INFORMATION FOR
Au.D./ Ph.D. GRADUATE STUDENT CLINICIANS
OHIO UNIVERSITY CLINICAL SUPERVISORS

Modified 8-2011

The Speech-Language Pathology and Audiology programs are accredited by the Council on Academic Accreditation of the American-Speech-Language-Hearing Association (ASHA).
September 1, 2011 to October 31, 2019
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Welcome to the Au.D. Clinical program. This is a companion manual to the General Practices Manual of the Ohio University Hearing, Speech and Language Clinic. All information and protocols in that manual apply to any individual who provides services in the clinic. This manual is designed to provide expectations, policies, and protocols specific to audiology in the Grover Clinic. This should be your reference and guide for clinical training.

Remember that you are starting your career by participating clinical services within the clinic and are expected to display professional behavior, exhibit motivation to learn, and be responsible for yourself. You are expected to treat your clinical assignments with the same effort that is applied to your academic coursework. Remember you are receiving a clinical degree.

Developing good professional behaviors is one of the key elements to being a successful audiologist. Through practicum assignments, opportunities are available to develop clinical skills at the Ohio University Hearing, Speech and Language Clinic and the outside contract sites. In addition to learning about the clients and evaluation/therapy procedures, clinicians will learn to manage themselves as professionals. The following is a list of behaviors to give clinicians a basis for developing professional skills.

Keep up to date with the institutional requirements of your setting.

- Learn the paper work requirements for your setting including release forms, census logs, billing sheets, insurance forms, scheduling sheets, etc. When you fill out these forms, make sure you fill them out completely. If something is not applicable, write “n/a” in the blank. Even if you are not responsible for forms now, you will be in the future.
- Familiarize yourself with the goals and missions for your institutional setting (e.g., who is seen for services, what outside services does the setting provide, etc.). Once you begin interacting with patients you are representing the supporting clinical practice, therefore you should be knowledgeable in these areas.
- Familiarize yourself with the rules and procedures of your setting (e.g., getting access to materials and forms, checking out and using equipment, etc.). You are responsible for correcting mistakes for violating the rules and procedures for this setting.
- Read through the latest policy and procedure manuals for your institution. In the Hearing, Speech and Language Therapy Clinic, there is a General Practices Clinic Handbook and a program specific handbook, which are revised regularly. Each of the contract sites and the externship placements will have different policies and procedures. You will need to be familiar with them.
- Keep up with changes in institutional routines, procedures, and schedules. In the Ohio University Hearing, Speech and Language Clinic this means reviewing 635A blackboard documents and email daily.

Develop the good habit of being punctual:
• Keep a calendar of all your appointments, meetings, and important deadlines. This calendar should be with you at all times. Information in your calendar should include time and date, names and phone numbers of contact people, items you should bring (who, what, where, when, and why).
• A timely response to memos is crucial to good professional communication. Therefore, read memos immediately, transfer all important information to your calendar, and respond to anyone as needed.
• Be on time to all sessions, meetings, and appointments.
• Communicate with staff, colleagues, and clients concerning all changes in scheduling. Absences from clinic must be cleared with your supervisor to be considered excused.
• All deadlines must be met. If you are not able to meet a given deadline, then you should contact the individuals affected (e.g. let you supervisor know).

Develop good professional communication skills:
• **Check your mailboxes and chart room slot at least once a day.** Even if you are not in the building you need to figure out a way to check your box (e.g. Have a co-worker collect your mail for you or stop in the building on an evening when you might gain access, such as when evening classes are held).
• Any correspondence you send out (i.e. including memos, reports, letters, home assignments, etc.) should be appropriately identified with the date, you name and title, the client’s name, the client’s Clinic number, who the information is going to, etc.

Be prepared and follow through:
• Prepare for all meetings. If you are attending a meeting about your clients with your supervisor, read through the chart and plan ahead the points you want to make and the questions you want to ask.
• When scheduling a meeting with the clinic staff, please indicate the nature and need for the meeting. In this way, not only will you be prepared for the meeting, but your supervisor will also be able to be prepared.
• Learn to say “no” appropriately and politely. Don’t agree to do something if you don’t have the time to do it. If you do agree to something, be sure to follow through with it.
• Anticipate problems before they arise and when they do come up, start to problems solve possible solutions. Be prepared to discuss solutions with your supervisor.

Confidentiality:
• Remember that you have access to personal identification about clients. It is your responsibility to do your best to maintain confidentiality. You must abide by institutional regulations that pertain to confidentiality (e.g., not giving clients’ names out for research without releases, not taking client folders off the premises).

Supervisors may issue a warning when a clinician does not follow the guide for professional behavior. If the student continues to exhibit unprofessional behavior, a meeting with the Coordinator of Clinical Services will be scheduled. At the end of every quarter, supervisors use the Ohio University Student KASA evaluation form to evaluate students' performance in clinic.
Clinical Hours

The following standards were established by ASHA and/or are required by the Ohio University Hearing, Speech and Language Clinic, in the School of Rehabilitation and Communication Sciences, Division of Communication Sciences and Disorders. Students are expected to follow these standards in order to successfully graduate from the program. Students are also expected to follow these standards if they are to be certified by ASHA. Not all states follow these standards. If a student wishes to seek licensure in a specific state, he or she is expected to become familiar with that state’s licensure requirement. These standards are subject to change.

The following standards are required by The Ohio University Hearing, Speech and Language Clinic, in the School of Rehabilitation and Communication Sciences, Division of Communication Sciences and Disorders. Students must complete 25 observation hours before working directly with a patient.

- **Students must complete a minimum of 400 patient contact hours prior to his/her 4th year 12 month full-time externship.**
  - At least 20 of the 400 clock hours must be in the area of speech-language pathology
  - Students must gain experience across professional settings.
  - Students must gain experience reflective of the audiology scope of practice.

- **Students must complete a 10 week full-time supervised externship the summer of their 2nd year. The definition of full-time is 35 hours per week, for 10 weeks, in direct patient contact, consultation, record keeping, and administrative duties relevant to audiology service delivery.**

- **Students must complete a 12 month full-time supervised externship. The definition of full-time is 35 hours per week, for 52 weeks, in direct patient contact, consultation, record keeping, and administrative duties relevant to audiology service delivery.**

The following standards are required to receive ASHA certification. *2011 Audiology Standards for Clinical Certification:*

- **Program of Study**

Applicants for certification must complete a program of study that includes academic course work and a minimum of 1,820 hours of supervised clinical practicum sufficient in depth and breadth to achieve the knowledge and skills outcomes stipulated in Standard IV. The supervision must be provided by individuals who hold the ASHA Certificate of Clinical Competence (CCC) in Audiology.

Implementation:
The program of study must address the knowledge and skills pertinent to the field of audiology. Clinical practicum must be approved by the academic program from which the student intends to graduate. The student must maintain documentation of time spent in supervised practicum, verified by the academic program in accordance with Standard IV.

Students shall participate in practicum only after they have had sufficient preparation to qualify for such experience. Students must obtain a variety of clinical practicum experiences in different work settings and with different populations so that they can demonstrate skills across the scope of practice in audiology. Acceptable clinical practicum experience includes clinical and administrative activities directly related to patient care. Clinical practicum is defined as direct patient/client contact, consultation, record keeping, and administrative duties relevant to audiology service delivery. Time spent in clinical practicum experiences should occur throughout the graduate program.

Supervision must be sufficient to ensure the welfare of the patient and the student in accordance with the ASHA Code of Ethics. Supervision of clinical practicum must include direct observation, guidance, and feedback to permit the student to monitor, evaluate, and improve performance and to develop clinical competence. The amount of supervision must also be appropriate to the student's level of training, education, experience, and competence.

Supervisors must hold a current ASHA CCC in the appropriate area of practice. The supervised activities must be within the scope of practice of audiology to count toward certification.

- Knowledge and Skills Outcomes

Applicants for certification must have acquired knowledge and developed skills in six areas: foundations of practice, prevention/identification, and assessment, (re)habilitation, advocacy/consultation, and education/research/administration.

Implementation:

This standard distinguishes between acquisition of knowledge for Standards IV-A.1–21 and IV-C.1, and the acquisition of knowledge and skills for Standards IV-A.22–29, IV-B, IV-C.2–11, IV-D, IV-E, and IV-F. The applicant must submit a completed application for certification signed by the academic program director verifying successful completion of all knowledge and skills in all six areas of Standard IV. The applicant must maintain copies of transcripts, and documentation of academic course work and clinical practicum.

### F. CLINICIAN RESPONSIBILITIES WHEN MORE THAN ONE STUDENT IS PRESENT AT THE SAME TIME

There will often be more than one student clinician in the clinic at the same time. In this case, patients will typically be rotated. If it is an existing patient, the patient will be seen by the student who was the primary clinician for that patient in the past. In some cases a change in rotation may occur. If there is a first and second year or third year student present at the same time, the second year or third year student will usually be in charge of the case. The second year or third year student is expected to discuss the case with the first year student and to involve the first year student if possible (depending on their degree of experience). Overall, second year and third year students should consider themselves mentors of first year students and help them with learning procedures (such as equipment use and test protocols). Reports typically will be the responsibility of the second or third year student (this may change as the first year student acquires more experience.)

### POLICY FOR TRACKING HOURS

#### Observation Hours
In order to receive credit for observation hours, students must complete an Audiology Observation Hours form for each session (excluding O’Bleness Memorial Hospital Nursery patients). This form must be turned in to the supervisor within 2 working days. Observation hours may be tracked on the Log of Clinical Practicum in Audiology.

#### Patient Contact Hours
In order to receive credit for patient contact hours you must track your hours on a Log of Clinical Practicum in Audiology. On the log include the session number, the date of evaluation, the site, and the number of contact hours (the time you were in direct contact with the patient and/or family). If two clinicians assisted a patient you may both take time. If you observed another clinician assisting a patient you cannot take time.

The log must be initialed by your supervisor at the end of each clinic day or following the patient’s appointment. This allows for easier tracking for the student and the supervisor. At the end of the quarter total each column and turn into your supervisor for a signature. Once you receive the signed log, transfer the log onto the Clinical Clock Hours Summary. A copy of the Log and Summary must be turned into your supervisor at the end of the quarter. Keep the original Log and Summary for your records.
Administration and Record Keeping Hours

**Administrative time** can be taken for planning, meetings, etc. for tasks pertaining to audiology. Your supervisor will advise you as to the time that can be taken in this category. Examples would include time with a hearing aid manufacturer representative, planning for aural rehabilitation, preparing presentation, prepping for a client, or researching information. If you have time that qualifies consult with your supervisor as to the appropriateness of counting time in this category.

**Record Keeping**

**Grover Clinicians:** You may take time for record keeping. Due to issues with monitoring this type of information the following must be accomplished prior to these hours being initialed:

1. Attach the number on your hours sheets to the paperwork so that they can be matched by your supervisor.
2. Reports or progress notes, all paperwork, and all materials for distributing documentation must be present to receive initials.
3. There are limits to the amount of time routinely taken for recording keeping:
   a. Progress Notes: maximum 10 minutes
   b. Basic Hearing Eval: maximum 20 minutes
   c. APD Eval: maximum 45 minutes
   d. ABR Eval: maximum 30 minutes
   e. Pediatric Aural Rehab Notes: maximum 20 minutes
   f. If reports or paperwork are exceeding these limits, discuss with your supervisor to determine if more time if warranted for that client.

**Off-Site:** Be advised by your off-site supervisor as to their rules and regulations on this time

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**G. MINIMUM COMPETENCIES FOR INVOLVEMENT IN CLIENT TESTING.**

Students may be required to show, through informal testing, professional training course demonstrations, and labs that they can use the test equipment. A student is expected to know how to use test equipment prior to testing a patient. Informal labs on the use of individual pieces of equipment will be given to students as needed (this is one of the reasons the clinicians are responsible for showing up to assigned clinic time even when there are no patients scheduled.) Typically the clinical supervisor is there to help the clinician become proficient on the use of equipment, not to teach its basic function. This is also true for performing individual tests.
Students complete a fulltime (35-40 hours/week) 10-week externship the summer of his/her 2\textsuperscript{nd} year and a fulltime (35-40 hours/week) 12-month externship of his/her 4\textsuperscript{th} year. Students will be responsible for contacting possible externship sites and obtaining the necessary information for the Coordinator of Clinical Services. Further information will be covered in practicum class.

Due to the high volume of students wishing these types of experiences, it is very important that students begin thinking about possible sites early in the graduate program. The Coordinator of Clinical Services, and Records Manager, can assist the student in many ways and encourage questions relating to selection of potential sites. Ultimately the student will be responsible for contacting possible externship sites and obtaining the necessary information the coordinators’ need. This information must be turned in to both individuals by September 30 for the Spring Externship request, and by October 30 for the Summer Externship request. Specific dates and forms will be available and further information will be covered in practicum class.

Each clinician is considered a professional in training and will be given the respect as such. With this comes the expectation of professional behavior in the clinic. Items such as professional ethics, attire, and confidentiality are covered in orientation and introductory practicum. Specific expectations of the Audiology Clinic are as follows:

\textbf{ATTENDANCE}

1) A very basic aspect of professional behavior is showing up on time to appointments. When a clinician is assigned a clinic time he or she is expected to show up even if patients are not scheduled. The clinic supervisor may excuse the clinician from attending or release them early in these cases. This is completely at the supervisor’s discretion.

2) Clinic attendance is required. Unexcused absences will not be tolerated. If you miss more than one day of clinic without permission you will be placed on clinic probation and may not receive credit for clinical practicum (no credit or F). Excused absences are at the discretion of the clinic supervisor and in extenuating circumstances may be made after the missed clinic or practicum session.
3) Clinicians are expected to **show up prior** to your first patient to set up the rooms, calibrate the equipment, read patient files, and discuss patient files with the supervisor, therefore your must arrive at your scheduled clinic time (e.g. 8 am or 12:30 pm). An exception to this is if he or she has a class prior their clinic time that ends less than 30 minute before your first patient. **The clinician is still expected to have reviewed the file prior to seeing the patient and provide supervisor with a plan.**

4) **Patterns of tardiness to clinic will result in loss of patient contact hours.** If tardiness becomes an issue, the student will be placed on clinic probation.

5) A restricted number of personal absences (days off) may be granted at the discretion of the supervisor. An absence will more likely be granted when it is requested well before the time needed, if the clinician is performing well in the clinic, and if there are no patients already scheduled at that time.

6) **If a clinician can not come on his/her assigned day, the clinician must find a substitute.** The supervisor must be informed of the change as soon as possible. If a substitute can not be arranged, the clinician must inform his or her supervisor.

7) **These types of changes must be submitted in writing**

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**DOCUMENTATION**

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*NO DOCUMENTATION IS TO LEAVE THE CLINIC.* Client files must always be returned to the file room. Clinicians SHOULD NEVER store them anywhere else in the Clinic. Supervisor/Clinician communication files located in room W176 are provided for the purpose of storing "in progress" client information as well as correspondence between Student Clinicians and Supervisors. Information may be removed from the client’s folder to be stored in the communication file but the chart must remain in the chart room. Do NOT take any work “in progress” with any identifying information about the client out of the Clinic.

Documentation may be different for off-campus sites. The site Supervisor will instruct the Clinician on the documentation for each individual site. Site paperwork should not leave the site unless the Supervisor has granted permission.

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**REPORTS**

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1) All reports will be completed on computers in the clinic computer lab in the shared folder for audiology under your name. Please label reports to match the client data so that supervisors can find your report easily.

2) **The primary clinician for an individual client will typically be responsible for the report. The initial report must be completed within 3 working days.**

3) Once the initial report is complete, place the patient’s chart in the supervisor’s box. The supervisor will make comments/corrections on your saved file and place the folder back in your box after review. Do not delete the original comments made by your supervisor; these should only be deleted by the supervisor.
4) Corrected reports must be turned in to the supervisor within 2 working days.
5) Your supervisor will print and sign the report when it is complete and return it to you to complete
   the process.
6) Reports may not be needed in certain cases. In those cases a short progress note will be needed.
   Examples of this type of appointment include hearing aid repairs, earmold impressions, earmold
   pick-ups, and others as instructed by the supervisor.
7) Reports should be a short as possible. Long reports are typically not read and are usually a result
   of a person’s inability to write in a concise, organized manner. Reports should usually focus only
   on the important aspects of the case.
8) Patient files or documents **never** leave the clinic. When you are not using the patient data or
   folder they should be in the report mailbox area or your communication folder.
9) The reports should be written using the following headings:
   - **Background**
     This should include the reason for the appointment, important information making a
     person at-risk for hearing loss, information about a person’s developmental status, and
     information about any known hearing loss and/or hearing aid use.
   - **Results**
     This should include all data collected during test procedures, anything unusual about the
     findings, and information about concerns for the reliability of the data on the audiogram.
   - **Impression**
     This is the important part of the report. This should include the hearing diagnosis, the
     ramifications of the hearing loss on communication, a description of the communication
     prognosis with and without intervention and the plan of action in the case.
   - **Recommendations**
     A list of the recommendations should be written in a short and concise manner.
     Recommendations are often numbered.
10) Auditing/distributing:
    - You are responsible for distributing the report
    - Your supervisor will not sign reports until all the paperwork is accurate, envelopes/fax
      sheets are filled out completely, and the report is complete.
    - A signed report means that you are free to distribute the report.
    - All distributed information must be logged in the progress note and on the correspondence
      sheet.
    - Fax reports to facilities when possible and write it on the log near the fax machine.
    - Fax/mail out reports and audit the chart, prior to submitting to supervisor in the audit box.
    - Once in your supervisor ‘s box, the supervisor will double check your work and once
      complete sign off.

**ORGANIZATION OF FILES**

It is the responsibility of the student completing and mailing out the report to organize the
patient’s file. It is the clinician’s responsibility to hole-punch and place all documents in the
folder with the most recent information on top.

*Audiology Charts*
Each audiology patient has a chart. This policy and procedure outlines steps involved in the chart process. In all cases the chart should never leave the clinic area. The clinic area includes the computer room, clinic, offices, and chart room. Removing the chart from the clinic is a breach of confidentiality and will be considered a serious form of misconduct. If deemed appropriate, this can lead to the loss of clinic privileges for the quarter and a failing of the practicum for that quarter. The general purpose of this procedure is to always keep the chart accessible to clinic staff and students. In general, if the chart is not being used it should be in the chart room.

**Step One:**  
The office staff makes a chart after the initial appointment is made and is confirmed the day before the appointment. The office staff places a sheet with basic identifying information in the chart.

**Step 2:**  
During the time of the evaluation the office staff will ask the client to complete the peach and blue documents, gain additional information needed for the chart, make a copy of the insurance card, and put a bill in the client’s chart.

**Step 3:**  
When the chart is complete it will be placed on top of the desk. The chart should not be removed from the main office until it is placed in this slot.

**Step 4:**  
The primary student clinician needs to obtain signatures on the HIPPA and necessary release forms and place them in the chart.

**Step 5:**  
Once the evaluation is completed a report is generated by the primary clinician. All test results should be kept in the chart and audiograms should be completed as per ASHA guidelines.

**Step 6:**  
In most cases the completed report will not be finished on the day of the appointment. Therefore it must be documented that day in the chart that the patient was seen, a report is being generated, and the bill is complete. This is to be completed on a progress note. If a report is not necessary, the progress note will still need to be completed for that day and placed in the chart. The entire chart is then placed into the clinical supervisor’s mailbox.

**Step 7:**  
The primary clinician needs to complete a rough draft of the report on the clinic computers in the computer lab. Once the report is complete, place the patient’s file into the clinical supervisor’s slot in the chart room. **Do not hole punch these forms until all copies have been made to send to the client.** The supervisor will make comments on the report. Do not delete comments made by the supervisor. The report will then be exchanged between student and supervisor as many times as needed until the report is satisfactory. Each student clinician has their own slot in the chart room for these files. When the supervisor hands back the report signed or with a note to print the report, it indicates that the report is satisfactory. The student should then sign the report. It is then the responsibility of the student to make copies of the report and test results and then distribute the reports to the appropriate individuals as on the release sheet. The student will make all documentation needed in the chart of where report is release and to audit the chart (if an evaluation or hearing aid fitting has been completed) and return it to their supervisor.
SECTION ONE (GENERAL PATIENT INFORMATION)

-This section will be kept in the order as follows with the correspondence sheet starting on the bottom
**Correspondence sheets, insurance information, physician orders, and requesting information will be kept together in chronological order with the most recent on top.
  1. Correspondence Sheet (on the bottom)
  2. Insurance Card
  3. Physician Orders
  4. All requests for information from other facilities (**This information will be organized in order it was completed with the most recent on top)
  5. Initial intake form (purple)
  6. HIPPA form
  7. Patient Release/Request (pink form)
  8. Patient (blue form)
  9. **The most recent Patient Information Sheet (peach) is always on top of all other forms.

**If the client has a speech chart also, a green sheet with “Client has a 2nd Chart” will be placed on top of this section

SECTION TWO (TRACKING)

-The tracking section will be organized in the following order so that all progress notes, all audit sheets and all routing sheets will be kept together in chronological order with the most recent on top.
  1. Routing Sheets (on the bottom)
  2. Audit Sheet
  3. Progress Note

The following must be documented on the progress note:
  a. Date client was seen for the initial evaluation
  b. Reports sent
  c. Hearing aid/earmold ordered
  d. Quoted hearing aid/earmold price
  e. Hearing aid/earmold received and checked in
  f. Hearing aid evaluation
  g. Hearing aid follow-up
  h. Any correspondence through mail, telephone and/or fax with the client, physician, school, speech-language pathologist…

INFORMATION TO BE INCLUDED IN AUDIOLOGY CHARTS
SECTION THREE (HEARING AID INFORMATION)

-This information will be organized in order it was completed with the most recent on top
  - Hearing Aid Invoices with no pricing information (in order of date serviced)
  - Hearing Aid Repair (in order of date serviced)
  - Hearing Aid Agreement Form
  - Hearing Aid Waiver or Medical Clearance
  - Earmold Invoices
  - Hearing Aid Testing Information (Real ear)

SECTION FOUR (RESULTS)

-This information will be organized in order it was completed with the most recent on top
  - Audiogram
  - Impedance results
  - Report
  - Soundfield testing
  - Reports from other clinics
  - Auditory processing results

Diagnostic Protocols

Guidelines for the minimum requirements for the tests given to individual patients are listed in the Clinic Protocols. Clinicians must complete the required tests on patients. Tests should only be omitted in cases when permission is granted by a supervisor. If you feel a test is not needed verify it with the clinical supervisor. Additional testing may be completed as necessary. These are minimum requirements. Clinicians are expected to keep data from these tests using ASHA or clinic guidelines.

Infants (0-6 months)

Hearing evaluation

Procedures are dependent on developmental age and success with other procedures. Many of the tests listed below may be used in conjunction with another test when limited results are obtained or when there is a question of validity.
  - Case history
  - Tympanometry using a 1000 Hz probe tone
  - TEOAE and/or DPOAEs
  - ABR click at 80 dB nHL and threshold search (down to 20 dBnHL)
  - ABR 500 Hz tone burst threshold search (down to 30-40 dBnHL)
    - If time permits also completed 1000, 2000, and 4000 Hz tone bursts
  If unable to obtain objective measures:
    - Behavioral Observation Audiometry (BOA)
Obtain a startle response using speech stimuli, narrowband noise, and/or warble tones in soundfield.

**Toddlers (6 months- 2 ½ years)**

**Hearing evaluation**
- Case history
- Otoscopy
- Tympanometry using a 1000 or 226 Hz probe tone (age dependent)
- Otoacoustic emissions (DPOAE or TEOAE)
- Visual reinforcement audiometry (VRA)
  - Speech stimuli and warble/narrow band tones (.5, 1.0, 2.0 & 4.0 k Hz)
    - Find responses at least down to 20 dB HL for every frequency
  - Soundfield and/or insert earphones

If a sensorineural hearing loss is found or suspected, the following test should be added to confirm findings:
- ABR click at 80 dB nHL and threshold search
- ABR 500 Hz tone burst threshold search
  - If time permits also completed 1000, 2000 and 4000 Hz tone bursts

**Children (2 ½ to 5 years)**

**Screening**
- Otoscopy
- Tympanometry using a 226 Hz probe tone
- Pure-Tone Audiometry using conventional or play audiometry
  - Air Conduction at 15-20 dB HL (.5, 1.0, 2.0 & 4.0 k Hz)
- The level of the tone can be adjusted based on the environment. The level used must be recorded on the report

**Hearing evaluation**
- Case History
- Otoscopy
- Tympanometry using a 226 Hz probe tone
- Otoacoustic emissions (DPOAE or TEOAE)
- Ipsilateral acoustic reflexes (.5, 1.0 & 2.0 k Hz) if tolerated
- Pure-tone assessment using conventional or play audiometry to determine threshold
  - Air conduction (with at least .5-4.0 k Hz)
    - Obtain responses at 20 dB HL or lower for all frequencies followed by a threshold search
  - Bone conduction (.5-4.0 k Hz)
    - Obtain responses consistent with air conduction at .5 to 4k Hz followed by a threshold search
  - Inter-octave frequencies will be tested when a difference of $\geq$ 20 dB occurs in thresholds of two adjacent frequencies
- SRT or SAT (modify as needed)
  o Spondees, select picture or pointing to body parts (The method used must be reported on the audiogram)
- Contralateral masking as needed
- WRS (If a sensorineural hearing loss is suspected):
  o MLV or recorded
  o NU-CHIPs (ages 3-4 years)
  o WIPI (ages 4-5 years)
  o PBK (for children 3 years and older who have better speech and vocabulary skills)
  o At least 25 word list

**Adult /Older Children** (assuming the patient has the capacity to complete the tests)

**Screening**
- Otoscopy
- Air Conduction at 20 dB HL (.250 – 8.0k Hz) with pass/fail criteria
  o The level of the tone can be adjusted based on the environment. The level used must be recorded on the report.

**Hearing Evaluation**
- Case History
- Otoscopy
- Tympanometry using a 226 Hz probe tone
- Ipsilateral and contralateral acoustic reflexes using a 226 Hz probe tone (.5, 1.0 & 2.0 kHz)
- Ipsilateral and contralateral reflex decay using a 226 Hz probe tone (.5 & 1.0 kHz)
- Pure-Tone Audiometry
  o Air conduction (.250-8.0 k Hz)
  o Bone conduction (.250-4.0 k Hz)
  o Inter-octave frequencies will be tested when a difference of ≥ 20 dB occurs in thresholds of two adjacent frequencies
- Speech recognition threshold
  o Spondees
  o MLV or recorded versions
- Word recognition testing
  o WRS will be obtained using recorded
  o NU-6 or CID W-22
  o At least 25 word list
- QuickSin to determine understanding in noise
  o Typically 70 dB HL, binaurally.
  o Testing each ear monaurally may also be warranted.
- Contralateral masking as needed
- Otoacoustic emissions (DPOAE or TEOAE) if warranted
- Multifrequency/component Tympanometry if CHL and Type A tympanograms are obtained

*If hearing aid(s) are recommended, the following tests will also be included.*
• Most comfortable level (MCL) testing
• Uncomfortable level (UCL) testing

If there is a significant asymmetrical hearing loss (in bone conduction of 20 dB or word recognition results), unexplained/elevated/absent acoustic reflexes, neurological concern, dizziness or reports of significant headaches then the following tests should be included:

• Word recognition testing for roll-over
• Pure-tone Stenger at least at one frequency (typically where the asymmetry is present)
• ABR click (see ABR protocol)
• VNG/ENG (see VNG/ENG protocol)

If the client is undergoing chemotherapy, renal dialysis, taking ototoxic medications or experiencing tinnitus unexplained by hearing loss in conventional frequencies the following tests should be completed

• Ototoxic protocol for DPOAEs

Hearing reevaluations

The same tests should be repeated except for the following:

• Bone conduction testing if air conduction thresholds are no more than 10 dB different at 2 or 3 frequencies
• Speech recognition threshold if the hearing loss has remained stable
• UCL’s and MCL’s only need to be repeated in cases where there is an amplification change needed or planned.
• Acoustic reflex and reflex decay of know change is noted.

Auditory processing (CAP) evaluation

• Case history
• Tympanometry using a 226 Hz probe tone
  • Ipsilateral and contralateral acoustic reflex (.5, 1.0 & 2.0 KHz)
  • Ipsilateral and contralateral reflex decay using a 226 Hz probe tone (.5 & 1.0 kHz)
• Pure-tone audiometry
  • Air conduction (.250-8.0 k Hz)
  • Bone conduction (.250-4.0 k Hz)
• Must include;
  • At least one AP test battery: Central Test Battery; MAPA, and/or SCAN-3
  • At least one test from each category of auditory processing skill:

  i) Binaural Separation: dichotic listening with directed attention
    1. Competing Sentences Test: neuromaturation & language processing abilities
    2. Synthetic Sentence Identification test with contralateral competing message (SSI-CCM): differentiating brainstem from cortical
    3. Speech in Noise (BKB SIN, Subtests of SCAN 3, QuickSin, WRS of Central Battery
ii) dichotic listening with report of both ears (Binaural Integration)
   (1) dichotic digits: sensitive to brainstem, cortical, & corpus Callosum lesions, relatively resistant to peripheral hearing loss
   (2) Dichotic Consonant-Vowel Test: sensitive to cortical lesions
   (3) SSW-sensitive to brainstem & cortical lesions
   (4) Dichotic Sentence Identification Test: sensitive to CANS disorders
   (5) SCAN—competing words: sensitive to ear differences related to neuromaturation
   (6) Dichotic rhyme test (DRT): fusion occurs and one word is repeated, sensitive to dysfunction in interhemispheric transfer

iii) temporal patterning (APTO)
   (1) Pitch Pattern Sequence: disorders of cerebral hemispheres
   (2) Duration Pattern Discrimination test: cerebral lesions

iv) monaural low-redundancy speech test
   (1) Low-pass filtering (SCAN 3-Filtered Words/Ivey Filtered Speech Test or NU-6 LP/HP versions): central disorders
   (2) 45% time compression: sensitive to diffuse pathology
   (3) Reverberation

v) temporal test
   (1) Pitch / Frequency Pattern Sequence Test
   (2) TAP test in MAPA
   (3) Gap Detection

vi) binaural interaction test
   (1) Rapidly Alternating Speech Perception (RASP): brainstem
   (2) Binaural Fusion Tasks: brainstem
   (3) Interaural just noticeable differences: brainstem
   (4) Masking Level Difference (MLD): brainstem

- Possible evoked potential tests

**ABR Evaluation**
- Case history
- Otoscopy
- Tympanometry with 226 Hz tone

**Neurodiagnostic:**
- Click at 80 dBeHL with rate changes; 2 channel

**Threshold:**
- Click at 80 dBeHL
- Proceed to a click threshold search by decreasing intensity
- Tone burst 500 Hz threshold search
- Continue Tone bursts: 2000 Hz, 1000 Hz, 4000 Hz
VNG/ENG Evaluation
- Case history
- Otoscopy
- Tympanometry using a 226 Hz probe tone if there are signs of a middle ear disorder
- Horizontal saccades
- Gaze (center, right, left, up and down)
- Pursuit
- Optokinetic (40°/sec)
- Dix-Hallpike
- Positional (sitting, supine, head right, and head left)
- Caloric in all 4 conditions
- Other possible tests to include:
  - Head Rolls

Hearing Aid Check-In
- Verify and record serial numbers and hearing aid information in the patient’s chart
- Perform hearing aid listening check
- Connect hearing instrument to the computer to ensure connectivity
- Adjust hearing aid to run electroacoustic analysis
- Complete electroacoustic analysis and compare to manufacture specifications
- Complete required paperwork for fitting
- Give chart to supervisor to verify need for scheduling

Hearing Aid Fitting
- Perform hearing aid listening check
- Speech Mapping
- Functional Gain (Perform if speech mapping cannot be obtained or required for documentation)
  - Place client in SF at 0 degrees azimuth
  - Set the volume control, trim pots and/or programming (if applicable) to the settings at which best matched the target gain
  - Record the volume and/or trim pot settings on the audiogram
  - Obtain aided warble tone thresholds, SRT and WRS
  - For digital hearing aids the noise reduction and feedback cancellation systems must be turned off
  - QuickSin unaided to aided could verify benefit
- Make adjustments to the hearing aid settings as needed
- Complete hearing aid orientation
- Complete outcome measurement
  - Client Oriented Scale of Improvement (COSI)
  - APHAB
  - SADL
- RECD should be used with infants or individuals who can not provide feedback on sound quality
Hearing aid reevaluation
- Question patient on how they feel the fitting is going. Probe for problems or questions from the patient.
- Make adjustments to the hearing aid settings as needed.
- Complete final steps to outcome measure.
- Perform electroacoustic analysis of the hearing aid if the hearing aid is not working properly.

Clinician Responsibilities

ROOM/EQUIPMENT USE

Many different people use the Audiology rooms for patients, research, and practice. It is the responsibility of each person set-up and to clean up and put materials in the proper place after using the room. Those who use them should clean the tips and speculum used in clinic, research, practice, or labs. If the last of supplies or forms are used, it is the clinician’s responsibility to replace them or inform their supervisor.

Supplies used in clinic should be cleaned by the student clinician who has the last appointment for the day. Equipment must be turned off, equipment with patient data must be stored in room that lock when not in use or overnight. The closing clinician must ensure everything is cleaned and all rooms are shut down and locked up after the last patient for the day.

The student clinician is responsible for maintaining equipment so the next person can use it. **This includes doing biologic checks to the system daily for set-up, turning off equipment at the end of the day or after it is used, returning cords to their proper places, and informing the supervisor if there is an equipment problem. It is the responsibility of the student to read equipment manuals and become competent on the equipment.** Students are welcome to practice with the equipment anytime it is not being used for patients.

AUDIOLGY CLINIC INFECTION CONTROL POLICY

Audiologists like many health care providers may be exposed to infectious disease during the administration of their duties. In addition, many of the patients with whom audiologists work are elderly with the potential for compromised immune systems. Just as audiologists must ensure
their own safety, they must ensure the minimization of risk for cross contamination from equipment or tools that may be used with multiple patients.

- **Cleaning**
  
  To clean means to remove the gross contamination from an object or surface without regard to killing germs. Cleaning is an important precursor to disinfecting and sterilizing. All objects and surfaces which are to be disinfected or sterilized are to be cleaned first. Cleaning can be accomplished with a brush, a wipe, an ultrasonic machine etc.

- **Disinfecting**
  
  To disinfect means to kill a specific number of germs. A disinfectant can be a wipe (AudioWipes or SaniCloth) a spray (Audiologist's Choice Earmold and ITE Disinfectant Spray), or a soak used for a static soaking tray or ultrasonic machine (Audiologist's Choice Ultrasonic Concentrate). Before disinfecting, all items should be first cleaned of gross contamination.

- **Items to be Disinfected:**
  
  **Hearing aids and earmolds** will be cleaned and disinfected prior to any clinic staff handling. For hearing aids this will be accomplished using an alcohol wipe or an AudioWipe, rubbing all surfaces with the wipe and allowing it to air dry. Earmolds may be submerged in a soak or ultrasonic machine or wiped with an alcohol wipe or AudioWipe.

  **Sound room toys and materials** will be cleaned with soap and water (or in dishwasher) then disinfected with an alcohol wipe or an AudioWipe at least once per month. Toys which have been mouthed must be disinfected prior to the next patient.

  **Headphone ear cushions and headbands** should be cleaned and disinfected with AudioWipes at least once per week. Headphones used on a patient with a sore on the ear, scalp or face or on a patient with draining ears or on a patient with questionable hygiene should be disinfected prior to re-use.

  **Hearing aid cleaning tools and listening stethoscope couplers** must be cleaned and disinfected before re-use. After use, these tools and couplers should be either soaked in disinfectant or wiped thoroughly with AudioWipes.

- **Sterilizing**
  
  To sterilize means to kill 100% of the germs 100% of the time. **Sterilization is indicated when an object is contaminated with a potentially infectious material such as blood, mucous or other bodily fluid or substance.** Cerumen is a potentially infectious material only when it is contaminated with blood or mucous (drainage). Since cerumen is dark and viscous it is often difficult to determine if it is contaminated. Objects that are capable of breaking the skin, (i.e. curettes, wax loops) must be sterilized prior to re-use regardless of contamination. Cold sterilization is accomplished by soaking for a minimum of 10 hours in 2%
glutaraldehyde. Glutaraldehyde must not touch skin so gloves should be worn when accessing the tray and objects sterilized should be rinsed thoroughly prior to re-use. Do not soak porous items in glutaraldehyde. The solution should be used and re-used for 28 days then disposed of by pouring down the drain.

- **Items to be Sterilized:**
  - **Otoscope, specula and tympanometry probe tips:** Although these items can be safely disinfected, it is the practice of this clinic that the items be sterilized by soaking in a 2% glutaraldehyde solution for over 10 hours.

- **Hand Washing and Use of Gloves**
  Clinicians should wash their hands with soap and water before and after each client. If soap and water are not available, a waterless antibacterial hand gel may be used. Gloves should be worn when the risk of encountering a bodily substance or fluid such as blood or drainage is high. Gloves should always be worn when handling glutaraldehyde.

- **Waste Management**
  Glutaraldehyde may be hazardous to one’s health in concentration and should be handled with gloves with consideration given toward eye protection. Glutaraldehyde begins to neutralize when in contact with organic material. As such it can be disposed of down the drain, flushing with large quantities of water to dilute it and promote more rapid neutralization. Waste (gloves, wipes, paper towels, etc.) that is contaminated with blood, ear drainage, or cerumen containing blood or ear drainage can be placed in regular trash receptacles unless the amount of blood or mucus is significant. Materials containing significant amounts of blood should be disposed of in impermeable bags labeled with the symbol for biohazardous waste. This waste should be picked up by a waste hauler licensed for medical waste disposal. When placing less contaminated waste in the regular trash, an attempt should be made to separate it from the rest of the trash by sealing it to minimize the chance of maintenance or cleaning personnel making casual contact with it. This can be accomplished by placing such waste in small plastic bags or wrapping it in paper.

O’Bleness Memorial Hospital is a placement site for completing infant hearing screenings. All Au.D. students will be expected to complete an annual orientation with O’Bleness Memorial Hospital. The orientation can be completed online. The orientation must be completed before you are able to work at OMH’s nursery. Students will complete orientation annually in January. You must receive a passing score (100%) on all subtests.

**Instructions**

1. Log onto: [http://www.carelearning.org](http://www.carelearning.org)
2. Select Student Login
3. Enter user name: first four letters of your last name, first initial of first name, and last five digits of social security # (no space)
4. Enter password: First name (first letter capitalized)
5. Follow online instructions to complete the 13 tests.
6. OMH will receive your results automatically.
7. Notify supervisor when you have completed all 13 tests by submitting a hard copy of the webpage showing that all 13 tests were completed.

*Students are required to submit a printout showing all 13 tests were completed by February 29th of each year to their supervisor in order to work in the nursery and to receive credit for practicum.*
Perform daily calibration on the tympanometer
- Organize rooms
- Put clean tips in their proper storage container

- Perform daily clinic shutdown
  - Clean and sterilize instruments
  - Turn off equipment and lights
  - Wipe off equipment with alcohol
  - Organize rooms
  - Charge otoscopes

- Demonstrate generic abilities (see clinic manual)
  - Researches problems and obtains pertinent information from supplemental reading and/or observing other clients with similar problems
  - Applies academic information to the clinical process
  - Recognizes own professional limitations and stays within boundaries of training
  - Has the knowledge of professional code of ethics, scope of practice, and credentialing
  - Has knowledge of laws, regulations, policies, and management practices relevant to the profession of audiology
  - Administers assessment measures in a culturally sensitive manner

- Supervision
  - Accepts feedback during and following sessions
  - Follows up with supervisor’s suggestions
  - Schedules conferences as needed
  - Participates in conferences
  - Approaches supervisor when clarification or help is needed
  - Discusses patients with supervisor at the beginning and ending of the clinic day

### 1st year: Fall
- **Professional & Ethical Skills (Observation)**
  - Displays professional image in dress and grooming
  - Maintains confidentiality

- **Clinical Skills**
  - Begin learning clinic policy and procedure
  - Refer to Clinic Manual

### 1st year: Winter (Observation & mock patients: basic evaluations)
- **Professional & Ethical Skills**
  - Punctuality reporting to clinic
  - Dependability in clinic
  - Maintain orderliness in test suites/equipment
  - Observe 2nd and 3rd year doctorate students performing clinical procedures on audiology patients. (This will not be required of all students. This was established for students who need to complete their observation hours.)
  - To receive credit for observation hours the student must submit an **Audiology Observation Hours** sheet to his/her supervisor within 2 working days for each patient.

### 1st year: Spring

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**AuD 08/2011**
• **Professional & Ethical Skills**
  o Functions effectively as a team member
  o Demonstrates knowledge of infectious/contagious diseases and utilizes proper universal precautions
  o Requests assistance from supervisor and/or other professionals when appropriate
  o Demonstrates flexibility by adapting or modifying clinical role based on the needs of the session

• **Documentation/Report Writing**
  o Completes initial paperwork with the patient
  o Complete a written case history along with the primary clinician.
  o Assist 2nd or 3rd year doctorate students with written patient reports.

• **Communication**
  o Actively listens to the patient (displays appropriate eye contact, posture, nonverbal cues, etc)
  o Makes appropriate introductions and addresses the patient formally unless otherwise advised

• **Clinical Skills**
  o Has the ability to screen individuals for hearing impairment and disability/handicap using clinically appropriate and culturally sensitive screening measures
  o Effectively assists the main clinician
  o Assist primary clinician during pediatric testing
    ▪ Centering
    ▪ Picture board
    ▪ WIPI
    ▪ Play audiometry

1st year: Summer
• **Professional & Ethical Skills**
  o Demonstrates desire and initiative for professional growth
  o Shows interest in improving performance and takes pride in professional role

• **Communication**
  o Shows respect when dealing with clients and families
  o Establishes a rapport with clients and families
  o Demonstrates effective speech patterns and communication ability (includes pitch, rate, volume, gestures, signs, etc)

• **Documentation/Report Writing**
  o Promptness in submitting written reports/summaries
  o Complete written reports
    ▪ Completes a progress note with limited corrections
    ▪ Typed report (Reports are expected to be finalized within 2 weeks of the appointment date).
  o Can document evaluation procedures, results, and recommendations on an audiogram.
  o Can document accurate patient information on the report (e.g. name, address, date of evaluation).
Addresses documentation to appropriate individuals.
Maintains records in a manner consistent with the format required by the clinical facility as well as legal and professional requirements.
Attends to detail of grammar, spelling, and punctuation
Reports reflect supervisory feedback
Can document pertinent history

- Clinical Skills
  - Can perform & interpret an otoscopic examination
  - Can perform & interpret tympanometry
  - Can perform & interpret acoustic reflex and decay
  - Can perform & interpret pure tone audiometry
  - Shows organization during the case history
  - Plans appropriate case history information based on client’s age
  - Can perform & interpret speech audiometry
  - Can perform OAE testing
  - Successfully assists and motivates the patient with appropriate reinforcement to contribute to the evaluation.

2nd year: Fall

- Professional & Ethical Skills
  - Poise in professional interactions (confidence, professional demeanor)
  - Demonstrates the ability to evaluate own skills

- Communication
  - Asks questions in a clear and professional manner using appropriate vocabulary. Avoids using audiology jargon based on patient’s level of understanding.
  - Enables family members to express feelings and concerns and to ask questions
  - Gives appropriate instructions to the patient and clarifies instructions when necessary.
  - Explains test procedures and rationales clearly and accurately.
  - Gives the patient some control over topics of discussion

- Documentation/Report Writing
  - Provides accurate information in a logically sequenced, organized, concise, and comprehensive manner.
  - Uses professional style and terminology appropriately.
  - Can document recommendations and referrals.
  - Can document impressions based on the results.
  - Complete written reports
    - Progress note completed with accurate information
    - Completes “typical” patient report with minimal corrections needed within 1 week of the appointment date.
    - Completes difficult patient reports within 1 ½ weeks of the appointment date.

- Clinical Skills
  - Performs daily biologic calibration
Has the knowledge of client characteristics (e.g. age, demographics, cultural & linguistic diversity, medical history & status, cognitive status, and physical/sensory abilities) and how they relate to clinical services.

- Can determine the need for cerumen removal.
- Successfully centers the patient during VRA.
- Successfully examines the ear canal and takes ear impressions
- Performs biological listening checks on hearing aids and assistive listening devices.
- Performs electroacoustic analysis on hearing aids
- Performs hearing aid service/repair/cleaning.

- Demonstrate policy and procedures to 1st year Audiology students and/or other observers (undergraduates, medical students, etc).

**2nd year: Winter**

- **Professional & Ethical Skills**
  - Is confident and sufficiently free from concerns about own performance to focus effectively on the needs of the client.

- **Communication**
  - Can interact effectively with appropriate individuals and professionals to collaborate in case coordination and review results with other service providers by seeking out on-site professional staff to discuss patient issues.
  - Provides accurate and immediate feedback to the client by acknowledging when the patient does not understand the question by repeating and/or rephrasing the question.

- **Clinical Skills**
  - Utilizes information such as age, ability level of the client, information taken from client file, and case history to select appropriate test procedures
  - Read the client file and identifies a plan of action.
  - Uses time efficiently in the session to meet objectives.
  - Can perform play audiometry
  - Uses appropriate masking procedures
  - Can assess APD

**2nd year: Spring**

- **Professional & Ethical Skills**
  - Demonstrates emotional security and independence

- **Communication**
  - Demonstrates comprehension of what the patient is expressing by expanding on the patient’s answers and avoids asking repeat questions (e.g. case history, hearing aid questions)
  - Communicates results, recommendations, communication strategies, hearing aid outcomes, etc orally to the patient and family members using appropriate vocabulary. Avoids using audiology jargon base on the patient’s level of understanding.
  - Communicates results and recommendations orally to appropriate individuals.
o Is willing to admit when something is unknown & develops an appropriate plan of action
o Uses silence effectively to keep from dominating the session

- **Documentation/Report Writing**
  o Can document hearing aid selection in the report and progress note

- **Clinical Skills**
  o Generate recommendations and referrals resulting from the evaluation process.
  o Effectively manages client behaviors.
  o Has the ability to modify sessions according to patient’s age, cognitive level, disposition, and the results obtained.
  o Uses appropriate reinforcement.
  o Can perform an ABR.
  o Scores APD testing correctly.
  o Performs probe microphone measurements (real ear)
  o Can accurately select appropriate amplification and earmold.
  o Can perform hearing aid orientation.

3rd year:

- **Professional & Ethical Skills**
  o Demonstrates emotional maturity and common sense

- **Communication**
  o Can serve as an advocate for clients, families, and other appropriate professionals
  o Can discuss hearing aid selections with the patient and family orally
  o Confirm or encourage the patient in correct thinking
  o Uses many open ended questions to encourage interaction
  o Facilitates the planning of goals to improve communication skills.

- **Documentation/Report Writing**
  o Can generate and document impressions of how the type and degree of hearing loss will affect ability to communicate.
  o Can document evaluation procedures for specialized testing (e.g. APD, ABR, ENG/VNG) or if testing had to be modified due to the patient needs (e.g. could not complete a task)

- **Clinical Skills**
  o Performs cerumen management.
  o Performs VRA (Visual Reinforcement Audiometry).
  o Can perform appropriate assessment and counseling for clients with tinnitus and hyperacusis.
  o Can perform balance system assessment and determine the need for balance rehabilitation.
  o Conducts aural rehabilitation with the patient or families at hearing aid appointments.
  o Can perform a hearing aid fitting (programming).
  o Can perform and interpret hearing aid outcome measures.
  o Counsels appropriately at hearing aid follow-up.
  o Can interpret APD tests to make accurate diagnosis.
Other possible expectations depending on clinical site, patient availability, and experience:

- Develops and implements a treatment plan using appropriate data
- Discusses prognosis and treatment options with appropriate individuals
- Provides feedback with appropriate sensitivity
- Has the ability to administer conservation programs designed to reduce the effects of noise exposure and of agents that are toxic to the auditory and vestibular systems
- Can administer audiological test battery for determining candidacy for cochlear implants
- Has knowledge of programming cochlear implants
- Determines whether instrumentation is in calibration according to accepted standards.
- Can perform auditory training.

**Nursery**

- Shows respect to family and facility when retrieving the baby from its family & returning the baby from the nursery
- Completes paperwork as required by the facility
- Answers questions in a professional manner
- Completes testing using clinical knowledge
- Recognizes problems, troubleshoots, etc
- Explains results in a professional manner and makes recommendations according to screening results.

**Hearing Aid Clinician**

- Check new and repaired aids in
- Send aids out for repairs, returns, etc.
- Medicaid authorizations
- New hearing aid orders
- Order hearing aid supplies
  - Brochures, boxes, order forms, battery doors, wax springs
- Organize hearing aid supplies
- Keep HA database current
- Using database, contact patients for hearing aid warranty, new hearing aid technology
- Marketing ideas/projects for HA patients
- Help in organizing HA room/brochures, etc
- Software updates
- Community screenings/demos
- Keep hearing aid display in waiting room up-to-date
- Battery club

- Other possible ideas:
  - Patient newsletter
  - Loss No Sell database
  - Help with product updates

Quarterly Evaluation Policy
End of the Quarter: The following must be completed in order to receive credit for patient contact hours and HSLS 635/735A Audiology Practicum:

A. Clinic reports must be completed following the Report Policy found in the clinic manual. If a report was not submitted following those guidelines, **Final** clinic reports must be submitted to the clinical supervisor by the last day of the quarter.

B. Student practicum hour sheets will not be signed until all reports are in and complete. Practicum credit will also be withheld until this is complete.

C. All practicum hour sheets must be turned in to the clinical supervisor by the last day of the quarter to be signed. Once the hour sheets have been signed they will be returned to the student to copy and re-submit to the supervisor. Credit for practicum will not be given until hour sheets have been turned into the clinical supervisor. On the last day of the quarter the clinical supervisor will turn the hours into Eileen.

D. Conference with supervisor to review final self-supervision must be scheduled during final’s week.

   a. **Conferences: Final evaluations are required.**

      i. **Offsite requirements:** Each clinician must be prepared to complete an evaluation with your site supervisor prior to completion of your placement. Off-site clinicians will also be required to meet with Dr. Nance during finals week to ensure all clinic policies and requirements have been met. You must set goals for your next quarter and this can occur with your off-site supervisor or with your OU supervisor.

      ii. **Grover Clinician Requirements:** Evaluations for Grover Clinicians will occur with your supervisor by the last day of finals week, therefore be prepared to provide input and data into the evaluation process. Be prepared to discuss any video/audiotapes, any data you have tracked on your own skills, and any questions or concerns. Each clinician will be expected to set at least two goals for the next quarter.

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**EVALUATION**

At the completion of each quarter, clinical evaluations will be completed for each student by the immediate clinical supervisor. If a student has more than one placement, an evaluation should be completed from each placement. If a student has multiple supervisors at a placement, the supervisors at that facility have the option of completing a joint evaluation or multiple evaluations. Students will be responsible for getting the evaluations to their offsite clinical supervisors. Offsite supervisors may return the clinical evaluation to the clinic by fax, mail, or by the student.
Students placed at the Grover Clinic will be responsible for making an appointment with the clinical supervisor to discuss the evaluation. In some circumstances, other faculty members, the clinical coordinator and/or School director will also be involved in the evaluation discussion. These discussions will be held during finals week. All students will complete the Assessment for Clinical Competence in Audiology evaluation with their supervisor. 1st year and students on remediation plans will also complete the Quarterly Rating Scale up to the quarter in which they just participated. Students placed at offsite clinics will be expected to meet with their clinical supervisor before the placement is complete to discuss the evaluation. If this is not possible the student must meet with the Grover Clinic supervisor to discuss the evaluation. This must be completed during finals week.

Each student must participate in completing the KASA evaluation at their final conference. You will be asked to collect data along the way in the form of a journal entry, notes, etc. See the Self Supervision Requirements Each Quarter, below. Each student will be expected to set at least two goals for the next quarter. Once the student and supervisor is finished reviewing the document the student must sign the evaluation and return the original document to the immediate supervisor to sign.

Quarterly evaluations will be kept in the Clinic Coordinator’s student file. Once the student has completed the program, quarterly evaluations will be filed in the student’s permanent record.

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**SELF-SUPERVISION REQUIREMENTS EACH QUARTER**

The following are the requirements for building your self-supervision skills.

**Journal Entries**

Journal entries will be completed using Blackboard. See steps below on using Blackboard. Each clinician will need to prepare a weekly journal entry for at least 1 patient. The student needs to focus on their own skills with the client as well as what they learned from that client. Each clinician must also comment on one other classmate’s entry. Journal entries must be completed by Monday of the next week. Your supervisor will be randomly reviewing these summaries and tracking entries. The journal must be kept confidential therefore no patient information is to be included.

Accessing the Discussion Board through Blackboard

1. Enter Blackboard
2. Select Combined HSLS 635A/735A
3. Select Discussion Board
4. Select appropriate week
5. Add new thread or reply to a classmate’s thread

**Self-analysis:**

The clinician is responsible for evaluating their own skills along with their supervisors. Documentation of skills along the way will greatly improve your ability to critique your skills. A Self Rating scale can be provided based on clinic expectations for that quarter.
You may request this document from Dr. Nance. Also please feel free to video or audio tape your interactions with patients as another tool for data collection.

**Midterm Evaluations**

Written feedback will be provided at Grover Clinic based on your quarter and level will be provided by your supervisor at midterm even if a meeting is not requested. It is your responsibility to request a meeting with your supervisor.
This document must be turned in after completion of reading this manual.

If you agree, bring this signed sheet to the second day of orientation. For established students submitted day after assigned to practicum instructor.

I, ________________________________, have read through the General Practices Manual and the Audiology Graduate Clinician Manual.

I understand I am responsible for the content within these manuals and the content provided throughout the entire orientation schedule, including but not limited to generic abilities, academic orientation, paperwork collection, and clinic content. I agree to treat my time in clinic as part of my career development and will present myself as a professional as discussed in generic abilities. I will use these resources as reference to questions and concerns within my time in clinic.

I agree that clinic duties are my first priority while working within my assigned clinic time and will contact my supervisor if I cannot complete my clinic duties as well as find a replacement clinician. I agree to attend practicum courses, practicum activities, clinic meetings, and meetings with supervisors as required.

_____________________________________  _______________________
Signature       Date