

AUDIOLOGY PRACTICUM AND CLINICAL EXTERNSHIP GUIDELINES

**The University of Kansas Medical Center
Intercampus Program in Communicative Disorders**

Fall 2008

GENERAL INFORMATION

This manual was developed to assist you in understanding the clinical requirements of your program. Most of the information and forms included are applicable to all practicum sites; however, some of this information is specific to the Hearing and Speech Department Audiology Clinic. Placement at a "department" clinic (Schiefelbusch, KUMC or VA) is required of all students. You are encouraged to discuss additional requirements of the various other sites at which you will be assigned with those particular supervisors.

Please refer to www.asha.org for details of the clinical requirements for certification. You will note that the clinical requirements of the AuD exceed those requirements.

*Please note: ASHA requirements and state licensure requirements may not be the same. Refer to licensure laws and guidelines specific for the state for details.

The program begins with clinic observation rotations at various sites for the first two semesters. Clinical placements begin in Summer Year 1. Please refer to the AuD Handbook for details on practicum and externship credit hour enrollment. After the first two observation semesters, you will be assigned to various practicum sites according to program and ASHA requirements. Your initial placement will be in one of the department clinics or the KCVA hospital. Generally, outside placements do not begin until the Summer Year 2. Clinic and supervisor assignments are made by Sandy Keener. In most cases, morning clinic begins at 8:00 am through 12 noon and afternoon clinic is from 12:30 pm until 4:30 pm. Please verify this with your site.

Your attendance at practicum at your assigned time is expected regardless of how many patients are scheduled that particular day. Certain patients are scheduled in order to provide you experience and your supervisor expects your participation. If you are ill and absolutely cannot be at your practicum, contact your supervisor as soon as possible. Missing clinic to study for an examination or write a paper is not an excused absence. You will be expected to make up any time you miss at your supervisor's convenience. Habitual absenteeism will negatively affect your grade.

The program or site may at any point choose to give a clinical competency examination, written/oral/performance, to evaluate your clinical knowledge and abilities. Your performance on these as feedback from supervisors will dictate clinic placement and the need for you to gain additional experience which may exceed minimum requirements. **A final grade of C or lower in clinic is considered substandard clinical performance and will be grounds for placing a student on probation for clinical performance. Any evidence of substandard clinical performance during the semester is also grounds and need not wait until grades are out to constitute a recommendation to the**

department for probationary status. Please refer to the AuD Handbook for further information on the probation policy. Every attempt will be made to work with students displaying substandard clinical performance to improve areas in which they are performing poorly.

Please communicate freely with your supervisor and expect the same in return. The program encourages mid-term conferences between clinical supervisors and their students. We have developed a form for you and your supervisor to use. Some clinical sites have their own evaluation form. Regular contact is kept between the program and outside practicum sites via phone calls. Any concern raised will be brought to your attention.

<p style="text-align: center;">University of Kansas Medical Center Department of Hearing and Speech</p>

CLINIC DRESS CODE

In the KUMC Hearing and Speech Department clinical practicum and field study students are expected to present a professional appearance. Other clinical settings/supervisors (including the KUMC hospital) may have additional/different dress code policies. Please check with your outside clinical supervisor to make sure that your dress is appropriate. **Photo identification cards are required at all clinic sites.**

Clothing should be appropriate to the work environment and present a professional image to patients and families. (Think “business casual.”) Shoulder length or longer hair should be arranged so that it does not fall forward to interfere with patient interactions or create a safety hazard. Mustaches, beards, and/or sideburns are expected to be trimmed and neat.

For safety reasons, excessive jewelry will not be permitted. Acceptable jewelry includes watch, bracelet, earrings, necklace and rings. Dangling earrings over 1” in length or diameter will not be permitted. Necklaces or bracelets that dangle and have potential to become caught in equipment will not be permitted.

Guidelines for frequently asked questions:

- Open-toed shoes and dressy sandals are fine for the department (not allowed in the hospital). However, flip-flops are not appropriate.
- Dressy sleeveless shirts are appropriate for the department (not allowed in the hospital). However, avoid tank tops and remember...no one wants to see your bra or your cleavage.
- Jeans aren't appropriate in the clinic or the hospital. “Dressy denim” is appropriate in skirts or nice shirts.
- Avoid clothing that has the potential to be revealing. It is recommended that before leaving for the clinic you check for “sneak peeks:”
 - Raise your arms to make sure that your stomach stays covered
 - Bend over to check for underwear or skin showing (watch out for low-rider pants).
- Keep in mind that the “trendy evening” style is not always the “appropriate day” style (clothing shouldn't be too tight or too low/high cut).

Overall, dress in a manner that doesn't distract from your therapy session and that instills respect for you as a person/clinician. When in doubt go with the most conservative style or ask your supervisor(s).

FYI: Common dress code in hospitals

- No open toed shoes
- Nylons or socks required
- Skirts must be below the knee
- No sleeveless shirts

**PLEASE VERIFY THIS DRESS CODE WITH YOUR OUTSIDE CLINICAL SITES AND
OBTAIN ANY ADDITIONAL REQUIREMENTS FROM YOUR SUPERVISOR**

INFECTION CONTROL PROCEDURES FOR AUDIOLOGICAL TEST EQUIPMENT

BAER ELECTRODES

1. Most electrodes using in BAER testing are disposable.
2. If reusable surface electrodes are used, cleaner/disinfectant should be used. Hospital grade disinfectant is located in the large test suite area.

IMMITTANCE PROBES, INSERTS, ETC

1. Remove wax or other debris with soap and water prior to placing in the cleaner/disinfectant.
2. Soak in cleaner/disinfectant (1:64 concentration) in ultrasonic cleaner for 30 minutes.
3. Rinse with water.
4. Place on paper towel to dry.
5. Use forced air blower to remove water from tubing on inserts.

SPECULA

1. All specula for the otoscopes are disposable and should be thrown away after each use.
2. The specula for the video otoscope should be cleaned using the same procedure that is used for immittance probes.

OTHER

1. Any toys or surface areas should be wiped and cleaned with a 1:10 chlorox and water solution.

Detailed infection control guidelines are published by the hospital. Please refer to the www.kumc.edu for details.

Patient Privacy and Confidentiality Policy

To ensure that the patient's privacy and confidentiality is honored and maintained at all times, the KUMC Audiology Clinic adheres to and supports the following statements:

Client charts are not to be taken out of the clinic area.

Original copies of clinical information may not be removed from the chart. Information needed for purposes of report writing may be photocopied after precautions have been taken to protect client confidentiality.

Any information pertaining to a client that is used for other purposes, such as case presentations, must be absent of any identifying information. In addition, permission must be obtained from the supervisor.

Any document that has identifying information on it, such as a draft of a report, or an audiogram that has been recopied, must be shredded. DO NOT deposit these items in the waste can. The shredder is located beside the photocopier.

Be extremely cautious in transmitting information about patients through E-mail. Treat all E-mail files and attachments as private and confidential. Audiology reports may be sent to the supervisor as an attachment with the supervisors permission and directions.

If you have any questions regarding the privacy of patients or their rights to confidentiality, please discuss them with your supervisor.

ASHA's Principle of Ethics I states:

Individuals shall honor their responsibility to hold paramount the welfare of persons they serve professionally.

Inherent in this Principle is the idea of patient privacy and a patient's right to confidentiality of information. The World Medical Association Declaration on the Rights of the Patient (1995) emphasize three main points pertaining to confidentiality:

1. All identifiable information about a patient's health status, medical condition, diagnosis, prognosis and treatment and all other information of a personal kind must be kept confidential.
2. Confidential information can only be disclosed if the patient gives explicit consent or if expressly provided for in the law. Information can be disclosed to other health care providers only on a strictly "need to know" bases unless the patient has given explicit consent.

3. All identifiable patient data must be protected. The protection of the data must be appropriate to the manner of its storage.

CURRENT AUDIOLOGY CLINICAL PRACTICUM SITES

Hearing and Speech Department Audiology Clinic - KUMC

Diagnostics on all ages, ABR, (neonatal screening and diagnostic) otoacoustic emissions, hearing aids, cochlear implants, and aural rehabilitation.

Schiefelbusch Speech-Language-Hearing Clinic – Lawrence, Kansas

Varied population, hearing aids, OAE, ABR and aural rehabilitation services

Ear, Nose and Throat - KUMC

Diagnostics all ages, hearing aids, ABR, Vestibular, intraoperative monitoring, cochlear implant programming and follow-up.

Kansas City VA - Kansas City, Missouri

Adult diagnostics, hearing aids, ABR, ENG.

Topeka VA - Topeka, Kansas

Adult diagnostics, hearing aids, ABR, vestibular

Midwest Ear Institute - Kansas City, Missouri

Vestibular assessment, cochlear implants, hearing aids, diagnostic assessment

Associated Audiologists - Olathe, and Prairie Village, Kansas

Diagnostics on all ages, ABR, hearing aids.

Public School Audiology

Blue Springs

Kansas City, Kansas

Olathe

Shawnee Mission

Blue Valley

Diagnostics and school age screenings, auditory processing, classroom amplification, IEP meeting.

Children's Mercy Hospital - Kansas City, MO

Diagnostics, ABR, and hearing aids.

Otologic Center- Kansas City Missouri
Diagnostics, hearing aids, primarily adult population.

Northland ENT, Liberty, MO
Diagnostics, hearing aids

***Many sites have multiple supervisors. The program verifies ASHA CCC and state licensure**

Numbers and issues of interest to you:

ASHA hotline: (800) 498-2071 action center (800) 321-2742 answer line
www.asha.org

- information regarding membership and certification, dates of national exam, CFY, etc.

Kansas Department of Health and Environment
State Licensing Board (913) 296-0056

- information on state licensure for audiology

Kansas State Board of Hearing Aid Examiners (316) 263-0774

- information on hearing aid dispenser licensure, dates of examinations, etc.

KSHA (800) 248-KSHA

APPENDIX A-Clinic Forms

1. Audiology Clinical Hours Record
2. Student Evaluation
3. Supervisor Evaluation form

1. Audiology Practicum Clock Hour Record - All students are required to keep record of all clinical practicum hours by completing this form with your supervisor. You need to have 3 copies of these records, two of which need original signatures. **A copy of the completed records must be turned in to Sandy Keener by the last day of final examinations at the end of every semester.** The original must be turned into Nancy Martin to be placed in your student file. It must have original signatures, again, the other one you turn in may be a photocopy. One set with original signatures is for your records. These records are required for determining future clinic placement and obtaining ASHA certification and will be placed in your student file. If you have any questions about the form and how to fill it out, please ask your supervisor.

2. Student Evaluation Form: These forms are provided to all practicum supervisors as a guide to expected clinical performance based on your experience in clinic. It is used to determine your grade. A review of your performance should take place at mid and end of the semester. Please discuss this with your supervisors as their expectations of your abilities follow these guidelines. This is due when your clock hour record is due and is turned into Sandy Keener.

3. Supervisor Evaluation Form – This form is used for you to provide feedback about your clinical site and supervision. This is due when your clock hour record is due and is turned into Sandy Keener.

***Failure to turn in the above paperwork will result in the grade of “I” issued for clinic. Your prompt attention to this EVERY SEMESTER is expected and appreciated. These forms are available by the last week of every semester and will be in Sandy Keener’s office for you to pick up.**

CLINICAL PRACTICUM RECORD

STUDENT:

SEMESTER:

PLACEMENT #:

SITE:

SUPERVISOR:

PRACTICUM ASSIGNMENT: _____ HOURS/WEEK FOR _____ WEEKS

THE ABOVE NAMED STUDENT SUCESSFULLY COMPLETED THE ASSIGNED CLINICAL PRACTICUM.

AT LEAST 80% OF THE STUDENT'S EXPERIENCE INVOLVED DIRECT PATIENT CONTACT.

EXPERIENCE OBTAINED (CHECK ALL THAT APPLY FOR ADULT AND PEDIATRIC and CIRCLE TESTS IF MULTIPLE LISTED)

TEST OR TREATMENT PROCEDURE:	ADULT	PEDIATRIC
AEP/ECOCHG/OAE		
AC/BC/SPEECH/MASKING		
SPEECH AUDIOMETRY		
TYMPANOMETRY		
ACOUSTIC REFLEXES		
CERUMEN MANAGEMENT		
CENTRAL TESTING		
VESTIBULAR TESTING		
HEARING AID		
AURAL REHAB/COUNSELING		
ASSISTIVE DEVICES		
COCHLEAR IMPLANT		
OTHER specify:		

*detail of above experience in accordance with ASHA Audiology Certification Standard IV sect. A-E

COMMENTS:

SUPERVISOR'S SIGNATURE _____

ASHA # _____

CLINICAL PRACTICUM EVALUATION

Instructions: The clinical practicum student or extern is required to complete this evaluation form and turn it in to the clinical coordinator at the end of the semester. No grade will be assigned unless the Clinical Practicum form is on file. The student is not obligated to review this critique with the supervisor.

Student Name _____ **Site** _____

Semester/Year _____ **Hrs/wk at Site** _____

Site Supervisor _____

For each of the following statements, please circle the letter which best describes your response to the item. Key: SA=Strongly Agree; A=Agree; N=Neutral; D=Disagree; SD=strongly disagree.

Site orientation was adequate. SA A N D SD

Site supervision was adequate. SA A N D SD

I was encouraged to participate in decisions regarding the department and my activities. SA A N D SD

I had interaction with other disciplines. SA A N D SD

Professional activities were varied. SA A N D SD

My time was effectively used. SA A N D SD

I had adequate time to complete my duties. SA A N D SD

My duties met my professional needs. SA A N D SD

My independence was commensurate with my skills. SA A N D SD

I was appropriately prepared for this site. SA A N D SD

Describe the responsibilities at this site (indicate percent of time in each).

What was the nature of the supervision you received (i.e., quality, quantity, consistency)?

What were the positive aspects of your experience at this site?

What were the negative aspects of your experience at this site?

Mid-semester conference with supervisor? **Yes No**

Final conference with supervisor? **Yes No**

Have you discussed this evaluation with your supervisor? **Yes No**

Would you be willing for your supervisor to see this evaluation? **Yes No**

CLINICAL PRACTICUM STUDENT EVALUATION

Student: _____

Date: _____

Practicum Site: _____

Semester in clinic: _____

Supervisor: _____

Scale:

- 1) **Poor**-means student cannot or will not learn techniques; needs constant supervision.
- 2) **Unsatisfactory**-means slow to learn, needs constant supervision, work is well below graduate level performance.
- 3) **Fair**-needs supervision on most tasks; work often needs to be redone; work performance is below graduate level performance.
- 4) **Good**-means knows best techniques fairly well; requires moderate amount of supervision; some inadequacies present but improvement noted.
- 5) **Excellent**-means well informed on most aspects of testing; seldom requires assistance; however, general direction is given by the supervisor at the student's request; exceeds average graduate level performance.

* If you are unable to rate an item, circle "X" for that item.

PROFESSIONAL RESPONSIBILITY AND INTERACTION

Punctuality in reporting to clinic	1 2 3 4 5 X
Interest in clinical assignments	1 2 3 4 5 X
Interest in improving clinical performance	1 2 3 4 5 X
Promptness in maintaining client chart and submitting any necessary reports	1 2 3 4 5 X
Orderliness in maintaining clinic room, test suite, equipment	1 2 3 4 5 X
Biologic check and equipment troubleshooting	1 2 3 4 5 X
Demonstration of initiative	1 2 3 4 5 X
Approachability/responsiveness to supervisor	1 2 3 4 5 X
Effectiveness in dealing with clients and/or families	1 2 3 4 5 X

Comments:

REVIEW OF RECORDS AND CASE HISTORY

Understanding and looking up terminology in client records	1 2 3 4 5 X
Ability to reach logical conclusions from review of records and history	1 2 3 4 5 X
Ability to conduct client interview at patient's (or family's) level of understanding	

	1 2 3 4 5 X
Accurate in obtaining and recording pertinent information	1 2 3 4 5 X
Accomplish case history taking in an appropriate amount of time	1 2 3 4 5 X

Comments:

BASIC BATTERY

Ability to employ appropriate method to determine ac/bc threshold	1 2 3 4 5 X
Patient instructions are clear and concise	1 2 3 4 5 X
Establishes accurate assessment of pure tone sensitivity	1 2 3 4 5 X
Speed	1 2 3 4 5 X
Ability to mask appropriately for air conduction	1 2 3 4 5 X
bone conduction	1 2 3 4 5 X
speech	1 2 3 4 5 X
special tests	1 2 3 4 5 X
Ability to carry out SRT/SAT (knowledge of info obtained, modifications needed, etc.)	1 2 3 4 5 X
Ability to carry out word recognition testing (knowledge of materials, modifications, etc)	1 2 3 4 5 X
Ability to carry out and accurately interpret tympanometry	1 2 3 4 5 X
Ability to carry out and accurately interpret acoustic reflex testing	1 2 3 4 5 X
Ability to carry out and accurately interpret acoustic reflex decay testing	1 2 3 4 5 X

Comments:

COUNSELING

Ability to accurately summarize results of basic battery	1 2 3 4 5 X
Ability to convey results to client and/or family	1 2 3 4 5 X
Ability to answer questions from client and/or family	1 2 3 4 5 X

Comments:

TEST SELECTION AND INTERPRETATION

SITE OF LESION:

PI-PB 1 2 3 4 5 X
MLD 1 2 3 4 5 X

CENTRAL TESTS:

SSW 1 2 3 4 5 X
SI-ICM/CCM 1 2 3 4 5 X
FREQ/TONE PATTERNS 1 2 3 4 5 X
DICHOTIC DIGITS 1 2 3 4 5 X

ELECTROPHYSIOLOGIC MEASURES:

OTOACOUSTIC EMISSIONS 1 2 3 4 5 X
AUDITORY BRAINSTEM RESPONSE 1 2 3 4 5 X
OTHER AEPS 1 2 3 4 5 X

Selection of appropriate tests 1 2 3 4 5 X
Accurate administration of special tests 1 2 3 4 5 X
Accurate interpretation of special tests 1 2 3 4 5 X
Insight regarding the significance of individual tests as well as test profile 1 2 3 4 5 X

Comments:

VESTIBULAR TESTING

Able to assist in administration of vestibular test procedures 1 2 3 4 5 X
Able to assist in interpretation of vestibular test findings 1 2 3 4 5 X

Comments:

HEARING AIDS

Ability to determine need 1 2 3 4 5 X
Ability to determine type 1 2 3 4 5 X
Consideration given to all viable options 1 2 3 4 5 X
Earmold impression technique and accuracy 1 2 3 4 5 X
Selection of appropriate earmold 1 2 3 4 5 X
Selection of appropriate circuitry 1 2 3 4 5 X
Ability to perform electroacoustic analysis and recognize any problems with aid 1 2 3 4 5 X
Ability to perform real ear measurements 1 2 3 4 5 X
Ability to adjust using computer based programming software 1 2 3 4 5 X
Ability to troubleshoot 1 2 3 4 5 X

Comments:

REHABILITATIVE AUDIOLOGY

Ability to determine need for further counseling and/or rehabilitative services 1 2 3 4 5 X

Ability to prepare and administer an appropriate short-term program 1 2 3 4 5 X

Comments:

REPORT WRITING

Accurate statement of referral 1 2 3 4 5 X

Accurate summary of case history (presented in logical order) 1 2 3 4 5 X

Accurate statement of test procedures 1 2 3 4 5 X

Accurate statement of test results 1 2 3 4 5 X

Ability to integrate referral concerns, patient concerns, and findings into a summary 1 2 3 4 5 X

Ability to make appropriate recommendations 1 2 3 4 5 X

Attentive to release of information 1 2 3 4 5 X

Timeliness of reports 1 2 3 4 5 X

Overall clarity, conciseness, spelling, grammar, etc. 1 2 3 4 5 X

Comments:

SUMMARY

COMMENTS: _____

Midterm report: _____

Final report: _____

Recommended clinical practicum grade: _____

Student signature date Supervisor signature date

KNOWLEDGE AND APPLICATION OF TEST TECHNIQUES

Competency ratings are determined by the following scale:

1. **Unsatisfactory** – means cannot or will not learn techniques; needs constant supervision; work unacceptable; work usually needs to be redone.
2. **Fair** – means slow to learn; needs supervision on most tasks; work often needs to be redone; work performance is at a marginal graduate level performance.
3. **Average** – means knows test techniques fairly well; requires moderate amount of supervision; some inadequacies present, but improvement noted.
4. **Good** – means well informed for most aspects of testing; seldom requires assistance; exceeds average graduate level performance.
5. **Excellent** – means completely knowledgeable on all phases of testing; works independently.

Grading Level Criteria:

Ratings	I	II	III	IV
5	A	A	A	A
4	A	A-	A-	A-
3	A-	B	B	C
2	B	B-	C	C
1	C	C	C	C

Semester:	1 st	2 nd	3 rd	4 th	5 th
Basic battery:	I	I	II	III	IV
Air conduction	I	I	II	III	IV
Bone conduction	I	I	II	III	IV
SRT	I	I	II	III	IV
Word recognition	I	I	II	III	IV
Masking:					
AC	I	I	II	III	IV
BC	I	I	II	III	IV
Speech	I	I	II	III	IV
Special tests	-	I	I	II	III
Tympanometry	I	I	II	III	IV
Reflex	I	I	II	III	IV
History	I	I	II	III	IV
Report Writing	-	I	I	II	III
Site of lesion tests:					
PI-PB	-	I	I	II	III
MLD	-	I	I	II	III
Otoacoustic Emissions	-	-	I	II	III
ABR	-	-	I	II	III
Electrochleography	-	-	I	II	III
Other AEP	-	-	I	II	III
Central Tests:					
SSW	-	-	I	II	III
SSI-ICM/CCM	-	-	I	II	III
Freq. tone patterns	-	-	I	II	III
Dichotic digits	-	-	I	II	III

Test Selection and Interpretation:

Select. appro.test	I	I	II	III	IV
Interp.indiv.test	I	I	II	III	IV
Interp.test profile	-	I	II	III	IV
Appro.recommend.	-	I	II	III	III
Appro. referrals	-	I	II	II	III
Functional loss	-	I	II	III	III

Counseling:

Patient feedback	I	I	II	II	III
Patient/family	-	I	I	II	III
Rehabilitative	-	-	I	II	III

Hearing Aid Selection:

Determine need	-	I	II	II	III
Determine type	-	-	I	II	III
Consider viable options	-	-	I	II	III
Ear impression	-	I	I	II	III
Select appro. circuit	-	-	I	II	III
Earmold selection	-	-	I	II	III
Electroacoustic anal.	-	-	I	II	III
Real-Ear fitting	-	-	I	II	III
Programming	-	-	I	II	III
Feature selection	-	-	I	II	III
Trouble-shooting	-	-	I	II	III

Referrals								
VESTIBULAR TESTS								
Administration								
Interpretation								
HEARING AIDS								
Determine Need								
Determine Type								
Considers All Options								
Earmold Impressions								
Appropriate Earmold								
Appropriate Circuitry								
Electroacoustic Analysis								
Real-Ear Measures								
Programming								
Feature selection								
Troubleshooting								
REHABILITATIVE AUD								
Determine Need								
Program Development								
REPORT WRITING								
Accurate Referral								
Accurate Case History								
Accurate Test Summary								
Integration of Summary								
Recommendations								
Release of Information								
Timelines								
Overall Clarity								