OHIO UNIVERSITY HEARING, SPEECH & LANGUAGE CLINIC

Audiology Graduate Clinician Manual

Volume 2020-2021

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

Modified 6-2020

Council on Academic Accreditation in Audiology and Speech-Language Pathology of the American Speech-Language-Hearing Association. The current accreditation cycle Sept. 1, 2019 to Aug. 31 2027. Next Review Year: 2026

The Doctoral (Doctor of Audiology [Au.D.]) education program in audiology at Ohio University is accredited by the Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA) of the American Speech-Language-Hearing Association, 2200 Research Boulevard #310, Rockville, Maryland 20850, 800.498.2071 or 301.296.5700.

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Welcome

Welcome to the Doctorate of Audiology (Au.D.) program. This is a companion manual to the General Practices Manual of the Ohio University Hearing, Speech and Language Clinic (HSL Clinic). All information and protocols in the General Practices Manual apply to any individual who provides services in the clinic. The Audiology Manual is designed to provide expectations, policies, and protocols specific to audiology. **These two manuals are your references and guide for clinical training.**

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

Developing **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 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. The following list of behaviors will assist clinicians in developing professional 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" in the blank.
- 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** (e.g., getting access to materials and forms, checking out and using equipment, etc.). You will be held accountable if you have violated the rules and procedures for the clinical placement.
- Read through the latest policy and procedure manuals for the clinical placement. In the HSL Clinic, there is a General Practices Clinic Manual and a program specific handbook, which are revised regularly. External clinic sites will have different policies and procedures. You will be required to follow these procedures as outlined by the site. These will be provided to you when applicable.
- Keep up with changes in the clinical placement expectations, procedures and schedules. While you are in the Ohio University HSL Clinic or at an offsite clinic this means reviewing CSD 6921/7921/8921Blackboard, CSD 7910/8910 Blackboard, the CSD Clinical Education Blackboard and clinic mailboxes/email daily.
- Follow the appropriate dress code. Au.D. graduate clinicians are required to **obtain and wear a green lab coat** while participating in the HSL clinic. Instructions for ordering are provided prior to orientation. Please follow the dress code found in the General Practices Manual of the Ohio University Hearing, Speech and Language Clinic while wearing the lab coat.

You are expected to be punctual:

- Keep a calendar of all your appointments, meetings, and important deadlines. This calendar should be with you at all times. Information in your calendar should include time and date, names and phone numbers of contact people, items you should bring (who, what, where, when, and why).
- A timely response to 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 to all sessions, meetings, and appointments.
- Communicate with staff, colleagues, and patients concerning all changes in scheduling. Absences from clinic must be cleared with your supervisor to be considered excused.
- All deadlines must be met. If you are not able to meet a given deadline, then **you**, not a fellow classmate, must contact the individuals affected (e.g. let you supervisor know).
- Clinic closures and policies are identified in the General Practices Manual of the Ohio University HSL Clinic. 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.

Develop good professional communication skills:

- **Check your mailboxes and chart room slot at least once a day.** Even if you are not in the building you need to figure out a way to check your box (e.g. Have a classmate collect your mail for you or stop in the building in the evening).
- Any correspondence you send out (i.e. including memos, reports, letters, home assignments, notes to supervisors, etc.) should be appropriately identified with the date, your name and title, the patient's name 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.
- Use professional demeanor and language at all times 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 AuD Candidate for your title, the proper title is Audiology Graduate Student. You are not an AuD candidate until you have applied for graduation from the AuD program.

Be prepared and follow through:

- Prepare for all patient appointments and supervisor/student conferences. Prior to appointments, read through the chart and plan ahead the questions you want to ask and tests you want to complete. You must review your plan of action with your supervisor prior to the scheduled appointment. If this is not possible before the patient's appointment, schedule a time to do so.
- Setup for patient appointments prior to the appointment. Have equipment in the appropriate room, turned on and calibrated. Have all supplies available and 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 about learning more on a topic.

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

Maintain Confidentiality:

- Remember that you have access to personal identification about patients. It is your responsibility to do your best to maintain confidentiality. You must abide by institutional regulations that pertain to confidentiality (e.g., 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 the guide 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 to evaluate students' performance in clinic. This assessment will include professional behaviors.

Personal Belongings

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

1. You have been assigned a shared locker in the graduate clinician work room. All items not relating to clinical materials should be stored in that location at all times. This should include bottles with liquids, food, classroom materials, phones, backpacks, etc. Hooks are also provided for coats, backpacks, lab coats, etc.
2. A drawer is available in the computer room to store clipboards and clinic notebooks.
3. You have a mailbox in the computer room for school communication, returned assignments, etc only. No patient information is to be kept in this area. Keep these areas cleaned out weekly.
4. You have been assigned a slot in the chart room to keep patient charts that you are working on. No other personal belongings or materials should be stored in this area.

Clinical Hours and Supervision

Throughout the 4-year Au.D. program, students will be expected to complete clinical hours through direct patient care and clinical simulations. Students are required to complete clinical experiences across the lifespan and in variety of clinical settings

In order to meet CSD program, accreditation and certification requirements the following applies to all Au.D. students (these are subject to change):

Clinic Hours:

- Students must complete 25 observation hours in speech-language pathology or audiology before working directly with a patient. These can be obtained prior to entering the Au.D. program. Students must provide signed documentation of the 25 hours and post to Typhon.
- Clinical training must be conducted for a variety of clinical training experiences (i.e., different work settings and with different populations) to validate knowledge and skills across the scope of practice in audiology.
- Students must complete the equivalency of a 12-month fulltime supervised clinical experience and obtain 1,820 clinical hours under a state licensed audiologist over the course of the 4-year Au.D. program. These will be acquired through the following:
    - The HSL Clinic: Students will be assigned a part-time placement for a minimum of 5 semesters.
    - Part-time offsite clinical placements: Students will be assigned at least 1-2 part-time placements offsite. This is subject to change based on the student's progress over the course of the program.
    - Clinical simulations: These will be assigned through clinical practicum and various didactic courses (see below for more information).
    - Summer Externship: Students will complete a 13-week full-time supervised externship the summer of Year 2. The semester this is completed may be modified for students completing the AuD/PhD program or based on the student's progress over the course of the program. The definition of full-time is at least 35 to 40 hours per week for 13 weeks in direct patient contact, telehealth, consultation, record keeping, and administrative duties relevant to audiology service delivery.
    - Final Externship: Students will complete a full-time supervised externship the last three consecutive semesters of the program. This may be modified if completing the AuD/PhD or based on the student's progress over the course of the program. The definition of full-time is 35 to 40 hours per week in direct patient contact, telehealth, consultation, record keeping, and administrative duties relevant to audiology service delivery.
- Clinical experiences should include interprofessional education and interprofessional collaborative practice (IPE/IPP). Under the supervision of their audiologist supervisor, students'/applicants' experience should include experiences with allied health professionals who are appropriately credentialed in their area of practice to enhance the student's knowledge and skills in an interdisciplinary team–based comprehensive health care delivery setting.
- Students must acquire a minimum of 5 hours in speech-language pathology. This can include screenings.
- State licensure: Students will be provided opportunities to meet Ohio state licensure requirements. Students who choose to seek licensure outside of the state of Ohio are expected to

research state requirements as they vary by state. Students will be required to track out-of-state requirements.

- ASHA clinical hours: Students will be given opportunities to obtain clinical hours under ASHA certified and non-ASHA certified preceptors (aka clinical supervisor). Students who choose to obtain ASHA certification must follow these requirements:
    - Supervision must be completed under the direct supervision of an ASHA certified and state licensed audiologist for the equivalence of 12 months.
    - The preceptor must have completed two hours of continuing education in clinical instruction and supervision.
    - The preceptor must complete a minimum of 9 full-time months of clinical experience post certification.
    - Students who do not meet the above requirements during the 4-year program may complete ASHA supervised experiences post-graduation and still mee the certification requirements.
        - Applicants who apply for certification without completing a full, supervised clinical experience under an ASHA certified audiologist during the 4 year program will have 24 months from their application-received date to ASHA to initiate the remainder of their experience and will have 48 months from the initiation date of their post-graduation supervised clinical experience to complete the experience.
        - If clinical instruction and supervision are completed post-graduation, they must comply with the requirements above with the exception of on-site clinical instruction and supervision. Remote supervision or telesupervision methods may be used, provided they are permitted by the employer(s) and by local, state, and federal regulations.
- Clinical experiences will be recorded through Typhon under the primary preceptor. Students may have more than one preceptor at a site. The primary preceptor(s) will be required to approve Typhon clinical time by the end of each semester. (see below for more information on how to record clinical experiences)

Supervision:

- A minimum of one state licensed audiologist must be designated as the clinical preceptor. In the case that this individual is not available, at any time (vacation, sick leave, etc.), a backup preceptor must be assigned.
- For students acquiring ASHA clinical hours an ASHA certified preceptor with state license must be designated.
- The designated clinical preceptor must be on site during all times in which the student provides services. Exception to this may occur with clinical simulations and telepractice (see below).
- Medicare patients require 100% direct supervision. The preceptor must be in the room with the student and patient at all times.
- The amount of supervision must be appropriate to the student's level of training, education, and competence. Supervision must be sufficient to ensure the welfare of the patient and the student in accordance with certifying bodies and state licensure code of ethics.
- Supervision must include oversight of clinical and administrative activities directly related to client/patient care, including direct client/patient contact, telehealth, consultation, recordkeeping, and administrative duties relevant to audiology service delivery.
- Supervision must include direct observations, guidance, and feedback, to permit the student to monitor, evaluate, improve performance, and develop clinical competence.

Telepractice:

- Students may engage in service delivery through telepractice and telesupervision. Clinical preceptors must be available 100% of the time for each session and must provide a minimum of 25% direct supervision of the total contact time with each patient. Supervision can be provided in person or through telesupervision.

Clinical Simulations:

- Clinical simulations can account for 10% of the student's total supervised clinical experience.
- According to 2020 Certification Standards: Clinical simulations (CS) are distinct from labs and may include the use of standardized patients and simulation technologies (e.g., virtual patients, digitized mannequins, immersive reality, task trainers, computer-based interactive). These supervised CS experiences under a CCC-A can be synchronous simulations (real-time) or asynchronous (not concurrent in time) simulations. Up to 10% of an applicant's supervised clinical experience for ASHA certification can be obtained through CS. CS experiences for ASHA certification can only count when obtained within the doctoral program.
- Clinical simulations must include a debriefing component for the purposes of meaningful learning. In the instance of a virtual client, debriefing sessions should be conducted after the completion of the CS in order to meet the 25% observation requirement. For example: Student A can complete a simulation for 60 minutes followed by a 15-minute debriefing with the clinical educator and receive credit for a 60-minute session that was observed 25% of the time.
- Debriefing activities may include face-to-face discussion, self-reflection with feedback, and/or written self-evaluation with feedback. Debriefing can meet the 25% supervision requirement in asynchronous learning situations. In synchronous learning, the observation is taking place while the student is completing a task with either a live patient or with a simulation, such as a virtual mannequin.

Council for Clinical Certification in Audiology and Speech-Language Pathology of the American Speech-Language-Hearing Association. (2018). *2020 Standards for the Certificate of Clinical Competence in Audiology.* Retrieved from www.asha.org/certification/2020-Audiology-Certification-Standards/

POLICY FOR TRACKING HOURS

Observation Hours:

Year 1 AuD students observe for the first 15 weeks of fall semester to learn the procedures and protocols with our clinic. In order to receive credit for observation hours, students must complete an Audiology Observation Hours form for each session**. Do not provide patient identifying information on these forms.** This form must be turned in to the supervisor within 2 working days. Your supervisor will review your submission, provide feedback and return to you. Observation hours must be tracked on the Log of Clinical Practicum in Audiology. Once the student has accumulated their observation hours within the HSL clinic the completed and signed record form is turned into the DCE for final approval. The DCE will provided a signed letter indicating the completion of observation hours in the HSL Clinic. This record, along with any other observation hours, will be kept on Typhon in the individual student file. Note: Only 25 observation hours may count toward the 1,820 hours. All hours in addition to the 25 are for the purpose of the experience. Students will be required to track all observation hours during Year 1 fall semester even if above the required 25.

Patient Contact Hours:

In order 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 7 days of working with the patient. Additional directions in addition to the information below will be provided within your clinical coursework.

- **Do not include observation time on Typhon.** Only submit time for assisting and performing.
- **Student Information Section:**
  - Select semester, course, supervisor and clinical site.
  - Verify this information for every case.
- **Patient Demographics:**
  - Check the box "Daily Summary Log"
  - If you are doing only one patient for the day enter the patient's age and gender.
- **Clinical Information:**
  - Enter time with patient **in minutes** based on the categories below **(i.e. objective measures, aud/hearing evaluations, etc.)** . **The total time MUST MATCH the time entered for each category. If these do not match, the time will be adjusted or the entry will be marked "Not Approved."**
  - Do not enter time consulting with the supervisor as this will not be included as part of the patient time. Include this time under administration
- **Other Questions About This Case:**
  - Enter patient's age group, setting type (ENT, School, Hospital), and patient's language.
    - **Adult and Pediatric** – Use for all direct patient care activities.
    - **Adult and Pediatric Simulation** – Use clinical simulations and mock patient experiences ONLY. 10% of clinical hours can be from simulation activities (See above for additional information about clinical simulations).
    - **Break up the time with patient(s) into individual categories. This must be done and must match the time with patient.** If not completed correctly, the time with the patient will either be adjusted or marked "Not Approved."
      - You will enter time into the categories as a total for the entire day, but separated by the age group entered above.
        - Separate by age.
          - Ex: Spent a total of 240 minutes completing adult diagnostic testing on the same day.
          - Ex: Spent at total of 120 minutes completing pediatric hearing aid procedures on the same day.
        - Time not separated by category will not count toward the total hours and will be marked "Not Approved."
      -
- **Procedures and Skills:**
  - Select specific procedures and skills completed
- **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 completed
  - Case number if provided or type of clinical simulation
- **DO NOT INCLUDE PATIENT INFORMATION - INCLUDING PATIENT INITIALS - IN TYPHON.**

Administration, Record Keeping and Clinical Simulation Hours:

HSL Clinic on campus

- In order to count these hours your supervisor 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.
- 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 supervisor 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 taken for planning, meetings, consulting with the supervisor or other non-direct contact tasks pertaining to audiology. Administrative time must be clinically relevant and completed while a supervisor is present in the clinic. 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 as long as 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
- Completing a hearing aid check-in
- Ordering devices for a patient
- Meeting with a manufacturer rep
- Preparing for a patient's appointment

Record Keeping:

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

HSL Clinic 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 if warranted for that patient.

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

Clinical Simulations:

Clinical simulations will be assigned during clinical practicum and some didactic courses. 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 a debriefing must accompany clinical simulations. See above for additional clinical simulation requirements.

- Practicing hearing aid, baha, CI programming
- Reviewing hearing aid, baha or CI software
- Practicing a clinical procedure
- Mock patient experience: direct patient contact and report writing (supervisor must be notified and present)
- AudSim, Interacoustic, or Counsel Ear Simulated Cases

Non-Documented Hours (these CANNOT be included):

- Studying for a class or exam
- Completing research study in your mentor's lab
- Work-related activities
- Graded activities such as labs

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

There will often be more than one student clinician in the clinic at the same time. In this case, patients will typically be rotated. If it is an existing patient, the patient will be seen by the student who was the primary clinician for that patient in the past. In some cases, a change in rotation may occur.

If there is a first and a second year or third year student present at the same time, the second year or third year student will usually be in charge of the case. The second year or third year student is expected to discuss the case with the first year student and to involve the first year student if possible (depending on their degree of experience).

Overall, second year and third year students should consider themselves mentors of first year students and help them with learning procedures (such as equipment use and test protocols). Reports typically will be the responsibility of the second or third year student (this may change as the first year student acquires more experience.)

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

POLICY ENROLLING IN EXTRA UNGRADED PRACTICUM CREDIT

1. Only available to 2nd and 3rd year AuD students. 1st year AuD students do not have the knowledge or experiences to take on extra clinical work.
2. Obtain permission from instructor via email prior to enrollment with the request form:
    a. Complete a request form (see Blackboard or your instructor) and turn it into the instructor of record for approval
    b. Indicate why you are making this request
    c. Indicate what extra work you are interested in completing in the clinic
3. Enrolling in extra ungraded practicum indicates you are committing to 2 extra hours of a clinical assignment each week per hour of credit enrolled. You are required to complete all assignments that semester plus your regular clinical assignments. This clinical assignment may include additional patient contact hours or a clinical assignment as assigned by your supervisor.
    a. If assignments are not complete by the desired time frame in the semester you could be assigned an Incomplete (I) in the course. The following policy must be followed for courses receiving an incomplete:
        i. https://www.catalogs.ohio.edu/content.php?catoid=55&navoid=4216#grading-info

> **I** **Incomplete**. Receiving an "I" means that the student has not completed the work required for a regular grade. The student must have the instructor's permission to receive the Incomplete. The student must complete the work within the first two weeks of his or her next semester of enrollment or two years from the end of the term in which the grade of "I" was given, whichever comes first, or the "I" converts automatically to an "F." The instructor may at his or her discretion submit a change of grade request to the Office of the University Registrar. When the student applies for graduation, any Incompletes on the record will be calculated as "F" grades for the

purpose of determining eligibility for graduation and will be converted to "F" upon graduation.

b. If assignments are not complete you will receive No Credit for the section of the course that is not complete. This could result in a need to retake 6921/7921/8921 and could delay your graduation.
c. Extra assignments follow all the same rules for professional behavior.

4. The approved form will be turned into Teresa Tyson-Drummer to enroll students in extra ungraded practicum.

Part-Time and Full-time Externships

Students will complete 1-2 part-time off-site placements beginning the spring of Year 2. Typically, a part-time placement is 1-2 days/week and are assigned by the DCE or the Coordinator of HSL Clinic. Students may request a placement; however, they are typically assigned based on previous patient experiences in order to allow students variety in their clinical placements. Part-time placements are available locally or within 1.5 hour drive. Students will be notified of off-site assignments by email. The email be sent to both the student and supervisor with specific details about practicum requirements as well as site, supervisor name and contact information. Additional information will be available through the Clinical Education Blackboard site.

Students complete a fulltime (35-40 hours/week) 13-week minimum externship (CSD 7910) the summer of Year 2. A 14-week externship may be necessary relative to student progress and can be requested either by the preceptor or student. Au.D. students also complete a fulltime (35-40 hours/week) three consecutive semester externship the summer Year 3 and the fall and spring of Year 4. Students will be responsible for researching possible externship sites and gathering necessary contact information for the DCE. Information about previous externship sites can be found on Typhon under Clinical Site or Supervisor Lists, as well as on the Clinical Education Blackboard site. Often times final externship opportunities are advertised through national audiology websites. Students will review the potential sites with the DCE prior to contacting or establishing an externship. The DCE can assist the student in many ways and encourage questions related to selecting a potential externship. Once potential externships have been reviewed with the DCE, the DCE or student will contact the externship site to establish the placement.

Due to the high volume of students searching for these types of experiences, it is very important that students begin thinking about possible externships early in the graduate program. The externship placement request must be submitted to the DCE by January prior to the Summer and Final Externship. Further discussion concerning externships will occur during Years 2 and 3. Look for notices from the DCE. Specific forms for the externship are available through the Clinical Education Blackboard site or will be provided to you by the DCE. See also the section "Off-Campus Clinical Placements" in the General Practices Clinic Manual and the CSD Graduate Handbook for additional information about off-campus placements.

Note for all off-site placements students may request a location in which we do not have an established agreement but note that an agreement will need to be established. This can take several weeks to complete. Students will submit a tracking form to the DCE for all off-site placements to verify or establish an affiliation agreement. The tracking form is located on the Clinical Education Blackboard site or available from the DCE.

During part-time and full-time externships attendance is required for the entire placement. Students may not request time off or shorten the externship unless a written request has been provided and approved. Short-term requests must be approved by the site preceptor and DCE. Long-term requests must be approved by the site preceptor, DCE and CSD Associate Director. All requests must follow the university excused absence policy or the externship site's attendance policy. If a student takes more than 3 days off a semester, they will be expected to make up the time either at the end of the semester or potentially the following semester. This could result in an incomplete until the time has been made up. There may be some circumstances in which the office you are located at closes due to vacation, training or an unexpected event. In these circumstances, the student must notify the DCE in order for a plan to be discussed to either make up the time or prepare for other activities the student could do during the closure. If a student requests an extended leave, they will be required to take a leave of absence from the university. This will prolong the program and potentially delay graduation. This may also result in finding a new externship if the site is unable to accommodate the request. See the university's medical leave policy below. See General Clinical Procedures Manual for full medical leave policy as it relates to clinic.

https://www.ohio.edu/student-affairs/dean-of-students/return-withdraw-medical-reasons

ASHA STANDARDS 2020

2020 Standards and Implementation Procedures for the Certificate of Clinical Competence in Audiology

Effective Date: January 1, 2020

Introduction

The Council for Clinical Certification in Audiology and Speech-Language Pathology (CFCC) is a semi-autonomous credentialing body of the American Speech-Language-Hearing Association. The charges to the CFCC are: to define the standards for clinical certification; to apply those standards in granting certification to individuals; to have final authority to withdraw certification in cases where certification has been granted on the basis of inaccurate information; and to administer the certification maintenance program.

The 2020 standards and implementation procedures for the Certificate of Clinical Competence in Audiology (CCC-A) go into effect on January 1, 2020.

Standard I: Academic Qualifications

Applicants for certification must hold a doctoral degree in audiology from a program accredited by the Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA) or equivalent.

Implementation: Verification of the graduate degree is accomplished by submitting (a) an official transcript showing that the degree has been awarded or (b) a letter from the university registrar verifying completion of requirements for the degree. Applicants must have graduated from a program holding CAA accreditation or candidacy status in audiology throughout the period of enrollment.

Applicants from non–CAA-accredited programs (e.g., PhD programs, internationally educated, etc.) with a doctoral degree and audiology coursework will have their application evaluated by the Council for Clinical Certification in Audiology and Speech-Language Pathology (CFCC) to determine substantial equivalence to a clinical doctoral degree program accredited by the CAA. Individuals educated outside the United States or its territories must submit official transcripts and evaluations of their degrees and courses to verify equivalency. These evaluations must be conducted by credential evaluation services agencies recognized by the National Association of Credential Evaluation Services (NACES). Evaluations must (a) confirm that the degree earned is equivalent to a U.S. clinical doctoral degree, (b) show that the coursework is equivalent to a CAA-accredited clinical doctoral program, (c) include a translation of academic coursework into the American semester-hour system, and (d) indicate which courses were completed at the graduate level.

Standard II: Knowledge and Skills Outcomes

Applicants for certification must have acquired knowledge and developed skills in the professional areas of practice as identified in Standards II A–F, as verified in accordance with Standard III.

Implementation: The knowledge and skills identified in this standard, although separated into areas of practice, are not independent of each other. The competent practice of audiology requires that an audiologist be able to integrate across all areas of practice. Therefore, assessments used to verify knowledge and skills acquisition must require that the candidate for certification demonstrate integration of the knowledge and skills found in Standards II A – F below.

Standard II-A: Foundations of Practice
Applicant has demonstrated knowledge of:
A1. Genetics, embryology and development of the auditory and vestibular systems, anatomy and physiology, neuroanatomy and neurophysiology, and pathophysiology of hearing and balance over the life span
A2. Effects of pathogens, and pharmacologic and teratogenic agents, on the auditory and vestibular systems
A3. Language and speech characteristics and their development for individuals with normal and impaired hearing across the life span
A4. Principles, methods, and applications of acoustics, psychoacoustics, and speech perception, with a focus on how each is impacted by hearing impairment throughout the life span
A5. Calibration and use of instrumentation according to manufacturers' specifications and accepted standards
A6. Standard safety precautions and cleaning/disinfection of equipment in accordance with facility-specific policies and manufacturers' instructions to control for infectious/contagious diseases

A7. Applications and limitations of specific audiologic assessments and interventions in the context of overall client/patient management
A8. Implications of cultural and linguistic differences, as well as individual preferences and needs, on clinical practice and on families, caregivers, and other interested parties
A9. Implications of biopsychosocial factors in the experience of and adjustment to auditory disorders and other chronic health conditions
A10. Effects of hearing impairment on educational, vocational, social, and psychological function throughout the life span
A11. Manual and visual communication systems and the use of interpreters/transliterators/translators
A12. Effective interaction and communication with clients/patients, families, professionals, and other individuals through written, spoken, and nonverbal communication
A13. Principles of research and the application of evidence-based practice (i.e., scientific evidence, clinical expertise, and client/patient perspectives) for accurate and effective clinical decision making
A14. Assessment of diagnostic efficiency and treatment efficacy through the use of quantitative data (e.g., number of tests, standardized test results) and qualitative data (e.g., standardized outcome measures, client/patient-reported measures)
A15. Client-centered, behavioral, cognitive, and integrative theories and methods of counseling and their relevance in audiologic rehabilitation
A16. Principles and practices of client/patient/person/family-centered care, including the role and value of clients'/patients' narratives, clinician empathy, and shared decision making regarding treatment options and goals
A17. Importance, value, and role of interprofessional communication and practice in patient care
A18. The role, scope of practice, and responsibilities of audiologists and other related professionals
A19. Health care, private practice, and educational service delivery systems
A20. Management and business practices, including but not limited to cost analysis, budgeting, coding, billing and reimbursement, and patient management
A21. Advocacy for individual patient needs and for legislation beneficial to the profession and the individuals served
A22. Legal and ethical practices, including standards for professional conduct, patient rights, confidentiality, credentialing, and legislative and regulatory mandates
A23. Principles and practices of effective supervision/mentoring of students, other professionals, and support personnel

Standard II-B: Prevention and Screening
Applicant has demonstrated knowledge of and skills in:
B1. Educating the public and those at risk on prevention, potential causes, effects, and treatment of congenital and acquired auditory and vestibular disorders
B2. Establishing relationships with professionals and community groups to promote hearing wellness for all individuals across the life span
B3. Participating in programs designed to reduce the effects of noise exposure and agents that are toxic to the auditory and vestibular systems
B4. Utilizing instrument(s) (i.e. sound-level meter, dosimeter, etc.) to determine ambient noise levels and providing strategies for reducing noise and reverberation time in educational, occupational, and other settings
B5. Recognizing a concern on the part of medical providers, individuals, caregivers, or other professionals about hearing and/or speech-language problems and/or identifying people at risk to determine a need for hearing screening
B6. Conducting hearing screenings in accordance with established federal and state legislative and regulatory requirements

B7. Participating in occupational hearing conservation programs
B8. Performing developmentally, culturally, and linguistically appropriate hearing screening procedures across the life span
B9. Referring persons who fail the hearing screening for appropriate audiologic/medical evaluation
B10. Identifying persons at risk for speech-language and/or cognitive disorders that may interfere with communication, health, education, and/or psychosocial function
B11. Screening for comprehension and production of language, including the cognitive and social aspects of communication
B12. Screening for speech production skills (e.g., articulation, fluency, resonance, and voice characteristics)
B13. Referring persons who fail the screening for appropriate speech-language pathology consults, medical evaluation, and/or services, as appropriate
B14. Evaluating the success of screening and prevention programs through the use of performance measures (i.e., test sensitivity, specificity, and positive predictive value)

Standard II-C: Audiologic Evaluation
Applicant has demonstrated knowledge of and skills in:
C1. Gathering, reviewing, and evaluating information from referral sources to facilitate assessment, planning, and identification of potential etiologic factors
C2. Obtaining a case history and client/patient narrative
C3. Obtaining client/patient-reported and/or caregiver-reported measures to assess function
C4. Identifying, describing, and differentiating among disorders of the peripheral and central auditory systems and the vestibular system
C5. Providing assessments of tinnitus severity and its impact on patients' activities of daily living and quality of life
C6. Providing assessment of tolerance problems to determine the presence of hyperacusis
C7. Selecting, performing, and interpreting a complete immittance test battery based on patient need and other findings; tests to be considered include single probe tone tympanometry or multifrequency and multicomponent protocols, ipsilateral and contralateral acoustic reflex threshold measurements, acoustic reflex decay measurements, and Eustachian tube function
C8. Selecting, performing, and interpreting developmentally appropriate behavioral pure-tone air and bone tests, including extended frequency range when indicated
C9. Selecting, performing, and interpreting developmentally appropriate behavioral speech audiometry procedures to determine speech awareness threshold (SAT), speech recognition threshold (SRT), and word recognition scores (WRSs); obtaining a performance intensity function with standardized speech materials, when indicated
C10. Evaluating basic audiologic findings and client/patient needs to determine differential diagnosis and additional procedures to be used
C11. Selecting, performing, and interpreting physiologic and electrophysiologic test procedures, including electrocochleography, auditory brainstem response with frequency-specific air and bone conduction threshold testing, and click stimuli for neural diagnostic purposes
C12. Selecting, performing, and interpreting otoacoustic emissions testing
C13. Selecting, performing, and interpreting tests for nonorganic hearing loss
C14. Selecting, performing, and interpreting vestibular testing, including electronystagmography (ENG)/videonystagmography (VNG), ocular vestibular-evoked myogenic potential (oVEMP), and cervical vestibular evoked myogenic potential (cVEMP)
C15. Selecting, performing, and interpreting tests to evaluate central auditory processing disorder
Applicant has demonstrated knowledge of:

C16. Electrophysiologic testing, including but not limited to auditory steady-state response, auditory middle latency response, auditory late (long latency) response, and cognitive potentials (e.g., P300 response, mismatch negativity response)
C17. Posturography
C18. Rotary chair tests
C19. Video head impulse testing (vHIT)

Standard II-D: Counseling
Applicant has demonstrated knowledge of and skills in:
D1. Identifying the counseling needs of individuals with hearing impairment based on their narratives and results of client/patient and/or caregiver responses to questionnaires and validation measures
D2. Providing individual, family, and group counseling as needed based on client/patient and clinical population needs
D3. Facilitating and enhancing clients'/patients' and their families' understanding of, acceptance of, and adjustment to auditory and vestibular disorders
D4. Enhancing clients'/patients' acceptance of and adjustment to hearing aids, hearing assistive technologies, and osseointegrated and other implantable devices
D5. Addressing the specific interpersonal, psychosocial, educational, and vocational implications of hearing impairment for the client/patient, family members, and/or caregivers to enhance their well-being and quality of life
D6. Facilitating patients' acquisition of effective communication and coping skills
D7. Promoting clients'/patients' self-efficacy beliefs and promoting self-management of communication and related adjustment problems
D8. Enhancing adherence to treatment plans and optimizing treatment outcomes
D9. Monitoring and evaluating client/patient progress and modifying counseling goals and approaches, as needed

Standard II-E: Audiologic Rehabilitation Across the Life Span
Applicant has demonstrated knowledge of and skills in:
E1. Engaging clients/patients in the identification of their specific communication and adjustment difficulties by eliciting client/patient narratives and interpreting their and/or caregiver-reported measures
E2. Identifying the need for, and providing for assessment of, concomitant cognitive/developmental concerns, sensory-perceptual and motor skills, and other health/medical conditions, as well as participating in interprofessional collaboration to provide comprehensive management and monitoring of all relevant issues
E3. Responding empathically to clients'/patients' and their families' concerns regarding communication and adjustment difficulties to establish a trusting therapeutic relationship
E4. Providing assessments of family members' perception of and reactions to communication difficulties
E5. Identifying the effects of hearing problems and subsequent communication difficulties on marital dyads, family dynamics, and other interpersonal communication functioning
E6. Engaging clients/patients (including, as appropriate, school-aged children/adolescents) and family members in shared decision making regarding treatment goals and options
E7. Developing and implementing individualized intervention plans based on clients'/patients' preferences, abilities, communication needs and problems, and related adjustment difficulties
E8. Selecting and fitting appropriate amplification devices and assistive technologies
E9. Defining appropriate electroacoustic characteristics of amplification fittings based on frequency-gain characteristics, maximum output sound-pressure level, and input–output characteristics
E10. Verifying that amplification devices meet quality control and American National Standards Institute (ANSI) standards

E11. Conducting real-ear measurements to (a) establish audibility, comfort, and tolerance of speech and sounds in the environment and (b) verify compression, directionality, and automatic noise management performance
E12. Incorporating sound field functional gain testing when fitting osseointegrated and other implantable devices
E13. Conducting individual and/or group hearing aid orientations to ensure that clients/patients can use, manage, and maintain their instruments appropriately
E14. Identifying individuals who are candidates for cochlear implantation and other implantable devices
E15. Counseling cochlear implant candidates and their families regarding the benefits and limitations of cochlear implants to (a) identify and resolve concerns and potential misconceptions and (b) facilitate decision making regarding treatment options
E16. Providing programming and fitting adjustments; providing postfitting counseling for cochlear implant clients/patients
E17. Identifying the need for—and fitting—electroacoustically appropriate hearing assistive technology systems (HATS) based on clients'/patients' communication, educational, vocational, and social needs when conventional amplification is not indicated or provides limited benefit
E18. Providing HATS for those requiring access in public and private settings or for those requiring necessary accommodation in the work setting, in accordance with federal and state regulations
E19. Ensuring compatibility of HATS when used in conjunction with hearing aids, cochlear implants, or other devices and in different use environments
E20. Providing or referring for consulting services in the installation and operation of multi-user systems in a variety of environments (e.g., theaters, churches, schools)
E21. Providing auditory, visual, and auditory–visual communication training (e.g., speechreading, auditory training, listening skills) to enhance receptive communication
E22. Counseling clients/patients regarding the audiologic significance of tinnitus and factors that cause or exacerbate tinnitus to resolve misconceptions and alleviate anxiety related to this auditory disorder
E23. Counseling clients/patients to promote the effective use of ear-level sound generators and/or the identification and use of situationally appropriate environmental sounds to minimize their perception of tinnitus in pertinent situations
E24. Counseling clients/patients to facilitate identification and adoption of effective coping strategies to reduce tinnitus-induced stress, concentration difficulties, and sleep disturbances
E25. Monitoring and assessing the use of ear-level and/or environmental sound generators and the use of adaptive coping strategies to ensure treatment benefit and successful outcome(s)
E26. Providing canalith repositioning for patients diagnosed with benign paroxysmal positional vertigo (BPPV)
E27. Providing intervention for central and peripheral vestibular deficits
E28. Ensuring treatment benefit and satisfaction by monitoring progress and assessing treatment outcome

Standard II-F: Pediatric Audiologic (Re)habilitation
Applicant has demonstrated knowledge of and skills in:
F1. Counseling parents to facilitate their acceptance of and adjustment to a child's diagnosis of hearing impairment
F2. Counseling parents to resolve their concerns and facilitate their decision making regarding early intervention, amplification, education, and related intervention options for children with hearing impairment
F3. Educating parents regarding the potential effects of hearing impairment on speech-language, cognitive, and social–emotional development and functioning
F4. Educating parents regarding optional and optimal modes of communication; educational laws and rights, including 504s, individualized education programs (IEPs), individual family service plans (IFSPs),

individual health plans; and so forth
F5. Selecting age/developmentally appropriate amplification devices and HATS to minimize auditory deprivation and maximize auditory stimulation
F6. Instructing parents and/or child(ren) regarding the daily use, care, and maintenance of amplification devices and HATS
F7. Planning and implementing parent education/support programs concerning the management of hearing impairment and subsequent communication and adjustment difficulties
F8. Providing for intervention to ensure age/developmentally appropriate speech and language development
F9. Administering self-assessment, parental, and educational assessments to monitor treatment benefit and outcome
F10. Providing ongoing support for children by participating in IEP or IFSP processes
F11. Counseling the child with hearing impairment regarding peer pressure, stigma, and other issues related to psychosocial adjustment, behavioral coping strategies, and self-advocacy skills
F12. Evaluating acoustics of classroom settings and providing recommendations for modifications
F13. Providing interprofessional consultation and/or team management with speech-language pathologists, educators, and other related professionals

Standard III: Verification of Knowledge and Skills
Applicants for certification must have completed supervised clinical experiences under an ASHA-certified audiologist who has completed at least 2 hours of professional development in the area of clinical instruction/supervision. The experiences must meet CAA standards for duration and be sufficient to demonstrate the acquisition of the knowledge and skills identified in Standard II.

Implementation: The applicant's doctoral program director or designated signatory must verify that the applicant has acquired and demonstrated all of the knowledge and skills identified in Standard II.

Clinical instructors and supervisors must have:
- current CCC-A certification,
- a minimum of 9 full-time months of clinical experience after earning the CCC-A, and
- completed at least 2 hours of professional development (2 certification maintenance hours [CMHs], or 0.2 ASHA continuing education units [ASHA CEUs]) in the area of clinical instruction/supervision.

Clinical instruction and supervision within a doctoral program must:
- be conducted for a variety of clinical training experiences (i.e., different work settings and with different populations) to validate knowledge and skills across the scope of practice in audiology;
- include oversight of clinical and administrative activities directly related to client/patient care, including direct client/patient contact, consultation, recordkeeping, and administrative duties relevant to audiology service delivery;
- be appropriate to the student's level of training, education, experience, and competence;
- include direct observation, guidance, and feedback to permit the student to (a) monitor, evaluate, and improve performance and (b) develop clinical competence; and
- be provided on site.

Any portion of the applicant's supervised clinical experience that was not completed under an audiologist meeting the requirements above can be completed post-graduation. The applicant's post-graduation clinical instructor/ supervisor must also meet the above requirements will also verify that the applicant

has demonstrated and acquired the knowledge and skills for ASHA certification following completion of the required supervised clinical experience.

Applicants who apply for certification without completing a full, supervised clinical experience under a clinical instructor/supervisor who meets the requirement above within their degree program will have 24 months from their application-received date to initiate the remainder of their experience and will have 48 months from the initiation date of their post-graduation supervised clinical experience to complete the experience.

If clinical instruction and supervision are completed post-graduation, they must comply with the requirements above with the exception of on-site clinical instruction and supervision. Remote supervision or telesupervision methods may be used, provided they are permitted by the employer(s) and by local, state, and federal regulations.

The supervised clinical experience should include interprofessional education and interprofessional collaborative practice (IPE/IPP). Under the supervision of their audiologist supervisor, students'/applicants' experience should include experiences with allied health professionals who are appropriately credentialed in their area of practice to enhance the student's knowledge and skills in an interdisciplinary, team–based, comprehensive health care delivery setting.

Standard IV: Examination
The applicant must pass the national examination adopted by ASHA for purposes of certification in audiology.

Implementation: Results of the Praxis Examination in Audiology must be submitted directly to ASHA from ETS. A passing exam score must be earned no earlier than 5 years prior to the submission of the application and no later than 2 years following receipt of the application. If the applicant does not successfully pass the exam and does not report the results of the exam to ASHA within the 2-year application period, then the applicant's certification file will be closed. If the applicant passes or reports the results of the exam at a later date, then the individual will be required to reapply for certification under the standards that are in effect at that time.

Standard V: Maintenance of Certification
Individuals holding certification must demonstrate (1) continuing professional development, including 1 hour of continuing education in ethics; (2) adherence to the ASHA Code of Ethics; and (3) payment of annual dues and fees.

Implementation: Individuals who hold the CCC in Audiology (CCC-A) must accumulate and report 30 CMHs (or 3.0 ASHA CEUs) of professional development, which must include 1 CMH (or 0.1 ASHA CEU) in ethics during every 3-year certification maintenance interval. Individuals will be subject to random audits of their professional development activities.

Individuals who hold the CCC-A must adhere to the ASHA *Code of Ethics* ("Code"). Any violation of the Code may result in professional discipline by the ASHA Board of Ethics and/or the CFCC.

Annual payment of certification dues and/or fees is also a requirement of certification maintenance. If certification maintenance requirements are not met, certification status will become Not Current, and then

certification will expire. In order to regain certification, individuals must meet the reinstatement requirement that is in effect at the time they submit their reinstatement application.

Council for Clinical Certification in Audiology and Speech-Language Pathology of the American Speech-Language-Hearing Association. (2018). *2020 Standards for the Certificate of Clinical Competence in Audiology*. Retrieved from www.asha.org/certification/2020-Audiology-Certification-Standards/

General Audiology Expectations

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

ATTENDANCE

1. A very basic aspect of professional behavior is showing up on time to appointments. **When a clinician is assigned a clinic time he or she is expected to show up even if patients are not scheduled.** The clinic supervisor may excuse the clinician from attending or release them early in these cases. This is completely at the supervisor's discretion. Permission must be given either written or verbally. Students may not just leave the clinic.
2. **Clinic attendance is required**. Unexcused absences will not be tolerated. Follow the University Class Attendance Policy for determining excused absences:

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

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

check with your instructor as early as possible to make satisfactory arrangements. You may document reasons for your absence as follows:
If you are participating in an authorized University activity (departmental trip, music or debate activity, ROTC function, or athletic competition), you can obtain notification from the sponsoring office. If you are in the military reserves and reserve training (including reasonable travel time to training locations) may fall upon class days, a letter from the commander of your military reserve unit showing the date of the absence and the reason for it will serve for prior notifications. If you visit OhioHealth O'Bleness Hospital, Ohio University Campus Care, or other health care facilities, you can ask for and receive official notification to verify to your instructors that you have visited these health care centers on a specific day. However, it is your responsibility to ask for notification. It is assumed that, whenever possible, you will visit the health service as an outpatient without missing class.
http://www.catalogs.ohio.edu/content.php?catoid=45&navoid=3007

If you miss more than one day of clinic without permission or it is an unexcused university absence, you will be required to make up the missed time and you will 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. 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 if there are no patients already scheduled at that time.
6. **If a clinician cannot come on his/her assigned day, the clinician must notify the 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.
7. **All changes to the schedule should be submitted in writing**

EVACUATION PLAN

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

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

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

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

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/CSD 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, requires extra support, therefore there may be times when clinicians are paired. These will include assignments such as nursery hearing screenings, group treatment protocols, hearing aid roles, screening sessions, etc.

Off-site part-time placements are assigned by 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 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 make arrangements 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. We like you to be invested in these assignments, therefore often request your assistance in making these assignments. These assignments are sometimes tied in with your professional training practicum course. You are required to complete these assignments within the semester they are assigned unless otherwise noted.

These types of assignments are designed to educate you in aspects of audiology that are not traditionally covered in clinic or coursework. Examples include providing educational talks to off-site agencies, planning marketing events, designing materials for the clinic, 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.**

Patient files must always be returned to the chart room. Clinicians SHOULD NEVER store them anywhere else in 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. Information may be removed from the patient's folder to be stored in the communication file, but the chart must remain in the chart room. Do NOT take any work "in progress" with any identifying information about the patient out of the Clinic.

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

Audiology Laptops and Data Protocol

Patient data maintained on laptops for long periods of time present HIPAA risks. 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. **The initial report must be completed within 3 working days.**
3) Once the initial report is complete, place the patient's chart in the supervisor's box in the chart room. The supervisor will make comments/corrections on your saved file and place the folder back in your box after review.
4) **Corrected reports must be turned in to the supervisor within 2 working days.**
5) Your supervisor will print and sign the report when it is complete and return it to you to complete the process.
6) Reports may not be needed in certain cases. In those cases, a short 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 files or documents **never** leave the clinic. When you are not using the patient data or folder they must be in the report mailbox area or your communication folder. **Only patient charts are permitted in this area.** Other areas have been designated for personal belongings, clinic notebooks, clipboards, etc. Keep this area free of items such as food and drink as well as they can damage medical records. See the section on Personal Belongings at the beginning of this manual for specific information.
9) The reports should be written using the following headings:

   Background

   This should include the reason for the appointment, important information making a person at-risk for hearing loss, information about a person's developmental status, and information about any known hearing loss and/or hearing aid use.

   Results

   This should include all data collected during test procedures, anything unusual about the findings, and information about concerns for the reliability of the data on the audiogram.

   Impression

   This is the important part of the report. This should include the hearing diagnosis, the ramifications of the hearing loss on communication, a description of the communication prognosis with and without intervention and the plan of action in the case.

   Recommendations

   A list of the recommendations should be written in a short and concise manner. Recommendations are often numbered.
10) Auditing/distributing:

    You are responsible for distributing the report

- A printed and signed report means that you are free to distribute the report.
- All distributed information must be logged in the progress note and on the correspondence sheet. The fax cover sheets should be filed under the report in the chart unless faxed via CounselEar.
- Fax reports to facilities when possible and write it on the log near the fax machine.
- Fax/mail out reports and audit the chart, prior to submitting to supervisor.
- Once in your supervisor's box, the supervisor will double check your work and once complete sign off on the audit. The chart is then filed away.

ORGANIZATION OF FILES

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

Audiology Charts

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

Step One:
The office staff makes a chart after the initial appointment is made and is confirmed the day before the appointment. The office staff places a sheet with basic identifying information in the chart.
Step 2:
When the patient arrives the office staff will ask the patient to complete the contact information sheet (peach), consent for services and billing document (blue), HIPPA, and email consent documents. The staff will, gain additional information needed for the chart, make a copy of the insurance card, and put a bill in the patient's chart. A billing sheet will be generated by the office staff.
Step3:
When the chart is complete it will be placed in the top drawer of the patient cabinet (behind the copier). The chart should not be removed from the main office until all patient paperwork is finished.
Step 4:
Once the evaluation is completed, a billing sheet is submitted to your supervisor for review and a report is generated by the primary clinician. All test results should be kept in the chart and audiograms should be completed as per ASHA guidelines.
Step 5:
In most cases the completed report will not be finished on the day of the appointment. Therefore, it must be documented on the progress note that day that the patient was seen, a report is being generated, and the bill is complete. If a report is not necessary, the progress note will still need to be completed for that day and placed in the chart. The entire chart is then placed into your clinical supervisor's mailbox.
Step 6:
The primary clinician needs to complete a rough draft of the report on a clinic computer. Once the report is complete, place the patient's file into the clinical supervisor's slot in the chart room. **Do not hole punch these forms until all copies have been distributed as necessary.** The supervisor will make comments on the report. **Do not delete comments made by the supervisor.** The report will then be exchanged between student and supervisor as many times as needed until the report is satisfactory. Each student clinician has their own slot in the chart room for these files and in the communication files. When the supervisor hands back the report printed and signed, it indicates that the report is satisfactory. It is then the responsibility of the student to distribute the reports to the referral and the appropriate individuals

on the release sheet. The student will document in the chart where report was released to and audit the chart (if an evaluation or hearing aid fitting has been completed) and return it to their supervisor.

INFORMATION TO BE INCLUDED IN AUDIOLOGY CHARTS

SECTION ONE (GENERAL PATIENT INFORMATION)

This section will be kept in the order as follows with the correspondence sheet starting on the bottom **Correspondence sheets, insurance information, physician orders, and requesting information will be kept together in chronological order with the most recent on top.

1. Correspondence Sheet (on the bottom)
2. Insurance Card
3. Physician Orders
4. All requests for information from other facilities (**This information will be organized in order it was completed with the most recent on top)
5. Initial intake form (purple)
6. HIPAA form
7. Patient Release/Request (pink form)
8. Patient (blue form)
9. **The most recent Patient Information Sheet (peach) is always on top of all other forms.

**If the patient has a speech chart also, a green sheet with "Patient has a 2nd Chart" will be placed on top of this section

SECTION TWO (TRACKING)

The tracking section will be organized in the following order so that all progress notes, all audit sheets and all routing sheets will be kept together in chronological order with the most recent on top.

1. Audit Sheet
2. Progress Note

The following must be documented on the progress note:

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

SECTION THREE (HEARING AID INFORMATION)

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

- Hearing Aid Invoices with no pricing information (in order of date serviced)
- Hearing Aid Repair (in order of date serviced)
- Hearing Aid Agreement Form
- Hearing Aid Waiver or Medical Clearance
- Earmold Invoices
- Hearing Aid Testing Information (Real ear)
- Hearing Aid Tracking Sheet should always be on top
- Cochlear Implant Mapping
- Baha programming
- CI/baha repair

SECTION FOUR (RESULTS)

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

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

Diagnostic Protocols

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

Infants (0- 6 months)

Hearing evaluation

Procedures are dependent on developmental age and success with other procedures. Many of the tests listed below may be used in conjunction with another test when limited results are obtained or when there is a question of validity.

- Case history
- Tympanometry using a 1000 Hz probe tone
- TEOAE and/or DPOAEs
- ABR click at 80 dBnHL and threshold search (down to 20 dBnHL)

- ABR 1000 and 4000 Hz tone burst threshold search (down to 30 dBnHL for 1000 Hz and 20 dB nHL for 4000 Hz)
    - If time permits also completed 500 and 2000 Hz tone bursts
- ABR click threshold search via bone conduction if suspect conductive or sensorineural hearing loss
- Reversal of ABR polarity, OAEs, and acoustic reflex testing using 1000 Hz probe tone if there are concerns of an auditory neuropathy spectrum disorder.

If unable to obtain objective measures:

- Behavioral Observation Audiometry (BOA)
    - Obtain a startle response using speech stimuli, narrowband noise, and/or warble tones in soundfield.

Toddlers (6 months- 2 ½ years)

Hearing evaluation

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

If a sensorineural hearing loss is found or suspected, the following test should be added to confirm findings:

- Ipsilateral acoustic reflex threshold measures (.5, 1 & 2 kHz)
- ABR click at 80 dBnHL and threshold search
- ABR click threshold search via bone conduction
- ABR 1000 and 4000 Hz tone burst threshold search
    - If time permits also completed 500 and 2000Hz tone bursts

Children (2 ½ to 5 years)

Screening

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

Comprehensive Hearing Evaluation

- Case history
- Otoscopy
- Tympanometry using a 226 Hz probe tone
- Otoacoustic emissions (DPOAE or TEOAE)
- Ipsilateral acoustic reflexes (.5, 1.0 & 2.0 k Hz) if tolerated
- Pure-tone assessment using conventional or play audiometry to determine threshold
    - Air conduction (with at least .5-4.0 k Hz)

        - Obtain responses at 20 dBHL or lower for all frequencies followed by a threshold search
    - Bone conduction (.5-4.0 k Hz)
        - Obtain responses consistent with air conduction at .5-4k Hz followed by a threshold search
    - Inter-octave frequencies will be tested when a difference of ≥ 20 dB occurs in thresholds of two adjacent frequencies
- SRT or SAT (modify as needed)
    - Spondees, select picture or pointing to body parts (The method used must be reported on the audiogram)
- Contralateral masking as needed
- WRS (*If a sensorineural hearing loss is suspected)*:
    - MLV or recorded
    - NU-CHIPS (ages 3-4 years)
    - WIPI (ages 4-5 years)
    - PBK (for children 3 years and older who have better speech and vocabulary skills)
    - At least 25 word list

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

Screening

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

Comprehensive Hearing Evaluation

- Case History
- Otoscopy
- Tympanometry using a 226 Hz probe tone
- Ipsilateral and contralateral acoustic reflexes using a 226 Hz probe tone (.5, 1.0 & 2.0 k Hz)
- Ipsilateral and contralateral reflex decay using a 226 Hz probe tone (.5 & 1.0 k Hz)
- Pure-Tone Audiometry
    - Air conduction (.250-8.0 k Hz)
    - Bone conduction (.250-4.0 k Hz)
    - Inter-octave frequencies will be tested when a difference of ≥ 20 dB occurs in thresholds of two adjacent frequencies
- Speech recognition threshold
    - Spondees
    - MLV or recorded versions
- Word recognition testing
    - WRS will be obtained using recorded stimuli
    - NU-6 order by difficulty words
    - Specific protocol will be provided
- QuickSin to determine understanding in noise
    - Typically 70 dB HL, binaurally.
    - Testing each ear monaurally may also be warranted
- Contralateral masking as needed
- Otoacoustic emissions (DPOAE or TEOAE) if warranted

- Multifrequency/component Tympanometry if CHL and Type A tympanograms are obtained

If hearing aid(s) are recommended, the following tests will also be included.

- Most comfortable level (MCL) testing
- Uncomfortable level (UCL) testing

If there is a significant asymmetrical hearing loss in bone conduction of 20 dB HL at one frequency or 15 dB HL at multiple frequencies) or word recognition results, unexplained/elevated/absent acoustic reflexes, neurological concern, dizziness or reports of significant headaches then the following tests should be included:

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

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

- Ototoxic protocol for DPOAEs
- Ultra-high frequency audiometry

Hearing Reevaluations

The same tests should be repeated except for the following:

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

Auditory processing (CAP) evaluation

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

        i) Dichotic listening with direction attention (Binaural Separation)
            1. Competing Sentences Test: neuromaturation & language processing abilities
            2. Speech in Noise (BKB SIN, Subtests of SCAN 3, QuickSin, WRS of Central Battery

        ii) Dichotic listening with report of both ears (Binaural Integration)

(1) dichotic digits: sensitive to brainstem, cortical, & corpus Callosum lesions, relatively resistant to peripheral hearing loss
(2) SSW-sensitive to brainstem & cortical lesions
(3) Dichotic Sentence Identification Test: sensitive to CANS disorders
(4) SCAN—competing words: sensitive to ear differences related to neuromaturation

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

iv) Temporal test
(1) Pitch / Frequency Pattern Sequence Test
(2) TAP test in MAPA
(3) Gap Detection
(4)Temporal patterning (APTO)
(a) Pitch Pattern Sequence: disorders of cerebral hemispheres
(b) Duration Pattern Discrimination test: cerebral lesions

(c) Binaural interaction test
1. Rapidly Alternating Speech Perception (RASP): brainstem
2. Binaural Fusion Tasks: brainstem
3. Masking Level Difference (MLD): brainstem
4. LiSN-S

- Possible evoked potential tests

ABR Evaluation

- Case history
- Otoscopy
- Tympanometry with 226 Hz tone

Neurodiagnostic:

- Click at 80 dBnHL with rate changes; 1 or 2 channels

Threshold:

- Click at 80 dBnHL
- Proceed to a click threshold search by decreasing intensity
- Tone burst 500 Hz threshold search
- Continue Tone bursts: 2000 Hz, 1000 Hz, 4000 Hz
- Complete BC if there is a conductive or sensorineural hearing loss

Balance Evaluation

- Case history
- Otoscopy
- Tympanometry using a 226 Hz probe tone if there are signs of a middle ear disorder
- Screening tests: Romberg, Semi-Tandem Romberg, Vertebral artery screening test (VAST), eye screen, Dynamic Visual Acuity Test, Head Thrust
- Horizontal saccades
- Gaze (center, right, left, up and down) vision enabled and denied

- Pursuit
- Optokinetic (40°/sec; 20°/sec if there is an abnormality)
- Dix-Hallpike
- Positional (sitting, supine, head right, and head left) vision enabled and denied
- Bithermal Bilateral Caloric
- Other possible tests to include:
    - Head Roll
    - Head Shake
    - Electrocochleography
    - Vestibular evoked myogenic potential testing

Tinnitus Evaluation

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

Tinnitus Management

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

Hearing Aid Check-In

- Verify and record serial numbers and hearing aid information in the patient's chart
- Perform hearing aid listening check
- Connect hearing instrument to the computer to ensure connectivity
- Adjust hearing aid to run electroacoustic analysis
- Complete electroacoustic analysis and compare to manufacture specifications
    - **Document patient name and hearing aid make/model on the EAA printout**
- Complete required paperwork for fitting
- Give chart to supervisor to verify need for scheduling

Hearing Aid Fitting

- Perform hearing aid listening check
- Speech Mapping

- Functional Gain (Perform if speech mapping cannot be obtained or required for documentation)
    - Place patient in SF at 0 degrees azimuth
    - Set the volume control, trim pots and/or programming (if applicable) to the settings at which best matched the target gain
    - Record the volume and/or trim pot settings on the audiogram
    - Obtain aided warble tone (or narrowband) thresholds, SRT and WRS
    - For digital hearing aids the noise reduction and feedback cancellation systems must be turned off
    - AzBio unaided and aided at 55 dB HL in quiet or QuickSin unaided and aided at 40 to 50 dB HL
- Make adjustments to the hearing aid settings as needed
- Complete hearing aid orientation
- Complete outcome measurement
    - Client Oriented Scale of Improvement (COSI)
    - APHAB
    - SADL
- RECD should be used with infants or individuals who cannot provide feedback on sound quality

Hearing aid reevaluation

- Question patient on how they feel the fitting is going. Probe for problems or questions from the patient.
- Make adjustments to the hearing aid settings as needed.
- Complete final steps to outcome measures
    - Use Hearing Aid Trial Use Questionnaire if fitting is also associated with tinnitus management
- Perform electroacoustic analysis of the hearing aid if the hearing aid is not working properly.
- Complete behavioral testing to determine the benefit of amplification with AzBio protocol.

Clinician Responsibilities

ROOM/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 who has the last appointment for the day. Equipment must be turned off and equipment with patient data must be stored in a room that locks when not in use or overnight. The closing clinician must ensure everything is cleaned and all rooms are shut down and locked up after the last patient for the day.

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

The audiology booths are open at all times, therefore HIPAA protected information cannot be maintained in the booths after hours. 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 key must be immediately returned to the computer room after unlocking the doors. The rooms must be closed after hours when not in use and all computers with patient information must be stored in these rooms.

AUDIOLOGY CLINIC INFECTION CONTROL POLICY

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

- **Cleaning**
  To clean means to remove the gross contamination from an object or surface without regard to killing germs. Cleaning is an important precursor to disinfecting and sterilizing. All objects and surfaces which are to be disinfected or sterilized are to be cleaned first. Cleaning can be accomplished with a brush, a wipe, an ultrasonic machine etc.
- **Disinfecting**
  To disinfect means to kill a specific number of germs. A disinfectant can be a wipe (AudioWipes or SaniCloth) a spray (Audiologist's Choice Earmold and ITE Disinfectant Spray), or a soak used for a static soaking tray or ultrasonic machine (Audiologist's Choice Ultrasonic Concentrate). Before disinfecting, all items should be first cleaned of gross contamination.
    - **Items to be Disinfected:**
      Hearing aids and earmolds will be cleaned and disinfected prior to any clinic staff handling. For hearing aids this will be accomplished using an alcohol wipe or an AudioWipe, rubbing all surfaces with the wipe and allowing it to air dry. Earmolds may be submerged in a soak or ultrasonic machine or wiped with an alcohol wipe or AudioWipe.
      Sound room toys and materials will be cleaned with soap and water (or in dishwasher) then disinfected with an alcohol wipe or an AudioWipe at least once per month. Toys which have been mouthed must be disinfected prior to the next patient.

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

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

- **Sterilizing**

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

  - **Items to be Sterilized:**

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

- **Hand Washing and Use of Gloves**

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

- **Waste Management**

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

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

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

1. Wipe tables and surfaces after each patient.
2. Wipe headphones and bone oscillator after each patient.
3. Do not set used tips on counters. Place them in the dirty basin.
4. Do not set the otoscope with used tip down so the tip touches the counter. If you do, wipe off the counter.
5. WASH hands/sanitize hands before working with the patient. If possible, do in front of the patient so they know you are taking proper precautions.
6. Wipe off listening stethoscopes prior to use. This includes the piece where you insert the hearing aid.
7. Utilize gloves when cleaning hearing aids.
8. Place a paper towel or tissue on the counter before the patient places his/her hearing aid on the counter.

OHIO HEALTH O'BLENESS MEMORIAL HOSPITAL (OMH) ORIENTATION

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

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

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

CLINIC SKILLS GOALS

Audiology Clinic Expectations

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

General Expectations

- Attends on-campus hearing aid company appointments
- Completes clinic assignments and meets appropriate deadlines
- Uses instrumentation according to manufacturer's specifications and recommendations
- Troubleshoots equipment problems
- Perform daily clinic setup
    - Turn on equipment
    - Perform daily calibration on the audiometer/tympanometer
    - Organize rooms
    - Put clean tips in their proper storage container
- Perform daily clinic shutdown
    - Clean and sterilize instruments
    - Turn off equipment and lights
    - Wipe off equipment with wipes
    - Organize rooms
    - Charge otoscopes
- Demonstrate generic abilities (see clinic manual)
    - Researches problems and obtains pertinent information from supplemental reading and/or observing other patients with similar problems
    - Applies academic information to the clinical process
    - Recognizes own professional limitations and stays within boundaries of training
    - Has the knowledge of professional code of ethics, scope of practice, and credentialing
    - Has knowledge of laws, regulations, policies, and management practices relevant to the profession of audiology
    - Administers assessment measures in a culturally sensitive manner
- Supervision
    - Accepts feedback during and following sessions
    - Follows up with supervisor's suggestions
    - Schedules conferences as needed
    - Participates in conferences
    - Approaches supervisor when clarification or help is needed
    - Discusses patients with supervisor at the beginning and ending of the clinic day

1st year: Fall
Observation:

- **Professional & Ethical Skills**
    - Displays professional image in dress and grooming
    - Maintains confidentiality
    - Punctuality reporting to clinic
    - Dependability in clinic
    - Maintain orderliness in test suites/equipment
    - Observe 2nd and 3rd year doctorate students performing clinical procedures on audiology patients.
        - To receive credit for observation hours the student must submit an **Audiology Observation Hours** sheet to his/her supervisor within 2 working days for each patient.
    - Functions effectively as a team member

- Demonstrates knowledge of infectious/contagious diseases and utilizes proper universal precautions
- Requests assistance from supervisor and/or other professionals when appropriate
- Demonstrates flexibility by adapting or modifying clinical role based on the needs of the session
- Demonstrates desire and initiative for professional growth
- Shows interest in improving performance and takes pride in professional role
- Follow infection control procedures defined in manuals

- **Documentation/Report Writing**
  - Document observation notes via form provided
  - Assist 2nd or 3rd year doctorate students with written patient reports.
- **Communication**
  - Introduces self to patient
  - Actively listens to the patient (displays appropriate eye contact, posture, nonverbal cues, etc.)
  - Makes appropriate introductions and addresses the patient formally unless otherwise advised
- **Clinical Skills**
  - Begin learning clinic policy and procedure
    - Refer to Clinic Manual
  - Has the ability to screen individuals for hearing impairment and disability/handicap using clinically appropriate and culturally sensitive screening measures
  - Effectively assists the main clinician
  - Assist primary clinician during pediatric testing
    - Centering
    - Picture board
    - WIPI
    - Play audiometry

1st year: Spring

- **Communication**
  - Shows respect when dealing with patients and families
  - Establishes a rapport with patients and families
  - Demonstrates effective speech patterns and communication ability (includes pitch, rate, volume, gestures, signs, etc)
- **Documentation/Report Writing**
  - Promptness in submitting written reports/summaries
  - Complete written reports
    - Completes a progress/chart note with limited corrections
    - Typed report (Reports are expected to be **finalized** within 2 weeks of the appointment date).
  - Can document evaluation procedures, results, and recommendations on an audiogram.
  - Can document accurate patient information on the report (e.g. name, address, date of evaluation).
  - Addresses documentation to appropriate individuals.
  - Maintains records in a manner consistent with the format required by the clinical facility as well as legal and professional requirements.
  - Attends to detail of grammar, spelling, and punctuation
  - Reports reflect supervisory feedback
  - Chart audits

- **Clinical Skills & Mock Patients**
  - Can perform & interpret an otoscopic examination
  - Can perform & interpret tympanometry
  - Can perform & interpret acoustic reflex and decay
  - Can perform & interpret pure tone audiometry
  - Begins to ask a case history
  - Plans appropriate case history information based on patient's age
  - Can perform & interpret speech audiometry
  - Successfully assists and motivates the patient with appropriate reinforcement to contribute to the evaluation.
  - Successfully centers the patient during VRA.
  - Assists lead clinicians with advanced testing procedures, such as balance or ABR.

1st year: Summer

- **Communication**
  - Gives the patient some control over topics of discussion
  - Gives appropriate instructions to the patient and clarifies instructions when necessary.
  - Enables family members to express feelings, concerns, and to ask questions
- **Documentation/Report Writing**
  - Can document recommendations and referrals.
  - Complete written reports
    - Progress/chart note completed with accurate information
    - Finalize adult hearing evaluation report with minimal corrections needed within 1 week of the appointment date.
    - Finalizes difficult patient reports within 1 ½ weeks of the appointment date.
- **Clinical Skills**
  - Performs daily biologic calibration
  - Read the patient file and identifies a plan of action.
  - Performs hearing aid service/repair/cleaning.
  - Can perform play audiometry
  - Successfully examines the ear canal and takes ear impressions
  - Performs listening checks on hearing aids and assistive listening devices.
  - Uses appropriate masking procedures

2nd year: Fall

- **Professional & Ethical Skills**
  - Poise in professional interactions (confidence, professional demeanor)
  - Demonstrates the ability to evaluate own skills
  - Is confident and sufficiently free from concerns about own performance to focus effectively on the needs of the patient.
- **Communication**
  - Asks questions in a clear and professional manner using appropriate vocabulary. Avoids using audiology jargon based on patient's level of understanding.
  - Explains test procedures and rationales clearly and accurately.
  - Can interact effectively with appropriate individuals and professionals to collaborate in case coordination and review results with other service providers by seeking out on-site professional staff to discuss patient issues.
  - Provides accurate and immediate feedback to the patient by acknowledging when the patient does not understand the question by repeating and/or rephrasing the question.
- **Documentation/Report Writing**

  - Provides accurate information in a logically sequenced, organized, concise, and comprehensive manner.
  - Uses professional style and terminology appropriately.
  - Can document impressions based on the results.
- **Clinical Skills**
  - Has the knowledge of patient characteristics (e.g. age, demographics, cultural & linguistic diversity, medical history & status, cognitive status, and physical/sensory abilities) and how they relate to clinical services.
  - Utilizes information such as age, ability level of the patient, information taken from patient file, and case history to select appropriate test procedures
  - Uses time efficiently in the session to meet objectives.
  - Can determine the need for cerumen removal.
  - Performs electroacoustic analysis on hearing aids
  - Performs probe microphone measurements (real ear)
  - Performs hearing aid service/repair/cleaning.
  - Can perform OAE testing
- Demonstrate policy and procedures to 1st year Audiology students and/or other observers (undergraduates, medical students, etc).

2nd year: Spring

- **Professional & Ethical Skills**
  - Demonstrates emotional security and independence
- **Communication**
  - Demonstrates comprehension of what the patient is expressing by expanding on the patient's answers and avoids asking repeat questions (e.g. case history, hearing aid questions)
  - Communicates results, recommendations, communication strategies, hearing aid outcomes, etc orally to the patient and family members using appropriate vocabulary. Avoids using audiology jargon based on the patient's level of understanding.
  - Communicates results and recommendations orally to appropriate individuals.
  - Is willing to admit when something is unknown & develops an appropriate plan of action
  - Uses silence effectively to keep from dominating the session
- **Documentation/Report Writing**
  - Can document hearing aid selection in the report and progress note
- **Clinical Skills**
  - Generate recommendations and referrals resulting from the evaluation process.
  - Effectively manages patient behaviors
  - Has the ability to modify sessions according to patient's age, cognitive level, disposition, and the results obtained.
  - Uses appropriate reinforcement
  - Can accurately select appropriate amplification and earmold
  - Can perform hearing aid orientation

3rd year: Fall

- **Communication**
  - Can discuss hearing aid selections with the patient and family orally
  - Confirm or encourage the patient in correct thinking
  - Uses many open ended questions to encourage interaction
- **Documentation/Report Writing**

    - Can document evaluation procedures for specialized testing (e.g. APD, ABR, ENG/VNG) or if testing had to be modified due to the patient needs (e.g. could not complete a task)
- **Clinical Skills**
    - Performs cerumen management
    - Can assess APD
    - Scores APD testing correctly.
    - Can perform an ABR
    - Performs VRA (Visual Reinforcement Audiometry)
    - Can perform balance assessment
    - Conducts aural rehabilitation with the patient or families at hearing aid appointments

3rd year: Spring

- **Professional & Ethical Skills**
    - Demonstrates emotional maturity and common sense
    - Can lead less experienced students during clinical assignments
- **Communication**
    - Can serve as an advocate for patients, families, and other appropriate professionals
    - Facilitates the planning of goals to improve communication skills.
- **Documentation/Report Writing**
    - Can generate and document impressions of how the type and degree of hearing loss will affect ability to communicate.
- **Clinical Skills**
    - Can perform appropriate assessment and counseling for patients with tinnitus and hyperacusis
    - Can perform balance system assessment and determine the need for balance rehabilitation.
    - Can perform a hearing aid fitting (programming)
    - Can perform and interpret hearing aid outcome measures
    - Counsels appropriately at hearing aid follow-up
    - Can interpret APD tests to make accurate diagnosis.

Other possible expectations depending on clinical site, patient availability, and experience:

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

Other Assignment expectations

Nursery

- Shows respect when communicating with family and facility staff
- Completes paperwork as required by the facility
- Answers questions in a professional manner
- Completes testing using clinical knowledge

- Recognizes problems, troubleshoots, etc
- Explains results in a professional manner and makes recommendations according to screening results.

Community Hearing Screening Clinicians

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

Hearing Aid Clinician

- Orders hearing aids and completes repair paperwork appropriately
- Successfully completes paperwork for authorizations
- Tracks hearing aid patients
- Participates in marketing
- Contacts hearing aid patients following requested protocol
- Shows initiative to complete other HA projects
- Tracks hearing aids coming in and out

Evaluation Policy

AT-RISK POLICY

SUPPORT PLAN FOR STUDENTS AT RISK FOR INADEQUATE CLINICAL PERFORMANCE
CSD 6921, 7910, 7921, 8910, 8921
POLICY and GUIDING PRINCIPLES

PURPOSE
1. Identify students with marginal clinical knowledge and skills or inadequate professional behaviors as identified in midterm or final assessments, clinical or externship assignments, and written or practical clinical examinations.

2. Ensure that students matriculating through the clinical practicum series demonstrate knowledge and skills at a level commensurate with entry into audiology professional practice at the level of a Doctorate of Audiology.

GOAL
Guide student toward clinical independence and autonomy.

CSD 6921 Audiology Practicum I: Year 1
Clinical Placement: Year 1 students are placed in the Hearing, Speech and Language Clinic (HSLC) fall, spring and summer semesters. Students may also be assigned to the Ohio Health O'Bleness Nursery as needed. Fall semester students will acquire 25 observation hours if not already completed. Spring semester students will be assigned mock patients and assist 2nd and 3rd year AuD students within the HSLC or O'Bleness Nursery. Summer semester 1st year students will be assigned his/her own clinical placement or teamed with another 1st year student.
Assessment: Year 1 students will be evaluated each semester at midterm (excludes fall semester) through the Audiology Midterm Assessment - Internal (Appendix A: AMA–Internal) and at final through the Assessment for Clinical Competency in Audiology (Appendix B: ACCA). All students will be assessed on professionalism and general practice areas. Additional areas assessed will depend on the semester enrolled and the type of clinical placement. All required clinical benchmarks have been identified per year/semester and are listed on the AMA and ACCA. Students must also successfully complete all CSD 6921 requirements as outlined on the course syllabus and HSLC requirements (Appendix C). Students who are successful in meeting all midterm and final benchmarks, complete all CSD 6921 and HSLC and requirements, and pass the summer practical exam will advance through the Year 1 CSD 6921 Audiology Practicum series. Students who are not successful will either be placed on an action plan or remediation plan. These are defined below.
Documentation: All assessments will be completed by the student's primary preceptor(s). If more than one assessment is completed, the benchmarks for each category will be averaged. If a student is placed on an action or remediation plan, the goals will be written by the primary preceptor the semester the weakness was identified with guidance from the Director of Clinical Education (DCE). The goals will be monitored by the assigned preceptor and DCE. The student, preceptor and/or DCE will meet on a weekly basis throughout the semester to monitor the student's progress. The student, preceptor(s), the DCE and the Coordinator of Professional Programs must sign all plans. Documentation will be kept in the student's clinic folder in a locked cabinet in the DCE's office.
Action Plan Year 1: An action plan will be developed if weaknesses are identified by midterm each semester (except fall 1st year). Action plan goals must be met by final assessment that semester. If the student is successful by the final assessment, the action plan will be dismissed. If unsuccessful, the student will be placed on a clinical remediation plan the following semester.
Clinical Remediation Plan Year 1: A clinical remediation plan will occur if the student does not meet final ACCA benchmarks, successfully complete CSD 6921 and HSLC requirements, and/or pass the Summer Year 1 Practical Examination. The remediation plan will include goals based on the areas of weakness identified within the

assessments stated above. The student must demonstrate growth at midterm by meeting the previous semester's final assessment benchmark. All remediation goals must be met by the end of the semester in which the plan was established. If goals are not met, the student is placed on clinic probation the next semester and the remediation plan will continue. No credit will be given for CSD 6921 and the student must retake the course the following semester. Students may not be placed on more than two clinical remediation plans. After the 2nd unsuccessful clinical remediation, the student is dismissed from the program.

Clinic Probation: Students who do not successfully complete a remediation plan will be placed on clinic probation. The student will have one semester to improve documented areas of weakness. If successful, the student will remain on the clinical remediation plan the following semester. If unsuccessful, the student will be dismissed from the AuD program. Students may be placed on clinic probation one time only.

Practical Exam Summer Year 1: All Year 1 students will complete a practical exam by midterm of the summer semester. Students must achieve greater than 80% on all sections and overall. If a student is not successful, a remediation exam will be completed in the area(s) <80% by the end of the semester. If the overall score is <80%, the student must retake the entire exam.

- Initial Exam: Pass >80% each section and overall.
- Remediation Exam: Pass >80%. Must be completed by the end of the semester.
- If the student does not pass the remediation exam and are not currently on a clinical remediation plan, the student will be placed on a clinical remediation plan fall semester (CSD 7921).
- If the student does not pass and is already on remediation, the student will be placed on clinic probation fall semester with a clinical remediation plan. No credit will be given for CSD 6921 and it must be repeated the following semester.
- The practical examination documentation and results will be stored by the DCE.
- Credit for the practical exam will be given in CSD 6921.

CSD 7921 Audiology Practicum II and CSD 7910 Clinical Externship in Audiology: Year 2

Clinical Placement: Fall semester Year 2 students are placed in the HSLC and the Ohio Health O'Bleness Nursery as needed. Spring semester students may be assigned a one-day clinical placement at an offsite location. There are special circumstances in which a student is placed at both an offsite location and the HSLC. For both fall and spring semesters, students will also be assigned "mock patients" through CSD 7352 Professional Education in Audiology II. Summer semester students will enroll in CSD 7910 and be placed at a full-time externship (35-40 hours/week) at an approved clinical facility. All clinical placements are subject to change based on the student's advancement within the CSD 7921 Audiology Practicum II series and prior performance in CSD 6921.

CSD 7921 Assessment: Year 2 students enrolled in CSD 7921 (fall and spring semesters) will be evaluated at midterm using the internal or external AMA (Appendix A: AMA-Internal or Appendix D: AMA-External) and at final using the ACCA (Appendix B). All students will be assessed on professionalism and general practice areas. Additional areas will be assessed based on the clinical placement and mock patient assignments. All required benchmarks have been identified per year/semester and are listed on the AMA and ACCA. Students must also successfully complete all CSD 7921 requirements as outlined on the course syllabus as well as HSLC (Appendix C) and offsite requirements. Students who are successful in meeting all midterm and final benchmarks, complete all CSD 7921, HSLC and offsite requirements, and pass the year 2 comprehensive written and practical exam will advance in the Year 2 CSD 7921 Audiology Practicum series and will be enrolled in CSD 7910 summer semester. Students who are unsuccessful will either be placed on a clinical remediation plan, clinic probation or removed from the AuD program (placement will vary based on previous performance). Any student placed on a clinical remediation plan or clinic probation summer Year 2 will not be enrolled in CSD 7910. The student will be placed in the HSLC summer semester on a clinical remediation plan. The student will be required to complete CSD 7910 summer Year 3. This will delay the student's advancement within the program including graduation. If the student has been placed on clinic probation previously, the student will be dismissed from the program.

CSD 7910 Assessment: Year 2 students enrolled in CSD 7910 (summer semester) will be evaluated at midterm using the AMA-External (Appendix D) and at final using the ACCA (Appendix B). All students will be assessed on professionalism and general practice areas. Additional areas will be assessed based on the clinical placement. All required benchmarks have been identified per year/semester and our listed on the AMA and ACCA. Students must also successfully complete onboarding and affiliation agreement requirements prior to starting the externship. Failure to do so will result in delaying the externship or removal from the placement. Students removed from a placement

prior to starting are responsible for finding a replacement externship. Students will be required to make up missed time. Students must complete all CSD 7910 assignments as outlined on the course syllabus. Students who are successful in meeting all midterm and final benchmarks and complete all CSD 7910 assignments and externship facility requirements will receive credit for CSD 7910 and will be placed at a part-time fall placement (CSD 8921). Student who do not complete CSD 7910 assignments or externship facility requirements may receive an "in progress" for the semester until all requirements are completed. If a student fails to do so by the 4th week of the next semester, the student will receive no credit and will be required to make up the semester the following summer Year 3. This will result in delaying advancement within the program including graduation. Students who are not successful in meeting CSD 7910 midterm benchmarks will be placed on a clinical remediation plan for the remainder of the semester. The student must meet final benchmarks to received credit for CSD 7910. If unsuccessful, the student will be placed on clinic probation fall semester (CSD 8921) on a remediation plan in the HSLC. The student will not receive credit for CSD 7910. The student will be required to complete CSD 7910 summer Year 3. This will delay the student's advancement within the program including graduation.

Documentation: All assessments will be completed by the student's primary preceptor(s). If more than one assessment is completed, the benchmarks for each category will be averaged. If a student is placed on a remediation plan, the goals will be written by the primary preceptor and student the semester the weakness was identified with guidance from the DCE. The goals will be monitored by the assigned preceptor and DCE. The student, preceptor and/or DCE will meet on a weekly basis throughout the semester to monitor the student's progress. The student, preceptor(s), the DCE and the Coordinator of Professional Programs must sign all plans. Documentation will be kept in the student's clinic folder in a locked cabinet in the DCE's office.

Action Plan Year 2: This is not applicable Year 2. Students who do not meet midterm benchmarks will automatically be placed on a clinical remediation plan the semester the weakness was identified.

Clinical Remediation Plan Year 2: A clinical remediation plan will occur if the student does not meet midterm AMA or final ACCA benchmarks, or successfully complete CSD 7921, HSLC and offsite requirements. The remediation plan will include goals based on the areas of weakness identified within the assessments stated above. Goals must be met by the end of the semester in which the plan was established. If goals are not met fall semester, the student is placed on clinic probation for the next semester. If goals are not met spring semester, the student is not enrolled in CSD 7910 (see above). No credit will be given for CSD 7921 and the student must retake the course the following semester. Students may not be placed on more than two clinical remediation plans. After the 2nd clinical remediation plan, the student is dismissed from the program.

Clinic Probation: Students who do not successfully complete a clinical remediation plan will be placed on clinic probation. The student will have one semester to improve defined area of weakness. If successful, the student will remain on a clinical remediation plan the following semester. If unsuccessful, the student will be removed from the AuD program. Students may be placed on clinic probation one time only.

Practical Exam Spring Year 2: All Year 2 students will complete a comprehensive written and practical examination by midterm spring semester Year 2. Both exams will include content from Years 1 and 2. Students must achieve greater than 80% on both exams. If the overall score is less than 80% on either the written or practical exam, the student must retake that portion of the exam.

- Initial Exam: Pass >80% for both written and practical.
- Retake Exam: Pass >80%. Must be completed by the end of the semester.
- If the student does not pass both exams, the student will be dismissed from the program.
- The practical examination documentation and results will be stored by the DCE.
- Credit for the practical exam will be given in CSD 7921

CSD 8921 Audiology Practicum III and CSD 8910 Full-time Audiology Externship: Year 3

Clinical Placement: Fall semester Year 3 students will be assigned a one full day clinical placement at an offsite location. Spring semester Year 3 students are placed back in the HSLC and the Ohio Health O'Bleness Nursery as needed. There are special circumstances in which a student is placed at both an offsite location and the HSLC. For both fall and spring semesters, students may be assigned "mock patients" through CSD 8351 Professional Education in Audiology III. Summer semester students will enroll in CSD 8910 and be placed at a full-time externship (35-40 hours/week) at an approved clinical facility. All clinical placements are subject to change based on the student's advancement within the CSD 8921 Audiology Practicum III series and prior performance in CSD 7921 and CSD 7910.

CSD 8921 Assessment: Year 3 students enrolled in CSD 8921 (fall and spring semesters) will be evaluated at midterm using the internal or external AMA (Appendix A: AMA – Internal or Appendix D: AMA – External) and at final using the ACCA (Appendix B). All students will be assessed on professionalism and general practice areas. Additional areas will be assessed based on the clinical placement and mock patient assignments. All required benchmarks have been identified per year/semester and are listed on the AMA and ACCA. Students must also successfully complete all CSD 8921 requirements as outlined on the course syllabus and HSLC (Appendix C) and offsite requirements. Students who are successful in meeting all midterm and final benchmarks, complete all CSD 8921, HSLC and offsite requirements, and pass the Year 3 practical exam will advance in the Year 3 CSD 8921 Audiology Practicum series and will be enrolled in CSD 8910 summer semester. Students who are not successful will either be placed on a clinical remediation plan, clinic probation or removed from the AuD program (placement will depend on previous performance). Any student placed on clinic remediation or probation summer Year 3 will not be enrolled in CSD 8910 summer semester. The student will be placed in the HSLC summer semester on a clinical remediation plan. The student will be required to complete 3 semesters of CSD 8910 once removed from the remediation plan or clinic probation. This will delay the student's advancement within the program including graduation. If the student has been placed on clinic probation previously, the student will be dismissed from the program.

CSD 8910 Assessment: Year 3 students enrolled in CSD 8910 (summer semester) will be evaluated at midterm using external AMA (Appendix D) and at final using the ACCA (Appendix B). All students will be assessed on professionalism and general practice areas. Additional areas will be assessed based on the clinical placement. All required benchmarks have been identified per year/semester and are listed on the AMA and ACCA. Students must also successfully complete onboarding and affiliation agreement requirements prior to starting the externship. Failure to do so will result in delaying the externship or removal from the placement. Students removed from a placement prior to starting are responsible for finding a replacement externship. Students will be required to make up missed time. Students must complete all CSD 8910 assignments as outline on the course syllabus and complete all externship facility requirements. Students who are successful in meeting all midterm and final benchmarks and complete all CSD 8910 assignments and externship facility requirements will receive credit for CSD 8910 and continue the externship fall semester. Student who do not complete CSD 8910 assignments or externship facility requirements may receive an "in progress" for the semester until all requirements are completed. If a student fails to do so by the 4th week of the next semester, the student will receive no credit and will be required to make up the semester. This will result in delaying advancement within CSD 8910 including graduation. Students who are not successful in meeting midterm benchmarks will be placed on a clinical remediation plan for the remainder of the semester if agreed upon by the clinical site. The student must meet final benchmarks to received credit for CSD 8910. If not successful or if the student is dismissed early from the externship site, the student will not receive credit for CSD 8910 which will result in delay of graduation. The clinical faculty will review the student's externship assessment documentation to determine a plan of action. The student will be required to take a comprehensive written and practical exam to assess student knowledge and skill in order to continue in the program. Students who pass both examinations will be reenrolled in CSD 8910. The student must reapply for a new externship placement. Students who do not pass both exams >80% on the first attempt will be dismissed from the AuD program.

Documentation: All assessments will be completed by the student's primary preceptor(s). If more than one assessment is completed the benchmarks for each category will be averaged. If a student is placed on a remediation plan, the goals will be written by the primary preceptor and the student the semester the weakness was identified with guidance from the DCE. The goals will be monitored by the assigned preceptor and DCE. The student and preceptor and/or DCE will meet on a weekly basis throughout the semester to monitor the student's progress. The student, preceptor(s), the DCE and the Coordinator of Professional Programs must sign all plans. Documentation will be kept in the student's clinic folder in a locked cabinet in the DCE's office.

Action Plan Year 3: This is not applicable Year 3. Students who do not meet midterm benchmarks will automatically be placed on a clinical remediation plan the semester the weakness was identified.

Clinical Remediation Plan Year 3: A clinical remediation plan will occur if the student does not meet midterm AMA or final ACCA benchmarks or successfully complete CSD 8921, HSLC and offsite requirements fall and spring semesters. The remediation plan will include goals based on the areas of weakness identified within the assessments stated above. Goals must be met by the end of the semester in which the plan was established. If goals are not met fall semester, the student is placed on clinic probation for the next semester. If goals are not met spring semester, the student is not enrolled in CSD 8910 (see above). No credit will be given for CSD 8921 and the student must retake

the course the following semester. Students may not be placed on more than two clinical remediation plans. After the 2nd clinical remediation plan the student is dismissed from the AuD program.

Clinic Probation: Students who do not successfully complete a clinical remediation plan will be placed on clinic probation. The student will have one semester to improve defined area of weakness. If successful, the student will remain on clinical remediation the following semester. If unsuccessful, the student will be removed from the AuD program. Students may be placed on probation one time only.

Practical Exam Fall Year 3: All Year 3 students will complete a practical exam by midterm of the fall semester. Students must achieve greater than 80% on all sections and overall. If a student is not successful, a remediation exam will be completed in the area(s) <80% by the end of the semester. If the overall score is <80%, the student must retake the entire exam.

- Initial Exam: Pass >80% each section and overall.
- Remediation Exam: Pass >80%. Must be completed by the end of the semester.
- If the student does not pass the remediation, the student will be placed on a clinical remediation plan for spring semester.
- If the student does not pass and is already on remediation, the student will be placed on clinic probation spring semester.
- The practical examination documentation and results will be stored by the DCE.
- Credit for the practical exam will be given in CSD 8921.

CSD 8910 Full-time Audiology Externship: Year 4

Clinical Placement: Fall and spring semester Year 4 students will continue to be enrolled in CSD 8910 at 35-40 hours/week.

CSD 8910 Assessment: Year 4 students enrolled in CSD 8910 (fall and spring semester) will be evaluated at midterm using the external AMA (Appendix D) and at final using the ACCA (Appendix B). All students will be assessed on professionalism and general practice areas. Additional areas will be assessed based on the clinical placement. All required benchmarks have been identified per year/semester and are listed on the AMA and ACCA. Students must continue to follow CSD 8910 class assignments and externship facility requirements. Students who are successful in meeting all midterm and final benchmarks and complete all CSD 8910 assignments and externship facility requirements will receive credit for CSD 8910 and continue the externship each semester. Student who do not complete CSD 8910 assignments or externship facility requirements may receive an "in progress" for the semester until all requirements are completed. If a student fails to do so by the 4th week of the next semester, the student will receive no credit and will be required to make up the semester. This will result in delaying advancement within CSD 8910 including graduation. Students who are not successful in meeting midterm benchmarks will be placed on a clinical remediation plan for the remainder of the semester if agreed upon by the clinical site. The student must meet final benchmarks to received credit for CSD 8910. If not successful or if the student is dismissed early from the externship site, the student will not receive credit for CSD 8910 which will result in a delay in graduation. The clinical faculty will review the student's externship assessment documentation to determine a plan of action. The student will be required to take a comprehensive written and practical exam to assess student knowledge and skill in order to continue in the program. Students who pass both examinations will be reenrolled in CSD 8910. The student must reapply for a new externship placement. Students who do not pass both exams >80% on the first attempt will be dismissed from the AuD program.

Documentation: All assessments will be completed by the student's primary preceptor(s). If more than one assessment is completed, the benchmarks for each category will be averaged. If a student is placed on a remediation plan, the goals will be written by the primary preceptor and student the semester the weakness was identified with guidance from the DCE. The goals will be monitored by the assigned preceptor and DCE if applicable. The student and preceptor (DCE when applicable) will meet or discuss on a weekly basis throughout the semester to monitor the student's progress. The student, preceptor(s), the DCE and the Coordinator of Professional Programs must sign all plans. Documentation will be kept in the student's clinic folder in a locked cabinet in the DCE's office.

Action Plan Year 4: This is not applicable Year 4. Students who do not meet midterm benchmarks will automatically be placed on a clinical remediation plan the semester the weakness was identified.

Clinical Remediation Plan Year 4: A clinical remediation plan will only occur if the student does not meet midterm AMA benchmarks and the site agrees to develop and monitor a plan. If a remediation plan is not implemented the student may be dismissed early from a site. The clinical faculty will review the student's externship assessment documentation to determine a plan of action. The student will be required to take a comprehensive written and practical exam to assess student knowledge and skill in order to continue in the program. Students who pass both

examinations will be reenrolled in CSD 8910. The student must reapply for a new externship placement. Students who do not pass both exams >80% on the first attempt will be dismissed from the AuD program.
Clinic Probation Year 4: Students may not be placed on clinic probation Year 4. Students who are not successful in passing the written and practical exam as discussed in the Clinical Remediation Plan above will be dismissed from the AuD program.

MINIMUM COMPETENCIES FOR INVOLVEMENT IN PATIENT TESTING.

Students may be required to show, through informal testing, professional training course demonstrations, and labs that they can use the test equipment. A student is expected to know how to use test equipment prior to testing a patient. Informal labs on the use of individual pieces of equipment will be given to students as needed (this is one of the reasons the clinicians are responsible for showing up to assigned clinic time even when there are no patients scheduled.) Typically, the clinical supervisor is there to help the clinician become proficient on the use of equipment, not to teach its basic function. This is also true for performing individual tests.

CONFERENCES

Mini-conferences can occur at any point during supervision. They may be informal feedback from your supervisor before, during, or following 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 CSD 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 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 CSD OneDrive for at least 7 years.

PRACTICAL EXAMINATION

Comprehensive practical examinations will occur during Year 1 and Year 3 and a comprehensive practical and written examination will take place Year 2. The purpose of these examinations is to monitor student progress throughout the program and retention of professional skills and knowledge. Results from the examinations will also help determine if students are clinical ready to be placed at off-site placements. See below for information about each examination per cohort. The semester in which the examination is to take place is subject to change. See the at-risk protocol to determine the outcome from each examination. The practical examination documentation and results will be stored by the DCE.

Practical Exam Summer Year 1: All Year 1 students will complete a practical exam by midterm of the summer semester. Students must achieve greater than 80% on all sections and overall. If a student is not successful, a remediation exam will be completed in the area(s) <80% by the end of the semester. If the overall score is <80%, the student must retake the entire exam.

- Initial Exam: Pass >80% each section and overall.
- Remediation Exam: Pass >80%. Must be completed by the end of the semester.
- If the student does not pass the remediation exam and are not currently on a clinical remediation plan, the student will be placed on a clinical remediation plan fall semester (CSD 7921).
- If the student does not pass and is already on remediation, the student will be placed on clinic probation fall semester with a clinical remediation plan. No credit will be given for CSD 6921 and it must be repeated the following semester.
- Credit for the practical exam will be given in CSD 6921.

Practical Exam Spring Year 2: All Year 2 students will complete a comprehensive written and practical examination by midterm spring semester Year 2. Both exams will include content from Years 1 and 2. Students must achieve greater than 80% on both exams. If the overall score is less than 80% on either the written or practical exam, the student must retake that portion of the exam.

- Initial Exam: Pass >80% for both written and practical.
- Retake Exam: Pass >80%. Must be completed by the end of the semester.
- If the student does not pass both exams, the student will be dismissed from the program.
- Credit for the practical exam will be given in CSD 7921

Practical Exam Fall Year 3: All Year 3 students will complete a practical exam by midterm of the fall semester. Students must achieve greater than 80% on all sections and overall. If a student is not successful, a remediation exam will be completed in the area(s) <80% by the end of the semester. If the overall score is <80%, the student must retake the entire exam.

- Initial Exam: Pass >80% each section and overall.
- Remediation Exam: Pass >80%. Must be completed by the end of the semester.
- If the student does not pass the remediation, the student will be placed on a clinical remediation plan for spring semester.

- If the student does not pass and is already on remediation, the student will be placed on clinic probation spring semester.
- Credit for the practical exam will be given in CSD 8921.

END OF THE SEMESTER POLICY

The following must be completed in order to receive credit for patient contact hours and ungraded Audiology Practicum:

A. Clinic reports must be completed following the Report Policy found in the clinic manual. If a report was not submitted following those guidelines you will not receive credit for the practicum. **Final** clinic reports must be submitted to the clinical supervisor by the last day of the semester.

B. **All hours must be logged into Typhon for approval by the last day of the Semester**. 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 final's week.

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

      i. **Offsite requirements**: Each clinician must be prepared to complete an evaluation with your site supervisor prior to completion of your placement. Off-site clinicians may be required to meet with 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 supervisor or with an OU supervisor.

      ii. **HSLC Clinician Requirements**: Evaluations for Grover Clinicians will occur **with** your supervisor 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.