC CLINIC INFORMATION

Where is the Audiology Clinic Located?

Clinic Physical Address: This address is used for google maps and mapquest and for UPS deliveries. A different address is used for billing statements, and mail delivered through the UA LITTLE ROCK mailroom. When in doubt about which address to use, ask.

UA Little Rock Speech and Hearing Clinic
5820 Asher Avenue
University Plaza, Suite 600
Little Rock, AR 72204

Clinic Phone Number: 501-569-3155
Clinic Fax Number: 501-569-3157

Rooms Pertinent to Audiology:

Room 601- Speech and Hearing Clinic Office
Room 603- File Room (older speech and patient charts)
Room 604- Copy Room/File Room (new and current speech and audiology patient charts; audiology preceptor and student clinic folders)
Room 619- Research Lab- Nicholson
Room 623- Special Testing (ABR, VNG, ECoG, MLR, P300, VEMP, Repositioning, Cerumen Management)
Room 626- TAC Room (Telecommunications Access Center) - Hearing Aid/Consultation Room
Room 627- Research Lab- Franklin/Nagaraj
Room 628- Research Lab- Atcherson
Room 629- HARLI (Hearing Aid/Consultation Room)
Room 630- Pediatric Sound Booth
Room 631- Adult Sound Booth

How Are Patient Appointments Made?

1. The patient calls the front desk personnel [(501) 569-3155] to schedule an appointment
2. The clinic staff determines the type of appointment needed. The clinic staff completes an INTAKE FORM which contains new or updated patient contact information, referral source and reason for appointment.

The Audiology Clinic offers many different types of appointments. Some of these appointments include: hearing tests, hearing aid (consultation, fitting, follow-up, adjustments, repairs), assistive listening devices, specialty testing (APD, VEMP, ECoG, etc.) Most of the appointment times are in 1 ½ hour increments. On-campus clinic is scheduled based on student class schedules and preceptor availability.

3. The patient is scheduled in BLUE PRINT.

Blue Print is a computer based scheduling program that also provides practice management options. Students do not have access to Blue Print. Administrative staff and clinical audiology faculty have access at this time.

4. Each week, the clinic receptionist prints the audiology clinic schedule from Blue Print. The schedule is placed in a folder located to the far right of the clinic receptionist's desk.
5. The day before the patient's appointment, the clinic receptionist calls the patient to confirm the appointment.
6. On the day of the patient's appointment, the clinic receptionist places the patient chart in the file stand behind the Audiology Clinic schedule. The ENCOUNTER FORM (sheet that summarizes the services and prices of services provided to the patient)
7. You should arrive 30 minutes or more prior to your assigned clinic slot to be sure all equipment is set up, listening checks are completed, and you have prepped for your patient and met with your preceptor.
8. The student checks approximately five minutes prior to the patient appointment time and every five minutes thereafter if the patient has not arrived. Be sure to greet the patient.
9. At the patient's appointment time, check with the preceptor before retrieving the patient from the waiting room and escorting him/her back to the appropriate room.
10. If the patient is 15 minutes or more tardy for an appointment, it will be at the discretion of the preceptor to have the patient's appointment to another day/time.

What Do the Chart Colors Mean?

Green Charts-** Speech Clients or General Audiology Patients (non-hearing aid);

if a patient has a green chart and is to be fit with a hearing aid then the chart will be changed from green to blue by the clinic receptionist

Blue Charts-** Hearing Aid Patients (file drawers labeled Hearing Aid Patients)

if you see a patient with hearing aids who has a green chart, please notify the clinic receptionist so a blue chart can be made

Where are The Clinical Forms Located?

Treatment Rooms, Hearing Aid Rooms, Clinic Handbook

ENCOUNTER FORMS ARE ISSUED BY THE CLINIC STAFF

What Happens When I Finish With My Patient?

1. **Upon approval from your preceptor**, escort the patient to the clinic check-in/check-out window, the patient will receive a copy of his/her Encounter Form (document that reflects services provided). The clinic receptionist will collect payments as required and provide the patient with a hand written receipt in addition to the Encounter Form copy.

   *The student clinician and preceptor must sign the Encounter Form.

2. You may have time to make your chart note, write the draft of reports, etc. depending on the amount of time left in your clinic slot or if you have class following clinic, etc. Drafts of reports are due to the preceptor within 48 hours (or sooner as deemed by the preceptor) of seeing the patient.
3. You may work on reports in the student workroom or in Audiology Clinic (Room 625 or 629) if a room is available. Please check to be sure that no patients or preceptors are scheduled to be in

those rooms. Preceptors/patients take precedence in Room 625 and 629. Audiology Research Labs AND Clinic Office are not to be used as a workspace.

4. Once the report is completed, turn in chart, report draft and all paperwork (audiograms, case history, etc.) to the preceptor's file. You may email your drafts to the preceptor but you must use the UAMS secure website. Also you must abide by the HIPAA guidelines regarding Personal Health Information (PHI). Students are allowed to work on patients' reports, paperwork, etc. in the student workroom; however, you must check out the chart. Check- out cards are located on the top of the file cabinets in Room 604.
5. Once your preceptor has read the draft of your report she/he will place the patient chart in your student clinic folder located in Room 604. The student clinic folders are located in the 5th file cabinet from the left in the second drawer. (Anyone removing clinic files from the file drawers is required to fill out a File Check-Out Card.)
6. After the preceptor approves all draft and the final document and chart paperwork has been completed, then chart is submitted to the clinic receptionist so that copies of the report may be sent to the patient (and/or other parties as needed or requested by the patient). The student makes the appropriate number of copies to be sent out. The receptionist will return the chart to file cabinet.

*On the front of the chart should be attached the REPORT VOUCHER form. This form lists the persons to whom the report and test results are to be sent. Put the draft audiogram and report draft on front of the chart. Original documents are to be placed in the chart and copies to pt. The Report Voucher form is to be signed by the preceptor and the student. The receptionist documents in the CONTACT NOTES section of the chart that the patient has been sent the report, the form is placed in the patient chart. Please be sure that your patient has signed a Release of Information Form, which will allow us to send the audiogram/reports to other persons (physicians, etc.)

7. All charts are to be returned to the clinic office by 5 p.m. each day. If you have not finished working with the chart or were unable to work with the chart please return it to your student clinic folder or your preceptor's clinic folder. **NO PATIENT CHARTS ARE TO BE TAKEN OUT OF THE DEPARTMENT!!!**

PATIENT APPOINTMENTS

Assignment of Clients/Scheduling

- Check Blue Print [how to access blue print] the day before your appointment & familiarize yourself with the cases.
- Read the Intake Form in the file or schedule book to see what services the client is expecting. Review prior information, e.g. test results, case history, contact notes, and reports, if available.

Case Preparation

- Review your clients chart before you see the patient.
- Complete the Case Preparation Form and review it with your supervisor.

Meeting Clients

- Begin checking on the arrival of client at least 5 minutes prior to the scheduled appointment time.
- Wear your nametag, introduce yourself by name, and indicate that you are the student clinician who will be working with them today.
- Introduce other students who will be with you during the appointment.
- Introduce your supervisor by name & title if s/he is with you.
- Whenever working in the Clinic, refer to supervisors, fellow students, and adult clients in formal terms, i.e., by last name.
- Inquire whether the client has a parking pass. Assist them with obtaining one from the office staff, if needed. Avoid talking about any case history until you are seated in the appropriate diagnostic/rehabilitation room. It's fine to ask "How are you?", talk about the weather or parking, etc.

Initiating Clinical Service (Diagnostic)

- Begin obtaining the client's case history (see below) after you are in a test booth or appropriate room. Close doors behind you to maintain a more confidential environment.
- Have the client sign any necessary HIPAA, Responsibility for Payment, Client Policy Summary/Consent for Treatment, and release forms as needed before you initiate services.
- Instruct clients clearly and briefly, throughout clinical procedures, so that clients know what to expect, and what is expected of them. Confirm that they understand instructions before beginning tasks. If clients appear confused or uncertain of what is expected of them, do not hesitate to re-instruct.
- Inform clients that you can hear them from the other side of the booth, and that you will be able to talk to each other.

Completion of Appointments

- Circle and/or fill in the proper codes and charges on the Encounter Form and hand it to the client for checkout.
- Thank the client for coming. Escort the client back to the reception window for checkout.
- Hand the questionnaire regarding our clinical services to the client for all diagnostic appointments and for an initial hearing aid fitting appointment. Request they fill the form out

before they leave and hand it to Clinic Office staff. If that is not possible, hand the client the self-addressed envelope to mail the questionnaire to the clinic at their convenience. .

- Help the client set up any necessary follow-up appointments.
- Complete your reports (first draft) and contact notes **within 48 hours**. Complete hearing instrument and earmold orders (including repair orders) within 24 hours of seeing the client. Provide these to your supervisor for her/his editing & approval.

DAILY CLEAN-UP GUIDELINES

Each clinician is responsible for cleaning up her/his own area at the end of each appointment or lab assignment. **Please remember to do the following throughout your clinic day:**

- Untangle the cables at the beginning of each test session and following each appointment.
- Remove all specula and probe tips from equipment when finished with them, and leave in appropriate containers marked for used tips. Do not leave used items on tables, equipment, etc.
- Clean all supplies and surfaces after each use.
- Return all items to their rightful place when not in use. This includes all test manuals, CD's, consignment systems, ALDs, toys & pictures, etc.
- Clean all toys after use. Use soap and water or a diluted bleach solution.
- Report problems to the supervisor on duty, who will in turn follow up as needed.
- Turn GSI 33 screens down when not in use so that the image will not burn in place.
- Keep batteries, screwdrivers, hearing aid supplies, putty for hearing aid analyzers, and all other supplies in their appropriate containers when not in use.

The Do Not List

- Do not put **battery tabs** on tables, equipment, etc. Put them **in the trash or on the battery package**.
- Do not place papers, GSI shoulder sandbags, or other items on top of immittance equipment where they may cause **overheating**.
- **Do not leave batteries on metal surfaces** or on top of battery testers, creating unnecessary battery drain.
- **Do not remove demonstration dry aid kits, scissors, pens, battery testers, tubing expanders, or otoscopes from their respective rooms.** These items are available in each room where they are needed, and do not need to be taken with you when you move to a different room.

DRESS CODE

Clinicians represent University of Arkansas for Medical Sciences and University of Arkansas at Little Rock 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. The following guidelines apply to all persons working or observing in the UA Little Rock Speech and Hearing Clinic and the majority of it's off campus sites:

Name Tags

Nametags should always be worn when in the clinic and for off-campus clinical activities.

Clothing

Examples of appropriate clothing for clinical dress include the following:

- Pants and slacks, but may not drag on the floor
- Cropped pants
- Nice Polo shirts
- Long- or Short-sleeve dress shirts with or without ties.
- Turtleneck sweaters
- Sleeveless tops for women (with wide shoulders, e.g. 2½ to 3").
- Suit coats (optional)

Examples of inappropriate clothing or clothing that is not acceptable for clinical dress include the following:

- Blue jeans and corduroy jeans (unless indicated by the job or department activity)
- Shorts and short split skirts/skorts
- Informal T-shirts, especially those with pictures or slogans
- Sweatshirts
- Sleeveless tops with narrow straps
- Strapless tops
- Bare shoulders and backless dresses
- Bare midriffs, including skin that becomes visible when reaching or bending
- Formal wear, e.g. party dresses

General clothing guidelines are as follows:

- Clothing must be neat, clean, and suitable for the job, presenting a professional appearance.
- Dress and skirt length and style must be appropriate for daytime wear; micro- and mini-skirts are not appropriate. Skirt lengths should not be more than two inches above the knee. Full-length skirts and hats are discouraged unless required for religious purposes.
- Clothing must not be extremely tight or have revealing necklines.
- If pants have belt loops a belt must be worn.
- Shirts should be tucked in (unless the clothing style is otherwise).
- 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. Slacks and crew neck tops are recommended during pediatric appointments.

- Off-campus screening events with UA Little Rock faculty/staff may have a different dress code than the UA Little Rock clinic or other off-campus facilities; e.g. polo shirts or certain types or T-shirts may be permitted for some health fairs.

Hair

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

- 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.
- Hair bands or scarves are allowed for purposes of securing hair up and back.

Shoes

Safety and quiet should be used as guidelines for choice of footwear.

- Shoes should be clean and appropriate for daytime wear.
- Heavy boots (e.g. hiking boots, snow boots, cowboy boots, rubber rain boots) are not permitted.
- Casual sandals should be avoided; thong style sandals (i.e., flip flops or sandals with a post or strap between the toes) are not appropriate.
- Stilettos, moccasins, or sneakers are not permitted.
- High heels should be of reasonable height (≤2" high) to remain safe and comfortable.

Off-Campus Sites

- Dress codes vary among off-campus practicum sites. Further details on dress code are available from off-campus preceptors. Many off-campus externship sites have more stringent dress codes than the UA Little Rock clinic, e.g. most hospitals have the following additional requirements:
- No sandals or open-toed shoes
- No boots
- No sleeveless tops
- Some sites require lab coats
- Some sites do not permit any perfume, cologne or other scents
- Clinicians should dress professionally, but comfortably for off-campus sites that require carrying equipment to and from the car.

Make-Up, Nail Polish, and Cologne

- Make-up, nail polish, and cologne must be of a conservative, daytime style that is not distracting to clients or significant others.
- Many persons are sensitive or allergic to colognes; scents should therefore be used sparingly if at all.
- Nails should be neat and clean. Nails have to be cut due to infection control for MRSA. Cut them so you can't see them from the palm side of your hand.

Jewelry

Safety should be kept in mind when selecting jewelry.

- Earrings, bracelets, and necklaces should not hang loosely where they can become caught and hurt the wearer or client, make noise, or damage equipment.
- Rings may be worn if they are kept clean and do not create a safety hazard for the wearer or client. 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.
- The amount and size of jewelry worn should not be excessive.

Miscellaneous

It is expected that all clinicians will avoid the following:

- Wearing personal pagers or carrying cell phones while seeing client(s)
- Having visible body piercing or other body art, e.g. tattoos
- Chewing gum, eating or drinking while seeing clients
- Leaving food or drinks near electronic equipment

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 office and surrounding areas at a minimum.
- Demonstrate respect for clients and their significant others at all times.
- Language must reflect cultural sensitivity and maintain a positive clinical environment at all times. Comments involving religious exclamations, racial or ethnic slurs, personal slander, or sexual innuendo are forbidden and will not be tolerated.
- Refer to adult clients (≥18 years) by an appropriate title (Mr., Mrs., Ms., Dr., etc.) and their last name both in person and in reports. If adult clients 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 Ms., Mr., or Dr.
- If you are upset about something, please keep your comments out of earshot of any clients or their family members, guest speakers, manufacturer representatives or other visitors to the department.
- Practice attentive listening. Try not to interrupt clients or to "put words in their mouths."
- When counseling, observe listeners for their attention and apparent comprehension. Adjust counseling accordingly.

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/supervisors, both on and off campus with respect and observe appropriate professional boundaries with preceptors at all times. Refer to supervisors as Ms., Mr., or Dr.
- Request approval from your supervisor 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/supervisor suggested one procedure over another, ask the supervisor what the advantages are, but save questions until an appropriate time when you are not with the client. (If time permits, you may want to use both procedures to obtain the same piece of information, and then compare them for yourself.)
- If you are experiencing problems with your off-campus preceptor/supervisor, contact the Clinical Education Coordinator and/or the Director of Audiology to discuss your concern.
- Remember that a positive experience with you will pave the way for valuable externships for other UAMS/UA LITTLE ROCK students. It may also help you obtain a good job recommendation.

- Student Facebook and social media contact (with faculty, staff, and preceptors) is strongly discouraged.

Interpersonal Communication: Clinician/Client Relationships

- The clinician-client relationship should be professional, cordial and respectful. Treat clients 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 client's life.
- Clinicians should follow the client's lead with respect to familiarity, but do not become overly familiar with clients. You may be friendly and joke judiciously with clients, but do not joke with clients 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 clients begin to converse about these topics, steer the conversation back to appropriate topics. Consult your supervisor as needed.
- It is not acceptable to become Facebook friends with your clients (or engage in other social media), unless you already had an established 'relationship' with the client previously.
- Do not socialize with (flirt, lunch, or date) on- or off-campus clients or preceptors.

CLINIC PROTOCOLS

HEARING SCREENING (PURETONES)

- When in the field (i.e., HIPPY, Special Olympics, etc.) use the appropriate hearing screening form.
- Do a careful listening check before testing. If screening will not be in a sound booth, discuss this with your supervisor, who will decide what special procedures to use when working in background noise.
- Instruct the client to respond to every tone/beep/sound, even if it is very soft.
- Screen at **20** dB HL (or at a higher intensity level approved by the supervisor if you are in a noisy testing environment). Screen at 1000, 2000, & 4000 Hz; screening at 500 Hz is optional, depending on background noise levels.
- **Note:** When "screening" for occupational/hearing conservation purposes, we obtain thresholds, rather than screening at the customary 20 dB HL. Testing for occupational/hearing conservation purposes requires that you obtain thresholds at 1000, 2000, 3000, 4000, 6000 and 8000 Hz.
- **Pass**= Response at 20 dB HL (or level approved by the supervisor) for every frequency in each ear.
- **Refer** = No response at 20 dB HL for any single frequency in either ear. Refer clients for re-screening. If the client does not pass the second screening she/he requires referral for a comprehensive hearing evaluation.
- If time permits, obtain a threshold for any frequency where you noted a "no response." Document this on the screening form.
- **DO NOT** use X's or O's on an audiogram at 20 dB HL unless this is an actual threshold level. If recording screening results on an audiogram, instead of a special screening form, **do not** use X's & O's. **Audiometric symbols must be used only for thresholds.** Write "Passed at 20 dB HL" across the audiogram for a client who passes the screening at 20 dB HL for every frequency.
- Describe the results of the screening in the "Comments" section if using an audiogram form.
- **Never** write just "Screened at 20" across the Audiogram; you **must** indicate whether the client **passed** the screening or was **referred**, and indicate which ear, e.g. "Passed screening at 20 dB HL in the right ear, and referred for the left ear due to no response at 2000 Hz.")

Hearing Screening (Otoacoustic Emissions)

- Know what the pass/refer criteria for the piece of equipment that you are using, check the manual.
- Select the largest tip that can be used for the client, young ears are amazingly compliant.
- Record Pass/Fail on the screening form.

References

American Speech-Language-Hearing Association (1997). Guidelines for Audiologic Screening [Guidelines]. Available from http://www.asha.org/docs/pdf/GL1997-00199.pdf.

COMPREHENSIVE HEARING EVALUATION

The Comprehensive Hearing Evaluation should be as complete as possible. Unless otherwise directed by your supervisor, it consists of the following.

Case History

- Read the file before your client's arrival. Review, up-date, or obtain case history information with clients prior to testing. Make note of any significant changes.
- Ask clarifying questions as needed. The case history form should be thought of as a *launch point* for the history, *not as the complete history*.
- You may find that some questions on the case history appear inappropriate for a particular client, e.g., asking a healthy adult about dexterity issues. You are allowed to not ask questions that are not necessary or inappropriate.
- Avoid "leading" questions. Use open-ended questions whenever possible. If clients cannot respond appropriately to these types of questions, use "this or that" or multiple choice-style questions. e.g. "Does your dizziness make you feel lightheaded, or more like you are spinning around?" "Is the noise a continuous sound, or more of a pulsing or clicking?"
- Avoid tag questions, such as "You've never worked around loud noise, have you? Be more direct and non-judgmental. E.g. “Have you ever worked around loud noise?”
- Avoid body language and facial expressions which are leading. E.g. Shaking or nodding your head while asking a question.
- If the client tells you information that is not essential for you to know, try to steer the conversation back to a more appropriate topic by focusing on specific otological information and listening needs. If needed make a brief transition statement (e.g. "That's something to ask your physician about at your next appointment."), then move on to the appropriate topic without providing any long pauses.
- If your test results are not completely consistent with the case history information, make sure to ask follow-up questions after testing.
- Use quotations from the client, as appropriate, in your written reports.
- For every concern raised in the case history/background information section of reports, you should have an appropriate test result and/or recommendation reflected in the later sections of the report.

References

World Health Organization. (2001). International Classification of Functioning, Disability and Health (ICF). Geneva: Author.

Otoscopy

We recommend doing otoscopy before other procedures. Follow the recommended procedure for ear examination.

References

American Speech-Language-Hearing Association (1992). External auditory canal examination and cerumen management. Asha, 34 (Suppl. 7), 22–24. Available from http://www.asha.org/docs/pdf/GLKSPS1992-00034.pdf

British Society of Audiology (2010). Recommended Procedure: Ear Examination. British Society of Audiology. Available at http://www.thebsa.org.uk/wp-content/uploads/2014/04/RecProc_EarExam_25Jan2010.pdf.

Cerumen Management

- **Note:** Check individual state laws and licensure regulations to ensure that cerumen removal is within the scope of practice for Audiologists in that state before attempting cerumen management.
- **Consult your supervisor before attempting to remove cerumen**. Use a bright otoscope or a video-otoscope and a headlamp. Proceed with great caution, and choose instruments conservatively.
- Use a brief descriptive phrase when documenting otoscopy results with respect to cerumen accumulation, e.g.
    - Clear external auditory canal
    - Minimal amount of cerumen present
    - Moderate to large amount of non-occluding cerumen present
    - Nearly occluding amount of cerumen present (A pinhole through the cerumen is verified through tympanometry.)
    - Occluding cerumen present (as verified through tympanometry)

References

American Speech-Language-Hearing Association. (1992). External auditory canal examination and cerumen management. ASHA 34(March, Suppl. 7):22–24.

Pure Tone Air and Bone Conduction Audiometry

- Test the following octave & interoctave frequencies in Air Conduction:

  250, 500, 1000, 2000, 3000, 4000, 6000, & 8000 Hz

- Test the following octave & interoctave frequencies in Bone Conduction:

  500, 1000, 2000, 3000, & 4000 Hz

- You may use either an Ascending or Modified Hughson-Westlake (Carhart, 1957) method for determination of thresholds. (See a general audiology reference text.)
- Use ER-3A insert earphones for routine air conduction testing whenever feasible.
- When recording unmasked bone conduction thresholds on the audiogram, use the Λ ('unspecified') symbol.
- Obtain interoctave thresholds bilaterally if there is a difference in thresholds of 20 dB HL or more at two adjacent octave frequencies, or if the client is a hearing aid candidate.. Any interoctave frequency tested in one ear must also be tested in the other ear.
- Use masking as needed for air and bone conduction thresholds.
- Ensure optimal placement of the bone conduction oscillator (reposition and retest as needed to confirm accuracy of thresholds if you obtain BC thresholds worse than AC thresholds
- Record no response thresholds at output limits when appropriate, keeping in mind that maximum intensity levels varies by frequency and by audiometer.

References

American Speech-Language-Hearing Association (2005). *Guidelines for manual pure-tone threshold audiometry.* Rockville, MD: Author. Available from http://www.asha.org/docs/pdf/GL2005-00014.pdf.

American Speech-Language-Hearing Association (1990). Guidelines for audiometric symbols. Asha, 32 (Suppl. 2) 25-30. Available from http://www.asha.org/docs/pdf/GL1990-00006.pdf.

Speech Recognition or Detection Thresholds

- SRTs and SDTs (10 – 15 SDT) should agree with the pure tone averages (PTA's) for the respective ears within ±7 to 8 dB HL.
- Good agreement between SRT and PTA = ± 5 dB.
- Use masking as needed for speech threshold measures (typically air conduction only).

References

American Speech-Language-Hearing Association (**1988**). Determining threshold level for speech. *Asha,* pp. 85–89. Available from http://www.asha.org/docs/pdf/GL1988-00008.pdf.

Jahner JA, Schlauch RA, Doyle T (1994). A comparison of American Speech-Language-Hearing Association Guidelines for Obtaining Speech-Recognition Thresholds. *Ear and Hearing, 15.* 324 – 329.

Word/Speech Recognition Scores

- Speech recognition testing may be conducted at a variety of intensity levels and with a variety of speech materials, depending on the purpose of the evaluation.
- You may need to test at more than one intensity level for some clients. (E.g. +30 dB SL, +40 SL re: SRT to approximate PB max, MCL, conversational loudness of 50 dB HL, or high levels for PB Function). Use a Performance Index when necessary.
- **Use recorded speech materials whenever possible.** Exceptions include clients who are easily confused by the task, pediatric clients, and appointments with serious time constraints.
- Use masking as needed for word recognition testing (typically air conduction only).
- Speech recognition testing is usually conducted at a comfortable suprathreshold level using monosyllabic words, and is consequently referred to as **word** recognition. Document the materials & procedures used for testing. The **NU-6** word list should be used unless there is a compelling reason to use different materials (e.g. California Consonants, CID Everyday Sentences). If using sentence length materials instead of single words, then use the term **speech** recognition.
- Use the following guidelines when deciding whether to administer 25 or 50 NU-6 words (Margolis, 1997, pg. 6):
    - Obtain word recognition scores for NU-6 words presented at 40 dB SL re: SRT
    - If using the NU-6 Word List Ordered by Difficulty and the client has normal hearing sensitivity and scores 100% for the first 10 words, you may record the score as 100% and stop testing.
    - If the client has a conductive hearing impairment and scored 100% at the last evaluation, administer 10 words. If the client scores 100% for the first 10 words, you may record the score as 100% and stop testing.
    - If the client misses 3 words or fewer out of the first 12, administer 25 words.
    - If the client misses more than 3 words out of the first 12, administer 50 words.
- Interpret the speech recognition scores for monosyllabic words as follows:

Classification	% Correct	Communication Problem
Excellent	90-100%	Little or no difficulty in all situations
Good	80-88%	Difficulty seldom noted
Fair	70-78%	Slight difficulty in some situations
Fairly Poor	60-68%	Some difficulty in many situations
Poor	40-58%	Difficulty in most situations
Very Poor	0-38%	Extreme difficulty in all situations

Recorded Speech Audiometry

- Digital media of recorded for speech audiometry are kept in the drawer on the examiner side of the main diagnostic booth's desk. These are **NEVER** to be removed from the Clinic**.**
- **Return all CDs to their original cases immediately after the appointment.** Do not lay CD's on any surfaces other than the CD player or case to avoid damage.
- Do a listening check when you set up for recorded speech to be assured of the desired signal and perform the necessary calibration.

References

Dubno JR, Lee FS, Klein AJ, Matthews LJ, Lam C (1995). Confidence limits for maximum word-recognition scores. *Journal of Speech and Hearing Research, 38,* 490 – 502.

Guthrie LA, Mackersie CL (2009). A comparison of presentation levels to maximize word recognition scores. *Journal of the American Academy of Audiology, 20,* 381-390.

Hapsburg D, Pena E (2002). Understanding bilingualism and its impact on speech audiometry. *Journal of Speech, Language, Hearing Research, 45*, 202-213.

Martin FN, Scverence GK, Thibodeau L (1991). Insert earphones for speech recognition testing. *Journal of the American Academy of Audiology, 2,* 55 – 58.

Stuart A (2004). An investigation of list equivalency of the Northwestern University Auditory Test #6 in interrupted broadband noise. *American Journal of Audiology, 13*, 23 – 28.

Wilson RH, Oyler AL (1997) Psychometric functions for the CID W-22 and NU auditory test No. 6: Materials spoken by the same speaker. *Ear and Hearing, 18*, 430 – 433.

Immittance

The complete immittance battery should be included as part of each client's initial hearing evaluation for every client. While there are exceptions in some cases, the immittance battery should also be included in follow-up evaluations. It may be appropriate to perform only a tympanogram or just a tympanogram and acoustic reflex threshold testing in some cases.

Tympanometry

- Complete a tympanogram for each ear using the appropriate probe tone frequency
- Record ear canal volume, pressure, static admittance, and tympanometric width and compare to appropriate norms.
- Interpret results based on age and gender normative data.

Acoustic Reflex Thresholds

- **Ipsilateral and Contralateral**
    - Test at 500, 1000, 2000 Hz at a minimum; 4000 Hz and Broadband noise are optional, but strongly recommended. Check with individual supervisors.
    - Do not test acoustic reflexes using stimuli above 105 dB HL without supervisor approval. It is the policy of this clinic that acoustic reflex stimuli greater than 110 dB HL are not to be used.

- **Contralateral Acoustic Reflex Decay** testing for at least one frequency and/or Broadband Noise
    - Do not test acoustic reflex decay above 105 dB HL without supervisor approval. It is the policy if this clinic that acoustic reflex stimuli greater than 110 dB HL are not to be used.
- **Acoustic Reflex (AR) Interpretation (**ANSI S3.39 1987)
    - Interpret AR's based on the pure tone threshold at each specific test frequency, utilizing the pure tone thresholds to identify AR **Sensation Levels (SL)**.
    - **EXPECTED** AR thresholds are at 70-95 dB **SL.**
    - **REDUCED** AR thresholds are less than 70 dB **SL.**
    - **ELEVATED** AR thresholds are greater than 95 dB **SL.**
    - **ABSENT** ARs are a "No Response" **at 105 dB HL** (or 110 dB HL if that level is authorized by your clinical supervisor).
    - Do not call your result a "no response" unless you recorded no response at 105 dB HL. In order to avoid risk of discomfort or hearing loss, we do not test at levels greater than 105 dB HL. When documenting an absent AR, do not use a number with a plus to indicate a no response (e.g. 105+); simply write "NR."
    - If you are unable to go to 105 dB HL because the client complains of discomfort, report this as "CNT." In the comments section of the form, record that you "CNT acoustic reflexes, due to client UCL at XX dB HL."
    - If you are unable to establish reliable pure tone thresholds, or your client is unable to appropriately respond to pure tone audiometric threshold tasks, you may need to interpret acoustic reflex data based on **Hearing Levels (HL)**.

      e.g. For a toddler, you may report that the acoustic reflexes were "present at normal hearing levels," or were obtained at "higher than normal hearing levels, consistent with a possible mild to moderate hearing impairment."

Otoacoustic Emissions

- To obtain and interpret diagnostic Transient Evoked Acoustic Emissions, refer to the equipment manual.
- To obtain and interpret diagnostic Distortion Product Otoacoustic Emissions, refer to the equipment manual.

Optional Procedures

- **Most Comfortable Loudness levels (MCL) and Uncomfortable Loudness levels (UCL).** Determine MCL and UCL for amplification candidates.
- **Word Recognition in Noise** - A speech in noise measure such as the "QuickSIN" should be tested for any clients who complain of difficulty understanding speech in noisy environments. (Report test results according to the QuickSIN instruction handbook).

Informational Counseling

- If the client is an adult, at the beginning of the appointment remember to ask whether they would like to have her/his significant other there during the appointment or when the test results or recommendations are being discussed. Do not assume anything!
- At the end of testing summarize the results and recommendations briefly for the client and ask the client again if she/he would like to have her/his significant other present when the test results or recommendations are being discussed. Clients may change their minds, and you must protect their privacy rights under HIPAA.
- When a client is accompanied to the appointment by a significant other, include both persons in the counseling process. Do not exclude either person, nor "talk down" to either one.
- Avoid technical audiology terms and jargon. Use clear, laymen's terminology when speaking to clients or writing reports.
- Choose your wording carefully **from the client's point of view**. Do not alarm clients unnecessarily, but be direct when a medical consult is needed.
- Make information comprehensible to the client at his/her level of understanding, but avoid "talking down" to clients. If the information cannot be comprehended by the person being counseled, then no useful information has been transmitted.
- It is not necessary, but is often helpful, to show the audiogram to every client while explaining test results. If using the Audiogram as a visual aid, explain how the graph is structured before attempting to describe the client's hearing.
- Martin (1995) suggests *not* showing the Audiogram to a client until s/he asks specific questions about her/his hearing impairment. These questions indicate that the client is ready to receive this type of specific audiometric information.
- Use examples during explanations. e.g. "Your daughter is hearing loud voices and vowel sounds well, but consonant sounds will be very difficult for her to hear. That means speech will sound muffled and unclear to her. She will especially have difficulty hearing sounds like S, F, and TH. That's why she is having trouble learning to say those sounds. She can't hear them clearly."
- If your client demonstrates a problem that makes you ill at ease, you must maintain a professional demeanor. Avoid expressing undue emotion. If necessary, obtain assistance with counseling from your supervisor. Try to be professional and take a matter of fact approach, but be sensitive to what the client is trying to say.
- Make referrals for professional counseling or social services as necessary. Discuss this with your supervisor.
- Make sure Kleenex is available for clients.
- Be aware of cultural, gender, and age based differences in communication style, and try to adjust your approach to counseling accordingly.

Additional Audiological Testing

Auditory Evoked Potentials (AEP)

- Consult the protocols available in the special test/ABR room. Discuss specific procedures & guidelines with your supervisor before the appointment.
- **Common Abbreviations for Auditory Evoked Potentials:**
    - **ABR:** Auditory Brainstem Response
    - **AABR:** Automated Auditory Brainstem Response
    - **AMLR or MLR:** Auditory Middle Latency Response
    - **ALR:** Auditory Late Response
    - **MMN:** Mismatch Negativity
    - **P-300 or CEP:** Auditory Event Related Potentials or Cognitive Evoked Potentials
    - **ECochG or ECog:** Electrocochleography
    - **VEMP:** Vestibular Evoked Myogenic Potential

Note: As of 8/09, the FDA has not approved the use of clinical evoked potential devices for recording VEMPs; however, VEMPs can still be recorded for clinical purposes (see http://www.audiologyonline.com/ask-the-experts/status-vemp-it-ethical-and-11421). As of 2/16, the Otometrics ICS Chartr EP 200 is the only FDA-approved device (see http://www.audiologyonline.com/ask-the-experts/fda-clearance-vemp-testing-important-16121).

Electronystagmography (ENG) or Videonystagmography (VNG)

- See the VNG/ENG equipment manual. Discuss specific procedures & guidelines with your supervisor before the appointment.

Medical Referrals

- Medical and ENT referral is required for any of the following:
    - Sudden onset hearing loss
    - Conductive hearing loss
    - Asymmetrical sensorineural hearing impairment of 10 dB HL or more at two adjacent test frequencies, or 15 dB HL at a single frequency
    - Other symptoms of retrocochlear impairment, such as tone decay, acoustic reflex decay, positive MLD, etc.
    - Tinnitus, especially if it has become louder or changed pitch or it is pulsatile
    - Dizziness
    - Otalgia (ear pain)
    - Otorrhea (discharge or foul smell from ear)
    - Impacted cerumen
    - Observable abnormalities of the tympanic membrane or ear canal, e.g. exostoses, fungi
    - Tympanic membrane (TM) perforations
    - Suspected ototoxicity
    - Medical clearance for hearing aids, which is mandatory for children under 18 years

- Refer clients back to their primary care physicians in order to obtain an 'insurance referral' for otology consultation. This avoids insulting family physicians by "going over their heads," and helps ensure insurance coverage for otological services.
- **Otologists must provide clearance for persons less than 18 years of age obtaining hearing aids**. Family physicians can provide medical clearance for other persons.
- Consider a referral to a Geneticist when the possibility of a hereditary etiology of hearing loss is likely.

RECORD KEEPING PROCEDURES

Client Records

Identifying Information

- **Immediately write the client's name and chart # on every piece of paper regarding that client.** Also write the client's Clinic Identification Number on every form that will remain in the client's file.
- Use **black or blue pen** when filling in medical forms, including all audiology-related forms, as required by law. There is no need to use red for right or blue for left ear symbols, but may be used at the discretion of clinical supervisors. Symbols and other writing on forms must be dark enough to photocopy well.

Note: The UAMS/UA LITTLE ROCK Department of Public Safety (DPS) mandates that no one affiliated with the University (e.g. students, staff, and faculty) is permitted to use a **guest parking permit**. They are not "guests" of the University if they are already formally associated with the University. UAMS/UA LITTLE ROCK students are NOT permitted to use parking permits for their own vehicles. UAMS/UA LITTLE ROCK students or staff members who are clients of the Hearing Clinic must park in the lots designated for their regular use (e.g. Lot #33), not in the UA Little Rock Speech and Hearing Clinic parking spaces.

Case History Form

- Separate case history forms are used for children and adults for audiologic diagnostic evaluations. You will typically fill in this form while speaking with the client. Ask follow-up questions as needed. Update information, including addresses & phone numbers, as needed for returning clients. It may be necessary to use a fresh case history form if much information is new. Remember that all case history information must remain confidential. Write in clarifications and corrections on the case history form if verbal information provided by the client is different from that the client provided.
- Other types of appointments (e.g., auditory processing, balance evaluation) also have their own case history forms.

Release of Information

- Release of Information from Other Facilities to UAMS/UA LITTLE ROCK - Use one form per facility.
- Release of Information from UAMS/UA LITTLE ROCK to Other Facilities- Use one form for multiple facilities.

Contact Notes

A SOAP note (acronym for subjective, objective, assessment, and plan) is a method of documentation employed by healthcare providers write out notes in a patient's/client's chart. Documentation of patient/client encounters is an integral part of practice in healthcare and contributes to the efficiency of workflow. Healthcare providers are encouraged to adhere to this standard to ensure consistent documentation across the industry. When SOAP notes are used, other providers, auditors or accreditation councils can easily review patients' charts and find the information that is required. The subjective component is the chief complaint. The objective component includes physical findings and results of test already conducted. The assessment component includes the diagnosis as a result of the assessment. The planning component includes a summary of next steps. For example – for a hearing aid repair type of appointment the SOAP note might state the following:

"Mr. Jones presented with a complaint of a dead hearing aid. He reported he had changed the battery that morning. The hearing aid battery was changed in the office and an electroacoustic analysis of the device was completed. The test results showed that the hearing aid met specifications. Mr. Jones was counseled to call or return with any additional problems."

SOAP notes are used to communicate with every individual that comes in contact with the patient/client file. This allows increased efficiency and better customer service when anyone in the clinic can pick up the patient's/client's clinic file, and be able to quickly assess the situation regarding client needs and follow-up care. In our clinic, we refer to SOAP notes as Contact Notes.

- Summarize what occurred for each client contact on the Clinic/Contact Notes sheet in the client's file. Contact notes should be brief, but complete. **The notes must be factual, clear and unambiguous.**
- **All contact notes must be made in INK.** Do not use pencil.
- **All contact notes should be signed, not just initialed**. Signatures should be legible.
- **Supervisors must co-sign** student notes, so leave room next to your signature for the supervisor's co-signature.
- **Do not leave any other open spaces or blank lines in contact notes. Draw a line through open spaces.** FYI: This is a requirement of "Problem Oriented Medical Record" keeping, which is used by most accredited health care facilities and rehabilitation agencies. Leaving no blank lines is a standard precaution against falsification of records.
- Every contact note and every piece of paper in the file must include the client's name and the date that piece of paper was generated.
- Contact notes are required for the following:
    - **Diagnostic Appointments** - Notes may just say "Hearing Evaluation (or Hearing Aid Selection); Report to follow" (if the report is not completed on the day of the evaluation) or "See Report" if the report is completed on the day of the evaluation. Include necessary notes regarding follow-up or future appointments.

Reports

- Reports for all diagnostic appointments and other appointments as deemed necessary by the supervisor, will be completed and mailed no later than two (2) weeks after the appointment date. Note: Once a correction has appeared on a report, the supervisor should not have to make that same correction again on that or any subsequent report.
- Students are expected to write, proofread, and edit their own reports prior to turning them in to the supervisor. Students will submit the first draft of a report to their supervisor within **48 business hours** of the original appointment.
- Supervisors will return the first draft with changes, as needed, to the student within 48 business hours.
- This same 48 business hour schedule will be followed by student and supervisor until the report is ready for mailing. As a courtesy to students and supervisors, when you have completed an updated version of a report, please send an email to that effect to your supervisor/student so that no reports are 'lost in the shuffle'.
- Students not adhering to the stated report timeline could have their clinic grade lowered.
- Once a final draft is ready, the student will
    - Fill out the 'Report Voucher' form
    - Obtain the supervisor's signature
    - Make enough photocopies (each stamped with 'Confidential') for everyone receiving a report and
    - Hand the report(s) with envelopes to the Departmental Secretary for mailing.
- The Departmental Secretary will mail all copies of the report, note the date of mailing on the client Contact Sheet and re-file the chart.
    - See your preceptor for "Report Writing Tips" or for help in drafting reports.

HEARING AID PROCEDURES

Hearing Aid Selection (HAS)

- Case History re: Listening Needs & Amplification Options
- Pulsed warble pure tone Uncomfortable Listening Levels for 500 & 3000 Hz
- Functional Gain, i.e., Unaided & Aided Sound field warble tone thresholds if required by a third party payer
- Ear Impressions, as needed
- Client Completion of a Subjective Measure to document benefit from amplification, e.g. APHAB, COSI, etc.

If a programmable system is being evaluated, all client information should be entered into the computer (or hand held programmer) prior to the appointment.

Hearing Aid Order

- Discuss with your supervisor and order hearing aids that are appropriate to client's hearing needs. Since all HA's now are digital and most parameters can be adjusted to meet the listening needs of the individual client.
- Inform clients about telecoils and recommend obtaining instruments with telecoil capability whenever they are appropriate candidates.
- Carefully consider typical listening needs of the individual, cost, dexterity, circuit & memory options available, and ease of operation before recommending specific hearing instruments. Do not "over fit" by recommending expensive circuits, remote controls, etc. that are not needed or desired by the individual client.
- The UA Little Rock Speech and Hearing Clinic presently obtains its hearing instruments through American Hearing Aid Associates (AHAA), an audiology practice management firm. Double-check the prices for hearing instruments with your supervisor before quoting them to the client. We are also able to fit clients with instruments obtained from other facilities if they so desire (e.g. from private practices or hospitals). Clients should not be discouraged from price shopping through other clinics.
- As a training tool, the Hearing Aid Selection Forms may be used to ensure the correct hearing aid and or accessories are ordered. Encourage the client and significant others to ask questions during the order process, especially with respect to financial issues.
- All hearing instrument orders, repair orders, and earmold orders are processed in the TAC Room. Supervisors must approve all orders & paperwork before the order is processed.
- All clients are required to pay the cost of the hearing instrument(s) and accessories prior to the initial hearing instrument fitting. Clients with insurance ("third party payers") must seek reimbursement from their insurers independently; the clinic does not currently offer third party billing although we will provide necessary paperwork to the client.
- All clients are expected to sign a medical waiver or provide a medical clearance form signed by their personal physicians prior to receiving their hearing instruments. Clients over 18 years old may refuse to obtain medical clearance and may opt to sign a Medical Clearance Waiver form instead. However, the Medical Clearance Waiver is discouraged.

- Clients may take our HAS test results and hearing instrument recommendation to another facility. They are under no obligation to purchase their amplification systems through UAMS/UALR.
- Binaural amplification should be recommended for most binaural candidates. Clients choosing to obtain monaural amplification when binaural has been recommended must sign the "Binaural Waiver" form.
- Complete all Manufacturer Order Forms for custom aids as completely as possible, including all audiometric data. Never give manufacturers client addresses or social security numbers, however, even if this information is requested on the order form; it would violate the client's right to privacy under HIPAA and other consumer protection laws.
- Children under the age of 18 cannot be fit with amplification without a medical clearance form signed by an otolaryngologist or otologist.

Hearing Aid Fitting, Orientation (and Verification) (HAO)

- You are required by FDA regulation to provide clients with their **manufacturer's hearing instrument instruction manual**. You should also provide clients with the UAMS/UA LITTLE ROCK **HAO Manual**. A large print version of the HAO Manual is available for low vision clients.
- Clients should complete the **APHAB, COSI, or similar form** if it was not completed during the HAS appointment.
- When orienting clients to a **telecoil**, give written instructions. The telecoil instruction sheets are in the TAC Room (626-A) file cabinet, along with the HAO packet/manuals and other handouts. Have the client practice using the T-Coil with the phone in the TAC Room. The phone number is **501-683-7738**.

- **HA Orientation and Verification should include the following:**
    - Check of shell or earmold fit
    - Adjustment of aid for sound quality
    - Real Ear Measures utilizing an appropriate target.
    - If using an NAL-NL1 target, test at 50, 65 & 80 dB HL using speech spectrum noise.
    - At 50 dB the aid's gain should be above the NAL target.
    - At 65 dB the aid's gain should be very near the NAL target.
    - At 80 dB the aid's gain should be below the NAL target.
    - Discussion of all information on the HAO Check List
    - Check of client's ability to perform all hearing instrument care functions
    - Distribution of Manufacturer's Instruction Manual
    - Distribution of other appropriate handouts, e.g., Telecoil Instructions

Hearing Aid Recheck (HAR)

- An HAR should be conducted within the first month of hearing instrument use for all clients with new aids.
- R**epeat outcome measures** with the client, e.g. APHAB, COSI, etc.
- **All Hearing Aid Rechecks:**
    - Troubleshoot problems and re-counsel as needed.
    - Inquire about any questions or problems the client may have regarding the hearing instrument. Answer questions & rectify problems.
    - Complete Electroacoustic Analysis, as needed.
    - Document outcomes of HAR & any new instrument settings.
    - Conduct real ear measures as needed.
    - Complete functional gain and aided speech recognition testing in sound field, as needed.

Contact Notes

- **Special Considerations** - Highlight the following types of information in contact notes so that other clinicians will not overlook important considerations:
    - Allergies to earmold or hearing aid plastics
    - Illiteracy
    - Blindness
    - Language other than English used
    - Need for special physical accommodations
    - Collapsible canals when it is essential to use insert earphones
- **Hearing Aid Orientation**
    - For adults write "HAO; See Checklist."
    - For those seen through ARKids or Arkansas Rehabilitation Services write "HAO; Report to follow" (if the report is not completed on the day of the evaluation) or “See Report” if the report is completed on the day of the evaluation.
    - Record settings of aids. Include Manufacturer, Model, serial #, Ear (left or right), & Venting.
    - Save the hearing aid programming information and print it out. Record numerical control settings in writing if a print-out cannot be made.
    - Document the following:
        - Make, model, style, serial number
        - Color of device Power speaker length and dome size (for RIC products)
        - User setting or program
        - Vent size (Open, Medium, Small, Pinhole, None (for full-shell custom products or earmolds)

- **Hearing Aid Recheck**
    - Include the client's comments/concerns, any changes made to hearing aids and the type of counseling, instruction, and hearing instrument testing reprogramming, troubleshooting, or repairs provided.
- **Hearing Aid Electroacoustic Analysis (EAA)**
    - Document the condition of aids that have been seen for maintenance or repair. Document whether aids returned to our clinic by a manufacturer meet specifications.
    - Clearly label EAA strips with Client Name, Make, Model, Serial, Right/Left, Aid Settings if other than full-on, and any other significant information.
    - In the event a hearing aid must be sent for repair, phrase this as "requires repair by [company name]" or "will be sent for repair."
- Hearing Aid Repair
    - Consult your preceptor about completing repair forms. **Do not** write simply "sent for repair" unless YOU are the person who is packaging the aid and actually sending it. If a supervisor or someone else is sending it out, they will make that notation later.

EMERGENCY PROCEDURES

The following procedures should be followed if any clinician or client is injured or becomes ill on University property:

- When a MINOR ACCIDENT OR ILLNESS occurs:
  - Have someone accompany the person to Health Services.
  - For minor cuts or burns that occur, accompany the person to the sink or restroom. Have the person wash his/her own cuts and cover with a Band-Aid.
- In the case of a MAJOR ACCIDENT OR ILLNESS, follow these steps:
  - Render first aid yourself if you know how; send someone to CALL 911 for help.
  - Provide 911 with the following information: what happened; what is being done; location; and name of the injured person.
  - Call **UA LITTLE ROCK Public Safety**: **(501) 569-3400**
  - Station someone outside to direct emergency personnel to the scene.
- If a person has a SEIZURE, take the following steps:
  - Don't panic — seizures are usually short and not life threatening.
  - Protect the victim — remove chairs or desks; don't let a crowd form; pad head with flat towel or coat.
  - Do not try to force anything into the mouth. If the person appears to be having trouble breathing or vomits, turn her/him on her/his side. Other methods to open the airway are to push the lower jaw up and out or tilt the neck back.
  - Call 911 if the person does not immediately regain consciousness.
  - Following a seizure, the person may be sleepy or confused. Do not let them leave by themselves. Accompany them to Health Services or assist them in calling a family member or friend.
- INVESTIGATE ALL FIRE AND TORNADO ALARMS. Should a power loss, fire, or any condition arise which warrants evacuation of the building when you are on- or off-campus:
  - Do not use elevators unless they are labeled as "Fire Safe".
  - Assist persons with disabilities to a safe area outside the building.
- DO NOT ATTEMPT TO CARRY A PERSON IN A WHEELCHAIR DOWN STEPS. Get them to the stairwell where they will be safe until evacuated by DPS or emergency personnel.

See these links for more information about emergency procedures:

- UAMS http://www.uams.edu/campusop/depts/PD/
- UA Little Rock http://ualr.edu/safety/

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, clinical are expected to be familiar with university and department policies. Policies that provide guidelines for decisions about confidentiality, emergency, ethical, professional, and other types of behavior are listed 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. You are required to abide by the CHP Professionalism Policy (see http://healthprofessions.uams.edu/files/2012/11/Professionalism-Policy-Oct-2010.pdf for more information). There is also additional information in the Au.D. Program Handbook.

CULTURAL SENSITIVITY

Sensitivity to cultural differences must be maintained with respect to age, gender, race, religion, ethnicity, socioeconomic status, etc. All clinicians must be attentive to and respectful of cultural differences between themselves, clients, and colleagues. Written, verbal, and body language should be monitored with respect to creating a positive clinical environment and avoiding cultural conflict. See http://www.uams.edu/diversity/culture.asp for more information.

It is assumed throughout the University that all students, faculty and staff members will adhere to the UAMS and UA LITTLE ROCK policies regarding non-discrimination. Clinic meetings, special assignments, and clinical experiences at UAMS/UA LITTLE ROCK and externship 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 externship sites. Professional behavior appropriate to the given social situation is expected of students on campus, at externship sites, and at conventions and 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 clients seen in the clinic or in related service programs. Information about a client is confidential and must be treated in a professional manner. See UAMS policy at http://www.uams.edu/AdminGuide/PDFs/Section%203/3_1_15_Confidentiality_Policy.pdf. S

- Verbal, gestural, and written communication must be closely monitored to ensure clients' rights are protected.
- All persons working or observing in the clinic or its off-campus externship sites need to be aware of every client's right to privacy. & confidentiality.
- All students who have access to client 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/client information is kept in a locked file cabinet file room adjacent to the student record room in the front office.
    - Access to records is limited to faculty, staff, and students.
    - 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 clients receiving services.
- The following guidelines are designed to help ensure client confidentiality:
    - Students must read and agree to abide by the *Confidentiality Statement* before they will be permitted to observe or treat clients in the Clinic. Every student who has access to client information will sign the *Confidentiality Statement* indicating that it has been read and understood and that the responsibility for confidentiality is accepted.
    - All enrolled students must complete training to ensure they are familiar with the Health Insurance Portability and Accountability Act (HIPAA).
    - Do not discuss your client's case in public areas (e.g., in the waiting room, hallway, breezeway; at restaurants, etc.).
    - Do not discuss your client by name, except with your clinical supervisor, clinic staff, or as absolutely necessary during clinic meetings.
    - Do not nickname your client.
    - Follow all office rules regarding checking out and returning client files/disks and reports. To check a file out from the filing cabinet, fill in your name/initials, date and client's name on the orange check out cards. All files should be returned to the file room on the same day they are borrowed.
    - Never take client files or disks out of the building, and do not remove or photocopy information from them.
    - Do not discuss your own or other professional's clients with anyone, including professionals or persons in other agencies, unless the clients have authorized the release of information and your supervisor have approved the communication.

- If you present information about your client during class, refer to her/him as "my client," not by name. Delete clients' identification from test results before using them as overheads or handouts. Client initials may be used.
- Do not leave reports, lesson plans or other written information containing client information unattended or in client care areas.
- Clients, 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 client files may be made available to students and faculty for training purposes.
- Do not discuss any off-campus clinical site or preceptor with anyone at another off-campus site. Never share proprietary information from one site with anyone outside of that site, including adjunct faculty.
- Clients have the right to refuse to have observers other than the primary student clinician(s) and their clinical supervisor. No one should observe clients without client consent. Remind your observers that they must respect client confidentiality.
- 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; and Departmental and audiology-specific privacy policies and practices.

References

Goldbert, S. (1993). Clinical intervention: A philosophy and methodology for clinical practice. New York: Merrill.

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/.

UNIVERSAL PRECAUTIONS

Observe **universal precautions** at all times.

- UAMS Needle Stick and Universal Precaution Policies and Procedures, College of Health Professions Catalog (http://healthprofessions.uams.edu/current-students/catalogs-and-handbooks/).

SAFETY AND SECURITY

We take student and patient safety very seriously. All students are informed about safety precautions and procedures. More information about these procedures can be found on the following website: http://www.uams.edu/safety/Safety-Contact.aspx. In addition, the UA LITTLE ROCK Department of Public Safety is located next to the UA LITTLE ROCK Speech and Hearing Clinic. This law enforcement agency is dedicated to providing police services 24 hours a day, 7 days a week. UA LITTLE ROCK has a campus alert system that sends notifications about crisis situations on campus via email, text, and voice messages. To sign up, visit http://ualr.edu/safety/text-notifications/.

Parking spaces reserved for patients seen at the UA LITTLE ROCK Speech and Hearing Center are located in front of the building. Students may park in the open lot without purchasing a parking permit or, or may request a parking permit for one of the gated lots. Visit the DPS office in the University Plaza for more information about parking and campus traffic rules.

ARKANSAS MANDATED REPORTER FOR ABUSE AND NEGLECT

Training is free to all Arkansas Mandated Reporters. The state offers an online course is to help all Arkansas Mandated Reporters understand their critical role in protecting children by recognizing and reporting child abuse (https://ar.mandatedreporter.org/). As a student enrolled in a UAMS program, you are required to complete this training once a year.

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.

We are mandated by state law to report suspected cases of abuse &/or neglect. Discuss particular cases with your supervisor before making the report. **The Audiology Clinic 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.**

HARASSMENT ISSUES (TITLE IX)

Students enrolled at UAMS are required to complete Title IX Harassment training annually. More information can be found at the following link: http://hr.uams.edu/other/title-ix/

- Harassment and sexual harassment is illegal. The University has procedures in place for protecting you from compromising situations involving either gender or racial harassment. Insert link - If a client or anyone else verbally or physically harasses you, discuss the matter as soon as possible with your supervisor or the Director of Audiology.
- Problems of this nature which are instigated by a client should be indicated in the contact notes, but not the report; a notation will be highlighted stating that the client is to be seen in the future only by someone who the client is unlikely to harass.
- Likewise, you will not engage in any form of harassment (e.g., sexual) of another individual.

APPENDIX A: CLINICAL EDUCATION

STANDARD 3.0A CURRICULUM (ACADEMIC AND CLINICAL EDUCATION) IN AUDIOLOGY

The Au.D. Program adheres to clinical education standards set by the Council on Academic Accreditation in Audiology and Speech-Language Pathology. The current standards effective August 1, 2017 can be located at:

http://caa.asha.org/wp-content/uploads/Accreditation-Standards-for-Graduate-Programs.pdf

CLINIC DAILY GRADE SHEET (YEAR 1)

Au.D. CLINICIAN (YEAR I)
Date: _____Student: _____Supervisor: _____

REPORTS FROM LAST WEEK DONE? Yes No

PROFESSIONALISM Pass Fail
(Code of Ethics, Confidentiality, Punctuality, Dress Code, Oral and Non-Verbal Communication, Infection Control)

KEY: 0 = Absent 1 = Taught (specific direction required) 2 = Emerging 3 = Present 4 = Advancing 5 = Independent
n/a or — = not applicable (not rated)

Skill Evaluated	*Expected Rating*	*Today's Rating*	*Met?*	*Comments*
Preparation and Attitude	3			
Patient Interaction Skills	3			
Evaluation Skills				
Case history	3			
Otoscopy	2			
Instructions to patient/parent	2			
Immittance	3			
Speech testing	3			
Air/Bone conduction	3			
Masking	2			
VRA/Play				
SDT	1			
Conditioning	1			
Flexibility	1			
Reinforcement	1			
Speed of Testing/ Accuracy	1			
OAE Preparation/set-up/ testing	2			
OAE Decisions/ analysis (pres/abs, reliability)	2			
ABR Preparation/set-up/ testing	2			
ABR Decisions/ analysis (peak-picking)	2			
APD Preparation/ set-up/ testing	1			
APD Decisions/ scoring	1			
Test interpretation	3			
Explanation of results	2			
Recommendations	2			
Time Management	2			
Instrumentation	3			
Treatment Skills				
HA candidacy/selection	2			
Ear impressions	2			
Pre HAE check & set-up	2			
HA troubleshooting/repair	2			
HA orientation/counseling	2			
Paperwork & billing	2			
HA adjustment	2			
Verification measures	2			
Documentation				
Completed file/test items	5			
Chart note entries	2			
Report writing	5			
Time management	2			

A = 90-100% of expected ratings met B = 80-89% of expected ratings met
C = ≤ 79% of expected ratings met &/or Fail of Professionalism or a '0' or '1' rating on any line
> 3 C's in a semester = 'C' in clinic = **Probation** GRADE: _____ out of ____ expectations met = _____%
Today's Grade: _____

Note: If this sheet is not discussed with you due to time constraints, please meet with your supervisor to discuss any concerns you have.

CLINIC DAILY GRADE SHEET (YEAR 2)

Date: _____ **Student:** _____ **Supervisor:** _____

REPORTS FROM LAST WEEK DONE? **Yes** **No**

PROFESSIONALISM **Pass** **Fail**
(Code of Ethics, Confidentiality, Punctuality, Dress Code, Oral and Non-Verbal Communication, Infection Control)

KEY: 0 = Absent 1 = Taught (specific direction required) 2 = Emerging 3 = Present 4 = Advancing 5 = Independent
n/a or — = not applicable (not rated)

Skill Evaluated	*Expected Rating*	*Today's Rating*	*Met?*	*Comments*
Preparation and Attitude	4			
Patient Interaction Skills	4			
Evaluation Skills				
Case history	4			
Otoscopy	3			
Instructions to patient/parent	4			
Immittance	4			
Speech testing	4			
Air/Bone conduction	4			
Masking	3			
VRA/Play				
SDT	2			
Conditioning	2			
Flexibility	2			
Reinforcement	2			
Speed of Testing/ Accuracy	2			
OAE Preparation/set-up/ testing	3			
OAE Decisions/ analysis (pres/abs, reliability)	3			
ABR Preparation/set-up/ testing	3			
ABR Decisions/ analysis (peak-picking)	3			
APD Preparation/ set-up/ testing	2			
APD Decisions/ scoring	2			
Test interpretation	4			
Explanation of results	3			
Recommendations	3			
Time Management	3			
Instrumentation	3			
Treatment Skills				
HA candidacy/selection	3			
Ear impressions	3			
Pre HAE check & set-up	4			
HA troubleshooting/repair	3			
HA orientation/counseling	3			
Paperwork & billing	**3**			
HA adjustment	3			
Verification measures	3			
Documentation				
Completed file/test items	5			
Chart note entries	4			
Report writing	4			
Time management	5			

A = 90-100% of expected ratings met B = 80-89% of expected ratings met
C = ≤ 79% of expected ratings met &/or Fail of Professionalism or a '0' or '1' rating on any line
> 3 C's in a semester = 'C' in clinic = **Probation** GRADE: _____ out of ____ expectations met = _____%

Today's Grade: _____

Note: If this sheet is not discussed with you due to time constraints, please meet with your supervisor to discuss any concerns you have.

UNIVERSITY OF ARKANSAS AT LITTLE ROCK
UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES
2801 South University Little Rock, Arkansas 72204 501.569.3155
Department of Audiology and Speech Pathology
Speech and Hearing Clinic

AUDIOLOGY CLINICAL SKILLS COMPETENCY FORM

AUD 540V/AUSP 7091: Practicum in Audiology

Clinician: _____ **Clinical Instructor:** _____

Semester (circle): Spring / Summer / Fall 20_____ Year: I II III IV
Facility: _____
Practicum hours at Midterm: _____ Midterm Grade: _____
Practicum hours at Final: _____ Final Grade: _____

A = 90-100% of expected ratings met
B = 80-89% of expected ratings met
C = <79% of expected ratings met &/or Fail of Professionalism or a "0" or "1" rating on any line

Midterm:
Preceptor's signature: _____ **Student's signature:** _____
Final:
Preceptor's signature: _____ **Student's signature:** _____

PROFESSIONAL PROTOCOL:

Please indicate acceptable behavior with a "P", areas needing improvement with "LP" and areas of unacceptable behavior with an "F". Attach a written explanation regarding areas of difficulty.

Professionalism (IV-B, B1)	Mid-Term	Final	
A. Code of Ethics			
B. Responsibility			
C. Punctuality			
D. HIPAA/FERPA			
E. Dress Code			

If exhibited behaviors violate these standards of our profession, the Clinical Instructor involved will complete a Professional Protocol Notice. Failure to meet these standards will result in probationary status to be determined by the Director of Audiology, the Audiology Clinic Director and the Clinical Preceptors and/or Supervisors directly involved. A final grade of "F" in any of the above areas will result in an overall clinic grade of "C" for the semester, and/or termination of clinical privileges.

INFECTION CONTROL:

Please indicate acceptable behavior with a "P", areas needing improvement with "LP" and areas of unacceptable behavior with an "F". Attach a written explanation regarding areas of difficulty or unacceptable behavior.

Infection Control (IV-B)	Mid-Term	Final	
A 21. Universal precautions			

If a student receives an "F" for any of these competencies either at his/her mid-term or end-of-semester evaluation, the clinical instructor will issue a Professional Protocol Notice. The student's clinical privileges will be automatically lowered to probationary status, and a remediation plan will be developed by the clinical instructor(s) in consultation with the Clinic Director of Audiology and/or Director of Audiology with notification to the major advisor. Additionally, the student's semester grade may be lowered. Development of skills will be evaluated at all subsequent mid and end of semester evaluations. Failure to remediate, as

evidenced by not achieving and maintaining a “P” by the end of Year 1 will result in termination of clinical privileges.

CLINICIAN FEEDBACK SUMMARY (MIDTERM):

Clinician: _____ Supervisor: _____

Semester: _____ Date: _____

Year (circle): I II III IV

KEY EXPERIENCES:

STRENGTHS/ACCOMPLISHMENTS:

RECOMMENDATIONS FOR FUTURE CLINICAL GROWTH:

CLINICIAN FEEDBACK SUMMARY (FINAL):

Clinician: _____ Supervisor: _____

Semester: _____ Date: _____

Year (circle): I II III IV

KEY EXPERIENCES:

STRENGTHS/ACCOMPLISHMENTS:

RECOMMENDATIONS FOR FUTURE CLINICAL GROWTH:

Professional Protocol of Written Communication Skills

Standard IV-A: A1: Must possess skills in oral and written or other forms of communication sufficient for entry into professional practice.

Behavioral Objective: Graduate student clinician will consistently use conventions and appropriate professional form and structure in oral/nonverbal and written communication skills as measured by the Purdue Protocols for Written and Oral/Nonverbal Communication.

Please indicate satisfactory behavior with an 'S'; any unsatisfactory behavior with a 'U'; could not assess with 'CNA.' Attach a written explanation regarding any unsatisfactory behavior with recommendations for remediation.

Protocol of Written Communication Skills	Mid-term	Final
By End of Year 2		
Consistently & accurately conveys professional information from coursework, supervisory input, clinical activities & other resources.		
Consistently and accurately writes and comprehends technical reports, diagnostic and treatment reports, treatment plans, and professional correspondence.		
Consistently and accurately uses professional writing conventions, terminology and style to clearly communicate information in a manner consistent with audience and/or clinical setting.		

Professional Protocol of Oral & Nonverbal Communication Skills

Protocol of Written Communication Skills	Mid-term	Final
By End of Year 2		
Consistently and accurately uses oral communication that demonstrates speech and language skills in English, which, at a minimum, are consistent with ASHA"s most current position statement on students and professional who peak English with accents nd nonstandard diale ts.		
Consistently and accurately conveys correct information from course work, supervisory input, clinical activities and other reso rces.		
Consistently & accurately describes behaviors of client & patient.		
Nonverbal language, including but not limited to affect, eye contact, tone, or body language, is consistently appropriate for clinical interactions.		
Consistently models appropriate communication in all clinical settings and provides appropriate clarification to clients, family members, or other professionals when needed.		
Oral & nonverbal communications are appropriate for the cultural, socioeconomic, and semantic needs of the audience.		

If a student receives an "Unsatisfactory" for any of the oral/nonverbal communication skills, the Clinical Instructor will issue a Professional Protocol Notice. If unsatisfactory ratings remain at mid-term or end-of-semester evaluations the students clinical privileges will be automatically lowered to probationary status, and a remediation plan will be developed by the Clinical Instructor(s) in consultation with the Clinic Director and/or Director of Audiology with notification to the major advisor. Additionally, the student's grade for that semester of

clinic may be lowered. Failure to remediate, as evidenced by not achieving and maintaining satisfactory performance ("S") by the end of Year I (oral/non-verbal communication) or Year II (written communication) may result in termination of clinical privileges.

DESCRIPTION OF RATING SCALE:

0= Taught (academic): Student meets standard (knowledge) for the skill.
Absent (clinical): Specific direction from supervisor does not alter unsatisfactory performance of clinical skill; inability to make change

1= Taught (clinical): Specific direction from supervisor required to perform clinical skill

2 = Emerging: Beginning to correctly apply knowledge in demonstrating clinical skill with supervision

3 = Present: Demonstrates basic knowledge level and integrates knowledge with skills, with supervision.

4 = Advancing: Demonstrates basic knowledge level and integrates knowledge with skills, with occasional supervision.

5 = Independent: Demonstrates advanced understanding and integrates knowledge and skills independently; recognizes when to ask for /seek consultation.

NA – Items that are not addressed in the clinic at your site or during your practicum

Grade is determined by the percentage of skills at expected level (e.g., 23 out of 25 skills at or above expected level = 92%=A). Professional conduct including written and non-verbal communication will also be considered in the final grade.

	Mid-Term Ratings	Final Ratings	Expected Rating by Year			
			I	II	III	IV
Preparation: clinical set-up, familiarity with patient history			3	4	4	5
Attitude: Initiative, motivation to learn and implement feedback			3	4	4	5
Patient Interaction Skills (IV-B, C, D)						
B5, C10, D2c. Patient Interaction			3	4	4.5	5
Prevention and Identification Skills (IV-B)						
B1-B6. Preschool _____ OSHA _____ Wellness _____ Other _____			3	4	4	5
Evaluation Skills (IV-C)						
C2. Evaluate information/ develop patient profile			2	3	4	5
C3. Case History			3	4	4	5
C4. Otoscopy			2	3	4	5
C4. Need for cerumen management			2	3	4	5
C5. Selection of appropriate assessment measures			3	3	4	5
C5. Assessment:						
Instructions to patients			2	4	5	5
Immittance			3	4	4	5
Speech Testing			3	4	4	5
Air/Bone conduction			3	4	5	5
Masking			2	3	4	5

C5. VRA/Play Audiometry:						
Speech Testing			1	2	3	5
Conditioning Phase			1	2	3	5
Threshold Search Phase			1	2	3	5
Flexibility			1	2	3	5
Reinforcement			1	2	3	5
Speed of Testing			1	2	3	5
Accuracy			1	2	3	5
C8.APD Assessment:						
Preparation/ setup/ testing			1	2	3	4
Decisions/ scoring			1	2	3	4
C5, C7. Electrodiagnostic Assessment:						
C7 OAE						
Preparation/ set-up/ testing			2	3	4	5
Decisions/ analysis (pres/abs, rel)			2	3	4	5
C5 ABR (or others MLR, LLR, etc.)						
Preparation/ set-up/ testing			2	3	5	5
Decisions/ analysis (peak picking)			2	4	4.5	5
C6. Balance Assessment (ENG/VNG)			-	0	2	3
C9, C10. Testing Interpretation			2	4	4	5
C11. Recommendations and/or referrals			2	3	4	5
C10. Explanation of results (adults)			3	4	4	5
C10. Explanation of results (pediatric)			2	3	4	5
Time Management			2	3	4	5
Treatment Skills (IV-D)						
D1, D2a-d, D5. Hearing aid assessment:						
Knowledge of circuits & HA selection			2	3	4	5
Ear impressions			2	3	4	5
D1, D2a-d, D5. Hearing aid dispensing/ repair:						
Pre HAE EA check, set-up and programming			3	4	5	5
Troubleshooting and repair procedures			2	3	4	5
D1, D2a-d, D5. Hearing aid orientation						
Counseling, orientation, dispensing, and billing			2	3	4	5
HA & EM adjustment and modifications			2	3	4	5
D1, D2a-d, D5. Verification measures			2	3	4	5
Time management			2	3	4	5
Treatment: Aural Rehabilitation (CI or HA) (IV-D, E):						

D1. AR Assessment/evaluation			2	3	3	4
D2a. Develop treatment plans			2	3	3	4
D2b. Discuss treatment options			2	3	3	4
D2c.Counseling			2	3	3	4
D2d. Collaboration with others			2	3	3	4
D1, D2a-d. Aural Rehabilitation						
Session planning			2	3	3	4
Auditory training			2	3	3	4
Evaluation skills			2	3	3	4
ALDs			2	3	3	4
D7. Monitor and summarize outcomes			2	3	3	4
D7. Admission/ discharge criteria			2	3	3	4
E1. Advocacy			2	3	3	4
Documentation (IV – C, D)						
D7. Documentation/ Records						
File complete and orderly			5	5	5	5
Completed audiogram and other test items			5	5	5	5
Chart note entries			2	4	5	5
Time management			2	3	4	5
C10. Report writing						
Instrumentation (IV-B, D, E)						
C2, C5-7, D2-4 D6. Use of instrumentation			3	4	4	5
Cochlear Implants						
D1, D2a-d, D5.. Assessment & Treatment Skills (IV-E) CI						
C5. Conditioned Play:						
Conditioning phase			-	-	3	4
Threshold search phase			-	-	3	4
Flexibility			-	-	3	4
Reimbursement			-	-	3	4
Speed of testing			-	-	3	4
Accuracy			-	-	3	4
C5. Behavioral Observation**:**						
Conditioning phase			-	-	3	4
Threshold search phase			-	-	3	4
Flexibility			-	-	3	4
Reimbursement			-	-	3	4
Speed of testing			-	-	3	4
Accuracy			-	-	3	4
C5. Visual Reinforcement:						
Conditioning phase			-	-	3	4
Threshold search phase			-	-	3	4
Flexibility			-	-	3	4

Reimbursement			-	-	3	4
Speed of testing			-	-	3	4
Accuracy			-	-	3	4
C5. Speech testing:						
Appropriate test selection			-	-	1	4
Administration			-	-	1	4
Scoring			-	-	1	4
Interpretation			-	-	1	4
D2b. CI Evaluation and Interpretation			-	-	1	3
D7. Psychophysics: Knowledge of devices, software and mapping techniques			-	-	-	3
D7. Map rationale: Knowledge of mapping strategies and modifications			-	-	-	3
D7. CI candidacy guidelines			-	-	1	3
D7. Auditory Response Telemetry/ Neural Response Imaging			-	-	-	3
D7. CI: Troubleshooting and repair			-	-	-	3
D2a-d. CI HAE/ Orientation			-	-	1	3
D2a-d. Counseling: device features, programs, performance			-	-	1	3
Time management			-	-	3	5
	Mid	**Final**				
Mid-term Grade: _____ out of _____ expectations met = _____ % **Final Grade:** _____ out of _____ expectations met = _____ %						
Other/Comments	**Mid**	**Final**				

UAMS

UALR

DOCTOR OF AUDIOLOGY PROGRAM

ASSESSMENT OF STUDENT PROFESSIONALISM

This form is designed to elicit your evaluation of the student listed below. Please address this evaluation constructively. Your evaluation information and that of others will be provided to the student using a "summary report" format to insure that your comments remain anonymous. Thank you for your time and effort.

Student: _____ **Type of Evaluator:** Faculty ☐ Student ☐ Office Staff ☐
On-Campus Clinical Supervisor ☐
Semester: _____ Off-Campus Clinical Preceptor ☐

Directions: Please take a moment to assess this student using the scale below. If an item is not applicable or you are unable to judge an area, please circle NA (not applicable) or CJ (cannot judge). For any item that you rate a "1" or a "5" please provide an explanation.

KEY: 1 = POOR 2 = FAIR 3 = GOOD 4 = VERY GOOD 5 = EXEMPLARY
NA = Not Applicable CJ = Can't Judge

Reliability/Work Habits

1 2 3 4 5 NA CJ

Not conscientious about responsibilities; often tardy; unwilling to assist with usual work or absent from assigned duties

Conscientious about duties and responsibilities; always prompt; willing to regularly assist; volunteers to help others

Comments: _____

_____

Compassion/Empathy

1 2 3 4 5 NA CJ

Does not recognize or respond to psychosocial aspects of illness; inadequate recognition of clients' and families' needs for comfort and help; develops inappropriate emotional involvement

Recognizes and responds to psychosocial aspects of illness; always appreciates clients' and families' needs for comfort and help; avoids Inappropriate emotional involvement

Comments: _____

_____

Responsibility/Motivation

1 2 3 4 5 NA CJ

Does not accept responsibility for own action and decisions; does not respond to feedback; argumentative

Fully accepts responsibility for own actions and decisions; responds to feedback and works to improve

Comments: _____

Teamwork

1 2 3 4 5 NA CJ

Does not demonstrate ability to work as part of a team; dismisses other's suggestions and disregards ability of others; often rude or obnoxious; hard to work with

Demonstrates strong ability to work as part of a team; listens attentively to other's suggestions; recognizes abilities of others; pleasant; personable; easy to work with

Comments: _____

Please Complete Other Side

KEY: 1 = POOR 2 = FAIR 3 = GOOD 4 = VERY GOOD 5 = EXEMPLARY
NA = Not Applicable CJ = Can't Judge

Medical Record Documentation

1 2 3 4 5 NA CJ

Poor, incorrect or illegible documentation of client care and procedures; delayed or incorrect orders; often fails to adhere to established policies and protocols

Concise, complete and legible documentation of client care and procedures; timely, correct orders; follows the established policies and protocols

Comments: _____

Interpersonal Communication Skills

1 2 3 4 5 NA CJ

Does not express self clearly; tends to be harsh or abusive; often impolite and inconsiderate

Expresses self very well; not abusive or rude; always polite and considerate; great communicator

Comments: _____

Personal Appearance

1 2 3 4 5 NA CJ

Often fails to follow established dress code; does not respond to feedback; dress presents risk to self and/or others

Always follows established dress code; often used as an example for others to emulate

Comments: _____

Descriptive Words (Please circle the words that best describe this student):

Abrasive	Conscientious	Impatient	Organized	Tactless
Apathetic	Considerate	Inconsiderate	Obnoxious	Undependable
Arrogant	Cooperative	Indifferent	Poised	Understanding
Attentive	Dependable	Inept	Resourceful	Unfriendly
Capable	Efficient	Intelligent	Rude	Unintelligent
Careless	Friendly	Irresponsible	Sarcastic	Unorganized
Clear-thinking	Honest	Logical	Sincere	Unscrupulous
Cocky	Immature	Mature	Tactful	Wise

STRENGTHS:

_____

_____

SUGGESTIONS FOR IMPROVEMENT:

_____

_____

Would you recommend this student to a member of your family for hearing care? Yes No - Please explain.

_____

_____

Please return this form to:

1ST YEAR PERFORMANCE BASED EXAMINATIONS

DIRECTIONS AND GRADING RUBRIC

Rationale: Students enrolled in the Doctor of Audiology (Au.D.) program in the Department of Audiology and Speech Pathology at UAMS/UA LITTLE ROCK are responsible for learning and practicing basic diagnostic skills during their first year in the program. Students are not placed in off-campus externship sites until they have demonstrated competency on the following KASA objectives. Diagnostic competency is evaluated via the 1st Year Performance Based Examination. Objectives and directions for completion of the examination are listed.

Knowledge and Skills in Audiology – 1st Year Performance Based Examination (Diagnostic)			
Foundations of Practice	**Knowledge**		
	Pass	**Pass with Comment**	**Fail**
A21. Universal precautions and infectious/contagious diseases			
Foundations of Practice	**Knowledge and Skills**		
	Pass	**Pass with Comment**	**Fail**
A24 The use of instrumentation according to manufacturer's specifications and recommendations			
A25. Determining whether instrumentation is in calibration according to accepted standards			
A26. Principles and applications of counseling			
Assessment	**Knowledge and Skills**		
	Pass	**Pass with Comment**	**Fail**
C2. Assessing individuals with suspected disorders of hearing, communication, balance, and related systems			
C4. Performing otoscopy for appropriate audiological assessment/management decisions, determining the need for cerumen removal, and providing a basis for medical referral			
C5. Conducting and interpreting behavioral and/or electrophysiologic methods to assess hearing thresholds and auditory neural function			
C6. Conducting and interpreting behavioral and/or electrophysiologic methods to assess balance and related systems			
C7. Conducting and interpreting otoacoustic emissions and acoustic immittance (reflexes)			

Directions: Student knowledge and skills for otoscopy, immittance, OAE, and behavioral test procedures will be assessed. The student will complete a basic diagnostic examination during a 1 ½ hour session while observed by two audiology faculty member examiners. In order to assess both knowledge and skills, the student will narrate what they are doing and why, in addition to providing appropriate patient communication. This assessment will be completed at the end of the student's 1st year (Fall, Spring). Successful completion serves as a transition to 2nd year status and earns the student the privilege of being considered for placement at one of the primary educational partnership clinical externship sites.

PART I: OTOSCOPY AND IMMITTANCE BATTERY CLINICAL

PERFORMANCE BASED EXAMINATION GRADING RUBRIC

Student: _____ Date: _____ Grade: Pass / Fail Examiner :_____

	(Circle)			Comments
1. Adherence to universal precautions at all times (A21)				
2. Demonstrates appropriate patient care concern and maintains communication (A26)	Pass	Pass with Comment	Fail	
3. Safe care & handling of standard otoscope; Avoids damaging lens (A24, C4)	Pass	Pass with Comment	Fail	
4. Braces hand for safe, standard otoscopy in each ear (A21, C4)	Pass	Pass with Comment	Fail	
5. Maintains patient comfort (patient does not wince; hair is moved only as much as necessary, etc.) (A24)	Pass	Pass with Comment	Fail	
6. Otoscopy results interpreted and explained accurately and clearly to pt (A26), e.g. • Informs patient of cerumen status in patient friendly terms • Avoids making medical diagnostic statements or overgeneralizations	Pass	Pass with Comment	Fail	
7. Accurate description of ear (A26) • Characteristics of pinna; ear canal shape, size, bends, abnormalities • Amount & consistency of cerumen • Tympanic membrane landmarks	Pass	Pass with Comment	Fail	
8. Set-up of equipment for efficient test administration for immittance testing including ipsilateral and contralateral reflexes and acoustic reflex decay (A24)	Pass	Pass with Comment	Fail	
9. Instructions to patient re: set-up and initial expectations are appropriate (e.g. hear tone; feel pressure; no need to respond; be still; do not talk; potential loudness; Does not say “it won’t hurt,” “stick it in your ear,” or “probe”) (A24, C5, C6, C7)	Pass	Pass with Comment	Fail	
10. Selection and insertion of correct size probe tip to obtain & maintain hermetic seal (A24, C5, C6, C7)	Pass	Pass with Comment	Fail	
11. Troubleshooting for leak or occlusion if unable to obtain or maintain seal (A24, C5, C6, C7)	Pass	Pass with Comment	Fail	
12. Judges presence/absence of acoustic reflex threshold accurately; identifies ART efficiently (identifies good morphology & repeatability w/o too many presentations; observes patient for swallowing or other movements) (A24, C5, C6, C7)	Pass	Pass with Comment	Fail	
13. Determines accurate sensation level (SL), appropriate frequency and safe intensity level for AR decay testing (A24, C5, C6, C7)	Pass	Pass with Comment	Fail	
14. Instructions to patient re: potential loudness, but at a safe level for correct time duration (A24, C5, C6, C7)	Pass	Pass with Comment	Fail	
15. Accurate interpretation of AR decay (A24, C5, C6, C7)	Pass	Pass with Comment	Fail	
16. Enters all immittance results accurately and completely on form (A24, C5, C6, C7)	Pass	Pass with Comment	Fail	

17. Results interpreted and explained accurately to patient without jargon or medical diagnosis (A26)	Pass	Pass with Comment	Fail	

PART II: BASIC DIAGNOSTICS CLINICAL

	(Circle)			Comments
18. Selection of test parameters for screening OAE (A24, C5, C6, C7)	Pass	Pass with Comment	Fail	
19. Instructions to patient re: OAE expectations and being still; avoids jargon (A24, C5, C6, C7)	Pass	Pass with Comment	Fail	
20. Selection, use & troubleshooting of OAE probe tip to maintain seal and reduce noise & occlusion (A24, C5, C6, C7)	Pass	Pass with Comment	Fail	
21. Efficiently conducts OAE test (within three minutes per ear) (A24, C5, C6, C7)	Pass	Pass with Comment	Fail	
22. Judgment of presence or absence of OAEs; repeats if OAEs are not completely normal & robust (A24, C5, C6, C7)	Pass	Pass with Comment	Fail	
23. OAE results interpreted and explained accurately to pt, avoids jargon (A26)	Pass	Pass with Comment	Fail	
24. Audiometer set-up for AC thresholds, unmasked BC, SRT with MLV, recorded word recognition speech audiometry (A24, C5, C6, C7)	Pass	Pass with Comment	Fail	
25. Appropriate use of Talk-Over mic for instructions & feedback (Talk-Over not used for testing) (A24, C5, C6, C7)	Pass	Pass with Comment	Fail	
26. Patient instructions for unmasked PT audiometry; Accurate, clear, efficient; avoids jargon (A24, C5, C6, C7)	Pass	Pass with Comment	Fail	
27. Insert earphone use: Appropriate size selection; correct insertion (A24, C5, C6, C7)	Pass	Pass with Comment	Fail	
28. Accuracy of PTA calculation for 3-Freq & Fletcher PTA; Agreement of PTA & SRT within 5 dB HL (A24, C5, C6, C7)	Pass	Pass with Comment	Fail	
29. Correct frequencies tested (A24, C5, C6, C7) • Air conduction (0.25. 0.5, 1, 2, 3, 4, 6, 8 KHz) • Bone conduction (0.5, 1, 2, 3, 4 KHz)	Pass	Pass with Comment	Fail	
30. Positioning of BC oscillator on mastoid process, not touching pinna; Headband in comfortable spot (A24, C5, C6, C7)	Pass	Pass with Comment	Fail	
31. Thresholds entered accurately and completely on audiogram for unmasked AC and BC (A24, C5, C6, C7)	Pass	Pass with Comment	Fail	
32. Accuracy, clarity & efficiency of patient instructions for SRT and word recognition; Avoids jargon (A24, C5, C6, C7)	Pass	Pass with Comment	Fail	
33. Appropriate use of VU meter and test microphone control for Monitored Live Voice (MLV) testing (A24, C5, C6, C7)	Pass	Pass with Comment	Fail	
34. Starts SRT testing ≥20 dB SL re: 1kHz threshold, but not above conversational comfort level for patient (A24, C5, C6, C7)	Pass	Pass with Comment	Fail	
35. Accuracy of SRTs (lowest level pt recognizes 50% words with 2 ascending sampling series) (A24, C5, C6, C7)	Pass	Pass with Comment	Fail	
36. Correctly calibrates equipment for recorded word recognition testing (A25)				
37. Appropriate rationale for word recognition testing HL selected (dB SL, MCL, conversational level) (A24, C5, C6, C7)	Pass	Pass with Comment	Fail	
38. Correct calculation of word recognition score (A24, C5, C6, C7)	Pass	Pass with Comment	Fail	
39. Results interpreted and explained accurately and clearly to patient; avoids jargon (A26)	Pass	Pass with Comment	Fail	
Total Number Correct				

Percentage				
Grading 90% Criterion = 35 items				

2ND YEAR PERFORMANCE BASED EXAMINATIONS

DIRECTIONS AND GRADING RUBRIC

Directions: Student knowledge and skills for hearing aid checks, electroacoustic analysis, real ear measurement and speech mapping will be assessed. The student will complete a basic listening check of hearing aids, electroacoustic analysis with a comparison to manufacturer specifications, real ear measurement to a given case (hearing loss) including speech mapping during a 2 hour session while observed by two audiology faculty member examiners. In order to assess both knowledge and skills, the student will narrate what they are doing and why, in addition to providing appropriate patient communication. This assessment will be completed at the end of the student's 2nd year (Fall, Spring, Summer, Fall, Spring, Summer). Successful completion serves as a transition to 3rd year status and earns the student the privilege of being considered for placement at one of the central Arkansas or state-wide educational partnership clinical externship sites.

Knowledge and Skills in Audiology – 2nd Year Performance Based Examination (Intervention)			
Standard IV. A - Foundations of Practice	**Knowledge**		
	Pass	**Pass with Comment**	**Fail**
A13. Instrumentation and bioelectrical hazards			
A21. Universal precautions and infectious/contagious diseases			
Standard IV. A - Foundations of Practice	**Knowledge and Skills**		
	Pass	**Pass with Comment**	**Fail**
A22. Oral and written forms of communication			
A24 The use of instrumentation according to manufacturer's specifications and recommendations			
A25. Determining whether instrumentation is in calibration according to accepted standards			
A26. Principles and applications of counseling			
Standard IV. D - Intervention/Treatment	**Knowledge and Skills**		
	Pass	**Pass with Comment**	**Fail**
D1. The provision of intervention services (treatment) to individuals with hearing loss, balance disorders, and other auditory dysfunction that compromises receptive and expressive communication			
D2. Development of a culturally appropriate, audiologic rehabilitative management plan that includes, when appropriate, the following: a. Evaluation, selection, verification, validation, and dispensing of hearing aids, sensory aids, hearing assistive devices, alerting systems, and captioning devices, and educating the consumer and family/caregivers in the use of and adjustment to such technology			
c. Counseling relating to psychosocial aspects of hearing loss and other auditory dysfunction, and processes to enhance communication competence			
d. Provision of comprehensive audiologic treatment for persons with hearing loss or other auditory dysfunction, including but not exclusive to communication strategies, auditory training, speech reading, and visual communication systems			
D7. Evaluation of the efficacy of intervention (treatment) services			
Standard IV. F – Education/Research/Administration	**Knowledge and Skills**		
	Pass	**Pass with Comment**	**Fail**
F1. Measuring functional outcomes, consumer satisfaction, efficacy, effectiveness, and efficiency of practices and programs to maintain and improve the quality of audiologic services			

F2. Applying research findings in the provision of patient care (evidence-based practice)			
F3. Critically evaluating and appropriately implementing new techniques and technologies supported by research-based evidence			

PART I: HEARING AID CHECK & ELECTROACOUSTIC ANALYSIS (EAA)

PERFORMANCE BASED EXAMINATION GRADING RUBRIC

Student: _____ **Date:** _____ **Grade:** **Pass / Fail** **Examiner :** _____

Knowledge (A13; A21) and Skills (A22, A24, A25; A 26; D1; D2a; D2c; D2d; D7; F1; F2; F3)	**(Circle)**			**Comments**
1. Adherence to universal precautions before, during & after HA check (A21)	Pass	Pass with Comment	Fail	
2. Visual examination & description (D2a) • Earhook filtered vs. unfiltered • Battery placement • Battery compartment • Receiver and microphone • Damage to casing, earmold, tubing	Pass	Pass with Comment	Fail	
3. Listening check (D2a) • Proper coupling to stethoset • Manipulation of controls and casing • Check of programs, settings, directional mic	Pass	Pass with Comment	Fail	
4. Correct programming connection, coupling and positioning of instrument for EAA (D2a)	Pass	Pass with Comment	Fail	
5. Selection of appropriate ANSI standard (A25; D2a)	Pass	Pass with Comment	Fail	
6. Proper selection of EAA options (A25; D1; D2a) • Aid type, R/L Ear • Input levels, Input/Output frequencies	Pass	Pass with Comment	Fail	
7. EAA at user settings measured & documented (A25; D1; D2a; D2c) (pt name, date, ear, aid model, serial #, type of settings)	Pass	Pass with Comment	Fail	
8. Correct interpretation of EAA at user settings re: pt's hearing & amplification needs (A25; D1; D2a; D2c)	Pass	Pass with Comment	Fail	
9. Adjust HA to test settings (A25; D2d) • Full-on settings • Maximum volume control • Reference test gain	Pass	Pass with Comment	Fail	
10. Correct interpretation of results using ANSI tolerances for manufacturer's specifications (A25)	Pass	Pass with Comment	Fail	
11. Recognition & troubleshooting for any inaccurate results (D1; D2a)	Pass	Pass with Comment	Fail	
12. Return HA to user settings & save to both clinic's database and hearing instrument	Pass	Pass with Comment	Fail	
13. Identification of any repair and/or reprogramming needs (D1; D2a; D2c)	Pass	Pass with Comment	Fail	
14. Inform client of results & recommendations for follow-up, e.g. hearing reevaluation, ALDs, HA	Pass	Pass with Comment	Fail	

rechecks, repair; Avoids jargon; Provides clear & meaningful information (A22; A26,D2c)				

PART II: REAL EAR MEASUREMENT

PERFORMANCE BASED EXAMINATION GRADING RUBRIC

Student: _____ Date: _____ Grade: Pass / Fail Examiner : _____

Knowledge (A13; A21) and Skills (A22, A24, A25; A 26; D1; D2a; D2c; D2d; D7; F1; F2; F3)	(Circle)			Comments
15. Adherence to universal precautions at all times (A21)	Pass	Pass with Comment	Fail	
16. Setup of audiometric information (D1)	Pass	Pass with Comment	Fail	
17. Selection of appropriate target(s) (A24, A25; D2a; F3))	Pass	Pass with Comment	Fail	
18. Leveling of microphone (D2a)	Pass	Pass with Comment	Fail	
19. Otoscopy, e.g. safe care & handling of otoscope; appropriate bracing (D1)	Pass	Pass with Comment	Fail	
20. Patient instructions, e.g. clear, concise, confident, not intimidating or alarming to client (A22; A26; D2c)	Pass	Pass with Comment	Fail	
21. Placement of headset & reference microphone (D1; D2a; D2c) • Correct microphone orientation • Maintains pt comfort	Pass	Pass with Comment	Fail	
22. Placement of probe tube in ear canal (D1; D2a; D2c) • Measurement of probe length re: HA • Proper probe insertion depth & placement	Pass	Pass with Comment	Fail	
23. Patient and equipment positioning (D1; D2a) • Speaker Distance • Speaker Height • Speaker Angle	Pass	Pass with Comment	Fail	
24. Measurement of unaided ear canal resonance (A24; D1; D2a)	Pass	Pass with Comment	Fail	
25. Choice of stimuli with explanation (A24; D1; D2a)	Pass	Pass with Comment	Fail	
26. Insertion of earmold & hearing aid (D1; D2a) • Maintains proper probe position • Maintains pt comfort	Pass	Pass with Comment	Fail	
27. Use and justification of appropriate input levels (A24; D1; D2a)	Pass	Pass with Comment	Fail	
28. Adjustment of hearing aid controls to match targets; Reprogram as needed to bring settings closer to target (D1; D2a)	Pass	Pass with Comment	Fail	
29. Accurate interpretation of measurements (A22; A24; F1	Pass	Pass with Comment	Fail	
30. Recognize and troubleshoot inaccurate results (A24; A25)	Pass	Pass with Comment	Fail	
31. Meaningful explanation to client of how results relate to real world listening & realistic expectations (A22; A26; D2c; D2d; D7)	Pass	Pass with Comment	Fail	

32. Conversant about formal and informal patient satisfaction and validation measures (D7; F1;F2)	Pass	Pass with Comment	Fail	
Total Number				
Percentage				
Grading 90% Criterion = 29 items				

Audiology Practicum Weekly Hour Record

University of Arkansas for Medical Sciences (UAMS) and University of Arkansas at Little Rock (UA Little Rock)
Au.D. Program

Student Clinician	
Number of Beginning Hours	
Semester	
Clinic Location	
Site Supervisor	

Comment Key

AEP	Auditory Evoked Potential
C	Conventional Audiometry
CPA	Conditioned Play Audiometry
VRA	Visual Reinforcement Audiometry
APD	Auditory Processing Disorders

	Hearing Screening		Hearing Evaluation		Amplification ALDS/HATS		Rehabilitation Treatment		Vestibular			Patient Care		Paperwork			
Date	Pediatric	Adult	Pediatric	Adult	Pediatric	Adult	Pediatric	Adults	Evaluation	Treatment	Related Disorders	Consultation	Staffing	Administration	Record Keeping and Reports	Comment Key	Supervisor Name CCC @ ASHA #
Total Hours																	

Revised 9/1/05

Semester Summary

Student's Name: _____ **Semester:** _____ **Year:** _____
(Fall, Spring or Summer)

(List Hands-On Clinical Experience Hours)

CLINICAL HOURS	DIAGNOSTICS						AMPLIFICATION					REHAB	SPEECH-LANGUAGE		OTHER (Counted)		TOTAL
UAMS/UALR	Newborn	Dx	Dx	Dx	Dx	Dx	Amp	Amp	Amp	Amp	Amp	Aud	Sp-Lang	Sp-Lang	Other	Staffing	COUNTED
Supervisor's Name	Screening	Birth-2 yr	2-5 yr	6-17 yr	18-64 yr	65+ yr	Birth-2 yr	2-5 yr	6-17 yr	18-64 yr	65+ yr	Rehab	Dx	Tx			HOURS
																	0
																	0
																	0
																	0
EXTERNSHIP	Newborn	Dx	Dx	Dx	Dx	Dx	Amp	Amp	Amp	Amp	Amp	Aud	Sp-Lang	Sp-Lang	Other	Staffing	COUNTED
Preceptor's Name	Screening	Birth-2 yr	2-5 yr	6-17 yr	18-64 yr	65+ yr	Birth-2 yr	2-5 yr	6-17 yr	18-64 yr	65+ yr	Rehab	Dx	Tx			HOURS
																	0
																	0
																	0
																	0
																	0
																	0
																	0
																	0
																	0
TOTAL	0	0	0	0			0	0	0	0	0	0	0	0	0	0	0

CLINICAL SITES	(Give Name of Site, City, & Total # Hours earned there during the semester)			(Obtain each signature verifying Semester Total Hours)
SITE - Where services were supervised by UAMS/UALR staff)	CITY	STATE	# HOURS	UAMS SUPERVISOR
			0	
EXTERNSHIP SITE	CITY	STATE	# HOURS	EXTERNSHIP PRECEPTOR
			0	
			0	
			0	
			0	
			0	
			0	
			0	
			0	
TOTAL			0	

Student's Name _____

PAGE 2

		Of the hours earned as indicated on Page 1, indicate how many of those hours occurred in the categories below.													
CLINICAL HOURS	**OTHER**	**ELECTROPHYSIOLOGY**			**IMPLANTS**			**APD**	**TYPE OF SITE**						
UAMS/UALR	**Uncounted**	**Evoked**	**Vestib**	**Vestib**	**Implant**	**Implant**	**Implant**	**APD**	**Private**	**Hospital**	**ENT**	**Univ**	**Educ**	**Nursing**	**Other**
Supervisor's Name	**Other**	**Potentials**	**Dx**	**Tx**	**Dx**	**Amp**	**Rehab**	**Dx**	**Practice**		**Clinic**	**Clinic**	**Aud**	**Home**	
EXTERNSHIP	**Uncounted**	**Evoked**	**Vestib**	**Vestib**	**Implant**	**Implant**	**Implant**	**APD**	**Private**	**Hospital**	**ENT**	**Univ**	**Educ**	**Nursing**	**Other**
Preceptor's Name	**Other**	**Potentials**	**Dx**	**Tx**	**Dx**	**Amp**	**Rehab**	**Dx**	**Practice**		**Clinic**	**Clinic**	**Aud**	**Home**	
TOTAL	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**		**0**	**0**	**0**

Clinical Hours Verified By:

_____ CCC-A

Clinical Instructor

Date_____

Cumulative Total

Student's Name: _____

(List Hands-On Clinical Experience Hours)

CLINICAL HOURS	DIAGNOSTICS		AMPLIFICATION		REHAB	SPEECH-LANGUAGE		OTHER (Counted)		TOTAL
	Dx	Dx	Amp	Amp	Aud	Sp-Lang	Sp-Lang	Other	Staffing	COUNTED
Semester/Year	Pediatric	Adult	Pediatric	Adult	Rehab	Dx	Tx			HOURS
Undergraduate										
1st YEAR										
Fall										
Spring										
Summer										
2nd YEAR										
Fall										
Spring										
Summer										
3rd YEAR										
Fall										
Spring										
Summer										
4th YEAR										
Fall										
Spring										
TOTAL	0	0	0	0	0	0	0	0	0	0

EXTERNSHIP SITES (Give Name of Site, City, & Total # Hours earned there during the semester)

1st YEAR	SITE	CITY	STATE	# HOURS
Fall				
Spring				
Summer				
2nd YEAR				
Fall				
Spring				
Summer				
3rd YEAR				
Fall				
Spring				
Summer				
4th YEAR				
Fall				
Spring				

TOTAL # GRADUATE HOURS=

Clinical Hours Verified By:

_____ CCC-A

_____

Date

Student's Name: _____

PAGE 2

		Of the hours earned as indicated on Page 1, indicate how many of those hours occurred in the categories below.												
CLINICAL HOURS	**OTHER**	**ELECTROPHYSIOLOGY**			**IMPLANTS**			**TYPE OF SITE**						
	Uncounted	**Evoked**	**Vestib**	**Vestib**	**Implant**	**Implant**	**Implant**	**Private**	**Hospital**	**ENT**	**Univ**	**Educ**	**Nursing**	**Other**
Semester/Year	**Other**	**Potentials**	**Dx**	**Tx**	**Dx**	**Amp**	**Rehab**	**Practice**		**Clinic**	**Clinic**	**Aud**	**Home**	
Undergraduate														
1st YEAR														
Fall														
Spring														
Summer														
2nd YEAR														
Fall														
Spring														
Summer														
3rd YEAR														
Fall														
Spring														
Summer														
4th YEAR														
Fall														
Spring														
TOTAL	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**

COURSE/INSTRUCTOR EVALUATION

Course Evaluation Questions

Question 1 ***Course is well organized***

Strongly Agree | Agree | Neither Agree or Disagree | Disagree | Strongly Disagree | Not Applicable

Question 2 ***Course content is relevant to course goals and objectives outlined in the syllabus***

Strongly Agree | Agree | Neither Agree or Disagree | Disagree | Strongly Disagree | Not Applicable

Question 3 ***Standards for student achievement are clearly stated by the course instructor***

Strongly Agree | Agree | Neither Agree or Disagree | Disagree | Strongly Disagree | Not Applicable

Question 4 ***Course assignment and activities are helpful in learning the content***

Strongly Agree | Agree | Neither Agree or Disagree | Disagree | Strongly Disagree | Not Applicable

Instructor Evaluation Questions

Question 1 ***The instructor speaks English clearly and is easily understood***

Strongly Agree | Agree | Neither Agree or Disagree | Disagree | Strongly Disagree | Not Applicable

Question 2 ***The instructor is well prepared to direct the course***

Strongly Agree | Agree | Neither Agree or Disagree | Disagree | Strongly Disagree | Not Applicable

Question 3 ***The instructor is knowledgeable about course content***

Strongly Agree | Agree | Neither Agree or Disagree | Disagree | Strongly Disagree | Not Applicable

Question 4 ***The instructor makes difficult material easy to understand***

Strongly Agree | Agree | Neither Agree or Disagree | Disagree | Strongly Disagree | Not Applicable

Question 5 ***The instructor promotes and atmosphere conducive to learning***

Strongly Agree | Agree | Neither Agree or Disagree | Disagree | Strongly Disagree | Not Applicable

Question 6 ***The instructor grades according to syllabus/established guidelines***

Strongly Agree | Agree | Neither Agree or Disagree | Disagree | Strongly Disagree | Not Applicable

Question 7 ***The instructor models professional conduct (for example: arrives to class on time, keeps scheduled appointments, etc.)***

Strongly Agree | Agree | Neither Agree or Disagree | Disagree | Strongly Disagree | Not Applicable

Question 8 ***What could the instructor start doing to help me learn the course content?***

Question 9 ***What should the instructor stop doing because it is not helpful to my learning?***

Question 10 ***What should the instructor continue doing because it helped me learn?***

CLINIC CHECKOUT – SUPERVISOR EVALUATION

EVALUATION OF PRACTICUM SUPERVISORS

(Developed from ASHA's Position Paper: Clinical Supervision in Speech-Language Pathology and Audiology)

Name of Supervisor:_____Practicum Site:_____

Semester/Year:_____/_____Date of Evaluation:_____

A 5-point scale is to be used to rate the items listed below:

5 = Outstanding; 4 = Excellent; 3 = Good; 2 = Fair; 1 = Poor; NA = Non-applicable

The supervisor:

1. establishes and maintains an effective working relationship with the supervisee. _____
2. assists the supervisee in developing clinical goals and objectives. _____
3. assists the supervisee in developing and refining assessment skills. _____
4. demonstrates for and participates with the supervisee in the clinical process. _____
5. assists the supervisee in analyzing assessment and treatment sessions. _____
6. guides the supervisee in maintaining clinical records. _____
7. interacts with the supervisee in supervisory conferences. _____
8. assists the supervisee in evaluating his/her clinical performance. _____
9. assists the supervisee in developing skills of report writing and editing. _____
10. models professional conduct. _____
11. treats the supervisee/clients with compassion, respect, dignity, and courtesy. _____
12. contributes to a culture of helpfulness and cooperation. _____

Additional Comments:

Rev 5/2009

CONSUMER EVALUATION OF CLINICAL SERVICES

UA Little Rock Speech-Language and Hearing Clinic
2801 South University, Little Rock, AR 72204
501-569-3155 Phone501-569-3157 Fax

EVALUATION OF CLINICAL SERVICES

CLIENT'S NAME:_____ DOB:_____

CLINICIAN: _____ SUPERVISOR: _____

DATE: _____

5 = Excellent 4 = High Average 3 = Average 2 = Low Average 1 = Poor 0 - Does Not Apply

1. Prompt and accurate attention to request for information or appointment scheduling following your first contact with the facility	5	4	3	2	1	0
2. Efficient and prompt forwarding of reports	5	4	3	2	1	0
3. Courteous treatment by all clinic personnel	5	4	3	2	1	0
4. Special problems noted and assistance provided	5	4	3	2	1	0
5. Considerate answers to all questions	5	4	3	2	1	0
6. Appointments begun at scheduled time	5	4	3	2	1	0
7. Instruction in how to manage the communication problem outside this clinic	5	4	3	2	1	0
8. Clear communication of the results of the evaluation and/or therapy	5	4	3	2	1	0
9. Referral to appropriate service facilities if necessary	5	4	3	2	1	0
10. Clear statement of recommendation	5	4	3	2	1	0
11. Clear statement of how recommendations are to be implemented	5	4	3	2	1	0
12. Opportunity to ask questions after an evaluation or therapy	5	4	3	2	1	0
13. Performance of services at the Speech & Hearing Clinic	5	4	3	2	1	0
14. Student clinician conducts himself/herself in a professional manner	5	4	3	2	1	0
15. Level of confidence instilled in you by your student clinician	5	4	3	2	1	0
16. Professional appearance of student clinician	5	4	3	2	1	0
17. Conferences held away from the presence of nonprofessional personnel	5	4	3	2	1	0
18. Overall acceptability of services received at the Speech and Hearing Clinic	5	4	3	2	1	0

COMMENTS:

_____

_____

APPENDIX B: CLINICAL PRACTICE

WHAT IS MY ROLE AND WHAT ARE MY RESPONSIBILITIES?

Your role is a student clinician in training. You are expected to be available from 8:00 on Monday morning to 5:00 on Friday afternoon for your academic and clinical training. You are also expected to participate in clinical activities as assigned on a limited number of evenings and weekends, with advance notice. As part of your education in the Au.D. program, you will be enrolled in Clinical Practicum and Clinical Laboratory courses. The sequence and expectations for on-site clinical practicum, off-site clinical practicum, and externships can be found in the Au.D. Academic Handbook. During your 4th year, you will complete a full-time externship.

"Responsibility" refers to your involvement in important clinical and academic duties and your professional obligations. Your sense of responsibility is the basis for your professional actions, and is reflected by your dependability, reliability, and trustworthiness.

Your responsibilities as an emerging professional include following the basic policies and procedures relevant to any healthcare setting. These include federal and state laws and include things like the Code of Ethics, Confidentiality, Health Insurance Portability and Accountability Act (HIPAA, 1996), Infection Control, and Professionalism policies. The policies and procedures that are your responsibility are summarized below in alphabetical order.

Student clinicians are required to sign agreements to uphold the standards of academic integrity and client confidentiality set by the Department and UAMS. All Au.D. students and staff members are expected to abide by the policies and procedures described in this and subsequent documents which set forth the standards of excellence for the University. Responsibilities of student clinicians include the following:

- All clinical decisions and actions carried out by UA Little Rock Speech and Hearing Clinic faculty, staff and students must reflect the highest standards of clinical excellence and cooperation
- Any decisions or actions affecting Audiology Clinic policies, clinical equipment and supplies, clinic forms, letters to clients and outside agencies, off-campus externships, and contacts with contractual practicum sites must have the express approval of the Clinical Director of Audiology before they can be implemented
- No hardware or software may be added to or removed from UAMS/ UA Little Rock Audiology computer equipment without faculty permission. A clinical supervisor must be consulted before any hardware or software deletions, additions, upgrades, etc. are made.
- Student clinicians must not do anything to jeopardize the certification or licensure of their clinical supervisors, or the accreditation of the Clinic.
- All significant actions must be approved by the supervisor before the client leaves the appointment. Clinical phone calls may be made only with supervisor permission.
- All official documents must be co-signed by the supervisor before any records are mailed out or the file is retired.
- You are expected to review and comply with the policies and procedures delineated in this handbook.

WHAT ARE THE POLICIES AND EXPECTATIONS REGARDING ATTENDANCE?

Punctuality & Preparation Time

- Attendance at all clinic meetings and scheduled appointment times is required as part of clinical practicum in audiology.
- Clinicians are required to be present at least 15 minutes before audiologic rehabilitation sessions to set up therapy rooms.
- Students should arrive at least 30 minutes before diagnostic and/or hearing aid appointments to set up booths, complete equipment checks, perform calibrations, and discuss the day's clinical needs with the supervisor.
- In some cases supervisors may require more advance time for the review of cases the day before an appointment (e.g. for programming aids, APD evaluation, or sleep-deprived ABR studies).

Exchanging Clinic Assignments

- Switching/trading an assigned clinic day due to a student conflict requires a written request via email and approval by the clinical supervisor at least one week in advance of the change.
- The student clinicians involved must arrange an equitable trade of clinic coverage with another student.
- The clinic office staff will be notified of the change by the clinic supervisor.
- Only one exchange/trade can be made per student per supervisor each semester.

Excused Absences

- Examples of excused absences may include medical appointments; attendance at professional conferences and conventions; illness or serious injury; and funerals for immediate family members.
- Students are expected to schedule medical appointments at times that do not interfere with clinical responsibilities or courses, if at all possible.
- When absence on short notice is unavoidable, first call and email and text to inform your supervisor as well as the front office staff.
- If a clinician is ill, the supervisor and clerical staff must both 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.
- In the case of an absence, students are expected to find a replacement student clinician to fill their missed clinic time(s). A make-up clinic may be required.
- If an emergency car repair is necessary, students must be prepared to show a car repair bill/receipt.

Unexcused Absences

- No unexcused absences are allowed; any pattern or absence or tardiness may result in a failed practicum, remediation, or probationary status.

- Unexcused absences include, but are not limited to such things as attendance at weddings; family vacations, birthdays or anniversaries; funerals for persons outside the immediate family; death of a pet; or extended weekends or holidays.
- Hangover is not an excusable illness; inebriation during clinical assignments is grounds for dismissal from the program.

APPENDIX C: CLINIC PROTOCOLS

INSTRUMENTATION AND EQUIPMENT

Equipment Policies

- Do not move equipment from its assigned location without the express permission of your supervisor. e.g. Do not exchange earphones, headphones or bone oscillators between booths. The audiometer in each booth is calibrated for specific transducers. An electrical impedance mismatch can cause the transducer to malfunction.
- Do not take equipment off campus without permission. Use the sign-out sheet.
- Report all equipment malfunctions to your supervisor as soon as possible. Conduct troubleshooting. If the problem persists, record malfunctions on the biologic calibration sheet.
- Share information about malfunctions with all other persons on clinic that day. If the malfunction is unresolved by the end of the day, leave a note about the problem for the next day's clinicians.
- Return all equipment to its correct location after immediately after using it. E.g. Consignment hearing instruments, Tapes, CD's, Test manuals, Equipment manuals, Demonstration Dry Aid Kits, Earmold and Impression Supplies, Toys, Picture Cards, etc.
- Keep all equipment neat (e.g. untangle cords) and clean (e.g. throw away battery tabs; immediately put used specula into the appropriate containers). Clean up after yourself and clients as you go through each appointment. See the Clean-Up Check List.
- Do not allow any equipment to overheat. Keep air vents unobstructed.
- Return all Audiometers to 1000 Hz, 0 dB HL, and talk over & monitor settings to levels appropriate for persons with normal hearing after every appointment. Be especially careful to return talk over and other intensity levels down when you finish using the booth with clients who have severe hearing impairments. Be courteous to the next Audiologist & client.

Listening Checks

- See "Biologic Listening Check" list.

- Record the results of daily equipment checks on the forms adjacent to each piece of equipment.

Reporting Equipment & Hearing Instrument Problems

- Equipment

- Double check settings on equipment. Report problems as soon as possible to the supervisor on duty.

- Avoid turning equipment on and off throughout the day. Most Audiometric equipment is designed to be turned on only once per day, & left on for the whole day. If computerized equipment overheats or freezes up, it may be necessary to turn it off & then on again before you can proceed with using it. Report these types of problems to your supervisor so that equipment problems can be tracked.

- Please remember to turn off all equipment, including monitors at the end of the clinic day.

- New or Recently Repaired Hearing Aids

    - Report all problems to the supervisor on duty. If the supervisor verifies the problem, complete a manufacturer repair form.

- **Consignment Hearing Instruments & ALDs**

    - Report all problems to the supervisor on duty, and follow up with notes to the students assigned to work with the consignment and ALD systems.

- **Low Supplies & Forms**

    - Report shortages to supervisors. Students assigned the jobs of “Inventory” and “Forms” should be notified via the clipboards hanging in the TAC Room closet.

- Information about Specific Equipment

    - See the manuals regarding individual pieces of equipment.

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 these containers immediately when you are finished with them; DO NOT leave them out for the next clinician to dispose of.

- If any item that must come in contact with a client's ear or skin has touched the floor or otherwise become dirty (e.g. from laying on a table, or grinding/buffing), it must be properly cleaned before being used for the client. Spray cleaner and alcohol are available for this purpose throughout the clinic.

    - 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 or Cavicide.

    - Any objects (e.g. plastic wastebaskets, probe tips) or toys which have been in a client's mouth or which have had contact with drool or other bodily fluids must be washed and disinfected with alcohol, Wavicide, Audioclenz, a 10% bleach solution, or other appropriate cleaners. See points above regarding use of these cleaning solutions. (Tip: Avoid getting these cleaning agents on your clothing, as they may damage the fabric.)

- Keep the clinic environment and supplies clean for all clients, as you would want them to be for yourself. Keep cords untangled & out of the way.

- Cover wounds, broken skin etc. with a bandage.

- 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 supervisor and complete an injury incident report (available from the clinic office staff).

- 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 biohazard receptacle in the Materials Room. 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.

- A First Aid Kit is located in the main clinic office supply room.

REFERRALS AND RECOMMENDATIONS

- Medical and ENT referral is required for any of the following:
    - Sudden onset hearing loss
    - Conductive hearing loss
    - Asymmetrical sensorineural hearing impairment of 10 dB HL or more at two adjacent test frequencies, or 15 dB HL at a single frequency
    - Other symptoms of retrocochlear impairment, such as tone decay, acoustic reflex decay, positive MLD, etc.
    - Tinnitus, especially if it has become louder or changed pitch or it is pulsatile
    - Dizziness
    - Otalgia (ear pain)
    - Otorrhea (discharge or foul smell from ear)
    - Impacted cerumen
    - Observable abnormalities of the tympanic membrane or ear canal, e.g. exostoses, fungi
    - Tympanic membrane (T.M.) perforations
    - Suspected ototoxicity
    - Medical clearance for hearing aids, which is mandatory for children under 18 years
- **Refer clients back to their primary care physicians in order to obtain otology consultation.** This avoids insulting family physicians by "going over their heads," and helps ensure insurance coverage for otological services.
- **Otologists must provide clearance for persons less than 18 years of age obtaining hearing aids**. Family physicians can provide medical clearance for other persons.
- Adults have the right to refuse to obtain medical clearance prior to hearing aid fitting, but this is discouraged at this Clinic. Clients who choose not to obtain medical clearance must sign a "Medical Clearance Waiver" form at the Hearing Aid Selection appointment.
- Avoiding Water in the Ear Canals
    - Whenever a client has a tympanic membrane perforation or PE tube, recommend that they not allow water to get into the ear.
    - Recommend a custom earplug for any ear with a PE tube or other perforation.
- Genetic Counseling - Genetic counseling is required for anyone who may possibly have a hereditary etiology for hearing impairment. Clients may be referred back to their physician for a genetic counseling referral, or referred directly by us as audiologists to a genetic counseling center.
- Special Education and Educational Options
    - Clients who demonstrate any sort of need for special education services (e.g. tutoring, reading, deaf education, etc.) must be referred to the special education program at their local schools. If the special education director is unknown, parents should be advised to call the principal's office at their local school to contact the appropriate personnel.

- Children aged birth to three with any type of disability should be referred to First Connections for multidisciplinary services. **Pre-school children with hearing impairments** may be referred to First Connections, the local school district SKI-HI program, and the John Tracy Clinic correspondence program, in addition to the special education program in their school district.
- Parents of newly identified children with hearing impairments are eligible for free one-year memberships to the A.G. Bell Association for the Deaf and the National Cued Speech Association.
- Parents may also be referred to the local chapter of Hands and Voices, the UA Little Rock Speech and Hearing Clinic's Preschool Language Enrichment Program (PLEP), other support groups, and Birth to 5 programs.
- **School aged children** with hearing impairments should be referred for special education services, particularly speech-language evaluation & treatment, as needed. Parents should be given **ALL their options** for amplification systems (hearing aids, frequency transposition aids, cochlear implants, tactile aids, ALDs), and communication methods or systems (oral-aural, Auditory-Verbal, Cued Speech, Signed English, ASL), as well as the "pros and cons" of each. **Purposely withholding information or giving unbalanced information so that parents will make uninformed choices is unethical.**
- Parents must also receive advice and instructions on how best to advocate for the needs of their child with hearing impairment. Older children require instruction & guidance on becoming their own advocates.

- Speech-Language Pathology
  - Referrals for speech-language evaluation are required for anyone suspected as having a speech or language disorder, regardless of whether the apparent speech or language problem is due to a hearing impairment. Do not say in your referral that you are recommending therapy, because it will be the SLPs decision whether therapy is needed after her/his evaluation. It is acceptable, however, to recommend a "speech-language evaluation and treatment as indicated".
  - Audiology clients seen at this clinic can receive a speech-language consultation at no charge; if further speech-language services are recommended, fees will be discussed at that time. Speech-language clients are able to receive one free hearing evaluation at this clinic per year.
- Amplification
  - Hearing Aid Options
    - Recommend binaural amplification for all persons with bilateral hearing impairment unless there is a compelling reason not to. Persons refusing binaural amplification when it has been recommended must sign a "Binaural Waiver" form at the time of the HAS appointment.

        - Use a consultative, rather than prescriptive, approach to inform clients of the "pros & cons" of different aids. Let the client know *why* you recommend a particular aid.
        - Inform clients of the option to purchase an extended warranty at the time of the HAS, and repeat this information at the time of the HAO.
        - Discuss telecoils & other circuit options, as well as size constraints within aids that limit the number of special circuits available.
    - Assistive Listening Device (ALD) Options and Accessories
        - Inform clients of the availability of any appropriate amplifiers; signal systems, hearing protection, swim molds, etc.
        - Information may be provided at any type of appointment, or at a separate ALD appointment.
        - Encourage attendance in audiologic rehabilitation, as needed.
        - Inform UAMS/ UA Little Rock students about the available FMs & the Student Disabilities Office services available.
        - Complete an Assistive Listening Device Needs Assessment questionnaire with your client to guide your discussion on ALD options.

- Protective Services: Abuse & Neglect
- We are mandated by state law to report suspected cases of abuse &/or neglect. Discuss particular cases with your supervisor before making the report. **The Audiology Clinic 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**
- Psychology & Social Work Services
    - Consult your supervisor before making the referral.
    - Make referrals through Community Mental Health. Reasons for referral may include suspicions of problems such as:
        - Extreme difficulty adjusting to hearing impairment
        - Family dynamics which appear abnormal
        - Serious personality disorders
        - Depression
        - Substance Abuse

HEARING AID SELECTION (HAS)

- See "Record Keeping Procedures, Hearing Instrument Orders."
- The HAS process should be as complete as possible and may include:
    - Case History re: Listening Needs & Amplification Options

- Pulsed warble tone UCLs for 500 & 3000 Hz
- Functional Gain, i.e., Unaided & Aided Sound field warble tone thresholds if required by a third party payer
- Ear Impressions, as needed
- Client Completion of a Subjective Measure to document benefit from amplification, e.g. APHAB, COSI, etc.

- Optional: Ear Canal Resonance (for custom aids)

  ALD Needs Assessment

  If a programmable system is being evaluated, all client information should be entered into the computer (or hand held programmer) prior to the appointment.

- **When selecting a Hearing Instrument to Order:**
  - Avoid linear circuits for sensorineural losses unless the client is a long-time user of linear circuitry who does not want to change circuits. Output limiting may be appropriate for individuals requiring high gain instruments. Linear circuits may be used for conductive impairments.
  - Inform clients about telecoils and recommend obtaining instruments with telecoil capability whenever they are appropriate candidates.
  - Carefully consider typical listening needs of the individual, cost, dexterity, circuit & memory options available, and ease of operation before recommending specific hearing instruments.
  - Consider accessories (bluetooth, remote microphones, remote controls) or cell phone applications that may be beneficial to the patients' listening needs.

HEARING AID ORIENTATION/HEARING AID VERIFICATION APPOINTMENT (HAO)

- You are required by FDA regulation to provide clients with their **manufacturer's hearing instrument instruction manual**. You should also provide clients with the UAMS/UA LITTLE ROCK **HAO Manual**. A large print version of the HAO Manual is available for low vision clients.
- Provide Assistive Listening Device information.
- Clients should complete the **APHAB, COSI, or similar form** if it was not completed during the HAS appointment.
- When orienting clients to a **telecoil**, review procedures and give written instructions. The telecoil instruction sheets are in the TAC Room (626) file cabinet, along with the HAO packet/manuals and other handouts. Have the client practice using the T-Coil with the phone in the TAC Room. The phone number is **501-683-7738**.
- Explain to clients that:
    - Telecoils are very sensitive to the angle at which you hold the phone.
    - Not all phones are hearing aid compatible.
    - Sometimes telecoil-compatible ALDs are available at public institutions, such as theaters, Auditoriums, and places of worship. Clients should call at least a day in advance to borrow systems if possible (to give facility time to find the device & make sure it is re-charged the day before it is needed.)
    - It may be necessary to turn up the aid's volume when using the telecoil.
- A **Low Vision Kit** is available at the rear of the clinic for use with clients who have vision difficulties during HAO or Hearing Aid Recheck (HAR) appointments. Provide these clients with the **large print version of the UAMS/UA LITTLE ROCK Hearing Aid Orientation Manual**. If possible, orient a significant other along with the client to the care & use of the system.
- **HAO should include the following:**
    - Check of shell or earmold fit
    - Adjustment of aid for sound quality
    - Real Ear Measures utilizing an appropriate target.
    - If using an NAL-NL1 target, test at 50, 65 & 80 dB HL using speech spectrum noise.
    - At 50 dB the aid's gain should be above the NAL target.
    - At 65 dB the aid's gain should be very near the NAL target.
    - At 80 dB the aid's gain should be below the NAL target.
    - Discussion of all information on the HAO Check List
    - Check of client's ability to perform all hearing instrument care functions
    - Distribution of Manufacturer's Instruction Manual
    - Distribution of other appropriate handouts, e.g. Telecoil Instructions

ASSISTIVE LISTENING DEVICE (ALD) CONSULTATION

- Optional Measures
    - Sound field Functional Gain
    - Aided Speech Recognition measures
    - Aided speech in noise testing, e.g. QuickSIN
    - Calculation of Articulation Index (AI)

HEARING AID RECHECK (HAR)

30-Day Hearing Aid Recheck:

- An HAR should be conducted within the first month of hearing instrument use for all clients with new aids.
- R**epeat outcome measures** with the client, e.g. APHAB, COSI, etc.
- **DO NOT** repeatedly tell the client to "try the hearing aid this way for a while" if it means going beyond the 30-Day trial period. **Take care of <u>all</u> major problems such as circuit changes, re-makes, & exchanges within the 30-Day trial. Remind the client of the deadline for return the instruments if dissatisfied.**
- **All Hearing Aid Rechecks:**
    - Troubleshoot problems and re-counsel as needed.
    - Inquire about any questions or problems the client may have regarding the hearing instrument. Answer questions & rectify problems.
    - Complete Electroacoustic Analysis, as needed.
    - Document outcomes of HAR & any new instrument settings.
    - Conduct real ear measures as needed.
    - Complete functional gain and aided speech recognition testing in sound field, as needed.

AUDITORY EVOKED POTENTIALS (AEP)

- Consult the protocols available in the special test/ABR room. Discuss specific procedures & guidelines with your supervisor before the appointment.
- **Common Abbreviations for Auditory Evoked Potentials:**
    - **ABR:** Auditory Brainstem Response
    - **AABR:** Automated Auditory Brainstem Response
    - **AMLR or MLR:** Auditory Middle Latency Response
    - **ALR:** Auditory Late Response
    - **MMN:** Mismatch Negativity
    - **P-300 or CEP:** Auditory Event Related Potentials or Cognitive Evoked Potentials
    - **ECochG or ECog:** Electrocochleography
    - **VEMP:** Vestibular Evoked Myogenic Potential

Note: As of 8/2009, the FDA has not approved the use of clinical evoked potential devices for recording VEMPs; however, VEMPs can still be recorded for clinical purposes (see http://www.audiologyonline.com/ask-the-experts/status-vemp-it-ethical-and-11421). As of 2/16, the Otometrics ICS Chartr EP 200 is the only FDA-approved device (see http://www.audiologyonline.com/ask-the-experts/fda-clearance-vemp-testing-important-16121).

TREATMENT EFFICACY QUESTIONNAIRES

- All clients should complete an **evaluation of our clinical services** at the end of any diagnostic appointment or an initial hearing aid fitting in our clinic. It is optional after subsequent appointments.
- Document the **degree of benefit clients receive from amplification** using one of the available benefit scales. These are available in the TAC room bookcase drawer (Room 626) or storage room (626-A) file cabinet.
    - Abbreviated Profile of Hearing Aid Benefit (APHAB)
    - Self-Assessment and Significant Other Assessment of Communication (SAC & SOAC)
    - Hearing Handicap Inventory (HHI) for Adults or Elderly (HHIE)
    - NAL Client Oriented Scale of Improvement (COSI)
- Document the degree of dizziness handicap using the **Dizziness Handicap Inventory** (DHI).

CLIENT HANDOUTS

The file cabinet in Room 626-A contains a variety of information for clients. Student clinicians are responsible for acquainting themselves with what is available. Give information packets or individual handouts to clients whenever appropriate.

E.g. Choosing a Hearing Aid

HAO Packet/Manual

Dry Aid Kit Instructions

Telecoil Instructions

Coping Strategies for Clients &/or Significant Others

ADA Information

Manufacturer Literature

Consumer Advocacy Packet

Other Information, e.g. Tinnitus, Ear Infections, etc.