

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

Modified 6-2017

The Speech-Language Pathology and Audiology programs are accredited by the Council
on Academic Accreditation of the American-Speech-Language-Hearing Association
(ASHA).

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Welcome

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 the General Practices Manual apply to any individual who provides services in the clinic. The Audiology Manual is designed to provide expectations, policies, and protocols specific to audiology. **These two manuals are your references and guide for clinical training.**

Remember that you are starting your clinical career by participating in 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.

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 outside contract sites. In addition to learning about patient backgrounds and evaluation/therapy procedures, clinicians will learn to manage themselves as professionals. The following list of behaviors will assist clinicians in 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 services are provided, etc.). Once you begin interacting with patients you are representing and supporting the 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 will be held accountable if you have violated the rules and procedures for the 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 Manual 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. While you are in the Ohio University Au.D. program, this means reviewing CSD 6921/7921/8921 blackboard documents and email daily.
- Follow the appropriate dress code. Au.D. graduate clinicians are required to **obtain and wear a green lab coat** while participating in the clinic. Instructions for ordering are provided prior to orientation. Please follow the dress code found in the General Practices Manual of the Ohio University Hearing, Speech and Language Clinic while wearing the lab coat.

You are expected to be 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 patients 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**, not a fellow classmate, must contact the individuals affected (e.g. let your supervisor know).
- Clinic closures and policies are identified in the General Practices Manual of the Ohio University Hearing, Speech and Language Clinic. First year Au.D. Clinicians are required to participate in clinical experiences over the winter break. Many other Ohio University closures will allow for voluntary clinical experiences.

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 classmate collect your mail for you or stop in the building in the evening).
- Any correspondence you send out (i.e. including memos, reports, letters, home assignments, notes to supervisors, etc.) should be appropriately identified with the date, your name and title, the patient's name, who the information is going to, etc.
- Participate in regular conferences with your supervisors to discuss patients and your clinical skills. These may occur prior to and following appointments when time is available. You or your supervisor may make separate appointments as needed.
- Communicate concerns and successes with your supervisor so that evaluations reflect your input.
- Use professional demeanor and language at all times when interacting within the clinical settings.

Be prepared and follow through:

- Prepare for all patient appointments and supervisor/student conferences. Prior to appointments, read through the chart and plan ahead the questions you want to ask and tests you want to complete. You must review your plan of action with your supervisor prior to the scheduled appointment. If this is not possible before the patient's appointment, schedule a time to do so.
- Setup for patient appointments prior to the appointment. Have equipment in the appropriate room, turned on and calibrated. Have all supplies available and read for use.
- When scheduling a conference 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.
- Anticipate problems before they arise and when they do come up, start to problem solve possible solutions. Be prepared to discuss solutions with your supervisor.

Display motivation to learn:

- Volunteer for opportunities to improve your clinical skills and experiences.
- Ask questions when you are interested about learning more on a topic.
- Apply information you are learning in courses to the clinic throughout your student career.
- Ask for ways to support learning if you find an area of weakness.
- For tasks you are learning in class or labs, review the literature, policies and best practices when attempting to do these tasks prior to requesting supervisor support. Come to your supervisor with questions and a plan based on what you have researched.
- Ask questions specific to your needs instead of generalizing the inability to perform or display a skill. For example, if you understand all but one item in a protocol indicate your need for knowledge on that item instead of asking for general help on the task.

Maintain Confidentiality:

- Remember that you have access to personal identification about patients. 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 patient's names out for research without releases or not taking patient 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 and supervisor(s) will be scheduled. At the end of every semester, supervisors use the Ohio University Student Assessment for Clinical Competence in Audiology to evaluate students' performance in clinic. This assessment will include professional behaviors.

Personal Belongings

You have been assigned the following areas for patient charts, classwork, and personal belongings. Classwork and personal belongings cannot be stored in patient chart areas.

1. You have been assigned a locker in the graduate clinician work room. All items not relating to clinical materials should be stored in that location at all times. This should include bottles with liquids, food, classroom materials, phones, backpacks, etc. You have access to a hook in the hearing aid room one observation room to store you lab coat. Do not leave patient information in your lab coat as this is not a HIPPA secure area after hours.
2. You have access to a shelf in the observation room and a drawer in the computer room to store clipboards and clinic notebooks. No patient information is to be kept in these areas as they are not HIPPA secured areas after hours.
3. You have a mailbox in the computer room for school communication, returned assignments, etc. Keep these areas cleaned out weekly. You have been assigned a slot in the chart room to keep patient charts that you are working on. No other personal belongings or materials should be stored in this area.

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.

- Student must complete 5 hours 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 13 week full-time supervised externship the summer of their 2nd year. The definition of full-time is at least 35 to 40 hours per week for 13 weeks, in direct patient contact, consultation, record keeping, and administrative duties relevant to audiology service delivery.
- Students must complete three semesters of a full-time supervised externship. The definition of full-time is 35 to 40 hours per week in direct patient contact,

consultation, record keeping, and administrative duties relevant to audiology service delivery.

The following standards are required to receive ASHA certification. It should be noted that new standards will take effect August 2017.

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/patient 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.

(Taken from: ASHA. <http://www.asha.org/Certification/Aud2011Standards/>. Retrieved August 4, 2010 from www.asha.org).

POLICY FOR TRACKING HOURS

Observation Hours

1st year AuD students observe for the first 10 weeks of fall semester to learn the procedures and protocols with our clinic. In order to receive credit for observation hours, students must complete an Audiology Observation Hours form for each session. This form must be turned in to the supervisor within 2 working days. Your supervisor will review your submission, provide feedback and return to you. Observation hours must be tracked on the Log of Clinical Practicum in Audiology. Once the student has accumulated their 25 observation hours the completed and signed record form is turned into Dr. Nance for final approval.

Patient Contact Hours

In order to receive credit for patient contact hours you must track your hours on the electronic system Typhon. Specific directions will be provided within your clinical coursework.

Administration and Record Keeping Hours

Administrative time can be taken for planning, meetings, or other non-direct contact 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 a presentation, prepping for a patient, marketing activities, checking in hearing aids, 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 tasks must be accomplished prior to these hours being initialed:

1. Reports or progress notes, all paperwork, and all materials for distributing documentation must be present to receive initials.
2. There are limits to the amount of time routinely taken for recording keeping:
 - a. Progress Notes: maximum 10 minutes
 - b. Basic Hearing Evaluation: maximum 20 minutes
 - c. APD/VNG Evaluation: maximum 60 minutes
 - d. ABR Evaluation: maximum 30 minutes
 - e. CI Appointments: maximum 60 minutes
 - f. Pediatric Aural Rehab Notes: maximum 20 minutes
 - g. If reports or paperwork are exceeding these limits, discuss with your supervisor to determine if more time is warranted for that patient.

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

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.)

If both clinicians are able to see the patient, duties must be divided by the clinicians. **You may only take hours for time spent in contact with the patient and in actively assisting in the evaluation.**

Externships

Students complete a fulltime (35-40 hours/week) 13-week minimum externship the summer of his/her 2nd year. A 14-week externship is optimal or may be necessary relative to student progress and can be requested either by the supervisor or the clinician. Au.D. students also complete a fulltime (35-40 hours/week) three semester externship of his/her 4th year. Students will be responsible for researching possible externship sites and gathering necessary contact information for the Director of Clinical Education (DCE) and the Records Manager. Students will review the potential sites with the DCE prior to contacting or establishing a site. The DCE and Records Manager can assist the student in many ways and encourage questions relating to selection of potential sites. Once potential sites have been reviewed with the DCE, either the student or the DCE will contact the externship site to establish the placement.

Due to the high volume of students searching for these types of experiences, it is very important that students begin thinking about possible sites early in the graduate program. The externship placement request must be submitted to the DCE and Records Manager by September for the Summer Externship, and January for the 4th Year Externship. Specific dates and forms will be available and further information will be covered in the professional education courses.

General Audiology Expectations

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:

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. Permission must be given either written or verbally. Students may not just leave the clinic.

2. **Clinic attendance is required.** Unexcused absences will not be tolerated. Follow the University Class Attendance Policy for determining excused absences:

***Excused Absences.** Although instructors' policies govern how excused absences will be handled in their classes, certain absences are considered legitimate by the University. These include illness, death in the immediate family, religious observance, jury duty, and involvement in University-sponsored activities.*

If you are returning to classes after a legitimate absence, you can expect your instructors' assistance (makeup work, excused absences, recalculation of the grade based on remaining work), within the limits of their established attendance policies. There are occasions when the size or the nature of the course makes it necessary to limit the number of excused absences or the availability of makeup work, particularly for examinations or such special events as field trips or outside speakers. Such limitations should be explained in the instructor's attendance policy at the beginning of each class. If you are involved in University activities that might conflict with your class schedule, check with your instructor as early as possible to make satisfactory arrangements. You may document reasons for your absence as follows:

If you are participating in an authorized University activity (departmental trip, music or debate activity, ROTC function, or athletic competition), you can obtain notification from the sponsoring office. If you are in the military reserves and reserve training (including reasonable travel time to training locations) may fall upon class days, a letter from the commander of your military reserve unit showing the date of the absence and the reason for it will serve for prior notifications. If you visit OhioHealth O'Bleness Hospital, Ohio University Campus Care, or other health care facilities, you can ask for and receive official notification to verify to your instructors that you have visited these health care centers on a specific day. However, it is your responsibility to ask for notification. It is assumed that, whenever possible, you will visit the health service as an outpatient without missing class.

<http://www.catalogs.ohio.edu/content.php?catoid=45&navoid=3007>

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 up 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 you must arrive at least a ½ hour prior to your scheduled clinic time. An exception to this is if you have a class prior to your clinic time that ends less than 30 minutes 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 may be granted at the discretion of the supervisor. An absence will more than 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 cannot come on his/her assigned day, the clinician must notify the supervisor and find a substitute.** The supervisor must be informed by the student (not the substitute) of the change as soon as possible. If a substitute cannot be arranged, the clinician must inform his or her supervisor.
7. **All changes to the schedule should be submitted in writing**

EVACUATION PLAN

College:

Grover Center now has an emergency evacuation plan in place. Evacuation Room Coordinators are responsible for evacuating the entire building in the event of a drill or emergency. They will be going from room to room informing everyone when the fire alarm is sounding and that they need to evacuate Grover Center immediately.

Everyone is to report to the Convocation Center, Section 101. Attendance Coordinators have been assigned from your respective areas to take attendance and account for you. They will be holding up signs indicating your department/school area. When you arrive in the Convocation Center, Section 101 please look for your department/school and assemble with them.

School:

When alarms go off in Grover everyone is to immediately leave the building. Coordinators go through and make sure everyone is out, shut and lock doors as necessary. CSD area and the classrooms, and labs in the back hallway and the hallway where W255 is located are to exit down the stairway at the end of the hall, out the side door facing Richland Avenue and the Convo.

Section 101 of the Convo is located up the ramp and through the main doors and is on the right as you enter the building. Coordinators will be holding up sign at the convo so you can locate us and check in.

Teresa Tyson-Drummer the Coordinator for CSD and Teresa Schleter is the backup. The CSD sign color is RED and has a large black F on it.

April Vale is the Coordinator for the Clinic. The Clinic sign color is GREEN and has a black C on it.

Clinic:

Our patients, accompanied by their student clinicians will assemble inside Margaret Walter Hall.

All remaining students without patients and staff need to report to 101 Convocation Center area (seating area) by walking up the outside ramp and once in the building following the signs for 101. One of the clinic coordinators will be at the Convo taking attendance and one will go to Walter Hall to report that those of you with patients may return.

CLINICAL ASSIGNMENTS

Clinic Times

Clinical assignments are made by your supervisor. They are arranged around academic schedules, supervisor availability, and clinic needs. If you are taking electives, it is your responsibility to inform your supervisor as soon as possible so that clinical schedules can be arranged in a timely manner. Your supervisor also considers previous assignments and experience needs of each clinician. Some clinical experiences, e.g. pediatric testing, requires extra support, therefore there may be times when clinicians are paired. These will include assignments such as nursery hearing screenings, group treatment protocols, hearing aid roles, screening sessions, etc.

Off-site part-time placements are assigned by your supervisor as well. You will automatically receive assignments that are within 1.5 hours from Athens, Ohio and do not have extraneous requirements. If a site is pursued that does not meet this requirement, your supervisor will consult you prior to making the assignment. You may assist in finding placements if you know a site you would like to be placed, e.g. close to home. These sites must provide supervision from

an audiologist who is ASHA certified and has held licensure for more than 2 years. All sites must also have a site agreement in place prior to you starting. If you are interested in pursuing a site that is not typical, you may provide contact information to Dr. Nance to pursue a contract. You will be notified of your assignments with the site, supervisor name and contact information. Standard placements information is available for review on the 6921/7921/8921 blackboard site.

Once schedules are made, if conflicts are noted, please contact your supervisor as soon as possible to make arrangements to resolve the conflict.

Clinic-based assignments

You will also have assignments in clinic that relate to the field of audiology that may not involve direct patient contact. We like you to be invested in these assignments, therefore often request your assistance in making these assignments. These assignments are sometimes tied in with your professional training practicum course. You are required to complete these assignments within the semester they are assigned unless otherwise noted.

These types of assignments are designed to educate you in aspects of audiology that are not traditionally covered in clinic or coursework. Examples include providing educational talks to off-site agencies, planning marketing events, designing materials for the clinic, completing projects that cover ASHA standards that may not be available in the clinic on a regular basis.

Audiology is a field of skill and knowledge. Assignments, projects, labs, and other requests made or assigned to you are designed to improve your clinical skills and knowledge. Group work is acceptable in many situations, as discussion, support, and advice from peers helps to improve knowledge. However, the expectation is that you each perform the required task as that is the only way to build skill. By only performing part of a task you are not allowing yourself to practice the required skills so that they will become more automatic.

DOCUMENTATION

***NO PATIENT DOCUMENTATION CAN LEAVE THE CLINIC.** Patient 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" patient information as well as correspondence between student clinicians and supervisors. Information may be removed from the patient'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 patient 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.

Audiology Laptops and Data Protocol

Patient data maintained on laptops for long periods of time present HIPAA risks. A new password will be provided to clinical equipment each fall to reduce access to HIPAA protected information.

- 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 patient data so that supervisors can find your report easily.
- 2) The primary clinician for an individual patient 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 in the file room. 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 as 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. **Only patient charts are permitted in this area.** Other areas have been designated for personal belongings, clinic notebooks, clipboards, etc. Keep this area free of items such as food and drink as well as they can damage medical records. See the section on Personal Belongings at the beginning of this manual for specific information.
- 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. The fax cover sheets should be filed under the report in the chart.
- 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.
- Once in your supervisor's box, the supervisor will double check your work and once complete sign off on the audit.

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 semester and a failing of the practicum for that semester. 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:

When the patient arrives the office staff will ask the patient to complete the contact information sheet (peach), consent for services and billing document (blue), HIPPA, and email consent documents. The staff will, gain additional information needed for the chart, make a copy of the insurance card, and put a bill in the patient's chart. A billing sheet will be generated by the office staff.

Step3:

When the chart is complete it will be placed on top of the receptionist's desk. The chart should not be removed from the main office until it is placed in this slot.

Step 4:

Once the evaluation is completed, a billing sheet is submitted to your supervisor for review and 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 5:

In most cases the completed report will not be finished on the day of the appointment.

Therefore, it must be documented on the progress note that day that the patient was seen, a report is being generated, and the bill is complete. 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 your clinical supervisor's mailbox.

Step 6:

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 distributed as necessary.** 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 and in the communication 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 referral and the appropriate individuals on the release sheet. The student will document in the chart of where report was released to and audit the chart (if an evaluation or hearing aid fitting has been completed) and return it to their supervisor.

INFORMATION TO BE
INCLUDED IN AUDIOLOGY
CHARTS

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. HIPAA 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 patient has a speech chart also, a green sheet with “Patient 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. Audit Sheet
2. Progress Note

The following must be documented on the progress note:

- a. Date patient 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 patient, physician, school, speech-language pathologist...

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)
- Hearing Aid Tracking Sheet should always be on top
- Cochlear Implant Mapping
- Baha programming
- CI/baha repair

SECTION FOUR (RESULTS)

This information will be organized in order it was completed with the most recent on top

- Reports from other clinics

- Fax cover sheets placed under documents that were faxed
- Audiogram
- Case History
- Impedance results
- Soundfield testing
- Auditory processing results
- Cochlear implant evaluation results
- Report (should be on top of the supporting documents for that evaluation)

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 dBnHL 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
- ABR click threshold search via bone conduction if suspect conductive or sensorineural hearing loss

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 dBnHL and threshold search
- ABR click threshold search via bone conduction
- 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

- Case history
- Otoscopy
- Tympanometry using a 226 Hz probe tone
- Puretone 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 dBHL or lower for all frequencies followed by a threshold search
 - Bone conduction (.5-4.0 k Hz)
 - Obtain responses consistent with air conduction at .5-4k Hz followed by a threshold search
 - Inter-octave frequencies will be tested when a difference of ≥ 20 dB occurs in thresholds of two adjacent frequencies
- SRT or SAT (modify as needed)

- 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*):
 - MLV or recorded
 - NU-CHIPS (ages 3-4 years)
 - WIPI (ages 4-5 years)
 - PBK (for children 3 years and older who have better speech and vocabulary skills)
 - 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
 - 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 k Hz)
- Ipsilateral and contralateral reflex decay using a 226 Hz probe tone (.5 & 1.0 k Hz)
- Pure-Tone Audiometry
 - Air conduction (.250-8.0 k Hz)
 - Bone conduction (.250-4.0 k Hz)
 - Inter-octave frequencies will be tested when a difference of ≥ 20 dB occurs in thresholds of two adjacent frequencies
- Speech recognition threshold
 - Spondees
 - MLV or recorded versions
- Word recognition testing
 - WRS will be obtained using recorded stimuli
 - NU-6 order by difficulty words
 - Specific protocol will be provided
- QuickSin to determine understanding in noise
 - Typically 70 dB HL, binaurally.
 - 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 patient 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
- Ultra high frequency audiometry

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 k Hz)
- 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. 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) SSW-sensitive to brainstem & cortical lesions
 - (3) Dichotic Sentence Identification Test: sensitive to CANS disorders
 - (4) SCAN—competing words: sensitive to ear differences related to neuromaturation
- 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
- 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) Masking Level Difference (MLD): brainstem
 - (4) LiSN-S

- Possible evoked potential tests

ABR Evaluation

- Case history
- Otoscopy
- Tympanometry with 226 Hz tone

Neurodiagnostic:

- Click at 80 dBnHL with rate changes; 2 channel

Threshold:

- Click at 80 dBnHL
- 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
- Screening tests: Romberg, Tandem Romberg, Stepping Fukuda, Vertebral artery screening test (VAST), eye screen
- Horizontal saccades
- Gaze (center, right, left, up and down) vision enabled and denied
- Pursuit
- Optokinetic (40°/sec)
- Dix-Hallpike
- Positional (sitting, supine, head right, and head left) vision enabled and denied
- Caloric in all 4 conditions
- Other possible tests to include:
 - Head Roll
 - Head Shake

Tinnitus Evaluation

- Diagnostic Hearing evaluation if not already completed
- Pitch and loudness matching
- Effective masking
- Residual inhibition
- Questionnaires:
 - Tinnitus and Hearing Survey
 - Tinnitus Handicap Inventory Screening
 - Hearing Handicap Inventory Screening
 - Self-Efficacy for Managing Reactions to Tinnitus

Tinnitus Management

- Group
 - Follow PTM : Day 1...what is tinnitus, sound options, and sound plan
 - Follow PTM: Day 2...sound plan review, Relief scale, pleasant activity scheduling, thought errors, changing thoughts and feelings, protecting your hearing, and group assessment
 - 6 week follow-up interview
- Individual
 - Follow PTM counseling guide

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
 - Document patient name and hearing aid make/model on the EAA printout
- 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 patient 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 (or narrowband) 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 (at 40 to 50 dB HL)
- 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 cannot 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 measures
 - Use Hearing Aid Trial Use Questionnaire if fitting is also associated with tinnitus management
- 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 to set-up, 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 and equipment with patient data must be stored in a room that locks 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.

The audiology booths are open at all times, therefore HIPAA protected information can not be maintained in the booths after hours. The hearing aid room one and the balance room have locking doors due to equipment that maintains HIPAA protected information. You have access to these rooms 24 hours a day via a key in the computer room. The key must be immediately returned to the computer room after unlocking the doors. The rooms must be closed after hours when not in use and all computers with patient information must be stored in these rooms.

AUDIOLOGY 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 patient. 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.

Information taken from: Kemp, R.J., Roeser, R.J., Pearson, D.W., & Ballachanda, B.B. (1996). Infection Control for the Professions of Audiology and Speech-Language Pathology. Olathe, KS: Iles Publications.

Common areas that need daily infection control and/or precautions to take:

1. Wipe tables and surfaces after each patient.
2. Wipe headphones and bone oscillator after each patient.
3. Do not set used tips on counters. Place them in the dirty basin.
4. Do not set the otoscope with used tip down so the tip touches the counter. If you do, wipe off the counter.

5. WASH hands/sanitize hands before working with the patient. If possible, do in front of the patient so they know you are taking proper precautions.
6. Wipe off listening stethoscopes prior to use. This includes the piece where you insert the hearing aid.
7. Utilize gloves when cleaning hearing aids.
8. Place a paper towel or tissue on the counter before the patient places his/her hearing aid on the counter.

O'BLENESS MEMORIAL HOSPITAL (OMH) ORIENTATION

O'Bleness Memorial Hospital is a placement site for completing infant hearing screenings and adult hearing screenings. All Au.D. students will be expected to complete an annual orientation with O'Bleness Memorial Hospital when assigned to this site.

Students will need to utilize the OhioHealth Guest Portal. Directions and login information will be provided by your supervisor when the assignment is made. Your supervisor will provide you with instructions at the time that you are assigned to this placement.

- Step by step instructions for protocols while in the nursery are available on Blackboard under CSD 6921/7921/8921

CLINIC SKILLS GOALS

Audiology Clinic Expectations

The following is an outline of what is expected of each audiology doctorate student as he/she completes his/her clinical practicum. Clinic expectations will be based on the student's exposure to specific patient populations (i.e. some students may not have contact with hearing aid patients each semester). Clinic expectations are designed to build on student skills through experience and coursework throughout the four year program. We have listed the semester in which skills should be mastered. Please review this often in order to establish appropriate objectives and monitor progress.

General Expectations

- Attends on-campus hearing aid company appointments

- Completes clinic assignments and meets appropriate deadlines
- Uses instrumentation according to manufacturer's specifications and recommendations
- Troubleshoots equipment problems
- Perform daily clinic setup
 - Turn on equipment
 - Perform daily calibration on the audiometer/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 wipes
 - Organize rooms
 - Charge otoscopes
- Demonstrate generic abilities (see clinic manual)
 - Researches problems and obtains pertinent information from supplemental reading and/or observing other patients 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

Observation and Mock patients: basic evaluations

- **Professional & Ethical Skills**
 - Displays professional image in dress and grooming
 - Maintains confidentiality
 - 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.

- 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.
- Functions effectively as a team member
- Demonstrates knowledge of infectious/contagious diseases and utilizes proper universal precautions
- Requests assistance from supervisor and/or other professionals when appropriate
- Demonstrates flexibility by adapting or modifying clinical role based on the needs of the session
- Demonstrates desire and initiative for professional growth
- Shows interest in improving performance and takes pride in professional role
- **Documentation/Report Writing**
 - Completes initial paperwork with the patient
 - Complete a written case history along with the primary clinician.
 - Assist 2nd or 3rd year doctorate students with written patient reports.
- **Communication**
 - Actively listens to the patient (displays appropriate eye contact, posture, nonverbal cues, etc.)
 - Makes appropriate introductions and addresses the patient formally unless otherwise advised
- **Clinical Skills**
 - Begin learning clinic policy and procedure
 - Refer to Clinic Manual
 - Has the ability to screen individuals for hearing impairment and disability/handicap using clinically appropriate and culturally sensitive screening measures
 - Effectively assists the main clinician
 - Assist primary clinician during pediatric testing
 - Centering
 - Picture board
 - WIPI
 - Play audiometry
 - Mock Patients: complete diagnostic test battery, case history/paperwork, billing, and report

1st year: Spring

- **Communication**
 - Shows respect when dealing with patients and families
 - Establishes a rapport with patients and families
 - Demonstrates effective speech patterns and communication ability (includes pitch, rate, volume, gestures, signs, etc)
- **Documentation/Report Writing**
 - Promptness in submitting written reports/summaries
 - 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).
- Can document evaluation procedures, results, and recommendations on an audiogram.
- 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
- Chart audits
- **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 patient's age
 - Can perform & interpret speech audiometry
 - Successfully assists and motivates the patient with appropriate reinforcement to contribute to the evaluation.
 - Successfully centers the patient during VRA.

1st year: Summer

- **Communication**
 - Gives the patient some control over topics of discussion
 - Gives appropriate instructions to the patient and clarifies instructions when necessary.
 - Enables family members to express feelings, concerns, and to ask questions
- **Documentation/Report Writing**
 - Can document recommendations and referrals.
 - 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
 - Read the patient file and identifies a plan of action.
 - Performs hearing aid service/repair/cleaning.
 - Can perform play audiometry
 - Successfully examines the ear canal and takes ear impressions

- Performs biological listening checks on hearing aids and assistive listening devices.
- Uses appropriate masking procedures

2nd year: Fall

- **Professional & Ethical Skills**
 - Poise in professional interactions (confidence, professional demeanor)
 - Demonstrates the ability to evaluate own skills
 - Is confident and sufficiently free from concerns about own performance to focus effectively on the needs of the patient.
- **Communication**
 - Asks questions in a clear and professional manner using appropriate vocabulary. Avoids using audiology jargon based on patient's level of understanding.
 - Explains test procedures and rationales clearly and accurately.
 - 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 patient by acknowledging when the patient does not understand the question by repeating and/or rephrasing the question.
- **Documentation/Report Writing**
 - Provides accurate information in a logically sequenced, organized, concise, and comprehensive manner.
 - Uses professional style and terminology appropriately.
 - Can document impressions based on the results.
- **Clinical Skills**
 - Has the knowledge of patient characteristics (e.g. age, demographics, cultural & linguistic diversity, medical history & status, cognitive status, and physical/sensory abilities) and how they relate to clinical services.
 - Utilizes information such as age, ability level of the patient, information taken from patient file, and case history to select appropriate test procedures
 - Uses time efficiently in the session to meet objectives.
 - Can determine the need for cerumen removal.
 - Performs electroacoustic analysis on hearing aids
 - Performs hearing aid service/repair/cleaning.
 - Can perform OAE testing
- Demonstrate policy and procedures to 1st year Audiology students and/or other observers (undergraduates, medical students, etc).
- Practical Examination

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 based on the patient's level of understanding.
- Communicates results and recommendations orally to appropriate individuals.
- Is willing to admit when something is unknown & develops an appropriate plan of action
- Uses silence effectively to keep from dominating the session
- **Documentation/Report Writing**
 - Can document hearing aid selection in the report and progress note
- **Clinical Skills**
 - Generate recommendations and referrals resulting from the evaluation process.
 - Effectively manages patient behaviors
 - Has the ability to modify sessions according to patient's age, cognitive level, disposition, and the results obtained.
 - Uses appropriate reinforcement
 - Performs probe microphone measurements (real ear)
 - Can accurately select appropriate amplification and earmold
 - Can perform hearing aid orientation

3rd year: Fall

- **Communication**
 - Can discuss hearing aid selections with the patient and family orally
 - Confirm or encourage the patient in correct thinking
 - Uses many open ended questions to encourage interaction
- **Documentation/Report Writing**
 - 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**
 - Performs cerumen management
 - Can assess APD
 - Scores APD testing correctly.
 - Can perform an ABR
 - Performs VRA (Visual Reinforcement Audiometry)
 - Conducts aural rehabilitation with the patient or families at hearing aid appointments

3rd year: Spring

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

- Can serve as an advocate for patients, families, and other appropriate professionals
- Facilitates the planning of goals to improve communication skills.
- **Documentation/Report Writing**
 - Can generate and document impressions of how the type and degree of hearing loss will affect ability to communicate.
- **Clinical Skills**
 - Can perform appropriate assessment and counseling for patients with tinnitus and hyperacusis
 - Can perform balance system assessment and determine the need for balance rehabilitation.
 - Can perform a hearing aid fitting (programming)
 - Can perform and interpret hearing aid outcome measures
 - Counsels appropriately at hearing aid follow-up
 - 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.

Other Assignment expectations

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.

Castrop Screenings Clinician

- Meet with Dr. Malawista and Castrop SLP Supervisor to determine policies and procedures
- Review documentation on blackboard

- Set up (audiometer, sign, screening form, brochures, fail recommendations, tracking materials)
- Provide screenings
 - Protocol: 1000, 2000, and 4000 Hz at 20/25 dB HL: Pass/Fail Criteria
- Document and turn in documentation

Community Hearing Screening Clinicians

- Arrive on time
- Provide screenings on community hearing screening form with pass/fail criteria at 20 dB HL for 500, 1000, 2000, and 4000 Hz in the booth
- Counsel patients on what their results are and make recommendations for next step
- Copy failed screenings for our records and turn in to supervisor

Lancaster City Schools

- Meet with supervisor once assigned to placement to establish schedule
- Bring hearing aid supplies (batteries, cleaning tools, etc.)
- Bring listening stethoscope

A.R. Group Clinicians

- Review hearing aid files and select candidates for the group
- Set-up date and time
- Contact patients to participate
- Plan sessions (recommend 3 to 4 weeks of 1 to 1.5 hr sessions) and gain approval from supervisor
- Implement with group
- Gain group feedback at the last session

Tinnitus Group Clinicians

- Follow PTM guidelines
- Contact and Market for group
- Set-up date and time
- Plan sessions (2 sessions, 2 weeks apart for 1.5 to 2 hours) and gain approval from supervisor
- Implement group
- Gain group feedback at last session
- Contact patients 6 weeks after group to assess effectiveness

Hearing Aid Clinician

- Orders hearing aids and completes (?) repairs appropriately
- Successfully completes paperwork for authorizations

- Tracks hearing aid patients
- Participates in marketing
- Contacts hearing aid patients following requested protocol
- Shows initiative to complete other HA projects
- Tracks hearing aids coming in and out

Evaluation Policy

MINIMUM COMPETENCIES FOR INVOLVEMENT IN PATIENT 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.

CONFERENCES

Mini-conferences can occur at any point during supervision. They may be informal feedback from your supervisor before, during, or following an appointment. They may be provided by written feedback in various formats.

At midterm and at the completion of each semester, clinical evaluations will be completed for each student by the immediate clinical supervisor. If a student has more than one placement, an evaluation may 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. The evaluation form, the Assessment for Clinical Competence in Audiology, is available via Blackboard.

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 coordinator of clinical services and/or school director will also be involved in the evaluation discussion. These discussions will be held during mid-term and finals week. All students will complete the Assessment for Clinical Competence in Audiology evaluation with their supervisor. Other evaluation tools may be used if deemed necessary at these times.

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 Assessment for Clinical Competence in Audiology at their final conference. You should collect data along the way in the form of a journal entry, notes, etc. See the Self Supervision Requirements Each Semester, below. Each student will be expected to set at least two goals for the next semester. 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.

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

PRACTICAL EXAMINATION

Students will take a practical clinical examination at varying levels throughout the program. Fall Semester during the 2nd year, Spring Semester during the 3rd year and Summer Semester during the 1st year. This examination will provide supervisors and the student with an understanding of the clinician's level of skill for areas such as hearing evaluations, hearing aid fittings, and electroacoustic measures.

Results from this evaluation will help in determining who is ready for off-site placements and summer externships. The examination will look for retention of professional skills and knowledge that should be developing since the beginning of the AuD program.

Individuals who do not pass a section or sections of the examination at an 80% criterion will be asked to participate in remediation activities. These will vary based on performance and supervisor evaluation of the situation. Failure to meet remediation standards may result in delayed off-site clinical placement sequences.

END OF THE SEMESTER
POLICY

The following must be completed in order to receive credit for patient contact hours and ungraded 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 you will not receive credit for the practicum. **Final clinic reports must be submitted to the clinical supervisor by the last day of the semester.**
- B. **All hours must be logged into Typhon for approval by the last day of the Semester.**
- C. **Conferences** with the supervisor to review final self-supervision evaluations must be scheduled by the last day of 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 may 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 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 semester.

ASSESSMENT FOR
CLINICAL COMPETENCE
IN AUDIOLOGY

The following is a snapshot of the Assessment for Clinical Competence in Audiology. It was designed around the ASHA requirements: 2012 Audiology Standards for Clinical Certification. The official document uses dropdown menus and score averaging however this is not available for viewing in the format of this manual.

**Please note this assessment form is currently under revision. The new assessment form will be made available via Typhon for semester evaluation conferences both at the Ohio University Hearing, Speech and Language Clinic and off-site.*

OHIO UNIVERSITY HEARING, SPEECH & LANGUAGE CLINIC
 AUDIOLOGY MANUAL

Ohio University Hearing, Speech Language Clinic

Assessment for Clinical Competence in Audiology

Name: _____
 Term: _____ Year: _____ Site: Grover
 Supervisor(s): Brandie Nance, Au.D., CCC-A & Nicole Brandes, AuD, CCC-A
 Date Completed: _____

		Types of Hours Earned									
Child Eval	Object Child	Vest Child	Speech Screen	HA Child	AR Child	Adult Eval	Object Adult	Vest Adult	Speech Tx	HA Adult	AR Adult

Basic Scale:

5	Independent	Supervisee takes initiative, makes changes, and is effective independently.
4	Competent	Supervisee performs with minimal guidance and shows initiative.
3	Emerging	Supervisee relies on supervisor for frequent and specific guidance, demonstration, and feedback.
2	Underdeveloped	Supervisee has knowledge of the task but limited knowledge and exposure to the task.
1	Weak	Supervisee relies on supervisor to direct all tasks and often still struggles to complete the task.
NA	Not Applicable	Experience not available at this facility or not necessary during this experience.

Each drop down box below provides specific behaviors expected at our clinic for each 2011 Standard for Clinical Competency

Category: Foundations of Practice	Score
A22 Oral and written forms of communication Comments:	
A23 a-d Principles, methods, and applications of acoustics as applicable to: a. occupational & industrial environments, b. community noise, c. classroom and other educational environments, d. workplace environments Comments:	
A24 The use of instrumentation according to manufacturer's specifications and recommendations Comments:	
A25 Determining whether instrumentation is in calibration according to accepted standards Comments:	
A26 Principles and applications of counseling Comments:	
A27 Use of interpreters and translators for both spoken and visual communication Comments:	
A28 Management and business practices, including but not limited to cost analysis, budgeting, coding & reimbursement, and patient management Comments:	
A29 Consultation with professionals in related and/or allied service areas Comments:	
Foundations of Practice	Average
	#DIV/0!

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Category: Prevention and Identification			
B1	Implement activities that prevent and identify dysfunction in hearing and communication, balance, and other auditory-related activities		
	Comments		
B2	Promote hearing wellness, as well as the prevention of hearing loss and protection of hearing function by designing, implementing, and coordinating universal newborn hearing screening, school screening, community hearing, and occupational conservation and identification programs		
	Comments		
B3	Screen individuals for hearing impairment and disability/handicap using clinically appropriate, culturally sensitive, and age- and site-specific screening measures.		
	Comments		
B4	Screen individuals for speech and language impairments and other factors affecting communication function using clinically appropriate, culturally sensitive, and age- and site-specific screening measures		
	Comments		
B5	Educate individuals on potential causes and effects of vestibular loss		
	Comments		
B6	Identify individuals at risk for balance problems and falls who require further vestibular assessment and/or treatment or referral for other professional services		
	Comments		
		Prevention and Identification	Average
Category: Assessment			#DIV/0!
C2	Assessing individuals with suspected disorders of hearing, communication, balance, and related systems		
	Comments		
C3	Evaluating information from appropriate sources and obtaining a case history to facilitate assessment planning		
	Comments		
C4	Performing Otoscopy for appropriate audiological assessment/management decisions, determining the need for cerumen removal, and providing a basis for medical referral.		
	Comments		
C5	Conducting and interpreting behavioral and/or electrophysiologic methods to assess hearing thresholds and auditory neural function.		
	Comments		
C6	Conducting and interpreting behavioral and/or electrophysiologic methods to assess balance and related systems		
	Comments		

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C7 conducting and interpreting otoacoustic emissions and acoustic immittance (reflexes)			
Comments			
C8 evaluating auditory-related processing disorders			
Comments			
C9 Evaluating functional use of hearing			
Comments			
C10 Preparing a report, including interpreting data, summarizing findings, generating recommendations, and developing an audiologic treatment/management plan			
Comments			
C11 Referring to other professions, agencies, and/or consumer organizations			
Comments			
Assessment	Average		#DIV/0!
Category: Intervention			
D1 The provision (planning) of intervention services (treatment) to individuals with hearing loss, balance disorders, and other auditory dysfunction that compromises receptive and expressive communication			
Comments			
D2 a-d Development of a culturally appropriate, audiologic rehabilitative management plan that includes, when appropriate, the following:			
a. Evaluation, selection, verification, validation, and dispensing of hearing aids, sensory aids, hearing assistive devices, alerting systems, and captioning devices, and educating the consumer and family/caregivers in the use of and adjustment to such technology.			
Comments			
b. Determination of candidacy of persons with hearing loss for cochlear implants and other implantable sensory devices and provision of fitting, mapping, and audiologic rehabilitation to optimize device use.			
Comments			
c. Counseling relating to psychosocial aspects of hearing loss and other auditory dysfunction, and processes to enhance communication competence.			
Comments			
d. Provision of comprehensive audiologic treatment for persons with hearing loss and other auditory dysfunction, including but not exclusive to communication strategies, auditory training, speech reading, and visual communication systems			
Comments			
D3 Determination of candidacy for vestibular and balance rehabilitation therapy to persons with vestibular and balance impairments			
Comments			
D4 Treatment and audiologic management of tinnitus			
Comments			

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Ohio University Hearing, Speech Language Clinic

D5 Provision of treatment services for infants and children with hearing loss; collaboration/consultation with early interventionists, school based professionals, and other service providers regarding development of intervention plans.	
Comments	
D6 Management of the selection, purchase, installation, and evaluation of large-area amplification systems	
Comments	
D7 Evaluation of the efficacy of intervention services	
Comments	
Intervention Average	#DIV/0!
Category: Advocacy/consultation	
E1 Educating and advocating for communication needs of all individuals that may include advocating for the programmatic needs, rights, and funding services for those with hearing loss, other auditory dysfunction, or vestibular disorders	
Comments	
E2 Consulting about accessibility for persons with hearing loss and other auditory dysfunction in public and private buildings, programs, and services	
Comments	
E3 Identifying underserved populations and promoting access to care	
Comments	
Advocacy/consultation Average	#DIV/0!
Category: Education/Research/Administration	
F1 Measuring functional outcomes, consumer satisfaction, efficacy, effectiveness, and efficiency of practices and programs to maintain and improve the quality of audiologic services	
Comments	
F2 Applying research findings in the provision of patient care	
Comments	
F3 Critically evaluating and appropriately implementing new techniques and technologies supported by research-based evidence	
Comments	
F4 Administering clinical programs and providing supervision of professionals as well as support personnel	
Comments	
F5 Identifying internal programmatic needs and developing new programs	
Comments	
F6 Maintaining or establishing links with external programs, including but not limited to education programs, government programs, and philanthropic agencies	
Comments	

OHIO UNIVERSITY HEARING, SPEECH & LANGUAGE CLINIC
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		Education/Research/Administration	Average	#DIV/0!
		Average of total assessment		#DIV/0!
Benchmarks:				
Fall Year 1	Total Score of 2 or higher by the end of the semester			
Spring Year 1	Total Score of 2.5 or higher by the end of the semester			If a student does not achieve a 2.0 or higher by mid-term Spring Semester a referral will be made for implementation of the Support Plan for Student at Risk for Inadequate Clinical Performance
Summer YR 1	Total Score of 3.0 or higher by the end of the semester			
Fall Year 2	Total Score of 3.25 or higher by the end of the semester			
Spring Year 2	Total Score of 3.5 or higher by the end of the semester			If a student does not achieve this benchmark they will not be considered for an outplacement in Spring Semester Year 2
Summer YR2	Total Score of 3.0 or higher is required to pass the 14 week externship			
3rd year	Score between 4.0 and 4.5 each semester, with progress being shown in individual areas			
4th year	Total Score of 4.0 or higher to pass the 12 month externship			

Summary/Comments:

- Goals:
- 1
 - 2
 - 3

 Supervisor

 Supervisor

 Clinician

SELF-SUPERVISION REQUIREMENTS

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

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. Ratings scales are available in addition to the Assessment for Clinical Competence in Audiology and may be requested from your supervisor. Also please feel free to video or audio tape your interactions with patients as another tool for data collection. If you video or audiotape it is best practice to inform the patient.

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