Audiology Clinic Handbook

Procedural Manual to be used in Audiology Clinical Practicum

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Description of Services

The Audiology Clinic offers services to people of all ages, from infants to adults. The Clinic's goal is to improve communication through diagnostic evaluation and rehabilitative intervention. The initial contact with the patient is typically an audiological assessment to determine the hearing status of the patient and the extent of the problem. Based on the results of this evaluation, and the patient’s needs, recommendations are made to the patient and his or her family regarding the avenues available for improved hearing and communication.

The Audiology Clinic dispenses hearing aids and assistive listening devices (i.e., FM listening systems, personal amplifiers, telephone amplifiers, and alarm/warning devices). An in-depth orientation is provided to patients and their family members to insure the proper care and use of these devices, along with communication strategies to gain the most benefit within the individual's unique listening environment.

The Audiology Clinic provides the following diagnostic and rehabilitative services:

- Preschool speech, language and hearing screening program
- Adult hearing and speech-language screenings
- Hearing Conservation Program
- First Steps (Birth to three) Program
  - Diagnostic hearing evaluation of infants and toddlers
    - Auditory Brainstem Response (ABR) testing
    - Otoacoustic emissions (OAE) assessment
- Greater Lafayette Area Special Services
  - Comprehensive pediatric hearing assessment
- Comprehensive adult hearing assessment
- Hearing aid program for infants, children and adults
  - Hearing aid selection, evaluation and fitting
  - Assistive listening device evaluation and dispensing
- Aural Rehabilitation program
  - Periodic off-site and on-site group adult aural rehabilitation
  - Individual pediatric and adult aural rehabilitation (in conjunction with the Speech-Language Clinic)
A. ETHICAL PRACTICES
   • Conducts all clinical work in accordance with the Purdue University Professional Protocol and the Code of Ethics set forth by the American Speech-Language-Hearing Association.

B. DEPENDABILITY
   • Prepares for and conducts clinical services as assigned.
   • Prepares for and conducts meetings/conferences/consultations (reviews appropriate files, develops questions and/or key points for discussion).
   • Carries out all duties to accomplish total case management (e.g., forms, phone calls, referrals, etc.).
   • Makes appropriate arrangements and notifies all concerned regarding any schedule/location change or cancellation.

C. PUNCTUALITY
   • Conducts clinical contacts within appropriate time frame.
   • Begins and ends session promptly in order to allow sufficient time for clean up and setting-up the next session.
   • Does not cancel appointments without approval from Clinical Instructor.
   • In case of student clinician illness, accepts responsibility to
     (a) Notify clinical instructor first
     (b) Call patient/parent if needed
     (c) Discuss arrangements for make-up appointments with clinical instructor.
   • When a patient is late, checks with appointment secretary to see if they cancelled. Then checks with clinical instructor. Never leaves the clinic without notifying/checking with clinical instructor first.
   • Requests approval for absence from clinic in writing in advance of any anticipated absences from professional responsibilities.
   • Submits all written assignments (e.g., test results, reports, letters, etc.) in acceptable form (appropriate grammatical usage, paragraph structure, punctuation, and spelling) by scheduled deadlines.
   • Attends all meetings/conferences/consultations on time.

D. CONFIDENTIALITY
   • Retains clinic folders in assigned locations in clinic, main office, therapy rooms, or graduate room.
   • Utilizes discretion concerning patient information in written and oral communication with others.
E. PERSONAL APPEARANCE
- Utilizes discretion in dress and behavior in professional activities.
- Wears name badge to provide patients, family members, and others with a means of easily identifying graduate students.
- Maintains and promotes a positive professional image.
- Does not wear ANY scented products (i.e., perfume, hair products, body lotions, etc.).
- Maintains proper personal hygiene

F. COMMUNICATION
- Utilizes appropriate communication in all professional activities.
- Provides appropriate communication model for patient and family.
- Uses appropriate written and oral communication with all persons involved in the case including clinical instructor, co-clinicians, and other professionals.
- Contacts clinical instructor regarding inability to complete work by designated deadline.
- Checks mailboxes at least once per day.

G. ACCOUNTABILITY
- Keeps documentation (test results, data on specific goals, correspondence, release of information, hearing aid status etc.) up-to-date and filed in the patient's clinic folder.
- Fills out appropriate billing forms in a timely manner.
- Reviews information in the Purdue University Audiology Clinic Handbook each semester.

If exhibited behaviors violate these standards of our profession, the clinical instructor who deems your conduct as inappropriate will complete a Professional Protocol Notice. (See sample form on the next page)

Failure to meet these standards will result in probationary status to be determined by the Audiology Clinic Director and the Clinical Instructors directly involved. The result may also be lowering of the semester clinical grade and/or termination of clinical responsibilities.
Professional Protocol Notice

To: _______________________________________, Student Clinician

From: _______________________________________, Clinical Instructor

Date: _______________________________________

On __________________(date), you __________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

This behavior is not consistent with the standards of clinical behavior at Purdue University’s Audiology Clinic. Please review the Protocol of Professional Behavior, and the Written and Oral/non-verbal Communication Protocols described in the Audiology Clinic Handbook and the Clinical Skills Competency Form. If you have questions following that, please make an appointment to discuss them with me. You will be notified if a remediation plan is appropriate and we will meet to formulate this plan in consultation with either the Director of Clinical Education in Audiology.

Please review the Graduate Handbook which describes in detail Clinical Practicum Privileges, Policies and Implementation: Evaluation of Clinical Practicum Performance and Progress. Please indicate that you have read this memo by signing and dating it and leaving it immediately in my mailbox.

_________________________________________  _________________________
Student Clinician                              Date

_________________________________________  _________________________
Clinical Instructor                            Date

Cc: Jennifer Simpson, Director of Clinical Education in Audiology

_________________________________________, Advisor
Code of Ethics

Index terms: ethics
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Preamble

The preservation of the highest standards of integrity and ethical principles is vital to the responsible discharge of obligations by speech-language pathologists, audiologists, and speech, language, and hearing scientists. This Code of Ethics sets forth the fundamental principles and rules considered essential to this purpose.

Every individual who is (a) a member of the American Speech-Language-Hearing Association, whether certified or not, (b) a nonmember holding the Certificate of Clinical Competence from the Association, (c) an applicant for membership or certification, or (d) a Clinical Fellow seeking to fulfill standards for certification shall abide by this Code of Ethics.

Any violation of the spirit and purpose of this Code shall be considered unethical. Failure to specify any particular responsibility or practice in this Code of Ethics shall not be construed as denial of the existence of such responsibilities or practices.

The fundamentals of ethical conduct are described by Principles of Ethics and by Rules of Ethics as they relate to the responsibility to persons served, the public, speech-language pathologists, audiologists, and speech, language, and hearing scientists, and to the conduct of research and scholarly activities.

Principles of Ethics, aspirational and inspirational in nature, form the underlying moral basis for the Code of Ethics. Individuals shall observe these principles as affirmative obligations under all conditions of professional activity.

Rules of Ethics are specific statements of minimally acceptable professional conduct or of prohibitions and are applicable to all individuals.

Principle of Ethics I

Individuals shall honor their responsibility to hold paramount the welfare of persons they serve professionally or who are participants in research and scholarly activities, and they shall treat animals involved in research in a humane manner.

Rules of Ethics

A. Individuals shall provide all services competently.
B. Individuals shall use every resource, including referral when appropriate, to ensure that high-quality service is provided.
C. Individuals shall not discriminate in the delivery of professional services or the conduct of research and scholarly activities on the basis of race or ethnicity, gender, gender identity/gender expression, age, religion, national origin, sexual orientation, or disability.
D. Individuals shall not misrepresent the credentials of assistants, technicians, support personnel, students, Clinical Fellows, or any others under their supervision, and they shall inform those they serve professionally of the name and professional credentials of persons providing services.
E. Individuals who hold the Certificate of Clinical Competence shall not delegate tasks that require the unique skills, knowledge, and judgment that are within the scope of their profession to assistants, technicians, support personnel, or any nonprofessionals over whom they have supervisory responsibility.
F. Individuals who hold the Certificate of Clinical Competence may delegate tasks related to provision of clinical services to assistants, technicians, support personnel, or any other persons only if those services are appropriately supervised, realizing that the responsibility for client welfare remains with the certified individual.

G. Individuals who hold the Certificate of Clinical Competence may delegate tasks related to provision of clinical services that require the unique skills, knowledge, and judgment that are within the scope of practice of their profession to students only if those services are appropriately supervised. The responsibility for client welfare remains with the certified individual.

H. Individuals shall fully inform the persons they serve of the nature and possible effects of services rendered and products dispensed, and they shall inform participants in research about the possible effects of their participation in research conducted.

I. Individuals shall evaluate the effectiveness of services rendered and of products dispensed, and they shall provide services or dispense products only when benefit can reasonably be expected.

J. Individuals shall not guarantee the results of any treatment or procedure, directly or by implication, however, they may make a reasonable statement of prognosis.

K. Individuals shall not provide clinical services solely by correspondence.

L. Individuals may practice by telecommunication (e.g., telehealth/e-health), where not prohibited by law.

M. Individuals shall adequately maintain and appropriately secure records of professional services rendered, research and scholarly activities conducted, and products dispensed, and they shall allow access to these records only when authorized or when required by law.

N. Individuals shall not reveal, without authorization, any professional or personal information about identified persons served professionally or identified participants involved in research and scholarly activities unless doing so is necessary to protect the welfare of the person or of the community or is otherwise required by law.

O. Individuals shall not charge for services not rendered, nor shall they misrepresent services rendered, products dispensed, or research and scholarly activities conducted.

P. Individuals shall enroll and include persons as participants in research or teaching demonstrations only if their participation is voluntary, without coercion, and with their informed consent.

Q. Individuals whose professional services are adversely affected by substance abuse or other health-related conditions shall seek professional assistance and, where appropriate, withdraw from the affected areas of practice.

R. Individuals shall not discontinue service to those they are serving without providing reasonable notice.

**Principle of Ethics II**

Individuals shall honor their responsibility to achieve and maintain the highest level of professional competence and performance.
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| **Rules of Ethics** | A. Individuals shall engage in the provision of clinical services only when they hold the appropriate Certificate of Clinical Competence or when they are in the certification process and are supervised by an individual who holds the appropriate Certificate of Clinical Competence.  
B. Individuals shall engage in only those aspects of the professions that are within the scope of their professional practice and competence, considering their level of education, training, and experience.  
C. Individuals shall engage in lifelong learning to maintain and enhance professional competence and performance.  
D. Individuals shall not require or permit their professional staff to provide services or conduct research activities that exceed the staff member’s competence, level of education, training, and experience.  
E. Individuals shall ensure that all equipment used to provide services or to conduct research and scholarly activities is in proper working order and is properly calibrated. |
| **Principle of Ethics III** | Individuals shall honor their responsibility to the public by promoting public understanding of the professions, by supporting the development of services designed to fulfill the unmet needs of the public, and by providing accurate information in all communications involving any aspect of the professions, including the dissemination of research findings and scholarly activities, and the promotion, marketing, and advertising of products and services. |
| **Rules of Ethics** | A. Individuals shall not misrepresent their credentials, competence, education, training, experience, or scholarly or research contributions.  
B. Individuals shall not participate in professional activities that constitute a conflict of interest.  
C. Individuals shall refer those served professionally solely on the basis of the interest of those being referred and not on any personal interest, financial or otherwise.  
D. Individuals shall not misrepresent research, diagnostic information, services rendered, results of services rendered, products dispensed, or the effects of products dispensed.  
E. Individuals shall not defraud or engage in any scheme to defraud in connection with obtaining payment, reimbursement, or grants for services rendered, research conducted, or products dispensed.  
F. Individuals’ statements to the public shall provide accurate information about the nature and management of communication disorders, about the professions, about professional services, about products for sale, and about research and scholarly activities.  
G. Individuals’ statements to the public when advertising, announcing, and marketing their professional services; reporting research results; and promoting products shall adhere to professional standards and shall not contain misrepresentations. |
| **Principle of Ethics IV** | Individuals shall honor their responsibilities to the professions and their relationships with colleagues, students, and members of other professions and disciplines. |
**Rules of Ethics**

A. Individuals shall uphold the dignity and autonomy of the professions, maintain harmonious interprofessional and intraprofessional relationships, and accept the professions' self-imposed standards.

B. Individuals shall prohibit anyone under their supervision from engaging in any practice that violates the Code of Ethics.

C. Individuals shall not engage in dishonesty, fraud, deceit, or misrepresentation.

D. Individuals shall not engage in any form of unlawful harassment, including sexual harassment or power abuse.

E. Individuals shall not engage in any other form of conduct that adversely reflects on the professions or on the individual's fitness to serve persons professionally.

F. Individuals shall not engage in sexual activities with clients, students, or research participants over whom they exercise professional authority or power.

G. Individuals shall assign credit only to those who have contributed to a publication, presentation, or product. Credit shall be assigned in proportion to the contribution and only with the contributor's consent.

H. Individuals shall reference the source when using other persons' ideas, research, presentations, or products in written, oral, or any other media presentation or summary.

I. Individuals' statements to colleagues about professional services, research results, and products shall adhere to prevailing professional standards and shall contain no misrepresentations.

J. Individuals shall not provide professional services without exercising independent professional judgment, regardless of referral source or prescription.

K. Individuals shall not discriminate in their relationships with colleagues, students, and members of other professions and disciplines on the basis of race or ethnicity, gender, gender identity/gender expression, age, religion, national origin, sexual orientation, or disability.

L. Individuals shall not file or encourage others to file complaints that disregard or ignore facts that would disprove the allegation, nor should the Code of Ethics be used for personal reprisal, as a means of addressing personal animosity, or as a vehicle for retaliation.

M. Individuals who have reason to believe that the Code of Ethics has been violated shall inform the Board of Ethics.

N. Individuals shall comply fully with the policies of the Board of Ethics in its consideration and adjudication of complaints of violations of the Code of Ethics.
Scope of Practice in Audiology

Ad Hoc Committee on Scope of Practice in Audiology


Index terms: scope of practice

DOI: 10.1044/policy.SP2004-00192
This scope of practice in audiology statement is an official policy of the American Speech-Language-Hearing Association (ASHA). The document was developed by the Coordinating Committee for the ASHA vice president for professional practices in audiology and approved in 2003 by the Legislative Council (11-03). Members of the coordinating committee include Donna Fisher Smiley (chair), Michael Bergen, and Jean-Pierre Gagné with Vic S. Gladstone and Tina R. Mullins (ex officios). Susan Brannen, ASHA vice president for professional practices in audiology (2001-2003), served as monitoring vice president. This statement supersedes the Scope of Practice in Audiology statement (LC 08-95), (ASHA, 1996).

****

The purpose of this document is to define the scope of practice in audiology in order to (a) describe the services offered by qualified audiologists as primary service providers, case managers, and/or members of multidisciplinary and interdisciplinary teams; (b) serve as a reference for health care, education, and other professionals, and for consumers, members of the general public, and policy makers concerned with legislation, regulation, licensure, and third party reimbursement; and (c) inform members of ASHA, certificate holders, and students of the activities for which certification in audiology is required in accordance with the ASHA Code of Ethics.

Audiologists provide comprehensive diagnostic and treatment/rehabilitative services for auditory, vestibular, and related impairments. These services are provided to individuals across the entire age span from birth through adulthood; to individuals from diverse language, ethnic, cultural, and socioeconomic backgrounds; and to individuals who have multiple disabilities. This position statement is not intended to be exhaustive; however, the activities described reflect current practice within the profession. Practice activities related to emerging clinical, technological, and scientific developments are not precluded from consideration as part of the scope of practice of an audiologist. Such innovations and advances will result in the periodic revision and updating of this document. It is also recognized that specialty areas identified within the scope of practice will vary among the individual providers. ASHA also recognizes that credentialed professionals in related fields may have knowledge, skills, and experience that could be applied to some areas within the scope of audiology practice. Defining the scope of practice of audiologists is not meant to exclude other appropriately credentialed postgraduate professionals from rendering services in common practice areas.

Audiologists serve diverse populations. The patient/client population includes persons of different race, age, gender, religion, national origin, and sexual orientation. Audiologists' caseloads include individuals from diverse ethnic, cultural, or linguistic backgrounds, and persons with disabilities. Although audiologists are prohibited from discriminating in the provision of professional services based on these factors, in some cases such factors may be relevant to the development of an appropriate treatment plan. These factors may be considered in treatment plans only when firmly grounded in scientific and professional knowledge.
Figure 1. Conceptual Framework of ASHA Standards and Policy Statements

This scope of practice does not supersede existing state licensure laws or affect the interpretation or implementation of such laws. It may serve, however, as a model for the development or modification of licensure laws.

The schema in Figure 1 depicts the relationship of the scope of practice to ASHA's policy documents that address current and emerging audiology practice areas; that is, preferred practice patterns, guidelines, and position statements. ASHA members and ASHA-certified professionals are bound by the ASHA Code of Ethics to provide services that are consistent with the scope of their competence, education, and experience (ASHA, 2003). There are other existing legislative and regulatory bodies that govern the practice of audiology.

The practice of audiology includes both the prevention of and assessment of auditory, vestibular, and related impairments as well as the habilitation/rehabilitation and maintenance of persons with these impairments. The overall goal of the provision of audiology services should be to optimize and enhance the ability of an individual to hear, as well as to communicate in his/her everyday or natural environment. In addition, audiologists provide comprehensive services to individuals with normal hearing who interact with persons with a hearing impairment. The overall goal of audiology services is to improve the quality of life for all of these individuals.

The World Health Organization (WHO) has developed a multipurpose health classification system known as the International Classification of Functioning, Disability, and Health (ICF) (WHO, 2001). The purpose of this classification system is to provide a standard language and framework for the description of functioning and health. The ICF framework is useful in describing the role of audiologists in the prevention, assessment, and habilitation/rehabilitation of auditory, vestibular, and other related impairments and restrictions or limitations of functioning.
The ICF is organized into two parts. The first part deals with Functioning and Disability while the second part deals with Contextual Factors. Each part has two components. The components of Functioning and Disability are:

**Body Functions and Structures:** Body Functions are the physiological functions of body systems and Body Structures are the anatomical parts of the body and their components. Impairments are limitations or variations in Body Function or Structure such as a deviation or loss. An example of a Body Function that might be evaluated by an audiologist would be hearing sensitivity. The use of typanometry to assess the mobility of the tympanic membrane is an example of a Body Structure that might be evaluated by an audiologist.

- **Activity/Participation:** In the ICF, Activity and Participation are realized as one list. Activity refers to the execution of a task or action by an individual. Participation is the involvement in a life situation. Activity limitations are difficulties an individual may experience while executing a given activity. Participation restrictions are difficulties that may limit an individual's involvement in life situations. The Activity/Participation construct thus represents the effects that hearing, vestibular, and related impairments could have on the life of an individual. These effects could include the ability to hold conversations, participate in sports, attend religious services, understand a teacher in a classroom, and walk up and down stairs.

The components of Contextual Factors are:

- **Environmental Factors:** Environmental Factors make up the physical, social, and attitudinal environment in which people live and conduct their lives. Examples of Environmental Factors, as they relate to audiology, include the acoustical properties of a given space and any type of hearing assistive technology.
- **Personal Factors**: Personal Factors are the internal influences on an individual's functioning and disability and are not a part of the health condition. These factors may include but are not limited to age, gender, social background, and profession.

Functioning and Disability are interactive and evolutionary processes. Figure 2 illustrates the interaction of the various components of the ICF. Each component of the ICF can be expressed on a continuum of function. On one end of the continuum is intact functioning. At the opposite end of the continuum is completely compromised functioning. Contextual Factors (Environmental and Personal Factors) may interact with any of the components of functioning and disability. Environmental and Personal Factors may act as facilitators or barriers to functioning.

The scope of practice in audiology encompasses all of the components of the ICF. During the assessment phase, audiologists perform tests of Body Function and Structure. Examples of these types of tests include otoscopic examination, pure-tone audiometry, tympanometry, otoacoustic emissions measurements, and speech audiometry. Activity/Participation limitations and restrictions are sometimes addressed by audiologists through case history, interview, questionnaire, and counseling. For example, a question such as "Do you have trouble understanding while on the telephone?" or "Can you describe the difficulties you experience when you participate in a conversation with someone who is not familiar to you?" would be considered an assessment of Activity/Participation limitation or restriction. Questionnaires that require clients to report the magnitude of difficulty that they experience in certain specified settings can sometimes be used to measure aspects of Activity/Participation. For example: "Because of my hearing problems, I have difficulty conversing with others in a restaurant." In addition, Environmental and Personal Factors also need to be taken into consideration by audiologists as they treat individuals with auditory, vestibular, and other related impairments. In the above question regarding conversation in a restaurant, if the factor of "noise" (i.e., a noisy restaurant) is added to the question, this represents an Environmental Factor. Examples of Personal Factors might include a person's background or culture that influences his or her reaction to the use of a hearing aid or cochlear implant. The use of the ICF framework (WHO, 2001) may help audiologists
broaden their perspective concerning their role in evaluating a client's needs or when designing and providing comprehensive services to their clients. Overall, audiologists work to improve quality of life by reducing impairments of body functions and structures, Activity limitations/Participation restrictions and Environmental barriers of the individuals they serve.

**Definition of an Audiologist**

Audiologists are professionals engaged in autonomous practice to promote healthy hearing, communication competency, and quality of life for persons of all ages through the prevention, identification, assessment, and rehabilitation of hearing, auditory function, balance, and other related systems. They facilitate prevention through the fitting of hearing protective devices, education programs for industry and the public, hearing screening/conservation programs, and research. The audiologist is the professional responsible for the identification of impairments and dysfunction of the auditory, balance, and other related systems. Their unique education and training provides them with the skills to assess and diagnose dysfunction in hearing, auditory function, balance, and related disorders. The delivery of audiologic (re)habilitation services includes not only the selecting, fitting, and dispensing of hearing aids and other hearing assistive devices, but also the assessment and follow-up services for persons with cochlear implants. The audiologist providing audiologic (re)habilitation does so through a comprehensive program of therapeutic services, devices, counseling, and other management strategies. Functional diagnosis of vestibular disorders and management of balance rehabilitation is another aspect of the professional responsibilities of the audiologist. Audiologists engage in research pertinent to all of these domains.

Audiologists currently hold a master's or doctoral degree in audiology from a program accredited by the Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA) of the American Speech-Language-Hearing Association. ASHA-certified audiologists complete a supervised postgraduate professional experience or a similar supervised professional experience during the completion of the doctoral degree as described in the ASHA certification standards. Beginning January 1, 2012, all applicants for the Certificate of Clinical Competence in Audiology must have a doctoral degree from a CAA-accredited university program. Demonstration of continued professional development is mandated for the maintenance of the Certificate of Clinical Competence in Audiology. Where required, audiologists are licensed or registered by the state in which they practice.

**Professional Roles and Activities**

Audiologists serve a diverse population and may function in one or more of a variety of activities. The practice of audiology includes:

A. Prevention
   1. Promotion of hearing wellness, as well as the prevention of hearing loss and protection of hearing function by designing, implementing, and coordinating occupational, school, and community hearing conservation and identification programs;
   2. Participation in noise measurements of the acoustic environment to improve accessibility and to promote hearing wellness.

B. Identification
   1. Activities that identify dysfunction in hearing, balance, and other auditory-related systems;
2. Supervision, implementation, and follow-up of newborn and school hearing screening programs;
3. Screening for speech, orofacial myofunctional disorders, language, cognitive communication disorders, and/or preferred communication modalities that may affect education, health, development or communication and may result in recommendations for rescreening or comprehensive speech-language pathology assessment or in referral for other examinations or services;
4. Identification of populations and individuals with or at risk for hearing loss and other auditory dysfunction, balance impairments, tinnitus, and associated communication impairments as well as of those with normal hearing;
5. In collaboration with speech-language pathologists, identification of populations and individuals at risk for developing speech-language impairments.

C. Assessment
1. The conduct and interpretation of behavioral, electroacoustic, and/or electrophysiologic methods to assess hearing, auditory function, balance, and related systems;
2. Measurement and interpretation of sensory and motor evoked potentials, electromyography, and other electrodiagnostic tests for purposes of neurophysiologic intraoperative monitoring and cranial nerve assessment;
3. Evaluation and management of children and adults with auditory-related processing disorders;
4. Performance of otoscopy for appropriate audiological management or to provide a basis for medical referral;
5. Cerumen management to prevent obstruction of the external ear canal and of amplification devices;
6. Preparation of a report including interpreting data, summarizing findings, generating recommendations and developing an audiolgic treatment/management plan;
7. Referrals to other professions, agencies, and/or consumer organizations.

D. Rehabilitation
1. As part of the comprehensive audiolgic (re)habilitation program, evaluates, selects, fits and dispenses hearing assistive technology devices to include hearing aids;
2. Assessment of candidacy of persons with hearing loss for cochlear implants and provision of fitting, mapping, and audiolgic rehabilitation to optimize device use;
3. Development of a culturally appropriate, audiolgic rehabilitative management plan including, when appropriate:
   a. Recommendations for fitting and dispensing, and educating the consumer and family/caregivers in the use of and adjustment to sensory aids, hearing assistive devices, alerting systems, and captioning devices;
   b. Availability of counseling relating to psycho social aspects of hearing loss, and other auditory dysfunction, and processes to enhance communication competence;
   c. Skills training and consultation concerning environmental modifications to facilitate development of receptive and expressive communication;
d. Evaluation and modification of the audiologic management plan.
4. Provision of comprehensive audiologic rehabilitation services, including management procedures for speech and language habilitation and/or rehabilitation for persons with hearing loss or other auditory dysfunction, including but not exclusive to speechreading, auditory training, communication strategies, manual communication and counseling for psychosocial adjustment for persons with hearing loss or other auditory dysfunction and their families/caregivers;
5. Consultation and provision of vestibular and balance rehabilitation therapy to persons with vestibular and balance impairments;
6. Assessment and non-medical management of tinnitus using biofeedback, behavioral management, masking, hearing aids, education, and counseling;
7. Provision of training for professionals of related and/or allied services when needed;
8. Participation in the development of an Individual Education Program (IEP) for school-age children or an Individual Family Service Plan (IFSP) for children from birth to 36 months old;
9. Provision of in-service programs for school personnel, and advising school districts in planning educational programs and accessibility for students with hearing loss and other auditory dysfunction;
10. Measurement of noise levels and provision of recommendations for environmental modifications in order to reduce the noise level;
11. Management of the selection, purchase, installation, and evaluation of large-area amplification systems.

E. Advocacy/Consultation
1. Advocacy for communication needs of all individuals that may include advocating for the rights/funding of services for those with hearing loss, auditory, or vestibular disorders;
2. Advocacy for issues (i.e., acoustic accessibility) that affect the rights of individuals with normal hearing;
3. Consultation with professionals of related and/or allied services when needed;
4. Consultation in development of an Individual Education Program (IEP) for school-age children or an Individual Family Service Plan (IFSP) for children from birth to 36 months old;
5. Consultation to educators as members of interdisciplinary teams about communication management, educational implications of hearing loss and other auditory dysfunction, educational programming, classroom acoustics, and large-area amplification systems for children with hearing loss and other auditory dysfunction;
6. Consultation about accessibility for persons with hearing loss and other auditory dysfunction in public and private buildings, programs, and services;
7. Consultation to individuals, public and private agencies, and governmental bodies, or as an expert witness regarding legal interpretations of audiology findings, effects of hearing loss and other auditory dysfunction, balance system impairments, and relevant noise-related considerations;
8. Case management and service as a liaison for the consumer, family, and agencies in order to monitor audiologic status and management and to make recommendations about educational and vocational programming;
9. Consultation to industry on the development of products and instrumentation related to the measurement and management of auditory or balance function.

F. Education/Research/Administration
1. Education, supervision, and administration for audiology graduate and other professional education programs;
2. Measurement of functional outcomes, consumer satisfaction, efficacy, effectiveness, and efficiency of practices and programs to maintain and improve the quality of audiology services;
3. Design and conduct of basic and applied audiology research to increase the knowledge base, to develop new methods and programs, and to determine the efficacy, effectiveness, and efficiency of assessment and treatment paradigms; disseminate research findings to other professionals and to the public;
4. Participation in the development of professional and technical standards;
5. Participation in quality improvement programs;
6. Program administration and supervision of professionals as well as support personnel.

Practice Settings
Audiologists provide services in private practice; medical settings such as hospitals and physicians' offices; community and university hearing and speech centers; managed care systems; industry; the military; various state agencies; home health, subacute rehabilitation, long-term care, and intermediate-care facilities; and school systems. Audiologists provide academic education to students and practitioners in universities, to medical and surgical students and residents, and to other related professionals. Such education pertains to the identification, functional diagnosis/assessment, and non-medical treatment/management of auditory, vestibular, balance, and related impairments.

References

Resources
General


**Amplification**


**Audiologic Rehabilitation**


**Audiologic Screening**


**(Central) Auditory Processing Disorders**


**Business Practices**


Diagnostic Procedures

Educational Audiology

Electrophysiological Assessment

Geriatric Audiology

Occupational Audiology


**Pediatric Audiology**


**Vestibular**


Clients as consumers receiving audiology or speech-language pathology services have:

1) THE RIGHT to be treated with dignity and respect;
2) THE RIGHT that services be provided without regard to race or ethnicity, gender, age, religion, national origin, sexual orientation, or disability;
3) THE RIGHT to know the name and professional qualifications of the person or persons providing services;
4) THE RIGHT to personal privacy and confidentiality of information to the extent permitted by law;
5) THE RIGHT to know, in advance, the fees for services, regardless of the method of payment;
6) THE RIGHT to receive a clear explanation of evaluation results, to be informed of potential or lack of potential for improvement, and to express their choices of goals and methods of service delivery;
7) THE RIGHT to accept or reject services to the extent permitted by law;
8) THE RIGHT that services be provided in a timely and competent manner, which includes referral to other appropriate professionals when necessary;
9) THE RIGHT to present concerns about services and to be informed of procedures for seeking their resolution;
10) THE RIGHT to accept or reject participation in teaching, research, or promotional activities;
11) THE RIGHT, to the extent permitted by law, to review information contained in their records, to receive explanation of record entries upon request, and to request correction of inaccurate records;
12) THE RIGHT to adequate notice of, and reasons for discontinuation of services; an explanation of these reasons, in person, upon request; and referral to other providers if so requested.

Official Statement of ASHA Approved in 1993

Please refer to [http://www.asha.org/uploadedFiles/ET2010-00309.pdf](http://www.asha.org/uploadedFiles/ET2010-00309.pdf) for the most current version of the Code of Ethics.

Please refer to [http://www.asha.org/uploadedFiles/SP2004-00192.pdf](http://www.asha.org/uploadedFiles/SP2004-00192.pdf) for the most current version of the Scope of Practice in Audiology.
Clinic Facilities

Main Office and Front Office
The Main Office is located on the third floor of Lyles-Porter. The Department Head, Graduate Secretary, Assistant to the Head, Business Office, and faculty mailroom are located here. The front office receptionists are located in 1042. The Main Office is open from 8:00 a.m. to 5:00 p.m. Monday through Friday. The Front Office is open from 8:00am to 6:00pm Monday through Friday. Patient clinic files are located in the front office and basement.

Graduate Student Room
Lockers are available in room 3091A for student clinicians. The graduate student room is #2143. Patient folders may be taken to the graduate student room (#2143), but should never be left unattended. Patient folders should never leave the building, but should be secured in the Main Office, Clinical Instructor’s office or designated file cabinet in the Audiology Clinical Assistants’ office at the close of each day.

Mailboxes
Faculty/staff mailboxes are located in the SLHS Mail Room located on the third floor of Lyles-Porter Hall in the main office. All graduate students are assigned mailboxes at the beginning of each semester and these are located in the audiology clinic workroom (#2171). Be sure to check your mailbox daily since your clinical instructor or office staff may leave important messages for you here regarding patients, which need prompt attention. Use discretion when leaving items of value in your mailbox.

Patient Waiting Room
The patient waiting room is located in Room 1042. Clinical discussions should not take place in the waiting room. If important information needs to be exchanged with patients/parents, it should be discussed in the privacy of a counseling room or test suite.

Resource Room
The Resource Room is located in Room 2161. Extra materials needed for play audiometry or aural rehabilitation may be checked out from the Resource Room. Materials must be signed out and returned promptly after use. Toys for play audiometry are also located in the Audiology Clinic workroom. Be sure not to exchange materials between the Audiology clinic and the Resource Room.

Preschool Screening Equipment
Preschool screening audiometers, tympanometers, screening kits, and dosimeters are located in the audiology file room behind the clinic front desk (Room 1042). If you need to use one of these items, it must be checked out. Index cards in a black box on top of the cabinets are used to identify the audiometer you are checking out, the date you are checking it out, and the date you return it.

Computer Access
Computers will be available in the graduate student room (#2143) and in the audiology workroom for clinic related work only.
Electronics and Technical Support
The Electronics & Technical Support Office is located in Room 3080, and supports the Audiology Clinic equipment set-up, maintenance, calibration and repair. This is also where equipment is stored, assembled, restored, repaired and can be checked out for use (e.g., TV cart, laptop, etc.).

Adult Aural Rehabilitation Room/ALD Room
The adult aural rehabilitation room is located in 2168. Assistive listening devices are stored in this room. This room is used for small classes, meetings and group adult aural rehabilitation sessions.

Copying Policy
There is a copy machine in room 2159 that is for clinic use only (i.e., patient audiogram for a report). Personal copies of your materials/other coursework, etc. need to be copied at the following locations: Undergraduate and HSSE libraries, Purdue Memorial Union.

Keys
Each student clinician obtains keys to the building and clinic in the beginning of the first semester. This allows students access to the clinic facilities after hours.

Telephones
There are several telephones available for students to make local as well as long distance calls to patients (Audiology Clinic, Audiology Clinical Assistants Office). Campus telephone calls may be made by dialing the last 5 digits of the phone number. All other calls can be made by dialing 7 followed by the phone number. To make long distance calls, your clinical instructor or a member of the office staff needs to enter a long distance code after you have dialed the telephone number.

Handicap Access
The Audiology and Speech-Language Clinics are accessible to handicapped individuals. An elevator is located near the entrance. Therapy rooms and the audiology testing suites in the clinic are wheelchair accessible.

Patient Parking
Patient parking is available on the first floor of the Harrison Street parking garage (attached to Lyles-Porter Hall). Patients should make an immediate right when entering the parking garage and then proceed around the first floor to the parking spots designated ‘SLHS PPTRC Clinic parking only’. Patients should then proceed through the double metal doors and continue down the first floor hallway to check in at the front desk waiting area (on the left – room #1042).

Parking Procedures
It is the responsibility of each student clinician to ask the patient if they have parked in the spots designated for visitors to our clinic.
Directions

From the Chicago Area:
- I-65 south to Exit #193, US-231 S.
- Left onto US-52 for 4 miles.
- Right onto US-231.
- Follow US-231 to Martin Jischke Dr.
- Left onto Martin Jischke Dr.
- Right (first exit) off the roundabout onto Harrison St.
- Left onto University Dr.
- Left onto Clinic Dr.
- Parking garage will be on your left

From the Indianapolis Area:
- I-65 north to Exit #172, State Rd 26
- State Rd 26 becomes State St
- Left onto University Dr.
- Right onto Clinic Dr.
- Parking garage will be on your left
Clinical Practicum

General Guidelines
Student participation in clinical practicum should be considered a privilege rather than a right. Clinical practicum participation is different in many ways from class and laboratory assignments. It involves the welfare of the clients/patients in our clinics as well as the training needs of students. We are ethically bound to protect the welfare of the clients/patients in our clinics, so special policies apply to these educational opportunities. Admission to graduate study in audiology in the Department of Speech, Language, and Hearing Sciences at Purdue University does not guarantee participation in clinical practicum. A basic prerequisite skill is that all student clinicians must pass a screening of their English speech and language skills.

As it is deemed necessary for student clinicians to model communicative behaviors that they are trying to help their clients/patients develop, and for the speech of audiology student clinicians to be understood by their hard of hearing clients and their families, all potential participants in clinical practicum must demonstrate English speech production and spoken English language skills and knowledge at the level necessary to provide appropriate clinical services to their clients/patients. All entering students will be screened for acceptable use of spoken English speech and language before they can be given clinical assignments. Inadequate performance will result in a delay in clinical participation until adequate performance can be demonstrated. The clinical faculty of the appropriate clinic will make the decision about adequacy of demonstrated proficiency in English speech and spoken language for participation in clinical practicum.

Progression of Clinical Assignments
Usually coursework must be completed (or be concurrently taken) in a particular category prior to being assigned clinic in that area. Beginning SLHS 57900 student clinicians will be assigned to audiological assessments, whereas advanced SLHS 57900 student clinicians will be assigned the full range of diagnostics including ABR, OAE, amplification and aural rehabilitation. Advanced student clinicians may also be assigned clinical externships beginning in the third year of the program that may include vestibular testing.

For all students with the prerequisite courses completed, clinical practicum will begin with registration in SLHS 57900 the first semester of the program. Students will observe for two - four weeks in the Purdue University M.D. Steer Audiology clinic during the first semester of the Au.D program. They will then assume a more active role in clinical service delivery along with their clinical instructor for the remainder of the semester. Attendance and participation in the weekly seminar class for SLHS 57900 is required. Any unexcused absences can result in a lowering of the clinic grade. Students will enroll in subsequent SLHS 57900 registrations at the M.D. Steer Clinic until they are judged by the clinical faculty as competent to be placed at external practicum sites.

It should be noted that when a student registers for clinical practicum (SLHS 57900/67900), it is expected that the student will complete the entire semester. Clinic assignments are based upon the enrollments at the beginning of the semester. The student should discuss the request to drop practicum with the clinic instructors, Director of Clinical Education in Audiology and his/her faculty member advisor.
Requirements for the ASHA Certificate of Clinical Competence in Audiology include the completion of a minimum of 1820 hours of supervised clinical practicum by audiologists who hold the Certificate of Clinical Competence in Audiology (CCC-A). Purdue University graduation requirements include the completion of three semesters (summer, fall and spring) in the fourth year even if excess hours are accrued during this time. It is the intent to distribute these hours across the 4-year AuD program in settings that provide a breadth of clinical experiences. These experiences may include basic and advanced auditory and vestibular system assessment, hearing amplification, cochlear implants and other implantable devices, pediatric and adult aural rehabilitation, hearing conservation, educational audiology, sedated assessments and intra-operative monitoring using evoked electrophysiological measures, and business practices in audiology.

All clinical practicum hours obtained by the student must have prior approval by the Director of Clinical Education, as each approved site must have a formal affiliation agreement filed with Purdue University prior to the placement of audiology students.

Students should refer to the ASHA certification section in the Graduate Handbook, which describes enrollment in clinical practicum, clinical practicum privileges and clinical externships. Please also refer to [http://www.asha.org/Certification/2012-Audiology-Certification-Standards/](http://www.asha.org/Certification/2012-Audiology-Certification-Standards/) for the most current version of the 2012 Standards and Implementation Procedures for the Certificate of Clinical Competence in Audiology.

**Sample Audiology Clinical Education Practicum Experience Sequence**

<table>
<thead>
<tr>
<th>Time Line</th>
<th>SLHS Clinical Course</th>
<th>Clinical Practicum</th>
<th>Approx. Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Fall Semester</td>
<td>SLHS 57900</td>
<td>2 – 4 weeks of active observation leading to participation; M.D. Steer Clinic</td>
<td>50 hours</td>
</tr>
<tr>
<td>First Spring</td>
<td>SLHS 57900</td>
<td>M.D. Steer Clinic</td>
<td>60-80 hours</td>
</tr>
<tr>
<td>First Summer</td>
<td>SLHS 57900</td>
<td>M.D. Steer Clinic</td>
<td>30-60 hours</td>
</tr>
<tr>
<td>Second Fall</td>
<td>SLHS 57900</td>
<td>M.D. Steer Clinic</td>
<td>60 hours</td>
</tr>
<tr>
<td>Second Spring</td>
<td>SLHS 57900</td>
<td>M.D. Steer Clinic</td>
<td>60 hours</td>
</tr>
<tr>
<td>Second Summer</td>
<td>SLHS 57900/67800</td>
<td>M.D. Steer Clinic/Externship site</td>
<td>30-100</td>
</tr>
<tr>
<td>Third Fall</td>
<td>SLHS 57900</td>
<td>M.D. Steer Clinic / Externship site</td>
<td>60-300 hours</td>
</tr>
<tr>
<td>Third Spring</td>
<td>SLHS 57900/67800</td>
<td>Externship site</td>
<td>250-350 hours</td>
</tr>
<tr>
<td>Third Summer</td>
<td>SLHS 67900</td>
<td>Fourth year site</td>
<td>250 hours</td>
</tr>
<tr>
<td>Fourth Fall</td>
<td>SLHS 67900</td>
<td>Fourth year site</td>
<td>500 hours</td>
</tr>
<tr>
<td>Fourth Spring</td>
<td>SLHS 67900</td>
<td>Fourth year site</td>
<td>500 hours</td>
</tr>
<tr>
<td>GRAND TOTAL</td>
<td></td>
<td></td>
<td>1850 – 2310 hours</td>
</tr>
</tbody>
</table>

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**Dress Code**
The following dress code applies any time you are in the Audiology Clinic for more than 10 minutes whether or not you are seeing patients. This includes being in the clinic for labs, research, meetings or for clinical assistant duties. This dress code is also the **minimum** requirement for all off-campus clinical placements. Individual facilities may have additional or more stringent guidelines. Dress must be conservative and appropriate for the clinical population seen in the clinic.

1. Student clinicians must wear their name badge when providing services to patients.
2. All attire must appear neat, pressed and professional looking.
3. No denim jeans, Capri length pants or shorts are allowed. Pants must not be excessively baggy or ride excessively low on the hips.
   **Leggings are not pants. If wearing leggings, dresses/skirts must come to the knee.**
4. Skirts must come to the knee and be loose enough to allow for movement.
5. Any pants/skirt/shirt combination must cover the midriff when the arms are raised and also cover the back when bending over.
6. Shirts for men must have collars and be tucked in. Ties are recommended. T shirts even with collars are not appropriate.
7. Low-cut tops that show cleavage, sleeveless tops or shirts that show through are not allowed. Tops should not be so tight as to create a gap in the front.
8. Shoes should look professional and be closed in the front. Open back shoes such as mules are acceptable. No flip-flops or athletic shoes are allowed.
9. Unusual hair coloring (e.g. pink, blue, green etc.) and style (e.g. Mohawk) are not allowed. Long hair should be pulled back.
10. Any visible or potential visible body art needs to be removed or covered. Oral or facial piercing (tongue, lip, and eyebrow) must be removed. Tattoos must be covered with long sleeves or a high collar. Ankle or foot tattoos must be covered with pants or dark tights.
11. No perfumes or scented body products allowed at **ANY** time in the front office or clinic areas.

**Any student who is not dressed appropriately will not be allowed to participate in clinic.**

For this reason, it may be beneficial to keep a change of clothing, sweater etc. in your locker to use if needed.

**Titles**
Students will introduce themselves to patients with their first and last name and state that they are a graduate student in Audiology. They will also introduce their clinical instructor by their full name or as Dr.________ and state they are the ‘supervising audiologist’. Students will ensure that they do **not** use other titles for themselves, such as Au.D. candidate verbally or as e-mail signatures. Off-campus students in placements will use “Audiology Extern” or other title if suggested by their clinical instructor.

**Attendance Policy**
Consistent attendance in clinic is **required** to gain appropriate clinical skills and make adequate progress each semester. **All students are therefore expected to attend each scheduled clinical session during a semester.** Illness or funeral attendance is the only reasons considered
acceptable for missing clinic. A doctor’s note is required if you miss more than two clinic sessions due to illness during a semester.

If you anticipate that you will miss clinic in order to attend a conference, you are required to obtain written approval from your clinical instructor(s) at the beginning of the semester. Do not make your travel plans before you obtain approval from your clinical instructor(s).

Tardiness: Students are also expected to be on time and ready for their scheduled clinical session 15 minutes before the scheduled appointment time. If a student is tardy, the clinical instructor will begin the clinic on time and the student may not be allowed to participate in the session, but may participate for the next patient. If a student is tardy more than once the student may not be allowed to participate in that entire clinical session and the clinic grade will be lowered.

**Liability Insurance**
Liability Insurance needs to be paid at the beginning of practicum (SLHS 57900/67900). The policy is good for one year, from June 1 to May 31. Students will pay for this insurance in the SLHS business office at the beginning of fall semester. The cost of insurance is approximately $15.00. Note that although the clinic is open to students after hours to practice their skills, under no circumstances can students see actual patients, make ear impressions or assess infants without supervision from a clinical faculty member.

**Logging Hours**
Students are required to log the amount of time spent participating in each session including preparation, report writing etc. Daily clinic hours can be logged on the Daily Clinic Log Sheet (see appendix). Each student is required to keep track of their hours each semester including off-campus sites and in the fourth year. At the end of each semester all clinic hours obtained need to be logged onto a log card and signed by the clinical instructor. Duplicate copies of these cards must be made; the student clinician keeps one, and one is filed with the Report Secretary. The clinical instructor must sign all log cards in order to validate them, so students are required to take the prepared cards to their final conference. The Daily Clinic Log Sheets & log cards are to be turned in at the end of each semester in order to receive a clinic grade for that semester. This information is necessary for state licensure, ASHA Certification and graduation. It is the student’s responsibility to maintain accurate records.

**Annual Crossroads Conference**
Each fall in October, the Purdue Chapter of the National Student Speech-Language and Hearing Association (NSSLHA) and the Purdue Audiology Student Organization (PASO) organize the Crossroads Conference on Communicative Disorders. All student clinicians enrolled in SLHS 57900 are required to attend the Audiology sessions at the conference. The registration fee for students is $25.00.

**HIPAA (Health Insurance Portability and Accountability Act)/Risk Management**
The Health Insurance Portability and Accountability Act is a federal law passed by Congress in 1996. The purpose of HIPAA is to protect the confidentiality and security of health information as it is used, disclosed and electronically transmitted and to create a framework, using standardized formats, for transmitting electronic health information more efficiently. The
Audiology & Speech-Language Clinics are covered entities under HIPAA and all students, faculty and staff are required to comply with HIPAA regulations and complete annual HIPAA training. Every student enrolled in SLHS 57900 and 67900 is also required to complete training and paperwork related to Risk Management. Annual training on Universal Precautions, Hepatitis B, TB and HIV transmission is provided each year during the fall semester. Each student is further required to complete a Criminal History check and CPR training as part of Risk Management.

**Clinic Procedures**

**Program Procedures**
A binder containing procedural guidelines for the following programs is updated in the Audiology Clinic Workroom. Please see this binder for step-by-step instructions necessary to follow guidelines for these programs. Descriptions can also be found in the appendix of this handbook.

- Disability Determination Bureau (DDB)
- First Steps of Indiana
- Gift of Sound
- Greater Lafayette Area Special Services (GLASS)
- Hear Now
- Help America Hear
- Vocational Rehabilitation Services
- Wright Patterson Air Force Retiree Program

**Assignments**
A schedule sheet (see appendix) is provided at the end of each semester for students to record their classes and any other times that they cannot be in clinic. This schedule sheet needs to be turned in to the Director of Clinical Education in Audiology each semester before clinical practicum can be assigned. Any special requests for clinical practicum may be made on the schedule sheet. Once the clinic schedule is assigned, changes are very difficult to make.

The appointment secretary schedules patients in the appointment book under each clinical instructor’s clinic time. Student clinicians also receive a printed copy of their scheduled patients in their mailbox one day prior to their scheduled clinic date. The weekly schedule is also posted in the Main Office by the file cabinets.

**No-shows/Cancellations**
When a patient cancels an appointment, the receptionist will communicate this with the student and/or clinician. Absences are recorded in the patient's file on the contact sheet. Clinical instructors are to be informed of all absences. The student clinician is expected to wait at least 20 minutes before assuming late clients are absent. Appropriate measures, i.e. rescheduling, canceling, or termination should be made. The disposition of this contact should be noted in the contact sheet. Every opportunity is given to reschedule a patient if the patient needs to cancel an appointment. In the event of a no-show, student clinicians need to be available to see walk-in patients, discuss cases, practice procedures etc.
Scheduling Policy
It is the policy of the Purdue University Audiology Clinic to schedule patients for services based on their waiting list order. This order is determined by the date of the patient's request for services. Priority is given to infants, children and physician referrals.

Exemptions may be made to this policy taking into consideration the nature and severity of certain communication disorders, research/grant needs and the clinical requirements of students as reflected by the accreditation policies of the American Speech-Language-Hearing Association.

Patient Folders
Current patient folders or files are located in the main office in various file cabinets as follows:

- Files for patients with appointments already scheduled are placed in the folders with the date of their appointment.
- All other current files are arranged numerically (by clinic number) in the appropriately numbered file cabinets.
- Files currently in use by a student clinician may be placed in the folder with their name or in their clinical instructor’s folder.
- Folders for patients who are not current are stored in the audiology file room behind the first floor reception area (room 1042). The appointment secretary has the key to the file room. Older charts may be located in the basement storage room.

The student clinician should obtain all information concerning the patient they have been assigned from the clinic file. If the file is not available in the cabinet, check with the appointment secretary and/or Clinical instructor.

Prior to the arrival of the patient, the folder should be reviewed and the identifying information required on forms should be filled out as completely as possible. Folders for new patients should include the following basic forms, 1) appointment information sheet, 2) audiogram, and 3) designation of individuals involved in treatment/payment. The patient brings in a completed case history form and signed Legal Release and Request for Admission as well as HIPAA acknowledgement form upon arrival at the Clinic. Patients over the age of 65 also bring in the ABN form.

The data recorded on the appointment information sheet, which is on the inside front cover of the patient's folder, is provided by the appointment secretary. The lower portion of this sheet serves as the patient contact sheet and provides a record of every contact (in person, by phone, via letter etc.) with the patient. In most cases, case history forms are mailed to new patients in advance. In some cases, due to appointments made on short notice, this may not be possible.

- If the patient demographic information has changed, inform the Appointment Secretary in writing.

Folders may be taken only to the graduate student rooms, to the clinical instructor offices and to the clinical assistants’ office and must be returned immediately after obtaining the needed information. **Patient folders are to never be taken out of the building or left unattended anywhere.**
The student clinician should see that each folder has an adequate patient contact sheet attached to the inside of the folder.

The information contained within the folder should be arranged in chronological order; the earliest materials on the bottom and the current records on the top (update patient demographic information as needed).

Folder organization is as follows (from bottom to top in each case):

First section left:
- Legal release and request for admission/HIPAA acknowledgement form
- Consent to Release Information form (if necessary)
- Purdue University case history form (pediatric, adult, or infant)
- Appointment information sheet/contact sheet
- Designation of Individuals Involved in Treatment/Payment form
- Advanced Beneficiary Notice (if necessary)

First section right:
- Word recognition lists (if completed)
- Immittance test records
- All audiologic test results and reports in order from earliest to most recent
- Any other diagnostic test results and reports (ABR, OAE etc.)

Second section left:
- Repair invoices
- Hearing aid repair forms
- Electroacoustic analyses pre- and post-repair

Second section right:
- HA verification measures: REM, functional gain, etc.
- Hearing aid order forms
- Hearing aid invoices
- Electroacoustic analyses at HA fitting
- Programming information
- Hearing Aid Agreement forms

Third section left:
- Correspondence: information obtained from other agencies or patient (e.g., First Steps)
- Letters to/from other agencies or patient
- Copies of any e-mails/faxes sent or received to/from other agencies or patient

Third section right:
- Pink copies of bills
- Vocational Rehabilitation Authorization for services
Folder Filing and Use Procedures

After the completion of an evaluation, the progression of a patient’s folder is as follows:

- Reports and any related paperwork should go to the clinical instructor as soon as possible (within 24 hours, unless special arrangements have been made with the clinical instructor).
- Chart notes should be made immediately following each appointment whenever possible so that important information is not omitted or forgotten.
- Clinical instructor returns file/report to student clinician for editing.
- After final approval, the student clinician sends report and file to report secretary.
- The report secretary returns printed report to student clinician who should proofread it at this time, sign report and obtain clinical instructor's signature.
- Clinical instructor signs reports and returns the chart to the report secretary so the report can be mailed.
- The goal is to mail out patient reports within one week after their appointment.

Patient folders will be kept in the Audiology Clinic file cabinet except when actively in use. Folders may be taken to the audiology suites, therapy rooms, and graduate room. However, all patient folders are to be secured in 1042 or clinical assistants’ office at the end of the day. Under no circumstances should any folder be placed in a student's backpack, removed from the building or left unattended anywhere.

Folders of patients being seen for intensive, semester-long, audiologic rehabilitation services are kept in the Speech Clinic cabinet in the Main Office. These folders also need to be signed out whenever they are removed from the file cabinet.

Forms

Patient intake forms (i.e., case history, HIPAA, consent to release info, contact sheets) are located in the Main Office. Audiograms, word lists, hearing aid manufacturer, and additional clinic related forms can be found in the Audiology Clinic workroom. When the supply of forms is low, it is an indication that more forms should be ordered. The student clinician should take a copy of the form that needs to be duplicated and put it in the Audiology Assistants’ office so that additional copies can be ordered.

If for some reason you need of a large supply of forms for a lab course or some other clinical service, it would be helpful if you plan ahead and order the necessary number of forms for your specific use. These requests should be made through your instructor. Please do not use Audiology Clinic forms for your classes or labs.
Billing Procedures

Schedule of Fees
A copy of the Audiology Clinic Schedule of Fees for Services and Products can be obtained in the hearing aid workroom. This schedule should be used to determine the cost of various services offered by the Purdue University Audiology Clinic. Prices for hearing instruments and hearing aid accessories are available in binders located in each counseling room. If there is some doubt about the charge for a particular hearing aid or other sensory device, consult your clinical instructor. [NOTE: The schedule of fees is reviewed and revised on a regular basis and the new information is provided to student clinicians as soon as it is available.]

Fee Payment Information
The student clinician will furnish the triplicate Charge slip (see appendix) describing the patient's total fee for all aspects of services. The patient will need to choose one of three options for payment. These include:

1. Payment of the total fee at the conclusion of service.
2. Payment of 50% of the total immediately with the remainder paid in one to two additional installments with the approval of the clinical instructor.
3. Billing a third party, such as First Steps, or Vocational Rehabilitation.

Most insurance companies do not pay for services until after they have been provided. Therefore, patients should plan to make payments and request that insurance reimbursement go directly to them. We would be happy to provide any additional information that may be needed to complete these claims (itemized bills, etc.). All checks must be made payable to Purdue University. Master Card, Visa and Discover are also accepted.

It should be noted that in the event that a patient is not financially able to fully pay for services, a full or partial waiver of fees may be provided with the approval of the Director of Clinical Education.

Triplicate Charge Slip (See Appendix)
It is the policy of the Audiology Clinic that charges to patients are submitted at the conclusion of each component of the total evaluative or remediation process. Thus, the student clinician should complete a Charge Slip following each patient contact, specifying the service rendered and the cost of this service. A charge slip is required for each patient visit, even if there is no charge for the services rendered. Each charge slip must be signed out of the folder from the receptionist. The following is a description of the various items on the charge slip:

- Top right hand corner: number of slip: list in billing office
- Patient name, date, patient clinic number and address are recorded by secretary
- Bill sent to: if different than the patient (e.g., guardian, grandparents, work setting, if third party payment is provided)
- Address: make sure address is written in for billing unless patient pays at the visit
- Description of services: write in appropriate fee or N/C
- CPT codes (Current Procedural Terminology): number from CPT list
- ICD (International Classification of Diseases): number from ICD list
- Have clinical instructor sign the charge slip
- Note the date paid or mark, “To be billed”
- Note check number, total amount of bill, amount paid and balance
At the end of your clinic, complete the charge slip, have the supervisor sign, and take the patient to the front desk. The front desk receptionist will take payment and assist in any rescheduling if needed. The receptionist will give the white copy of the slip to the patient and will set the pink copy in the filing tray in the work station behind them. The yellow slip will also go in a tray of the filing tray if it is a ‘no charge’ bill or a ‘bill patient/third party’ bill. The yellow slip will go in the charge handbook if the patient paid by check, cash, or credit card. Yellow copies will be picked up by the business office at the end of the day. At the end of the clinic, it is the student’s responsibility to retrieve all pink copies of their patient appointments and file them in the patient chart.

**Audiology Clinic Fee Program Flow Chart**

1. **Patient Contacted**
2. **Patient Comes in for Appointment**
3. **Student/Clinical Instructor complete Billing Slip**
4. **Patient is taken to front desk for payment/check out**
5. **Front desk accepts payment**
   - White copy = patient
   - Pink copy = for patient chart (student collects)
   - Yellow copy that is no charge or billing later = red folder
   - Yellow copy that accompanies cash, check, credit = cash box
6. **Student collects pink copy from receptionist**
7. Business Office collects all yellow copies, credit card receipts, checks, and cash at end of day
8. Business Office will send bills when necessary

**Summary:**
All full payment (check, cash, credit card) will be done at the front desk by the receptionist. Pick up the pink copies of the bill from the receptionist. White copies are given to the patient by the receptionist when payment is made. Yellow copies for a ‘no charge’ or ‘bill patient/third party’ are placed in the designated red folder behind the front desk for the business office to pick up at the end of the day. Yellow copies that accompany a payment by check, cash, or credit card are placed in the locked cash box and are also picked up by the business office at the end of the day. If a payment plan is needed, this must be arranged through the clinic instructor and business office.
Audiology Clinic Maintenance

It is the responsibility of all individuals who work in the Audiology Clinic to leave the audiology suites, waiting room area and hearing aid supply room in a clean and neat condition and to replace all equipment in the proper location following test procedures. All earmolds and immittance probe tips should be cleaned and returned for re-use. The ultra-sonic cleaner is available for this purpose. New batteries for ear lights may be obtained from the inventory cabinet in the clinic hearing workroom. All otoscopes should be re-charged when they are no longer working. Small desks, chairs and toys used for testing children should be removed from the testing environment after use so that the room is ready for standard testing procedures. All equipment should be turned off at the end of the scheduled day and all rooms should be locked in order to maintain security. **No food or drinks are allowed in the clinic (except for water). Do not enter the Audiology Clinic during scheduled clinic times if you are not dressed in appropriate professional attire.**

Malfunctioning Equipment

If a piece of equipment is not working properly, the student clinician, together with the clinical instructor, should first troubleshoot, attempting to correct the problem. If the problem cannot be fixed identify, as clearly as possible, what the problem seems to be. This information should be given to the audiology assistants &/or the Clinic Director and they will troubleshoot before emailing hhshelp@purdue.edu who will respond to the request for equipment repair. A note should be left on the equipment, indicating the problem. When the equipment has been repaired, the support personnel will report what was done to remedy the problem.

Start-up

**The audiology assistants are responsible for start-up and shut-down of the clinic.**

1. Daily biologic checks of clinical equipment:
   - Audiometers:
     - Power
     - AC/BC frequency check (250 - 8000Hz)
     - Attenuator check
     - Crosstalk check
     - Microphone check
     - CD/Tape players check
     - Soundfield check
     - VRA toys check
   - Immittance Equipment:
     - Calibrate with coupler

   **IMPORTANT:** Indicate in logbook in each test booth (Daily Audiometer Calibration) and in the Daily Start-up Checklist clinic (back room) that daily biologic check was completed.

2. Ensure that a charged otoscope is placed in each test booth.
3. Ensure that clean immittance tips are available at each immittance bridge (place clean and dried immittance and OAE tips from ultrasonic cleaner at each station).

4. Remove cleaned items from the ultrasonic cleaner and place them out to dry.

5. Ensure that test booths are clean and neat.

6. Ensure that specula for otoscopy are stocked in each dispenser.

7. Ensure that each test booth has a supply of all necessary forms (audiograms, word recognition lists, etc.).

8. If any supplies are running low, write down the item on the order sheet in the clinic back room for the audiology assistant to order.

10. In case of any equipment malfunction, first troubleshoot (check power switches, cords, power strips etc.). If unable to locate the problem, notify the Audiology Clinic Director and/or clinical instructor and who will troubleshoot and, if needed, send an email to hhshelp@purdue.edu immediately regarding the nature of the problem and the equipment involved.

11. Indicate in an obvious manner that the equipment is not functioning and should not be utilized for patient care.

**IMPORTANT:** Each student clinician is responsible for the cleanliness and care of the test booths, waiting area and any other patient area after each patient contact!

**Shut-down**
At the end of the scheduled clinic day, turn off all equipment including audiometers, immittance bridges, TV and lights. Replace all furniture, cords and tools in their proper place. Place all dirty immittance and OAE tips in the ultrasonic cleaner, to soak for at least 6 hours. Make sure the clinic is locked for the night.
Legal Release Forms

Acknowledgement of Receipt of Privacy Notice (see appendix).
Each patient signs this form at their first appointment in the clinic and it is **required** to be in their chart; the chart should also be stamped “HIPAA” in red. The stamp is available at the front desk in Room 1042.

Legal Release and Request for Admission (see appendix)
Each file should contain a Legal Release and Request for Admission form. Patients sign this form at their first visit, and it is **required** to be in every patient chart prior to being evaluated in the clinic.

Designation of Individuals Involved in Treatment/Payment (see appendix)
Patients list spouses or other family members on this form, allowing us to discuss the case with them, release hearing aids to them etc.

Consent to Release Information Form (see appendix)
A Consent to Release Information form allows clinicians to provide information in terms of test results, reports etc, to physicians, schools and other professionals. Please verify that this form is signed and in the patient's file before sending out any information regarding your patient. If this form is missing please see that one is completed immediately, prior to sending information. In the case of urgency a verbal release may be used (make a note to this effect on the contact sheet), but a written consent should be obtained and placed in the chart as soon as possible! In accordance with referral policy, all referring parties will be sent a report unless specifically asked by the patient not to do so. This form must be completed at the conclusion of the evaluation session by those patients for whom it is applicable. This form can also be completed and signed if we desire information from other persons or agencies.

**Note:** HIPAA regulations allow the disclosure of information for treatment, payment and operations. However the Audiology Clinic policy is to always have a signed form prior to releasing information.

Advanced Beneficiary Notice (ABN form)
This form is to be signed by all patients who are eligible for Medicare (> 65 years old). The Purdue University Audiology Clinic is not set up to file claims to Medicare or other private insurance. Therefore, all Medicare-eligible patients need to understand that we will not be able to file their Medicare claim. This is done by selecting “Option 2” on the ABN form and signing it. If the patient wishes to select “Option 1”, we recommend they select a facility that is able to file the Medicare claim for them. If they select “Option 3” it indicates that they are not interested in our services.

Medical Waiver (see appendix)
FDA Regulations specify that a patient must have a medical examination within
6 months of the date of hearing aid purchase. For initial hearing instrument users, where the patient is over 18 years of age and when there are no "medical warnings", the patient may exercise the option to sign a waiver of the Medical Examination. When this occurs the clinical instructor must also sign the form. The signed portion of the medical examination waiver must be placed in the patient's folder. No hearing aid consultation (dispensing) should be finalized until this or the medical examination form has been signed and placed in the patient's folder. Our medical waiver form is one part of the Hearing Aid Selection Agreement form.

If the patient is below the age of eighteen, by law, medical clearance from a physician must be obtained. A medical examination form preferably signed by an otolaryngologist is required before the dispensing of the hearing aid. A medical waiver cannot be signed for patients under the age of 18.

Medical Examination Form (see appendix)
In the event that a hearing aid evaluation has been recommended, this form should be given to the patient at the conclusion of the initial evaluation session if a medical examination is considered necessary. This form is to be completed by the patient's physician prior to the dispensing of a hearing aid. In some cases, the recommendation is to be evaluated by an otolaryngologist. The student clinician should provide the patient the rationale for making this specific recommendation.

Policy on Medical Referrals
A patient referred to the Audiology Clinic by an otologist or other physician, shall return to the referring physician if further medical attention is indicated. A report of our findings shall always be sent to the referring physician. It is generally preferable that an otologist provides the medical diagnosis and treatment for a disease of the ear but of course, the patient has the freedom to decide. If the audiometric findings indicate that a specialist in otolaryngology/otology should be seen and the referring physician is not in that specialty, this recommendation may be made verbally to the patient in a way suggested by the following paragraph:

*Our test results indicate that you have a type of hearing loss that may require medical treatment. Because hearing problems of this type sometimes require specialized treatment or diagnostic procedures, we recommend that you see an ear specialist. You may, however, want to discuss this with your family physician. S/he may have additional recommendations or may suggest a specialist for you to see.

*Note: This paragraph is provided as a model. Do not read aloud to the patient or memorize for presentation.

If the referral source is other than a physician, and a medical referral is indicated, the patient shall be referred directly to an otolaryngologist. A printed sheet containing the names of all the physicians in this area specializing in otology is available in the forms supply area and in the Audiology Clinic file cabinet. If a patient asks for the name of an ear specialist, this list may be given to him/her.
Audiology Clinic Forms

Case History Form (see appendix)
The case history form is typically mailed to patients and they bring the form with them when they come in for their first appointment. The student clinician must be certain that the identifying information is complete: full name, address, telephone number, date of birth, date the history is taken, name of the informant, the referral source, address and signature.

The Audiology clinic utilizes three separate case history forms based on the age of the patient: Infant (0-6 months), Pediatric (6 months-18 years), and Adult (18+ years). It is the student clinician's responsibility to ascertain that all pertinent information is recorded, and to question and obtain more information in areas that are necessary for a clearer understanding of the patient's condition. It is also the student clinician's responsibility to ascertain that the patient or parent turns in a signed Legal Release and Request for Admission form and HIPAA acknowledgement form and ABN form if needed (patient >65 years of age) along with the case history form.

Audiograms (see appendix)
An audiogram should be completed for every patient seen for an audiological assessment. The audiogram filed in the patient's folder must be neat and complete. It becomes the clinic's record of the audiological results obtained during that particular evaluation. The audiogram is sent to the referral source or to any other consulting persons or agencies. Therefore, it must be completely readable and should leave no ambiguity as to results. (NOTE: When recording the masking level utilized in the non-test ear, record the starting and ending levels or the highest noise level at which the correct threshold was established.)

Word Recognition Lists
Each word recognition list used during the evaluation, if filed in the patient folder, must be identified as to type of presentation (live voice/recoded, phone/sound field), unaided/aided condition, ear evaluated (right/left or near ear/far ear), HTL and SL values, PBQ and PBN testing, auditory-only/ auditory-visual/ other and the score obtained. All identifying information must also be completed (patient's name, audiometer, audiologist, and date). Recorded lists are recommended for initial and comprehensive audiological assessments but live voice procedures may need to be used for pediatric cases, hearing aid evaluations and auditory-visual assessment if time is a factor. Consult your clinical instructor for suggestions regarding specific assessment procedures.

The word recognition forms have been prepared so that the errors made by the patient can be recorded legibly. This information may be helpful in counseling and in determination of additional rehabilitative services, i.e., lip-reading or auditory-visual recognition training. The word recognition lists, if used, should become a permanent part of the patient's folder so that the nature of the speech perception errors is available for rehabilitation and counseling strategies.
Contact Sheet (see appendix)
The contact sheet is used to document every contact made with the patient including telephone, direct contact etc. Chart notes should be made immediately following each appointment whenever possible so that important information is not omitted or forgotten. Indicate on the contact sheet in the patient's file any pertinent information, including change of address, change of phone number, change of educational placement, medical treatment, etc. All telephone/personal consultations should be recorded, dated, signed by the student clinician and initialed by the clinical instructor.

The DO List:
- Make chart notes immediately following each appointment whenever possible so that important information is not omitted or forgotten.
- Document all patient contacts including walk-ins and telephone calls
- Include a heading for each entry: AA (audiologic assessment), HAE (hearing aid evaluation), HAC (hearing aid check), HAR (hearing aid repair) etc.
- Record complete patient information at the top of each new contact sheet
- Use black ink
- Write legibly; anyone who reads the chart should be able to read your entry without difficulty
- Each entry should include:
  - Date of evaluation or contact (00/00/00)
  - Mode of contact (e.g. TC for telephone call, Walk-in, etc.)
  - Reason for evaluation (AA, HAE etc.)
  - Summary of results
  - Clinical impressions
  - Recommendations
  - Fees paid if any ($70.00, N/C etc.)
  - Student clinician’s/Clinical instructor’s initials
  - Always indicate new or additional information in the contact sheet
- Always include hearing aid make, model and serial #
- When an error occurs draw a single line through the incorrect portion, then initial and date the correction
- Indicate the amount charged to the patient for any service or supplies
- Initial entry and have clinical instructor also initial unless clinical assistant job is responsible
- Use only acceptable abbreviations from the list provided
The DON’T List:

- Use liquid paper to correct mistakes
- Scribble out incorrect entry
- Document subjective comments about patient; i.e. “patient is crazy”; instead quote the patient’s words that describe patient’s words or actions
- Place a name of a referral or contact person without adequately describing their function or relationship to the patient
- File a chart until the contact sheet and chart is completed and signed by the appropriate individuals
- Alter the chart or contact sheet if inquiry by patient, or their legal representative is requested.

Note: All contact sheet entries must be brief and concise. Rarely should more than one summarizing statement be needed under each item.

If additional information is obtained from the patient by telephone, personal communication from another professional involved in the case, or if the patient is seen in the clinic for private consultation, rehabilitation sessions such as hearing aid orientation, etc., brief comments regarding these patient contacts should be noted, accompanied by the date of the patient contact. Each contact sheet entry must be completed with the student clinician’s signature and routed to the clinical instructor for approval.

When the space for contact information on the original Hearing Appointment Information sheet on the inside front cover sheet has been used, an additional contact sheet form should be placed on top of the original form. Any succeeding sheets will then be placed on top of this sheet. Note that contact sheets are 2-sided. Contact sheet entries should be made for all audiologic rehabilitation programs each semester.
Audiologic Assessment Protocol

These are general guidelines and flexibility is the key in terms of individualizing the test procedures and sequences for each patient.

Case History- Use age appropriate form- Infant (0 – 6 months), Pediatric (6 months – 18 years), or Adult (18+)

Reminder- if re-evaluation, an abbreviated or complete case history is required

Acoustic Immittance Measures - Tympanogram- obtained using positive to negative sweep

May use screening immittance bridge for children or screenings

Acoustic Reflex Thresholds (ART)-

Ipsilateral reflexes obtained at 500, 1000 and 2000 Hz
Contralateral reflexes obtained at 500, 1000 and 2000 Hz

If there is no response, record NR@__ (highest level at which you tested)

Reminder- if using screener, the reflexes are not thresholds, but are fixed presentation levels

Acoustic Reflex Decay- Test at 500 and 1000 Hz contralaterally at 10 dB SL re: ART for that frequency

Do not ever exceed 110 dB and be aware of patient discomfort

Speech Reception Thresholds (SRT)-

Begin at a comfortable listening level for the patient
Familiarize patient with spondees if needed
Utilize descending technique to obtain threshold
Response criterion is 50%, i.e., 3 of 6 or 2 of 4 spondees at same level is threshold
Mask if necessary, inter-aural attenuation for speech is 50 - 60 dB with insert earphones
If based on case history and immittance you feel there may be a functional component, use ascending technique and do not familiarize

Pure tone Air/Bone Conduction

Air Conduction- Descending technique starting at an audible level
Frequencies 1, 2, 3, 4, 6, 8 kHz, re-check 1kHz if needed, .5, and .25kHz
Test inter-octave frequencies (750, 1500 Hz) if there is a 20 dB or greater difference in threshold between octaves

Mask if necessary, inter-aural attenuation is 50 - 60 dB for air conduction (with inserts)
Bone Conduction- Descending technique starting 10-20 dB above air conduction threshold
Frequencies .25, .5, 1, 2, and 4kHz

Mask if necessary, inter-aural attenuation is 0 dB for bone conduction

Word Recognition/Identification

Complete at an appropriate presentation level to obtain best possible score
If initial score is lower than expected, increase the presentation level, but be aware of UCL
Present 25 words to each ear
Utilize CD for presentation of stimulus in most cases

Mask if necessary, inter-aural attenuation is 50 - 60 dB re: best BC threshold

Other Clinical Considerations:
Complete Most Comfortable Loudness (MCL), Uncomfortable Loudness Levels (UCL), Quick-SIN test etc. as needed

**MASKING**

Masking is one of the topics that beginning AuD students have to quickly understand the concepts as well as demonstrate the ability to apply these concepts in clinic. In order to facilitate understanding, ensure learning of concepts and implementation of masking in the clinic, we suggest that you focus on being able to answer the following questions for ANY patient that you see in the clinic.

1. Do you need to mask:
   a. For air conduction audiometry?
   b. For speech audiometry
      i. SRT?
      ii. WRS?
   c. For bone conduction audiometry?
   d. If the answer to all the above is NO, then also be able to answer:
      i. Why not?
      ii. What if you used supra aural headphones instead of insert earphones?
      iii. What would you change on the audiogram such that you do need to mask?

2. If the answer to the above is YES:
   a. Why do you need to mask?
   b. What is the minimum masking level you would start with? Why?
   c. At what noise level would you be in danger of overmasking?

3. Do you need to mask when bone conduction threshold is 10 dB poorer than the air conduction threshold?

4. Other:
   a. Please discuss these questions with your clinical instructor and make sure you ask them any additional questions which you might have about masking concepts and clinical application.
Report Writing Procedures

The individual case and the person receiving information about the case determine the style, content, and length of a report. Individual clinical instructor's styles will also dictate the type and nature of reports to be completed. The following report writing categories are presented to serve as guidelines for report construction:

1. Full Summary Report (see appendix): This report is a full and complete summary of all pertinent background information as well as a description of the audiological results obtained in the evaluation for which the report is written. It must also cite recommendations presented to the patient following the evaluation. This report may or may not be sent out.

2. Letter Format Report (see appendix): The report may be constructed in letter format and directed to the referral source or to any other consulting persons or agencies. The appropriate audiogram and immittance form should be attached.

3. Final Semester Audiologic Rehabilitation Report (see appendix): Forms for the more intensive audiologic rehabilitation patient contact may vary depending on the clinical instructor.

All report formats require a heading comprised of the following identifying information items: the patient's name, address, date of birth, and clinic number.

4. Other: Report formats vary for specific agencies that refer patients to us. See sample reports for GLASS (Greater Lafayette Area Special Services), First Steps and the Office of Vocational Rehabilitation (see appendix). Instructor names and titles to be used on reports are in the appendix.

Note: For consistency all reports should use the formats specified (examples in appendix).

HIPAA

In order to comply with regulations from the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the following procedures will be used for the transmission of patient reports and records:

- All protected health information (PHI), including patient full name, address, date of birth, clinic number and telephone number, must not be used in the initial draft of the report, or the electronic transmission to clinical instructors and/or students.
- Student clinician writes the report and uses the first letter of the first name and the first 1 letter of the last name (Jane Smith would be written: J. S.). Note: Use periods.
- Clinical instructor reads the report and edits via paper report or e-mail.
- Student clinician then Emails the report to report secretary and copies the supervisor on this email. The chart must be placed in the top drawer in the audiology file room in the designated location.
- The Report Secretary will then print out the report with all of the identification information and archive it.
- The Report Secretary will leave the report in your file slot for signatures.
• Student clinician reads the report carefully, signs if the report is acceptable, and then puts the chart in front of the supervisor’s name to sign. If the student clinician finds a mistake when proofreading, note this on the report and give to the report secretary to fix.

• Clinical instructor signs report.

• The Report Secretary will mail out any reports you request.

Forms for reports may vary with the clinical instructor. Check with your instructor for individual preferences. All forms of reports must be signed by both the student clinician and the clinical instructor.

Main Principles of Clinical Report Writing

Report organization

Paragraph 1 – answer the 5 “W” questions (who, what, when, where, why)
Paragraph 2 – results of the tests (what we found)
Paragraph 3 – interpretation (what we think)
Paragraph 4 – recommendations
Paragraph 5 – thank you (if appropriate) with solicitation of questions regarding results or recommendations
Paragraph 6 – salutation and signatures, cc: to …

Promptness

Report to clinical instructor within 24 hours of seeing the patient
Immediate chart notes
Timely mailing of reports to referring parties, patient, family etc. (within one week)

Completeness

Include complete audiogram, ABR waveforms etc.
Must include conclusions and recommendations

Clarity

The goal is communication of information
Get to the point
Emphasize what we found, not how
Keep terminology simple and understandable for non-audiologists
Gear each report to the recipient, i.e. different style of reports for patient vs. physicians
Use past tense
Be consistent with sentence structure (active vs. passive voice; present vs. past tense).
Write for the reader: ensure that you avoid audiologic jargon if the report is going to a lay person
Be specific regarding test results, but avoid speculation. The report is a medical record and needs to be accurate.
Follow up on recommendations, especially for pediatric patients. Document all follow up attempts in the folder.
Keep a record of all reports and correspondence.
Neatness and professional appearance of all paperwork is important.

Suggested Professional Vocabulary

Use professional vocabulary:

Determine instead of find
Performed instead of did
Exhibits/demonstrates instead of shows
Reported/indicated instead of said
Remember to reduce technical information on reports to non-audiologists.

Assessing Documentation and Report Writing
Accuracy and professionalism in documentation and report writing are critical aspects of clinical audiology practice. The following areas will be assessed after each weekly clinical session.

File complete and orderly
- Filed all papers in appropriate sections
- Turned in all forms (billing form, RFA, DAE, white card, etc.)

Completed audiogram and other test items
- Completed identifying information on ALL paperwork (name, date, age, gender, clinic number, etc.)
- Entered (circled) PTA, CD/MLV, audiometer, earphones, reliability, etc.
- Circled tympanogram type, entered values
- Wrote in DNT wherever appropriate
- Wrote an appropriate clinical impression (of hearing)
- Completed WRS forms accurately
- Included HA make, model serial number, and identifying information REM taped to sheet

Chart note entries
- Summarize information without excessive detail
- Date
- Reason for visit (title)
- Presenting complaint
- Assessment
- Recommendations
- Payment or NC
- Initials

Time Management
- Turned in initial draft in 24 hours
- Turned in revision in 24 hours

Report
- Followed clinic format
- Did not have spelling or grammar errors or typos
- All details were accurate
- The report was readable (appropriate for the intended recipient)
- Included all (and only) relevant information
- Interpreted evaluation results accurately
- Made appropriate recommendations
- CC’d to appropriate persons as requested
Acceptable Abbreviations for use in Patient Files

Assessment terms:
- AA  Audiologic assessment
- Re-AA Re-assessment
- SNHL  Sensorineural HL
- CHL  Conductive HL
- AC/BC  Air conduction/bone conduction
- OAE  Otoacoustic emissions
- ABR  Auditory brainstem response
- DPOAE  Distortion product OAE
- TEOAE  Transient OAE
- Tymps  Tympanograms
- RE/LE, R/L  Right ear/left ear
- ME  Middle ear
- HF/LF  High frequency/low frequency
- HL  Hearing loss
- OM  Otitis media
- Bil  Bilateral
- SNR  Signal to noise ratio
- UNHS  Universal newborn hearing screening
- NBHS  Newborn hearing screening
- NR  No response
- DNT (E)  Did not test (evaluate)
- CNT (E)  Could not test (evaluate)
- VRA  Visual reinforcement audiometry
- BOA  Behavioral observation audiometry

Amplification terms:
- HA  Hearing aid
- HAF  Hearing aid fitting
- HAC  Hearing aid check
- REM  Real ear measurements
- HAR  Hearing aid repair
- ITE  In-the-ear
- BTE  Behind-the-ear
- ITC  In-the-canal
- CIC  Completely-in-the-canal
- SAM  Starkey All-Make Repair
- EMI  Ear mold impression
- EM  Ear mold
- EAC  Electroacoustic check
- RITE  Receiver-in-the-ear
General terms:
- TC/PC: Telephone call
- Rec: Recommendation
- Pt: Patient
- w/o: Without
- c/o: Complained of
- w/: With
- ENT: Ear, nose and throat physician
- Rec’d: Received
- RTC: Return to Clinic
- PRN: As needed
- f/u: Follow-up

Protocol for Re-assessment of Children and Adults with Hearing Aids

Case history update
1. Although not necessary to complete a new case history form, it is important to get information updates regarding the patient’s hearing, hearing aids, general health and otologic history
2. Make sure new information is recorded in the patient file

Assessment
1. Complete assessment protocol (see Audiology Clinic Handbook) as usual including all elements (otoscopy, immittance tests, pure tone and speech audiometry, OAE if indicated)

Hearing aid check during re-assessment appointments
1. Follow listening check protocol: sanitize hearing aids, perform listening check before you do anything, clean hearing aids as needed, change tubing if needed, perform electroacoustic check and/or listening check again
2. Perform probe microphone measurements to ensure appropriate benefit from the hearing aids; make adjustments as needed
3. Perform aided tests (functional gain with speech and tones) if desired
4. Counsel patient/parents as needed regarding outcome
5. Remind patient/parents that they may need a tubing change in 6 – 12 months

Follow-up appointments
1. For children, a hearing re-assessment is required every year!
2. For adults it can be recommended every two years
3. If you see a child for a hearing aid check and it has been more than one year since their last hearing assessment, please schedule one. You can have parents contact GLASS (school SLP if the child receives services at school) so we get reimbursed for the assessment NOTE: Please refer them/schedule appointment with the audiologist who fit them with their hearing aids
4. For adults recommend a re-assessment if they have not had an assessment in more than two years

Reports
1. Reports are required to be written for all re-assessments
Pediatric Assessment Protocols

Infant assessment (0 – 5 months):
1. Case history
2. Otoscopy whenever possible:
   a. Be aware of infant’s movements; a cursory look will suffice
3. Tympanometry – 1000 Hz probe tone (See Table 1 for normative ranges)
4. ABR:
   a. Biologic instructions for accessing the computer and basic start-up procedures can be found next to the equipment.
   b. Preparation:
      i. Single channel recording, with three electrodes (high forehead or vertex and each mastoid)
      ii. Vertical ipsilateral recording
      iii. Impedances < 7 kohms, and within 2 – 3 kohms of each other
   c. Click, 31.1/sec, 60 or 80 dBnHL, alternating polarity, 2000 averages, 12 ms analysis window, 150K gain, 100 – 3000Hz filter settings
      i. Monitor EEG activity from time to time to check on infant
      ii. Note minimum number of averages for any response is 1000
      iii. Monitor artifact rejection; change settings if needed (for example allow more rejections if baby appears to be quiet and you are still getting a number of rejections)
      iv. Add Line filter if needed to decrease 60 Hz hum
      v. Check in on infant often especially if not asleep or wiggly (check electrodes, impedance and inserts each time!)
   d. 2000 Hz TB, 5ms duration, 31.1/sec, 60 or 80 dBnHL, alternating polarity, 2000 averages, 24 ms analysis window, 150K gain, 30 – 3000Hz filter settings
      i. To improve morphology of responses try decreasing rate, increasing level, increasing number of averages, increasing high pass filter setting to 150 or 300 Hz to remove unwanted LF noise (if response appears to be riding on a LF sine wave)
      ii. Decrease intensity in 10 – 20 dB steps to find threshold; 20 - 30 dBnHL is considered normal
      iii. If no response at 20 dBnHL, increase to 25 and then 30 dBnHL
   e. 500 Hz TB, 5ms duration, 31.1/sec, 60 or 80 dBnHL, alternating polarity, 2000 averages, 24 ms analysis window, 150K gain, 30 – 3000Hz filter settings
      i. To improve morphology of responses try decreasing rate, increasing level, increasing number of averages, decreasing low pass filter setting to 2000 – 2500 Hz to remove unwanted HF noise
      ii. Increase analysis window even further if needed
      iii. Decrease intensity in 10 – 20 dB steps to find threshold; 40 dBnHL is considered normal
   f. If time permits, try 4000 Hz TB with settings similar as for 2000 Hz
      i. Preliminary responses at our Clinic from a few infants have been good with responses down to 20 dBnHL for both 2000 and 4000 Hz
5. OAE:
   a. DPOAE: 2 – 6 kHz screening protocol or diagnostic test when possible
      i. If no response, remove probe, check for occlusion, replace and repeat test
6. Recommendations:
   a. Normal results:
      i. Monitor for otitis media-counsel regarding high incidence
      ii. Counsel regarding speech and language developmental milestones and provide written information to parents/guardians
   b. Normal hearing with flat, negative pressure or wide tympanograms (tympanometric width > 235 daPa):
      i. Physician consultation; hearing reassessment not necessary
      ii. Monitor for worsening of any symptoms
      iii. Counsel regarding effects of untreated or chronic OM
      iv. Possibly return for tympanometry and OAE check in
   c. High risk infant (family history, congenital anomalies, syndromes, etc.) with normal results:
      i. Retest in 6 – 12 months
      ii. Annual evaluations until the age of 5
   d. Conductive hearing loss
      i. Physician consultation
      ii. Retest (consider OAE/behavioral assessment depending on age of infant)
         1. Schedule appointment in 6 – 8 weeks for tympanometry and OAE
         2. Normal results – no further recommendations
         3. Flat tympanograms – ENT consultation and appointment again in 6 – 8 weeks
         4. Normal tympanograms with absent OAE – schedule ABR, refer for sedated ABR or schedule VRA assessment based on age of child
   e. SNHL: Consider the following recommendations over several visits
      i. ENT consultation for etiology and medical clearance
      ii. Possible referral for a genetics workup and vision testing
      iii. FS Parent Handbook to parents
      iv. Refer child to First Steps for evaluation and intervention services
      v. Refer to Center for Deaf and Hard of Hearing Education (CDHHE) for parent resources (parent guide, information)
      vi. Complete DAE form online per state requirements
      vii. Complete consent form for CDHHE
      viii. Re-assessment to confirm the hearing loss / gain additional thresholds
      ix. HA fitting
      x. Communication options
      xi. Referral for CI (if appropriate)

Pediatric assessment (6 – 36 months):
1. Case history
2. Otoscopy (at the start with co-operative children or at the end with fearful children when possible)
3. Immittance test (See Table 1 for normative ranges):
a. Tympanometry – 226 Hz probe tone (at the start with co-operative children and at the end with fearful children)
b. Ipsilateral reflex thresholds when possible at 1000 Hz

4. Choice of test strategy depends on developmental age of child
   i. Most children in this age group will be assessed using VRA
   ii. Very few (closer to age 3 and developing normally) may be conditioned for play audiometry

5. VRA: SDT in SF
   a. Consider use of a high chair for child to be seated comfortably and reduce cues from parent
   b. Start at 50 dB HL - watch for voluntary head turn and reinforce with toy and verbal praise
   c. Watch VU meter and visual cues
   d. Conditioning trials: If child does not make a voluntary head turn, pair stimulus and reinforcer
      i. NOTE: Make sure conditioning stimuli are audible to child (use louder stimuli to condition if needed)
   e. Check for localization to speech
   f. Decrease level quickly to 30 and then 15 dB HL
   g. Increase in 5 dB steps if there is no response to find threshold
   h. Use novel speech stimuli (child’s name, “uh oh”, “mamama”, “dadada”, “hi bear” etc.
      i. Use stimuli at child’s language level (usually single words)
   i. Move on quickly to the next step – no more than 5 – 6 trials with speech
   j. If child is closer to age 3, has a reasonable vocabulary, and co-operates try the spondee board or pointing to body parts
   k. Switch to narrow bands of noise
      i. Start at 500 or 2000 Hz
      ii. Condition at an audible level (50 dB HL or louder if needed)
      iii. Decrease level quickly to 30 and then 15 dB HL
      iv. Increase in 5 dB steps if there is no response to find threshold
      v. Keep stimuli changing; no more than 2 – 3 presentations at the same frequency (i.e. jump around frequencies keeping in mind best response obtained at each so as to not repeat same levels again)
      vi. Obtain thresholds for 500 – 4000Hz
     vii. Don’t spend too much time below 15dB
         1. Note DNT below 15 dB HL or SDT < 15 dB HL
     viii. Intersperse conditioning trials as needed to keep child on task
     ix. OK to move from a 50 dB HL conditioning trail to a 15 dB HL trial (skip 30 dB HL)
   l. If child is fussy or inattentive
      i. Use waving hands/fingers, or small “not very interesting” finger puppet toys to center child
      ii. Do not talk too much as this interferes with stimulus presentations
      iii. Praise animatedly for correct head turn responses
      iv. Direct child to the reinforcer if necessary
6. **Play audiometry:**
   a. Try only with children closer to age 3 and developing normally
   b. The idea is to get the most information from the child as efficiently as possible (VRA or play); this is not a test of the student’s skill level in teaching the task to the child!
   c. Start with inserts if child co-operates; otherwise starting with SF is OK as some results are better than none (if child starts crying and does not stop when you attempt inserts)
   d. Use SDT procedure above (e. viii)
   e. Condition with dropping blocks in a bucket (this task is easier than pegs, puzzles etc. for this age group as the motor skills needed are lower)
      i. Condition face to face making beeping sounds OR
      ii. Condition with sounds from SF speakers
      iii. Do it together with child, and parent if necessary; move to child performing task on their own
      iv. Be animated with praise, clap hands etc.
      v. Move back quickly to VRA if child does not condition after about 6 trials
     vi. Recruit parent to hand a block to child after each trial (so one person testing is possible)

7. **OAE:**
   a. DPOAE: 2 – 6 kHz screening protocol or diagnostic test when possible
      i. Perform OAE on every child for student training
      ii. Student to know when OAE was an appropriate test and when they were doing it for training purposes
      iii. Can do the test at no charge if only for student training purposes

8. Overall test procedure should **NOT** take more than one hour – if questionable or insufficient results are obtained – reschedule, as a tired child will not cooperate and the session will only deteriorate

9. **Recommendations:**
   a. Normal results – monitor speech and language development, counsel regarding otitis media, follow therapy recommendations, retest in one year if not making adequate progress in speech/language development
   b. Flat tympanograms with normal hearing – physician consultation, possible ENT referral; discussion of impact of minimal/fluctuating HL on speech and language development at this critical age; retest tympanograms if appropriate – at physician’s office
   c. Flat tympanograms with hearing loss – physician consultation with strong recommendation for ENT consult and retest of hearing; discuss impact of minimal/fluctuating HL on speech and language development at this critical age
   d. Negative pressure or wide tympanograms (tympanometric width > 200 daPa) with normal hearing – monitor for worsening of symptoms; physician consultation if symptoms worsen
   e. Negative pressure or wide tympanograms (tympanometric width > 200 daPa) with hearing loss - physician consultation, possible ENT referral; discussion of impact of minimal/fluctuating HL on speech and language development at this critical age; retest tympanograms if appropriate (mark additional test requests on
RFA) SNHL – ENT consultation for etiology of HL and medical clearance for amplification, retest to confirm HL, preliminary discussion of need for hearing aids, alert FS re: identification of HL via phone call to OSC
   i. Discuss hearing aids in more detail at second assessment
   ii. EMI after medical clearance
   iii. Fit with loaner hearing aids for 3 – 6 months from our stock or Riley Loaner HA Bank if desired
   iv. Retest every 3 – 6 months until age 3 years
   v. Personal HA fitting by age 2 1/2 years to ensure FS reimbursement
   vi. Communication options
   vii. Referral for CI (if appropriate)

Pediatric assessment (3 – 6 years):
1. Case history
2. Otoscopy (at the start with co-operative children or at the end with fearful children)
3. Immittance tests (See Table 1 for normative ranges):
   a. Tympanometry – 226 Hz probe tone (at the start with co-operative children and at the end with fearful children)
   b. Ipsilateral reflex thresholds
4. Choice of test strategy depends on developmental age of child
   a. Most children in this age group will be assessed using play audiometry or standard audiometry
   b. Use of play audiometry with an older child who seems immature will keep the child on task longer
   c. More advanced play tasks such as peg board, legos, puzzles may be used when appropriate
   d. Consider use of “fun” responses such as thumbs up, verbal responses like naming favorite things etc.
   e. Follow procedures and recommendations above
      i. Switch between ears/frequencies to obtain some information for each ear
      ii. Keep number of trials low – move on quickly
   f. Remember to praise often using the talk forward microphone – monitor level before using!
   g. Use PBK if appropriate (or WIPI if speech intelligibility is a factor)

Pediatric assessment (> 6 years):
1. Standard adult procedures can be used for the most part unless child is immature, shy, fearful in which case consider play audiometry
2. Use hand raising rather than response button
3. Follow adult test protocol
4. Use PBK if appropriate (or WIPI if speech intelligibility is a factor)
5. Be aware of inconsistent responses in the teenage age range
6. If you suspect elevated thresholds:
   a. Switch tasks immediately to SRT
   b. Use ascending procedure
c. Vary levels inconsistently
d. Use different response format – Yes/No, count the beeps etc.
e. Re-instruct at low level or ask questions at low level
f. Do not waste time on behavioral tests that are inaccurate
g. Switch to OAE and complete immittance test battery including ipsilateral and contralateral reflex thresholds
h. If OAE are normal, tell child so and then try behavioral tests again with re-instruction

7. Counseling:
   a. Do not blame the child for inconsistent responses
   b. Often easier to provide an “excuse” – for example, “you heard the words at the softest levels; the tones are harder, but let us try them again since you did so well with the words” etc.

Table 1: Tympanometry Normative Ranges

<table>
<thead>
<tr>
<th></th>
<th>Ear canal volume (ml)</th>
<th>Static compliance (ml)</th>
<th>Middle ear pressure (daPa)</th>
<th>Tympanometric width (daPa)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pediatric</td>
<td>0.4 to 0.9</td>
<td>0.2 to 0.9</td>
<td>-150 to 50</td>
<td>60 to 150 (&gt;200 considered abnormal)</td>
</tr>
<tr>
<td>Adult</td>
<td>0.5 to 1.5</td>
<td>0.3 to 1.6</td>
<td>-150 to 50</td>
<td>50 to 110 (&gt;200 considered abnormal)</td>
</tr>
<tr>
<td>Infant (1 kHz tone) with 226 Hz</td>
<td>~4 times ECV</td>
<td>0.55 to 2.55 mmHg</td>
<td>__</td>
<td>__</td>
</tr>
</tbody>
</table>

**NOTE:** These ranges represent 90% of the range of normal values. Always consider ALL test results and patient factors when interpreting these results and making recommendations.

**First Steps**

First Steps (FS) is a state program for children from birth to three with any kind of developmental delays or disabilities. A brief overview of the program follows:

- Any concerned individual can contact FS to make a referral (it does not have to be a physician or medical provider).
- An **intake coordinator** gathers information about the child and schedules a visit to the family.
- In order to determine whether the child is eligible for FS services, an Eligibility Determination team (**ED Team**) consisting of at least two providers evaluates the child. The evaluation tool used is called the **AEPS** (Assessment, Evaluation and Programming System), and assesses the child in five domains which are: gross motor, fine motor, adaptive, cognition and social/communication. If a child exhibits specific delays (more than 2 SD in one domain, or more than 1.5 SD in two or more domains) they are eligible to receive services through FS. A child with a syndrome, craniofacial anomaly (e.g. cleft palate), hearing loss etc. is automatically eligible.
• Once eligibility is determined, an Individualized Family Service Plan (IFSP) is formulated for the child outlining the goals and services he/she will receive and a service coordinator is assigned to the child who assists the family with appointments, updates etc.
• FS promotes therapy services in the child’s “natural environment” which may be the home, day care center, baby sitter’s, playground etc.
• The local FS office is FS of Mid-North Indiana or Cluster D, and it covers Benton, Boone, Cass, Carroll, Clinton, Fountain, Howard, Montgomery, Tippecanoe, Warren, and White counties.

When we get a referral from FS, we receive a fax with the patient information, and sometimes the AEPS results and IFSP. We need the following information to be reimbursed for our services:
• An ICD-9 diagnosis code (e.g. 315.39 which is a code for speech and language delay). If there is no code on the paperwork, please call FS to get the code prior to the appointment. The phone number for the local FS office is 420-1404.
• A Request for Authorization (RFA) for audiology services. Complete this form and fax it to First Steps (420-1406). Also copy this form and staple it to the white and yellow copies of the triplicate bill. Place this in the red folder designated for such copies behind the front desk. This should be done with every FS appointment.

**Greater Lafayette Area Special Services (GLASS)**
• The local area has three school districts: West Lafayette Community Schools, Lafayette School Corporation (LSC) and Tippecanoe School Corporation (TSC). All three school districts as well as private schools (to some extent) are covered by GLASS and children with special needs may receive services through GLASS.
• Children are eligible for GLASS services beginning at age 3 (when they graduate from FS) and until they complete high school or turn 21 years of age (whichever comes first).
• Each school has an assigned speech-language pathologist who is responsible for coordinating hearing screenings at all the public schools. In Indiana, all children have a hearing screening in grades K, 1, 4, 7 and 10.
• Children who fail the hearing screening are referred for a comprehensive hearing assessment either to the Purdue Clinic or to IU Arnett Health (GLASS pays for this assessment).
• GLASS also pays for annual hearing assessments for hearing-impaired children and provides FM systems in the classroom as needed. Like the IFSP, a school-age child with special needs has an Individualized Education Plan (IEP) which outlines the services he/she will receive through GLASS.
• GLASS has a preschool program for children with special needs and also sometimes pays for students to attend the Purdue Language Preschool (PLP) Program.
• If we see a school-age child who needs services, we refer them to GLASS, either by having them call the GLASS office at 476-2900 or by calling their school to speak to the school speech-language pathologist.
Teaching Clinics

In order for AuD students to gain clinical experience evaluating infants and young children, we offer Teaching Clinics. These Clinics seek out patients in the age range from birth to 5 years and offer free comprehensive hearing assessments for this population. These patients are identified as “Teaching Clinic” on the billing form. The bill is completed with all charges totaled; then marked “No Charge” (NC): Educational Discount or ‘Teaching Clinic’ should be written at the bottom of the page.

Disability Determination Bureau (DDB)

The Disability Determination Bureau schedules audiological evaluations with our clinic. These evaluations are scheduled for 1 hour.

Procedures:
1. A chart will be made with the paperwork from the DDB. There will be a Request Letter, an Audiogram Testing Protocol and Report, and a State of Indiana Claim voucher at minimum in the paperwork. There may also be other health records pertinent to the case that you can review.
2. Complete the testing that is stated on the voucher.
3. Complete the Audiogram Testing Protocol and Report
4. Fax signed Voucher (cover page) and Audiogram Report to the number on the voucher.
5. Complete the Bill. Only bill for what procedures were authorized.
6. Make a copy of voucher. Attach it to white and yellow parts of the bill for business office
7. File the pink copy.

There are no written reports to turn in. Students may write reports and file them.

Additional info here on GOS, Hear Now, Help America Hear, Voc Rehab, Wright Patterson???

Audio File Review

Each of you will have at least TWO clinical sessions recorded each semester. One of these will be in the first half of the semester (prior to mid-term) and the second will be in the latter half of the semester. The goals of recording clinical sessions and having you review them are to facilitate critical thinking and self-analysis. These skills will help foster independence in your clinical work. Here are some tips on what you can listen for and bring for discussion with your clinical instructor:

1. Rate and volume of your speech
   a. Could the patient understand you?
   b. Did you alter the rate and volume based on patient’s needs?
   c. Did you rephrase if needed?
2. Use of fillers like “um”, “uh”, etc.
   a. Was your use of fillers excessive?
   b. Were there awkward and long silences during the session?
3. Case history questions
   a. Were questions clear and open ended?
   b. Did you ask appropriate follow-up questions?
   c. Did you complete the case history efficiently?
4. Test instructions
   a. Were your instructions clear and easy to understand/
b. Were they accurate and complete?

5. Counseling
   a. Was your counseling clear and easy to understand?
   b. Was it accurate and complete?

6. Responsiveness to patient’s questions and comments
   a. Were your responses appropriate?
   b. Were your responses accurate?
   c. Were your responses professional?

**General Expectations in Clinic from ALL Clinical Instructors**

1. Read patient’s file ahead of time and know pertinent information in file
   a. Name
   b. Age
   c. Referring agency if applicable
   d. Reason for referral if available
   e. Prior history if available
      i. Degree, type and configuration of hearing loss
      ii. Hearing aid information if applicable
      iii. Details of most recent visit

2. Dress appropriately for clinic (See Audiology Clinic Dress Code) and address clinical instructors by last name (Mrs. Bell or Dr. Hertz for example)

3. Arrive at least 15 minutes prior to scheduled clinic time
   a. Meet with clinical instructor in their office or clinic
   b. Discuss patients scheduled for the day
   c. Present your plan for each patient to your clinical instructor

4. For ALL patients
   a. Introduce yourself (first and last name) as a graduate student and introduce your clinical instructor as the audiologist
   b. Lead the way to the clinic and decide on which room you are going to take the patient in and where you are going to seat them

5. For assessments, follow the protocol in the Audiology Clinic handbook
   a. Remember to use your “clinic voice ONE” (slightly louder than normal, enunciating each word clearly and not running words together) for patients without hearing aids
   b. Age appropriate case history form to be completed
      i. Make additional notes on the form as needed
   c. Otoscopy
      i. May be omitted ONLY with fearful children or infants
   d. Immittance evaluation (get familiar with all equipment in the clinic)
      i. Tympanograms: on EVERY patient (except if post-op)
      ii. Ipsilateral acoustic reflexes (500, 100 and 2000 Hz): on EVERY patient except with young children or infants
      iii. Contralateral acoustic reflexes (500, 100 and 2000 Hz): on ALL adult patients
      iv. Reflex decay test (500 and 1000 Hz): on ALL adult patients when possible (EXCEPT if reflexes are absent, reflex thresholds are greater than 95 dB or patient complains of discomfort)
   e. Pure tone audiometry
      i. Air and bone conduction tests on ALL patients except young children and infants
      ii. Appropriate masking whenever necessary (>10 dB air-bone gap)
iii. Keep monitor low so that beeps are not heard through the wall of single-walled booths (e.g. at ENT facility)

f. Speech audiometry
   i. SRT/SDT on ALL patients
      1. Important for procedure to be efficient
      2. Appropriate masking whenever necessary
   ii. WRS on ALL patients over 5 years old when possible
      1. Recorded lists whenever possible for direct comparisons
      2. Live voice ONLY when necessary (e.g. child)
      3. Presentation level based on comfort – loudest level that patient will tolerate
      4. Appropriate masking whenever necessary – clinical instructors will ask questions regarding need to mask, sufficient/minimum masking levels as well as overmasking levels in every case
   iii. Keep voice soft and increase “MIC” level so as not to be heard through the walls of single-walled booths (e.g. at ENT facility)

g. MCL/UCL
   i. Speech and/or tonal MCL and UCL – when suggested by clinical instructor

h. OAE
   i. On EVERY child when possible

i. Other
   i. Quick-SIN, HINT, SCAN etc. - when suggested by clinical instructor

j. Counseling
   i. Explain test results by summarizing; you do NOT have to talk about each test separately
   ii. Avoid audiologic terminology including numbers like 20 or 25 dB
   iii. Make counseling meaningful for the patient and tie it in with their presenting complaints

6. For re-assessments on patients who already have hearing aids
   a. After above assessment, clean and check (listening and/or electroacoustic) hearing aids
   b. If hearing aids are functioning appropriately, perform verification measurement (usually probe microphone measurements) to ensure appropriate benefit and make appropriate recommendations
   c. Remember to use “clinic voice TWO” (not as loud as voice ONE) for after hearing aid fitting

7. For hearing aid appointments
   a. Preparation
      i. Have HA(s) preprogrammed, read information booklets and have HA AGREEMENT FORM COMPLETED ahead of time (NOT the day of the appointment). Seek assistance from clinical instructor if needed
      ii. Have HA(s) connected to computer with cables and ready with all supplies (batteries, booklets, etc.) for HAE
   b. Procedures
      i. Perform verification measurements (probe microphone measurements) to ensure appropriate benefit (note that we have several different pieces of equipment – get familiar with them ALL)
      ii. Ensure (via conversation) that hearing aids are appropriate for patient
iii. Counsel patient and family regarding hearing aids, communication strategies etc.

8. Post-session
   a. Discuss the day’s session with clinical instructor (do NOT schedule other appointments immediately after clinic session, so as to allow time for this)
   b. Reflect on the session to develop your own critical thinking skills in addition to obtaining feedback from clinical instructor
   c. Clinical instructors will attempt to ask questions in addition to providing solutions (e.g. you instructed patient by saying “press the button when you hear the tone”; is there anything else you would add to your instructions?)
   d. Clinical instructors will make detailed observation notes of the session in order to be able to facilitate such discussion (need to be able to recreate what student said or did - e.g. patient said “ouch” when you were performing tympanometry and you continued with the test without responding; what else could you have done? - in order to do this – the more detailed notes the better)
   e. Ask questions / clarify / take notes to ensure your understanding of the discussion during the meeting
   f. Implement the feedback provided in the next clinical session

9. Documentation: ALL paperwork in file MUST be complete and submitted within 24 hours after appointment
   a. Audiogram
      i. Name, Date, Age, Gender, Clinic #, Student name at top
      ii. Clinical instructor will SIGN audiogram (do NOT write in their name)
      iii. PTA
      iv. SRT (or DNT if appropriate)
      v. Masking levels (start and end or just ending level)
      vi. WRS score (%), presentation level, masking level and list used
      vii. CD, TAPE or MLV circled
      viii. Audiometer
      ix. Earphones used (ER3-A, TDH-50, SF etc., NOT “inserts”)
      x. Reliability (circled), Technique (circled)
      xi. Correct audiometric symbols on audiogram connected together
      xii. Tympanogram type (circled)
          1. Static compliance
          2. Middle ear pressure
          3. Volume
          4. Tympanometric width (gradient)
      xiii. Acoustic reflex thresholds
          1. Entered in the CORRECT boxes
      xiv. DNT wherever appropriate (reflexes, WRS etc.)
      xv. Comments when appropriate (examples below)
          1. Did not test at levels softer than 15 dB
          2. Aided binaurally with Phonak Valeo ITE hearing aids etc.
      xvi. Clinical impression
          1. One to two sentences summarizing the outcome of the appointment
      xvii. Immitance printouts
          1. Tape to blank sheet of paper; keep L and R ear printouts together and tape such that it is possible to copy and send to physician if necessary
          2. Include patient name, clinic # and date
xviii. WRS lists
   1. Name, audiologist, date, AND check one each of LV or recorded, HL or
SL, Phones or SF, aided or unaided etc.
xix. HA EA checks/REM printouts
   1. Patient name, clinic #, date and HA make, model and serial #) etc. on
   ALL such sheets in patient file

b. Contact sheet notes: Read Audiology Clinic Handbook and follow guidelines
   i. Date
   ii. Reason/title: AA, HAC, HAE, TC (telephone call), Walk-in etc.
   iii. SUMMARIZE briefly – patient’s complaint, what you did, what you
   recommended, amount paid or NC, student initials, clinical instructor
   signature
   iv. ALWAYS include HA make, model and serial number on chart notes
   (“Patient complained his left HA is dead” is NOT acceptable, but “Patient
   complained his left Siemens Music Pro ITE #123456 is dead” is appropriate)
c. Reports: Read Audiology Clinic Handbook and follow guidelines/samples
   i. Use formats from Handbook for consistency
   ii. Include salutation (Dear ----) for letter format reports and not for summary
   reports
   iii. Include “Thank you for referring…..” for outside referrals
   iv. Include sign-off (Sincerely,) for letter format reports and “Reported by:”” for
   summary reports
   v. Use “Student Clinician” and clinical instructor’s name, correct degree and
   title as given in the Audiology Clinic handbook
   vi. Cc: as appropriate – it is YOUR responsibility to remember to do this. For
   physicians, use John Doe, MD (not Dr. Doe)
   vii. Use past tense and passive voice throughout the report
   viii. Keep grammar consistent throughout report (E.g. Do NOT follow “Mr. Smith
   reported…..” with “No other history…..”, but rather with “He did not report any…..”)
   ix. Proofread / re-read ALL paperwork before turning it in to your clinical
   instructor. Grammar, spelling and punctuation errors are NOT acceptable.
   x. Report content
      1. History:
         a. Include ALL relevant information
         b. Include ONLY relevant information
         c. Report information in a logical sequence
      2. Evaluation:
         a. Use either bullet phrases or complete sentences, but not both
            in one report
         b. Report results obtained
         c. Explain what results mean (interpretation)
         d. Write for the reader: decrease audiologic jargon as much as
            possible in reports that will be sent to patients, First Steps
            providers etc. Use audiology terms ONLY on reports to other
            audiologists or ENT physicians
         e. Normal tympanograms DO NOT always imply normal middle
            ear function, but rather normal eardrum mobility
f. Normal acoustic reflex thresholds DO indicate normal middle ear function

3. Recommendations:
   a. Include ALL recommendations discussed
   b. Include them in a logical sequence
   c. Make recommendations as meaningful for the patient as possible

**Hearing Aid Procedures**

After evaluating the hearing sensitivity of a patient and talking with the patient and his/her family, the student clinician may recommend amplification to aid in communication improvement. It is critical that the student clinician work with the patient to find an amplification device that will best fit the patient's communication needs. Currently the clinic deals with several hearing aid manufacturers, and it is recommended that each student clinician become familiar with as many products as possible in order to increase his/her breadth of hearing aid fitting knowledge.

**Scheduling Procedure for Further Evaluation**

Scheduling for follow-up hearing aid evaluations is normally completed at the end of the audiologic assessment. Appointments for hearing aid fittings should be made approximately three weeks after the assessment. Entries in the schedule book should be completed in pencil by the Scheduling Receptionist. The patient should receive a completed appointment card. The type of appointment should be correctly entered. **There must always be a clinical instructor available when a patient is scheduled for an appointment.**

**Hearing Aid/Earmold Orders**

When a hearing aid or earmold is ordered from the manufacturer the following procedures should be implemented:

A. Hearing aid procedure
   1. For in-the-ear hearing aids, first complete a hearing aid order form (available in the forms area in the clinic or online). Package the impression(s) and hearing aid order form in the correct manufacturer box or scan and complete order online. (Make sure you keep a copy of the order form in the patient’s chart). Fill out the triplicate form (see appendix). Attach the triplicate form to the impression box with a rubber band. This should be placed in the bin located in the Audiology Assistant’s Office.

   2. For behind-the-ear hearing aids, call the manufacturer to place the order or place order online (have manufacturer account number handy and make sure you request the appropriate color choice). Fill out a triplicate form. Note "Phone In"/"online" on the triplicate. The date ordered portion of the form must be completed and the form placed in the bin located in the Audiology Assistant’s Office.

   3. You will be notified when the hearing aid or other accessory has been received when the Audiology Assistant places the pink copy of the triplicate form in your clinic mailbox in the
Audiology workroom. The hearing aid, earmold or accessories will be found in the clinical
instructors’ drawers in the Audiology Clinic Workroom.

B. Earmold Procedure
1. Fill out an earmold order form. The yellow copy of the form should be placed in the patient's
file. Place the white form in the manufacturer box with the impression. Fill out a triplicate form
and rubber band it to the box. Place the box in the bin in the Audiology Assistant’s Office.

2. When the earmold is received from the laboratory, the Audiology Assistant will place the pink
copy of the triplicate form in your mailbox and the earmold in the clinical instructors’ drawer in
the Audiology Clinic Workroom.

Hearing Aid Evaluation
1. Check the clinical instructor’s drawer several days before the day of the HAE appointment or
as soon as you receive the pink copy of the triplicate in your mailbox to ensure that the hearing
aid or earmold has been received from the manufacturer. Make sure that you perform a listening
and electroacoustic check on the hearing aid(s) and pre-program all programmable and digital
hearing aids prior to the patient’s appointment date. Seek out your clinical instructor for
assistance with this if needed.

2. On the day of the hearing aid evaluation, the patient should either turn in a completed medical
examination form or sign the medical waiver form. The medical examination form should have
been given to the patient at the end of the audiological assessment. This form should be
completed before the hearing aid is dispensed, or a waiver of medical examination form should
be signed. (Note: Children under the age of 18 are required to have a completed medical
examination form and cannot sign a medical waiver)

3. Perform appropriate benefit/verification measures during the HAE and counsel the patient
regarding the use and care of the hearing aid(s).

4. Have the patient sign the Hearing Aid Agreement form (see appendix) which you should fill
out prior to the appointment. The form acknowledges receipt of the hearing aid and the patient
keeps the white copy while the pink copy goes in the patient chart. It includes information
regarding the trial evaluation, medical waiver and battery warning information.

5. Complete a charge slip for the services provided to the patient thus far (HAE fee, earmolds
and first 50% payment toward the cost of the hearing aids).

6. Schedule a follow up appointment in approximately two weeks for a hearing aid check (HAC).

Hearing Aid Check (HAC)
At the time of the HAC there will be three options, as listed below:

1. Patient may require more time than the usual two – three week trial period:
Note information as contact entry in folder and reschedule patient for further HAC. Complete
charge slip and extend the trial date of the hearing aid if necessary.
2. Patient may return the hearing aid and the student clinician will send it back to the manufacturer for credit. All returns for credit are to be done via the Audiology Assistants.

3. Patient may decide to purchase the hearing aid(s):

**For Option 1 above**
Each student clinician is responsible for checking the trial expiration date for his/her patient’s hearing aid(s). If a trial date needs to be extended, (e.g., patient needs more time to evaluate the hearing aid) call the manufacturer and request that the trial period be extended. Write the new due date on the contact sheet. Always check to see if due dates need to be extended over any breaks and at the end of the semester.

**For Option 2 above**
Use the following procedure when you desire to return a hearing aid to the manufacturer for credit:

a. Prepare the hearing aid for mailing by placing the hearing aid in the mailing box. Place the appropriate mailing label (with street address of manufacturer) on the box.

b. If they paid by credit card, the refund can be made at the front desk or completed via telephone. **NOTE: Earmolds are non-refundable.**

**For Option 3 above**

a. Give the patient the following:
   - Any box/hearing aid case not given at the HAE
   - Warranty expiration information

b. Complete a charge slip for:
   - Second 50% cost of the hearing aids (include make, model and serial number(s)).
   - Extra batteries if purchased
   - Accessories if purchased

c. Make sure that you update/correct warranty expiration dates. You may make a telephone call to the manufacturer to start the warranty date from the date the hearing aids were dispensed.

On the contact sheet entry, place orange sticker(s) (see appendix) indicating the make, model and serial numbers, warranty expiration date, and battery size. **(NOTE: A new orange/green (for repairs) sticker should be placed on the contact sheet whenever the warranty information changes.)**

**Procedures for Loaner Hearing Aids**

A. When it has been determined that a patient is in need of a loaner hearing aid for temporary use, the following procedures should be implemented:

1. Select an appropriate hearing aid from the loaner hearing aid supply cabinet.

2. Make an entry in the Loaner Hearing Aid sign out sheet.
3. Have patient sign the loaner hearing aid agreement form (see appendix) and place it in patient's folder until the loaner aid has been returned.

B. When the hearing aid is ready for return to the loaner stock, the following procedures should be implemented:
   1. Assure that the hearing aid is in good working order (listening check AND electroacoustic analysis). Complete electroacoustic analysis and place print out, with current date recorded, in the plastic drawer with loaner hearing aid.
   2. Mark the hearing aid as “returned” in the Loaner Hearing Aid sign out sheet.

**Procedures for Hearing Aid Repairs**

When it is determined that a hearing aid needs to be returned to the manufacturer for repair, the student clinician should complete the following:

1. Perform a listening check and electroacoustic evaluation of the hearing aid and confer with the clinical instructor to discuss the results of these analyses.

2. Determine if the hearing aid is under new aid or service warranty.

3. If it is decided that the hearing aid should be returned for repair, the student clinician should complete the appropriate manufacturer's repair form and have it approved by the clinical instructor. If the hearing aid is >5 years old, call manufacturer regarding cost and availability of 12 month warranty or send to Starkey All-Make repair lab.

4. The original form is enclosed with the hearing aid to be sent to the repair facility (manufacturer or repair lab). Include the name and phone number of the clinical instructor on the repair form so s/he can be contacted if there are questions. Include patient clinic number on the repair form.

5. Include the following information on the repair form:
   a. patient name
   b. the hearing aid problem
   c. whether the hearing aid is under warranty

If not under warranty, note the length of warranty requested, clinical instructor’s name and clinic phone number for contact information, and Purdue University account # and PO#.

6. Make a copy of the repair form to be placed in the patient’s chart.

7. Complete a triplicate form. Indicate "Repair" on the form & serial number of hearing aid.
8. Package hearing aid using mailing labels with street address and rubber band triplicate (if needed) and insurance forms to outside of box.
9. Place the packaged hearing aid and patient file in the bin in the Clinical Assistant’s office.

When the repaired hearing aid is returned to Purdue, the following procedures will be implemented:
1. The Audiology Assistant will:
   a. Notify the student clinician and clinical instructor
   b. Place the returned aid in the clinical instructor’s cabinet
2. The student clinician should then:
   a. Perform a listening check and electroacoustic evaluation of the returned hearing aid.
   b. If the returned aid is not functioning properly, the student clinician should confer with the clinical instructor about the appropriate course of action.
   c. If the aid is functioning properly, it is the responsibility of the student clinician to schedule an appointment for returning the aid to the patient as soon as possible (if an appointment has not already been scheduled).
3. When the repaired aid is returned to the patient, the student clinician should complete a charge slip to cover the cost of the hearing aid repair and professional services. The clinical instructor must sign this charge slip.
4. If there is a new repair warranty on the hearing aid, the student clinician should place a green sticker (see Appendix) in the chart with the new warranty expiration date and indicate the all-make repair company if appropriate.

Aural Rehabilitation Programs
Aural rehabilitation programs are offered by the Purdue University Audiology Clinic as part of a complete rehabilitation program for hearing impaired children and adults. Graduate students enrolled in clinical practice in audiology are involved in the administration of these services.

Individualized Aural Rehabilitation Programs
Individualized aural rehabilitation programs are available to hearing impaired children or adults. These services are provided in conjunction with the Speech-Language Clinic. The activities provided in the sessions are guided by the types of communication difficulties the individual is experiencing. Each AuD student completes at least one semester of aural rehabilitation practicum.

Rehabilitative Auditory Communication Training (ReACT) Program
The philosophy of the Audiology Clinic’s adult aural rehabilitation program is to focus on communication function as it relates to patient needs and expectations. The amplification device is of great importance in this process. However, of equal importance is the patient who wears this device. It is necessary for the patient and his/her family to understand hearing loss and the role of hearing aids in helping to facilitate communication in different settings. As a result, a two to three-week program in communication skills may be available as part of the hearing aid selection process. Check with your clinical instructor regarding availability of this program for your patients.
Purdue Hearing Conservation Program
SLHS in conjunction with Radiological and Environmental Management (REM)
Occupational Safety and Health Administration (OSHA)
Hearing Testing Protocol for Purdue Employees

Approximately 200-250 Purdue employees are exposed to hazardous levels of noise exposure on the job. Employees are seen for baseline testing, annual OSHA testing and hearing conservation training. Other services include custom hearing protection, verification of hearing protection devices (HPD) and educational counseling. OSHA clinic will typically be conducted on Friday mornings from 8:30 - 11:30 AM.

A. OSHA monitors noisy areas in question within the Purdue University work place and/or the employees are monitored with a dosimeter for eight hours. More information can be found at: [http://www.purdue.edu/rem/home/booklets/HCP.pdf](http://www.purdue.edu/rem/home/booklets/HCP.pdf)

B. If noise standards are exceeded, the employee is referred to the Audiology Clinic for an audiometric baseline test and counseling. If the noise level is above 90 dBA, the employee is required to wear hearing protection. If the level is 85-90 dBA, hearing protection is offered.

C. REM contacts the employee's departmental supervisor to schedule an OSHA baseline test, and is reminded to ask the employee to observe a 14-hour quiet period immediately before testing. (This can take the form of hearing protection worn at work.) Stephanie Rainey in REM is responsible for scheduling employees weekly. A copy of the OSHA clinic schedule will be provided to the Audiology Clinic reception staff and employee files will be placed in the OSHA Friday drawer in the main office.

D. Forms that must be completed are listed below:

1. Purdue University/Radiological and Environmental Management (REM) Audiometric Testing Program form (see appendix)
   Test pure tone thresholds for 500 – 8000Hz, including 3000 and 6000 Hz for both ears. Any threshold shift (greater or equal to 10 dB average change at 2000, 3000 and 4000Hz) compared to the baseline test should be noted on the form. The pure tone average of thresholds at 2000, 3000 & 4000Hz should be recorded for each ear.

2. REM Hearing Conservation Program form (see appendix)
   Student Clinician must fill the form out completely, even when hearing protection is not necessary, and both the employee and audiologist must sign the form. Give the white (original) of this form to the employee; keep pink copy in file; yellow and golden rod copies are sent to REM attn: Health Bentley, Industrial Hygienist

3. Billing Statement
   The clinical audiologist will bill for the testing. A single bill is generated each week with the total charges for all OSHA hearing tests completed. Charges for hearing protection vary according to the type recommended. The white copy of the bill is sent to REM attn: Heath Bentley.

4. Case history form for baseline evaluations
5. HPD verification form if needed
6. Age correction calculation form/worksheet
   Students will have access to a “working copy” of the 2015 OSHA Age Correction
Excel file. This worksheet is located on the desktop all six (6) audiology clinic computers. Students will use this file to efficiently and accurately factor out age-related hearing changes when a standard threshold shift (STS) is suspected at the time of the employee’s annual hearing test.

7. Update HIPPA and Release of Information forms
8. Include ROCC (Regional Occupational Care Center) on Release of Information forms
9. Form 89 Request for Occupational Health Services at ROCC (Regional Occupational Care Center)

******************************************************************************************
Typical OSHA Clinic Student Work Flow
a. Generally FOUR (4) students are assigned to OSHA clinic
b. All students will be responsible for opening the clinic at 8:00 AM on Friday mornings including completion of daily listening & biological calibration checks of audiometers for booths 1, 2, & 3 (new in 2011)
c. Students set up OSHA training video in LYLE Room 2168; prepare patient counseling rooms with educational materials (NIOSH “Inquiring Ears Want to Know”, Dangerous Decibels OHC damage photos and foam EAR plugs for demonstration)
d. Three (3) students will be testing in sound booths – calculating age corrections when needed, completing paperwork – AND One (1) student rotates through data entry each week
e. Employees MUST sign in at reception desk
f. Employees follow signage in Lyles- Porter Hall to Room LYLE 2168 watch the annual hearing prevention program educational training video
g. Be sure ALL necessary forms are completed, signed by employee, witness signature and offer patient copy in order to check off “pt declined”
h. Review Case History (Baseline) / Update case history (Annual)
  i. Change in medical history?
  ii. Change in job title?
  iii. Most recent exposure to noise? (employee needs to be out of noise 14 hours prior to hearing test, however can test if employee wore HPD instead) AND if not out of noise 14+ hours ask:
  iv. Did use hearing protection prior to the hearing test?
  v. What type? Plugs (P), Muffs (M), Custom (C), Cap (CA)
     Cerumen? Dizziness? Fluctuating HL?
  vii. Any recent illness? Allergy? Cold?
  viii. Smoking history?
  i. Follow audiology clinic infection control procedures
  j. Otoscopy
  k. Tympanometry as needed – based on employee complaints or symptoms (cold, allergies etc), confirm cerumen is not impacted. No charge.
l. Patient should be seated at 90 degree angle to the booth window to prevent inadvertent visual cuing per the Council for Accreditation in Occupational Hearing Conservation (CAOHC).

m. Consistent instructions are IMPORTANT even if the employee has received a hearing test EVERY YEAR!! For OSHA, it must be stressed to employees we want results to reflect their “best” hearing possible.

n. For OSHA baseline tests, the student clinician will thoroughly review the OSHA case history form with the employee and conduct test pure tone thresholds for 500 – 8000Hz, including 3000 and 6000 Hz for both ears. The pure tone average of thresholds at 2000, 3000 & 4000Hz should be recorded for each ear and serve as the baseline OSHA PTA for future comparison with annual hearing tests. The charge for the baseline test should be billed to REM.

o. For OSHA annual tests, if there is a significant change (greater or equal to 10dB average change for the frequencies 2, 3 and 4kHz) between the baseline and the annual test, the OSHA Calculation and Application of Age Correction to Audiogram form (see appendix) may be used. This form may help determine whether to recommend a retest, complete assessment or an annual test. The audiologist will counsel the employee as to possible changes in type of hearing protection needed. The charge for the annual test should be billed to REM.

p. If the audiologist identifies a hearing impairment requiring further assessment, the employee should be advised to schedule an Audiological Assessment. The student clinician should report this in the Comments Section of the REM Hearing Conservation form. The student clinician is responsible for having his/her clinical instruction sign the charge slip and REM Hearing Conservation form.

q. If the audiologist identifies a recordable or non-recordable significant threshold shift (STS) after age corrections have been applied, the employee is scheduled for a 30 day recheck. The student clinician will escort the employee to the Audiology Clinic reception desk and schedule the 30 day recheck appointment in approximately 3 weeks during a Friday morning OSHA clinic. Typically the 8:30 - 9:00 AM appointment slot is held for ease of scheduling 30 day recheck hearing tests.

r. If the audiologists CONFIRMS a recordable or non-recordable significant threshold shift (STS) after age corrections have been applied at the 30 day recheck appointment, a Form 89 is completed requesting Occupational Health Services at the Regional Occupational Care Center (ROCC) attention Patty Scheetz, RN. The purpose of this referral is to determine if the STS is “work related” or the possible need for medical consultation. The supervising audiologist completes the form stating identification of a “possible STS” as reason for referral and signs as the authorized requesting individual. The employee is counseled to take the completed Form 89 to ROCC for further
evaluation. The student clinician keeps the golden rod copy for REM and the remaining 3 copies are sent with the employee to take to ROCC. The student clinician will also complete a Release of Information Form and obtain the employee’s signature authorizing ROCC to receive the audiometric test results. The audiologist will counsel the employee as to possible changes in type of hearing protection needed. The charge for the 30 day recheck test should be billed to REM.

s. When an a ROCC referral is necessary, have the employee sign a release of information to ROCC before they leave and fax the Form 89, a copy of the REM 4 part form and the Purdue Industrial Hearing Screening Audiometric Test Form to Patty Scheetz at ROCC for review. Provide the employee a copy of Form 89 also. The employee can call ROCC and schedule an appointment or choose to be seen as a walk-in appointment.

t. The student obtains access to the OSHA database through the log-in of supervising audiologist’s Purdue Career Account. The HEAR TRAK database is a stand-alone data management software program and is located on the Audiology Clinic server in Consult Room # 1. Quick access notes:

- Log into Audiology Clinic server computer
- Select the HEAR TRAK icon on the desktop
- Enter the Audiology Clinic PW in both the HEARTRAK log in and password fields
- Enter the data base - select from the toolbar “Select Employee” then “Employee List”
- Type in the 1st characters of the last name to search for employee; hit enter.
- To enter audiogram data – select “Manual Test Entry” tab (top right)
- To review data – select “Hearing” tab (top left)
- To exit the program – select “Finished – Red X” at the bottom of the screen (right)

u. Baseline and Annual audiometric data must be entered into the HEAR TRAK database within 24 hours after the appointment. Additional Comments also documented in HEAR TRAK include otoscopy results, tympanometry results if applicable, general comments regarding medical or otologic history, insert earphones used, audiometer used and completion of the annual hearing conservation training. Other relevant information may also be included. The supervising audiologist will review the HEAR TRAK database entries for accuracy.

v. See REM memo date July 2014 regarding baseline, annual and 30 day recheck audiometric testing for Purdue Police department and Purdue Fire department employees.
<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Full Form</th>
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<tbody>
<tr>
<td>AAO</td>
<td>American Academy of Otolaryngology</td>
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<tr>
<td>AAO-HNA</td>
<td>American Academy of Otolaryngology – Head and Neck Surgery</td>
</tr>
<tr>
<td>AAOOO</td>
<td>American Academy of Ophthalmology and Otolaryngology</td>
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<tr>
<td>ACGIH</td>
<td>American Conference of Governmental Industrial Hygienists</td>
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<tr>
<td>ADA</td>
<td>Americans with Disabilities Act</td>
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<td>AIHA</td>
<td>American Industrial Hygiene Association</td>
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<tr>
<td>ANSI</td>
<td>American National Standards Institute</td>
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<tr>
<td>CAOHC</td>
<td>Council for Accreditation in Occupational Hearing Conservation</td>
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<tr>
<td>dB</td>
<td>Decibel</td>
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<tr>
<td>dBA</td>
<td>Decibels measured on the A scale of the sound level meter (or dosimeter)</td>
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<tr>
<td>EPA</td>
<td>Environmental Protection Agency</td>
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<td>FECA</td>
<td>Federal Employee’s Compensation Act</td>
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<td>Hz</td>
<td>Hertz</td>
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<tr>
<td>MSHA</td>
<td>Mine Safety and Health Administration</td>
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<td>National Hearing Conservation Association</td>
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<td>National Institute for Occupational Safety and Health</td>
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<td>Noise Reduction Rating</td>
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<td>OCH</td>
<td>Occupational Hearing Conservationist</td>
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<tr>
<td>OSHA</td>
<td>Occupational Safety and Health Administration</td>
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<tr>
<td></td>
<td>Permissible exposure level (MSHA)</td>
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<tr>
<td>SPL</td>
<td>Sound pressure level</td>
</tr>
<tr>
<td>STS</td>
<td>Standard threshold shift</td>
</tr>
<tr>
<td>TTS</td>
<td>Temporary threshold shift</td>
</tr>
<tr>
<td>TWA</td>
<td>Time-weighted average exposure level</td>
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</table>
Evaluation of Clinical Practicum

Supervision of Practicum
Student clinicians will be assigned to one or more clinical instructors during each semester of practicum. According to clinic policy and requirements for ASHA certification, the amount of supervision will be dependent upon student clinician skill levels and needs as determined by the clinical instructor.

Clinic Conferences
Initial instructor/student clinician conferences will be used to define the responsibilities of each person in regard to diagnostics, reports and other clinical matters. Generally each clinical instructor and student clinician will schedule a weekly conference. These meetings can be used to reflect on the session, evaluate clinical performance, discuss areas of strengths and weaknesses, discuss proposed plans, communicate upcoming responsibilities or jointly work on personal goals established by the student clinician. Plan to use this time effectively; it is your time to use your clinical instructor as a resource person.

Clinical Skills Competency Form
The Clinical Skills Competency Form (see Appendix) was designed to evaluate students’ professional and interpersonal skills.

Evaluation and Remediation Procedures for Audiology Clinical Practicum
Students receive written and verbal feedback from their clinical instructors weekly via the daily feedback sheet. A copy of this evaluation tool can be found in the Appendix of Forms. Students are encouraged to discuss individual learning styles with their clinical instructors to facilitate clinical learning. A formal evaluation will be completed using the Clinical Skills Competency Form (CSCF) at midterm and the final of the semester. Clinical instructors complete the appropriate sections of the form at mid-term and at the conclusion of the semester that reflects the independence and competence of the student clinician during the practicum experience.

At the midterm and final evaluations the student and instructor will meet and discuss the semester and the completed CSCF. This is a mechanism for the clinical instructor to identify areas of strength, as well as areas needing improvement and possibly remediation. Students who receive a grade of C or below for two semesters will be ineligible to participate in clinical practicum.

Clinical faculty (licensed and ASHA certified audiologists) will identify the need for remediation when necessary. Remediation procedures for clinical competencies will result when the student fails to show clinical knowledge and or skills at the level expected for that year. Failure to demonstrate expected levels of performance in any area of clinical skills will be recorded on the CSCF and the clinical instructor for that practicum assignment will make specific recommendations for those areas that are not at expected performance levels.

Students who demonstrate clinical skills below expectations for the current year-level will receive an opportunity to improve these skills through remediation. The remediation will include specific goals, suggested resources, and a reasonable time frame for completion. If the student
demonstrates skills within expected levels in the indicated time frame, his/her clinical practicum privileges continue. For those students whose performance in clinical practicum results in a letter grade of a C or lower, individualized remediation plans will specify the behaviors or skills that the student must demonstrate, the context in which the skills must be performed, and a deadline for remediation.

**Lines of Communication**

In the event that the student has a concern regarding the supervisory support and/or clinical performance, the student should directly discuss the concern with the clinical instructor. A discussion with the instructor should include information about your learning style and suggestions about the MOST beneficial clinical education style for you as a student clinician.

We hope that students will be able to discuss most concerns directly with the involved parties but we know that situations can arise in which other advice is needed. The department head, graduate program director, faculty advisors, directors of clinical education, and the clinic directors are all available to discuss student concerns. In addition, the department head appoints two ombudsmen. Students may discuss any type of grievance with the ombudsmen in complete confidence. The ombudsmen can advise the students of various ways to relieve difficulties, including informal discussions, grievance procedures, referral to counseling services, and so on.

Depending on the nature of the concern or grievance, students may also contact the following:

- **Purdue Office of the Dean of Students**
  - SCHL 207  
  - (765) 494-1747
- **Purdue Graduate School**
  - YONG 170  
  - (765) 494-2600
- **Purdue Committee on the Use of Human Subjects**
  - ENAD 328  
  - (765) 494-5942
- **Council on Academic Accreditation**
  - 10801 Rockville Pike
  - Rockville, MD 20852
  - (301) 897-5700 ext. 4142

**ASHA Board of Ethics Director**
- Director of Ethics
- [www.asha.org](http://www.asha.org)
Risk Management

Annual training is provided to all students every fall semester. See risk management Handbook for details regarding blood borne pathogens, Hepatitis, TB, MRSA, etc.

Hand Washing
Students will be expected to routinely wash hands using the no-rinse hand wash available in every patient room. **Hands MUST be washed in the room in front of the patient prior to touching the patient (usually for otoscopy) the first time.**

Handling ITE’s and Earmolds
There is a danger of spreading bacterial and fungal infections through handling earmolds and hearing aids without disinfecting them first. Also, there may be blood or ear drainage on the device, which may or may not be visible at first glance. Therefore, do NOT handle these devices with your bare hands before disinfecting them. Here are several precautionary options:

1. Use a disinfectant wipe to handle the hearing aid/earmold. Have the patient place the device directly into the wipe. You can then wipe the device before handling it **OR**
2. Use a bowl to capture the device, and then disinfect it with a wipe **OR**
3. Have the patient place the earmold in the ultrasonic cleaner.

Other notes to remember:
1. It is possible there could be dried blood or mucous in the sound ports or vents. Gloves are available if needed.
2. Always sterilize tools used to clean the aid when blood or mucous is found. Disinfect the tools when blood or mucous is not present.
3. Never use any tool or instrument that has not been cleaned, disinfected, or sterilized properly.

Toys
In Audiology clinics there are usually toys in the waiting room and in the sound booth. These toys will eventually end up in the mouths of the children who play with them. Follow these guidelines to help control infection:

1. Choose toys that are not porous. Pick toys that can get wet and be sprayed with disinfectant easily. Avoid stuffed animals or any “soft” toys.
2. Disinfect used toys daily. Disinfect all toys weekly.
3. Use care when handling the toys. Wash your hands after handling/disinfecting the toys.
4. Always replace broken or old toys.

Disposable Items in Clinic
The following items are disposable in our clinic, therefore eliminating the need for infection control:
1. Insert earphones
2. Otoscopic specula
Injury and Illness

General
Employees and students must notify their immediate clinical instructor or instructor of all illnesses and injuries related to exposure to blood or body fluids.

Employees and students should report to the Purdue University Student Health Center if medical attention is required. Students should be accompanied by a friend, teaching assistant or instructor.

If transportation is necessary, the University Police (EXT. 48221) should be called to get transportation for the victim.

Do not move a seriously injured person unless they are in further danger.

In cases of serious injury or illness, it is imperative that appropriate actions be followed immediately. When in doubt as to what should be done, telephone the University Police at (EXT. 48221) for assistance.

Give emergency and medical personnel the following information:
* your name, location and nature of the emergency
* the name of the chemical involved
* the amount involved
* area of the body affected
* symptoms

If you have any questions regarding injury and illness procedures, contact your clinical instructor or the Fire Department.

Association Information
ASHA - The American Speech-Language-Hearing Association
ASHA is the national scientific and professional association for speech-language pathologists, audiologists, and speech-language and hearing scientists concerned with communication behavior and disorders. ASHA also accredits our graduate programs in Speech-Language Pathology and Audiology. We urge you to become familiar with its goals, its programs, and its publications. You will learn about ASHA in your coursework, from your clinical instructors, and from publications that will be made available to you at various times.

The manner in which you receive your clinical training follows certain guidelines prescribed by the ASHA. The guidelines call for a minimum number of clinical clock hours of experience in various disorder categories, and require supervised clinical experiences. However, it is the philosophy of our program that merely meeting minimum requirements does not mean that you have received adequate practicum experience. Our objective is to provide students with the number and quality of clinical experiences that will make them competent professionals. Meeting competency requirements often means that students will accumulate academic and clinical experiences in excess of the ASHA minimum requirements. Your clinical instructors
will be working with you closely to define and help you achieve these competencies. More information regarding ASHA can be found at [www.asha.org](http://www.asha.org)

**NSSSLHA - The National Student Speech-Language and Hearing Association**

NSSSLHA is the national organization for students interested in the study of normal and disordered communication behavior. Membership is open to undergraduate graduate students. Many universities, including Purdue, maintain active chapters, which meet during the year on a regular basis. The Purdue Chapter of NSSSLHA encourages your membership and support of its activities. Through Purdue Chapter programs, you will learn more about the opportunities that can result from your professional training, more about the national NSSSLHA Chapter, and about the workings of the ASHA. Invited NSSSLHA members organize the annual Crossroads Conference every fall and nationally recognized speakers are invited. Graduate students are required to attend the Conference in October. More information regarding NSSSLHA can be found at [http://www.nsslha.org/default.htm](http://www.nsslha.org/default.htm)

**PASO-Purdue Audiology Student Organization**

Teachers, students or alumni of the Purdue University Department of Speech, Language, and Hearing Sciences (undergraduates interested in Audiology, Au.D. students or Ph.D. students of Audiology) are eligible to be members of PASO. The purpose of PASO is to have a professional organization for the mutual benefit of its members; to benefit the profession of Audiology, educationally and socially; and to foster scholarship, research and community involvement. The group fosters interaction between Audiology students ranging from undergraduates to 4th year AuD as well as PhD students.

**ISHA - Indiana Speech-Language and Hearing Association**

ISHA is the state organization for individuals working or interested in the fields of speech-language pathology and audiology. Membership is open to undergraduate, masters and doctoral level graduate students. ISHA encourages you to become a member and participate in its activities. Through involvement in ISHA you will learn more about the opportunities available in Indiana. More information regarding ISHA can be found at [http://www.islha.org/](http://www.islha.org/)

**AAA – American Academy of Audiology**

AAA is the professional organization for audiologists. Student membership allows you to receive JAAA, the Journal of the American Academy of Audiology and Audiology Today. The annual convention is a site for clinical presentations, new amplification products and job opportunities. More information regarding AAA can be found at [www.audiology.org](http://www.audiology.org)

**ADA - Academy of Doctors of Audiology**

ADA is a professional organization for audiologists dedicated to the advancement of practitioner excellence, high ethical standards, professional autonomy and sound business practices in the provision of quality audiologic care. ADA’s vision is to ensure practitioner ownership of the profession of audiology through the advancement of autonomous practice models. ADA offers an annual convention each fall and ongoing web seminars. ADA publishes a quarterly magazine, *Audiology Practices*. This and more information can be found at [www.audiologist.org/](http://www.audiologist.org/).
ARO – Academy for Research in Otolaryngology
ARO is the professional organization for otolaryngologists, physiologists as well as hearing scientists. Student membership entitles students to JARO, the Journal of the Academy for Research in Otolaryngology and reduced registration fees for the annual conference held in Florida. This is a research organization and will be useful for students interested in pursuing a career in hearing science and research. More information regarding ARO can be found at http://www.aro.org/

ASA – Acoustical Society of America
ASA is the professional organization for acousticians, engineers, psychoacousticians and hearing scientists. Like ARO, this organization is also a research organization suited for students interested in a career in hearing research, particularly psychoacoustics. More information regarding ASA can be found at http://asa.aip.org/

Certification and Licensure
At the successful completion of the 4 year AuD program, students are eligible to apply for ASHA certification (CCC-A) if they choose to earn 1820 hours under clinical instructors with their Certificate of Clinical Competence in Audiology (CCC-A). The Praxis II exam in Audiology is required for ASHA certification. Information about the exam is available at http://www.asha.org/students/praxis/. The Praxis II exam is administered by the Educational Testing Service. The website is www.ets.org/praxis. The address is:

ETS – Praxis Series
P.O. Box 6052
Princeton, NJ 08541-6052
Phone number: 800-772-9476

It is recommended that students register for and take this exam at the end of Year III after completion of all coursework, but prior to their final off-campus clinical practicum rotations. The Praxis II exam scores should be reported directly to the SLHS Department. It is recommended that students print and keep a copy of their results for their records after completing the exam.

The application for ASHA membership and certification is available online at http://www.asha.org. Students applying for ASHA certification must complete these forms as well as the SLHS Practicum Record Form for Audiology (see appendix) and turn these in to the Graduate Secretary along with the completed log cards. Students can contact the ASHA Action Center at 800-498-2071 for assistance.

State licensure is required in most states to practice Audiology, and the requirements vary by state. IN state licensure requirement information, instructions and application forms are available at http://in.gov/pla/. The ASHA CCC-A may be submitted in lieu of evidence of the practicum hours in some states. Check individual state requirements if you are applying for externships or jobs elsewhere. It is the student’s responsibility to understand the law regarding licensure in audiology in other states. Contact information for the Indiana Professional Licensing Agency is:

Attn:  SLPA Board
402 West Washington Street, Room W072
Indianapolis, IN 46204
Note: The process of review within the SLHS department of this submitted paperwork can take 2-4 weeks and then can be sent to ASHA for reviewed.