Au.D. CLINIC HANDBOOK

DOCTOR OF AUDIOLOGY PROGRAM

UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES (UAMS)

COLLEGE OF HEALTH PROFESSIONS (CHP)

2021-2022 ACADEMIC YEAR

Revised: August 19, 2021

Introduction

This section provides you with basic information about the department, the UAMS CHP Speech, Language, 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.

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 appointments are made, where patient information is 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.

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 UAMS CHP Speech and Hearing Education Clinic.

Healthcare Policies

The last section provides you with information about university wide health care policies such as the required trainings for mandated child abuse reporting, Title IX, HIPAA, Infection Control, Safety, 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.

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THE UAMS CHP SPEECH, LANGUAGE, AND HEARING CLINIC

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

There is one auditory research laboratory located within the Audiology Clinic at the UAMS CHP Speech, Language, and Hearing Clinic. The Audiology Clinic space is also used for classes and teaching labs as needed.

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

Clinical Service Goals:

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

BASIC CLINIC INFORMATION

Clinic Physical Address: This address is used for Google maps and Mapquest and for UPS deliveries. A different address is used for mail delivered through the UAMS CHP mailroom. When in doubt about which address to use, ask.

For deliveries and clinic mail:

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

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

For department mail:

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

Rooms Pertinent to Audiology:

Room 303 - Classroom/Conference Room
Room 309 - Student Work Room
Room 311- Break Room
Room 203 - Classroom
Room 202 - Audiology Rehabilitation Suite
Room 204 - Audiology Workroom
Room 206 - Aural Rehab Room 1
Room 208 - Aural Rehab Room 2
Room 107 - Simulation Lab
Room 109 - Electrophysiology
Room 111 - Vestibular Room
Room 115 - Audiology Booth 1
Room 113 - Audiology Booth 2

PARKING:

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

Clinical Education

EXPECTATIONS

Students are expected to participate in and complete all assigned clinical experiences. The student is representing the program and should be in compliance with professional standards at all times. All on- and off-campus clinical experiences are coordinated by the faculty. Students do NOT independently make arrangements for practicum/externship placements. Students should be aware of on- and off-campus policies and procedures for attendance, absences, holidays, sick-time etc. 1st, 2nd, and 3rd year clinical practicum are based on semesters (16 weeks fall, spring; 8 weeks summer). 4th year externships are a transition to the workforce based on a typical 32 to 40 hour work week. Arrangements must be made to make-up time missed due to planned or unforeseen circumstances. In the event of the need for personal or family leave of absence, the student must inform the Audiology Program Director as soon as possible to discuss options.

INTERN PRACTICUM

All AuD student clinicians are required to complete clinical practicum at the UAMS CHP Speech, Language, and Hearing Clinic for a minimum of 2 semesters prior to assignment to an off-campus practicum placement or externship. Practicum experiences are coordinated by the Audiology Clinical Education Director. Prior to the first outside practicum experience, students must pass two Performance-Based evaluations, one covering basic diagnostics and the second covering amplification-related skills.

OUTSIDE PRACTICUM ROTATIONS

In addition to the in-house practicum, student clinicians are expected to complete at least three (3) outside practicum rotations. Specialty sites *may* be split between two students in a single semester. While student preference is taken into consideration when making practicum/externship assignment, the sites are chosen based on the diverse needs of the students as well as the externship site. The goal is for each student to complete practicum in at least 3 different types of settings, such as hospitals or rehabilitation centers, ENT clinic, private practice clinic or public school settings. Each student must successfully complete all Performance-Based Evaluations of clinical skills before being allowed to progress to the next level of clinical experience. Students must also be in good academic standing (not on probation) to be recommended for a practicum or externship placement and be enrolled full-time during the semester this clinical learning experience is completed.

4th YEAR EXTERNSHIP

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

During the 3rd year summer session, audiology faculty will work with students on preparing for applying for 4th year placements by assisting you in identification of appropriate externships, development of a cover letter and resume, and participation in mock interviews. During the fall of your 3rd year the Clinical Education Director will provide oversight for the application process and will procure the affiliation agreement with the site, if needed, and monitors the process of 4th Year Externship Placements to make your experience as rewarding as possible.

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

PRACTICUM INTERNSHIP/EXTERNSHIP PLACEMENTS

1st Year Hearing Screening and Interprofessional Education Rotations

During your first year of study, you will complete community hearing screenings (e.g., UAMS HeadStart Centers, Conway Public Schools, local private and public schools) and Interprofessional Education (IPE) rotations at the UAMS 12th Street Health and Wellness Center.

1st Year Clinic Practicum - On Campus

Typically, during your 1st year of study (fall and spring), you will complete a ½ to 1 day On-Campus Clinic Practicum in the Audiology Clinic at the UAMS CHP Speech, Language, and Hearing Clinic. Students are typically assigned with another student in their first semester. Clinical practice during this first semester will follow the "apprenticeship" model, in which the student primarily observes the preceptor or advanced student to learn the clinical procedures and become familiar with the equipment. The number of observation hours needed prior to clinical practice will be set by the Clinical Education Director. During the 2nd half of the first year fall semester, the student clinician may be assigned as a co-clinician with a 1st, 2nd or 3rd year student, or if appropriate, may be scheduled to see a patient as the primary student clinician.

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

2nd Year Clinical Practicum – Off-Campus Affiliates

Typically, during your 2nd year of study (summer, fall, and spring), you will complete a 1- to 2-day Clinic Practicum Externship with one of our Off-Campus Affiliates. As opportunities arise, you may also complete a ½ day Clinic Practicum at the UAMS College of Health Professions Speech, Language, and Hearing Clinic (you may be partnered with a 1st year student). These sites typically include audiology clinics within the central Arkansas Metropolitan area (up to 1 to 2 ½ hours away). Occasionally, it is necessary to place 2nd year students at non-local clinical education sites. You must demonstrate competence with basic adult diagnostics prior to an off-campus placement and emerging competence with basic pediatric diagnostic testing prior to placement at a pediatric site.

3rd Year Clinical Practicum – On Campus Specialty Clinics & Off-Campus Affiliates

Intensive Clinical Externships – During the 2nd summer of the program (semester 6), non-local (e.g., > 3 hour drive or out-of-state) clinical practicum externships may be arranged with academic and clinical faculty approval. Past students have completed 5-8 weeks of clinical externships out of state. There are also a number of in-state practicum and externship sites available in Fayetteville, Fort Smith, etc. Arrangements must be made a year in advance and coordinated with course instructors following approval from the Audiology Program Director. If you are interested in this type of experience, consult with your Advisor, the Clinical Education Director, and the Audiology Program Director.

Typically, during your 3rd Year (summer, fall, and spring), you should expect to participate in clinic 2-3 days per week. You may need to travel 2 to 3 hours away from Central Arkansas for practicum experiences and may need to make arrangements to be able to participate in these clinics without undue hardship. It is possible that you will be placed in more than one outside facility. You may have the opportunity to be partnered with a 1st year student during your 3rd year of study at the UAMS CHP Speech, Language and Hearing Clinic.

Note: No student may begin a 4th year externship without an affiliation agreement in place and signed by both UAMS and the externship site.

4th Year Clinical Externship

After successful completion of comprehensive exams and Capstone research project (data collection must be completed at a minimum), you will begin your 4th year clinical externship in the summer or early fall. Students from our program have completed 4th year externships in a variety of states. Acceptable states to which UAMS students can go are subject to approval by NC-SARA (National Council for State Authorization Reciprocity Agreements) and,

at times, by UAMS. All clinic hours must be submitted on Calipso and approved by your supervising preceptor prior to your graduation checkout appointment during the week of graduation. Failure to complete graduation checkout will result in not being cleared for May graduation.

TIMELINE OF CLINICAL REQUIREMENTS DURING AUD PROGRAM

The ASHA 2020 Audiology Standards has moved to a competency-based model, rather than a clock hour model. However, the Council on Academic Accreditation in Speech-Language Pathology and Audiology (CAA) requires the equivalent of a one-year, full-time clinical experience over the course of the four-year program. This estimates a range between 1820 and 2000 clinical hours. The clinical hours expected throughout the course of the AuD program, and in specific content areas, are listed on the Calipso website. The program requires documentation of clinical activities in order to ensure that you are being provided the diversity of experiences necessary in order to maximize your educational opportunities. It will be your responsibility to ensure that you maintain an on-going record of all direct and indirect contact hours approved by your preceptors.

General Timeline of Practicum Internship/Externship Placements

	Summer Semester	Fall Semester	Spring Semester	Cumulative subtotals
Year 1: Up to 8 hrs/wk in-house		Observation, assisting, screening, direct service 1 SC Practicum 6-8 hrs/wk Minimum – 30 hrs	Assisting, direct service 1 SC Practicum 6-8 hrs/wk Minimum – 30 hrs	**Goal – 75-100 hrs** direct service contact hrs prior to off-site practicum rotation
Year 2: Up to 16 hrs/wk in-house and/or off-site	Direct service 1 SC Practicum 6-12 hrs/wk Minimum – 30 hrs	Direct service 2 SC Practicum 12-16 hrs/wk Minimum – 50 hrs	Direct service 2 SC Practicum 12-16 hrs/wk Minimum – 50 hrs	**Goal – 200 hrs** Direct service contact hrs --A 'non-local' (outside central Arkansas) may occur during one of these semesters
Year 3: Up to 24 hrs/wk in-house and/or off-site	Direct service 2 SC Practicum 12-16 hrs/wk Minimum – 50 hrs	Direct service 2 SC Practicum 12-16 hrs/wk Minimum – 50 hrs	Direct service 2 SC Practicum 12-16 hrs/wk Minimum – 50 hrs	**Goal – 400 hrs** Direct service contact hrs --A 'non-local' (outside central Arkansas) may occur during one of these semesters --500 direct service prior to 4th year Externship
Year 4: Up to 40 hrs/wk off-site	Direct service 4 SC Externship 32-40 hrs/wk Minimum – 300 hrs	Direct service 6 SC Externship 32-40 hrs/wk Minimum – 500 hrs	Direct service 6 SC Externship 32-40 hrs/wk Minimum – 500 hrs	**Goal – 1400 hrs** **Total Goal – 1820 hrs**

***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 will count toward the minimum 1820 program requirement for graduation but will not count toward the minimum 1820 ASHA CFCC clock hour requirement. . In the event a student graduates with fewer than 1820 hours precepted by individuals with the CCC-A credential, ASHA's Council for Clinical Certification (CFCC) has a process in place for a graduate to earn that credential. Visit the CFCC website for additional information.

CLINICAL PRACTICUM KITS

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 on your preceptor. You may be required to bring these items to off-site clinics, or you may be discouraged from use (e.g., lab coat) at some off-site clinics.

CLINICAL SUPERVISION

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

1. Facilities will refrain from the practice of using students in lieu of professional or non-professional staff.
   The Audiology Clinical Education Director will evaluate each rotation facility's appropriateness to provide supervised practice learning experiences on an annual basis. Facility, Preceptor, Graduate, and Intern feedback (through exit evaluations, surveys, communication with preceptors, etc.) will be used to ensure that Interns have a learning experience consistent with the rotation curriculum that meets the required competencies.

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

CLINICAL AFFLIATION AGREEMENTS

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 Audiology Clinical Education Director and Director of Audiology to maintain a current list of clinical affiliates.

SUPERVISOR'S 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, simulation, 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

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 receivea 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 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 (State Audiology License) before they can be implemented or communicated to the client.

DOCUMENTATION OF CLINICAL EDUCATION/CLOCK HOURS

As part of the clinical education experience, students maintain a log of clinical activities that include direct and indirect services on Calipso (www.calipsoclient.com). On Calipso, students will click on the daily clock hours link and add clock hours for each clinical setting and/or preceptor. It is the students' responsibility to make sure that their hours have been approved and to discuss changes as needed. Grades are not released until all clock hour forms have been completed correctly. Clock hour examples and instructions can be found in **Appendix C.**

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 (with a fellow student) for Audiology Clinic at the UAMS CHP Speech, Language, and Hearing Clinic, with two-week prior notice and permission from your supervisor.
- 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 is 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: weddings; family vacations; birthdays or anniversaries; funerals for persons outside the immediate family; death of a pet; hangover; or extended weekends or holidays.
- Any pattern of absence or tardiness may result in a failed practicum, professionalism infraction, remediation, or probation.
- 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.

DRESS CODE

Clinicians represent University of Arkansas for Medical Sciences as well as the profession of Audiology. Dress and appearance should reflect the high standards of professionalism and service established by this Department, the Clinic, and University. Attire does not need to be devoid of personality, and you do not need to have a large or expensive wardrobe to dress professionally. The following guidelines apply to all persons working, observing, or attending class/lab in the UAMS CHP Speech and Hearing Clinic and the majority of its off-campus sites:

Name Tags

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

Clothing

Examples of appropriate clothing for clinical dress include the following:

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

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

- Blue jeans (unless in clinic for class or lab)
- Shorts and short split skirts/skorts
- Micro- and mini-skirts are not appropriate or allowed.
- Informal T-shirts, especially those with pictures or slogans
- Sweatshirts
- Sleeveless tops with narrow straps or 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.
- Skirt lengths should not be more than two inches above the knee.
- 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 should 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.
- Off-campus screening events with UAMS CHP faculty/staff may have a different dress code than the UAMS CHP clinic or other off-campus facilities; e.g. polo shirts or certain types or T- shirts may be permitted for some health fairs.

Hair

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

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

Shoes

Safety should be used as guidelines for choice of footwear.

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

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 UAMS CHP clinic.

Miscellaneous

- 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 short due to infection control. Cut them so you cannot see them from the palm side of your hand.
- No artificial nails.
- Visible body piercing(s) and/or body art, e.g. tattoos, should be modest and appropriate for a professional setting (i.e. no foul language, no scary or inappropriate imagery)

Miscellaneous

It is expected that all clinicians will avoid the following:

- Using smart watches or carrying cell phones while seeing patients
- Chewing gum, eating or drinking while seeing patients
- Having food or drinks near electronic equipment
- Rings may be worn if they are kept clean and do not create a safety hazard for the wearer or patient. If you take off jewelry during appointments, be very cautious about where you put it, and remember to put it back on before you leave the room. The University and Department are not responsible for lost or stolen jewelry.
    - The amount and size of jewelry worn should not be excessive.

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**. Do not engage in political or religious discussions.
- 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.
- Always look at your patient when using interpreters. Do not communicate with the interpreter, excluding the patient.

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 Director 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 CHP students. It may also help you obtain a good job recommendation.
- Student 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 contact), 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.

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.

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
- 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 a professionalism infraction, remediation plan and/or withholding of clinical experience/hour credit. Serious or ongoing infractions may result in dismissal from the program. (See the Au.D. Academic Handbook for information regarding academic progression, professionalism infractions, remediation, probation, and dismissal policies.)

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. Your feedback is needed about your working relationship with your preceptor, what your preceptor could start doing, stop doing, or continue doing to facilitate your learning process.

Student Evaluation

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

Students should be prepared to have an honest discussion with their preceptor about their goals for clinical education, their progress from beginning of the semester to mid-term, and their progress from mid-term to final. When you take the initiative to take responsibility for complete regular self-assessments to monitor your progress, and share these with your preceptor, it becomes an opportunity for you and your preceptor to work together to identify your strengths and weaknesses and to formulate a plan for progression in clinical knowledge and skill acquisition.

Performance Based Evaluation

Additional tools used to assess clinical knowledge and skill progress toward acquisition and competence are the 1st Semester Performance Based Examinations and the 2nd Semester Performance Based Examination. Prior to the first outside practicum experience, students must pass two Performance-Based Evaluations (basic diagnostic evaluation) in the fall semester, and one Performance-Based Evaluation (amplification) in the spring semester. Performance Based Assessments forms can be found in **Appendix B**.

How Are Patient Appointments Made?

1. The patient calls the front desk personnel (501) 320-7300 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 CounselEAR. Students will use the following email for CounselEAR access: uamsspeechandhearingclinic@gmail.com. The password is Student123.
4. The day before the patient's appointment, the clinic manager calls the patient to confirm the appointment.
5. On the day of the patient's appointment, the clinic manager places the SUPERBILL (sheet that summarizes the services and prices of services provided to the patient) in the file stand behind the front desk.
6. 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 moved to another day/time.

**SUPERBILL FORMS ARE ISSUED BY THE CLINIC STAFF

DAILY OPENING AND CLOSING 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.
- Keep batteries, screwdrivers, hearing aid supplies, putty for hearing aid analyzers, and all other supplies in their appropriate containers when not in use.

OPENING: Student Clinicians assigned to the morning time slot will:

- Turn on all equipment
- Perform biologic calibration of audiometers and tympanometers
- Stock audiograms and pens at all audiometers and tympanometers

CLOSING: Student Clinicians assigned to the afternoon time slot will:

- Turn off all equipment
- Wipe down desktops and headphones
- Take all dirty tips / specula to the autoclave to be cleaned

<u>The "Do Not" List</u>

- Do not place papers, shoulder handbags, 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 <u>not</u> need to be taken with you when you move to a different room.
- **Do not throw away the small, white insert earphone tube adapters because they are expensive to replace.**

PATIENT INTERACTION

Appointment Preparation

- 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.
- Set up all equipment prior to calling patients back. Word recognition CD player should be calibrated and ready to hit 'play'.
- The student checks approximately five minutes prior to the patient appointment time and every five minutes thereafter if the patient has not arrived.
- Review the case history form before you see the patient.
- Check to ensure that the patient has signed any necessary HIPAA, Responsibility for Payment, Client Policy Summary/Consent for Treatment, and release forms as needed before you initiate services.
- Avoid talking about any case history information 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. as you walk the patient to the room.

Meeting Patients

- You will meet your patient in the lobby and perform the Covid screen.
- Be sure to greet the patient and escort him/her back to the appropriate room.
- 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 they are with you.
- Whenever working in the Clinic, refer to supervisors, fellow students, and adult clients in formal terms, i.e., by last name.

Case History

- Begin obtaining the client's case history after you are in a test booth or appropriate room. Close doors behind you to maintain a more confidential environment.
- 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.

Initiating Diagnostic Clinical Service

- Instruct clients clearly and briefly, throughout clinical procedures, so that clients know what to expect, and what is expected of them. Position yourself in front of the patient so that speech-reading is available. Confirm that they understand instructions before beginning tasks. If patients appear confused or uncertain of what is expected of them, do not hesitate to re-instruct.
- 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!

Completion of Appointments

- Complete the audiogram in full with signatures and attach the copy to the clipboard with the superbill.
- Circle and/or fill in the proper codes and charges on the Superbill and hand it to the preceptor for signature prior to checkout.
- Thank the patient for coming. Escort the patient back to the reception desk for checkout.
- Help the client set up any necessary follow-up appointments.
- Complete your reports (first draft) and CounselEAR chart notes during your clinic time. 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.
- Enter patient information and audiogram into NOAH during your clinic slot, if appropriate.
- If the clinic visit requires a formal report, you may work on the report in the student workroom or in the Audiology clinic 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. **Remember to abide by HIPAA guidelines regarding Personal Health Information (PHI).**
- Once the report is completed email the report draft to the preceptor.
- After the preceptor approves all report drafts and the final document and chart note has been completed, the paperwork is submitted to the clinic manager 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.
- **NO PATIENT INFORMATION IS TO BE TAKEN OUT OF THE CLINIC OR HOME!!!**
    - Students are allowed to work on reports, paperwork, etc. in the student workroom. Students are only allowed to access the schedule in CounselEAR outside of the clinic.

CLINIC PROTOCOLS

Hearing Screening (puretones)

- When in the field (i.e., Conway Schools, HIPPY, Special Olympics, etc.) use the appropriate hearing screening form.
- Do a careful listening check of the portable audiometer 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 for children or 25db HL for adults (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 25 dB HL. Testing for occupational/hearing conservation purposes requires that you obtain thresholds at 500, 1000, 2000, 3000, 4000, 6000Hz.
- **Pass**= Response at 20/25 dB HL (or level approved by the supervisor) for every frequency in each ear.
- **Refer** = No response at 20/25 dB HL for any single frequency in either ear. Refer clients for re- screening. If the client does not pass the second screening they require 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.
- 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 20/25 dB HL" across the audiogram for a client who passes the screening at for every frequency.
- Describe the results of the screening in the "Comments" section if using an audiogram form.
- **Never** write just "Screened at 20/25 dB" across the Audiogram; you **must** indicate whether the client **passed** the screening or was **referred**, and indicate which ear, e.g. "Passed screening at 20/25 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.
- Select the largest tip that can be used for the client, young ears are amazingly compliant.
- Record Pass/Fail for each ear on the screening form.

INSTRUMENTATION AND EQUIPMENT

- 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. If taking equipment off campus, check it out using the BarCloud system.
- 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 immediately after using it. E.g. Consignment hearing instruments, 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.
- 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

- A "Biologic Listening Check" should be performed by the students each day when opening clinic.

Reporting Equipment Problems

- 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.

COMPREHENSIVE HEARING EVALUATION

Inform patients that you can hear them from the other side of the booth, and that you will be able to talk to each other. The Comprehensive Hearing Evaluation should be as complete as possible. Unless otherwise directed by your supervisor, it consists of the following.

Otoscopy

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

- 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
    - Copious 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)

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.

Pure Tone Air and Bone Conduction Audiometry

- Test the following frequencies in Air Conduction:
    - 250, 500, 1000, 2000, 4000, & 8000 Hz
- Test the following frequencies in Bone Conduction:
    - 500, 1000, 2000, & 4000 Hz
- You should use the Modified Hughson-Westlake (Carhart, 1957) method for determination of thresholds. (See a general audiology reference text.)
- Obtain interoctave thresholds bilaterally if there is a difference in thresholds of 20 dB HL or more at two adjacent octave frequencies. Any interoctave frequency tested in one ear may need to be tested in the other ear to evaluate need for masking.
- 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).
- Record no response thresholds at output limits when appropriate, keeping in mind that maximum intensity levels varies by frequency and by audiometer.

Speech Recognition or Detection Thresholds

- SRTs should agree with the pure tone averages (PTA's) for the respective ears within ±5 to 7 dB HL.
- SDTs should agree with the pure tone averages (PTA's) for the respective ears within ±10 to 15 dB HL.
- Use masking as needed for speech threshold measures

Word/Speech Recognition Scores

- Word/Speech recognition testing may be conducted at a variety of intensity levels and with a variety of recorded 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.
- Word recognition testing is usually conducted at a comfortable suprathreshold level using monosyllabic words. 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.
- Interpret the speech recognition scores for monosyllabic words as follows:

Classification	% Correct	Communication Problem
Excellent	88-100%	Little or no difficulty in all situations
Good	72-87%	Slight difficulty in some situations
Fair	40-71%	Some difficulty in many situations
Poor	0-39%	Difficulty in most situations

Recorded Speech Audiometry

- Digital media of recordings for speech audiometry are loaded onto each audiometer already.
    - If you need a physical CD, they can be found on the bookshelf in Audiology Booth ROOM 1. These are **NEVER** to be removed from the Clinic**.**
- Do a listening check when you set up for recorded speech to be assured of the desired signal and perform the necessary calibration.

References

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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 of 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 preceptor).
    - 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 Otoacoustic 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).**
- **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

- 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 their 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 they asks specific questions about their 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.

Special Audiological Testing

Auditory Evoked Potentials (AEP)

- Consult the protocols available in the special test 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

Vestibular Evoked Myogenic Potential (VEMP)

- Consult the protocols available in the special test room. Discuss specific procedures & guidelines with your supervisor prior to the appointment.

Electronystagmography (ENG) or Videonystagmography (VNG)

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

Auditory Processing Disorder (APD) Testing

- Test battery will be chosen by the supervising preceptor, based on the needs of each individual patient.

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. As of 2016, clients who choose not to obtain medical clearance do not have to 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 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 UAMS CHP Speech and Hearing Education 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 of 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. If a person refuses binaural amplification, clinicians should document counseling the patient on the need for binaural amplification and the reasons why the patient is refusing in the appointment chart note.

        - 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.
        - 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, etc.
        - Information may be provided at any type of appointment, or at a separate ALD appointment.
        - Encourage attendance in audiologic rehabilitation, as needed.

- 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 Clinical Education Director must be informed before any Protective Services reports are filed.** For specific information regarding protective services in Pulaski County and reporting guidelines, call: **1-800-482-5964 to report suspected CHILD abuse or neglect, and 1-800-482-8049 for suspected ADULT abuse or neglect**

- 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

RECORD KEEPING PROCEDURES

Information

- **Immediately write the client's name on every piece of paper regarding that patient.**
- Earmold Impressions and hearing aid parts should be placed in a box with the patient's initials and date written on the outside.
- 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.

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 CHP- Use one form per facility.
- Release of Information from UAMS CHP 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 CounselEar chart note. 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 in CounselEAR. Contact notes should be brief, but complete. **The notes must be factual, clear and unambiguous.**
- **Any paper contact notes or forms must be completed in INK.** Do not use pencil.
- **Supervisors must co-sign** / approve all paperwork.
- Contact notes are required for every patient interaction including phone calls.

Reports

- Reports for all diagnostic appointments and other appointments as deemed necessary by the supervisor, will be completed and mailed no later than one (1) week 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
    - Obtain the supervisor's signature
    - Make enough photocopies for everyone receiving a report and
    - Hand the report(s) to the front office staff for mailing.

HEARING AID PROCEDURES

Hearing Aid Selection (HAS)

- Case History re: Listening Needs & Amplification Options
- 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.

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 UAMS CHP Speech, Language and Hearing Clinic presently obtains its hearing instruments through Your Hearing Network (YHN) an audiology practice management firm. Double-check the prices for hearing instruments with your supervisor before quoting them to the patient. We are also able to fit instruments obtained from other facilities if they so desire (e.g. from private practices or hospitals).
- Encourage the patient and significant others to ask questions during the order process, especially with respect to financial issues.
- Supervisors must approve all orders & paperwork before the order is processed.
- All patients are required to pay the cost of the hearing instrument(s) and accessories prior to the initial hearing instrument fitting. Patients 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.
- Binaural amplification should be recommended for most binaural candidates.

- 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 (and Verification) (HAF)

- You are required by FDA regulation to provide clients with their **manufacturer's hearing instrument instruction manual**.
- Clients should complete the **APHAB, COSI, or similar form** if it was not completed duringthe HAS appointment.
- **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.
    - 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.
    - 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.

- **Special Considerations** - Highlight the following types of information in CounselEAR chart 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 & length of receiver/speaker 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 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:
  - 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 UAMS CHP Public Safety**: **(501) 686-7777**
  - 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. 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 UP/DOWN STEPS. Get them to the stairwell where they will be safe until evacuated by DPS or emergency personnel.

HEALTHCARE POLICIES

Clinicians are expected to be familiar with and act in accordance with the ASHA and AAA Codes of Ethics and **Arkansas Board of Examiners in Speech-language Pathology and Audiology (ABESPA) rules and regulations.** In addition, student clinicians are expected to be familiar with university and department policies. Policies that provide guidelines for decisions about confidentiality, 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 Non-Cognitive Performance Standards Policy (see https://healthprofessions.uams.edu/faculty-and-staff/policies-and-procedures-guide/02-student-affairs/ 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, gender identity, race, religion, ethnicity, military status, socioeconomic status, etc. All clinicians must be attentive to and respectful of cultural differences between themselves, clients, and colleagues. Written, 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 UAMS CHP policies regarding non-discrimination. Clinic meetings, special assignments, and clinical experiences at UAMS CHP 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 externshipsites, 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: Confidentiality Policy.pdf

- 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 information is kept in a locked file cabinet in the Copy & File room (117).
    - 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.
    - 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, elevator; 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 discuss or refer to your client on any social media platform.
    - Do not nickname your client.
    - Follow all office rules regarding checking out and returning client files 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 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 has approved the communication

- If you present information about your client during class, refer to them 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, superbills or other written information containing client information unattended or in-patient 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 the on-campus clinic or any off-campus clinical site or preceptor with anyone at any other 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

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/.

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: https://emermgt.uams.edu/.

Parking spaces reserved for patients seen at the UAMS CHP Speech and Hearing Clinic are located in front of the building. Students may park in the adjacent student lot with a parking decal obtained from Parking Operations.

ARKANSAS MANDATED REPORTER FOR ABUSE AND NEGLECT

Training is free to all Arkansas Mandated Reporters. The state offers an online course to help all Arkansas Mandated Reporters understand their critical role in protecting children by recognizing and reporting child abuse (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 Clinical Education Director must be informed before any Protective Services reports are filed.** For specific information regarding protective services in Pulaski County and reporting guidelines, call: **1-800-482-5964 to report suspected CHILD abuse or neglect, and 1-800-482-8049 for suspected ADULT abuse or neglect.**

TITLE IX

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

- Harassment and sexual harassment are illegal. The University has procedures in place for protecting you from compromising situations involving either gender or racial harassment. 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.

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.
- Only clean hearing aids with approved cleaners. Use the UV lamp to sterilize hearing aids.
- DO NOT use alcohol on GSI immittance probe tips. It will burn the tips and cause them to crack. Replacement tips are expensive.
- DO NOT use products containing bleach or ammonia in the sonic cleaner. It will cause holes to form in the equipment. Use Wavicide or Cavicide.
- Any objects 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. A First Aid Kit is located in the copy/supply room on the first and second floor.
- Avoid cuts/punctures from sharp objects. Wash cuts/punctures immediately with soap & water, and follow this with alcohol or other appropriate cleansers. Report all injuries immediately to your 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.

UNIVERSAL PRECAUTIONS

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

- Student Needle Stick/Sharps Injuries and Blood/Fluid Exposure Policy.pdf

Resources: OSHA Bloodborne Pathogens Standard 29 CFR 1910.1030(b)

APPENDIX A: CLINICAL PRACTICUM KASAS

A17. Importance, value, and role of interprofessional communication and practice in patient care
A23. Principles and practices of effective supervision/mentoring of students, other professionals, and support personnel
B3. Participating in programs designed to reduce the effects of noise exposure and agents that are toxic to the auditory and vestibular systems
B4. Utilizing instrument(s) (i.e. sound-level meter, dosimeter, etc.) to determine ambient noise levels and providing strategies for reducing noise and reverberation time in educational, occupational, and other settings
B5. Recognizing a concern on the part of medical providers, individuals, caregivers, or other professionals about hearing and/or speech-language problems and/or identifying people at risk to determine a need for hearing screening
B6. Conducting hearing screenings in accordance with established federal and state legislative and regulatory requirements
B8. Performing developmentally, culturally, and linguistically appropriate hearing screening procedures across the life span
B9. Referring persons who fail the hearing screening for appropriate audiologic/medical evaluation
B10. Identifying persons at risk for speech-language and/or cognitive disorders that may interfere with communication, health, education, and/or psychosocial function
B11. Screening for comprehension and production of language, including the cognitive and social aspects of communication
B12. Screening for speech production skills (e.g., articulation, fluency, resonance, and voice characteristics)
B13. Referring persons who fail the screening for appropriate speech-language pathology consults, medical evaluation, and/or services, as appropriate
C1. Gathering, reviewing, and evaluating information from referral sources to facilitate assessment, planning, and identification of potential etiologic factors
C2. Obtaining a case history and client/patient narrative
C3. Obtaining client/patient-reported and/or caregiver-reported measures to assess function
C6. Providing assessment of tolerance problems to determine the presence of hyperacusis
C7. Selecting, performing, and interpreting a complete immittance test battery based on patient need and other findings; tests to be considered include single probe tone tympanometry or multifrequency and multicomponent protocols, ipsilateral and contralateral acoustic reflex threshold measurements, acoustic reflex decay measurements, and Eustachian tube function
C8. Selecting, performing, and interpreting developmentally appropriate behavioral pure-tone air and bone tests, including extended frequency range when indicated
C9. Selecting, performing, and interpreting developmentally appropriate behavioral speech audiometry procedures to determine speech awareness threshold (SAT), speech recognition threshold (SRT), and word recognition scores (WRSs); obtaining a performance intensity function with standardized speech materials, when indicated
C10. Evaluating basic audiologic findings and client/patient needs to determine differential diagnosis and additional procedures to be used
C14. Selecting, performing, and interpreting vestibular testing, including electronystagmography (ENG)/ videonystagmography (VNG), ocular vestibular-evoked myogenic potential (oVEMP), and cervical vestibular evoked myogenic potential (cVEMP)
C15. Selecting, performing, and interpreting tests to evaluate central auditory processing disorder
D2. Providing individual, family, and group counseling as needed based on client/patient and clinical population needs
D5. Addressing the specific interpersonal, psychosocial, educational, and vocational implications of hearing impairment for
the client/patient, family members, and/or caregivers to enhance their well-being and quality of life

D7. Promoting clients'/patients' self-efficacy beliefs and promoting self-management of communication and related adjustment problems
D9. Monitoring and evaluating client/patient progress and modifying counseling goals and approaches, as needed
E1. Engaging clients/patients in the identification of their specific communication and adjustment difficulties by eliciting client/patient narratives and interpreting their and/or caregiver-reported measures
E2. Identifying the need for, and providing for assessment of, concomitant cognitive/developmental concerns, sensory-perceptual and motor skills, and other health/medical conditions, as well as participating in interprofessional collaboration to provide comprehensive management and monitoring of all relevant issues
E3. Responding empathically to clients'/patients' and their families' concerns regarding communication and adjustment difficulties to establish a trusting therapeutic relationship
E4. Providing assessments of family members' perception of and reactions to communication difficulties
E5. Identifying the effects of hearing problems and subsequent communication difficulties on marital dyads, family dynamics, and other interpersonal communication functioning
E6. Engaging clients/patients (including, as appropriate, school-aged children/adolescents) and family members in shared decision making regarding treatment goals and options
E7. Developing and implementing individualized intervention plans based on clients'/patients' preferences, abilities, communication needs and problems, and related adjustment difficulties
E8. Selecting and fitting appropriate amplification devices and assistive technologies
E9. Defining appropriate electroacoustic characteristics of amplification fittings based on frequency-gain characteristics, maximum output sound-pressure level, and input–output characteristics
E10. Verifying that amplification devices meet quality control and American National Standards Institute (ANSI) stds
E11. Conducting real-ear measurements to (a) establish audibility, comfort, and tolerance of speech and sounds in the environment and (b) verify compression, directionality, and automatic noise management performance
E12. Incorporating sound field functional gain testing when fitting osseointegrated and other implantable devices
E13. Conducting individual and/or group hearing aid orientations to ensure that clients/patients can use, manage, and maintain their instruments appropriately
E14. Identifying individuals who are candidates for cochlear implantation and other implantable devices
E15. Counseling cochlear implant candidates and their families regarding the benefits and limitations of cochlear implants to (a) identify and resolve concerns and potential misconceptions and (b) facilitate decision making regarding treatment options
E16. Providing programming and fitting adjustments; providing post-fitting counseling for cochlear implant clients/patients
E17. Identifying the need for—and fitting—electroacoustically appropriate hearing assistive technology systems (HATS)based on clients'/patients' communication, educational, vocational, and social needs when conventional amplification is not indicated or provides limited benefit
E18. Providing HATS for those requiring access in public and private settings or for those requiring necessary
accommodation in the work setting, in accordance with federal and state regulations
E19. Ensuring compatibility of HATS when used in conjunction with hearing aids, cochlear implants, or other devices and in different use environments
E20. Providing or referring for consulting services in the installation and operation of multi-user systems in a variety of environments (e.g., theaters, churches, schools)
E21. Providing auditory, visual, and auditory–visual communication training (e.g., speechreading, auditory training, listening skills) to enhance receptive communication

E22. Counseling clients/patients regarding the audiologic significance of tinnitus and factors that cause or exacerbate tinnitus to resolve misconceptions and alleviate anxiety related to this auditory disorder
E23. Counseling clients/patients to promote the effective use of ear-level sound generators and/or the identification and use of situationally appropriate environmental sounds to minimize their perception of tinnitus in pertinent situations
E24. Counseling clients/patients to facilitate identification and adoption of effective coping strategies to reduce tinnitus-induced stress, concentration difficulties, and sleep disturbances
E25. Monitoring and assessing the use of ear-level and/or environmental sound generators and the use of adaptive coping strategies to ensure treatment benefit and successful outcome(s)
E26. Providing canalith repositioning for patients diagnosed with benign paroxysmal positional vertigo (BPPV)
E27. Providing intervention for central and peripheral vestibular deficits
E28. Ensuring treatment benefit and satisfaction by monitoring progress and assessing treatment outcome
F1. Counseling parents to facilitate their acceptance of and adjustment to a child's diagnosis of hearing impairment
F2. Counseling parents to resolve their concerns and facilitate their decision making regarding early intervention, amplification, education, and related intervention options for children with hearing impairment
F3. Educating parents regarding the potential effects of hearing impairment on speech-language, cognitive, and social–emotional development and functioning
F4. Educating parents regarding optional and optimal modes of communication; educational laws and rights, including
504s, individualized education programs (IEPs), individual family service plans (IFSPs), individual health plans; and so forth
F5. Selecting age/developmentally appropriate amplification devices and HATS to minimize auditory deprivation and maximize auditory stimulation
F6. Instructing parents and/or child(ren) regarding the daily use, care, and maintenance of amplification devices and HATS
F7. Planning and implementing parent education/support programs concerning the management of hearing impairment
and subsequent communication and adjustment difficulties
F8. Providing for intervention to ensure age/developmentally appropriate speech and language development
F9. Administering self-assessment, parental, and educational assessments to monitor treatment benefit and outcome
F11. Counseling the child with hearing impairment regarding peer pressure, stigma, and other issues related to psychosocial adjustment, behavioral coping strategies, and self-advocacy skills
F12. Evaluating acoustics of classroom settings and providing recommendations for modifications
F13. Providing interprofessional consultation and/or team management with speech-language pathologists, educators, and other related professionals

APPENDIX B: PERFORMANCE BASED EXAMS

1ST SEMESTER PERFORMANCE BASED EXAMINATION
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 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)			
Standard A- Foundations of Practice	**Knowledge and Skills**		
	Pass	**Pass with Comment**	**Fail**
A5. Calibration and use of instrumentation according to manufacturers' specifications and accepted standards			
A6. Standard safety precautions and cleaning/disinfection of equipment in accordance with facility-specific policies and manufacturers' instructions to control for infectious/contagious diseases			
A12. Effective interaction and communication with clients/patients, families, professionals, and other individuals through written, spoken, and nonverbal communication			
Standard C- Audiological Evaluation	**Knowledge and Skills**		
	Pass	**Pass with Comment**	**Fail**
C1. Gathering, reviewing, and evaluating information from referral sources to facilitate assessment, planning, and identification of potential etiologic factors			
C2. Obtaining a case history and client/patient narrative			
C4. Identifying, describing, and differentiating among disorders of the peripheral and central auditory systems and the vestibular system			
C7. Selecting, performing, and interpreting a complete immittance test battery based on patient need and other findings; tests to be considered include single probe tone tympanometry or multifrequency and multicomponent protocols, ipsilateral and contralateral acoustic reflex threshold measurements, acoustic reflex decay measurements, and Eustachian tube function			
C8. Selecting, performing, and interpreting developmentally appropriate behavioral pure-tone air and bone tests,			

including extended frequency range when indicated			
C9. Selecting, performing, and interpreting developmentally appropriate behavioral speech audiometry procedures to determine speech awareness threshold (SAT), speech recognition threshold (SRT), and word recognition scores (WRSs); obtaining a performance intensity function with standardized speech materials, when indicated			
C10. Evaluating basic audiologic findings and client/patient needs to determine differential diagnosis and additional procedures to be used			
C12. Selecting, performing, and interpreting otoacoustic emissions testing			

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 45 minute session while observed by an audiology faculty member examiner. 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. These assessments will be completed at midterm and end of the student's 1st year fall semester. Successful completion earns the student the privilege of taking a more active role in clinic patient interaction for spring practicum.

PART I: BASIC DIAGNOSTICS CLINICAL
PERFORMANCE BASED EXAMINATION GRADING RUBRIC

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

	(Circle)			Comments
1. Adherence to universal precautions at all times (A6)	Pass	Pass with Comment	Fail	
2. Demonstrates appropriate patient care concern and maintains communication (A12)	Pass	Pass with Comment	Fail	
3. Review of medical information and/or obtaining a case history to determine assessment needs. (A12, C1, C2)	Pass	Pass with Comment	Fail	
4. Safe care & handling of standard otoscope; Avoids damaging lens (A5, A6)	Pass	Pass with Comment	Fail	
5. Braces hand for safe, standard otoscopy in each ear (A5, A6, A12)	Pass	Pass with Comment	Fail	
6. Maintains patient comfort (patient does not wince; hair is moved only as much as necessary, etc.) (A5, A6, A12)	Pass	Pass with Comment	Fail	
7. Otoscopy results interpreted and explained accurately and clearly to patient (A12, C4, C10), e.g. • Informs patient of cerumen status in patient friendly terms • Avoids making medical diagnostic statements or overgeneralizations	Pass	Pass with Comment	Fail	
8. Accurate description of ear (C4, C10) • Characteristics of pinna; ear canal shape, size, bends, abnormalities	Pass	Pass with Comment	Fail	

▯ Amount & consistency of cerumen ▯ Tympanic membrane landmarks				
9. Audiometer set-up for AC thresholds, unmasked BC, SRT with MLV, recorded word recognition speech audiometry (A5, A6, C8, C9)	Pass	Pass with Comment	Fail	
10. Appropriate use of Talk-Over mic for instructions & feedback (Talk-Over not used for testing) (A5, A12)	Pass	Pass with Comment	Fail	
11. Patient instructions for unmasked PT audiometry; Accurate, clear, efficient; avoids jargon (A12, C8)	Pass	Pass with Comment	Fail	
12. Insert earphone use: Appropriate size selection; correct insertion (A5, A6)	Pass	Pass with Comment	Fail	
13. Accuracy of PTA calculation for 3-Freq & Fletcher PTA; Agreement of PTA & SRT within 5 dB HL (A5, C4, C8, C9)	Pass	Pass with Comment	Fail	
14. Correct frequencies tested (A5, C8) ▯ Air conduction (0.25. 0.5, 1, 2, 4, 8 kHz) ▯ Bone conduction (0.5, 1, 2, 3, 4 kHz)	Pass	Pass with Comment	Fail	
15. Positioning of BC oscillator on mastoid process, not touching pinna; Headband in comfortable spot (A5, A6, C8)	Pass	Pass with Comment	Fail	
16. Thresholds entered accurately and completely on audiogram for unmasked AC and BC (C4, C8, C10)	Pass	Pass with Comment	Fail	
17. Accuracy, clarity & efficiency of patient instructions for SRT and word recognition; Avoids jargon (A12, C9)	Pass	Pass with Comment	Fail	
18. Appropriate use of VU meter and test microphone control for Monitored Live Voice (MLV) testing (A5, C9)	Pass	Pass with Comment	Fail	
19. Starts SRT testing ≥20 dB SL re: 1kHz threshold, but not above conversational comfort level for patient (A5, A6, C9)	Pass	Pass with Comment	Fail	
20. Accuracy of SRTs (lowest level patient recognizes 50% words with 2 ascending sampling series) (A5, C9, C10)	Pass	Pass with Comment	Fail	

PART II: BASIC DIAGNOSTICS CLINICAL PERFORMANCE BASED EXAMINATION GRADING RUBRIC

	(Circle)			Comments
21. Correctly calibrates equipment for recorded word recognition testing (A5, C9)	Pass	Pass with Comment	Fail	
22. Appropriate rationale for word recognition testing HL selected (dB SL, MCL, conversational level) (A5, C9, C10)	Pass	Pass with Comment	Fail	
23. Correct calculation of word recognition score (A5, C9)	Pass	Pass with Comment	Fail	
24. Results interpreted and explained accurately and clearly to patient; avoids jargon (A12, C4, C8, C9, C10)	Pass	Pass with Comment	Fail	
25. Set-up of equipment for efficient test administration for immittance testing including ipsilateral and contralateral reflexes and acoustic reflex decay (A5, A6, C7)	Pass	Pass with Comment	Fail	
26. 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”) (A12)	Pass	Pass with Comment	Fail	
27. Selection and insertion of correct size probe tip to obtain & maintain hermetic seal (A5, A6, C7)	Pass	Pass with Comment	Fail	
28. Troubleshooting for leak or occlusion if unable to obtain or	Pass	Pass with	Fail	

maintain seal (A5, A6)		Comment		
29. 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) (A5, A6, C7, C10)	Pass	Pass with Comment	Fail	
30. Determines accurate sensation level (SL), appropriate frequency and safe intensity level for AR decay testing (A5, A6, C7)	Pass	Pass with Comment	Fail	
31. Instructions to patient re: potential loudness, but at a safe level for correct time duration (A12, C7)	Pass	Pass with Comment	Fail	
32. Accurate interpretation of AR decay (A5, C4, C7, C10)	Pass	Pass with Comment	Fail	
33. Enters all immittance results accurately and completely on form (C4, C7, C10)	Pass	Pass with Comment	Fail	
34. Results interpreted and explained accurately to patient without jargon or medical diagnosis (A12, C4, C7, C10)	Pass	Pass with Comment	Fail	
35. Selection of test parameters for screening OAE (A5, A6, C12)	Pass	Pass with Comment	Fail	
36. Instructions to patient re: OAE expectations and being still; avoids jargon (A12)	Pass	Pass with Comment	Fail	
37. Selection, use & troubleshooting of OAE probe tip to maintain seal and reduce noise & occlusion (A5, A6, C12)	Pass	Pass with Comment	Fail	
38. Efficiently conducts OAE test (within three minutes per ear) (A5, A6, C12)	Pass	Pass with Comment	Fail	
39. Judgment of presence or absence of OAEs; repeats if OAEs are not completely normal & robust (A5, C4, C10, C12)	Pass	Pass with Comment	Fail	
40. OAE results interpreted and explained accurately to patient, avoids jargon (A12, C4, C10, C12)	Pass	Pass with Comment	Fail	
Total Number Correct				
Percentage				
Grading 90% Criterion = 36 items				

1ST YEAR PERFORMANCE BASED EXAMINATIONS
SPRING SEMESTER
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 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 Examinations in the fall semester. Objectives and directions for completion of the examination are listed.

Knowledge and Skills in Audiology –1st Year Performance Based Examination (Intervention)			
Standard A – Foundations of Practice	**Knowledge**		
	Pass	**Pass with Comment**	**Fail**
A5. Calibration and use of instrumentation according to manufacturers' specifications and accepted standards			
A6. Standard safety precautions and cleaning/disinfection of equipment in accordance with facility-specific policies and manufacturers' instructions to control for infectious/contagious diseases			
A12. Effective interaction and communication with clients/patients, families, professionals, and other individuals through written, spoken, and nonverbal communication			
A13. Principles of research and the application of evidence-based practice (i.e., scientific evidence, clinical expertise, and client/patient perspectives) for accurate and effective clinical decision making			
A14. Assessment of diagnostic efficiency and treatment efficacy through the use of quantitative data (e.g., number of tests, standardized test results) and qualitative data (e.g., standardized outcome measures, client/patient-reported measures)			
Standard D – Counseling	**Knowledge and Skills**		
	Pass	**Pass with Comment**	**Fail**
D2. Providing individual, family, and group counseling as needed based on client/patient and clinical population needs			
D3. Facilitating and enhancing clients'/patients' and their families' understanding of, acceptance of, and adjustment to auditory and vestibular disorders			
D5. Addressing the specific interpersonal, psychosocial, educational, and vocational implications of hearing impairment for the client/patient, family members, and/or caregivers to enhance their well-being and quality of life			
Standard E – Intervention/Treatment	**Knowledge and Skills**		
	Pass	**Pass with Comment**	**Fail**
E8. Selecting and fitting appropriate amplification devices and assistive technologies			
E9. Defining appropriate electroacoustic characteristics of amplification fittings based on frequency-gain characteristics, maximum output sound-pressure level, and input–output characteristics			
E10. Verifying that amplification devices meet quality control and American National Standards Institute (ANSI) standards			
E11. Conducting real-ear measurements to (a) establish audibility, comfort, and tolerance of speech and sounds in the environment and (b) verify compression, directionality, and automatic noise management performance			
E28. Ensuring treatment benefit and satisfaction by monitoring progress and assessing treatment outcome			

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 1st year Spring semester. Successful completion serves as a transition to 2nd year status and earns the student the privilege of being placed at an offsite clinical placement.

PART I: HEARING AID CHECK & ELECTROACOUSTIC ANALYSIS (EAA) PERFORMANCE BASED EXAMINATION GRADING RUBRIC

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

Knowledge (A6) and Skills (A5, A12, A13, A14; D3; E8, E9, E10, E28)	(Circle)			Comments
1. Adherence to universal precautions before, during & after HA check (A6)	Pass	Pass with Comment	Fail	
2. Visual examination & description (E8) • Earhook filtered vs. unfiltered • Battery placement • Battery compartment • Receiver and microphone • Damage to casing, earmold, tubing	Pass	Pass with Comment	Fail	
3. Listening check (E8) • 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 (A5,E9, E10)	Pass	Pass with Comment	Fail	
5. Selection of appropriate ANSI standard (A5; E9, E10)	Pass	Pass with Comment	Fail	
6. Proper selection of EAA options (A5; E9, E10) • Aid type, R/L Ear • Input levels, Input/Output frequencies	Pass	Pass with Comment	Fail	
7. EAA at user settings measured & documented (A5; E9, E10) (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 (A5; E9, E10)	Pass	Pass with Comment	Fail	
9. Adjust HA to test settings (A5; E8, E9) • 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 (A5; E9, E10)	Pass	Pass with Comment	Fail	
11. Recognition & troubleshooting for any inaccurate results (E9, E10)	Pass	Pass with Comment	Fail	
12. Return HA to user settings & save to both clinic's database and hearing instrument (E8)	Pass	Pass with Comment	Fail	
13. Identification of any repair and/or reprogramming needs (E9, E10)	Pass	Pass with Comment	Fail	
14. Inform client of results & recommendations for follow-up, e.g. hearing reevaluation, ALDs, HA rechecks, repair; Avoids jargon; Provides clear & meaningful information (A12; D3)	Pass	Pass with Comment	Fail	

PART II: REAL EAR MEASUREMENT
PERFORMANCE BASED EXAMINATION GRADING RUBRIC

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

Knowledge (A6) and Skills (A5, A12, A13, A14; D2; E11, E28)	(Circle)			Comments
15. Adherence to universal precautions at all times (A6)	Pass	Pass with Comment	Fail	
16. Setup of audiometric information (A5; E11)	Pass	Pass with Comment	Fail	
17. Selection of appropriate target(s) (A5, A13, A14; E11)	Pass	Pass with Comment	Fail	
18. Leveling of microphone (A5; E11)	Pass	Pass with Comment	Fail	
19. Otoscopy, e.g. safe care & handling of otoscope; appropriate bracing	Pass	Pass with Comment	Fail	
20. Patient instructions, e.g. clear, concise, confident, not intimidating or alarming to client (A12; D2)	Pass	Pass with Comment	Fail	
21. Placement of headset & reference microphone (A5; E11) • Correct microphone orientation • Maintains pt comfort	Pass	Pass with Comment	Fail	
22. Placement of probe tube in ear canal (A5; E11) • Measurement of probe length re: HA • Proper probe insertion depth & placement	Pass	Pass with Comment	Fail	
23. Patient and equipment positioning (A5; E11) • Speaker Distance • Speaker Height • Speaker Angle	Pass	Pass with Comment	Fail	
24. Measurement of unaided ear canal resonance (A5; E11)	Pass	Pass with Comment	Fail	
25. Choice of stimuli with explanation (A5, A13; E11)	Pass	Pass with Comment	Fail	
26. Insertion of earmold & hearing aid (E11) • Maintains proper probe position • Maintains pt comfort	Pass	Pass with Comment	Fail	
27. Use and justification of appropriate input levels (A5; E11)	Pass	Pass with Comment	Fail	
28. Adjustment of hearing aid controls to match targets; Reprogram as needed to bring settings closer to target (E11)	Pass	Pass with Comment	Fail	
29. Accurate interpretation of measurements (A12, A14; E11)	Pass	Pass with Comment	Fail	
30. Recognize and troubleshoot inaccurate results (E11)	Pass	Pass with Comment	Fail	
31. Meaningful explanation to client of how results relate to real world listening & realistic expectations (A12; D2, D3, D5; E28)	Pass	Pass with Comment	Fail	
32. Conversant about formal and informal patient satisfaction and validation measures (A14; D1;E28)	Pass	Pass with Comment	Fail	
Total Number				
Percentage				
Grading 90% Criterion = 29 items				

APPENDIX C: CALIPSO INFORMATION

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

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

WHAT DOES NOT COUNT AS CLOCKHOURS:

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