

Ohio University  
Hearing, Speech and Language Clinic  
CLINICAL PRACTICES AND PROCEDURES GUIDE  
2024-2025 Academic Year

## Table of Contents

Chapter 1: General Information

Chapter 2: Orientation and On-boarding

Chapter 3: Infection Control

Chapter 4: Speech-Language Clinicians

Chapter 5: Audiology Clinicians

Chapter 6: Student Resources

CHAPTER 1:  
General Information  
Ohio University  
Hearing, Speech and Language Clinic

## Welcome

Welcome to the Ohio University Hearing, Speech and Language Clinic (HSLC) doing business as Ohio University Therapy Associates located within the Department of Hearing, Speech and Language Sciences (HSLs) at Ohio University. This guide is designed to answer many of the questions you may have about general clinic procedures, student clinician responsibilities, and supervisor roles and responsibilities. If you do not find the answer to one of your questions, please talk with your clinical supervisor, the Coordinator of HSL Clinic Services (CCS), or the Directors of Clinical Education (DCE) for your discipline, and they will be happy to help. Each student clinician will be considered a professional in training and be given respect as such. With this comes the expectation of professional behavior in the HSLC. This guide is updated annually.

The current HSLC staff members are listed below:

<b><u>Supervisor</u></b> <b><u>Phone</u></b>	<b><u>Certification Area</u></b>	<b><u>Office</u></b>
Brandie Nance, Au.D., CCC-A	Coordinator of HSL Clinic Services/AuD	740-593-0417
Nicole Brandes, Au.D., CCC-A	Audiology	740-593-1413
Rebecca Meier, Au.D., CCC-A	Director of Clinical Education/AuD	740-593-0448
Kalyn McDonald, Au.D., CCC-A	Audiology	740-566-6302
Tina Tindall, M.S., CCC-SLP	Speech-Language Pathology	740-593-0993
Ann Feltis, M.A., CCC-SLP	Speech-Language Pathology	740-593-9474
Sarah Taylor, M.A., CCC-SLP	Director of Clinical Education/SLP	740-597-1482
<b><u>Staff</u></b>	<b><u>Title</u></b>	<b><u>Phone</u></b>
Tara Wallace	Business Manager	740-593-1419
Mindy Robson	Office Manager	740-593-1404

## Clinic Dress Requirements

The Hearing, Speech and Language Clinic is a business where patients are provided with professional services and billed a fee for those services. The professional appearance of the staff, the students, and the facility are part of the professional package.

If you are to be working with a patient and are in violation of the dress code, you will provide the service as scheduled, but fail to obtain clinical hours for that session.

If you are in clinic areas and are in violation of the dress code, you will be asked to leave.

Failure to comply with proper dress code and personal appearance requirements can result in removal from a clinical education site or in a failing grade for the clinical experience. The student is responsible for all costs associated with the clinical dress code.

**Clinic Uniform:** You must wear the clinic uniform when assessing and treating patients.



You are required to wear scrubs for the Hearing, Speech and Language Clinic assignments while interacting with patients. We recommend at least two sets of scrubs per student. These may be purchased at any facility of your choosing if they meet the following requirements:

### Style:

- Pants:** Straight, flare, boot cut
- Top:** Pull on, basic top. No wrap or front button
- Color:** Dark Greys, Pewter, Charcoal Grey for Student Clinicians.

(Black for HSL Preceptors and Staff)

**Long-Sleeve Undershirts or jackets/sweaters (if needed for weather or covering tattoos):** Solid color. The clinic designed a sweatshirt permitted with the clinic uniform. It will be made available for purchase if you are interested, but it is not required. Sweatshirts purchased through the department are also permitted if in good condition and have had no modifications.

**Shoes:** Closed toe, clean rubber soled flats/tennis shoe-any style. No all-rubber shoes.

**Where to purchase:** Can be purchased anywhere, example sites include:

Scrubsandbeyond.com  
Cherokeeuniforms.com  
Walmart.com  
Wearfigs.com  
UniformAdvantage.com

**Clothing rules:**

No tight-fitting clothing.

Pants: no slim, tapered, tight, skinny pants.

Shirts: no wrap or front button. No visible cleavage.

Jackets/Sweaters: Solid color, cleaned regularly.

Undershirts: Solid color, cleaned regularly.

Shoes: Clean, not all rubber.

Accommodation can be made for religious or disability exceptions to the dress code. Please contact the Coordinator of Clinical Services for approval.

**Other dress code requirements:**

1. Tattoos, multiple ear piercings, and body piercings are not to be visible. This includes nose rings, studs, brow, lip, and chin piercings. For your personal safety (a child may pull on jewelry) no more than 2 piercings per ear in the lobe or pinna is acceptable. No chains or cuffs are allowed. All tattoos must be covered and not visible to maintain a professional appearance. We reserved the right to ask you to remove excessive jewelry and cover tattoos.
2. Clothing is expected to be clean and wrinkle-free.
3. Nails are to be clean. If nail polish is worn, it is to be neat and not chipped. Chipped nail polish increases the chance of bacteria. Nail tips must be less than a 1/4<sup>th</sup> inch long.

4. Perfumes and colognes are not permitted as others may have a reaction.
5. Dangling jewelry is not permitted as it poses a risk of being pulled by a patient leading to damage to the jewelry or injury to the clinician.
6. Gum is not to be chewed in the clinic.

To enter any area of the clinic you must be in clinic uniform or in professional dress.

The following rules must be followed when in the clinic at any time. These requirements are based on policies from off-site placements to prepare you for potential requirements. Students are expected to have showered and maintained personal hygiene prior to entering the clinic. Hair should be clean, presentable, and non-distracting in keeping with professional attire. Casual street clothes, pajamas, sweats, shorts, sandals/flip-flops, etc. are not permitted. Tank tops, crop tops, halters, sleeveless, off the shoulder, or sheer attire are not permitted.

**Professional Dress (Business Casual) Recommendations:**

1. Above the knee skirts or shorts of any kind are not permitted. When conducting treatment on the floor, attire should be worn that does not show any area of the leg above mid-calf.
2. Tops should not contain pictures, designs, or logos unrelated to the professions of speech-language pathology or audiology.
3. Stomach areas, belly buttons, lower backs, women's cleavage, or men's chest, are not to be visible in any position including standing, sitting on a chair, kneeling, bending over, or sitting on the floor.
4. No spandex or skintight clothing, tops or bottoms. Leggings, jeggings, or tights are not permitted. Colored denim slacks or trousers and blue jeans are not permitted.
5. Undergarments, or portions of undergarments, are not to be visible in any position including standing, sitting on a chair, kneeling, bending over, or sitting on the floor.
6. Only flat, close-toed, closed heel shoes are permitted. Stockings, socks, or footies are required. No bare feet inside of shoes. No boots.
7. Many off-site placements require natural hair color as part of their dress code, therefore bright and non-natural hair color is discouraged. You may be asked to change your hair color to obtain an off-site placement within the program if it does not meet off-site guidelines.

Dress codes will vary across off-campus clinical placements. Make certain of the dress code **BEFORE** reporting to that facility to complete screenings, diagnostics, or treatment.

## General Clinician Expectations

### Punctuality and Dependability

Student Clinicians are expected to:

- Begin and end patients/patient appointments at the scheduled times. Patients who arrive early may start early if approved by the supervisor first.
- Submit all written assignments (e.g. lesson plans, test results, reports, letters, goals, etc.) in acceptable form (appropriate grammatical usage, paragraph structure, punctuation, and spelling) by scheduled deadlines.
- Attend all meetings/conferences/consultations promptly and within appointed time frames.
- Prepare for and conduct clinical services as assigned.
- Carry out all duties to accomplish total case management as agreed upon with the clinical supervisor (e.g. forms, phone calls, referrals, etc.)
- Make appropriate arrangements and notify all concerned regarding any changes in schedule, room assignment, or cancellation.

### Excused Clinic Absences:

The HSLC follows University guidelines for excused absences. Legitimate absences by the University include illness, death in the immediate family, religious observance, jury duty, military duty, and involvement in University–sponsored activities. See Ohio University Graduate Catalog for full description (<https://catalogs.ohio.edu/content.php?catoid=93&navoid=9150&hl=%22absence%22&returnto=search>) Any absence involves not only you, but your patient, your supervisor, the office manager, and the person who will substitute for you. Please provide notification as far in advance as possible and participate in the process to find a substitute. Documentation of excused may be requested.

If you are absent for any reason, you must find a substitute for your patient. Repeated unexcused absences can result in a decline in clinical progress as documented on the ACCS/ACCA evaluation and/or a clinical remediation.



## Accepting Gifts from Patients

Acceptance of gifts or other benefits of substantial value by anyone involved in the operation or service delivery at the Hearing, Speech and Language Clinic is prohibited. It is permissible, as part of the ordinary courtesies and hospitality of daily life, to accept gifts of token value (less than \$25.00 value) for appreciation of services.

## Patients/Patient Confidentiality

HIPAA in-service training is completed annually for all students, staff, faculty and students assigned to faculty research labs housed in the clinic.

## Verbal Communication

All information provided by patients to the Ohio University Hearing, Speech and Language Clinic must be treated as confidential. It is inappropriate to discuss patients or their health information with anyone who is not associated with the Clinic. Any discussion within the Clinic must not take place in a public area or within the hearing range of other patients, their families, or any other person. Failure to adhere to patients' confidentiality protocols will result in implementation of HIPAA violation procedures.

## Written Documentation

Any current treatment or diagnostic materials containing a patient's personal information must be kept in the chart room or the communication folder in the student communication file cabinet in room W176. Any documents containing patient information needing disposal must be disposed of in HIPAA-approved disposal bins in the chart room ONLY.

## Facility Security

To preserve security of patient files within the facility, no exterior clinic windows are to be unlocked at any time. All office doors, clinic office, and patient file room are locked at the end of the business day.

All visitors must complete a Clinic Statement of Confidentiality before being permitted entrance.

No visitors will be allowed in the clinic without proper identification and a name badge.

Clinic access is gained by swiping your University ID to one of the Clinic's access doors. Entry may occur after business hours in student common areas. Access to the clinic front office and the file room is not available outside of business hours.

Updated 7/31/2024

Access via student ID should not be shared. The keypad maintains data related to access. Should a security breach occur, this data can be accessed to determine the identification of specific individual time of access.

## Personal Cell Phones

**Clinician personal cell phones or mobile devices are not permitted in the clinic testing and treatment rooms both on and offsite.** The watch/time function and calculator function must be accommodated without personal cell phones. Cell phone access during treatment sessions can inadvertently result in photos, videos, audio and other unauthorized internet access that may compromise patient confidentiality.

Clinician personal cell phones or mobile devices are not to be used for any circumstance or in any capacity to photograph actual patients or to photograph any written information containing the patient's name or any other identifying information about the patients.

Cell phones may only be used in the clinic spaces for log in authentication. Clinical programs may not be accessed outside of the clinic with any devices, including cell phones.

## Social Media

Under no circumstances is any information which could identify a patient, our clinical practice, students, or staff as it relates to clinical services, to be shared or reported on ANY social media outlet unless approved by authorized staff for marketing. Students may not slander or produce false information via social media regarding patients, the clinical practice, other students, or staff.

## Email

To preserve patient confidentiality do not initiate or offer to correspond with patients by email with either your personal email or your school email. To preserve your confidentiality, do not provide your address or phone number if requested. If patients initiate an email to you, report to your supervisor for further instructions.

## Clinic Business Practices

### Fees for Service

The OU Hearing, Speech and Language Clinic conducts business as an out-patient rehabilitation facility under the name of Ohio University Therapy Associates (OUTA).

All patients pay a fee for the services received at the Hearing, Speech and Language Clinic. Payment of fees is made at the reception window. Checks and most debit/credit cards are accepted. Co-payments are expected at the time of service at the reception window. Fees are reviewed annually and adjusted based upon Physician Fees Schedules for Speech/Language Pathologists and Audiologists published by the Centers for Medicare & Medicaid Services.

For those individuals without insurance, Hardship Credit is available relative to annual income limits set by the federal government and published annually by the Department of Health and Human Services.

For graduate students in HSLS, diagnostic and therapy services are considered part of their educational program and are offered free of charge.

### Electronic Medical Records

Our clinic uses a web-based system called CounselEar to produce clinical documentation. Individuals will be added to CounselEar by the Coordinator of Clinical Services. Access to CounselEar is granted through a HSLC computer only. For the initial login, individuals will go to [www.counselear.com](http://www.counselear.com) and log in using their Ohio University email address and temporary password followed by entering a Google Authenticator access code. At this time, you will be asked to create a new password. Authentication will be required using Google Authenticator each time you login.

Further instruction on the use of CounselEar for documentation will be provided in the professional methods courses. Video tutorials are available on CounselEar under the Help menu and on YouTube.

1. Front office staff will enter new patients into Counsel Ear as they are scheduled.
2. Front office staff will perform scanning of documents into the patient's record.
3. For other documents that need scanned into patient charts please place them in the box "scan and file" in the chart room.

### CounselEar Multi-Factor Authentication

#### Process:

1. You will receive instructions from CounselEar via your OU email
  - a. Log into CounselEar to setup
2. Download Google Authenticator
3. Open App-

Updated 7/31/2024

Do NOT log into the Google Authenticator, CHOOSE: Use Authenticator without an Account.

4. Scan code provided by CounselEar in the email.

Google Authenticator will create a revolving code that you will enter in CounselEar when logging in.

## Release of Information/Consent for Services

- **Consent for Services, Billing, Restrictions and Release of Information** form gives consent for students to provide services under supervision of appropriately licensed and certified individuals, and authorizes videotaping of sessions, the billing of services, and lists any restrictions to personal information a patients may request. It must be signed and placed in the patient's file before initiating a diagnostic or treatment session.
- **Authorization for Release of Information** form allows the clinic to send a report or document to an individual or agency that the patient requests. It must be completed in its entirety, signed, and placed in the patient's file before any information is released from this Clinic. A separate document is completed for each request.
- **Authorization to Request Information** form obtains the patient's permission for our clinic to request documents from another entity or agency. It must be completed in its entirety, signed, faxed to the facility in which records are being requested, and placed in the patient's file. A separate document is completed for each request. As mandated by HIPAA, prioritize processing access requests for patient information within 30 calendar days, while seeking to provide responses even sooner.
- **Authorization to communicate via email** form allows patients to give permission to communicate with the Clinic via email. Currently this should be limited due to concerns for HIPAA and lack of encryption on email accounts unless the email occurs within CounselEar.

## Interpreter Procedures

Patients have a right to request an interpreter for clinical services. The HSL Clinic is under contract with Language Line to provide phone interpretation services. Present the patient with the Language Identification Guide to determine the required language. Call 1-800-752-6096 to request an interpreter for the language specified.

## Parking Passes

Parking passes are available for patients only, per Parking Services policy. The Clinic purchases these passes and offers free parking to our patients as a service. Parking passes can be valid for either one day up to an entire year, based upon the individual's business with the clinic. Parking passes are mailed to patients by the office staff prior to the diagnostic session or the first visit. A complete policy and procedure is available in the Office Manual.

Clinic parking passes are not available to student clinicians.

Students who qualify can purchase university parking passes. Faculty and staff also purchase yearly university parking passes.

Inquiries related to parking should be referred to Parking Services. Metered parking is available throughout campus, and the online purchase of parking passes for visitors or guests is available at the Parking Services website.

## Copier/Printer/Computer Use

- The **computer room** is to be used for report writing and patient therapy materials **only**: any materials that are copied in the clinic must go home with the patients. The computers and printers are not to be used for personal purposes or class assignments.
- The front office printer is to be used only for non-therapy material, patient's documents, such as copy of a report or faxing plan of cares to physicians.
- **No clinic printer is allowed** for personal development of therapy materials and resources for personal collections. You may only use printers/copiers for materials you are immediately using in clinic.
- **No clinic printer is allowed** for academic coursework.
- **Printing from clinic computers should only be directed to the printer in W176.**

## Clinic Fax

All faxes related to any HSLC patients/patient sent through the front office printer or Counsel Ear, must be accompanied by the Clinic fax cover sheet identifying the requirement for confidentiality.

Documentation of all faxed materials through CounselEar is noted automatically in the patient chart (correspondence section and/or progress note). Items faxed on the printer in the clinic office need documented in the patient chart and in the fax log located at the fax machine.

## Facility/Space Policies and Procedures

Students always have access to the clinic. During normal clinical operations (including the lunch hour) clinic appointments take priority for space and equipment. During normal business hours (including the lunch hour) graduate students may not enter the clinic unless they are in professional dress, even to access the front office or the kitchen area. All graduate assistants working in the clinic or working with faculty/staff whose offices are in the clinic, must follow the professional dress code while working.

## Student Guests

All visitors must be checked in at the front desk to sign a confidentiality statement. However personal guests are discouraged during business hours.

Clinicians are allowed to bring guests in after hours to practice skills, however guests are not permitted in the computer lab, the front office, or the chart room.

## Patients and Authorized Visitors

All patients must enter the waiting room and check in with the front office when arriving at the clinic.

All visitors must enter via the waiting room to be checked in when the clinic is open. The visitor must sign a HIPAA/Visitor form at the front desk. The front desk will notify the clinician or individual expecting the visitor when they have completed the required paperwork.

## Space and Scheduling

### Maintaining Clinical Space

#### Fire safety

- No items on top of shelves

Updated 7/31/2024

- No power strip to power strip
- Hallways clear: Tables and chairs should not be stored in hallways

### Clinic Waiting Area

- Patients can wait for their student clinicians in the waiting area inside the main entrance to the Clinic.
- To maintain an atmosphere of professionalism, clinicians are to wait for the arrival of patients in the hallway outside the waiting area, not in the Clinic office.

### Bathroom

- The bathroom for patient use is room W171.
- This bathroom is handicapped accessible and offers an infant changing table.
- Clinicians and staff are expected to use public restrooms located outside the Clinic.

### Communication for students

- Students have communication files in room W176 used for correspondence between clinicians and supervisors, patient documentation storage when working on the note/report, as well as for important announcements. These should be checked daily.
- Students are expected to respond to correspondence within 24 hours, when a response is necessary.

### Personal Storage Space

- Room W178 (graduate lounge) contains hooks and a shelf for graduate students to store personal belongings such as purses, bags, jackets, and lunches.
- Clipboards should be labeled with your name and stored on shelves in the graduate lounge (W178), in a drawer in the computer room (W176), or for SLP students on your shelf in the materials room (W166).
- All SLP therapy materials are to be stored on assigned shelves in room **W166**.

### Kitchen/Refrigerator

- Room W170, is stocked with Clinic supplies, along with a microwave and refrigerator available for preparing and storing light lunches and snacks while you are in clinic and wearing appropriate clinic attire.
- If you are not in clinic attire over the lunch hour, you cannot access the kitchen.

- **THIS IS NOT YOUR PERSONAL REFRIGERATOR.** Room W170 is part of the Clinic, the Clinic falls under Health Department sanitation rules, those rules apply:
  1. Clean up your own spills to maintain clean counter surfaces, inside microwave, and inside the refrigerator.
  2. Wash your own dishes and cutlery. Do not store dirty items in the sink.
  3. Date all items in the refrigerator.
  4. Any undated item in the refrigerator (including lunch containers) will be tossed \*without warning\* if there is no date on the item.
  5. Any item in the refrigerator will be tossed (including lunch containers) \*without warning\* after seven days of the date labeled on the item.

## Clinical Education Classroom (W150)

### Clinic Classroom Use

1. Types of use in order of priority:
  - a. Courses
  - b. Group clinic appointments
  - c. Student and staff meetings
  - d. Labs
  - e. Other student use: cannot be used to hang out, take a break, etc. This space must be used for clinical education-based events.
2. How to reserve:
  - a. Reserve clinic classroom via bookings:  
<https://outlook.office365.com/owa/calendar/ClinicRoomSchedule@catmail.ohio.edu/bookings/>
3. Use of the space:
  - a. If entering through the back door, make sure the door to the Clinic is closed and always locked. Do not prop open for others.
  - b. Remember to keep voices at an inside level.
  - c. Keep the area neat and clean up after any activity.
  - d. Do not store personal materials in this room unless using the classroom.
  - e. Do not store clinic materials such as therapy tables, chairs, etc. in the classroom.
  - f. Courses:
    - i. Due to the large number of people entering at the same time, classes are to enter and exit via the backdoor. The door must be closed at all times, therefore close it after entering.



- ii. Professional dress is preferred in case you need to enter the clinic; however, it is not required when using the backdoor only.
- g. **All other uses** (such as completing labs, analyzing data, etc) **do not require entering and exiting via the backdoor**, however you must be in professional dress.

### Clinic Schedule

The on-campus HSLC at Grover Center is scheduled five days per week. Hours of operation are 8 am to 5 pm Monday to Thursday with some evening clinic (5 to 6 pm) for the Speech Language Pathology program. The days vary by semester and need. The clinic is open 8 am to 12 pm on Friday. Friday afternoon is reserved for student clinician access.

**The clinic is in operation continuously throughout the year with these exceptions:**

The Clinic is closed for approximately two weeks between the Christmas and New Year holidays; exact days/dates will be posted.

The Clinic is closed during all posted University holidays:

New Year's Day, MLK Day, Memorial Day, Juneteenth, Independence Day, Labor Day, Veterans Day,

Thanksgiving Day, Columbus Day (on Friday after Thanksgiving), Christmas Day, Presidents' Day (on December 26)

The Clinic is closed during the August break between Summer and Fall semesters.

**Students are expected to plan for this schedule and be available for clinical assignments during all hours of operation. Only University defined excused absences will be accepted.**

### Supervisor Schedules

SLP Work day:	Dictated by clinic schedule; class schedule; adjusted w/CCS
AuD Work day:	Dictated by clinic schedule; class schedule; adjusted w/CCS
Lunch:	One Hour 12:00-1:00, or dictated by clinic schedule

### Supervisor Evaluations

#### **Semester Evaluations conducted by students:**

- Supervisor evaluation surveys are supplied to students by CCS no later than two weeks before the end of each semester.
- CCS reviews all responses and maintains data.
- CCS assures individual supervisors receive all responses.

- CCS addresses results with supervisors; any results below “average,” or when written comments.
- Suggest a pattern of weak skill areas, will result in a written plan with measurable goals to be addressed at the annual evaluation.

## Supervisor Meeting Attendance

### **Clinic Meeting**

Scheduled approximately once per month by CCS (likely during lunch to accommodate multiple attendee schedules)

### **SLP/AUD Staff**

Scheduled once per month for each group according to availability.

### **Faculty/Staff Meetings**

Scheduled once per month.

### Undergraduate Student Shadowing

Requests by undergraduate students to “shadow” speech-language pathology supervisors will not be approved since graduate students are the treatment providers.

Requests by undergraduate students to “shadow” audiology supervisors will be made under the following conditions:

1. The request is submitted via email directly to the supervisor.
2. Permission will be granted based on supervisor availability and may be denied.
3. Patients must be given the right to deny the observation.
4. The student requesting “shadow” must complete HIPAA training, sign a Clinic Confidentiality Statement, and have the patients/patient’s approval of the observation.
5. Only a maximum of three (3) observations per student will be permitted.
6. The student must follow the clinic dress code.

### Emergencies

For Emergency Procedures see the Emergency Preparedness Manual

For after-hours emergencies please call 911. For maintenance issues that need immediate care please call facilities at 740-593-2911.

Updated 7/31/2024

## Emergency Clinic Closing

In the event of weather and the anticipation of poor patient attendance, the Business Manager (BM) will post a closure message on the Clinic office phone: 740-593-1404 **before** 7:00 a.m. on the date in question.

Additionally, in the event of a closure, the BM will initiate a “call tree” protocol to advise staff of the closing. Staff will then notify student clinicians.

If there is no closure message, the Clinic will be operational as usual.

Do not anticipate a closure without checking first.

The Clinic will automatically close if the University closes or if a Level 3 Emergency is issued. For University-related closings, text message options are available upon request from the University.

## Clinic Incident/Accident Report

A report is filed in any event resulting in an altercation involving the patients, guardian, clinician, or other staff member. These reportable events can take the form of bumps, scratches, bites, hits, falls, or complaints. When witnessing or being part of an incident, an Incident/Accident Report form is to be completed in its entirety and signed by a supervisor or staff member involved in the incident.

In the event involving a minor child:

1. Solicit input from the guardian regarding preferred disposition of the event. A first-aid kit is available in W174 in the cabinet beside the office manager’s desk.
2. Document any preferences made by the guardian.
3. Document any procedures followed to mitigate the injury.
4. Document if the guardian was involved in the response.
5. Document if follow-up was requested by the patients and/or guardian.
6. Call 911 if hospitalization is indicated or requested.

In the event involving an adult:

1. Follow above procedures, omitting the guardian.
2. If there is a situation where an adult’s ability to make his/her own choices secondary to compromised cognition is in question, report the best solution offered, and/or consult next of kin if permissible and specifically named as a contact on the release of information form.
3. Call 911 if hospitalization is indicated or requested.

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The signed report is forwarded to the Business Manager for review and signature. The Business Manager files the original report in the incident report file in the Business Manager's office and scanned into the patient's file.

## Reporting Potential Abuse or Neglect

### When abuse or neglect is suspected:

Any student clinician who suspects or has reason to believe that an individual is being abused or neglected must report the concern to his/her immediate supervisor. The student and supervisor together will determine if the concern constitutes abuse or neglect.

### Definitions of abuse or neglect:

- **Abuse** represents an action against the victim. It is an act of commission and is generally of three kinds:
  - **Physical** abuse refers to injury or death inflicted other than by accident.
  - **Sexual** abuse is any act of a sexual nature.
  - **Emotional** abuse is a chronic attitude or acts which interfere with the psychological and/or social development.
- **Neglect** represents a failure to act on behalf of the individual. It is an act of omission and may be either physical or medical:
  - **Physical & Medical** neglect refers to the failure to meet the individual's needs such as supervision, housing, clothing, medical attention, nutrition, and support.

### What information to provide:

- Name and address of Individual.
- Age
- Names/addresses of parents or caretakers or alleged victim
- Description of abuse or neglect
- Name/address of alleged perpetrators.

### Making the referral:

Children: <https://www.athenschilchildrenservices.com/child-abuse-neglect/>

If abuse or neglect is suspected, any speech-language pathologist or audiologist is required by law to report the concern. The supervisor will contact Athens

County Children Services by phone @ 740-592-3061 or in emergency contact 740-400-7059.

Adults between 18 and 59 years of age: Contact the local police department (911 or directly): Ohio University Police Department 740-593-1911 on campus or Athens County Police Department 740-593-6606.

Adults 60 or Over:

[https://jfs.athensoh.org/county\\_services/adult\\_protective\\_services.php](https://jfs.athensoh.org/county_services/adult_protective_services.php)

If abuse or neglect is suspected, any Speech-language pathologist or audiologist is required by law to report the concern. The supervisor will contact Adult Protective Services by phone 1-855-OHIO-APS (1-855-644-6277) or [athenscountyaps@jfs.ohio.gov](mailto:athenscountyaps@jfs.ohio.gov)

CHAPTER 2:  
HSLC  
On-boarding and Orientation  
Requirements

## Requirements for Clinical Practice

### New students for orientation

Before providing clinical services either in the HSLC, or at off-campus sites, student clinicians are required to provide on-boarding documentation (see below). Forms and detailed instructions are provided via email during the summer semester prior to attending graduate school. These are due prior to orientation and must be uploaded to Typhon/submitted by the date provided in your email instructions. All documentation is housed on the secure Typhon website. Those who have access to this information include the Associate Director of HSLS, the HSLS Coordinator of Professional Programs, the HSLS Administrative Associates, HSLC preceptors, the Coordinator of HSL Clinic Services, and the Directors of Clinical Education.

ALL ITEMS MUST BE SUBMITTED PRIOR TO ORIENTATION FOR PARTICIPATION IN CLINIC ACTIVITIES SUCH AS TOURS, PATIENTS PREPARATION, ETC. If you are missing any documentation, you will not be permitted in the clinic.

**You must double-check Typhon to ensure your documentation is sufficient by the provided due date. Comments are added to items in question.**

- Medical Report
- Immunization Records to include:
  - ***All immunizations listed on the Medical Report are required prior to Orientation and must be up to date, unless specified below.***
  - You will need to obtain your original, or a copy of the original, immunization record which lists the dates of each vaccination, and which is signed by the administering physician or health care provider. Upload copies of your immunizations to Typhon. **The required list should indicate all recommended doses have been administered.**
  - **CDC Immunization Typical Dosage Recommendations.** Retrieved from: <https://www.cdc.gov/vaccines>
    - **DPT/DTap/Tdap Vaccination:** 5 doses in childhood and then every 10 years, or after 5 years in the case of a severe or dirty wound or burn
    - **Polio Vaccination:** 4 doses in childhood; 3 doses in adulthood
    - **Measles, Mumps, & Rubella (MMR) Vaccination:** 2 doses of MMR vaccine

- **Varicella Vaccination:** 2 doses
- **Hepatitis B Vaccination:** 3 doses; If you have not had the Hepatitis B vaccination series in the past, **you must start this process before coming to campus**, or alternately you must provide documentation of actual Hepatitis titer test\* results.
- **Hepatitis B vaccination series of three shots:**
  - You must have the first shot and submit documentation prior to Orientation.
  - The final two shots may be completed once you have come to campus. Please phone Campus Care for scheduling and fees at 740-593-1660. You may also investigate the Athens County Health Department by calling 740-592-4431 for scheduling and fees.
- **COVID-19 Vaccination:** Moderna at least 2 doses recommended; Pfizer at least 3 doses recommended.
  - *COVID-19 vaccination is required for many off-site facilities.*
- TB Testing

#### **Tuberculosis (TB) Test Options:**

1. **Two-step TB Test:** performed within the past calendar year.
  - a. A two-step TB test is required prior to arriving on campus.
  - b. This is a series of two separate shots with two separate readings so you must plan ahead for both. There is at least a one-week wait between the steps.

**OR**

#### **2. TB Blood Test: Interferon Gamma Release Assay (IGRA)**

- Two Step (testing completed twice with time between) or
  - Blood test
- 
- Be certain to bring the record of your vaccination(s) with you so that the remaining shot(s) may be administered at the medical facility of your choice.
  - ***\*What is a titer test: a lab blood test that measures the level of antibodies in a blood sample, if proof of vaccination is not available you must provide titer results indicating you have appropriate levels of antibiotics for resistance.***



***Documentation of a history of contracting the disease will not be accepted.  
You must show proof of vaccination or a titer.***

- You must supply documentation of either having received the vaccination, or alternately documentation of actual varicella titer test results. The history of the disease is not acceptable.
- Vaccinations are at your expense.

#### Other Items to Complete Prior to Orientation

- Pre-clinical Observation Hours
- CPR certification
- Professional Liability Insurance
- Completed FBI Background check.
- Completed BCI Background check.
- Hands-on Clinical hours...if applicable (rare)
- TB Transmission Training
- Plagiarism Training
- Protection Children Training
- Shine a Light Webinar
- Emergency Preparedness Training
- Professional Behaviors Review
- Graduate Handbook review

Additional documentation will be completed and uploaded to Typhon at the completion of orientation.

#### Student Annual Requirements for Clinical Practicum

Students who do not maintain the following documentation will have clinical privileges revoked.

Annual documentation is to be uploaded to Typhon prior to the expiration date when applicable.

- Medical Report/Physical Examination (updated vaccinations as needed)
- CPR Certification (may not expire annually, double-check your training certificate)
- Professional Liability Insurance (\*must be updated before or on expiration date or you will be removed from all clinical assignments)
- HIPAA Training Certificate
- Review Emergency Preparedness Manual
- Professional Behaviors Attestation

Updated 7/31/2024

- Criminal Background Checks with FBI/CBI Documentation
- Data Security and Privacy Training Certificate

Students will be required to comply with any additional requirements stipulated by their off-campus clinical placement. See Off-campus Clinical Placement section for additional information.

Failure to comply with any of the items listed above, within the specified timelines provided at orientation, and annually thereafter, will result in removal from access to and patient contact in the HSLC, failure to secure externship sites required of the program, and subsequent delay of graduation.

### Staff Requirements

Before providing any clinical services in the HSLC, clinicians are required to provide documentation of the items listed below. This documentation is housed in the HSLC Coordinator Office and/or on Typhon. Access to this information is restricted to HSLC Administrative Associates and the HSLC Clinical Coordinator or HSLC Business manager as needed.

ALL ITEMS MUST BE SUBMITTED PRIOR TO THE START OF CLINICAL PRACTICE. If you are missing any documentation, you will not be permitted in the clinic.

### **ALL STAFF:**

- Medical Report
- DPT Immunization and Td Booster (within last 10 years)
- Polio vaccine
- MMR
- Step 1 of Two-Step TB or blood test (shot #1)\*\*
- Step 2 of Two-Step TB (shot #2)
- Varicella vaccine or titer\*
- Hepatitis B 3 shots or titer\*
- TB Transmission Training
- Protecting Children Training
- Shine a Light Webinar
- Review Emergency Preparedness Manual and sign attestation
- CPR Certification
- Completed FBI Background check
- Completed BCI Background check

Once after official start date:

- HIPAA Training
- Universal Precautions Training
- Data Security and Privacy Training

**Clinical Practitioners:**

- Ohio State Licensure
- ASHA Certification
- Professional Liability Insurance
- An NPI established and connected to HSLC
- Clinic Manuals Review
- State licensure and national certification CEU requirements, with proof of:
  - Completed a minimum of 2 hours of professional development in the area of ethics.
  - Completed a minimum of 2 hours of professional development in the area of supervision/clinical instruction.

\*Titer is a blood draw to look for antibodies against the disease. Verification of history of the disease is not acceptable.

\*\*Alternatives to the Two-Step TB shot are the blood test, interferon-gamma release assay (IGRA) (1 step) and chest x-ray (1 step). Clinicians may complete the alternate options if they have had a positive skin test in the past with no active TB and/or the location completing testing does not do the skin test.

**Staff Annual Requirements for Clinical Practice**

**Staff who do not maintain the following documentation will have clinical privileges revoked.**

- Ohio State Licensure
- ASHA Certification in professional discipline
- CPR Certification Card (may not expire annually, double-check your training certificate)
- Professional Liability Insurance / OSLHA membership
- HIPAA Training
- Review Emergency Preparedness Manual and sign attestation and return to Clinic Coordinator
- Data Security and Privacy Training

- State licensure and national certification CEU requirements
- Annual Exclusions Checks (<https://exclusions.oig.hhs.gov/SearchResults.aspx>)

#### Resources for obtaining requirements:

##### Federal/Background Criminal Investigation (FBI/BCI)

The Ohio University HSLS graduate programs prepare students to be eligible for national certification and Ohio state licensure. There are certain situations in which a student may be denied certification and state licensure based on the outcome of the FBI/BCI check. All students are required to complete an initial and annual FBI/BCI check prior to working in the HSLC and for off-campus clinical placements. Background checks that identify a specific offense will be reviewed on a case-by-case basis. The program will also consult with the Ohio University Legal Department and state licensure boards to determine if the offence is one that prohibits the student from obtaining certification and/or Ohio state license.

#### DISQUALIFYING CONVICTIONS FOR OHIO LICENSURE

The following offenses disqualify an individual from obtaining a license from the Board: Aggravated murder, murder, voluntary manslaughter, felonious assault, kidnapping, rape, sexual battery, gross sexual imposition, aggravated arson, aggravated robbery, aggravated burglary, human trafficking, any offense for which the applicant must register as a sex offender, or a plea of guilty to, or a conviction of, any substantially equivalent criminal offense in another jurisdiction.

Anyone charged with any of these offences would automatically be disqualified from receiving Ohio state licensure.

Additional information pertaining to background checks and disqualifying offenses as outlined by the Ohio State Licensure Board can be found through the following link:

<http://codes.ohio.gov/orc/4776.20v2>

Most off-campus clinical placements require FBI/BCI checks. Off-campus placements may either request a copy of your annual background check or require one completed through their facility prior to the start date. It is at the discretion of the off-campus placement whether to permit a student with an identified offense to complete the clinical placement. There is no guarantee that the student who has been denied placement will be placed at another site during the affected semester. This may result in a delay in graduation.

## FBI and BCI Background Check Information

Prior to orientation, please have this process (outlined below) completed for **BOTH** FBI and BCI checks as a requirement to participate in clinical activities both in our campus clinic as well as any off-site clinics. The process must be completed before arrival to avoid long delays in receiving information in the clinic. When completing paperwork, the results should be mailed directly to the HSL Clinic (not the request documentation/ fingerprints).

Request **results** be mailed to:

**Ohio University**  
**Hearing, Speech and Language Clinic**  
**PO Box 600**  
**Athens, Ohio 45701**  
**Attn: Brandie Nance**

### **For Ohio Residents:**

*It can take up to 6 weeks for the results to be mailed to our clinical records manager.*

Go to the Ohio Attorney General's website home page and look for *Background Check* under the *Business and Economic Development* heading or visit:

<https://www.ohioattorneygeneral.gov/Business/Services-for-Business/Webcheck/Webcheck-Community-Listing>

Follow the procedure for finding a *Web Check Community Listing* location to suit you.

You will need to find a location to do this for you, so you may also begin with your local law enforcement agency for further information, cost, and acceptable payment types. Cost for the BCI/FBI Background Checks is at your expense.

Be careful to consider the type of identification required at the site you chose.

Ask for **BOTH** FBI and BCI background checks. You will need a reason for requesting the checks:

**For FBI Reason Code:** use NCPA/VCA Volunteer Children's Act

**For BCI Reason Code:** use NO ORC /Other: write in: Child Care/therapy

Be careful to ask for acceptable payment types. Some facilities only accept cash or check. These will generally be electronic fingerprinting procedures.

You are able to get background checks at Bobcat Depot, located in the ground floor of Baker Center if you are in Athens.

*Bobcat Depot <https://bobcatdepot.ohio.edu/>  
Baker University Center 112, Athens, OH 45701  
740-507-DEPO, [bobcatdepot@ohio.edu](mailto:bobcatdepot@ohio.edu)*

*\*Background checks will be required annually. It is recommended that you complete the background check at the same time each summer.*

**For Non-Ohio Residents:**

Go to the Ohio Attorney General's website:

<https://www.ohioattorneygeneral.gov/Files/Forms> or call Toll-free: 800-282-0515  
Monday - Friday 8 a.m. - 6 p.m.

BCI Instruction: <https://www.ohioattorneygeneral.gov/Files/Forms/Forms-for-BCI-Criminal-Records-and-Background-Chec/Background-Check-Forms/BCI-fingerprint-card>

FBI Instruction: <https://www.ohioattorneygeneral.gov/Files/Forms/Forms-for-BCI-Criminal-Records-and-Background-Chec/Background-Check-Forms/FBI-fingerprint-card>

Instructions indicate to print the fingerprint card, however an official fingerprint card is required from an individual trained in obtaining fingerprints. If you are having difficulty locating fingerprinting services contact the Ohio Attorney General's office for advice.

Once you have your fingerprints and documents complete, send them along with payment to:

**c/o Fiscal Section  
Bureau of Criminal Identification and Investigation  
P.O. Box 365  
London, Ohio 43140**

For questions about Ohio Background checks call the Ohio Attorney General's Office BCI Department at: 1-877-224-0043

**If you are having difficulty with this process, it is recommended to complete your background checks in Ohio. You can visit campus or your nearest city in Ohio. If you are visiting Athens, the Bobcat Depot on campus, located on the ground floor of Baker Center, is the best site for completing this in our area.**

**Bobcat Depot <https://bobcatdepot.ohio.edu/>  
Baker University Center 112, Athens, OH 45701  
740-507-DEPO, [bobcatdepot@ohio.edu](mailto:bobcatdepot@ohio.edu)**

If completing this prior to attending orientation is not successful, you will have to complete the check on campus and clinic start times could be delayed.

Online Resources:

<https://www.ohioattorneygeneral.gov/FAQ/Background-Check-FAQs.aspx>

[https://www.ohioattorneygeneral.gov/Files/Publications-Files/Background-Check-Publications/BCI-Civilian-Background-Check-Procedures-\(PDF\)](https://www.ohioattorneygeneral.gov/Files/Publications-Files/Background-Check-Publications/BCI-Civilian-Background-Check-Procedures-(PDF))

[https://www.ohioattorneygeneral.gov/Files/Publications-Files/Background-Check-Publications/FBI-Background-Check-Procedures-\(PDF\)](https://www.ohioattorneygeneral.gov/Files/Publications-Files/Background-Check-Publications/FBI-Background-Check-Procedures-(PDF))

## Observation Hours

A minimum of 25 hours of documented and verified observation is required for completion of a graduate program in speech-language pathology.

The Ohio University HSLC requires that speech-language pathology students complete all 25 observation hours prior to orientation on the deadline supplied in pre-orientation materials. Patient assignments are made at orientation and chart reviews begin during orientation. Failure to have documented observation hours will delay clinic assignments.

Audiology students will be able to complete their observation hours within the fall and spring semesters of Year 1 of their program. Previous observation hours will count toward this 25-hour requirement.

Observation hours must be obtained under the direction of a licensed and state certified speech-language pathologist or audiologist. These hours must be guided observation hours. Observation hours may be obtained under two different conditions:

Updated 7/31/2024

(1) Observation hours (in part or all) may be obtained prior to admission to OU. Documentation **must be submitted on a letterhead and signed by a licensed, certified provider or a Master Clinician Network summary** if the supervisor information listed below is documented. The provider must include both ASHA number and state license number on the signed document. Letterhead verifies the employment status (i.e. school, hospital, nursing home, university, etc.) No observation hours will be accepted without letterhead verification. Documents may be handwritten – on letterhead. The letter must state that the observation hours were guided (the clinician must indicate that they discussed the session with the observer) and include a total number of hours obtained at that site.

(2) For SLP students, observation hours (in part or all) may be obtained once formal admission to OU is verified. SLP students may establish a Master Clinician Network (masterclinician.org) account – as an Ohio University student - and complete observation hours and documentation on-line **prior to Orientation with the deadline provided at on-boarding**. Hours obtained through Master Clinician are considered guided because the student must submit written answers to questions provided after each observation.

**You must complete all 25 observation hours prior to Orientation 2024.** If you do not have them completed from other sites, you may do so on-line as an OHIO student prior to Orientation using Master Clinician:

Online, find Master Clinician Network @ <http://www.masterclinician.org/>

If you are not already a member, “Sign Up” and complete the Student Registration for 1 year.

There are no assigned observations, but you may choose a variety of disorders and age ranges.

Complete the documentation for each observation. Do not duplicate observations of the same sessions.

Submit the observation assignments to the Director of Clinical Education (DCE-SLP).

Upload the documentation to Typhon under the Pre-Clinical Observation Hours heading.

If you are already a Master Clinician Network member and have completed some or all of your observation hours at MCN that were approved by another university, upload that documentation to Typhon.



Evidence of completion of observation hours is required prior to reviewing clinic assignments during Orientation.

(3) For Au.D. students, observation hours will be obtained during the fall and spring semesters of Year 1 for all students regardless of the number of hours obtained prior to entering the Au.D. program.

Hours that count towards the 25 observation hours can be obtained while observing speech-language pathology or audiology sessions in your undergraduate program. Please submit any observation hours obtained in your undergraduate training in which you have documentation meeting the above rules.

If you have less than the 25 required hours, additional observation hours will be completed through the Hearing, Speech and Language Clinic your first semester.  
**Hours are not required prior to Orientation.**

#### Typhon (Student tracking system)

Typhon is a student database that is used by both the department and the HSLC. For clinic purposes, Typhon will become your personal record keeping system that includes various certificates, immunization records, BCI/FBI checks, etc. It is also the system that the Clinic uses to document your clinical hours and your assessment forms from clinical preceptors. Further information regarding the potential use of Typhon will be presented to you early in your program.

#### Set-up:

- You will receive an automated email to set-up your Typhon Account through your Ohio University email.
- The email shows up from the Directors of Clinical Education [via Typhon Group] [notifications@typhongroup.com](mailto:notifications@typhongroup.com).
- You will first need to register with a one-time access fee, which you will be prompted to do the first time you log into the system. This fee will provide you with access to a Portfolio that you may use when applying for jobs for up to five years after graduation.

#### **Uploading documents onto Typhon:**

Documents uploaded to Typhon will become a part of your official student record. Because of this, it is important for them to be as high quality and professional as possible.

If you have multiple pages for one document (i.e. 2 pages of the Medical Report) save all pages together as a single document in either Word or as a PDF before you upload to Typhon. If you load individual sheets only the last document loaded will be visible

Be sure to either use a computer with a scanner (most libraries allow you to do this for free if you do not have a scanner at home) or use a PDF maker phone app to capture documents for uploading to Typhon.

If you are using your phone to take the photos, please follow these guidelines:

- Lay the document on a solid-colored, flat surface.
- A minimal amount of background can be shown or crop your photo to remove background.
- Use sufficient lighting.
- Make sure the photo is not blurry.
- Using a phone app to clean up your images is highly recommended.

**Please take advantage of these very helpful Typhon training videos**

#### **Audiology Account #9196**

The password for this link is: typhon123

#### **Speech-Language Pathology Account #9197**

The password for this link is: typhon123

Tutorial: <https://www.typhongroup.net/ahst/videos/ahst-datatutorial.asp>

#### **Physical**

A medical form is provided with your welcome email. You must use the HSLC form for completion of the physical examination.

**PART A** is to be completed by the student. **PART B** is to be completed by the physician. Bring the document to your appointment with your physician as well as immunization records. Scan all completed pages together as one document and upload to Typhon under “Physical/Medical Report Expiration Date.” Physical exams are at your expense.

Updated 7/31/2024

## CPR Adult, Child, Infant Certification Information

You must complete CPR certification training prior to orientation. This will require updates when expired throughout the program.

If you wish to complete the training in Athens - prior to orientation - the contact information for the Athens Chapter of Red Cross is 740-593-5273 and their email is [redcross@athensohredcross.org](mailto:redcross@athensohredcross.org). You may also search for available classes online at: [www.redcross.org](http://www.redcross.org).

You may also complete the training from providers in your home communities.

There is also a web site for CPR certification, which is entirely online: [www.ProCPR.org](http://www.ProCPR.org) where you choose the *Health Care Provider* option.

If this is your first-time obtaining CPR certification, you may still complete an online version, but in addition you will need to verify your skills with direct application. The online version will assist you with this process. You will be expected to maintain current CPR certification for the duration of your status as a student.

Cost is at your expense. Upload a copy of your CPR Certification to Typhon.

## Professional Liability Insurance Information

You must have liability insurance before being assigned a patient in the HSLC and for all offsite placements. You are expected to maintain current professional liability insurance for the duration of your status as a student. The cost is at your expense. **You must provide documentation of the start and end dates of coverage. Upload this information to Typhon.**

### **Options, your choice, choose 1:**

Healthcare Providers Service Organization:

- Go to website: <https://www.hpso.com/Insurance-for-you/Individual-Practitioners?refID=WL347i>
- Press "Get a quote"
- Choose Students
- Choose "I am a..." student
- Fill information out - State, Profession Type (Audiologist or Speech Language Pathologist), Anticipated Graduation date

- A quote populates then choose continue
- Fill out the online application with all your personal information (social security number is required)
- Press continue for all the steps and then you can pay with a credit card

To Use ProLiability: Requires Student Membership with NSSLHA.

- To become a member, visit <https://www.nsslha.org/membership/> and click “Join or Renew” in the top right-hand corner.
  - Create or log into your account.
  - Follow prompts and fill out required information.
  - Membership fees are \$60 for the year
- Once membership with NSSLHA has been obtained, visit <https://www.proliability.com/professional-liability-insurance/speech-language-pathologists.html> (This is also the link for audiology).
  - Along the top of the page is the “Get a Quote” box. Select “Student.”
  - **Under the “Getting Started” page, answer “American Speech-Language-Hearing Association (ASHA or NSSLHA)” for “Are you a member of one of these associations?” This will update the page to the information needed for audiology/speech language pathology students.**
  - Complete all required fields and click “Agree.” This will redirect you to a page with student liability insurance quotes.
- Select the quote for the policy you would like to acquire. Follow the prompts.
- Upload proof of insurance once it has been received.

To Use OSLHA: Requires Student Membership with OSLHA. <https://www.ohioslha.org>

- Create a user account: Join Now
  - Fill in your information under the User Login area and select create an account at the bottom
- Log In and view products and services available to registered users
  - Purchase an Annual Membership
- Complete the First Time Member Registration as an associate Member, student
- Complete the Professional Focuses section
- Under Liability Insurance choose Student
- Complete registration
- Submit

- *\*Request a copy of the policy after payment. OSLHA membership card is not proof of liability insurance.*

**You must upload your Certificate of Liability Insurance to Typhon. It will be emailed to you after purchase. Uploading your OSLHA Membership Card or receipt to Typhon is not proof of insurance coverage.**

### Online Training Information

There are 4 online training sessions to complete prior to Orientation activities: TB Transmission, Plagiarism training, Protecting Children, and Shine the light trainings. Instructions are provided below.

Once you have completed each training, take the quiz. Print a certificate of completion, one for each module. You will upload these documents individually (separately) into Typhon

Use the following links to access the trainings:

1. **Tuberculosis Transmission and Prevention**

<https://connect.ohio.edu/ttp/>

2. **Plagiarism training**, the Ohio University library has a tutorial that is approximately 25-30 minutes and includes brief quiz:  
<https://libguides.library.ohio.edu/plagiarism>. You will receive a document of your results at the end and via email, please upload page one only of the pdf for proof of completion to Typhon under the appropriate heading.

3. **Ohio Protecting Children Training:**

**\*\*The minors on campus training** can be found on this website--see specific names of training below. They take less than an hour to complete in total.

<https://learn.ue.org/2M2PN888563/OhioProtectingChildren>

Choose Registration. You will receive your temporary password via email.

Branch Code required to sign up for these trainings: 316-88563

## Training

All authorized adults who will be working with minors (including OHIO employees, students, student athletes, and volunteers) must complete mandatory training prior to the commencement of the program. Choose enroll for the following courses:

1. Protecting Children: Identifying and Reporting Sexual Misconduct
2. Shine a Light Webinar video.

## My Courses



Upload the completion certificates for both Protecting Children and Shine a Light to Typhon.

You will complete 2 more trainings: Business Practices and HIPAA introduction, when orientation activities on Blackboard, no later than August 1st. (FYI, you will be required to complete 3 trainings at the University level: HIPAA, Data Security, and Universal Precautions/Bloodborne Pathogens once the semester begins).

## Chapter 3: Infection Control

## General Infection Control

The goal of infection control is to stop infections from spreading between patients and clinicians. The most effective ways to achieve this are thorough hand washing and following the standard precautions tailored to speech-language or audiology treatments.

### **When to wash hands:**

- Before and after patients each patient and/or patient contact.
- After touching blood, body fluids, secretions, and contaminated items, regardless of if gloves were worn.
- Immediately after gloves are removed.

### **Wash hands with either:**

- Soap.
- Antimicrobial solution.

**\*\*\*All therapy rooms and the kitchen have sinks, soap, and paper towels\*\*\***

### **Surface:**

- Wipe down all tables, toys, equipment, and materials used after each session with a disinfecting wipe.
- Disinfect chairs and observation room headphones after each session.
- Use the UV disinfecting box, particularly for items that have encounter bodily fluids such as saliva, blood, or mucus.

### **Specific infection control:**

- If a specific pathogen is identified contact the Athens County Health Department (740) 592-4431 for further infection control suggestions.
- If cleaning, disinfecting, or sanitizing the area is recommended, the space will be quarantined and OU Facilities: 3-2911 will be contacted.

## Audiology Infection Control

Audiologists, like many healthcare providers, may be exposed to infectious diseases during their duties. Additionally, many of their patients may have compromised immune systems. Therefore, audiologists must not only ensure their own safety but also minimize the risk of cross-contamination from equipment or tools used with multiple patients.

### **• Cleaning**

To clean means to remove the gross contamination from an object or surface, it does not kill germs. Cleaning is an important step before disinfecting and sterilizing. All objects and surfaces to be disinfected or sterilized must be cleaned first. Cleaning can be accomplished with a brush, a wipe, an ultrasonic machine, etc.



- **Disinfecting**

To disinfect means to kill a 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 debris or contamination.

- **Items to be Disinfected:**

- **Hearing aids and earmolds** must be cleaned and disinfected before any staff handling. Hearing aids will be cleaned and disinfected using an alcohol wipe or an AudioWipe, rubbing all surfaces with the wipe and allowing it to air dry. Earmolds can be put in a soak or ultrasonic machine or wiped with an alcohol wipe or AudioWipe.
    - **Booth toys and materials** must be disinfected with an alcohol wipe or an AudioWipe after each use.
    - **Headphones and oscillator headbands** should be cleaned and disinfected with AudioWipes after each use.
    - **Hearing aid cleaning tools and listening devices** must be cleaned and disinfected after each use. After use, these tools should be either soaked in disinfectant or wiped with AudioWipes.

- **Sterilizing**

To sterilize means to kill all the germs all the time. Sterilization is necessary when an object encounters potentially infectious materials like blood, mucus, or other bodily fluids or substances. Cerumen (ear wax) is a potentially infectious material only when it is contaminated with blood or mucus. Since cerumen is dark it is often difficult to determine if it is contaminated. Objects that can break the skin, such as curettes and wax loops, must be sterilized after each use, regardless of contamination. Cold sterilization can be achieved by soaking these items in 2% glutaraldehyde for a minimum of 10 hours. Since glutaraldehyde should not come into contact with skin, gloves must be worn when handling the tray. Additionally, sterilized objects should be thoroughly rinsed before reuse. Avoid soaking porous items in glutaraldehyde. The solution can be used and reused for up to 28 days before it should be disposed of by pouring it 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 unavailable, a waterless antibacterial hand gel can be used. Gloves should be worn when there is a high risk of contact with bodily substances or fluids, such as blood or drainage. Additionally, gloves must always be worn when handling glutaraldehyde.

- **Waste Management**

Glutaraldehyde can be hazardous to health in high concentrations and should be handled with gloves, with consideration for eye protection. It begins to neutralize upon contact with organic material, allowing it to be safely disposed of down the drain by flushing with large quantities of water to promote rapid neutralization. Waste (such as gloves, wipes, paper towels) 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 with significant amounts of blood should be disposed of in impermeable bags labeled with a biohazardous waste symbol, and this waste should be picked up by a licensed medical waste disposal service. For less contaminated waste placed in regular trash, efforts should be made to separate it by sealing it in small plastic bags or wrapping it in paper to minimize the risk of maintenance or cleaning personnel contacting it.

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.

**Audiology infection control precautions:**

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 it 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.

## SLP Infection Control

### Standard Precautions during treatment of speech-language patients:

**Gloves** - Wearing gloves when hands are likely to be exposed to blood, body fluids, non-intact skin, mucous membranes (including eyes), and contaminated articles. Gloves are in room W170 and in each treatment room. Please note that non-latex gloves are available.

- **Therapy tables, toys and other materials** will be washed after each session using disinfectant wipes provided in each therapy room.
- **Headphones** in observation rooms will be disinfected with wipes following each treatment session, by the treating clinician. All surfaces of the headphones will be wiped including all sides of the headpiece, all surfaces of the earpiece as well as the ear cushion.
- **Tables, chairs including the highchair, or any other adaptive seating equipment** must be cleaned with antibacterial soap and water or disinfecting wipes. Make sure that the trays for the highchairs and adaptive equipment are cleaned.
- **Water Table:** Patients should wash their hands before playing at the water table. If water is used, then it must be drained after every session. If rice, beans, or corn meal is used, they must be removed so another clinician can use the table.
- **Oral motor and feeding equipment:** Anyone using any of the oral motor or feeding equipment is responsible for cleaning and storing the equipment in a sanitary manner. Any large items such as bowls, plates or cups need to be cleaned with warm soapy water in the sink. Any food left in these items must be scrapped off in the trash can as the sink does not have a garbage-disposal. These items are washed and rinsed and then placed in the drying rack to air dry. Small items such as spoons, bite sticks, z-vibe tips or straw tips should be washed in the sink using warm soapy water, dried and then placed in the sanitizing unit that is on top of the microwave. See posted instructions in the feeding room.
- **Food for feeding patients or snack:** Food supplies for patients are in W161b. Please do not take the last of any food without letting one of the clinic supervisors know. We will be using single use items.
- **Surfaces contaminated with vomit, feces, urine:** EZCleans self-contained packets are in W170. These packets contain all the materials and directions required to manage contaminated surfaces. Once surfaces have been cleaned, treatment may or may not continue at the supervisor's/patient's discretion. If carpeting has been contaminated and cleaned with EZCleans, the treatment room is vacated, and the door closed. The facilities team is alerted for sanitation if carpet has been contaminated.

- **\*\* Alcohol pad, fresh towelettes, a first aid kit, and blood spill and surface clean up kits are also located in room W170.**

## Chapter 4: SLP Clinicians

## Introduction

Welcome to the Master's SLP program. 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 demonstrate a commitment to your patients and team. You are expected to treat your clinical assignments with the same effort that is applied to your academic coursework and work assignments.

Developing **professional behaviors** consistent with the demands of the profession is one of the key elements to becoming a successful clinician. Through practicum assignments, opportunities are available to develop clinical skills at the Ohio University HSL Clinic and offsite clinical placements. In addition to learning about patient backgrounds and evaluation/therapy procedures, clinicians will learn to manage themselves as professionals.

## Diagnostic Procedures

### Supervisor Assignment

Each student clinician will be assigned a clinical supervisor for the diagnostic procedure. The supervisor will assist in the planning and development of the diagnostic session. The supervisor will observe at least 50% of the diagnostic session. Students are scheduled for diagnostics based on student availability and patient's needs. Supervisors are scheduled for diagnostics based on their schedule and area of expertise.

### Clinician Preparation

It is the responsibility of the clinician or clinician team assigned to the diagnostic to review the patient's file, schedule an appointment with the assigned supervisor, and submit a plan for the diagnostic to the supervisor at least 48 hours prior to the session. All paperwork, completed test protocols, and reports must be submitted to the supervisor for approval according to the individual supervisor's guidelines.

### Diagnostic Materials

The Ohio University Hearing, Speech and Language Clinic (HSLC), maintains a wide variety of formal tests and assessment materials designed to be used as part of speech/language evaluations. The most current materials are housed in supervisor offices and other materials are in either room W166 or W176. All test booklets, manuals, and necessary manipulatives are filed alphabetically in room W176. Test protocols can be found in the metal horizontal file cabinets; also arranged alphabetically. Please **DO NOT** use the last remaining test protocol for a given test. If you notice that the supply is low, let the supervisor know in writing and new forms will be ordered. **Do NOT** make

copies of the test protocols. This is a copyright violation. If a protocol is completed in pencil during testing it must be copied over in ink as an official medical record before adding to the EMR.

- It is expected that all diagnostic materials be returned following use
- See individual supervisors for check-out procedure for any specific materials housed in their offices.

Various toys and materials are in W166. Electronic devices are stored in supervisor offices. Augmentative communication devices are stored in the clinic and are available upon request. Please return ALL materials used in therapy and diagnostics to original locations as soon as you have finished.

### Scheduling

The Clinic office staff schedules patients' appointments. Intake information is obtained when the patients are called to schedule the appointment. Clinicians are informed of assignments in writing.

A case history form, a parking permit, and a campus map are sent to the patient prior to the diagnostic. Patients are asked to return a completed case history form prior to the diagnostic session, if possible, otherwise they are asked to bring the form with them on the day of the session.

### Punctuality

Speech language pathology students conducting diagnostics are expected to arrive at least 30 minutes prior to the session to set up the rooms and equipment. An exception to this is if the clinician has a class prior to the session ending less than 30 minutes before the session. In this case, clinicians are still expected to have prepared prior to seeing patients.

### Treatment Procedures

#### Clinic Assignments

Clinicians are required to have 25 observations hours complete prior to orientation. Patients will not be assigned until all 25 hours are completed.

Clinical assignments are based on experience and didactic coursework. The number of patients assigned varies depending on several factors including student schedule, student skill set, patient needs, and supervisor schedule. The number of patients assigned does not correspond to the number of practicum credit hours. Assignments are conveyed in writing.

Updated 7/31/2024

Clinicians are expected to do the following after receiving HSLC assignments:

- Review patient's entire file.
- Contact clinical supervisors within one business day of assignment to arrange a meeting to discuss patient's diagnostic information and to review previous treatment (if applicable).
- Front office staff will verify that the *Consent for Services, Billing, and Information* forms are still valid on the day of the first appointment and update them as necessary. These forms are valid for one year. The Front Office staff ensures that the patient is in possession of a parking permit.

### Clinic Assignments-Medicare/Medicaid

The HSLC admits individuals with original Medicare Part B funding. In these cases, the supervisor must be present and participating in the evaluation/treatment session. The student assigned to the supervisor may assist in treatment planning and assist during treatment but will not be the primary treatment provider.

The HSLC admits individuals with Medicaid and managed care Medicaid plans. In these cases, the supervisor will be present and have face-to-face contact with the patients during a portion of each diagnostic/treatment session.

### Scheduling of Patients

The office staff manages scheduling of the patients and the EMR system sends patient reminders prior to the initial therapy session to remind patients of their appointments. Clinicians will verify with families that they would like to continue services for the next semester at the end of each semester.

### Therapy Rooms

All therapy rooms are to be left clean and orderly for the next student. ***If the furniture has been removed, return it to the room.*** Tables must be cleaned as defined in infection control. If removed, replace all safety caps in electrical outlets. Headphones, used by family for observation are also to be cleaned as defined in Infection Control.

### Punctuality

Therapy sessions are 45 minutes long. Therapy must begin promptly on the hour and end promptly at 15 minutes before the hour for the next clinician to have time to prepare the room for his/her session. The exiting clinician is allowed 7.5 minutes to collect materials, clean and exit the room, while the entering clinician is allowed the same amount of time to prepare the room for treatment. Parent conferences are part of the treatment session and should be incorporated within the 45-minute session. No

Updated 7/31/2024



conferences must ever occur in the observation rooms, hallways, or lobby – per HIPAA confidentiality protocol.

### Observation Rooms

Observation rooms are intended for family members to observe treatment sessions.

Student clinicians may observe sessions in the video room, W151D.

Supervisors observe therapy sessions via closed circuit monitors in their offices.

Cameras are on the ceiling in each treatment room.

### Clinic Materials

All clinic owned treatment materials are kept in the materials room in W166. Please clean and return the materials to the areas you originally found them. Laptops for clinical use are stored in W176 and may be used only within the clinic for intervention and documentation purposes.

Standard precautions: gloves, first aid kits, tongue depressors, alcohol prep pads, EZ Clean kits, are stored in W170 (Kitchen).

Students must clean and sanitize all materials per protocol and return them to their location in the materials room after each session. They should ensure each therapy room has gloves, tissues, and cleaners at the beginning of each session.

### Attendance Policy-Patients

- Therapy begins on the hour.
- If a patient is over 15 minutes late the session is cancelled.
- After three missed, unexcused sessions, the clinician prepares a reminder letter. This letter is scanned into the EMR.
- If a patient has missed four sessions in one semester for any reason, a discontinuation of service letter is sent to the patient at the supervisor's direction. A copy of the letter is scanned into the patient's EMR.
- If a patient calls to cancel a scheduled appointment, the information is documented on the SOAP note including the reason for the cancellation.

### Clinician Absence Procedure-SLP Clinicians

- If a clinician cannot come to clinic for a session due to illness or emergency, they must:
  - a. Personally notify the supervisor immediately by email or phone.

- b. Request a substitute by notifying peers **via Canvas Clinical Methods class**
  - c. **Do not mention patient name, only time of treatment session and supervisor name and do not use social media to communicate clinic information**
  - d. c. Notify supervisor when substitute has been found or notify supervisor that no substitute could be found following email request via Canvas email.
  - e. If unable to contact the supervisor contact the Clinical Coordinator at (740) 593-0417 or the Clinic Office at (740) 593-1404.
- If a student was unable to secure a substitute following email request, supervisor may choose to find a substitute, or schedule a make-up session when student returns.
  - The substitute clinician will have the most recent LP available in the Electronic Medical Record (EMR).

#### Documentation/Communication Files

1. NO DOCUMENTATION RELATED TO THE PATIENTS IS TO LEAVE THE CLINIC. This includes using Google Doc as a resource.
2. Documentation must always be returned to the “needs scanned” box in the file room or the clinician’s communication folder. Clinicians must NEVER store files anywhere else in the clinic.
3. 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.

#### Lesson Plans

Clinicians are required to write lesson plans (LP) for each therapy session using the *Template* provided. LPs are produced electronically in the secure One Drive folder, then printed on secure printers. Requirements and deadlines for LPs are determined by individual supervisors.

#### SOAP notes

All clinicians are required to write progress notes for each therapy session. Our clinic uses the Subjective, Objective, Assessment, Plan (SOAP) progress note format. SOAP notes are to be turned into the supervisor for approval through the EMR system. Due

dates are determined by clinical supervisors, but typically by noon of the day following treatment.

### Treatment Plans/Plans of Care

Clinicians are required to prepare plans of care (POC) for all patients. The POC is a contract between the patient, the clinician/supervisor, the physician, and the funding provider, if applicable. POCs contain Long Term and Short-Term Goals, are produced electronically on the EMR system, and then implemented according to published deadlines. As soon as the POC is approved and signed by the supervisor a copy is provided to the Front office for faxing and tracking to ensure appropriate signatures are obtained from the referral source.

### Semester Reports

Progress reports are to be written for each patient at the end of the term. These reports are produced electronically on the EMR. After the report is approved by the supervisor, it is faxed or mailed to all persons/agencies listed on the *Release of Information* form, including the referring physician.

### Discharge Reports and Summaries

Discharge Reports are written for each patient upon discharge if the total number of sessions not attended is four or more, a family chooses to discontinue services, or a patient has met their goals. These reports are produced electronically on the EMR and include information related to the status of each goal at discharge, the reason for discharge, and disposition of patients for further treatment if continued to be indicated.

The discharge summary requires the signature of the physician as verification they are aware of the discharge. Discharge summaries are signed and turned into the Front Office for faxing and tracking purposes. Target for completion of discharge paperwork is no more than 1 week post discharge date to ensure timely notification of the referring medical professional.

### Discharge Criteria (ASHA, 2004)

1. Communication or swallowing disorder is now within normal/functional limits.
2. Goals/objectives have been met.
3. Communication abilities are comparable to others of same age, gender, ethnicity, or cultural and linguistic background.
4. Communication or swallowing skills no longer adversely affect educational,

social, emotional, vocational performance or health issues.

5. AAC use is optimal across communication environments and partners.
6. Nutritional and hydration needs are optimally met by alternate means.
7. Desired level of communication skills have been attained.
8. Individual is unwilling to participate in treatment; attendance has been inconsistent or poor, and efforts to address these factors have been unsuccessful.
9. Individual, family, and/or guardian has requested discharge, or service provision from another provider.
10. Individual is transferred to another location; assistance in transition to new service provider was offered.

### Documentation Requirements Across Sites

Documentation may be different for off-campus sites. The site supervisor will instruct the clinician on the documentation for each individual site. Site paperwork must never leave the site.

Documentation varies for Medicare patients.

A black pen must be used when filling in information on any of the forms and no white-out is to be used on any mistakes. Otherwise, mistakes should be marked through with a single line, initialed and dated by the clinician.

### Chart Audits

Supervisors conduct chart audits on all active patients at the end of each semester or upon patient discharge if it occurs during the semester. Plan of care and final discharge paperwork will be tracked for return of document signed by the physician by the Front Office.

### End of Semester Requirements

At the end of each term, clinicians are expected to meet with clinical supervisors to discuss clinician progress and to complete the following:

- Complete all patient paperwork in patient's file
- Clean communication folders completely

Updated 7/31/2024

- Print a hard copy of the next semester Lesson Plans
- Return all therapy materials
- Must have all hours in Typhon to verify by the 15<sup>th</sup> of the following month
- Externship and off-site placement hours must be completed and signed by the end of that semester
- Hours not entered by the due dates may not be approved
- Prepare for first sessions of next semester assigned patients

## ASHA Hours

### Documentation

Documentation of clinical hours is managed on-line using <https://typhongroup.net>.

Graduate students will be sent an “invitation” to join Typhon during the on-boarding process and will log hours earned weekly while in the clinic. Data Entry must be completed within 7 days of the encounter date. It is the student’s responsibility to ensure that all hours are logged onto Typhon before the end of the semester. Hours added after that will not be “approved” by the supervisor.

Select Allied Health Programs

Select Data Entry Login

Enter 9197 for Account Number

User=OU email

PW= from “SLAP” mail

Select add a new case log: complete student information section, patient demographics, time with patient, age group, diagnostic or therapy, simulated or regular, and finally enter the minutes you were engaged in the activities based on the category.

### Requirements

See ASHA’s website for the most up-to-date certification requirements to include hours requirements: [2020 Certification Standards in Speech-Language Pathology \(asha.org\)](https://asha.org/2020-Certification-Standards-in-Speech-Language-Pathology)

## Clinical Skill Assessment

Students are evaluated twice per semester: at mid-term and at the end of the term. Dates are posted in advance. The Assessment of Clinical Competence in Speech-Language Pathology instrument does not assign a grade, but rather scores skill areas

Updated 7/31/2024

depending upon level of supervision required. To encourage self-reflection, a student is asked to self-evaluate skills and complete the Assessment of Clinical Competence in Speech-Language Pathology prior to meeting with the supervisor. This assessment will be completed on Typhon. Copies of the final document at the end of the term are placed in the student's permanent file. Any student may request a hard copy of the final summative document at the end of the term.

## OHIO UNIVERSITY Assessment of Clinical Competence in Speech-Language Pathology

### Performance Assessment Rubric

The Ohio University Assessment of Clinical Competence in Speech-Language Pathology (ACCSLP) contains 43 skill statements covering six areas (a) Preparation Skills (b) Intervention Plan of Care (POC) Development (c) Intervention Implementation (d) Assessment (e) Interpretation (f) Interpersonal and Professional Skills. The rating scale for each skill has been designed along a continuum ranging from 8 (representing the most effective performance- *Independent*) to 1 (representing the least effective performance - *Beginning*). The clinical supervisor will match the graduate student's performance to the descriptor for each skill. The rating for one skill need not be the same as the ratings for other skills. For each skill included on the OU ACCSLP the supervisor will decide which point on the scale best reflects the performance of the graduate student during the semester being rated.

Fall Semester	1 <sup>st</sup> Year: 3 or higher
Spring Semester	1 <sup>st</sup> Year: 4 or higher
Summer Semester	1 <sup>st</sup> Year: 5 or higher
Fall Semester	2 <sup>nd</sup> Year: 6 or higher
Spring Externship	2 <sup>nd</sup> Year: 6 or higher
Summer Externship	2 <sup>nd</sup> Year: 6 or higher

## Supervisee Behavioral Criteria

<b>Independent 7-8</b>	In consultative style with supervisor, supervisee takes initiative, makes changes when appropriate, and is effective.
<b>Competent 5-6</b>	In combination of collaborative and consultative styles, supervisor provides general guidance and validation for supervisee to perform effectively.
<b>Emerging 3-4</b>	In combination of direct/active and collaborative styles, supervisor provides frequent guidance, demonstration, or modeling for supervisee to perform effectively.
<b>Beginning 1-2</b>	In direct/active style, supervisor provides specific direction for the supervisee to alter performance and make changes in clinical behavior.
<b>N/A</b>	Not applicable at this time

Typhon Assessment:

### **OHIO UNIVERSITY Assessment of Clinical Competence in Speech-Language Pathology**

#### **Performance Assessment Rubric**

The Ohio University Assessment of Clinical Competence in Speech-Language Pathology (ACCSLP) contains 43 skill statements covering six areas (a) Preparation Skills (b) Intervention Plan of Care (POC) Development (c) Intervention Implementation (d) Assessment (e) Interpretation (f) Interpersonal and Professional Skills. The rating scale for each skill has been designed along a continuum ranging from 8 (representing the most effective performance- *Independent*) to 1 (representing the least effective performance - *Beginning*). The clinical supervisor will match the graduate student's performance to the descriptor for each skill. The rating for one skill need not be the same as the ratings for other skills. For each skill included on the OU ACCSLP the supervisor will decide which point on the scale best reflects the performance of the graduate student during the semester being rated.

Updated 7/31/2024

Fall Semester Year	1 <sup>st</sup>
Spring Semester	1 <sup>st</sup> Year
Summer Semester	1 <sup>st</sup> Year
Fall Semester Year	2 <sup>nd</sup>
Spring Externship Year	2 <sup>nd</sup>
Summer Externship	2 <sup>nd</sup> Year

### Supervisee Behavioral Criteria

<b>Independent 7-8</b>	In consultative style with supervisor, supervisee takes initiative, makes changes when appropriate, and is effective.
<b>Competent 5-6</b>	In combination of collaborative and consultative styles, supervisor provides general guidance and validation for supervisee to perform effectively.
<b>Emerging 3-4</b>	In combination of direct/active and collaborative styles, supervisor provides frequent guidance, demonstration, or modeling for supervisee to perform effectively.
<b>Beginning 1-2</b>	In direct/active style, supervisor provides specific direction for the supervisee to alter performance and make changes in clinical behavior.
<b>N/A</b>	Not applicable at this time

**Rating Tips:** To determine the rating for each skill the supervisor and the graduate student will consider the student's effectiveness in work with specific patient populations in terms of patient's age; type and severity of communication disorder; physical limitations; cultural background; English proficiency/literacy level; alternative communication; and the student's academic coursework to date.



The supervisor will consider the following four factors, if applicable, in relation to the skill being rated:

**Accuracy** – the degree to which the graduate student performs a skill without error

**Consistency** – the degree to which the graduate student performs a skill at the same level of proficiency across cases

**Independence** – the degree to which the graduate student performs a skill in a self-directed manner

**Supervisory Guidance** – the degree to which the graduate student seeks consultations when needed

*I. Preparation Skills:*

**A. Prepares Lesson Plan**

Rating	Description
7-8	Independently formats weekly lesson plans according to template
5-6	Formats weekly lesson plans according to template with supervisor validation
3-4	Formats weekly lesson plans according to template following supervisor guidance
1-2	Formats weekly lesson plans according to template following specific supervisor suggestions
N/A	Not applicable at this time

**B. Prepares for supervisory conferences**

Rating	Description
7-8	Independently initiates and prepares agenda for supervisor conferences
5-6	Initiates and prepares agenda for supervisor conferences with supervisor validation
3-4	Initiates and prepares agenda for supervisor conferences following supervisor guidance
1-2	Initiates and/or prepares agenda for supervisor conferences following specific supervisor suggestions
N/A	Not applicable at this time

**C. Initiates and takes responsibility for self-learning and acquisition of knowledge**

Rating	Description
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7-8	Independently initiates and suggest topics for discussion, identifies resources used in new learning, and discusses application relative to clinical practice
5-6	Initiates and suggests topics for discussion, identifies resources used in new learning, and discusses application relative to clinical practice with supervisor validation
3-4	Initiates and suggests topics for discussion, identifies resources used in new learning and discusses application relative to clinical practice following supervisor guidance
1-2	Initiates and suggests topics for discussion, identifies resources used in new learning and/or discusses application relative to clinical practice following specific supervisor suggestions
N/A	Not applicable at this time

## II. Intervention Plan of Care (POC) Development:

### **A. Integrates rationale, theory and evidence for POC goals**

Rating	Description
7-8	Independently develops ideas regarding all goals, gives rationale and cites evidence and sources for modifications
5-6	Develops ideas regarding all goals, gives rationale and cites evidence and sources for modifications with supervisor validation
3-4	Develops ideas regarding all goals, gives rationale and cites evidence and sources for modifications following supervisor guidance
1-2	Develops ideas regarding all goals, gives rationale and/or cites evidence and sources for modifications following specific supervisor suggestions
N/A	Not applicable at this time

### **B. Considers patients, communication partners, and environment in development of POC**

Rating	Description
7-8	Independently develops POC including information from patients, partners, and the communication environment
5-6	Develops POC including information from patients, partners, and the communication environment with supervisor validation
3-4	Develops POC including information from patients, partners, and the communication environment following supervisor guidance
1-2	Develops POC including information from patients, partners, and the communication environment following specific supervisor suggestions
N/A	Not applicable at this time

**C. Writes behavioral, developmental, LTG/STG goals based on need and learning style**

Rating	Description
7-8	Independently writes all sections of LTG/STG including performance in overt terms, condition, and criteria (PCC); goals are differentiated from lesson plan objectives; goals are developmental, based on need and learning style, and are easily measurable and amenable to data collection
5-6	Writes all sections of LTG/STG including performance in overt terms, condition, and criteria (PCC); goals are differentiated from lesson plan objectives; goals are developmental, based on need and learning style, and are easily measurable and amenable to data collection with supervisor validation
3-4	Writes all sections of LTG/STG including performance in overt terms, condition, and criteria (PCC); goals are differentiated from lesson plan objectives; goals are developmental, based on need and learning style, and are easily measurable and amenable to data collection following supervisor guidance
1-2	Writes all sections of LTG/STG including performance in overt terms, condition, and criteria (PCC); goals are differentiated from lesson plan objectives; goals are developmental, based on need and learning style, and are easily measurable and amenable to data collection following specific supervisor suggestions
N/A	Not applicable at this time

**D. Writes functional, developmental LPOs based on need and learning style**

Rating	Description
7-8	Independently writes LPOs including performance, condition, criteria (PCC), that reflect progress to date and modifications along a hierarchy leading to attainment of the STG
5-6	Writes LPOs including PCC that reflect progress to date and modifications along a hierarchy leading to attainment of the STG with supervisor validation
3-4	Writes LPOs including PCC that reflect progress to date and modifications along a hierarchy leading to attainment of the STG following supervisor guidance
1-2	Writes LPOs including PCC that reflects progress to date and modifications along a hierarchy leading to attainment of the STG following specific supervisor suggestions
N/A	Not applicable at this time

**E. Develops effective correction/prompting LPO levels**

Rating	Description
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7-8	Independently identifies and writes accurate prompting levels and modifies LPOs as needed
5-6	Identifies and writes accurate prompting levels and modifies LPOs as needed with supervisory validation
3-4	Identifies and writes accurate prompting levels and modifies LPOs as needed following supervisor guidance
1-2	Identifies and writes accurate prompting levels and/or modifies PLOs following specific supervisor suggestions
N/A	Not applicable at this time

### III. Intervention Implementation:

#### **A. Provides clear rationale for activities**

Rating	Description
7-8	Independently tells patients reason “why” for each activity consistently during sessions
5-6	Tells patients reason “why” for activities consistently during session with supervisor validation
3-4	Tells patients reason “why” for activities consistently during session following supervisor guidance
1-2	Tells patients reason “why” for activities following specific supervisor suggestions
N/A	Not applicable at this time

#### **B. Facilitates “teaching” to promote patient success**

Rating	Description
7-8	Independently consistently implements direct teaching strategies throughout sessions
5-6	Implements direct teaching strategies consistently during session with supervisor validation
3-4	Implements direct teaching strategies consistently during session following supervisor guidance
1-2	Implements direct teaching strategies consistently during session following specific supervisor suggestions
N/A	Not applicable at this time

#### **C. Provides consistent and informative corrective feedback**

Rating	Description
7-8	Independently provides consistent, specific and accurate feedback throughout session
5-6	Provides consistent, specific and accurate feedback throughout session with supervisor validation
3-4	Provides consistent, specific and accurate feedback throughout session following supervisor guidance

1-2	Provides consistent, specific and accurate feedback throughout session following specific supervisor suggestions
N/A	Not applicable at this time

**D. Interprets performance during session and applies strategies to improve outcome**

Rating	Description
7-8	Independently identifies patients' performance problems as they occur during the tx session and adjusts lesson plan during treatment to meet needs
5-6	Identifies patients' performance problems as they occur during the tx session and adjusts lesson plan during treatment to meet needs with supervisor validation
3-4	Identifies patients' performance problems as they occur during the tx session and adjusts lesson plan during treatment to meet needs following supervisor guidance
1-2	Identifies patients' performance problems as they occur during the tx session and adjusts lesson plan during treatment to meet needs following specific supervisor suggestions
N/A	Not applicable at this time

**E. Maximizes use of on-task time in therapy**

Rating	Description
7-8	Independently addresses all goals during therapy and/or implements diagnostic therapy activities for prospective goals
5-6	Addresses all goals during therapy and/or implements diagnostic therapy activities for prospective goals with supervisor validation
3-4	Addresses all goals during therapy and/or implements diagnostic therapy activities for prospective goals following supervisor guidance
1-2	Addresses all goals during therapy and/or implements diagnostic therapy activities for prospective goals following specific supervisor suggestions
N/A	Not applicable at this time

**F. Discriminates correct vs. incorrect responses**

Rating	Description
7-8	Independently discriminates correct vs. incorrect responses and maintains internal consistency for acceptable responses across all goals
5-6	Discriminates correct vs. incorrect responses and maintains internal consistency for acceptable responses across all goals with supervisor validation
3-4	Discriminates correct vs. incorrect responses and maintains internal consistency for acceptable responses across all goals following supervisor guidance

1-2	Discriminates correct vs. incorrect responses and maintains internal consistency for acceptable responses across all goals following specific supervisor suggestions
N/A	Not applicable at this time

**G. Uses reinforcement at appropriate intervals to maximize learning**

Rating	Description
7-8	Independently uses intrinsic and extrinsic reinforcers
5-6	Uses intrinsic and extrinsic reinforcers with supervisor validation
3-4	Uses intrinsic and extrinsic reinforcers following supervisor guidance
1-2	Uses intrinsic and extrinsic reinforcers following specific supervisor suggestions
N/A	Not applicable at this time

**H. Modifies physical environment to facilitate learning and communication**

Rating	Description
7-8	Independently maintains materials/space to facilitate goal attainment
5-6	Maintains materials/space to facilitate goal attainment with supervisor validation
3-4	Maintains materials/space to facilitate goal attainment following supervisor guidance
1-2	Maintains materials/space to facilitate goal attainment following specific supervisor suggestions
N/A	Not applicable at this time

**I. Manages interfering behaviors effectively and engages in conflict resolution**

Rating	Description
7-8	Independently recognizes behaviors and implements plan for future sessions
5-6	Recognizes behaviors and implements plan for future sessions with supervisor validation
3-4	Recognizes behaviors and implements plan for future sessions following supervisor guidance
1-2	Recognizes behaviors and implements plan for future sessions following specific supervisor suggestions
N/A	Not applicable at this time

**J. Keeps communication goals in focus**

Rating	Description
7-8	Independently conducts treatment with easily identifiable goals throughout session and transition between goals is smooth
5-6	Conducts treatment with easily identifiable goals throughout session and transition between goals is smooth with supervisor validation

3-4	Conducts treatment with easily identifiable goals throughout session and transition between goals is smooth following supervisor guidance
1-2	Conducts treatment with easily identifiable goals throughout session and transition between goals is smooth following specific supervisor suggestions
N/A	Not applicable at this time

**K. Selects and uses materials consistent with functional needs of patients**

Rating	Description
7-8	Independently selects materials and varies across sessions as they relate to creativity and motivation
5-6	Selects materials and varies across sessions as they relate to creativity and motivation with supervisor validation
3-4	Selects materials and varies across sessions as they relate to creativity and motivation following supervisor guidance
1-2	Selects materials and varies across sessions as they relate to creativity and motivation following specific supervisor suggestions
N/A	Not applicable at this time

**L. Integrates and uses technology in therapy session**

Rating	Description
7-8	Independently incorporates available technology into tx session, or can explain technology that might be useful had it been available
5-6	Incorporates available technology into tx session, or can explain technology that might be useful had it been available with supervisor validation
3-4	Incorporates available technology into tx session, or can explain technology that might be useful had it been available following supervisor guidance
1-2	Incorporates available technology into dx session, and/or explains technology that might be useful had it been available following specific supervisor suggestions
N/A	Not applicable at this time

**M. Manages data relative to goal**

Rating	Description
7-8	Independently manages data that are accurate, complete and related to goals
5-6	Manages data that are accurate, complete and related to goals with supervisor validation
3-4	Manages data that are accurate, complete and related to goals following supervisor guidance
1-2	Manages data that are accurate, complete and related to goals following specific supervisor suggestions

N/A	Not applicable at this time
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**N. Manages SOAP Notes**

Rating	Description
7-8	Independently writes complete, accurate SOAP notes in format requested
5-6	Writes SOAP notes that are complete, accurate, and in the requested format with supervisor validation
3-4	Writes SOAP notes that are complete, accurate, and in the requested format following supervisor guidance
1-2	Writes SOAP notes that are complete, accurate and in requested format following specific supervisor suggestions
N/A	Not applicable at this time

**O. Modifies lesson plan and strategies following session to reflect patients' performance**

Rating	Description
7-8	Independently analyzes patients' performance and modifies lesson plan and strategies following the session in order to meet patients' needs during the next session and/or suggests referrals for additional and/or alternative services as appropriate
5-6	Analyzes patients' performance and modifies lesson plan and strategies following the session in order to meet patients' needs during the next session and/or suggests referrals for additional and/or alternative services as appropriate with supervisor validation
3-4	Analyzes patients' performance and modifies lesson plan and strategies following the session in order to meet patients' needs during the next session and/or suggests referrals for additional and/or alternative services as appropriate following supervisor guidance
1-2	Analyzes patients' performance and modifies lesson plan and strategies following the session in order to meet patients' needs during the next session and/or suggests referrals for additional and/or alternative services as appropriate following specific supervisor suggestions
N/A	Not applicable at this time

**IV. Assessment**

**A. Prepares for diagnostic conference**

Rating	Description
7-8	Independently completes chart reviews, researches assessment tool options, researches diagnoses and ICD codes, prepares and



	completes supervisor specific protocol, and generates specific diagnostic plan
5-6	Completes chart reviews, researches assessment tool options, researches diagnoses and ICD codes, prepares and completes supervisor specific protocol, and generates specific diagnostic plan with supervisor validation
3-4	Completes chart reviews, researches assessment tool options, researches diagnoses and ICD codes, prepares and completes supervisor specific protocol, generates specific diagnostic plan with supervisor guidance
1-2	Completes chart reviews, researches assessment tool options, researches diagnoses and ICD codes, prepares and completes supervisor specific protocol, and generates specific diagnostic plan following specific supervisor suggestions
N/A	Not applicable at this time

#### **B. Plans for and conducts screening/prevention**

Rating	Description
7-8	Independently identifies need and conducts screening and prevention activities across all communication modalities including hearing screening
5-6	Identifies need and conducts screening and prevention activities across all communication modalities including hearing screening with supervisor validation
3-4	Identifies need and conducts screening and prevention activities across all communication modalities including hearing screening following supervisor guidance
1-2	Identifies need and conducts screening and prevention activities across all communication modalities including hearing screening following specific supervisor suggestions
N/A	Not applicable at this time

#### **C. Prepares for and completes case history**

Rating	Description
7-8	Independently identifies and produces questions/questionnaire, reviews, and probes for additional information
5-6	Identifies and produces questions/questionnaire, reviews, and probes for additional information with supervisor validation
3-4	Identifies and produces questions/questionnaire, reviews, and probes for additional information following supervisor guidance
1-2	Identifies and produces questions/questionnaire, and probes for additional information following specific supervisor suggestions
N/A	Not applicable at this time

#### **D. Selects appropriate tools based on patients need**

Rating	Description
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7-8	Independently selects formal and/or informal tools, gives theory/rationale for each, and prepares options if necessitated during session
5-6	Selects formal and/or informal tools, gives theory/rationale for each, and prepares options if necessitated during session with supervisor validation
3-4	Selects formal and/or informal tools, gives theory/rationale for each, and prepares options if necessitated during session following supervisor guidance
1-2	Selects formal and/or informal tools, gives theory/rationale for each, and prepares options if necessitated during session following specific supervisor suggestions
N/A	Not applicable at this time

**E. Integrates and uses technology based on assessment tool**

Rating	Description
7-8	Independently incorporates available technology into dx session, or can explain technology that might be useful had it been available
5-6	Incorporates available technology into dx session, or can explain technology that might be useful had it been available with supervisor validation
3-4	Incorporates available technology into dx session, or can explain technology that might be useful had it been available following supervisor guidance
1-2	Incorporates available technology into dx session, and/or explains technology that might be useful had it been available following specific supervisor suggestions
N/A	Not applicable at this time

**F. Administers assessment protocols**

Rating	Description
7-8	Independently administers protocol per manual and/or professional guidelines
5-6	Administers protocol per manual and/or professional guidelines with supervisor validation
3-4	Administers protocol per manual and/or professional guidelines following supervisor guidance
1-2	Administers protocol per manual and/or professional guidelines following specific supervisor suggestions
N/A	Not applicable at this time

**G. Adapts procedures to meet needs of patients**

Rating	Description
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7-8	Independently begins dx session with prioritized plan, and modifies plan based on patients' performance in order to determine communication status
5-6	Begins dx session with prioritized plan, and modifies plan based on patients' performance in order to determine communication status with supervisor validation
3-4	Begins dx session with prioritized plan, and modifies plan based on patients' performance in order to determine communication status following supervisor guidance
1-2	Begins dx session with prioritized plan, and modifies plan based on patients' performance in order to determine communication status following specific supervisor suggestions
N/A	Not applicable at this time

#### V. Interpretation

##### **A. Scores and interprets data accurately**

Rating	Description
7-8	Independently accurately scores standardized assessment and/or interprets criterion referenced or informally developed assessments
5-6	Accurately scores standardized assessment and/or interprets criterion referenced or informally developed assessments with supervisor validation
3-4	Accurately scores standardized assessment and/or interprets criterion referenced or informally developed assessments following supervisor guidance
1-2	Accurately scores standardized assessment and/or interprets criterion referenced or informally developed assessments following specific supervisor suggestions
N/A	Not applicable at this time

##### **B. States diagnosis, severity, and recommendations**

Rating	Description
7-8	Independently assimilates all assessment results and patients stated outcomes into a diagnosis including relative severity, recommendations, and/or prognosis for meeting outcomes
5-6	Assimilates all assessment results and patients stated outcomes into a diagnosis including relative severity, recommendations, and/or prognosis for meeting outcomes with supervisor validation
3-4	Assimilates all assessment results and patients stated outcomes into a diagnosis including relative severity, recommendations, and/or prognosis for meeting outcomes following supervisor guidance

1-2	Assimilates all assessment results and patients stated outcomes into a diagnosis including relative severity, recommendations, and/or prognosis for meeting outcomes following specific supervisor suggestions
N/A	Not applicable at this time

**C. Explains professional jargon in user-friendly terms**

Rating	Description
7-8	Independently eliminates, substitutes or defines all jargon relative to listener needs in effort to support patients' health literacy
5-6	Eliminates, substitutes or defines all jargon relative to listener needs in effort to support patients' health literacy with supervisor validation
3-4	Eliminates, substitutes or defines all jargon relative to listener needs in effort to support patients' health literacy following supervisor guidance
1-2	Eliminates, substitutes or defines all jargon relative to listener needs in effort to support patients' health literacy following specific supervisor suggestions
N/A	Not applicable at this time

**D. Writes report sufficient for entry into professional practice**

Rating	Description
7-8	Independently produces a comprehensive written report, per template, with accurate sentence formulation, spelling, grammar, and professional terminology, and takes into account clarity for the intended reader by supplying examples
5-6	Produces a comprehensive written report, per template, with accurate sentence formulation, spelling, grammar, and professional terminology, and takes into account clarity for the intended reader by supplying examples with supervisor validation
3-4	Produces a comprehensive written report, per template, with accurate sentence formulation, spelling, grammar, and professional terminology, and takes into account clarity for the intended reader by supplying examples following supervisor guidance
1-2	Produces a comprehensive written report, per template, with accurate sentence formulation, spelling, grammar, and professional terminology, and takes into account clarity for the intended reader by supplying examples following specific supervisor suggestions
N/A	Not applicable at this time

**E. Suggests appropriate referrals as needed**

Rating	Description
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6-7	Independently assimilates assessment results and recommendations, scope of practice and available resources, to make referrals for additional and/or alternative services when appropriate and documents referrals in chart
4-5	Assimilates assessment results and recommendations, scope of practice and available resources, to make referrals for additional and/or alternative services when appropriate and documents referrals in chart with supervisor validation
3-4	Assimilates assessment results and recommendations, scope of practice and available resources, to make referrals for additional and/or alternative services when appropriate and documents referrals in chart following supervisor guidance
1-2	Assimilates assessment results and recommendations, scope of practice and available resources, to make referrals for additional and/or alternative services when appropriate and documents referral in chart following specific supervisor suggestions
N/A	Not applicable at this time

#### VI. Interpersonal and Professional Skills

##### **A. Interacts with patients and family in a culturally appropriate and equitable manner**

Rating	Description
7-8	Independently understands and incorporates implications of cultural differences; communicates with sensitivity considering differences in race/ethnicity, religion, gender, age, national origin, sexual orientation, disability or health status; provides treatment in a non-judgmental manner; discovers and respects individual differences, preferences, values, economic and cultural influences
5-6	Understands and incorporates implications of cultural differences; communicates with sensitivity considering differences in race/ethnicity, religion, gender, age, national origin, sexual orientation, disability or health status; provides treatment in a non-judgmental manner; discovers and respects individual differences, preferences, values, economic and cultural influences with supervisor validation
3-4	Understands and incorporates implications of cultural differences; communicates with sensitivity considering differences in race/ethnicity, religion, gender, age, national origin, sexual orientation, disability or health status; provides treatment in a non-judgmental manner; discovers and respects individual differences, preferences, values, economic and cultural influences following supervisor guidance

1-2	Understands and incorporates implications of cultural differences; communicates with sensitivity considering differences in race/ethnicity, religion, gender, age, national origin, sexual orientation, disability or health status; provides treatment in a non-judgmental manner; and discovers and respects individual differences, preferences, values, economic and cultural influences following specific supervisor suggestions
N/A	Not applicable at this time

**B. Interacts and/or collaborates with professionals/peers**

Rating	Description
7-8	Independently respects others' opinions and feedback, presents own ideas in the spirit of team membership, initiates requests for input into patients care
5-6	Respects others' opinions and feedback, presents own ideas in the spirit of team membership, initiates requests for input into patients care with supervisor validation
3-4	Respects others' opinions and feedback, presents own ideas in the spirit of team membership, initiates requests for input into patients care following supervisor guidance
1-2	Respects others' opinions and feedback, presents own ideas in the spirit of team membership, initiates requests for input into patients care following specific supervisor suggestions
N/A	Not applicable at this time

**C. Conducts patients diagnostic conference and/or counseling**

Rating	Description
7-8	Independently explains assessment results, recommendations and applications, and solicits feedback regarding focus of treatment, if recommended
5-6	Explains assessment results, recommendations and applications, and solicits feedback regarding focus of treatment, if recommended, with supervisor validation
3-4	Explains assessment results, recommendations and applications, and solicits feedback regarding focus of treatment, if recommended, following supervisor guidance
1-2	Explains assessment results, recommendations and applications, and solicits feedback regarding focus of treatment, if recommended, following specific supervisor suggestions
N/A	Not applicable at this time

**D. Conducts patients therapy conference and/or counseling**

Rating	Description
7-8	Independently requests and incorporates feedback, discusses POC and/or tx session outcomes and applications for each

	session goal, and educates patients/caregiver in home carryover activities
5-6	Requests and incorporates feedback, discusses POC and/or tx session outcomes and applications for each session goal, and educates patients/caregiver in home carryover activities with supervisor validation
3-4	Requests and incorporates feedback, discusses POC and/or tx session outcomes and applications for each session goal, and educates patients/caregiver in home carryover activities following supervisor guidance
1-2	Requests and incorporates feedback, discusses POC and/or tx session outcomes and applications for each session goal, and educates patients/caregiver in home carryover activities following specific supervisor suggestions
N/A	Not applicable at this time

#### **E. Completes diagnostic administrative responsibility**

Rating	Description
7-8	Independently conducts external correspondence, manages internal paperwork including billing, meets deadlines, returns materials to original location/source, follows hygiene procedures, and maintains confidentiality and HIPAA standards
5-6	Conducts external correspondence, manages internal paperwork including billing, meets deadlines, returns materials to original location/source, follows hygiene procedures, and maintains confidentiality and HIPAA standards with supervisor validation
3-4	Conducts external correspondence, manages internal paperwork including billing, meets deadlines, returns materials to original location/source, follows hygiene procedures, and maintains confidentiality and HIPAA standards following supervisor guidance
1-2	Conducts external correspondence, manages internal paperwork including billing, meets deadlines, returns materials to original location/source, follows hygiene procedures, and maintains confidentiality and HIPAA standards following specific supervisor suggestions
N/A	Not applicable at this time

#### **F. Completes therapy administrative responsibility**

Rating	Description
7-8	Independently follows assigned supervisor protocols, conducts external correspondence, manages internal paperwork including billing, meets deadlines, returns materials to original location/source, follows hygiene procedures, and maintains confidentiality and HIPAA standards

5-6	Follows assigned supervisor protocols, conducts external correspondence, manages internal paperwork including billing, meets deadlines, returns materials to original location/source, follows hygiene procedures, and maintains confidentiality and HIPAA standards with supervisor validation
3-4	Follows assigned supervisor protocols, conducts external correspondence, manages internal paperwork including billing, meets deadlines, returns materials to original location/source, follows hygiene procedures, and maintains confidentiality and HIPAA standards following supervisor guidance
1-2	Follows assigned supervisor protocol, conducts external correspondence, manages internal paperwork including billing, meets deadlines, returns materials to original location/source, follows hygiene procedures, and maintains confidentiality and HIPAA standards following specific supervisor suggestions
N/A	Not applicable at this time

#### **G. Interacts and collaborates with supervisor**

Rating	Description
7-8	Independently acknowledges and respects own position within the <i>continuum of supervision</i> styles ranging from direct/active, to collaborative, to consultative; seeks supervisor's review and guidance as necessary, and seeks continuous development of professional knowledge skills and attitudes
5-6	Acknowledges and respects own position within the <i>continuum of supervision</i> styles ranging from direct/active, to collaborative, to consultative; seeks supervisor's review and guidance as necessary, and seeks continuous development of professional knowledge skills and attitudes with supervisor validation
3-4	Acknowledges and respects own position within the <i>continuum of supervision</i> styles ranging from direct/active, to collaborative, to consultative; seeks supervisor's review and guidance as necessary, and seeks continuous development of professional knowledge skills and attitudes following supervisor guidance
1-2	Acknowledges and respects own position within the <i>continuum of supervision</i> styles ranging from direct/active, to collaborative, to consultative; seeks supervisor's review and guidance as necessary, and seeks continuous development of professional knowledge skills and attitudes following specific supervisor suggestions
N/A	Not applicable at this time

#### **H. Adheres to ASHA Code of Ethics**

Rating	Description
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7-8	Independently and without violation: maintains welfare of persons being served; honors responsibility to maintain professional competence; promotes understanding of professions and development of services; maintains harmonious intraprofessional and interprofessional relationships
5-6	Without violation: maintains welfare of persons being served; honors responsibility to maintain professional competence; promotes understanding of professions and development of services; maintains harmonious intraprofessional and interprofessional relationships with supervisor validation
3-4	Without violation: maintains welfare of persons being served; honors responsibility to maintain professional competence; promotes understanding of professions and development of services; maintains harmonious intraprofessional and interprofessional relationships following supervisor guidance
1-2	Without violation: maintains welfare of persons being served; honors responsibility to maintain professional competence; promotes understanding of professions and development of services; maintains harmonious intraprofessional and interprofessional relationships following specific supervisor suggestions
N/A	Not applicable at this time

**Rating Tips:** To determine the rating for each skill the supervisor and the graduate student will consider the student's effectiveness in work with specific patients' populations in terms of patients' age; type and severity of communication disorder; physical limitations; cultural background; English proficiency/literacy level; alternative communication; and the student's academic coursework to date.

The supervisor will consider the following four factors, if applicable, in relation to the skill being rated:

**Accuracy** – the degree to which the graduate student performs a skill without error

**Consistency** – the degree to which the graduate student performs a skill at the same level of proficiency across cases

**Independence** – the degree to which the graduate student performs a skill in a self-directed manner

**Supervisory Guidance** – the degree to which the graduate student seeks consultations when needed

Chapter 5:  
Au.D. Clinicians

## Introduction

Welcome to the Doctorate of Audiology (Au.D.) program. The Audiology Expectations Guide is designed to provide expectations **for clinical rotations.**

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 and work assignments.

Developing **appropriate professional behaviors** is one of the key elements to be a successful audiologist. Through practicum assignments, opportunities are available to develop clinical skills at the Ohio University HSLC and offsite clinical placements. 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:

### *General skills:*

- Keep up to date with the institutional requirements of the HSL Clinic and offsite clinical placements.
- Learn the **documentation requirements** for your clinical placement 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”.
- Familiarize yourself with the **goals and mission of your clinical placement** (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 clinical placement**. You will be held accountable if you have violated the rules and procedures for the clinical placement.
- Read through the latest policy and procedure manuals for your clinical placement.
- Keep up with changes in the course and clinical placement expectations, procedures, assignments, and schedules.
- Follow the appropriate dress code.
- You are expected to be punctual.
- Keep a calendar of all your appointments, meetings, and important deadlines. This calendar should always be with you. 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 emails or notes is crucial to good professional communication. Therefore, read written communication immediately, transfer all important information to your calendar, and respond to anyone as needed.
- Be on time for all sessions, meetings, and appointments.
- Communicate with staff, colleagues, and patients concerning all changes in scheduling. Absences from the 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 above. First year Au.D. Clinicians are required to participate in clinical experiences over breaks in which the clinic is open. Ohio University closures may allow for voluntary clinical experiences for 2<sup>nd</sup> and 3<sup>rd</sup> year students.

*Develop good professional communication skills:*

- 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 when applicable and does not violate HIPAA, 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.
- Always use professional demeanor and language when interacting within the clinical settings. This includes refraining from profanity and keeping the volume of your voice down in all areas of the clinic and student/staff workspaces. Those who violate this will be asked to leave the area.
- When signing correspondence, you should use your highest earned degree. Do not use Au.D. Candidate for your title, the proper title is Audiology Graduate Student. You are not an Au.D. candidate until you have applied for graduation from the Au.D. program.

*Be prepared and follow through:*

- Prepare for all patient appointments and supervisor/student conferences. Prior to appointments, read through the chart and plan 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 ready for use.
- When scheduling a conference with the clinic staff, please indicate the nature and need for the meeting to allow your supervisor to prepare for the meeting.
- 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 in 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 maintain confidentiality. You must abide by institutional regulations that pertain to confidentiality (e.g., do not talk about patients with those who are not involved in the case, do not give patient's names out for research without releases, or do not take patient folders off the premises).
- Calling patients back for an appointment:
  - Minors can be called back by their first name.
  - Adults should be addressed via their title and last name unless they have indicated to you that they would like to be called by their first name.

Supervisors may issue a warning when a clinician does not follow guidelines for professional behavior. If the student continues to exhibit unprofessional behavior, a meeting with the Director of Clinical Education (DCE) and/or 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

(ACCA) to evaluate students' performance in clinic. This assessment includes professional behaviors.

#### Personal Belongings:

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

1. All personal items should be stored in the graduate clinician work room (W178). All items not relating to clinical materials should always be stored in that location. This should include bottles of liquids, food, classroom materials, phones, backpacks, etc. Hooks are also provided for coats, backpacks, etc.
2. A drawer is available in the computer room to store clipboards and clinic notebooks or a shelf is available in the work room.
3. You have a folder in the computer room referred to as a communication folder. This is used for patient documentation, correspondence, etc.

#### ASHA requirements

See ASHA's website for the most up-to-date certification requirements to include hours requirements: [2020 Audiology Certification Standards \(asha.org\)](https://www.asha.org/certification/2020-audiology-certification-standards)

#### Policy for Tracking Hours

##### Observation Hours:

Year 1 Au.D. students observe for the first 15 weeks of fall semester to learn the procedures and protocols in the HSLC. To receive credit for observation hours, students must complete an Audiology Observation Hours form for each session. **Do not provide patient identifying information on these forms.** This form must be turned into the supervisor within 2 working days. Your supervisor will review your submission, provide feedback, and return the form to you.

Observation hours must be tracked on the Log of Clinical Practicum in Audiology. Once the student has accumulated their observation hours within the HSLC the completed and signed record form is turned into the DCE for final approval. The DCE will provide a signed letter indicating the completion of observation hours in the HSLC. This record, along with any other observation hours, will be kept on Typhon in the individual student file. Note: Observation hours do not count toward the total 1,820 hours. Students will be required to track all observation hours during Year 1 fall semester, even if you have

accrued all of the required 25 hours, Students must complete the 25-hour requirement and be cleared by a supervisor before providing direct patient care.

#### Patient Contact Hours:

To receive credit for patient contact you must track your clinic time on the electronic system Typhon. (<https://www.typhongroup.net>). Clinical time must be submitted within 15 days of working with the patient. Additional directions in addition to the information below will be provided within your clinical coursework. You will be submitting time logs for your total time in the clinic and case logs for direct patient care and administrative and record keeping activities.

- **Do not include observation time on Typhon.** Only submit time for assisting and performing clinical activities.
- **Case Log Documentation on Typhon**
  - Purpose:
    - Case logs are used to track direct patient care and specific clinical skills (i.e., hearing evaluations, hearing aids, cochlear implants, vestibular, report writing, etc.), administration and recording keeping. Students will enter daily group encounters based on patient age (pediatric/adult vs. pediatric/adult simulation) and specific Typhon categories as listed above.
    - Students will enter case logs for each day rather than for each patient.
    - Students may also count time for clinical simulations. For this type of experience students must select under the age drop down box either adult or pediatric simulation. It is important to properly document clinical hours as the Counsel for Academic Accreditation (CAA) will only allow 10% of clinical hours to be from simulations. The following information must be submitted for each case log entry on Typhon.
  - **Student Information Section:**
    - Select semester, course, clinical preceptor, and clinical site.
    - Verify this information for every case.
  - **Patient Demographics:**
    - Check the box “Daily Summary Log” if you are seeing multiple patients on the same day.
    - Separate daily logs by age: adult vs. pediatric and if the log is for a simulated patient, adult simulation vs. pediatric simulation.

- If you are seeing only one patient for the day enter as a single patient. You will be required to enter the patient's age and gender.
- **Clinical Information:**
  - Time with Patient: Enter your total clinical time **in minutes**. **The total time MUST MATCH the time entered for each category (i.e. Hearing Evaluation, Hearing Treatment/Amplification, etc.).**
    - **If these do not match, the entry will be marked “Not Approved.”**
  - Do not enter time consulting with the preceptor as this will not be included as part of the patient time. Include this time under administration.
- **Other Questions About This Case:**
  - Age Group:
    - **Adult and Pediatric** – Use for all direct patient care activities.
    - **Adult and Pediatric Simulation** – Use for clinical simulations and mock patient experiences ONLY. 10% of clinical hours can be from simulation activities (See above for additional information about clinical simulations).
  - Setting Type: Select the clinic setting (i.e. ENT clinic, Hospital Clinic, VA, etc.)
  - Severity of Communication Disorder (optional): Select the severity of the patient's condition (normal-profound)
  - Patient's Primary Language: Because you will submit a daily summary for multiple patients you may be required to select “other.” If you want to separate case logs by language you will need to submit more than one case log.
  - ASHA Certification: You will need to specify if your preceptor has ASHA certification or not. This is important for tracking clinical hours for certification/license. If you have multiple preceptors, you will need to make sure this is changed.
  - Case Log Categories:
    - **Break up the time into individual categories. The time entered must match the case log total time.** If not completed correctly, the total time will either be adjusted or marked “Not Approved.”



- You will enter time into the categories as a total for the entire day. If you worked with both an adult and pediatric patient, you will need to enter two case logs.
  - **Procedures and Skills (Required):**
    - Select specific procedures and skills completed for that case log.
  - **Clinical Notes:**
    - Include additional information about a specific clinical experience for special circumstances. Ex: mock patient experience, group AR session.
    - Notes are required for clinical simulations.
      - Include the class number in which the simulation was completed.
      - Case number if provided or type of clinical simulation.
    - **DO NOT INCLUDE PATIENT INFORMATION - INCLUDING PATIENT INITIALS - IN TYPHON.**
  - **Time Logs**
    - Purpose: Time logs represent the total time spent at a clinical site. This time will be used to confirm a student has met the required equivalency of 12 months (~1820 hours) of clinical experience under the supervision of a licensed audiologist. For students seeking ASHA certification the time accrued must be completed under the supervision of a licensed and ASHA certified audiologist.
    - Students will enter a time log for each day they are assigned to the clinic.
    - A log will be entered even if a student is not present on an assigned day.
      - Ex. Vacation, sick days, conferences, etc.
    - Time logs will be used to track administrative activities that are not related to direct patient care.
      - Ex. You complete an in-office hearing aid training.
    - Select the date, course, clinical site and clinical supervisor. If you have multiple supervisors, you will enter your time for the primary supervisor you are working with at that time.
    - **Shift Time:**
      - Enter the total time spent in clinic. The shift time should match the combination of direct and non-direct patient care. If you leave for a break, subtract this time from the total time entered.
- Logging shift time**
- Students will be asked to log their “shift time.” This equals the time they arrive to the clinic to the time they leave. Lunch breaks or leaving the office during the day does not count in the time.

- Students will document in time logs when they are absent, are out on sick leave, holiday, clinic closure, conference, etc.
- If the student is not completing audiology related tasks they are required to clock out.

#### **Non-direct patient care**

- When completing non-direct patient care activities students may record under Time logs. These may include meeting with a hearing aid rep, practicing a procedure, patient preparation, or consulting with the preceptor.
- Students **may not** document time for studying or non-clinic related activities.

#### ○ **Other Time Activities:**

- Select “Display patient, consult & conference time. This will bring your time over from your daily case logs.
- **Hours/Min**
  - **Enter administrative and recording keeping time ONLY if you completed non-direct patient care and it was not already reported on the case log.**
  - Select the boxes or enter notes for all activities that are applicable for the time log entry.

#### Other types of Hours

##### HSLC

- Notify your primary supervisor that you are completing additional administrative, record keeping or clinical simulation hours. They will approve/not approve whether the activity you are completing is acceptable.
- Complete a Typhon hour sheet with a **description on the bottom** of the activity completed.
- In Typhon, write this description under “**CLINICAL NOTES.**” Your supervisor will either approve/not approve based on the type of activity.
- If the administrative activity relates to a patient, write the additional activity at the bottom of the patient Typhon sheet, and include the description in Typhon under “**CLINICAL NOTES.**”

##### Offsite

- To count these hours your preceptor must be present except for record keeping hours.

- Notify your primary supervisor that you are completing additional administrative, record keeping or clinical simulation hours. They will approve/not approve whether the activity you are completing is acceptable.
- You may use the Typhon sheets if you wish as a log, but not required.

#### Administrative:

Administrative time can be documented under case logs if related to direct patient care or patient preparation. Administrative time otherwise will be documented as a time log. Administrative time can be taken for planning, meetings, consulting with the preceptor or other non-direct contact tasks pertaining to audiology. Administrative time must be clinically relevant. Your supervisor will advise you as to the time that can be taken in this category. When participating in clinical activities during your assigned clinic time, administration time can be documented if you are actively participating in audiology tasks during the clinical assignment. You cannot count time if you are working on classwork, chatting with others, studying, etc. See the following examples:

- Clinic setup/shut-down
- Ordering supplies or devices for a patient
- Meeting with a manufacturer rep
- Completing a clinic related Audiology Online tutorial, including quiz, during your clinic time only. This cannot be for the purpose of a graded class activity.
- Preparing for a patient's appointment
- Consulting with a preceptor

#### Record Keeping:

Recording keeping time can be taken while completing chart notes, reports, and any form of patient documentation.

**HSLC Clinicians:** Due to issues with monitoring record keeping, reports or progress notes, all paperwork, and all materials for distributing documentation must be accomplished prior to these hours being counted.

There are limits to the amount of time routinely taken for recording keeping. Less experienced students will use the upper range of time while experienced clinicians will use the lower range of time:

1. Chart Note: maximum 10-20 minutes
2. Basic Hearing Evaluation: maximum 20-45 minutes
3. APD Evaluation: maximum 60-90 minutes
4. Balance Evaluation: maximum 60-120 minutes. This time may be adjusted based on the number of tests ordered.

5. ABR Evaluation: maximum 60-90 minutes
6. CI Appointments: maximum 120 minutes
7. Pediatric Aural Rehab Chart Note: maximum 20-45 minutes
8. 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 preceptor as to their rules and regulations for this time.

#### Clinical Simulations:

Clinical simulations will be assigned during clinical practicum and some didactic courses each semester. Clinical simulations may also be completed when a patient does not show for clinic. Note that only 10% of clinical simulations can count toward your total clinical hours. Some form of debriefing must accompany clinical simulations. See above for additional clinical simulation requirements. Ideas include:

- Practicing hearing aid, osseointegrated device, or CI programming
- Reviewing hearing aid, osseointegrated device, or CI software
- Practicing a clinical procedure
- Mock patient experience: direct patient contact and report writing (supervisor must be notified)
- Virtual simulation cases (i.e. Theta, AudSim, Interacoustic, or Counsel Ear)
- Task based simulations.
- All activities require debriefing from the preceptor or instructor.
- Typhon Documentation
  - Site: Ohio University Simulated Clinic
  - Age Group: Adult/Pediatric Simulation

#### Example simulation scenarios

1. Students are instructed to complete an audio on a virtual audiometry system. They are then asked to write a report on the case. The student receives feedback from the preceptor either in person or written. Students may count this as a simulation.
2. Students are instructed to complete a mock patient activity: complete the testing and write a report. The student received verbal or written feedback. Students may count this as a simulation.
3. Students are given written test results and then asked to interpret and write a report. This cannot count as a simulation.

Non-Documented Clinical Activities (these CANNOT be included):

- Studying for a class or exam
- Completing research study in your mentor's lab
- Work-related activities
- Class Labs

## Clinician Responsibilities/Hours division

### 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 a second year or third year student present at the same time, the second year or third year student will usually oversee 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 although this may change as the first-year student acquires more experience.

If both clinicians work with a patient, duties must be divided by the clinicians. **You may only take hours for time spent in direct contact with the patient and if actively assisting in the evaluation.**

## General Audiology Expectations

Each clinician is considered a professional in training and will be given 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:

### HSLC Attendance

1. A very basic aspect of professional behavior is showing up on time for appointments. **When a clinician is assigned a clinic time, they are 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 or for an unexcused university absence, you will be required to make up the missed time. You will also be placed on an at-risk or clinical remediation plan for inappropriate professional behavior. If the behavior continues you will receive no 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 (not 30 minutes before your first scheduled patient). 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 an at risk or clinical remediation plan due to inappropriate professional behavior.
5. Clinical absences should follow Ohio University Excused Absence policies. A restricted number of personal absences **may** be granted at the discretion of the preceptor. 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 steps have been taken to find a substitute clinician.
6. **If a clinician cannot come on his/her assigned day, the clinician must notify the preceptor and find a substitute.** The supervisor must be informed by the student (not the substitute) of the change as soon as possible in writing. If a substitute cannot be arranged, the clinician must inform his or her supervisor.

## Clinical Assignments

### Scheduling Priorities for Graduate School

When planning your activities, you are expected to prioritize in the following order:

1. Course meeting time
2. Clinical assignments
3. Work assignments-within the university
4. Outside work assignments with approval of Coordinator of Professional Programs/HSLs Associate Director

### Clinic Times

HSLC clinical assignments are made by the Coordinator of HSL Clinic Services with input from clinical supervisors. Clinical placements are arranged around academic schedules, supervisor availability, and clinic needs. If you are taking electives, it is your responsibility to inform the CCS as soon as possible so that clinical schedules can be

arranged in a timely manner. The CCS also considers previous assignments and experience needs of each clinician. Some clinical experiences, e.g. pediatric testing require 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 the DCE (and/or the CCS) with input from the clinical supervisors. Assignments are made based on availability, previous clinical experiences, student supervisory needs, and student interests. Off-site part-time placements typically begin the spring semester of Year 2 but may vary based on clinic availability and student progress within the program. Off-site placements are within 2 hours of the Athens campus. You may assist in finding placements if you know a site you would like to be placed, e.g. close to home. All sites must be approved by the DCE (and/or CCS) and an affiliation agreement must be in place prior to being placed off-site.

Once schedules are made, if conflicts are noted, please contact the CCS or DCE as soon as possible to plan to resolve the conflict.

### Clinic-based assignments

You will also have assignments in clinic that relate to the field of audiology or an ASHA standard that may not involve direct patient contact. You are expected to be invested in 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, or 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.**

Supervisor/Clinician communication files located in the file cabinets in room W176 are provided for the purpose of storing "in progress" patient information as well as correspondence between student clinicians and supervisors. 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. Most computers require individual sign-in with your OU account. Some equipment requires a single-sign-on password. 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 housed in the clinic on the Electronic Medical Record-Counsel Ear.
2. The primary clinician for an individual patient will typically be responsible for the report/documentation. **The initial report must be completed within 3 working days.**
3. Once the initial report is complete, place your typhon sheet and any other paper materials in the supervisor's communication folder in the computer room. The supervisor will make comments/corrections in the EMR and place the materials back in your box after review with your typhon sheet, indicating you need to make to corrections.
4. **Corrected reports must be turned into the supervisor within 2 working days.**
5. When a report is complete your supervisor will Lock the report and send it electronically to the physician. If any reports need mailed the supervisor will print the report and return it to the student to mail.
6. Reports may not be needed in certain cases. In those cases, a short chart 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 concise. 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 documents **never** leave the clinic. When you are not using the patient data, it must be in your communication folder.
9. The reports should be written using the following headings:

#### Background

This should include the reason for the appointment, important information putting 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 an 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. Include ICD 10 diagnostic coding in this section.

#### Recommendations

A list of the recommendations should be written in a short and concise manner. Recommendations are often numbered.

### Clinician Responsibilities

#### Room and Equipment Use

Many individuals use the audiology rooms for patients, class, 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 the Audiology equipment in the HSLC, research labs and clinical education classroom must sterilize/clean used tips and speculum. **If the last of supplies or forms are used, it is the clinician's responsibility to inform their supervisor.**

Supplies used in clinic should be cleaned by the student clinician after each appointment. Tips and items that require soaking should be taken care of by the clinician with 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 with the equipment.** Students are welcome to practice with the equipment anytime it is not being used for patients.

The audiology booths are always open, therefore HIPAA protected information cannot be maintained in the booths after hours. The HA room, the ABR room 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 rooms must be closed and locked after hours when not in use and all computers with patient information must be stored in these rooms.

### 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 in 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 a patient appointment, mock patient experience, practical exam, or lab. Feedback may be provided both verbally and in written format.

At midterm and at the completion of each semester, formal clinical assessments will be completed for each student by the immediate clinical supervisor and the DCE (if onsite). If a student has more than one placement, an evaluation will 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. Midterm and final assessments are available through Typhon. All supervisors will have access to the midterm and final assessments through Typhon. Offsite supervisors and students

will be notified when the assessments are due. All assessments will be completed and submitted through Typhon.

For the HSLC midterm conferences will be completed at the discretion of the primary clinical supervisor or at the request of the student. For the final assessment students will be responsible for making an appointment with the primary clinical supervisor and DCE to complete and discuss the assessment. In some circumstances, other faculty members, the Coordinator of Professional Programs and/or the HSLS Associate Director will also be involved in the assessment discussion. Other evaluation tools in addition to the Audiology Assessment of Clinical Competency may be used if deemed necessary.

Students placed at offsite clinics will be expected to meet with their clinical supervisor at midterm and the last week of the placement to discuss the assessment. If this is not possible the student must meet with the DCE to discuss the assessment.

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 for Each Semester, below. Each student will be expected to set at least two SMART goals for the next semester. Once the student and supervisor are finished reviewing the document the student and supervisor must provide an electronic signature. All assessments are housed on Typhon until graduation and on the HSLS OneDrive for at least 7 years.

### End of Semester Policy

The following must be completed 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.** This requirement will vary for off-site placements and externships. Due dates will be provided by the DCE.
- C. **Conferences** with the supervisor to review final self-supervision evaluations must be scheduled by the last day of finals week.
  - a. **Conferences: Final evaluations are required.**
    - i. **Offsite requirements:** Each clinician must be prepared to complete an evaluation with your site preceptor prior to completion of your placement. Off-site clinicians may be required to meet with the DCE during finals week to ensure all clinic policies and

requirements have been met. You must set goals for your next semester, and this can occur with your off-site or OU preceptor.

- ii. **HSLC Clinician Requirements:** Evaluations for Grover Clinicians will occur **with** your preceptor and DCE 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 SMART goals for the next semester.

## 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. Data collection is available on the Typhon hours tracking forms.

## Assessment of Clinical Competence in Audiology

### Competency Benchmarks

Location	Year	Semester	Professionalism	Prevention (Screenings, hrg protection, community outreach)	Oral & Written Communication	Otoscopy/Cerumen Management	Conventional Audiologic testing	Pediatric testing	Masking	Immittance	Electrophysiology	Balance Assessment	Specialized Testing (APD, Tinnitus, hyperacusis)	Aural Rehab	Amplification	Implantable Devices
HSLC	1	Fall	*3	NA	*2	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
HSLC	1	Spring	*3-4	3	*3	3-4	*3-4	2 (Assist)	2	*3	2 (Assist)	2 (Assist)	NA	NA	2	NA
HSLC	1	Summer	*4	4	*4	4	*4	2	3	*4	2-3	2	2 (Assist)	2	*3	2 (Assist)
HSLC	2	Fall	*4	4	*4	*4	*4	3	4	*4	3-4	3-4	2	2	3-4	2
HSLC/ Offsite	2	Spring	*5	5	*5	*5	*5	4	4	*5	4	4	2-3	2-3	4	2-3
HSLC/ Offsite	2	Summer	*6	6	*5	*5	*5	4	*5	*5	4	4	2-3	3	*4	2-3
HSLC/ Offsite	3	Fall	*5-7	5-6	*5-6	*5-6	*5	4	*5	*5	4	4	3-5	3-4	*4	3
HSLC/ Offsite	3	Spring	*5-7	5-6	*5-7	*5-7	*5-7	5	*6	*6	5	5	3-5	4	*5	4
Extern	3	Summer	*6-7	5-7	*6	*6	*6	5	*6	*6	5	5	5	4	*5	4
Extern	4	Fall	*6-7	6-7	*6-7	*6-7	*6-7	6	*6-7	*6-7	6	5-6	5-6	5	*5-6	5
Extern	4	Spring	*6-8	6-8	*6-8	*6-8	*6-8	6-7	*6-8	*6-8	6-8	6-8	6-8	6	*6-8	6

### Rating Scale

*Primary Skill	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6 = 80%</u>	<u>7</u>	<u>8</u>
Student must meet primary skill benchmark for each designated category each semester.	<u>Absent Skill</u>	<u>Beginning Skill</u>	<u>Under developed Skill</u>	<u>Guided Skill</u>	<u>Emerging Skill</u>	<u>Prompted Skill</u>	<u>Consistent/ Capable Skill</u>	<u>Independent/ Competent Skill</u>
Year 1: If the student is not making progress toward the final skill benchmark at midterm they will be placed on an action plan. If the student does not meet the final primary skill benchmark they will be placed on a remediation plan the following semester.	<u>Requires 100% support and still struggles</u>	<u>Requires 100% support but successful</u>	<u>Requires 90% support from supervisor to complete task</u>	<u>Requires 70% support from supervisor to complete task</u>	<u>Requires 50% support from supervisor to complete task</u>	<u>Requires 30% support to complete the task</u>	<u>Requires 20% support to complete the task</u>	<u>Requires no support to complete the task.</u>
Year 2 and 3: If the student does show progress by midterm and/or meet the final primary skill benchmark, they will be placed on a remediation plan the following semester.	<u>Maximum Preceptor Instruction</u>	<u>Preceptor must lead</u>	<u>Constant Preceptor Instruction</u>	<u>Ongoing Preceptor Guidance</u>	<u>Frequent Guidance</u>	<u>Regular Oversight</u>	<u>Minimal Guidance</u>	<u>Collaborate Input/no guidance</u>
A remediation plan can be instituted in non-primary skill areas if the student is not showing progress or at the discretion of the preceptor.								

### SECTIONS:

#### Professionalism

1. Completes all on-boarding and ongoing requirements in a timely manner.
2. Responds to written and electronic forms of communication in a timely manner.
3. Punctual when reporting to clinic/clinic meetings.
4. Displays professional image in dress and grooming. Follows clinic dress code policy.
5. Dependable in clinic.
6. Demonstrate emotional maturity and common sense.
7. Demonstrates desire for professional growth and shows initiative.
8. Demonstrates flexibility and adapts to the clinic flow based on clinic/patient needs.
9. Functions effectively as a team member.

Updated 7/31/2024

10. Recognizes own professional limitations and stays within boundaries of training.
11. Able to self-evaluate own skills. Able to identify strengths and weaknesses.
12. Focuses on patient needs and limited focus on self.
13. Accepts preceptor feedback and modifies behaviors based on the feedback.  
Requests feedback from preceptor when needed. Uses appropriate communication style with preceptor.
14. Works effectively with patients from diverse backgrounds. Shows sensitivity to Cultural and linguistic difference and patient individual needs.
15. Is able to lead less experienced students or support personnel in tasks with appropriate guidance in a respectful manner. (A23)
16. Uses evidence-based practice, applies academic information, researches and/or applies research to the clinical process when implementing audiologic services (planning, evaluation, documentation, and recommendations). (A13)
17. Performs daily clinic set-up/shut-down. Has all necessary material and equipment ready prior to working with patients.
18. Maintains orderliness in test suite/equipment.
19. Performs and maintains daily biologic calibration and understands how calibration effects testing. Determines whether instrumentation is in calibration according to accepted standards. (A5)
20. Utilizes proper infection control with the patient and work environment. (A6)
21. Maintains confidentiality and follows HIPAA guidelines.
22. Has knowledge of professional code of ethics, scope of practice, credentialling, laws, regulations, policies, and management of practices relevant to the profession. (A22)
23. Correctly complete billing forms with use of correct CPT/ICD-10 Codes. (A20)

#### Prevention, Hearing, Speech and Cognitive Screenings, Hearing Conservation

1. Screens individuals for hearing impairment and disability/handicap using hearing and balance questionnaires to assess function. Recognizes concerns of the patient, health providers, caregivers for the need for hearing screening (B5, C3).
2. Conducts hearing screenings using developmentally, culturally and linguistically appropriate measures. Follows federal and state legislative and regulatory requirements (B8, B6)
3. Conducts newborn hearing screening and makes appropriate recommendations based on the outcome.
4. Refers persons who fail a hearing screening for appropriate audiologic evaluation or medical evaluation. (B9)

5. Identifies persons at risk for speech-language &/or cognitive disorders that may interfere with communication, health, education, and/or psychosocial function using developmentally, culturally & linguistically appropriate materials (B10, B11,B12).
6. Refers persons who fail a speech, language or cognitive screening for appropriate speech-language consult or medical evaluation (B13).
7. Educates the public and those at risk on prevention, potential causes, effects, and treatment of congenital and acquired auditory and vestibular disorders (B1) (community/school screenings, outreach).
8. Establishes relationships with professionals and community groups to promote hearing wellness for all individuals across the life span (B2) (hearing screenings).
9. Participates in hearing conservation programs designed to reduce the effects of noise exposure and agents that are toxic to the auditory and vestibular systems. Utilizes instruments (SLM, dosimeter) to determine ambient noise levels (B3, B4,B7).
10. Evaluates acoustics of classroom setting and provides recommendations for modifications (F12).
11. Evaluates the effectiveness of screening and prevention programs through the use of performance measures (i.e. test sensitivity, specificity, etc.) (B14).

Communication: Oral and Written

1. Uses appropriate verbal and nonverbal communication techniques with the patient and family. Adapts communication skills based on patient and family needs. Uses appropriate empathy and listening behaviors (A12,E3).
2. Identifies when interpretation services are required and uses appropriate interpreter resources and techniques based on patient communication needs (A11).
3. Completes documentation required by the facility thoroughly and in a timely manner (e.g. chart notes, audiograms, case histories, patient information).



- Sees all documentation through to completion, does not omit critical steps.
4. Documents history, procedures, results, and recommendations accurately and appropriately according to facility requirements.
  5. Organizes report in a concise and logical manner.
  6. Uses appropriate terminology, grammar, spelling and punctuation.

#### Otoscopy and Cerumen Management

1. Utilizes appropriate otoscopy procedures prior to and after assessing and/or treating.
2. Performs and interprets otoscopy for appropriate management/referral decisions.
3. Performs otoscopy to determine appropriate probe tube placement for hearing aid verification.
4. Performs otoscopy prior to, during, and after earmold impressions.
5. Performs otoscopy to determine the need for cerumen removal.
6. Asks appropriate history prior to completing cerumen management. Takes into consideration history and potential contraindications when choosing a method or when deciding whether to perform cerumen management.
7. Selects appropriate technique when completing cerumen management.
8. Uses instrumentation, suction and/or irrigation using proper tools and methods.
9. Performs otoscopy post cerumen removal.

#### Adult/Pediatric >5 years old Audiologic Testing

1. Asks appropriate case history questions based on patient characteristics and uses this information along with referral information or provided case history to determine plan of action (C1, C2).
2. Provides appropriate patient instruction prior to testing.
3. Familiarizes with equipment and/or software prior to use. Uses equipment according to manufacturer's specification and recommendations (A5).
4. Conducts puretone air/bone threshold assessment; including extended frequency range when necessary.

5. Records results using appropriate symbols.
6. Modifies techniques for difficult-to-test patients, or based on patient needs and/or characteristics (C8,C9).
7. Analyzes/interprets puretone results to establish type/severity of disorder (C8,C10).
8. Conducts speech audiometry. Selects appropriate speech audiometry test levels based on audiometry data and/or facility requirements. Performs intensity function when applicable (C9).
9. Analyzes/interprets speech audiometry results to establish type/severity of disorder (C10).
10. Conducts speech in noise testing when applicable (i.e. QuickSIN, AzBio in noise, HINT).
11. Utilizes and interprets Stenger or other test measures to identify nonorganic hearing loss (C13).
12. Makes observations about patient behaviors to sounds (i.e. notes patient responds to name, localizes to sound in environment).
13. Documents test methods/results accurately (e.g. test reliability, test method, speech materials).
14. Makes comparisons with other test results to determine test consistency and accuracy(C4).
15. Critically analyzes all information (puretone and speech audiometry) to generate appropriate recommendations and referrals.
16. Counsels patient, family, etc. about test results & recommendations effectively. Adapts counseling techniques for various populations & establishes goals based on patient needs (interpersonal, psychosocial, educational, vocational) (D1,D2,D3,D5)

#### Pediatric <5 years old Audiologic Testing

1. Asks appropriate case history questions based on patient characteristics

and uses this information along with referral information or provided case history to determine plan of action (C1, C2).

2. Provides appropriate patient/parent instruction prior to testing.
3. Uses correct test setup and uses age appropriate test materials
4. Familiarizes with equipment and/or software prior to use. Uses equipment according to manufacturer's specifications and recommendations (A5).
5. Appropriately assists with pediatric tests when applicable (i.e. VRA and play audiometry).
6. Modifies techniques for difficult-to-test patients, or based on patient needs and/or characteristics C8,C9).
7. Conducts behavioral observation audiometry using appropriate methods (i.e. sound field testing).
8. Conducts visual reinforcement audiometry using appropriate method.
9. Conducts conditional play audiometry using appropriate method.
10. Analyzes/interprets pediatric test results to determine severity/type of disorder (C8,C10)
11. Critically analyzes all information to generate appropriate recommendations and referrals.
12. Makes observations about patient behaviors to sounds (i.e. notes patient responds to name, localizes to sound in environment).
13. Documents test methods/results accurately (e.g. test reliability, test method, speech materials).
14. Makes comparisons with other test results to determine test consistency and accuracy(C4).
15. Counsels patient, family, etc. about test results & recommendations effectively. Adapts counseling techniques for various populations & establishes goals based on patient needs (interpersonal, psychosocial, educational, vocational) (D1,D2,D3,D5)

### Masking

1. Prepares patient and uses correct setup for testing (i.e. instructions, transducer placement).
2. Determines when to mask for air/bone based on clinical protocol per site (C8).
3. Utilizes appropriate masking techniques for puretone air/bone based on clinical protocol per site (C8).
4. Determines when to mask for speech audiometry based on clinical protocol per site (C9).
5. Utilizes appropriate masking techniques for speech audiometry based on clinical protocol per site (C9).
6. Uses the correct symbols and documents appropriately following masking.
7. Understands, explains and applies clinical masking theory.

### Immittance

1. Familiarizes with equipment and/or software prior to use. Uses equipment according to manufacturer's specification and recommendations (A5).
2. Prepares patient and environment for testing (i.e. instructions, transducer placement).
3. Troubleshoots equipment or setup when applicable.
4. Conducts tympanometry using appropriate method (C7).
5. Conducts acoustic reflex measures using appropriate method (ipsi/contra) (C7).
6. Conducts acoustic reflex decay using appropriate method (ipsi/contra) (C7).
7. Conducts multifrequency/component tympanometry using appropriate method (C7).
8. Conducts Eustachian tube function test using appropriate method (C7).
9. Critically analyzes/interprets test results (C7).
10. Documents test methods/results accurately.
11. Makes comparisons with other test results to determine test consistency and accuracy (C4).
12. Understands, explains and applies clinical theory as related to immittance testing.

### Electrophysiology Testing (OAE, ABR, ECoG, ASSR, MLR, LP)

1. Ask appropriate case history questions based on patient characteristics and uses this information along with referral information or provided case history to determine plan of action (C1, C2).
2. Prepares patient and environment for testing (i.e. instructions, reduction of noise, electrode application and patient positioning).
3. Assists during setup/test assessment

4. Familiarizes self with equipment and/or software prior to use. Uses equipment according to manufacturer's specification and recommendations (A5).
5. Troubleshoots equipment when applicable.
6. Conducts otoacoustic emission testing using appropriate method (DP/TEOAE) (C12).
7. Critically analyzes otoacoustic emission test results to determine severity of the disorder (C12).
8. Critically analyzes otoacoustic test information to generate appropriate recommendations and referrals (C12).
9. Conducts electrophysiological testing to determine auditory neural function using appropriate method (i.e. Neurodiagnostic ABR, MLR, Late Potentials) (C11,C16).
10. Conducts electrophysiological diagnostic threshold testing to determine hearing status using appropriate method (ABR)(C11).
11. Conducts electrocochleography (ECochG) measures using appropriate method (C11).
12. Conducts ASSR measures using appropriate method (C11, C16).
13. Critically analyzes all evoked potential test results to establish type/severity of disorder (C11).
14. Critically analyzes all evoked potential test results to generate appropriate recommendations and referrals (C11).
15. Documents test methods/results accurately.
16. Makes comparisons with other test results to determine test consistency and accuracy(C4).
17. Counsels patient, family, etc. about test results & recommendations effectively. Adapts counseling techniques for various populations & establishes goals based on patient needs (interpersonal, psychosocial, educational, vocational) (D1,D2,D3,D5).
18. Understands, explains and applies clinical theory as related to electrophysiology testing (i.e. ABR, OAEs) (D3).

#### Balance Testing

1. Asks appropriate case history questions based on patient characteristics and uses this information along with referral information or provided case history to determine plan of action (C1, C2).
2. Prepares patient and environment for testing (i.e. instructions, patient positioning, electrode/goggle placement).
3. Selects appropriate test battery or modifies test battery based on patient history/characteristics/limitations (C14).

4. Takes into consideration safety precautions while completing vestibular assessments and/or rehabilitation procedures (i.e. patient support to prevent falls, considers limited range of motion or back/neck issues.)
5. Assists during setup/test assessment (i.e. runs computer, assists with patient placement/setup).
6. Familiarizes with equipment and/or software prior to use. Uses equipment according to manufacturer's specification and recommendations (A5).
7. Troubleshoots equipment when applicable.
8. Conducts pre-test screens (i.e. assesses eye movement, range of head movement, vertebral artery screening).
9. Utilizes screenings results to identify individuals at risk for falls or vestibular loss that need further vestibular assessment or referral. Makes appropriate recommendations if a patient is identified as at risk.
10. Conducts vestibular evaluation using VNG/ENG (C14).
11. Critically analyzes VNG/ENG test results to establish type/severity of disorder (C14).
12. Conducts advanced vestibular evaluation measures (i.e. ECochG, VEMP, vHIT, posturography, rotational chair, etc.) (C11,C14,C17,C18,C19).
13. Critically analyzes advanced vestibular evaluation measures to establish type/severity of disorder (i.e. ECochG, VEMP, vHIT, posturography, rotational chair, etc.)
14. Critically analyzes all information to generate appropriate recommendations and referrals (C11, C14, C17, C18, C19).
15. Documents test methods/results accurately.
16. Makes comparisons with other test results to determine test consistency and accuracy(C4).
17. Determines candidacy for vestibular and/or balance rehabilitation for patients with vestibular and/or balance impairments.
18. Conducts vestibular and/or balance rehabilitation for patients with vestibular and/or balance impairments using appropriate techniques based on patient results and needs (E26,E27).
19. Counsels patient, family, etc. about test results & recommendations effectively. Adapts counseling techniques for various populations & establishes goals based on patient needs (interpersonal, psychosocial, educational, vocational) (D1,D2,D3,D5).
20. Understands, explains and applies clinical theory as it applies to balance assessment and interpretation (C17,C18,C19).

Specialized Testing: Auditory Processing (AP), Tinnitus, and Hyperacusis

1. Ask appropriate case history questions based on patient characteristics and uses this information along with referral information or provided case history

- to determine plan of action (C1, C2).
2. Selects appropriate AP test battery based on patient's history and previous test results (C15).
  3. Provides appropriate patient instruction prior to testing.
  4. Troubleshoots equipment when applicable.
  5. Conducts AP evaluation using appropriate method (C15).
  6. Modifies the AP test battery based on patient limitations/needs (C15).
  7. Interprets AP test battery to establish type/severity of disorder (C15).
  8. Analyzes all AP information to generate appropriate recommendations and referrals (C15).
  9. Documents AP test methods/results accurately.
  10. Selects appropriate tinnitus test battery based on patient information (C5).
  11. Conducts tinnitus assessment/evaluation using appropriate test method (C5).
  12. Documents tinnitus test methods/results accurately (C5).
  13. Interprets tinnitus battery to establish type/severity of disorder (C5).
  14. Analyzes all tinnitus information to generate appropriate recommendations and referrals (C5).
  15. Implements appropriate treatment/management of tinnitus (C5).
  16. Identifies impact tinnitus has on patient's activities of daily living and quality of life (C5).
  17. Counsels patient regarding the audiologic significance of tinnitus and factors that cause or exacerbate tinnitus to resolve misconceptions and alleviate anxiety related to this auditory disorder (E22).
  18. Counsels patient to promote the effective use of ear-level sound generators and/or the identification and use of situationally appropriate environmental sounds to minimize their perception of tinnitus in pertinent situations (E23).
  19. Monitors and assesses the use of ear-level and/or environmental sound generators and the use of adaptive coping strategies to ensure treatment benefit and successful outcome(s) (E25).
  20. Completes assessment of tolerance problems to determine the presence of hyperacusis (C6).
  21. Counsels patient, family, etc. about test results & recommendations effectively. Adapts counseling techniques for various populations & establishes goals based on patient needs (interpersonal, psychosocial, educational, vocational) (D1, D2, D3, D5).

### Counseling/Intervention/Treatment/Consultation/Aural (Re)habilitation

1. Counsels patient and/or caregiver to facilitate acceptance of diagnosis and psychosocial outcomes. Supports decision making for related intervention options (F1, F2, F11).
2. Educates patient and/or caregivers regarding potential effects of hearing impairment on speech-language, cognition and social emotional development. Include optimal modes of communication, education laws and rights, and educational plans (F3, F4).
3. Educates about the importance of support groups and provide resources available to them. Assist in planning and implementing support group when applicable (F7).
4. Selects, administers, and interpret questionnaires to assess hearing abilities/functional use of hearing (E1).
5. Identifies psychosocial impact of hearing problems and communication difficulties (E5).
6. Collaborates/consults with other service providers (e.g. SLPs, early interventionists, school-based professionals) regarding development of an intervention plan (e.g. treatment, IEP, IFSP) (E2, F10, F13) (Pediatric).
7. Develops culturally appropriate, audiologic (re)habilitative management plan based on information gathered during assessment. Plan includes patient/caregiver feedback (E1, E2, E6, E7, F8).
8. Discusses and recommends communication strategies, auditory training, auditory-verbal training, speech reading, and visual communication systems.
9. Performs aural (re)habilitation using appropriate methods based on patient age, characteristics and needs (E21).
10. Assesses the outcomes of treatment. Utilizes patient/caregiver perceptions in the outcome assessment (E4, E28, A14).
11. Assesses patient understanding of treatment options, recommendations, and follow-up (D3, F9, E28).



### Intervention/Treatment-Hearing Aids and Assistive Listening Devices

1. Conducts hearing aid and HATs evaluation (F5).
2. Selects and recommends appropriate amplification based on patient test results, characteristics and needs (E8).
3. Fits and dispenses amplification using appropriate methods. Utilizes appropriate fitting prescriptions, takes into consideration patient needs (includes patient orientation and counseling (E8, E13, F6).
4. Correctly assesses hearing aid function using electroacoustic analysis and hearing aid listening check (E9, E10).
5. Correctly verifies fitting using probe mic measures/speech mapping and/or behavioral methods (E9, E11).
6. Validates amplification fitting using subjective/behavioral measures (E1, F9).
7. Utilizes real ear to coupler difference (RECD) measures appropriately (E11).
8. Adjusts hearing aid settings based on patient feedback.
9. Troubleshoots and/or repairs hearing devices based on patient complaint and hearing aid assessment.
10. Performs earmold impression procedures using appropriate methods.
11. Selects dome or earmold material/style based on patient test results/characteristics.
12. Modifies earmold or acoustic component based on patient feedback.
13. Selects and fits appropriate accessories to be utilized with listening device (e.g. tv, phone, and microphone accessories) (E19).
14. Assesses for, counsels, and fits assistive devices or HATS based on patient need and for public and private settings (E17, E18).
15. Recommends and refers for installation and operation of multi-user amplification systems in a variety of environments (E20).

### Intervention/Treatment-Implantable Devices

1. Conducts cochlear implant evaluation. Selects appropriate test procedures and prepares patient/environment for testing (appropriate instructions, equipment setup) (E14).
2. Selects, counsels and recommends appropriate cochlear implant device based on patient age, test results and characteristics (E15).
3. Provides patient management pre/post cochlear implant surgery including patient orientation and counseling (E15).
4. Use appropriate techniques to MAP/program cochlear implant device based on patient age (E16).
5. Verifies/validates cochlear implant mapping through objective or behavioral

- test measures (E12)
6. Adjusts cochlear implant settings based on patient feedback (E16).
  7. Identifies, recommends and selects appropriate osseointegrated hearing device based on patient results, age and needs (E14).
  8. Provides patient management pre/post osseointegrated surgery including patient orientation and counseling.
  9. Fits osseointegrated hearing device using appropriate methods.
  10. Verifies/validates osseointegrated hearing device through objective or behavioral test measures (E12).
  11. Adjusts osseointegrated hearing device settings based on patient feedback (E16).
  12. Troubleshoots and/or repairs all implantable devices based on patient complaint.
  13. Selects and fits appropriate accessories to be utilized with all implantable devices.
  14. Include assessment of other implantable devices as appropriate in comment section.

CHAPTER 6:  
Student Resources

## ASHA Code of Ethics

Our program requires review of the ASHA Code of Ethics. Use the link and review them prior to signing manual review attestation. <https://www.asha.org/policy/et2016-00342/#:~:text=The%20ASHA%20Code%20of%20Ethics,and%20integrity%20of%20the%20professions.>

## Graduate Handbook

[Link to Graduate Handbook](#). All policies relating to your degree requirements, clinical requirements for graduation and licensure and/or certification, and program policies can be found in the Graduate Handbook.

## OU HSLC Information

[Hearing, Speech and Language Clinic | Ohio University](#)

## Professional Organizations

American Academy of Audiology  
8300 Greensboro Drive, Suite 750  
McLean, VA 22102-3611  
800-AAA-2336  
[www.audiology.org](http://www.audiology.org)

American Speech-Language and Hearing Association (ASHA)  
2200 Research Blvd.  
Rockville, MD 20850-3289  
800-498-2071  
[www.asha.org](http://www.asha.org)

Council of Academic Accreditation (CAA)  
2200 Research Blvd. #310  
Rockville, MD 20850-3289  
800-498-2071

Educational Audiology Association  
700 McKnight Park Drive, Suite 708  
Pittsburgh, PA 15237  
<https://edaud.org>

Updated 7/31/2024

Ohio School Speech Pathology Educational Audiology Coalition  
OSSPEAC

205 Glendale St.  
LaGrange, OH 44050  
888-258-1032  
[info@osspeac.org](mailto:info@osspeac.org)

<https://osspeac.org/>

Ohio Center for Autism and Low Incidence  
OCALI

470 Glenmont Avenue - Columbus OH 43214  
614.410.0321 Main Business / 614.262.1070 Fax  
[ocali@ocali.org](mailto:ocali@ocali.org)  
<https://www.ocali.org/>

L'GASP

Lesbian, Gay, Bisexual, Transgender, and Queer Audiologists and Speech-Language  
Pathologists  
[www.noglstp.net](http://www.noglstp.net)

National Black Association for Speech, Language, and Hearing  
19 Clarksville road  
Princeton Junction, NJ 08550  
609-799-4900  
[www.nbaslh.org](http://www.nbaslh.org)

Ohio Academy of Audiology  
PO Box 596  
Pickerington, OH 43147  
614-379-2133  
<https://ohioacademyofaudiology.com>

Ohio Speech and Hearing Professionals Board  
77 South High Street, Suite 1659  
Columbus, OH 43215-6108  
614-466-3145  
<https://shp.ohio.gov>

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Ohio Speech Language Hearing Association  
P.O. Box 309  
Germantown, OH 45327  
800-866-OSHA  
[www.osha.org](http://www.osha.org)