MANUAL OF CLINIC POLICIES AND PROCEDURES

FOR THE DOCTOR OF AUDIOLOGY PROGRAM

AUBURN UNIVERSITY

DEPARTMENT OF COMMUNICATION DISORDERS

SPEECH & HEARING CLINIC

Revised June 2010

ORIENTATION TO THE SPEECH AND HEARING CLINIC

Objectives and Scope

The Auburn University Speech and Hearing Clinic is dedicated to the following purposes:

1. Serving as a teaching facility for students who are studying disorders of human communication and who intend to become audiologists and speech-language pathologists;

2. Administering diagnostic and therapeutic services to hearing, speech, and/or language-impaired;

3. Conducting research in the field of communication disorders.

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Patient Forms

Dear Client:

Thank you for choosing to receive an evaluation at the Auburn University Speech and Hearing Clinic. Our goal is to provide the highest quality of service available and to make your visit to our Clinic as pleasant as possible. In this packet, you will find information related to your appointment:

1. Case History Form: This form provides important background information to use in planning your evaluation. Please complete the form, sign the Authorization form and return the forms to the Clinic PRIOR TO THE DATE OF YOUR SCHEDULED APPOINTMENT in the enclosed envelope.
2. Parking Information: We have provided a campus map, driving directions, and parking information to help you locate various routes to our building and parking areas.
3. Parking Permit: We have enclosed a parking permit, valid for the date of your evaluation. Place the permit on the dashboard.
4. Appointment Reminder Card: A reminder card with the date and time of your evaluation is also enclosed in this packet.
5. Medicaid referral form: If your child is covered by Alabama Medicaid, you will be asked to present your child's Medicaid card when you arrive at the Clinic.
6. Insurance: We accept Blue Cross Blue Shield, which covers some speech/language services depending upon your policy. We will assist you in securing insurance reimbursement, when appropriate. Typically, audiological services and hearing aids are not included in insurance policies.

We look forward to meeting you and serving your communication needs.

Sincerely,

Rebekah Pindzola, Ph.D.
Clinic Director and Department Chair

Auburn University Speech & Hearing Clinic
Audiology Services

CPT CODE	SERVICE	FEE
92557	Comprehensive audiometry threshold evaluation & Speech Recognition	$70
92551	Pure tone hearing screening	$20
92552	Pure tone (air conduction) audiometry	$30
92555	Speech audiometry threshold	$15
92556	Speech audiometry threshold with speech recognition	$30
92579	Visual reinforcement audiometry	$40
92582	Conditioned play audiometry	$40
92567	Tympanometry	$20
92550	Tympanometry & acoustic reflex thresholds	$40
92570	Tympanometry, acoustic reflex thresholds, & reflex decay	$60
92595	Specialized audiological testing (1/4 hour)	$25
92563	Tone decay test	$20
92565	Stenger, pure tone	$20
92577	Stenger, speech	$20
92620 & 92621	Central auditory function test battery (includes 92557, 92550, 92587, 92585)	$550
92576	Synthetic Sentence Identification test	$25
92572	Staggered Spondaic Word test	$40
92585	Auditory evoked potentials; comprehensive	$275
92587	Evoked otoacoustic emissions; limited	$35
92588	Evoked otoacoustic emissions; comprehensive	$60
92540 &92543	Basic vestibular evaluation (includes spontaneous nystagmus, positional nystagmus, optokinetic, oscillating tracking, bithermal calorics)	$300
92626	Tinnitus evaluation and tinnitus matching (includes 92626 [evaluation], 92627 [add. 15 mins], and 92625 [matching])	$150

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AUBURN UNIVERSITY SPEECH & HEARING CLINIC
1199 HALEY CENTER, AUBURN, AL 36849-5232
(334) 844-9600. FAX (334) 844-4585

Patient:_____Date:_____

92557 Comprehensive audiologic evaluation
92551 Hearing Screening
92552 Pure tone audiometry (air threshold)
92553 Pure tone (air & bone conduction) audiometry
92556 Speech threshold with speech recognition
92579 Visual reinforcement audiometry
92582 Conditioned play audiometry
92567 Tympanometry
92550 Tympanometry & acoustic reflex threshold
92570 Tympanometry, ART & ARdecay
92587 Otoacoustic emissions (limited)
92588 Otoacoustic emissions (comprehensive)

92585 Auditory evoked potentials
92620 Central auditory function eval
and 92621 (add 15 mins)
92572 Staggered Spondaic Word Test
92571 Filtered Speech Test
92576 Synthetic Sentence Identification Test
92563 Tone Decay Test
92625 Tinnitus assessment
92590 Hearing aid evaluation (monaural)
92591 Hearing aid evaluation (binaural)
92592 Hearing aid check (monaural)
92593 Hearing aid check (binaural)

92594 Electroacoustic analysis (monaural)
92595 Electroacoustic analysis (binaural)
V5020 Conformity check/REM
V5275 Ear mold impression
V5266 Batteries _____
V5267 Hearing aid accessory _____
_____Supplies _____
_____6 month repair warranty _____
_____ 1 year repair warranty _____
_____In-Office hearing aid repair

92506 Comprehensive Speech/Language/Voice Evaluation
92507 Treatment of speech/language/voice disorder, individual – 1 hour session
92507 Treatment of speech/language/voice disorder, individual – ¾ hour session
92507 Treatment of speech/language/voice disorder, individual – ½ hour session
_____ Unlisted speech/language/voice – specify

92508 Treatment of speech/language/voice disorder, group – 1 hour
92508 Treatment of speech/language/voice disorder, group – ¾ hour
92508 Treatment of speech/language/voice disorder, group – ½ hour

ICD-9 CODES

Hearing loss (HL)
____389.0 Hearing loss
____389.9 Unspecified hearing loss

Conductive Hearing Loss
____389.00 Unspecified
____389.05 Unilateral
____389.06 Bilateral

Mixed Hearing Loss
____389.20 Unspecified
____389.21 Unilateral
____389.22 Bilateral

Sensorineural Hearing Loss
____389.10 Sensorineural unspecified
____389.15 Sensorineural unilateral
____389.18 Sensorineural bilateral
____389.17 Sensory unilateral
____389.11 Sensory bilateral
____389.13 Neural unilateral
____389.12 Neural bilateral
____389.14 Central

____388.12 Noise Induced HL
____388.2 Sudden HL
____388.44 Recruitment
____388.43 Impair Aud. Discrimination
____388.40 Abnormal Auditory
Perception, unspecified
____388.30 Tinnitus
____780.4 Dizziness + giddiness
____380.4 Cerumen impaction
____381.81 Eustachian tube dysfunction
____382.20 Perforation of Tympanic membrane
____744.02 Atresia
____315.34 Speech and language
delay due to hearing loss

Speech
____307.0 Stuttering
____315.31 Developmental Articulation Disorder
____315.32 Mixed receptive-expressive language disorder
____315.39 Speech delay
____315.4 Dyspraxia Syndrome
____784.3 Aphasia
____322.0 Parkinson's
____765.0 Premature Birth

Cleft Palate
____749.00 Cleft Palate, unspecified
____749.01 Cleft Palate, unilateral complete
____749.02 Cleft Palate, unilateral incomplete
____749.03 Cleft Palate, bilateral complete
____749.04 Cleft Palate, bilateral incomplete
____749.10 Cleft Lip
____749.20 Cleft Lip and Palate

Voice
____784.40 Voice (and resonance disorder),
unspecified
____784.42 Dysphonia, hoarseness
____784.43 Hypernasality
____784.44 Hyponasality
____784.49 Other (voice and resonance
Disorders)
____784.50 Other Speech Disturbances
____787.20 Unspecified Dysphagia
____787.23 Pharyngeal Dysphagia
____ Unlisted Voice Diagnosis Code
____ Other

Total Charges: _____
Fee adjustments: _____
Adj. charges: _____
Sales Tax: _____
Sales Tax: _____
Total: _____
Balance: _____

Auburn University

Auburn University, Alabama 36849-5232

Department of Communication Disorders
Speech and Hearing Clinic
1199 Haley Center

Voice TDD: (334) 844-9600
FAX: (334) 844-4585
http://frontpage.auburn.edu/communication_disorders/

APPLICATION FOR INCLUSION UNDER VARIABLE FEE SCHEDULE

Patient's Name_____ **File #**_____ **Date**_____

# of Family Members at Home:_____

Husband's/Father's Name_____
(Circle one)

Wife's/Mother's Name_____
(Circle one)

Dependents' Names_____

_____

_____

Family Yearly Gross Income:_____

Proof of income must be provided at or before time of appointment.
Acceptable proof of income includes: W-2 forms, 1099 forms, report of Social Security or Disability benefits, or previous year's Federal Tax return.

To the best of my knowledge, the above information is accurate.

Signed:_____
Responsible Family Member

To be completed by Clinic:

Fee Rate:_____%

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AUTHORIZATION FORM

Client:_____

PERMISSION FOR EVALUATION: I hereby give permission to the Auburn University Speech and Hearing Clinic to conduct an evaluation of the speech, language, and/or hearing abilities of the above named individual.

PERMISSION TO TREAT: If indicated as a result of the evaluation procedures, I wish to enroll (the client) into the Auburn University Speech and Hearing Clinic.

LIABILITY AGREEMENT: I further release the Auburn University Speech and Hearing Clinic of liability of any nature arising out of (the client's) participation in activities at the Auburn University Speech and Hearing Clinic and the supervision of it's staff.

AUTHORIZATION FOR USE OF CLINICAL AND SCIENTIFIC MATERIAL: I hereby authorize the Auburn University Speech and Hearing Clinic to make constructive use of clinical information in the form of photographs, sound recordings, films, videotapes, and other records or materials for educational, scientific, and professional services.

AUTHORIZATION FOR RELEASE OF CLINICAL INFORMATION: I further consent to the release of relevant confidential material to qualified professional personnel in furtherance of clinical services on behalf of the person named above, as deemed necessary by the Auburn University Speech and Hearing Clinic. I permit faculty, staff, or students to contact me and leave messages regarding appointments and services at my place of employment.

I have been informed of my rights regarding the services provided by the Auburn University Speech and Hearing Clinic.

_____	_____
Signature	Home Phone
_____	_____
Relationship	Work Phone
_____	_____
Address	Date
_____	_____
City State Zip Code	Witness

Auburn University

Auburn University, Alabama 36849-5232

Department of Communication Disorders
Speech and Hearing Clinic
1199 Haley Center

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AUTHORIZATION TO OBTAIN INFORMATION

FROM OTHER PROFESSIONAL SERVICES AND SOURCES

I hereby authorize the Auburn University Speech and Hearing Clinic to obtain information about _____ (Patient) from _____ that would be pertinent to the evaluation and/or management of his/her speech, language, and/or hearing problem.

I understand that the information received will be regarded as confidential and will be handled in a professional manner.

_____ _____

Signature Date

_____

Address

_____

Witness

_____

Address

CUSTOMER SATISFACTION QUESTIONNAIRE

We welcome your input about services you received at the Auburn University Speech and Hearing Clinic. Please circle the one answer that is best for you.

Type of service:	Audiology	Speech-Language Pathology
	( ) evaluation	( ) evaluation
	( ) hearing aids	( ) treatment

Name of faculty/supervisor (optional)_____

A = agree N = neutral D = disagree NA = not applicable

1. It is important that we see you in a timely manner
   - A. My appointments were scheduled in a reasonable period of time — A N D NA
   - B. I was seen on time for my scheduled appointment — A N D NA

2. It was important that you benefit from our services
   - A. I am better because I have received these services — A N D NA
   - B. I feel I have benefited from these services — A N D NA

3. You are important to us; we are here to work with you
   - A. The support staff (secretary, receptionist) who serviced me was courteous and pleasant — A N D NA
   - B. The supervisor/student who serviced me was courteous and pleasant — A N D NA
   - C. Staff considered my special needs (age, culture, education, handicapping condition, eyesight, and hearing) — A N D NA
   - D. Staff included my family or other persons important to me in the services provided — A N D NA

4. Our Audiology and Speech-language pathology faculty and student clinicians are here to serve you
   - A. The supervisor and/or student was prepared and organized — A N D NA
   - B. The services were explained to me in a way that I could understand — A N D NA
   - C. The supervisor and/or the student clinician was experienced and knowledgeable — A N D NA

5. It is important that our environment is secure, comfortable, attractive, Distraction free, and easy to reach

A.	Health and safety precautions were taken when serving me	A	N	D	NA
B.	The environment was clean and pleasant	A	N	D	NA
C.	The environment was quiet and distraction free	A	N	D	NA
D.	It was easy to get to the building	A	N	D	NA

6. We respect and value your comments

A.	Overall, the services were satisfactory	A	N	D	NA
B.	I would seek your services again, if needed	A	N	D	NA
C.	I will recommend your services to others	A	N	D	NA

COMMENTS:

Parking for the AU Speech & Hearing Clinic

The Quad Center lot

Park in a "Restricted Parking- Client with Permit Only" space or a handicapped space. You must display a clinic parking pass and if appropriate, a state issued handicap hangtag. Walk about 180 paces to the south entrance of Haley Center. Clinic is located in first office to the left.

From S. College Street, turn right on Thach Ave. entering main campus gateway; turn left onto Mell Street; turn right onto Quad Center Drive; proceed to end of lot.

The Stadium Parking Deck

Park on the first level in a "Restricted Parking-Client with Permit Only" space or a handicapped space. You must display a clinic parking pass and if appropriate, a state issued handicap hangtag.

The parking deck can be accessed from Samford via Duncan Drive (from S. College Street, turn right on Samford Ave., turn right onto Duncan Drive, turn left into the parking deck) or from Donahue Drive via Heisman Drive (from N. Donahue, turn right onto Heisman Drive, turn right into deck; from S. Donahue, turn left onto Heisman Drive, turn right into deck).

From the deck, you can walk one block to Haley Center or you can take the wheelchair accessible "Stadium Deck" Tiger Transit van (blue bottom, middle orange stripe, white top), which stops on the first floor near the elevator. When you arrive at Haley Center, follow the signs to the Clinic.

Client Only- Loading/Unloading

There is a 15 minute loading/unloading zone located on the west side of Haley Center. Take the stairs or the ramp and follow the signs to the Clinic. If needed, call the Clinic at 844-9600 and request transport assistance.

Audiology Clinic Policies

AUDIOLOGY CLINIC POLICIES

PROFESSIONAL CONDUCT

1. This is a professional training program. Behavior and dress appropriate to a professional setting will be maintained (refer to Dress Code).
2. Client's folders are CONFIDENTIAL. Information contained therein should not be discussed outside the clinic or in front of clients or other individuals in the clinic who are not directly involved with the client. All personal as well as professional conversations should be held within the confines of an office or other appropriate room (refer to Patient Confidentiality Policy).
3. Please respect the instructor's materials, books, etc., and do not use or remove them without permission. Knock before entering a test room or an office. Do not interrupt if the instructor is obviously in conference-whether with a client, fellow faculty member or another student.
4. Clinicians are responsible for maintaining the audiology test rooms, equipment and test materials.
5. Each student clinician must obtain professional liability insurance in order to participate in clinical practicum. In addition, a criminal background check will be completed prior to starting practicum.

CLINIC ASSIGNMENTS

1. By the end of each semester, the student is required to submit a schedule form for the next semester, indicating class times. These schedules are used for scheduling clinic assignments the following semester.
2. Students should complete an address card and submit the card to the administrative secretary at the beginning of the first semester on campus. The address card should be updated if the student's identification/demographic information has changed.
3. Clinicians should check the schedule book, student's email, student's mailbox and bulletin board in clinicians' room daily for pertinent information. Mailboxes in the clinicians' room will be assigned to each student.

OBSERVATION POLICIES

1. The audiology rooms are not equipped with separate observation rooms; therefore, audiology observations are in the same room with the client, the student clinician and the audiologist.
2. Students should not be in the audiology rooms where an evaluation is being conducted unless:
    a. They are directly involved in testing the client,
    b. They are scheduled to observe,
    c. It is necessary to enter the room to retrieve an otoscope, equipment, etc.
    d. They need to program a hearing aid.

DEPARTMENTAL COMMUNICATION

1. Clinic telephones are for clinic business only. Cell phones should be turned off during evaluations, treatment, classes and conferences. If you must make a long-distance call to contact a client, obtain permission and instructions from the departmental secretary or clinical faculty regarding how to place a call.
2. Each clinical professor/instructor has a mailbox located outside the front office. Patient folders, reports and other correspondence should be placed in the accordion folder and then placed in the appropriate mailbox or in a designated location in the professor/instructor's office. Do not leave materials on the instructor's desk or chair. E-mail can also be used to communicate with the instructor.

FRONT OFFICE POLICIES

1. Doctoral students are permitted in the front office to retrieve a client's chart.
2. Departmental copy machines are available for clinic use only (not classwork).
3. Do not interrupt a secretary if she is discussing business with a fellow staff member, faculty member or client.

CLINIC SERVICES

I. Eligibility for services
   A. Services are available to persons of any age, gender, race, or religious affiliation. Children under 18 years of age are not eligible for services without the permission of their parent(s), legal guardian(s), or responsible agency.
   B. No individual is denied services due to financial limitations. A sliding fee schedule is used to determine the cost of services when applicable.
   C. Referral from agencies and other professionals is common, but not required.
   D. Clients schedule appointments for audiological services through the secretaries. Appointments are recorded in the audiology schedule book and in the assigned audiologist's Groupwise calendar. The following information is included for each appointment:
      1. Name of client
      2. Name of parent or guardian, when appropriate
      3. Age of client or date of birth
      4. Phone number of client/parent/guardian
      5. Referral source
      6. Phone number of referral source
      7. Third party payer, if appropriate (e.g. Medicaid)
      8. Client file number, if available
      9. Type of evaluation
      10. Audiologist assigned to case

II. Types of services
   A. Diagnostic audiology services
      1. audiometric screening
      2. audiological evaluation
      3. acoustic immittance
      4. special auditory tests
      5. auditory evoked potential testing
      6. otoacoustic emissions
      7. balance assessment
      8. tinnitus evaluation
      9. auditory processing evaluation
   B. Audiology treatment services
      1. hearing aid evaluation
      2. real ear measurements
      3. hearing aid fitting and dispensing
      4. hearing aid check
      5. hearing aid service and repair
      6. auditory trainer evaluation and fitting
      7. auditory training and speechreading

8. aural rehabilitation group

III. Financial policies

A. The Speech and Hearing Clinic, as a special facility of Auburn University, is a non-profit agency. However, the income generated through the delivery of services impacts the revenue available to student assistantships, general operating expenses, and equipment purchases. Therefore, to insure continuous, high quality, professional services to the clients, adequate financial support is considered basic to its operation.

B. Fees for services

1. The clinic has a standard fee schedule for services rendered. Individuals who quality for fee reduction on the basis of family size and income are charged according to the variable fee schedule. Arrangements for fee reduction are made through the secretary (refer to Application for Inclusion under Variable Fee Schedule)
2. Auburn University students are charged 50% of the usual fees for basic evaluation and treatment sessions.
3. The Speech and Hearing Clinic is an approved Alabama Medicaid provider for children.

C. Failure to maintain monthly payments for treatment services rendered in the clinic can result in the discontinuance of clinical treatment. Re-enrollment may be obtained only through payment of the outstanding balance.

D. Payment, made to Auburn University, is due when services are rendered.

IV. Report policies

A. All records and reports concerning a client are considered confidential and will remain in the client's permanent folder. The folders will be kept in the office file cabinets except when properly checked out. Students may obtain client folders for temporary use. Client folders should not be removed from the physical area occupied by the Auburn University Speech and Hearing Clinic.

B. Letters and/or reports may be sent to agencies or individuals upon request and the signing of a release form. No charge is made for reports or letters requested during the initial evaluation. However, a processing charge may be necessary for each subsequent request.

AUDITORY PROCESSING EVALUATION
INFORMATION AND REFERRAL PROCEDURES

Thank you for contacting the Auburn University Speech and Hearing Clinic regarding an appointment for an auditory processing (AP) evaluation. Before an appointment will be scheduled, a preliminary review will be completed. The primary purpose of the review is to determine the appropriateness of conducting a comprehensive evaluation. Sometimes, predisposing factors, such as age, cognitive status, or hearing loss, affect the individual's ability to participate in the evaluation procedure. Other times, additional testing or medical examination are deemed advisable. Another purpose for the review is to avoid unnecessary referrals for testing. Assessment should not begin with an auditory processing evaluation, but should be considered after measures of speech and language skills, cognitive status, and academic abilities have been obtained.

The preliminary screening procedure involves review of multidisciplinary evaluation results, test findings, and other pertinent records. Test results, reports, and records, which are considered, include:

1. audiological evaluation
2. school-based documents (e.g., IEP, 504 plan, etc.)
3. psychoeducational/academic achievement
4. cognitive testing
5. speech-language assessment
6. physical therapy evaluation, if appropriate
7. occupational therapy evaluation, if appropriate
8. medical evaluation to rule out or treat confounding disorders (e.g., ADHD)

In addition to the case history form, a performance/ behavior questionnaire will be sent for completion by the parent(s) and key school personnel. When the reports from multidisciplinary sources, the case history information, and the questionnaire(s) are received at our clinic, the information will be reviewed by an audiologist to determine the individual's candidacy for an auditory processing evaluation. If the audiologist determines that an AP evaluation should be undertaken, you will be contacted to schedule an appointment. Then, a campus map, parking permit, and appointment reminder card will be mailed to you.

The comprehensive auditory processing test battery includes: case history intake, comprehensive audiological evaluation, tympanometry, acoustic reflex thresholds, auditory brainstem response testing, and standardized tests of auditory processing skills. A report, describing test procedures, test findings, interpretation,

and management/intervention suggestions, is prepared. The assessment requires 4 to 6 hours; typically. Testing is usually completed on separate days; however, occasionally, testing can be done in one day (a test session in the morning, a lunch break, and test session in the afternoon). The fee for the comprehensive assessment and report is $550.

When we receive all requested information and pertinent records on your child, we will proceed with the preliminary review process. The audiologist will contact you to discuss the results of that review and to schedule the AP evaluation, if appropriate.

If you have any questions regarding this information, please contact the Auburn University Speech and Hearing Clinic to speak with one of the clinical audiologists.

Martha Wilder Wilson, AuD, CCC-A
Clinical Professor
Audiology Clinic Coordinator

HEARING AID WALK-IN CLINIC

Tuesday 1:00-2:30 pm
Thursday 1:00-2:30 pm

Pre-clinic responsibilities:

1. Review audiology schedule to determine if a patient is scheduled
2. If the test room has not been previously used, turn on all equipment (audiometric booths, audiometers, TympStars, hearing aid computers, AudioScans), conduct biological checks of audiometers and middle ear analyzers, and calibrate hearing aid test equipment.
3. Ensure each test room has a charged otoscope and clean specula
4. Ensure each test room has a box of tissue, gauze pads, disinfectant wipes, hearing aid cleaning tools, impression material, and other necessary supplies

Services provided during walk-in clinic:

1. Hearing aid troubleshooting and minor repair (e.g. hearing aid not functioning, weak, noisy)
2. Hearing aid adjustment, reprogram
3. Ear impressions for hearing aid(s) , earmold(s), or muscian's earplugs
4. Fit repaired/recased hearing aid(s)
5. Fit earmold(s)
6. Modify hearing aid shell(s) and earmold(s)
7. Clean and/or replace thin tube(s), receiver tubes, and dome(s)
8. Hearing aid check (HAC) post-fitting (at n/c to patient)
    - A. HAC during 30 day adjustment period
        1. Conduct otoscopy
        2. Assess patient's progress/adaptation to hearing aid fitting
        3. Discuss patient's likes and dislikes about hearing aid fitting
        4. Review hearing aid adjustment schedule
        5. Make programming changes, if necessary
        6. Reinstruct on hearing aid use, care and maintenance, as needed
    - B. 1 month HAC
        1. Conduct otoscopy
        2. Clean hearing aids/thin tubes/receiver tubes/earmolds, as needed
        3. Assess patient's satisfaction with hearing aid fitting (e.g. Outcome measures)
        4. Review hearing aid adjustment schedule
        5. Document data-logging information
        6. Discuss patient's options if (s)he want to exchange or return hearing aid(s)
        7. Make programming changes, if necessary
        8. Conduct electroacoustic analysis at user settings

C. 6 month HAC
   1. Conduct otoscopy
   2. Clean hearing aids/receiver tubes/earmolds/domes, as needed
   3. Replace thin tubes/domes, as needed
   4. Assess patient's satisfaction and use of hearing aid fitting
   5. Discuss any problems or concerns about hearing aid fitting
   6. "Read" hearing aid settings and document data-logging information
   7. If no changes are made to hearing aid(s), conduct electro-acoustic analysis and real ear measurements at user settings
   8. If programming changes are made, conduct electroacoustic analysis and real ear measurements at new settings

D. 1 year HAC
   1. Conduct otoscopy
   2. Clean hearing aids/receiver tubes/earmolds as needed
   3. Replace thin tube/domes/wax guards
   4. Replace earmold tubing
   5. Assess patient's satisfaction with hearing aid fitting
   6. Obtain pure tone air conduction thresholds
   7. "Read" hearing aid settings and document data-logging information
   8. Conduct EAA at manufacturer's settings
   9. Return hearing aid to user settings

E. 2 year HAC
   1. Conduct otoscopy
   2. Clean hearing aids/receiver tubes/earmolds, as needed
   3. Replace earmold tubing
   4. Replace thin tubes/domes/wax guards
   5. Assess patient's use of hearing aid fitting
   6. Obtain pure tone air conduction thresholds and speech audiometry
   7. "Read" hearing aid setting and document data-logging information
   8. Conduct EAA at manufacturer's recommended settings
   9. Reprogram hearing aid as needed
   10. Advise patient of warranty expiration date
   11. Give patient hearing aid insurance application

<u>Responsibilities during walk-in clinic:</u>

1. Review patient's folder
   A. Date and nature of last patient contact
   B. Type of hearing aid fitting
   C. Date of hearing aid purchase
   D. Expiration of AUSHC service contract

E. Expiration of hearing aid warranty

2. Determine patient care plan
4. Review information and discuss plan with clinical faculty; determine room placement
5. Greet patient in waiting room and escort to audiometric test room
6. Prepare summary of patient contact on *Additional Information Sheet* in patient's folder or progress note report (as requested by faculty)
7. Complete order form (hearing aid/earmold) and make copy for folder
8. Prepare hearing aid/ear impression for mailing
9. Complete appropriate in-house forms for hearing aid/earmold order or repair
10. Place patient folder and *Additional Information Sheet* in mailbox of clinical faculty
11. Patient's folder and related documentation will be given to hearing aid assistants for information entry into hearing aid database, as appropriate

<u>Responsibilities after walk-in clinic:</u>

1. Clean and straighten audiometric test rooms
2. Clean and straighten hearing aid office
3. Restock supplies, as needed
4. Secure otoscopes: recharge if needed
5. Turn off equipment that will not be used again that day

INFECTION CONTROL POLICY

The incidence of communicative diseases, such as cytomegalovirus (CMV), hepatitis B (HBV), herpes simplex, tuberculosis, influenza, and acquired immune deficiency syndrome (AIDS) are increasing. These diseases, in addition to other infections, are contagious and can be life-threatening. In light of the increased prevalence of infectious diseases and the expanded scopes of practice for audiology and speech-language pathology, infection control and prevention of disease transmission are important concerns for the practicing clinician.

Transmission of disease can occur through body fluids and/or air. The three major pathways for disease transmission are: (1) patient to clinician, (2) clinician to patient, and (3) patient to patient (McMillan and Willette, 1988). Pathways for transmission of microorganisms include: (1) direct contact between individuals, (2) indirect contacts through instruments, environmental surfaces, and (3) airborne contamination, such as sneezing or coughing (Ballachanda et al., 1996).

The Centers for Disease Control (CDC) have developed general infection control procedures to minimize the risk of patient acquisition of infection from transmission of an infectious agent from health-care workers to patients and from contact with contaminated devices, objects or surfaces. These procedures also protect workers from the risk of becoming infected. Universal precautions, as described by the CDC, are methods of preventing disease by preventing transfer of body fluids. Body fluids that may be contaminated include blood and blood products, semen, vaginal secretions, breast milk, cerebrospinal fluid, synvovial fluid, amniotic fluid, pleural fluid, pericardial fluid, peritoneal fluid, mucous (ear drainage), and saliva. Cerumen is not an infectious substance per se, until it becomes contaminated with blood or mucus (Kemp, Roeser, Pearson, and Ballanchandra, 1996). Due to the potential for contamination, cerumen should always be treated as an infectious substance (Kemp et al., 1996).

ASHA adapted CDC's Universal Precautions to meet the needs of audiologists and speech-language pathologists in educational settings. Infection control programs are designed to reduce the number of germs in the working environment and to reduce or eliminate opportunities for cross contamination. Infection control procedures should be implemented to prevent transmission of chronic infectious diseases and to protect the health of clients, professionals, family members and so on. Infection control programs can include routine preventive measures (handwashing, protective barriers, and immunizations) in addition to antimicrobial processes (cleaning, disinfection, and sterilization).

Routine Preventive Measures

Handwashing

1. Wash hands before and after each patient
2. Wash hands immediately if there is potential contamination with blood or body fluids containing visible blood
3. Wash hands after performing procedures, such as cerumen management, earmold impressions, and handling probe tips.

4. Wash hands after removing gloves
5. Handwashing technique:
   a. Use medical grade antiseptic or germicidal liquid soap
   b. Wash hands thoroughly for about 30 seconds (wash for 60 seconds if potential contamination)
   c. Use vigorous movements, using the fingers
   d. Wash hands, forearms, wrists, and under fingernails
   e. Rinse with warm water
   f. Dry hands with paper towel
   g. Use same paper towel to turn the water off
6. If soap and water are not available, waterless "no rinse" hand disinfectant can be used

Protective barriers

1. Gloves should be worn when there is potential contact with HIV positive client, when the patient's skin is non-intact, when the clinician has an open wound/non-intact skin, or when handling an item, such as an earmold impression, contaminated with blood or body fluids.
   a. Wash hands before putting on gloves
   b. Wash hands after removing gloves
   c. Unless contaminated with blood and/or body fluids, dispose of gloves in trash
   d. Gloves contaminated with blood, ear drainage, or cerumen should be placed in a small plastic bag or wrapped in paper, separate from other trash
   e. Materials containing significant amounts of blood should be disposed of in impermeable bags labeled with biohazard symbol (Kemp and Bankaitis, 2002).
   f. Change gloves after contact with each client
   g. Do not wash gloves for reuse

2. Eye protection consists of (a) eyeglasses worn for visual correction, (b) safety type eyeglasses, and (c) face shields. Diseases can be transmitted through the eyes. Eye protection should be used when treating high risk patients, when there is a risk of splash or splatter of potentially infectious material, or when the clinician or patient is at risk of airborne contamination (Kemp and Bankaitis, 2002).

3. Masks can protect both the clinician and the patient from airborne micro-organisms that might enter the body through mouth or nose, such as tuberculosis
   a. Surgical masks are single use
   b. Dispose of mask after use
   c. Mask must fit snugly over mouth and nose

Immunizations

1. Vaccination for tuberculosis is required on an annual basis
2. Vaccination for mumps, measles, and rubella is required for admission to Auburn University
3. The best protection against hepatitis B is active immunization. Vaccines for different types of hepatitis B are strongly recommended and are available at health care facilities.
4. Vaccinations for other diseases, such as influenza and pneumonia, are available from local medical facilities.

Human Bites

When human bites that break skin occur, routine medical care (including assessment of tetanus vaccination status) should be implemented as soon as possible. Such bites frequently result in infection with organisms other than HIV and HBV. Victims of bites should be evaluated for exposure to blood or other infectious body fluids.

The victim should notify the departmental safety officer as soon as possible after the incident has occurred. The safety officer will document the incident in writing, and a copy of the report will be given to the offender or legal guardian and the victim. The safety officer will advise both parties to seek appropriate medical care.

Antimicrobial processes

Cleaning

Cleaning involves the removal of gross contamination, but not necessarily elimination of germs. One cleans to remove visible debris without killing germs. Cleaning is a critical precursor to disinfection and sterilization. A mild detergent is used for cleaning. Gloves should be worn when cleaning.

Disinfection

Disinfection is a process by which chemical agents are used to reduce pathogenic organisms on instruments and surfaces. Disinfection means one kills certain germs, but not all germs. Disinfectants are chemical products which eliminate germicidal activity on inanimate objects. Disinfectants which kill tuberculosis kill almost every germ. Therefore, tuberculocidal hospital-grade disinfectants are recommended for health care settings. Alcohol is a disinfectant, but it ruins rubber, silicone and acrylic. Bleach is a low to mid-level disinfectant. Disinfecting can be done with sprays, wipes or soaks.

Non-critical instruments that do not come in contact with body fluids, blood, cerumen contaminated with blood (fresh or dried), and environmental surfaces can be disinfected. Non-critical equipment, including surfaces, chairs and tables, should be cleaned and disinfected.

1. Remove any visible debris with soap or detergent and water
2. Disinfect surfaces using a disposable germicidal pre-moistened cloth (Sani-Cloth) or spray

3. Potential contaminated areas, including tables, countertops, chair arm rests, and reception counter, should be disinfected.
4. Toys should be nonporous and should be regularly disinfected.

Sterilization

Sterilization is the process by which all forms of microbial life are destroyed, including bacterial spores. Critical items that come in contact with bodily fluid(s), specifically blood, cerumen containing blood, mucus, or ear drainage, should be pre-cleaned then sterilized. Also, objects that are capable of breaking the skin, such as curettes and wax loops, must be sterilized prior to re-use. There are various methods of sterilization, including: (1) steam autoclave, (2) dry heat oven, (3) chemical vapor sterilizer, (4) ethylene oxide sterilizer, and (5) chemical sterilant or cold sterilization. Gloves must be worn during sterilization process.

Pre-cleansing is essential in protecting those handling the instruments in addition to achieving complete sterilization. Pre-cleansing is accomplished by: (1) scrubbing or ultrasonic cleaning with a mild detergent, (2) rinsing with hot water, and (3) drying prior to immersing in chemical sterilant.

Glutaraldehyde (2% concentration or higher) and Sporox (7.5% hydrogen peroxide) are approved cold sterilants. Glutaraldehyde (such as Wavicide and Cidex) require sterilization for ten hours. Glutaraldehyde is a toxic chemical; the fumes are potentially hazardous. This product should be used in a covered tray with adequate room ventilation. Contact with skin must be avoided. Sporox, on the other hand, is significantly less hazardous to use and disposal is easier. Sterilization with Sporox requires only six hours; however, it can ruin chrome, rubber, and formica.

AUSHC procedure:

1. "Dirty" tips and specula are collected from each test area
2. Items are placed in a sieve and rinsed with hot water
3. Items are placed in the ultrasonic cleaner
   A. One drop of Audiologist's Choice Ultrasonic disinfectant/cleaner concentrate is added to ultrasonic cleaner
   B. Ultrasonic cleaner is filled with enough water to cover the tips and specula
   C. Cleaning cycle is done twice (at least ten minutes)
4. Clinician should put on gloves
5. With gloved hands, cleaned Items from ultrasonic cleaner are "poured" into sieve (over sink) and rinsed with hot water for several minutes
6. With gloved hands, cleaned and rinsed items are placed in covered metal tray
   A. Wavicide is poured into the metal tray to cover all items
   B. Items are soaked in Wavicide for at least ten hours
7. With gloved hands, sterilized items from metal tray are "poured" into sieve (over sink) and rinsed with hot water for several minutes

8. With gloved hands, cleaned, rinsed, sterilized, and rinsed items are placed on paper towels to dry.

How to Carry Out a Correct Handwash

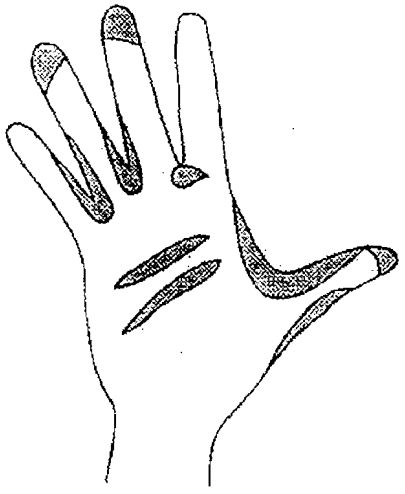
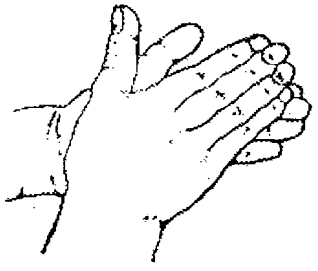


Figure 1

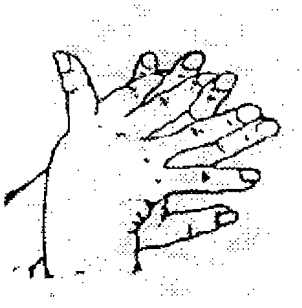
Areas commonly missed with poor handwashing technique ■

Demonstration of poor handwashing technique by use of dye

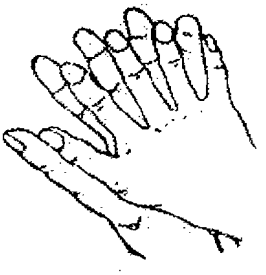
Figure 2 Handwashing technique. (Ayliffe et al. 1978; Lawrence 1985).



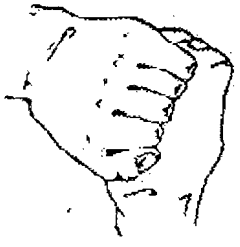
1. Palm to Palm



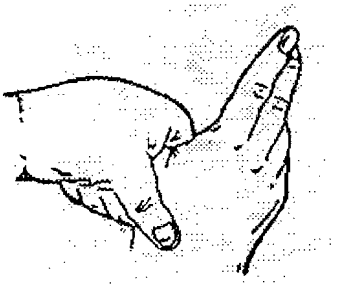
2. Right palm over left dorsum and left palm over right dorsum



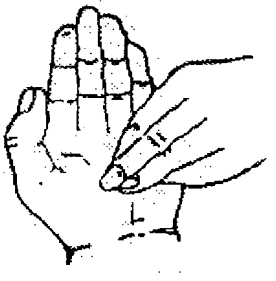
3. Palm to palm fingers interlaced



4. Backs of fingers to opposing palms with fingers interlocked



5. Rotational rubbing of right thumb claspedin left palm and vice versa



6. Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa

An Ounce of Prevention: Keeps the Germs Away

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RealPlayer video for this section
28.8 K
Video Help

The most important thing that you can do to keep from getting sick is to wash your hands.

By frequently washing your hands you wash away germs that you have picked up from other people, or from contaminated surfaces, or from animals and animal waste.

What happens if you do not wash your hands frequently?
You pick up germs from other sources and then you infect yourself when you

- Touch your eyes
- Or your nose
- Or your mouth.

One of the most common ways people catch colds is by rubbing their nose or their eyes after their hands have been contaminated with the cold virus.

You can also spread germs directly to others or onto surfaces that other people touch. And before you know it, everybody around you is getting sick.

The important thing to remember is that, in addition to colds, some pretty serious diseases -- like hepatitis A, meningitis, and infectious diarrhea -- can easily be prevented if people make a habit of washing their hands.

When should you wash your hands?
You should wash your hands often. Probably more often than you do now because you can't see germs with the naked eye or smell them, so you do not really know where they are hiding.

It is especially important to wash your hands

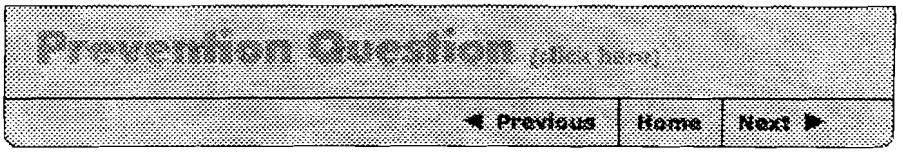
- Before, during, and after you prepare food
- Before you eat, and after you use the bathroom
- After handling animals or animal waste
- When your hands are dirty, and
- More frequently when someone in your home is sick.

What is the correct way to wash your hands?

- First wet your hands and apply liquid or clean bar soap. Place the bar soap on a rack and allow it to drain.
- Next rub your hands vigorously together and scrub all surfaces.
- Continue for 10 - 15 seconds or about the length of a little tune. It is the soap combined with the scrubbing action that helps dislodge and remove germs.
- Rinse well and dry your hands.

It is estimated that one out of three people do not wash their hands after using the restroom. So these tips are also important when you are out in public.

Washing your hands regularly can certainly save a lot on medical bills. Because it costs less than a penny, you could say that this penny's worth of prevention can save you a $50 visit to the doctor.



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National Center for Infectious Diseases
Centers for Disease Control and Prevention

An Ounce of Prevention: Keeps the Germs Away

- Home
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Did you know that in the United States measles and diphtheria used to kill thousands of people a year? Or that in 1952, 20,000 people were crippled from polio? We might think we do not have to worry about these diseases today because, thanks to vaccines, we do not see them nearly as often as we used to. But they're still around and they're still dangerous.

Why are immunizations important?
Getting you and your family immunized is a very easy way to prevent getting some very serious diseases. About 128,000 people still get infected with hepatitis B virus each year. There's no cure but a simple immunization can prevent it. By getting immunized your family fights disease in two ways. First, you protect yourselves, but also you protect others, because if you don't have a disease you can't spread it to someone else.

What is an immunization?
Sometimes immunizations are called vaccinations or just shots. And they help our body fight diseases.

What diseases can immunizations prevent?
The following ten dangerous diseases are prevented by routine shots given to children.

- Polio
- Measles
- Mumps
- Rubella (or German measles)
- Diphtheria
- Tetanus
- Whooping cough
- Meningitis
- Chicken pox
- Hepatitis B

There are other shots for diseases given to both adults and children if they are at risk of getting those diseases or they are likely to have serious complications if they get them. Examples of these include:

- Hepatitis A
- Flu
- Pneumonia

Without shots your children could get these diseases. And these diseases can also lead to pneumonia, brain damage, severe eye problems, paralysis, or other serious problems.

When should you or your family be immunized?
Immunizations for Children
Many "baby shots" protect your children for the rest of their lives. The following schedule is recommended:

- Children should get their first shots no later than 2 months of age, and
- Return for shots 4 or more times before they're two years old.
- Some diseases need booster shots when your child is older.

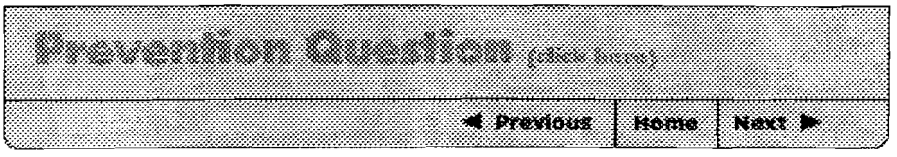
Ask your doctor when you and your family need vaccines. And be sure to keep your immunization records in a safe place.

Immunizations for Adults
Adults need immunizations too, because each year thousands of adults die unnecessarily from flu, pneumonia and hepatitis B.

- You need tetanus and diphtheria shots repeated every 10 years.
- You may need shots when traveling to other countries.

How much do immunizations cost?
Shots are inexpensive but the diseases they prevent can be very expensive. While public health clinics may charge a small service fee, they may provide free vaccines. And ask your doctor about special programs that provide free shots to your children.

Most people are getting their families immunized so many serious diseases are at an all time low in the United States. But some of them are still common in other countries. If we stop vaccinating, they could easily return to the United States. Thanks to vaccinations smallpox, a deadly disease, has been wiped out and polio will soon be gone, too. With immunizations we not only can prevent some very serious diseases, but actually eliminate them from the world. **It is easy, inexpensive, and it saves lives.**



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National Center for Infectious Diseases
Centers for Disease Control and Prevention

AUBURN UNIVERSITY SPEECH & HEARING C LINIC
POLICIES FOR PATIENT CONFIDENTIALITY

EVALUATION REPORTS:

1. Clinicians are advised to type evaluation reports at the AUSHC; however, if the clinician chooses to type reports at another location, she/he assumes the burden of patient confidentiality and the responsibility for making corrections in a timely fashion.
2. Clinicians are ***prohibited*** from removing from the AUSHC original case history forms, test forms, audiograms, tympanograms, etc. In order to remove pertinent information from AUSHC, clinicians are advised to photocopy forms and black out all identifying information.
3. Clinicians are ***prohibited*** from removing videotapes from the AUSHC.
4. Any discarded evaluation reports ***must be shredded.***
5. Any printed documentation (i.e. evaluation report, test results, etc.) ***must be*** immediately placed in the patient's folder and ***must not be left*** in the front office, the student room, the test room, the observation room, or any other public location.

TREATMENT PLANS:

1. Clinicians are advised to type treatment plans at AUSHC; however, if the clinician chooses to type treatment plans at another location, she/he assumes the burden of patient confidentiality and the responsibility for making corrections in a timely fashion.
2. Any discarded treatment plans with the patient's name and identifying information ***must be shredded.***
3. Any printed documentation (i.e. treatment plan, test results, etc.) ***must be*** immediately placed in the patient's folder and ***must not be left*** in the front office, the student room, the test room, the observation room, or any other public location.

DISCUSSIONS:

1. Clinicians are advised to restrict conversations about patients, treatment sessions, and evaluations to the clinicians' room, the supervisor's office, the treatment room, the observation room, or the evaluation room. Clinicians are strongly advised against discussions about patients in the hallways, the lobby, the front office, or other public locations.
2. When discussing a client in the clinicians' room or in a class, the clinician should not include identifying information, such as name, billing status, etc..
3. When videotapes are used in class for demonstration or example, the clinician should not discuss confidential or delicate information revealed in the video outside of the classroom.

FAILURE TO COMPLY WITH THESE PROCEDURES WILL RESULT IN A REDUCTION OF THE STUDENT'S CLINIC GRADE (refer to Observation Form, Clinical Attributes, Patient Confidentiality)

Revised March 2008

DEPARTMENT OF COMMUNICATION DISORDERS
CMDS 8910 CLINICAL PROBLEMS IN HEARING
Fall Semester 2010

FACULTY: Sandra Clark-Lewis, AuD, CCC-A
Clinical Professor (AU)

Martha Wilder Wilson, AuD, CCC-A
Clinical Professor (AU)

Marsha Kluesing, AuD, CCC-A
Assistant Clinical Professor

Christina Lynch, AuD, CCC-A
Clinical Supervisor (AUM)

TEXT:

Clinic Manual of Policies and Procedures
The Green Book, American Academy of Audiology

COURSE DESCRIPTION:

This course is designed to provide clinical audiology practicum experience for Doctor of Audiology students, in addition to a weekly class meeting, during the first two years of the program. Before enrolling in CMDS 8910, students must provide proof of liability insurance, complete a tuberculosis test, and complete the application for a criminal background check.

LEARNER OUTCOMES:

Specific conceptual and clinical objectives of this course include items covered in ASHA's "Knowledge and Skills Acquisition (KASA) Summary Form for Certification in Audiology". The learner outcomes may be measured by any of the following: clinical practicum performance (1), clinical report preparation (2), homework (3), class presentation (4), and classroom participation (5).

Topics for class presentation and discussion, related to KASA objectives, may include: history intake procedures and strategies, report writing skills, counseling techniques, professionalism, ethical issues, conflict of interest issues, and patient rights.

Standard IV-B: Foundations of Practice. The applicant must have knowledge of:

B1. Professional codes of ethics and credentialing.
B2. Patient characteristics and how they relate to clinical services.
B9. Principles, methods, and applications of psychoacoustics.
B11. Instrumentation and bioelectrical hazards.
B12. Infectious/contagious diseases and universal precautions.
B13. Physical characteristics and measurement of acoustic stimuli.

B19. Supervisory processes and procedures.
B20. Laws, regulations, policies, and management practices relevant to the profession of audiology.

Learner outcomes also include knowledge and skills acquired during clinical experiences, including hearing screening, audiological evaluations, hearing aid evaluations and fittings, auditory processing tests, electrophysiological measures, and vestibular tests. Expected performance during clinical practicum will vary depending upon the clinical competency level in which the student is engaged (refer to "Audiology Clinical Competencies Checklists for Levels 1, 2, 3 and 4).

Standard IV-C. Prevention and identification. The applicant must be competent in the prevention and identification of auditory and vestibular disorders. At a minimum, applicants must have knowledge and skills necessary to:
C1. Interact effectively with patients, families, other appropriate individuals and professionals.
C2. Prevent the onset and minimize the development of communication disorders.
C3. Identify individuals at risk for hearing impairment.
C4. Screen individuals for hearing impairment and disability/handicap using clinically appropriate and culturally sensitive screening measures.

Standard IV-D. Evaluation. The applicant must be competent in the evaluation of individuals with suspected disorders of auditory, balance, communication, and related systems. At a minimum, applicants must have the knowledge and skills necessary to:
D1. Interact effectively with patients, families, other appropriate individuals and professionals.
D2. Evaluation information from appropriate
D3. Obtain a case history.
D4. Perform an otoscopic examination.
D5. Determine the need for cerumen removal.
D6. Administer clinically appropriate and culturally sensitive assessment measures.
D7. Perform audiologic assessment using physiologic, psychophysical, and self-assessment measures.
D8. Perform electrodiagnostic test procedures.
D10. Perform aural rehabilitation
D11. Document evaluation procedures and results.
D12. Interpret results of the evaluation to establish type and severity of disorder.
D13. Generate recommendations and referrals resulting from the evaluation process.

D15. Maintain records in a manner consistent with legal and professional standards.
D16. Communicate results and recommendations orally and in writing to the patient and other appropriate individual(s).
D17. Use instrumentation according to manufacturer's specifications and recommendations.
D18. Determine whether instrumentation is in calibration according to accepted standards.

CLASS SCHEDULE

Week One	Audiometric equipment biological listening checks
Week Two	Patient file preparation
Week Three	Report writing and written documentation
Week Four	Report writing and writing documentation
Week Five	Interpersonal communication skills
Week Six	Case history intake
Week Seven	Case history intake
Week Eight	No class - mid-semester meetings
Week Nine	Hearing aid data base
Week Ten	AAA Code of Ethics
Week Eleven	Conflict of interest
Week Twelve	Amplification outcome measurements
Week Thirteen	Patient management strategies
Week Fourteen	End of semester clinic responsibilities
Week Fifteen	No class – end of semester meetings

SCHEDULING:

Each semester, the student will submit the class and assistantship schedule. The clinical faculty will make clinic assignments and will notify the student. Clinic assignments are made for the semester and will not be altered except in the case of an emergency.

The student should arrive at least 30 minutes before the scheduled appointment in order to complete pre-evaluation responsibilities.

Failure to be present at an assigned patient appointment will result in a reduction of the final grade by one letter grade. Failure to be present at two clinic assignments will result in a final grade of "F" for CMDS 8910.

If a student clinician has been assigned to an evaluation and at the last moment cannot be present (i.e. medical emergency, physician's excused illness, contagious disease, death in immediate family), it is the student's responsibility to notify immediately the secretary AND the clinical professor/instructor assigned to the case, or another available instructor. When the absence is due to illness, the clinician must present a written medical excuse to the clinical professor/instructor as soon as possible.

CLINIC RESPONSIBILITIES:

Clinical procedures, test techniques, and clinic responsibilities may differ among practicum sites. For example, before seeing a patient at AUSHC, a student clinician will have thoroughly reviewed the client's folder, if available, and consulted with the audiologist to discuss the patient's history, to prepare evaluation plans, and to determine the method of payment (i.e. private pay, insurance, Medicaid, Adult Vocational Rehabilitation Service). Prior to each evaluation, the student is responsible for contacting the patient or the parents of the patient to remind them of the appointment.

The student clinician should arrive at least 30 minutes before the appointment to prepare for the evaluation, which might include checking the equipment (audiometer, middle ear analyzer, OAE, ABR). The student should calibrate Verifit equipment, if this equipment will be used.

As part of the clinical assignment, the student is expected to tidy the test booth and the room at the end of each evaluation. The student should clean earmolds, otoscopy specula, immittance eartips, and electrodes; put them away; store toys; return hearing instruments to clinic stock; etc. In general, the test rooms and instruments should be left ready for the next patients. However, if the evaluation is the last one of the day, the student should make certain all equipment and power supply to the test booth have been turned off**. Networked computers for hearing aid programming and audiometers with computers are NOT turned off**. The student should advise a clinical instructor immediately if any problems with equipment or otoscopes are noted.

FEE PAYMENT AND DAILY LOG:

The Auburn University Speech and Hearing Clinic assists patients on a fee for service basis. Although the University is primarily a training institution, the needs of all patients are paramount.

The student completes a yellow charge form for every patient seen for an evaluation or treatment, and the yellow charge form is filed in the patient's folder. The fee form can be photocopied, if the patient requests a copy.

When the evaluation has been completed, the student will accompany the patient to the front office window for payment.

After each evaluation, the student should complete the daily log. Each log is filed by the clinical professor/instructor's name. The student must complete each item, including the date, site, total time of session, student's name, patient's name, service provided, and patient's age (child or adult). **The student must initial each entry.** Ask the clinical professor/instructor if you have any questions regarding these matters. DO NOT FORGET to complete the log after each appointment. **Failure to sign the daily log by 4:00 PM on Friday will result in forfeiture of ASHA hours for applicable evaluations.**

ASHA HOURS:

In order to obtain ASHA certification, the student must obtain a minimum of 1820 practicum hours. The student is responsible for record keeping of all hours spent in practicum work. The student should obtain an "Audiology Weekly

ASHA Hour Log" form from the student room or the clinical professor/instructor. This form must be completed each week even if you had no practicum hours. The student should insure that the entries in the "Daily Log" match the entries in the weekly "ASHA Hour Log." Students are advised to make a copy of the weekly log form for your records and give the original form to Dr. Wilson by 4:00 PM on Friday. At the end of the semester, the practicum hour totals on these forms will be checked against the hour totals from the "Daily Log". If the totals agree, they can be entered by the student on a "Summary of Supervised Clinical Practicum in Audiology" form. This form can be typed or prepared with the computer template. The "Summary" form must be initialed by each clinical professor/instructor, who supervised the student during that particular semester. Every effort should be made to submit the "Summary" form before the student leaves campus at the end of the semester. The completed "Summary" form must be submitted no later than the first Friday of the following semester. If the "Summary" form is not completed by this deadline, the student will lose all practicum hours obtained that semester. The "Summary" form will be placed in the student's permanent file.

COUNSELING:

Students should not discuss clinic policies or any test results with a patient unless directed to do so by the clinical professor/instructor. The clinician can indicate all questions will be discussed after the testing has been completed. The clinical professor/instructor will assist the student in counseling patients.

ATTIRE:

Students in a professional doctoral program should dress appropriately in business casual attire when seeing clients. When scheduled for clinic, casual clothing (i.e. jeans, cut-offs, shorts, spaghetti strap tops, crop tops, halter tops, midriff revealing tops or pants, low cut blouses or pants, short skirts, muscle shirts, logo t-shirts, sunglasses, hats, caps, flip flips, etc.) is inappropriate. Piercings (except for ears) and tattoos should not be visible. If a student requires further guidance in this area, s/he consults with a clinical instructor.

REPORT WRITING:

Each patient evaluated in the AUSHC has a patient file. After each evaluation, the student will complete a report or form of written documentation. This is a detailed report of the history information, test findings, conclusions, and recommendations (refer to "Audiology Report Writing Procedures", specifics of report writing will be discussed during a class meeting).

The report, audiogram(s), test data, and envelope(s) must be submitted to the clinical professor/instructor <u>within 48 hours</u> from the completion of the evaluation. After this time, the report shall be considered late, which will adversely affect the clinic grade. All paperwork (history forms, test forms, original audiograms, tympanograms, etc.) are submitted with the report in the patient file.

ASSESSMENT OF STUDENT CLINICAL PERFORMANCE:

The clinical professor/instructor will complete an Auburn University "Audiology Observation Form" for each evaluation/session conducted by a student clinician. The instructor will assess the evaluation activities, such as test selection, equipment utilization, test administration, test interpretation, client summary, and client management; professional attributes, such as interpersonal skills, independence, meeting deadlines; and report writing skills, such as grammar, accuracy of information, and organization of data. A numerical system is used to assess the student's performance (0 = unsatisfactory, 1 = needs improvement, 2 = meets expectations, 3 = exceeds expectations).

The "Audiology Observation Forms" are filed for each student and are accessible for the student to review. The student is advised to read each form and to discuss the contents with the clinical instructor, as needed.

Although the evaluation of clinical skills is an on-going process, the student's performance is more formally evaluated at mid-semester and at the final grading period. Each clinical professor/instructor, who has taught the student that semester, will complete an Auburn University "Clinical Supervision Grading and Evaluation" form at mid-semester and at the end of the semester. The student's grades on the "Audiology Observation Forms" completed for that period of time are averaged. Clinical skills are weighted 60% of the final grade and professional attributes 40% of final grade. Grades are assigned using the following scale: A = 100-90%, B = 89-80%, C = 79-70%, D = 69-60%, F less than 60%. The results of the "Grading and Evaluation" form are discussed with each student, and the student is given an opportunity to respond to the assessment. The nature and content of this assessment tool will be discussed during a class meeting or during the student's first mid-term evaluation.

Students must successfully complete six semesters of CMDS 8910 in order to proceed to the 3rd year clinical rotation. If a student earns a grade of C or poorer in CMDS 8910, the student will not receive ASHA hours for that semester. In addition, if a student earns a grade of C or poorer in CMDS 8910 in the sixth semester, the student will not be allowed to proceed to his/her Third Year Rotation site.

Students may withdraw from this course (with a W on the transcript) by mid-semester, but withdrawal from this class will affect the student's progression through the AuD program and will delay graduation.

STUDENTS WITH DISABILITIES:

Students with disabilities who may need accommodations should meet with Tracy Donald, Director of the Program for Students with Disabilities (1244 Haley Center, 844-2096 (V/TT) or email tdonald@auburn.edu). Then, the student should arrange a meeting with one of the faculty members for this course the first week of classes, or as soon as possible, if accommodations are needed immediately. The Accommodation Memo and Instructor Verification form must be presented to the instructor so the student's needs for this particular class can be discussed.

DISRUPTIVE BEHAVIOR:
Maintenance of a constructive learning environment is essential in this course. Behaviors cited as disruptive will not be tolerated and will be dealt with according to university policy (refer to (www.auburn.edu/adminstration/governance/senate/hevavior_policy_may03.html

EMERGENCIES:

Situations signaled by the university fire alarm, weather siren, or other warning systems may occur during this class period or during clinic. Clinicians must assume responsibility for helping their client(s) to safety. Instructions issued by the teacher or other university personnel should be followed and may include to "shelter," to "evacuate," or to "barricade" in the room (refer to: www.auburn.edu/administration/rms/emergency.html).

Severe weather/indoor shelters are away from windows and doors in interior hallways. When sheltering, clinicians (assisting patients) and students are to walk calmly to the nearest *Severe Weather Shelter Area* (green and white mall-mounted signs). People in the 1100 quadrant should move through the wooden doors and into the hallway where treatment rooms are located (1159-1145). People in the 1200 quadrant should proceed into the hallway outside room 1239, where the audiology research lab is located.

When barricading in the room, turn out lights, draw blinds, turn off computers and cell phones, barricade the door, stay away from windows, and crouch behind furniture and walls.

The clinical professors/instructors reserve the right to change the class schedule as necessary and will notify students of any changes as soon as possible.

REVISED JULY 2010

REPORT OF AUDIOLOGICAL EVALUATION
JANUARY 8, 2008

NAME:	JANE DOE
ADDRESS:	1199 MAIN STREET AUBURN, AL 36849
TELEPHONE:	(334) 844-9600
BIRTHDATE:	10/02/1920
CLINIC FILE NUMBER:	00-50-50

Mrs. Jane Doe, age 86 years, was seen at the Auburn University Speech and Hearing Clinic (AUSHC) on January 8, 2008, for an audiological evaluation on self-referral.

CASE HISTORY INFORMATION:
Or
INTERIM CASE HISTORY INFORMATION:

SUMMARY OF AUDIOLOGICAL TEST RESULTS:

CONCLUSIONS: or SUMMARY:

OBSERVATIONS: or IMPRESSIONS:

RECOMMENDATIONS:
1. It is recommended Mrs. Doe receive an otological examination due to abnormal tympanometry.
2. It is recommended Mrs. Doe return to the AUSHC for audiological re-testing pending medical intervention.
3. It is recommended Mrs. Doe receive annual audiological testing to monitor auditory status and middle ear function.
4. It is recommended Mrs. Doe avoid exposure to hazardous noise levels.

Jill Jackson, B.S
Doctor of Audiology Student Clinician

Martha Wilder Wilson, AuD, CCC-A
Board Certified in Audiology
Associate Clinical Professor

pc: George Jefferson, MD

Auburn University

Auburn University, Alabama 36849-5232

Department of Communication Disorders
Speech and Hearing Clinic
1199 Haley Center

Telephone: (334) 844-9600
Fax: (334) 844-4585

INDEMNITY AND HOLD HARMLESS AGREEMENT

I, _____, the undersigned know and understand the scope, nature, and extent of the risk involved in participating in class assignments and clinical activities beginning _____ (date). The undersigned exempts and releases Auburn University, its Board, officers, faculty, and staff from any and all liability claims, demands, or actions or causes or action whatsoever arising out of any damage, loss, or injury to the undersigned. The undersigned also agrees to indemnity, and save and hold harmless, Auburn University, its Board, officers, faculty, and staff from any and all liability claims, demands, or actions or causes or actions or proceedings of every kind and character which may be presented or initiated by any persons, organizations, or third parties which arise directly from the participation of the undersigned in the above activities. In other words, I will not sue Auburn University for any reason relating to my participation in these activities.

_____ _____
Date Signature

_____ _____
Date Witness' Signature

CMDS 5910 Grading Policies

EXPLANATON OF CLINIC SUPERVISION EVALUATION AND GRADING SHEET

EVALUATION

1. PRE-EVALUATION PLANNING: Clinician will review client file prior to the initial meeting with the instructor. Clinician will discuss assessment plan with the instructor. Clinician will be responsible for calling the client, prior to the appointment.
2. TEST SELECTION: Clinician will choose tests appropriate for client's age, disorder, ability and circumstance.
3. CASE HISTORY: Clinician reviews case history prior to the evaluation and confirms accuracy by asking appropriate follow-up questions and asks for additional information, as needed.
4. TEST ADMINISTRATION: Clinician administers culturally sensitive tests appropriate for client's age, ability and circumstance. Clinician administers tests according to accepted procedures and in an efficient, organized manner.
5. CLIENT MANAGEMENT: Clinician is able to keep client on task and demonstrates flexibility and empathy, when appropriate.
6. TEST INTERPRETATION: Clinician scores tests according to accepted procedures and demonstrates understanding of results.
7. DIAGNOSIS: Based on test results, clinician is able to determine type and severity of disorder. .
8. CLIENT SUMMARY: Clinician demonstrates ability to relate findings to client/family in a appropriate, precise, and understandable manner.
9. PROGNOSIS: Based on case history information, test results, and diagnosis, clinician is able to make a reasonable prediction of client's rehabilitative potential
10. INCORPORATES INSTRUCTOR'S SUGGESTIONS: Clinician follows through with instructor's recommendations and comments made during the pre-evaluation planning session, the evaluation, and post-evaluation.
11. RECOMMENDATIONS AND REFERRALS: Clinician makes appropriate recommendations regarding the need for additional evaluation, treatment, or referral to other professionals.
12. REPORT PREPARATION: Reports are correct with regards to spelling and grammar, and accurately reflect results of the evaluation. Reports and associated paperwork should be neat, legible, and submitted on-time.
13. FOLLOW-UP RESPONSIBILITIES: Clinician follows through with recommendations and responsibilities indicated during the evaluation (i.e. contacts appropriate professionals as needed).
14. POST EVALUATION RESPONSIBILITIES: Clinician "tidies" test room, replenishes supplies and forms, puts equipment away, etc. Post-evaluation staffing with clinical instructor and student clinician are conducted on as needed basis. Clinician analyzes performance with regards to strengths and weaknesses, and demonstrates learning from the evaluation process.

TREATMENT

1. OBJECTIVES AND PROCEDURES: Clinician determines goals and objectives appropriate for client's age and for type and severity of disorder
2. TREATMENT PLAN: Treatment plan is appropriate and organized; written plan is neat, legible and submitted on-time.
3. MATERIALS PREPARATION: Materials should be appropriate for age, type and severity of disorder. Materials are presented in an efficient, organized manner. Clinician is familiar with materials.
4. TREATMENT MODIFICATION: Clinician modifies treatment plan in response to client's needs.
5. FEEDBACK/REINFORCEMENT: Clinician provides performance feedback, which helps the client to understand treatment progress.
6. CLIENT MANAGEMENT: Clinician is able to keep client on task and demonstrates flexibility and empathy when appropriate.
7. ACCOUNTABILITY: Acquisition and reporting of data is accurate and representative of client performance. Clinician demonstrates the ability to develop charts, graphs, tables, and numerical and qualitative data in a manner understandable to client and non-professionals.
8. RECOMMENDATIONS/REFERRALS: Recommendations reflect client's need for future treatment and/or evaluation, home management, or referrals to other professional services.
9. INCORPORATES INSTRUCTOR'S SUGGESTIONS: Clinician follows through with instructor's recommendations and suggestions as indicated on daily evaluation forms and from meetings with instructor.
10. TREATMENT REPORTS: Reports accurately reflect results of the treatment sessions; clinician analyzes and discusses client's progress. Reports should be neat, legible and submitted on-time; reports should be correct with regards to spelling and grammar. Writing style, report content, and report structure are acceptable for submission for third party reimbursement source.

AUDIOLOGY OBSERVATION FORM
(COMPLETED BY INSTRUCTOR OR CLINICIAN)

CLINICIAN_____ **LEVEL**_____

INSTRUCTOR_____ **%SUPERVISION**_____

EVALUATION_____ **# OF HOURS**_____

CLIENT_____**AGE**_____**DATE**_____

0=UNSATISFACTORY, 1=NEEDS IMPROVEMENT, 2=MEETS EXPECTATIONS, 3=EXCEEDS EXPECTATIONS

EVALUATION ACTIVITIES

1._____Pre-evaluation planning/test selection
2._____Case history
3._____Test administration/equipment use
4._____Client management
5._____Test interpretation
6._____Diagnosis/client summary
7._____Prognosis
8._____Incorporates suggestions
9._____Recommendations/referrals
10._____Report/follow-up
_____Pertinent, accurate
_____Organized
_____Professional writing style
_____Spelling, grammar
_____Appearance

PROFESSIONAL ATTRIBUTES

1._____Meets client on time
2._____Appropriate attire
3._____Documentation (report,plan) on time
4._____Attends meetings on time
5._____Accurate ASHA records/Daily Log
6._____Post-evaluation;clean-up
7._____Flexibility and initiative
8._____Interpersonal skills
9._____Works independently
10._____Maintains client confidentiality

NARRATIVE:

OBSERVATION FORM
AUDIOLOGY TREATMENT

Clinician_____ Client_____

Instructor_____ Dates_____

0-unsatisfactory, 1-needs improvement, 2-meets expectations, 3-exceeds expectations

TREATMENT ACTIVITIES

1._____Objectives and procedures
2._____Treatment plan
3._____Materials preparation
4._____Treatment modification
5._____Feedback/reinforcement
6._____Client management
7._____Accountability(data collection,charts,graph)
8._____Appropriate recommendations/referrals
9._____Incorporation of instructor's suggestions
10._____Treatment reports

MINIMUM REQUIREMENTS:

1._____Meets client(s) on time
2._____Appropriate attire for situation
3._____Documentation (reports, plans) submitted on time
4._____Attends meetings with instructor on time
5._____Accurate records for ASHA hours/daily log
6._____Care for materials (puts things away, clean therapy room, help with clean up of materials room)
7._____Creativity
8._____Initiative
9._____Ability to work independently
10._____Maintains client confidentiality

_____

_____

Narrative:

HEARING AID WALK-IN OBSERVATION FORM

CLINICIAN_____ LEVEL_____ DATE_____

INSTRUCTOR_____ % SUPERVISION_____ HOURS_____

0=Unsatisfactory, 1=Needs improvement, 2=Meets expectations, 3=Exceeds expectations

WALK-IN ACTIVITIES (0-3)

1._____Monitors patients in lobby

2._____Reviews chart

3._____Determine presenting complaint/ reason for visit

4._____Appropriate intervention

5._____Earmold (impression, fit, retube, modify)

6._____Hearing aid troubleshooting/repair

7._____Electroacoustic test

8._____Real ear measurements

9._____Use of hearing aid software

10._____Appropriate communication with patient

PROFESSIONAL ATTRIBUTES (0-2)

1._____Meets patient on time

2._____Appropriate attire

3._____Patient management

4._____Appropriate documentation

5._____Accurate ASHA records

6._____Clean-up

7._____Flexibility and initiative

8._____Interpersonal skills

9._____Works independently

10._____Maintains confidentiality

CLINIC SUPERVISION EVALUATION AND GRADING FORM

Clinician_____ Faculty_____

EVALUATION: (60% of grade)

1st Half	2nd Half	Final	
			Pre-evaluation planning/test selection
			Case history
			Test administration/equipment use
			Client management
			Test interpretation
			Diagnosis/client summary
			Prognosis
			Incorporation of instructor's suggestions
			Appropriate recommendations/referrals
			Report preparation and follow-up
			TOTAL x 2

MINIMUM REQUIREMENTS: (40% of grade)

1st Half	2nd Half	Final	
			Meets client(s) on time
			Appropriate attire for situation
			Documentation (reports, plans) submitted on time
			Attends meetings with instructor on time
			Accurate records for ASHA hours/daily log
			Post-evaluation/clean-up
			Flexibility and initiative
			Interpersonal skills
			Ability to work independently
			Maintains client confidentiality
			TOTAL x 2

FINAL TOTAL =_____GRADE_____PRACTICUM HOURS_____

****Grade will be reduced one letter for the first unexcused absence; failing grade for two unexcused absences.**

STUDENT_____ FACULTY_____ DATE _____

STUDENT_____ FACULTY_____ DATE _____

CLINICAL SUPERVISION AND GRADING SUMMARY FORM
AUDIOLOGY TREATMENT

Clinician_____

Instructor_____Dates_____

TREATMENT (60% of grade)
[0=unsatisfactory, 1=needs improvement, 2=meets expectations, 3=exceeds expectations]

1. _____Objectives and procedures
2. _____Treatment plant
3. _____Materials preparation
4. _____Treatment modification
5. _____Feedback/reinforcement
6. _____Client management
7. _____Accountability (data collection, charts, graphs)
8. _____Appropriate recommendations/referrals
9. _____Incorporates instructor's suggestions
10. _____Treatment reports

TOTAL_____ x 2 = _____

MINIMUM REQUIREMENTS (40% of grade)
[0=unsatisfactory, 1=needs improvement, 2=meets expectations]

1. _____Meets client(s) on time
2. _____Appropriate attire for situation
3. _____Documentation (reports, plans) submitted on time
4. _____Attends meetings with instructor on time
5. _____Accurate records for ASHA hours/daily log
6. _____Care for materials (puts materials away, clean therapy room)
7. _____Creativity
8. _____Initiative
9. _____Ability to work independently
10. _____Maintains client confidentiality

TOTAL_____ x 2 = _____

GRAND TOTAL = _____GRADE____PRACTICUM HOURS_____

**Grade will be reduced one letter grade for the first unexcused absence; failing grade for two unexcused absences.

STUDENT_____INSTRUCTOR_____

Fill in bubbles darkly and completely.
Erase errors cleanly.

Instructor ______ Course ______

Clinical ______ Date ______

Completion of this questionnaire is voluntary. You are free to leave some or all questions unanswered.

Rate your instructor on each of the following:

14. ______ Extensive ______

15. ______ week have you spent ______
- Under ______
- 2 - 3
- 4 - 5

16. ______ you ______
- Under 2
- 2 ______
- 4 ______

- Baccalaureate
- Masters
- PhD

Instructional Assessment System

rev 10/96

Student Comments

Instructor _____ Course _____ Section _____ Date _____

Your handwritten comments in response to the following questions will be returned to the instructor *after grades are turned in.* We encourage you to respond to all questions as thoughtfully and constructively as possible. Your comments will be used by the instructor to improve the course. However, you are not required to answer any questions.

Was this class intellectually stimulating? Did it stretch your thinking? Yes No Why or why not?
What aspects of this class contributed most to your learning?
What aspects of this class detracted from your learning?
What suggestions do you have for improving the class?

Please use the back of this sheet for any additional comments or to respond to additional questions. Thank you!

Clinical Competency Levels

AUDIOLOGY CLINICAL LEVELS

1. A student must successfully progress through four levels of clinical competence in basic audiologic test procedures, advanced test procedures, hearing instrument evaluation and fitting, electrophysiologic test procedures, history taking, report writing, test interpretation, and patient management. Each clinical level focuses on specific audiologic test procedures and client management skills, upon which successive clinical levels and competencies are developed. Therefore, each level must be successfully completed before progressing to the next level.
2. Students will enroll in clinical level courses for four semesters (CMDS 8230, 8320, 8430 and 8510). Course content in each class will include competencies for a particular clinic level. Homework assignments and quizzes will be given in the class throughout the semester. In addition to an oral examination, the final examination may include a written and/or practical portion.
3. These clinical levels, which are minimal competencies only, include:
    - A. Level I – audiological evaluation to cooperative adult
        1. Pure tone audiometry
            a. Air conduction threshold testing and masking
            b. Bone conduction threshold testing and masking
        2. Speech audiometry
            a. Speech Recognition Threshold and masking
            b. Word recognition testing with masking
        3. Tympanometry
        4. Middle ear muscle reflexes
        5. Otoacoustic emissions
    - B. Level II – hearing instruments
        1. Selection of amplification
        2. Hearing aid evaluation (e.g. functional gain)
        3. Probe microphone measurements
        4. Electroacoustic analysis
        5. Earmold impressions
        6. Hearing aid troubleshooting
        7. Minor hearing aid repairs
        8. Outcome measures
    - C. Level III –difficult-to-test patients; infants and children
        1. Auditory processing testing
        2. Pediatric test procedures
        3. Non-organic test procedures
    - D. Level IV
        1. Site of lesion testing (conductive, cochlear, retrocochlear, brainstem, central)
        2. Electrophysiological procedures
            a. Auditory brainstem response test
            b. Electrocochleography

c. Auditory steady state response test

3. Balance assessment
   a. Electronystagmography test battery
   b. Video-nystagmography test battery
   c. Vestibular evoked myogenic potential

4. Students are expected to progress through clinical competencies for each specific level. The student will document, on the Clinical Competency Checklist, that a particular procedure has been observed prior to conducting that procedure. Likewise, when the student has satisfactorily achieved competency with a particular clinical skill, the student should initial that competency on the Checklist.
5. Clinical experiences during the semester may not be restricted to procedures in the student's specific clinical level. For example, a Level I clinician may be asked to administer a specific audiological test from another level, but performance on this procedure will not adversely affect the student's practicum grade in CMDS 8910. However, a superior performance tends to enhance the grade.
6. All Au.D. students will begin their clinical training in Level I. Students' initial abilities will depend upon their undergraduate training. By Level IV, students are expected to demonstrate independence in managing most cases.

CMDS 8230 Clinical Level 1
Spring 2010
Haley Center 2204

Dr. Sandra Clark-Lewis
Office: Haley Center 1189
Email: clarksr@auburn.edu
Office Hours: Tuesdays and Thursdays 8:30-10:00
Office Phone: 844-9600 or 844-9610 (for special appointment or voice mail)
Home Phone: before 9pm (334) 821-6165 (no answering machine)
Cell Phone: (334) 559-9610 (seldom check for messages)

COURSE DESCRIPTION: This is the first of a series four courses in the area of clinical audiological procedures. This course reviews the basic diagnostic audiological tests including the immittance battery, pure tone threshold testing, speech testing, masking and otoacoustic emissions. The interpretation of test findings is reviewed and patient care is discussed.

SEQUENCE OF TOPICS AND SCHEDULE:

January 13 : Review masking for SRT and for WRS
Homework #1(Due January 20th)
Case #3, #21 and #35 on the Parrot software including tymps/reflexes/air/bone/SRT and masking when indicated

January 20 : Integration of audiological test results and recommendations
Test Interpretation Assignment(Due February 5th)
Students will be given the results of 5 audiological test batteries including tymps/reflexes/air/bone/speech and OAEs. Summarize all test findings and make recommendations for the patient
Homework #2 (Due January 27th) tymps/reflexes/air/bone/SRT and masking when indicated on three individuals (two with one ear plugged and one with two ears plugged) This is in preparation for your practical examination on January 29th so be sure to include all verbal instructions during this testing.

January 27: General review followed by Quiz

Friday January 29: Practical examination

February 3: Final review prior to Oral Examinations
At the end of class students will receive 2 case history scenarios and one of these will be used for your oral examination on February 10, 2010

February 10, 2010 Level #1 Oral Examinations

February 17, 2010 After Action review of Level #1

COURSE REQUIREMENTS
Students are expected to attend all scheduled class meetings and clinical experiences. Absence from class or clinical experiences may negatively affect final grade due to lack of class participation.
Read all material indicated in the text in addition to class notes. Homework assignments and clinical practice will be assigned throughout the semester

GRADE DETERMINATION:

Homework	**10%**
Quiz	**10%**
Test Interpretation Assignment	**10%**
Practical	**20%**
Oral Examination	**50%**

LEARNER OUTCOMES:
Specific conceptual and clinical objectives for this course include items covered in ASHA's "Knowledge and Skills Acquisition" (KASA) system. The learner outcomes may be measured by any of the following: practical final examination (1), oral final examination (2), homework (3), laboratory exercises (4), classroom participation (5).

Standard IV-B. Foundations of Practice.
Related knowledge and skills subsets include:

- B12.Infectious/contagious disease and universal precautions.

Standard IV-C. Prevention and Identification. The applicant must be competent in the prevention and identification of auditory and vestibular disorders. At a minimum, applicants must have the knowledge and skills necessary to:

Related knowledge and skills subsets include:

- C4. Screen individuals for hearing impairment and disability/handicap using clinically appropriate and culturally sensitive screening measures.

Standard IV D the applicant must be competent in the evaluation of individuals with suspected disorders of auditory, balance, communication and related systems. Related Knowledge and Skills include:

Related knowledge and skills subsets include:

- D1. Interact effectively with patients, families, and other professionals.
- D4. Perform an otoscopic examination. (2)
- D7. Perform audiologic assessment using physiologic, psychophysical, and self-assessment measures. (1,2,5)
- D8. Perform electrodiagnostic test procedures. (1,2,5)
- D11. Document evaluation procedures and results. (1,2,5)
- D12. Interpret results of the evaluation to establish type and severity of the disorder. (1,2,5)
- D13. Generate recommendations and referrals resulting from the evaluation process. (1,2,5)
- D14. Provide counseling to facilitate understanding of the auditory or balance disorder. (2,5)
- D15. Maintain records in a manner consistent with the legal and professional standards. (1,5)
- D16. Communicate results and recommendations orally and in writing to the patient and other appropriate individual(s). (1,2,3,5)
- D17. Use instrumentation according to manufacturer's specifications and recommendations. (1,3,5)
- 18. Determine whether instrumentation is in calibration according to accepted standards. (3)

Practical and oral skills that may be tested and evaluated during this class

- Define interaural attenuation (1.2,5),

- Define occlusion effect and effectively describe the cause of this phenomena (1,2,5)
- Appropriate use of infection control when administering otoscopy, the basic audiological test battery and the immittance test battery. (1, 4,5)
- Describe an effective pure tone screening program for both adults and children (2,,5)
- Communicate effectively with patients during administration of immittance and audiological test battery (2,5)
  Appropriately administer otoscopic examination (2)
- Establish Most Comfortable Listening level for patient using diagnostic audiometer (1)
- Appropriately administer immittance test battery, obtain accurate results and interpret findings (1,2,3,4,5)
- Appropriately administer pure tone threshold testing, obtain accurate results and interpret findings (1,2,3,4,5,)
- Appropriately administer speech recognition thresholds, obtain accurate results and interpret findings (1,2,3,5)
- Appropriately administer word recognition test, obtain accurate results and interpret findings (1,2,3,5)
- Describe and interpret results of immittance and audiological test battery in manner easily understood by patient (2,5)
- Describe appropriate recommendations based on immittance and audiological test findings

EMAIL POLICY: Although I attempt to check and answer my email daily, because I am often off campus visiting students, it is sometimes several days before email is checked. During the week I will answer student email with 72 hours. Typically I do not check email after 5pm or over the weekend.

TELEPHONE POLICY: If I am not in my office to answer your phone call, the best way to contact me is by leaving a message on the university voice mail system. If I am on campus, I check my messages several times a day. If you need to contact me, please feel free to call me at home or on my cell phone (before 9pm). In the case of an emergency, contact the Departmental Administrator or Assistant (334) 844-9600 and they will locate me in the clinic.

ACADEMIC HONESTY CODE: Auburn University views academic honesty as critical to academic integrity and an important part of the educational process. In order for students to acquire the knowledge and skills necessary to perform in their career fields, it is important that each student complete his or her own work. Students enrolled in this class are expected to follow The Student Academic Honesty Code which is presented in-full within the Tiger Cub Student Handbook.

EMERGANCY PROCEDURES:
Situations, signaled by the University fire alarm, weather siren, or other warning systems, may occur during this class period. Instructions issued by the teacher or other university personnel should be followed and may include to "shelter", to "evacuate", or to "barricade" in the room.

When "sheltering", students should walk calmly to the nearest Severe Weather Shelter Area (green and white wall mounted signs). Students should assemble in this area, sitting in the hallway, so all classmates can be accounted for.

When "evacuating", students should walk calmly down the hall to the nearest designated exit. Cross the concourse and assemble in the grassy knoll located in front of Cater Hall. Students should gather in the grassy knoll so that all students can be accounted for.

When "barricading" in the room, turn out the lights, draw the blinds, turn off computers and cell phones, barricade the door, stay away from windows, and crouch behind furniture, next to a wall.

Additional information is available on the Risk Management and Safety Office Emergency preparedness website (www.auburn.edu/rms/emergency.html)

STUDENTS WITH DISABILITIES:
Any student with a handicap that requires special accommodations should talk with the instructor so that arrangements can be made. According to University policy a student must verify that he/she has a qualified handicap through the Office of the Program for Students with Disabilities.

Level II Preliminary Schedule

February 24	Earmold impression techniques and lab
March 3	Online earmold class
March 10	Electroacoustic hearing aid analysis
SPRING BREAK	
March 24	Uncomfortable listening levels
March 31	UCL Quiz and time to do UCL Homework
April 7	Quick Sin
April 14	Simulated Real Ear Measurements
April 21	Lab to practice S-REM before completing homework
April 28	**Dr. Martha Miller with introduction to ReSound Software and Hearing Aids** (or if Dr. Miller is in China Advanced Electroacoustic Hearing Aid Analysis)

CMDS 8320 Clinical Level 2
Summer 2010

Dr. Sandra Clark-Lewis
Office: Haley Center 1189
Email: clarksr@auburn.edu
Office Hours: Tuesdays and Thursdays 8:30-10:00
Office Phone: 844-9600 or 844-9610 (for special appointment or voice mail)
Home Phone: before 9pm (334) 821-6165 (no answering machine)
Cell Phone: (334) 559-9610 (seldom check for messages)

COURSE DESCRIPTION: This is the second of a series four courses in the area of clinical audiological procedures. The purpose of this course is to provide lecture and laboratory experiences that will supplement and review academic coursework related to amplification and aural rehabilitation in preparation for the Level 2 examination. This course reviews the tests and procedures needed when evaluating patients for amplification and determining appropriate technology for their listening needs. Students will also learn earmold impression techniques and basic earmold acoustics. The interpretation of test findings is reviewed and patient care is discussed. Although information for this class has been given during weekly meetings beginning in February 2010, and will continue to be given during the summer, the oral examination for this class will be administered in September 2010 and the final grade will be assigned during the Fall semester 2010.

SEQUENCE OF TOPICS AND SCHEDULE:

CLASS SCHEDULE FOR SUMMER 2010

May 26, 2010	Oticon Software and Product Orientation. Understanding hearing aid features with JoAnn Smith of Oticon Corporation **Homework:** Hearing aid delivery on patient under the supervision of either MWW or SC-L. Write up report of delivery. **Due before the end of the Summer term** **Homework:** Participate in walk-in clinic and turn in chart notes on each patient you saw during walk-ins. **Due before the end of the Summer term**
June 2, 2010	Comprehensive electroacoustic analysis. Organization and Planning for Oticon Open House

	Homework: Complete comprehensive elsectoacoustic analysis on 2 hearing aids. Turn in printouts with an explanation of the results of each test. **Due June 16th**
June 9, 2010	Lavina Fowler, Choosing the appropriate Oticon technology for your patient including technology, style, microphone array and other features. Hearing instrument demonstration
Friday, June 11th	**Dr. Martha Miller ReSound Launch 10:-1:00pm**
June 16, 2010	Obtaining Real Ear to Coupler Differences (RECD) and completing Real ear Measurements **Homework:** Complete real ear measurements on 5 ears using the audiograms provided. **Due June 30th**
June 17 &18, 2010	**Visit to the Oticon factory in Somerset New Jersey**
June 23, 2010	Mid Semester Evaluations
June 30, 2010	Functional Gain testing **Homework:** Complete functional gain testing on 3 subjects using open fit hearing aids (unaided both ears plugged and aided one ear plugged). Warbeled tones, Count the dot audiogram, aided and unaided word recognition at 50dBHL. **Due**: July 7, 2010
	Monday July 5th 2010 HOLIDAY!!
July 7, 2010	Lavina Fowler Final Open House Preparation

July 14, 15 &16 Class of 2013 Oticon Hearing Aid Open House!!

July 21, 2010	**After Action Review of Oticon Open House**
July 28, 2010	**Let's talk about Level #2 EXAMINATION!!**

COURSE REQUIREMENTS

Students are expected to attend all scheduled class meetings and clinical experiences. Absence from class or clinical experiences may negatively affect final grade due to lack of class participation.

Read all material indicated in the text in addition to class notes. Homework assignments and clinical practice will be assigned throughout the semester

GRADE DETERMINATION

The grade for this class will be determined by the following:

- Homework Assignments 25%
- Quiz 5%
- Amplification notebook 10%
- Level Examination 60%

EMAIL POLICY: Although I attempt to check and answer my email daily, because I am often off campus visiting students, it is sometimes several days before email is checked. During the week I will answer student email with 72 hours. Typically I do not check email after 5pm or over the weekend.

TELEPHONE POLICY: If I am not in my office to answer your phone call, the best way to contact me is by leaving a message on the university voice mail system. If I am on campus, I check my messages several times a day. If you need to contact me, please feel free to call me at home or on my cell phone (before 9pm). In the case of an emergency, contact the Departmental Administrator or Assistant (334) 844-9600 and they will locate me in the clinic.

COURSE WITHDRAWAL:

Although a student can withdraw from this class until mid-semester and will receive a W on their transcript, however withdrawal from the class will result in a delay of graduation from the doctor of Audiology program.

HOMEWORK ASSIGNMENTS:

If homework assignments are submitted later that the stated due date, full credit will not be awarded for the assignment. Ten % of the full credit will be deducted for each day the assignment is late.

STUDENTS WITH DISABILITIES:

Students needing accommodations should arrange a meeting the first week of class. Come during office hours or email for an alternate time. Bring the Accommodation Memo and Instructor Verification Form to the meeting. Discuss items needed in this class. If you do not have an Accommodation Memo but need special accommodations, make an appointment with The Program for Students with Disabilities, 1244 Haley Center, 844-2096 (V/TT) or email: haynemd@auburn.edu ."

ACADEMIC HONESTY CODE:
Auburn University views academic honesty as critical to academic integrity and an important part of the educational process. In order for students to acquire the knowledge and skills necessary to perform in their career fields, it is important that each student complete his or her own work. Students enrolled in this class are expected to follow The Student Academic Honesty Code which is presented in-full within the Tiger Cub Student Handbook.

LEARNER OUTCOMES: Because this course is primarily a laboratory experience, clinical experience will vary from student to student. Specific conceptual and clinical objectives will also vary depending on the experience available to the student clinician. Learner outcomes will be measured by preceptor evaluation (1) classroom participation (2) homework assignments (3) practical final examination (4).

Standard IV-B. Foundations of Practice. The applicant must have knowledge of:

B13. Physical characteristics and measurement of electric and other nonacoustic stimuli. (1,2,3,4)

Standard IV-B. Evaluation. The applicant must be competent in the evaluation of individuals with suspected disorders of auditory, balance, communication, and related systems. At a minimum, applicants must have the knowledge and skills necessary to:

D1. Interact effectively with patients, families, and other professionals. (1)
D2. Evaluate information from appropriate sources to facilitate assessment planning. (1,2,4)
D4. Perform an otoscopic examination. (1,2,3,4)
D5. Determine the need for cerumen removal. (1)
D11. Document evaluation procedures and results. (1)
D12. Interpret results of the evaluation to establish type and severity of the disorder. (1,2,3,4)
D13. Generate recommendations and referrals resulting from the evaluation process. (1,2,3,4)

Standard IV-E. Treatment. The applicant must be competent in the treatment of individuals with auditory, balance, and related communication disorders. At a minimum, applicants must have the knowledge and skills necessary to:

E1. Interact effectively with patients, families, other appropriate individuals, and professionals. (1)
E2. Develop and implement treatment plan using appropriate data. (1,2,3,4)
E3. Discuss prognosis and treatment options with appropriate with appropriate individuals. (1)
E4. Counsel patients, families, and other appropriate individuals. (1,2,3,4)
E5. Develop culturally sensitive and age-appropriate management strategies.(1)
E6. Collaborate with other service providers in case coordination. (1)
E7. Perform hearing aid, assistive listening device, and sensory aid orientation. (1,3,4)
E8. Recommend, dispense, and service prosthetic and assistive devices. (1,3,4)
E9. Provide hearing aid, assistive listening device, and sensory aid orientation. (1,3)
E12. Assess efficacy of interventions for auditory disorders. (1)
E14. Serve as an advocate for patients, families, and other appropriate individuals. (1,2,3,4)
E15. Document treatment procedures and results. (1,3)
E16. Maintain records in a manner consistent with legal and professional standards. (1,3)
E17. Communicate results, recommendations, and progress to appropriate individual(s). (1,3,4)
E18. Use instrumentation according to manufacturer's specifications and recommendations.
E19. Determine whether instrumentation is in calibration according to accepted standards. (1,2,3,4)

DEPARTMENT OF COMMUNICATION DISORDERS
CMDS 8430 CLINICAL LEVEL III
Spring semester 2010

FACULTY: **Martha Wilder Wilson, AuD, CCC-A**

OFFICE: Haley Center, room 1187
(334) 844-9611
paxtomw@auburn.edu

OFFICE HOURS: Monday, 4:00-5:00
Thursday, 3:30-4:30

TEXT:
Bellis, Teri James, Assessment and management of central auditory processing disorders in the educational setting, Singular Publishing Group, Inc. 1996

Level III Clinical Competencies Checklist

COURSE DESCRIPTION:
This courses covers selection, administration, and interpretation of audiological tests and diagnostic procedures appropriate for difficult to test patients, pediatric population, and cases of non-organic hearing loss. The course also covers procedures and protocols to differentiate site of lesion (i.e. conductive, cochlear, retrocochlear, brainstem, central). In addition, tests and procedures for assessment of auditory processing disorder and management of APD are addressed in this course.

The student must successfully complete Clinical Level I (CMDS 5230) and Clinical Level II (CMDS 5320) before enrolling in this course.

To ensure effective and efficient clinical learning, this course may be offered mid-semester to mid-semester of the following academic semester. For example, the course may start in the middle of fall semester and conclude by the middle of spring semester. The final examination will be given no later than mid-semester of second semester.

KNOWLEDGE AND SKILLS COVERED AND HOW ASSESSED:
Specific conceptual and clinical objectives of this course include items covered in ASHA's "Knowledge and Skills Acquisition" (KASA) system.

Standard IV-D: **The applicant must be competent in the evaluation of individuals with suspected disorders of auditory, balance, communication, and related systems.**

Related knowledge and skills subsets include:
Standard IV-D 6. Administer clinically appropriate and culturally sensitive assessment measures

Standard IV-D 7. Perform audiologic assessment using physiologic, psychophysical, and self-assessment measures.
Standard IV-D 12. Interpret results of the evaluation to establish type and severity of disorder

- Appropriately administer Dichotic Digits test, obtain accurate results, and interpret findings (1, 4, 5)
- Appropriately administer Synthetic Sentence Identification (SSI) tests with ipsilateral competing message and contralateral competing message, obtain accurate results, and interpret findings (1, 3, 4, 5)
- Appropriately administer SSI Performance Intensity (PI) function, obtain accurate results, and interpret findings (1, 3, 4, 5)
- Appropriately administer Staggered Spondaic Word (SSW) test, accurately calculate results, and interpret findings (1, 3, 4, 5)
- Appropriately administer Dichotic Sentence Identification (DSI) test, obtain accurate results, and interpret findings (1, 3, 4, 5)
- Appropriately administer Screening Test for Auditory Processing Disorders (SCAN), Screening Test for Auditory Processing Disorders for Adolescents and Adults (SCAN-A), and/or Test for Auditory Processing Disorders in Children (SCAN-C), obtain accurate results, correctly score test, and interpret results (1,3,4,5)
- Appropriately administer Pitch Pattern Sequence test, obtain accurate results, and interpret findings (1,3,4,5)
- Appropriately administer Duration Pattern Sequence test, obtain accurate results, and interpret findings (1,3,4,5)
- Appropriately administer Auditory Continuous Performance test (ACPT), accurately score test, and interpret results (1,3,4,5)
- Appropriately administer Random Gap Detection Test (RGDT), accurately score test, and interpret results (1,3,4,5)
- Based on AP test findings, identify APD profiles using Bellis model (1, 4,5)
- Based on AP test findings, identify APD profile using Buffalo model (1,4,5)
- Select appropriate pediatric tests, based on child's age and developmental abilities (2, 5)
- Define minimal response levels for frequency specific and speech stimuli (2,5)
- Describe visual reinforcement audiometry techniques via earphones, bone oscillator, and loudspeakers (2,5)
- Describe behavioral observation audiometry techniques via earphones, bone oscillator, and loudspeakers (2,5)
- Describe use of conditioned play audiometry to obtain minimal response levels or hearing threshold levels for frequency specific and speech stimuli via earphones, bone oscillator, and loudspeakers (2,5)
- Describe word recognition testing using recorded stimuli (i.e. Northwestern University Children's Perception of Speech [NU-Chips]) (2,5)

- Appropriately administer Pediatric Sentence Identification (PSI) test for words and sentences with ipsilateral competing message and contralateral competing message, accurately score test findings, and interpret results (1,2, 4, 5)
- Appropriately administer Stenger test using pure tones and speech, obtain accurate results, and interpret findings (4,5)

The student will be able to demonstrate acquisition of these knowledge sets within acceptable levels. Success is defined as achieving a minimum of 70 percent accuracy per knowledge set (70% equivalent to C average on a 10 percent assessment scale; this is a minimal passing grade).

The learning outcomes may be measured by any of the following: written final examination (1), oral final examination (2), homework assignments (3), laboratory exercises (4), and classroom participation (5).

SCHEDULE:

October 14, 2009	Orientation to Clinical Level III SCAN and SCAN-A
October 21, 2009	Staggered Spondaic Word (SSW) test
October 28, 2009	SSW test
November 4, 2009	Synthetic Sentence Identification(SSI) test SSW assignment given
November 11, 2009	SSI practice Pitch Pattern Sequence (PPS) practice
November 18, 2009	Auditory system development
December 2, 2009	ASHA guidelines for pediatric testing Pediatric assignment given SSW assignment due by end of semester
January 13, 2010	Review SCAN and SCAN-A SCAN-A assignment given Review PPS test PPS assignment given
January 20, 2010	Review Synthetic Sentence Identification (SSI) SSI assignment given PPS assignment due

January 27	Random Gap Detection Threshold (RGDT) test Stenger test for pure tones and speech RGDT assignment given SCAN assignment due
February 3	Dichotic Digits Test Dichotic Sentence Identification (DSI) Test SSI assignment due
February 10	AP test interpretation RGDT assignment due
February 17	APD patient management
February 24	APD review (as needed) Pediatric Speech Intelligibility (PSI) test Written examination (APD) distribution
March 3	Written examination due Mid-semester meetings
March 10	Pediatric test strategies
March 17	No class-spring break
March 24	Review pediatric audiometry Pediatric assignment due APD notebook due
March 26 (Friday)	Oral examinations
March 31	TBA
April 7	TBA
April 14	AAA convention
April 21	TBA
April 28	TBA

LABORATORY EXPERIENCE:

Depending upon the clinical experiences of the students, different AP tests will be demonstrated in the audiology test suite. Equipment set-up, test administration, and scoring will be described. Students will practice test administration with another student.

COURSE REQUIREMENTS AND COMMENTS:

Students are expected to attend all scheduled class meetings and clinical experiences. Unexcused absence from class or clinical experiences may negatively affect the final grade due to lack of class participation.

Read all material indicated in the text in addition to class notes. Homework assignments and clinical practice will be assigned throughout the semester.

No make-up exams or rescheduling of exams will be permitted without a university excuse or written physician's excuse for personal illness. You must check in the student health center during the exam period and obtain a written excuse. Notify Dr. Wilson within 24 hours of a missed exam. Arrangements must be made to reschedule the exam as soon as possible.

Students can contact the instructor by telephone or email. The instructor will make every effort to respond to inquiries within 24 hours.

EVALUATION:

Written assignments, clinical activities, APD notebook, pediatric audiology assignment and class participation will constitute 35% of the final grade. Late submission of homework assignments/clinical activities will result in lowering the grade by one point for that assignment.

Class attendance/participation (1 point)
Homework
- SSW (3 points)
- SSI/ICM and SSI/CCM (3 points)
- RGDT (2 points)
- PPS (2 points)
- SCAN-A (3 points)
- PSI/ICM and PSI/CCM (3 points)

APD notebook (10 points)
Pediatric audiology assignment (8 points)

The final examination for Clinical Level III, which contributes 65% of the final grade, consists of an oral and a written portion. Outcomes, as specified in the syllabus, will be assessed during these examinations.

Written examination – APD (30 points)
- Selection of test battery (10 points)
- Rationale for test selection (15 points)
- Test sequence/flow chart (5 points)

Oral examination - pediatric audiology (35 points)
- Case history intake (5 points)
- Test selection and rationale (10 points)
- Test sequence/flow chart (5 points)
- Recommendation and referrals (8 points)
- Management/intervention (7 points)

Students must receive a grade of “C” or better to progress to the next clinical level. Students earning a grade of “D” or “F” will be required to repeat this course. Students may withdraw from this course (with a W on the transcript) by mid-semester, but withdrawal from this class may affect the student’s progression through the AuD program and delay graduation. Each student must successfully complete this course in order to progress to CMDS 5510 Clinical Level IV.

A scale of 90-100% = A, 80-89% = B, 70-79% =, 60-69% = D, and 59% and below = F will be used to assign the final grade.

STUDENT EVALUATION OF COURSE AND PROFESSOR:
Students will be asked to complete the appropriate IAS evaluation instrument at the end of the course. In addition, written comments can be made anonymously on the comment form.

ACADEMIC HONESTY:
Honesty is expected in this class at all times. Violations will be reported to the Academic Honesty Committee, according to the procedures outlines in the Tiger Cub.

STUDENTS WITH DISABILITIES:

Students with disabilities who may need accommodations should make an appointment with Tracy Donald, M.S., Director of the Program for Students with Disabilities, 1228 Haley Center, 844-2096 (V/TT), to determine eligibility. Then, the student should arrange a meeting with Dr. Wilson during her office hours the first week of classes, or as soon as possible, if accommodations are needed immediately. If a student has a conflict with the office hours, an alternate time can be arranged. The student should contact Dr. Wilson by e-mail to schedule a meeting. The student should bring a copy of the Accommodation Memo and an Instructor Verification Form to the meeting.

EMERGENCY PROCEDURES:

Situations, signaled by the University fire alarm, weather siren, or other warning systems, may occur during this class period. Instructions issued by the teacher or other university personnel should be followed and may include to “shelter”, to “evacuate”, or to “barricade” in the room.

When “sheltering”, students should walk calmly to the nearest Severe Weather Shelter Area (green and white wall-mounted signs). Students should assemble in this area, sitting in the hallway, so all classmates can be accounted for.

When “evacuating”, students should walk calmly down the hall to the nearest designated exit. Cross the concourse and assembly in the grassy knoll in front of Cater Hall. Students should gather in the grassy knoll so all classmates can be accounted for.

When “barricading” in the room, turn out the lights, draw the blinds, turn off computers and cell phones, barricade the door, stay away from windows, and crouch behind furniture, next to a wall.

Additional information is available on the Risk Management and Safety Office emergency preparedness website (www.auburn.edu/rms/emergency.html).

AUBURN UNIVERSITY
DEPARTMENT OF COMMUNICATION DISORDERS
CMDS 8510 CLINICAL LEVEL IV

FACULTY: **Martha Wilder Wilson, AuD, CCC-A**

OFFICE: Haley Center, room 1187
(334) 844-9611
paxtomw@auburn.edu

OFFICE HOURS: Monday, 4:00-5:00
Thursday, 8:00-9:00
Friday, 1:00-2:30

TEXTS:
Hall, J, "Handbook of Auditory Evoked Potentials", Allyn and Bacon, 1992

Hood, L, "Clinical Applications of the Auditory Brainstem Response", Singular Publishing Group, Inc., 1998

Clinical Level IV competency list

COURSE DESCRIPTION:

This course covers physiological test procedures and protocols, including auditory evoked potentials such as auditory brainstem response (ABR), electronystagmography (ENG), video nystagmography (VNG), and electrocochleography (ECochG).

Before a student is approved for a clinical internship, the student must successfully progress through four levels of clinical competencies in audiological test procedures, advanced test procedures, test interpretation, amplification, and patient management. The student must successfully complete Clinical Level I (CMDS 5230) and Clinical Level II (CMDS 5320) before enrolling in this course.

To ensure effective and efficient clinical learning, this course may be offered mid-semester to mid-semester of the following academic semester. For example, the course may start in the middle of fall semester and conclude by the middle of spring semester. The final examination will be given no later than mid-semester of second semester.

LEARNER OUTCOMES:

Specific conceptual and clinical objectives of this course include items covered in ASHA's "Knowledge and Skills Acquisition" (KASA) system. The learner outcomes may be measured by any of the following: written final examination (1), oral final examination (2), homework (3), laboratory exercises (4), and classroom participation (5).

Standard IV-D: **The applicant must be competent in the evaluation of individuals with suspected disorders of auditory, balance, communication, and related systems.**
Related knowledge and skills subsets include:
Standard IV-D 3. Obtain a case history
Standard IV-D 6. Administer clinically appropriate and culturally sensitive assessment measures
Standard IV-D 7. Perform audiologic assessment using physiologic, psychophysical, and self-assessment measures.
Standard IV-D 8. Perform electrodiagnostic test procedures
Standard IV-D 9. Perform balance system assessment and determine the need for balance rehabilitation
Standard IV-D 11. Document evaluation procedures and results
Standard IV-D 12. Interpret results of the evaluation to establish type and severity of disorder
Standard IV-D 13. Generate recommendations and referrals resulting from the evaluation process

1. Student will obtain accurate and appropriate Performance Intensity/Phonetically Balanced (PI/PB) function (2, 3, 4)
2. Student will obtain accurate and appropriate tone decay tests (2,3,4)
3. Student will obtain accurate acoustic reflex decay test results (2,3,4)
4. Student will determine appropriate clinical application of auditory evoked potential procedure (i.e. latency intensity function ABR, auditory-neural function ABR, or electrocochleography) (1,2,5)
5. Student will obtain accurate ABR latency intensity function for clicks and tone bursts (2,3,4)
6. Student will obtain accurate ABR at various click rates using clicks and tone bursts (2,3,4)
7. Student will obtain accurate bone conduction ABR using clicks (2,3,4)
8. Student will obtain accurate electrocochleography (ECochG) results (2,3,4)
9. Student will select appropriate tests and procedures for vestibular function and balance assessment (1,2, 4, 5)
10. Student will obtain accurate electronystagmography (ENG) results (3,4)
11. Student will obtain accurate video nystagmography (VNG) results (3, 4)
12. Student will demonstrate ability to obtain pertinent case history effectively, accurately, and with minimal expenditure of time (1,2, 5)
10. Student will demonstrate ability to interpret test data accurately to level of comprehension of client (1,2, 4, 5)
11. Student will prepare organized and accurate reports (3)
12. Student will present pertinent and accurate case history information
13. Student will make appropriate recommendations (1,2,5)
14. Student will make appropriate referrals(s) (1,2,5)

15. Student will complete necessary post-evaluation activities

SEQUENCE OF TOPICS AND SCHEDULE:

March 31, 2010	Tone decay tests; acoustic reflex decay
April 7, 2010	ABR protocol (click stimuli; rate study)
April 14, 2010	ABR protocol (tone burst, latency intensity function)
April 21, 2010	ABR protocol (bone conduction; latency intensity function)
April 28, 2010	Behavioral thresholds for bone oscillator
May 26, 2010	Orientation to vestibular system
June 2, 2010	History intake for dizzy patient
June 9, 2010	ENG/VNG test battery
June 16, 2010	ENG/VNG test battery
June 23, 2010	Mid-semester meetings
June 30, 2010	ECochG
July 7, 2010	VEMP
July 14, 2010	In-office assessment; bedside evaluation of dizzy patient
July 21, 2010	Vestibular rehabilitation
July 28, 2010	Integration of test findings and diagnosis

LABORATORY EXPERIENCES:

Depending upon the clinical experiences of the students, different AEP and vestibular tests will be demonstrated in the audiology test suite. Equipment set-up, test administration, and interpretation will be described. Students will practice test administration with another student.

COURSE REQUIREMENTS:

Students are expected to attend all scheduled class meetings and clinical experiences. Absence from class or clinical experiences may negatively affect the final grade due to lack of class participation.

Students are advised to read all material indicated in the text in addition to class notes. Homework assignments and clinical practice will be assigned throughout the semester.

No make-up exams or rescheduling of exams will be permitted without a university excuse or written physician's excuse for personal illness. You must check in the student health center during the exam period and obtain a written excuse. Notify Dr. Wilson within 24 hours of a missed exam. Arrangements must be made to reschedule the exam as soon as possible.

Students can contact the instructor by telephone or email. The instructor will make every effort to respond to inquiries within 24 hours.

GRADING POLICY:

Homework assignments and laboratory experiences will be given throughout the semester. Clinical practice and activities include:

Class attendance and participation = 1 point
Acoustic Reflex decay test = 2 points
Auditory Brainstem Response (ABR) test (rate study) = 8 points
ABR tone burst threshold determination = 2 points
ABR latency intensity function (tone burst) = 7 points
Gans Sensory Organization Performance (SOP) test = 1 point
Videonystagmography and electronystagmography test batteries (2) = 25 points
- Ocular motor tests
- Positional tests
- Dix Hallpike maneuver
- Bi-thermal caloric tests

Vestibular Myogenic Potential test = 4 points

The final examination for Clinical Level IV consists of an oral portion and a written portion. The final examinations contribute 50% to the final grade. Outcomes, as specified in the syllabus, will be measured during the practical examination.

Written examination	
ABR test results for adult	10 points
ABR test results for child	10 points
Oral examination (ABR, ENG, VNG)	30 points

Students must receive a grade of "C" or better in this clinical level. Students earning a grade of "D" or "F" will be required to repeat this course. Students may withdraw from this course (with a W on the transcript) by mid-semester, but withdrawal from this class may affect the student's progression through the AuD program and delay graduation.

A scale of 90-100% = A, 80-89% = B, 70-79% =, 60-69% = D, and 59% and below = F will be used to assign the final grade.

STUDENT EVALUATION OF COURSE AND PROFESSOR:
Students will be asked to complete the appropriate IAS evaluation instrument at the end of the course. In addition, written comments can be made anonymously on the comment form.

ACADEMIC HONESTY:
Honesty is expected in this class at all times. Violations will be reported to the Academic Honesty Committee, according to the procedures outlined in the Tiger Cub.

STUDENTS WITH DISABILITIES:
Students with disabilities who may need accommodations should meet with Tracy Donald, Director of the Program for Students with Disabilities, 1244 Haley Center, 844-2096 (V/TT). Then, the student should arrange a meeting with Dr. Wilson during her office hours the first week of classes, or as soon as

possible, if accommodations are needed immediately. If a student has a conflict with the office hours, an alternate time can be arranged. The student should contact Dr. Wilson by e-mail to schedule a meeting. The student should bring a copy of the Accommodation Memo and an Instructor Verification Form to the meeting.

EMERGENCY PROCEDURES:

Situations, signaled by the University fire alarm, weather siren, or other warning systems, may occur during this class period. Instructions issued by the teacher or other university personnel should be followed and may include to "shelter", to "evacuate", or to "barricade" in the room.

When "sheltering", students should walk calmly to the nearest Severe Weather Shelter Area (green and white wall-mounted signs). Students should assemble in this area, sitting in the hallway, so all classmates can be accounted for.

When "evacuating", students should walk calmly down the hall to the nearest designated exit. Cross the concourse and assembly in the grassy knoll in front of Cater Hall. Students should gather in the grassy knoll so all classmates can be accounted for.

When "barricading" in the room, turn out the lights, draw the blinds, turn off computers and cell phones, barricade the door, stay away from windows, and crouch behind furniture, next to a wall.

Additional information is available on the Risk Management and Safety Office emergency preparedness website (www.auburn.edu/rms/emergency.html).

AUDIOLOGY CLINICAL COMPETENCIES CHECKLIST

NAME_____ SS#_____

Competency			
LEVEL 1	Observed	completed	Date
1. PERFORMANCE OF AUDIOLOGICAL TEST BATTERY			
A. Pure tone air conduction			
B. Pure tone bone conduction			
C. Masking for air conduction			
D. Masking for bone conduction			
E. Speech Recognition Threshold (SRT)			
F. Masking for SRT			
G. Word Recognition testing (quiet, noise)			
H. Masking for word recognition testing			
I. Tympanometry (multi frequency & gradient)			
J. Acoustic reflexes (ipsilateral and contralateral)			
K. Otoacoustic emissions			
2. INTERVIEWING TECHNIQUES (appropriate to level)			
A. Demonstrate ability to obtain culturally sensitive and pertinent case history effectively, accurately, and with minimal expenditure of time			
B. Demonstrate ability to interpret test data accurately to level of comprehension of client			
3. REPORT WRITING SKILLS (appropriate to level)			
A. Organized and well written			
B. Pertinent case history			
C. Interpretation of test data			
D. Proper recommendations			
E. Appropriate referral(s)			
F. Follow-up			
4. Perform and demonstrate understanding of calibration of audiometric equipment using biological measures			

Competency			
LEVEL 2	Observed	Completed	Date
1. PERFORMANCE OF TEST BATTERY			
A. Performance of audiometric tests			
1. Most comfortable loudness level			
2. Loudness discomfort levels			
B. Selection of appropriate amplification			
1. Technology			
2. Style			
3. Microphone array			
4. Other features			
5. Use of fitting software			
C. Earmold impressions			
D. Selection of appropriate earmold (style and acoustics)			
E. Hearing aid evaluation			
1. Behavioral assessment			
a. Speech audiometry			
b. Functional gain			
c. Assessment of directional microphone			
2. Real ear measurements			
a. Verification for linear amplification (NAL-R)			
b. Verification for non-linear amplification (DSL)			
c. Real ear to coupler measurements			
d. Loudness discomfort levels			
F. Outcome measures (e.g. COWS, COSI)			
G. Electroacoustic analysis			
H. Hearing instrument troubleshooting			
I. Hearing instrument/earmold maintenance			
2. NEED/SELECTION OF ASSISTIVE LISTENING DEVICES			
A. Personal FM system			
B. Sound field amplification			

3. TREATMENT			
A. Counseling for hearing aid candidacy			
B. Hearing instrument orientation			
C. Aural habilitation/rehabilitation			
4. DEMONSTRATE THROUGH DISCUSSION AND QUESTION-ANSWER UNDERSTANDING OF:			
A. Principles of hearing instrument evaluation procedures			
B. Interpretation of test results			
C. Outcome measures for patient satisfaction			
5. INTERVIEWING TECHNIQUES (appropriate to level)			
A. Demonstrate ability to obtain culturally sensitive and pertinent case history effectively, accurately, and with minimal expenditure of time			
B. Demonstrate ability to interpret test data accurately to level of comprehension of client			
6. REPORT WRITING SKILLS (appropriate to level)			
A. Pertinent case history			
B. Interpretation of test data			
C. Proper recommendations			
D. Appropriate referral(s)			
E. Follow-up			

Competency			
LEVEL 3	Observed	Completed	Date
1. PERFORMANCE OF TEST BATTERY			
A. MLD			
B. SSI (ICM, CCM) and PI-SSI function			
C. SSW			
D. Dichotic test procedures			
1. Dichotic digits			
2. DSI			
E. SCAN, SCAN-A, SCAN-C			
F. Pitch Pattern Sequence and Duration Pattern Sequence			
G. Auditory Continuous Performance Test (ACPT)			
H. Random Gap Detection Threshold(RGDT)			
I. Pediatric audiometry			
1. Pediatric test protocol			
2. Conditioned play audiometry			
3. CORA			
4. BOA			
5. NU-CHIPS; WIPI			
6. PSI (ICM, CCM)- words and sentences			
J. Non-organic test procedures			
1. Stenger			
2. DEMONSTRATE THROUGH DISCUSSION AND QUESTION ANSWER UNDERSTANDING OF:			
A. Principles of test procedures			
B. Diagnostic significance			
C. Interpretation of test results			
3. INTERVIEWING TECHNIQUES (appropriate to level)			
A. Demonstrate ability to obtain culturally sensitive and pertinent case history effectively, accurately, and with minimal expenditure of time			

	B. Demonstrate ability to interpret test data accurately to level of comprehension of client			
		Observed	Completed	Date
	C. Demonstrate ability to effectively counsel parent/guardian regarding child's hearing disorder; including educational, social, speech-language development			
	D. Demonstrate ability to effectively counsel patient regarding hearing disorder and implications for management			
4.	REPORT WRITING SKILLS (appropriate to level)			
	A. Pertinent case history			
	B. Interpretation of test data			
	C. Proper recommendations			
	D. Appropriate referral(s)			
	E. Follow-up			

Competency			
LEVEL 4	Observed	Completed	Date
1. PERFORMANCE OF SITE OF LESION AUDIOMETRIC TESTS			
A. PI/PB function			
B. Tone decay			
C. Acoustic reflex decay			
2. PERFORMANCE OF PHYSIOLOGICAL TESTS			
A. ABR			
1. Neurological procedure			
2. Latency- intensity function			
3. Tone bursts			
4. Bone conduction			
B. ENG/VNG			
1. Ocular motor tests			
2. Positional tests			
3. Dix – Hallpike maneuver			
4. Bithermal calorics			
3. DEMONSTRATE UNDERSTANDING OF:			
A. Bone conduction ABR			
B. Auditory Steady State Response			
C. ECochG			
D. Functional vestibular assessment			
4. DEMONSTRATE THROUGH DISCUSSION AND QUESTION-ANSWER UNDERSTANDING OF:			
A. Principles of test procedures			
B. Diagnostic significance			
C. Interpretation of test results			
5. INTERVIEWING TECHNIQUES (appropriate to level)			
A. Demonstrate ability to obtain culturally sensitive and pertinent case history effectively, accurately, and with minimal expenditure of time			
B. Demonstrate ability to interpret test data accurately to level of comprehension of client			
C. Demonstrate ability to effectively counsel patient regarding balance issues and fall prevention			
6. REPORT WRITING SKILLS (appropriate to level)			
A. Pertinent case history			
B. Interpretation of test data			
C. Proper recommendations			
D. Appropriate referral(s)			
E. Follow-up			

Documentation of Practicum Hours

ASHA HOURS DOCUMENTATION

1. OBSERVATION
   A. The student should document observation of specific audiological and hearing aid procedures on the Clinical Competencies Checklists.
   B. ASHA standards indicate that the student must have sufficient observation of a particular procedure or service prior to conducting the procedure or providing such service.
2. CLINICAL HOURS
   A. The Daily Work Log is the weekly record of services rendered at the Hearing Clinic (see Clinic Forms). The administrative secretary bills from this log. It is also used to verify ASHA hours earned by clinicians. It is located on the desk next to the faculty mailboxes. Due to its important record keeping function, it is imperative the log be completed as follows:
      Enter the date of the service
      Record the length of the session
      Record the place of service
      Record the clinician's name
      Record the instructor's name
      Record the client's name
      Indicate the type of service (i.e.HE, HAE, ABR)
      Indicate if child (C) or adult (A)
      Initial the entry
   B. The ASHA HOUR LOG-AUDIOLOGY is the record kept by each audiology clinician of ASHA hours earned during the semester. Hours on this log must correspond with those posted on the Daily Work Log. This form is submitted weekly by Friday afternoon for verification by the designated faculty member. Audiology clinicians should retain a copy of weekly ASHA Hour Log forms.
   C. Students in CMDS 5910 who make a grade of D or lower <u>will not receive ASHA hours</u> for that semester.
   D. At the end of each semester, a Semester Summary of Supervised Clinical Practicum form (see Clinic Forms) must be submitted.
      1. The form is usually completed during the last CMDS 5910 class meeting. At that time, a handwritten draft of the form with the correct number of ASHA hours must be submitted to the designated clinical professor/instructor for verification. <u>Anyone failing to attend this meeting will lose all ASHA hours for the semester.</u>
      2. <u>Anyone failing to submit a Semester Summary of Supervised Clinical Practicum form before leaving campus at the end of a semester will lose all ASHA hours for that semester.</u>
      3. Hours submitted on the form must be rounded to the nearest quarter-hour, expressed in decimals (i.e. 33.75 hours).
      4. <u>The final form must be typed.</u> A computer template is available.

5. The forms must be complete and accurate; no typographical errors or "white-outs" will be accepted. (A photocopy is acceptable for the student's copy, but the faculty member's signature should be original).
6. The final form must be prepared in duplicate.
7. If any errors or discrepancies are noted, the forms will be returned to the student to be re-typed. The corrected versions, and the originals, must be submitted for verification as described below.
8. The student must ensure the clinical instructor has verified the hours earned and appropriate faculty members have signed the forms. The Semester Summary of Supervised Clinical Practicum forms must be submitted for signature(s) at the end of the semester in which the hours are earned.
9. One copy of the form is placed in the departmental files for the student. Other copies are returned to the student.
10. The student is responsible for retaining her/his copy, after the original copy is filed. Students will not have access to the departmental files.
11. During the final semester before graduation, the signed Semester Summary of Supervised Clinical Practicum form must be submitted to the designated faculty member no later than the third day of finals prior to graduation day. If the final Summary form is not submitted on time, the student will receive an incomplete for CMDS 5940, which will delay graduation.
12. Students in CMDS 5910 who make a grade of D or lower <u>will not receive ASHA hours</u> for that semester.

AUDIOLOGY WE. _Y ASHA HOUR LOG

NAME_____ **WEEK OF**_____ **, 20** _____

Children

Date	Client's Name	Site	Instructor	Amplification Selection & Use	Evaluation	Treatment	Related Disorders	Staffings
WEEKLY CHILDREN TOTALS								

Adults

Date	Client's Name	Site	Instructor	Amplification Selection & Use	Evaluation	Treatment	Related Disorders	Staffings
WEEKLY ADULT TOTALS								

CUMULATIVE ASHA TOTALS					

AUBURN UNIVERSITY SPEECH AND HEARING CLINIC
SEMESTER SUMMARY OF
SUPERVISED CLINICAL PRACTICUM IN AUDIOLOGY

Clinician _____ Semester _____ Total Hours in Audiology _____

Cumulative AUDIOLOGY Totals Per Practicum Site: _____ HRS. @ AUSHC _____ HRS. @ _____ _____ HRS. @ _____

a: Children

Supervisor's Full Name	Supervisor's ASHA Account Number	Supervisor's CCC Area	Practicum Site	Practicum Completion Date	Total Hours
Children				Semester Totals:	
				Previous Totals:	
				Cumulative Totals:	

b: Adults

Adults				Semester Totals:	
				Previous Totals:	
				Cumulative Totals:	

Clinician _____ Semester _____

CLINICAL PRACTICUM IN SPEECH-LANGUAGE PATHOLOGY (for students in audiology)

Supervisor's Full Name	Supervisor's ASHA Account Number	Supervisor's CCC Area	Practicum Site	Practicum Completion Date	Evaluation / Screening	Treatment
				Semester Totals:		
				Previous Totals:		
				Cumulative Totals:		

SUMMARY OF CLINICAL PRACTICUM HOURS

Total Hours In Audiology: _____

Total Hours in Speech-Language Pathology: _____

DOCTOR OF AUDIOLOGY PROGRAM
CUMULATIVE DOCUMENTATION OF CLINICAL EXPERIENCES

CLINICIAN _____

	Fall #1 20____	Spring #1 20____	Summer #1 20____	Fall #2 20____	Spring #2 20____	Summer #2 20____
Walk-ins						
CRS Hearing Clinic						
Adult Aural Rehabilitation						
"WOW" Wednesday						
AUM Clinic						
Off Campus Sites (Steve Smith)						
AUSHC Clients						
Cochlear Implant						
Newborn Hearing Screening						
NSSLHA Free Screening						
Off Campus Screenings						
Speech Hours						
Attend Conference/Workshop						
Presentation/Publication						
Materials/Equip./Test Presentation						
Other (Specify)						

Patient Information

AUBURN UNIVERSITY SPEECH AND HEARING CLINIC
1199 HALEY CENTER, AUBURN, AL 36830
(334) 844-9600 [www.aushc.org]

NAME_____ BIRTH DATE_____AGE_____
(Mr. Mrs. Ms. Dr.)
ADDRESS_____ CITY_____

STATE_____ZIP _____ EMAIL_____

PHONE # Home_____ Work_____ Cell_____

Occupation_____If retired, previous occupation_____

Military service: _____Dates:_____

Referred by_____Primary Care Physician_____

Mail report to:

Name_____Address_____

Name_____Address_____

How did you hear about AUSHC?_____

Primary complaint_____

Do you have hearing problems? Yes No (circle answers) Right ear, left ear, both ears?

Consistent or fluctuating? Gradual or sudden? Date of onset_____

COMMUNICATION PROBLEMS (Check all items that apply)

___Face-to-face	___Noisy situations	___Auditoriums
___Close proximity	___In groups	___Theater
___Outside	___In the car	___Church service
___At a distance	___Music	___Television
___Direction of sound	___Telephone	___Radio

RELATED COMPLAINTS (Check all that apply)

___Ear/head noises	___Headaches	___Speech problems
___Ear pain	___Dizziness	___Language problems
___Ear drainage	___Balance/unsteady	___Noise exposure
___Ear fullness	___History of falls	___Familial history of hearing loss
___Visual defects	___Nausea	___Facial numbness/tingling

Other_____

Do you use a cane, walker or wheelchair?_____

GENERAL HEALTH (Check all that apply)

___ear infections	___high blood pressure	___pneumonia
___ear surgery	___stroke (CVA)	___bronchitis
___ear tubes	___heart attack	___asthma
___high fever	___heart surgery	___allergies
___seizures	___circulatory problems	___viral infections
___diabetes	___anemia	___URIs
___low blood sugar	___high cholesterol	___neck injury
___meningitis	___memory deficits/dementia	___TBI
___thyroid disorder	___kidney disease	___cancer

Have you taken any of the following medications in the past 2 years? (check all that apply)

___Streptomycin	___Neomycin	___Kanamycin	___Quinine
___chemotherapy	___Aspirin	___Anti-inflammatory	___diuretics

List current medications_____

_____

_____

HEARING AID USE (Check all that apply)

___No experience	___Wearing aid now	Make_____
___Trial use only	___Satisfactory	Model_____
___Past experience	___Not adequate	Style_____
	Ear(s)_____	Date purchased_____
		Where purchased_____

ADDITIONAL COMMENTS_____

_____

_____

_____

_____

_____

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1199 HALEY CENTER, AUBURN, AL 36849
(334) 844-9600; Fax (334) 844-4585
www.aushc.org

IDENTIFYING INFORMATION

Child's name	Birthdate	Age	Sex
Address	City	State	Zip
Person completing form		Relationship	
Referral source	Address	City	State

REASON FOR TESTING (check all the apply)

	Hearing		Speech/language		Attention
	Academic		Reading/phonics		Other

FAMILY INFORMATION

Mother's name	email	Occupation	
Address	City	State	
Evening phone	Cell phone		
Father's name	email	Occupation	
Address	City	State	
Evening phone	Cell phone		

PARENTS MARITAL STATUS

___Married ___Single ___Separated ___Divorced ___Adoptive ___Foster Care

OTHER CHILDREN IN FAMILY

Name	Age	Sex	Grade level	Any hearing, speech, language, learning or medical problems

PHYSICIANS (pediatrician, otologist, neurologist)

Name	Address	City	State	Zip

BIRTH HISTORY

	Yes	No		Yes	No
Problems during pregnancy			Difficulty breathing		
Prenatal alcohol exposure			Anoxia; resuscitated		
Prenatal drug exposure			Assisted Ventilation		
Premature birth			NICU more than 5 days		

Normal delivery			IV antibiotic(s)		
Low birth weight			Toxoplasmosis		
Blood (Rh) incompatibility			Cytomegalovirus		
Jaundiced (light therapy)			Bacterial meningitis		
Jaundiced (blood transfusion)			Herpes simplex virus		
Defects of head, neck or ears			Other infection(s)		

HEARING AND EAR HISTORY

	Yes	No
Has your child been diagnosed with a hearing loss?		
Does your child wear hearing aids?		
Does the hearing ability fluctuate?		
Does your child respond to her/his name?		
Does your child look to the sound source when a noise is made?		
Does your child enjoy listening to music?		
Does you child respond to loud sounds?		
Does your child respond to speech when facing the speaker?		
Does your child respond to speech with back to speaker?		
Does your child respond to speech from another room?		
Does your child respond to whispered or soft speech?		
Does your child respond to faint sounds or sounds at a distance?		
Does your child have difficulty understanding what is said?		
Is your child sensitive to loud sounds?		
Does your child complain of noises in the ears or head?		
Does your child experience dizziness or imbalance?		
History of ear infections ages 0-2 years		
History of ear infections ages 2-4 years		
History of ear infections ages 4-6 years		
History of ear surgeries (i.e. tubes)		

HEALTH INFORMATION

	Yes	No
Medical conditions (specify)		
Cerebral palsy		
Cleft palate, cleft lip		
Kidney problems		
Heart disease		
Significant infections (i.e. mumps, measles, pneumonia, RSV, hepatitis)		
Cancer		
History of seizures, convulsions		
History of headaches		
History of head trauma, injuries		
History of falls, accidents		
Vision problems		
Allergies, upper respiratory infections, frequent colds		
Asthma		
Surgeries		

Taking medications		
History of noise exposure (i.e. gunfire, machinery, loud music)		

DEVELOPMENTAL HISTORY

	Yes	No
Developmental disability		
Hyperactivity		
Attention deficit disorder		
Autism or Asperger's syndrome		
Emotional/behavioral disorder		
Physical therapy		
Occupational therapy		

SPEECH AND LANGUAGE SKILLS INFORMATION

	Yes	No
Do you have concerns about your child's speech and language skills?		
Delay in speech and language development		
Small vocabulary compared with peers		
Poor grammar usage		
Does not speak clearly		
Dysfluencies (stuttering)		
Speech therapy now or in the past		

SCHOOL/EDUCATIONAL INFORMATION

Name of school	
Address	
Grade	
Best subject	
Most difficult subject	
Problems in school?	
Special Services (specify)	
Does child have IEP? 504?	
Any grade repeated?	

FAMILY HISTORY (Description of problem, relationship to child)

Hearing loss	
Ear disease, surgery	
Neurologic problems	
Speech problems	
Learning problems	
Auditory processing problems	
Hereditary conditions	

AUBURN UNIVERSITY
AUDIOLOGY CLINIC

1199 Haley Center, Auburn, AL 36849-5232 (334) 844-9600

BALANCE AND DIZZINESS QUESTIONNAIRE

PATIENT:_____ DOB:_____ AGE:_____

DATE:_____ AUDIOLOGIST:_____

Description of first episode:
"Dizziness" means different things to different people. Please describe in detail your "dizziness". Include a description of your initial episode.

_____
_____
_____
_____

Description of your symptoms:

VERTIGO (illusion of motion)

Yes	No	
☐	☐	"Dizzy"
☐	☐	You are spinning/moving/being pulled with room still (eyes open/eyes closed)
☐	☐	You are still but room is spinning/moving/tilting (eyes open/eyes closed)

NEAR-SYNCOPE (impending faint)

☐	☐	Drop-like attacks
☐	☐	Black-out
☐	☐	Loss of consciousness

DISEQUILIBRIUM (unsteadiness)

☐	☐	Loss of balance when walking
☐	☐	Tendency to veer to right
☐	☐	Tendency to veer to left
☐	☐	History of falls
☐	☐	Tendency to fall to right
☐	☐	Tendency to fall to left
☐	☐	Tendency to fall forward
☐	☐	Tendency to fall backward
☐	☐	Difficulty walking in the dark
☐	☐	Difficulty walking on uneven surface (i.e. grass, plush carpet)
☐	☐	Need support when standing up
☐	☐	Difficulty bending/stooping

LIGHTEDHEADEDNESS

Yes	No	
☐	☐	Wooziness
☐	☐	Swimming sensation in head
☐	☐	Pressure in head

NATURE OF SYMPTOMS:

☐	☐	Continuous, constant or
☐	☐	Episodic/intermittent
☐	☐	Spontaneous (occurs without warning) or
☐	☐	Symptoms occur, warning of oncoming episode

Episodes/attacks provoked by:

☐	☐	Motion
☐	☐	Visual stimuli
☐	☐	Head posture
☐	☐	Body position
☐	☐	Turning over in bed
☐	☐	Symptom free between episodes
☐	☐	Dizziness progressively becoming worse
☐	☐	Dizzy after exertion or overwork
☐	☐	Dizzy when you have not eaten
☐	☐	Dizziness related to menstrual cycle

When did symptoms first occur_____

When was last attack_____

Frequency of episodes_____

Duration of episodes_____

RELATED HISTORY:

Yes	No	
☐	☐	Flu/upper respiratory infection
☐	☐	Head or neck injury
☐	☐	Lower back injury
☐	☐	Cardiovascular disease (i.e. hypertension, stroke)
☐	☐	Headache
☐	☐	Familial history of headaches
☐	☐	Use of ototoxic drugs
☐	☐	Visual disorder
☐	☐	New glasses or change in lens prescription
☐	☐	Neurological disorder
☐	☐	Neuromuscular disorder
☐	☐	Orthopedic problem
☐	☐	History of infectious disease
☐	☐	Toxic chemicals (i.e. sprays, paints) handled on regular basis

Yes	No	
☐	☐	Diabetes (insulin and/or medication)
☐	☐	History of barotrauma
☐	☐	History of psychological/psychiatric disorder
☐	☐	Use of tobacco
☐	☐	Use of alcohol

OTOLOGICAL HISTORY:

☐	☐	Hearing loss
☐	☐	Tinnitus (noises in ears or head)-describe:_____
☐	☐	Tinnitus changes (loudness, pitch) when dizzy
☐	☐	Fullness or pressure in ears
☐	☐	Pain in ears
☐	☐	Numbness of face
☐	☐	Tingling around mouth
☐	☐	Nausea and/or vomiting

RELATED SYMPTOMS:

☐	☐	Visual blurring
☐	☐	Double vision
☐	☐	Objects "jumping" during head motion
☐	☐	Spots or lights in front of eyes
☐	☐	Numbness or clumsiness in arms and/or legs
☐	☐	Difficulty swallowing
☐	☐	Confusion or disorientation

LIST MEDICATIONS:

_____

_____

_____

_____

_____

AUBURN UNIVERSITY
SPEECH AND HEARING CLINIC
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(334) 844-9600

TINNITUS AND HYPERACUSIS CLINIC

Patient Questionnaire

Name:_____ Date:_____
Last First M.I.
Address:_____
Street City State Zip
Date of Birth:_____ Age:_____

Referred by:_____
Name Address

1. When did you first become aware of having tinnitus?_____

2. If you have hyperacusis (hypersensitivity to loud sounds), when were you first aware of this problem?_____

3. In which ear is your tinnitus (right, left, both, not in the ears, in the head)?_____

4. If your tinnitus is in both ears, is one side louder than the other?_____

5. What does your tinnitus sound like (for example; ringing, crickets, humming, etc.)?_____
_____

6. Is the volume of tinnitus stable, or does it change?_____

   Is it a pulsing sound that changes in time with your heart beat?_____

7. What seems to make the tinnitus/hyperacusis change?_____
_____

8. Is it made worse by exposure to sound?_____

   If so, for how long is your tinnitus worse than normal after sound exposure?_____

9. List all methods, procedures, medications, or devices you have tried for your tinnitus, and the treatment outcomes (include an additional sheet if necessary)._____
_____

10. Have you seen ear specialists about your tinnitus?_____ How many?_____

    What were you told?_____

11. Do you have a hearing loss?_____ If so, please describe._____

_____

12. Do you wear a hearing aid(s)?_____

13. Are you uncomfortable around certain sounds?_____

14. Do you wear ear protection (plugs or muffs)?_____

If so, about what percentage of time do you wear them?_____

15. Do you wear ear protection in quiet situations?_____

16. Do you experience pain in the ears from loud sounds?_____

17. Have you ever worked anywhere that exposed you to continuous loud noise?_____

18. Estimate the percentage of time over the past month that you have been aware of the tinnitus._____

19. Estimate the percentage of time over a month period (not counting sleeping) when you are:
    a. In a quiet environment (e.g., quiet home; you can be understood even when speaking softly) _____%
    b. Moderate environment (e.g., average street, office, restaurant) _____%
    c. Loud environment (noisy work place, very loud radio or TV) _____%

20. Are there any activities that you are prevented from doing, or that are affected by the tinnitus/hyperacusis? **Indicate with an "X" your answers in the areas below.**

Activity	Tinnitus			Hyperacusis		
	Yes	No	Not Sure	Yes	No	Not Sure
Concentration						
Falling Asleep						
Staying Asleep						
Restaurants						
Social Events						
Church						
Sports Events						
Quiet activities (such as reading)						
Concerts						
Other						

21. Do you feel depressed?_____ If so, please explain why._____
_____

22. Did you have any depression or anxiety before the onset of tinnitus or hyperacusis?_____
If so, when?_____

23. What medications are you currently taking, and what is each for (use additional sheet if necessary?_____
_____

24. Do you have any legal action pending in relation to your tinnitus or hyperacusis, or are you planning legal action?_____

25. On the scale of 0 to 10 (0 = none; 10 = totally ruined), indicate the influence tinnitus and hyperacusis have on your life._____

26. Rank (indicate by a number) how much these concern you (1 = most; 3 = least):
_____ tinnitus _____ hyperacusis _____ hearing loss

27. Please write below any other information related to your tinnitus or hyperacusis._____
_____
_____
_____
_____

SPEECH AND HEARING CLINIC
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Auburn, University, AL 36849
(334) 844-9600

COMPONENTS OF FORMAL AUDIOLOGICAL TINNITUS CONSULTATION

- patient completes initial interview form and the Tinnitus Handicap Inventory (usually before consultation begins
- obtain a thorough medical history, including prescription drugs, non-prescription medications, and herbal supplements
- following diagnostic assessment, the patient's audiologic and tinnitus findings are thoroughly explained and related to the patient's perceptions about tinnitus
- patient is given current information on tinnitus, and advised to contact the American Tinnitus Association
- the patient is emphatically told to avoid silence and urged to acquire and use consistently an environmental sound generator (available in the appliance section of most large department stores)
- all questions about tinnitus asked by the patient and accompanying persons (e.g., spouse, child, significant other) are carefully answered
- treatment options are reviewed and recommendations for management are given to the patient
- prepare a letter to be mailed to the patient and the patient's physician(s) as indicated summarizing the proceedings of the consultation, the diagnostic assessment, and recommendations for management

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Auburn, University, AL 36849
(334) 844-9600

TINNITUS HANDICAP INVENTORY

Instructions to patients: The purpose of the scale is to identify the problems your tinnitus may be causing you. Circle "yes", "sometimes", or "no" for each question.

Item *		**Patient response**
1. F	Because of your tinnitus, is it difficult for you to concentrate?	Yes Sometimes No
2. F	Does the loudness of your tinnitus make it difficult for you to hear people?	Yes Sometimes No
3. E	Does your tinnitus make you angry?	Yes Sometimes No
4. F	Does your tinnitus make you feel confused?	Yes Sometimes No
5. C	Because of your tinnitus do you feel desperate?	Yes Sometimes No
6. E	Do you complain a great deal about your tinnitus?	Yes Sometimes No
7. F	Because of your tinnitus, do you have trouble falling to sleep at night?	Yes Sometimes No
8. C	Do you feel as though you cannot escape your tinnitus?	Yes Sometimes No
9. F	Does your tinnitus interfere with your ability to enjoy social activities? (Such as going out to dinner or to the movies?)	Yes Sometimes No
10. E	Because of your tinnitus, do you feel frustrated?	Yes Sometimes No
11. C	Because of your tinnitus, do you feel that you have a terrible disease?	Yes Sometimes No
12. F	Does your tinnitus make it difficult for you to enjoy life?	Yes Sometimes No
13. F	Does your tinnitus interfere with your job or your	Yes Sometimes No

household responsibilities?

14. F	Because of your tinnitus, do you find that you are often irritable?	Yes	Sometimes	No
15. F	Because of your tinnitus, is it difficult for you to read?	Yes	Sometimes	No
16. E	Does your tinnitus make you upset?	Yes	Sometimes	No
17. E	Do you feel that your tinnitus problem has placed stress on your relationship with members of your family and friends?	Yes	Sometimes	No
18. F	Do you find it difficult to focus your attention away from your tinnitus and on other things?	Yes	Sometimes	No
19. C	Do you feel that you have no control over your tinnitus?	Yes	Sometimes	No
20. F	Because of your tinnitus, do you often feel tired?	Yes	Sometimes	No
21. E	Because of your tinnitus, do you feel depressed?	Yes	Sometimes	No
22. E	Does your tinnitus make your feel anxious?	Yes	Sometimes	No
23. C	Do you feel that you can no longer cope with your tinnitus?	Yes	Sometimes	No
24. F	Does your tinnitus get worse when you are under stress?	Yes	Sometimes	No
25. E	Does your tinnitus make you feel insecure?	Yes	Sometimes	No

* F = an item contained on the functional subscale; E = an item contained on the emotional subscale; C = an item contained on the catastrophic response subscale.

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SPEECH AND HEARING CLINIC
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(334) 844-9600

TINNITUS EVALUATION

Patient Name:_____ **Date:**_____

Tinnitus today? Right Left Head **Hyperacusis?** Yes No

Threshold for white noise: Right _____dB HL Left _____dB HL

Pitch match: Right _____Hz/NBN Left _____Hz/NBN

Threshold for tinnitus pitch: Right _____dB HL Left _____dB HL

Loudness match: Right _____dB HL @ Hz/NBN Left _____dB HL @ Hz/NBN

Minimum Masking Level (MML) with white noise:

Presentation	**Response**
Right	Right _____dB HL
	Left _____dB HL
	Both _____dB HL
Left	Right _____dB HL
	Left _____dB HL
	Both _____dB HL
Both	Right _____dB HL
	Left _____dB HL
	Both _____dB HL

Loudness Discomfort Levels (LDLs) in dB HL

	Right Ear	**Left Ear**
1000 Hz	_____	_____dB HL
2000 Hz	_____	_____dB HL
3000 Hz	_____	_____dB HL
4000 Hz	_____	_____dB HL
6000 Hz	_____	_____dB HL
8000 Hz	_____	_____dB HL
Speech	_____	_____dB HL

ADDITIONAL INFORMATION

(Record of testing, Professional Contacts, Reports received, Reports sent, Reports written, Letters sent, Parent conferences, Telephone calls, etc.)

DATE	INFORMATION

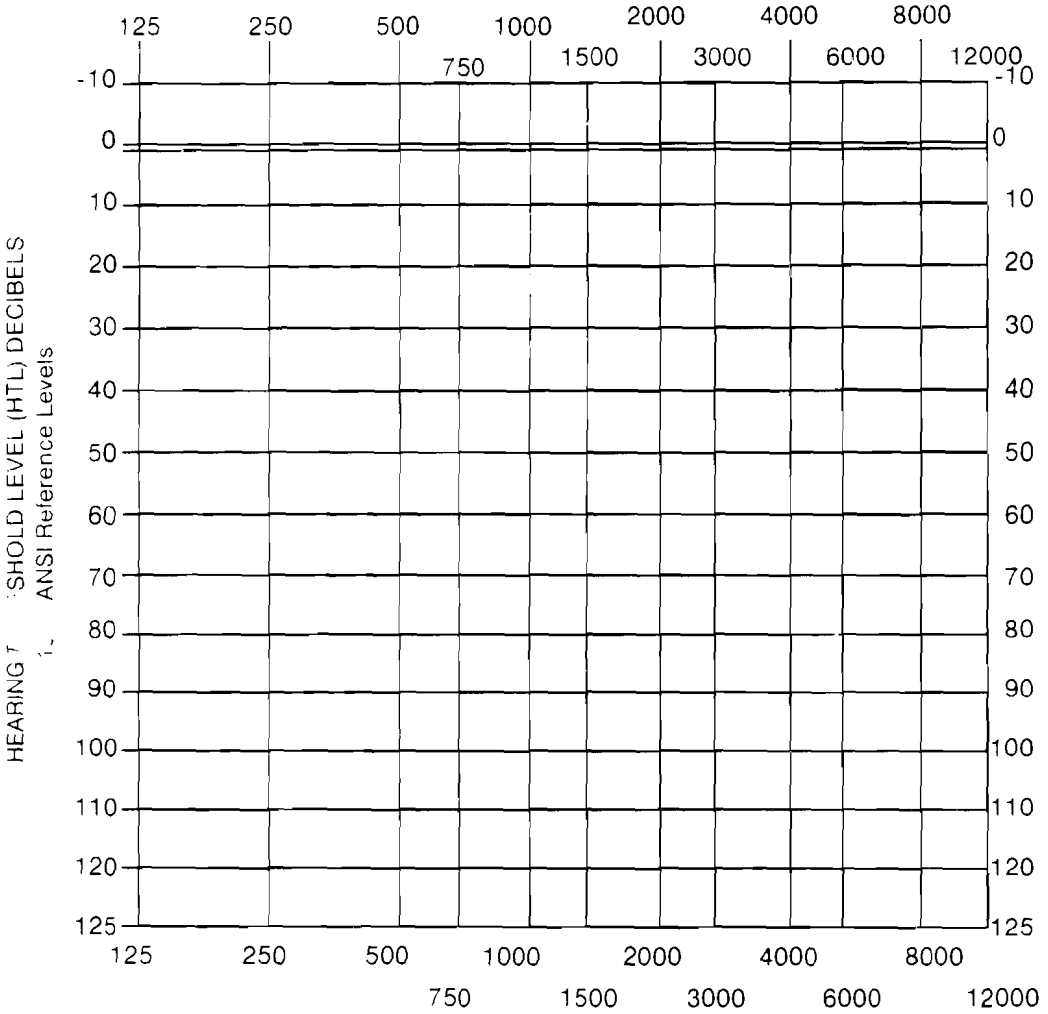
AUBURN UNIVERSITY

SPEECH & HEARING CLINIC
Dept. of Communication Disorders
1199 Haley Center–Auburn University, Alabama
Phone: 334/844-9600

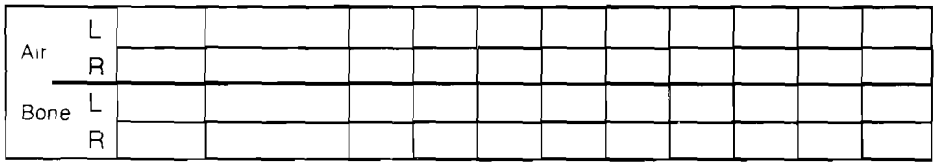
AUDIOLOGICAL RESULTS

Name: _____ Date: _____
Age. _____ Audiologist: _____
DOB: _____ Clinician(s): _____
Phone: _____ Referral Source: _____

FREQUENCY IN HERTZ



Masking Type:



AUDIOGRAM KEY	Right	Left
AC Unmasked	○	×
AC Masked	△	□
BC Unmasked	<	>
BC Masked	[	]
No Response Symbols	↙	↘
Better Bone	⊓	
	Unaided	Aided
Sound Field Thresholds	S	A

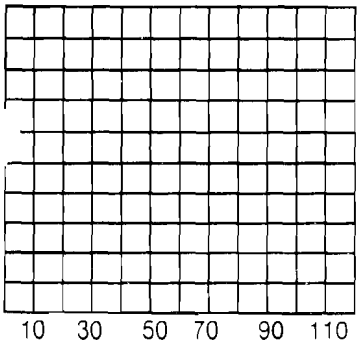
Test Reliability: _____

Audiometer: _____

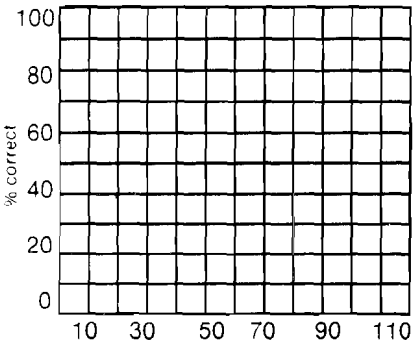
TUNING FORK TESTS

Freq.						
Ear	L	R	L	R	L	R
Rinné						
Weber						

PI Function For _____
Live Voice Rec. (Speech stimuli)



Function for SSI
(Synthetic Sentence Identification)



Summary of Test Results

		Right Ear (AD)	Left Ear (AS)
PTA1			
PTA2			
2 Frequency Average			
Sp. Reception Threshold			
Maximum Speech Discrimination ( ) Speech Stimuli LV Rec.	Quiet	% dBHL	% dBHL
	Ipsilateral Noise S/N Ratio =	% dBHL	% dBHL
Maximum SSI Score			
SSW			
MLD			
MCL			
UCL			
SAT			

AUBURN UNIVERSITY

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Dept. of Communication Disorders
1199 Haley Center–Auburn University, Alabama
Phone: 334/844-9600

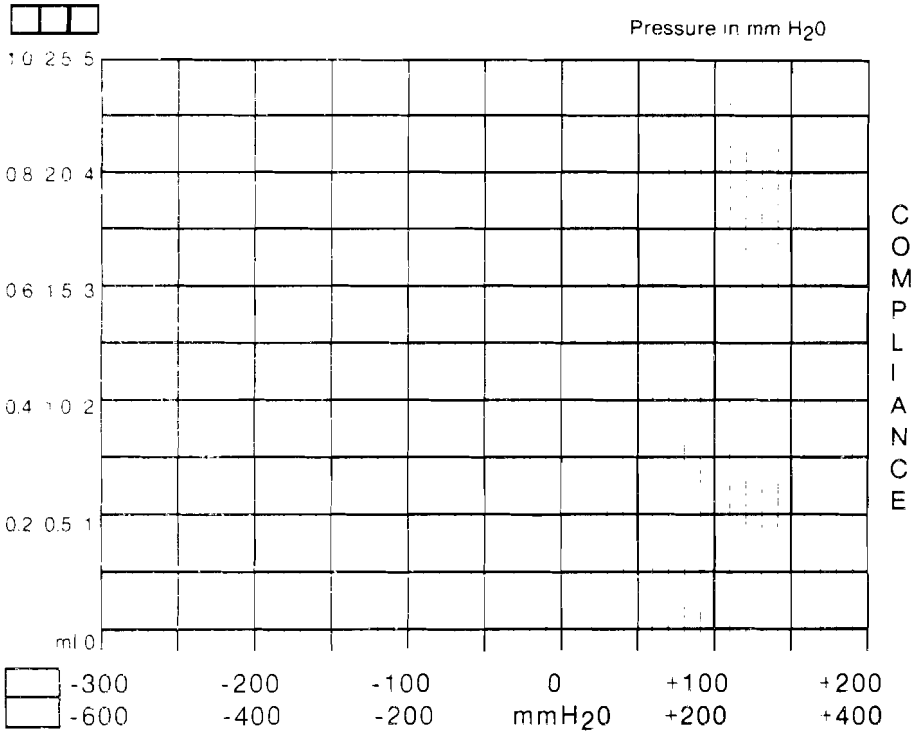
Acoustic Immittance Results

Name: _____

Date. _____

TYMPANOGRAM

Recording Sensitivity ☐☐☐



IMPEDANCE SUMMARY

	Right Ear	Left Ear
Type Tympanogram		
Middle Ear Pressure (mmH20)		
Static Compliance (c.c)		
Resting Canal Volume (c.c)		
Acoustic Reflex Thresholds (HL)		

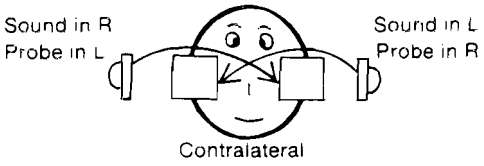
Reflex Decay
(+) Positive
(-) Negative

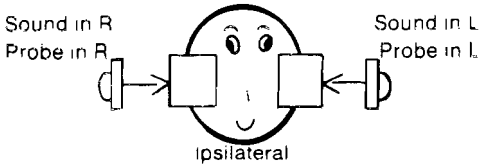
	Contra	Ipsi	Contra	Ipsi	
Ipsi ( ) / ( ) Contra	500 HZ				Ipsi ( ) / ( ) Contra
Ipsi ( ) / ( ) Contra	1000 HZ				Ipsi ( ) / ( ) Contra
Ipsi ( ) / ( ) Contra	2000 HZ				Ipsi ( ) / ( ) Contra
	4000 HZ				

Additional Comments

Acoustic Reflex Patterns

Key (1000) HZ	☐ Normal	▨ Abnormal	■ Absent





Air Conduction Thresholds Form

Name:_____ Clinic File Number:_____

Date of Evaluation	AIR CONDUCTION THRESHOLDS											
	500 Hz		1000 Hz		2000 Hz		3000 Hz		4000 Hz		Phone	ER-3A
	R	L	R	L	R	L	R	L	R	L		

Hearing Aid Forms

Hearing Aid Preparation Packet

Please take the time to read the following information before the delivery of your new hearing aid(s) and bring this packet back at your next appointment. This information will help you to become a more successful hearing aid user.

Realistic Expectations for Hearing Aid Use

- Hearing aids should allow you to hear many sounds that you may not be able to hear without hearing aids
- Hearing aids should allow you to understand speech more clearly and with less effort in a variety of listening situations
- Hearing aids should prevent normally loud sounds from becoming uncomfortably loud
- Hearing aids will not prevent sounds that are uncomfortably loud for normal hearing individuals from being uncomfortable
- Hearing aids may allow you to understand speech more clearly in some types of noisy situations
- Hearing aids will require time to attain your maximum performance potential as you gradually become accustomed to amplification (2 to 6 months)
- Hearing aids will not restore your hearing capabilities to "normal" or to pre-existing levels
- Hearing aids WILL NOT "filter out" background noise

CARE OF HEARING AIDS FOR ADULTS

The HEARING AID is a DELICATE instrument and should be handled CAREFULLY!!!!

- Do not leave the instrument in the hot sun or near any source of heat.

- Avoid dropping the hearing aid.

- Avoid getting the hearing aid wet. To ensure your aid is not damaged by water, take it off while bathing. Also be careful your hearing aids do not get wet while boating, washing the car, watering the lawn, or any other activity involving water. If the hearing aid gets wet, remove the battery, drain all water, dry with an absorbent cloth, and place in a warm (but not hot) place to dry. A **low** setting on a hair dryer may be used.

- If **moisture** is a problem, you may wish to purchase a **Dry & Store**. The Dry & Store is a unique electrical appliance that is recommended for daily use. It removes destructive moisture, dries ear wax for easy removal, kills bacteria that cause itching, irritated ears and infections of the external ear canal, removes odors as it conditions, and prolongs the life of hearing aid batteries. The Dry & Store can be purchased at this clinic.

- A **Dry-Aid kit** may also be purchased if **moisture** is a problem. The kit includes a container full of moisture absorbing crystals which will draw the moisture out of your hearing aid. The crystals can then be dried out in the oven and reused. The Dri-Aid kit can be purchased at this clinic.

- Make sure hands are clean before handling the hearing aid.

CHARACTERISTICS OF SUCCESSFUL CLIENTS:

- √ Motivation to attend and learn
- √ Motivation to examine long-standing communication behaviors
- √ Willingness to try new things
- √ Willingness to share insights and experiences with others
- √ Eagerness to learn from peers and interest in the success of other clients
- √ Willingness to involve family and friends in the process of improving communication
- √ Willingness to inform communication partners of the hearing loss and the associated needs
- √ Willingness to be assertive in managing the hearing loss
- √ Willingness to routinely wear hearing aids and use assistive technology whenever possible
- √ Willingness to develop new skills or knowledge as the result of participation
- √ Willingness to develop a sense of advocacy concerning the needs and rights of people with hearing impairments

*Taken from *Hearing Care for the Older Adult (83)*

AUBURN UNIVERSITY
SPEECH & HEARING CLINIC
1199 HALEY CENTER
AUBURN UNIVERSITY, AL 36849-5232
(334) 844-9600 (Telephone) (334) 844-4585 (Fax)

HEARING INSTRUMENT ORIENTATION

Hearing Expectations: Even the most advanced hearing aid technology will not give you normal hearing. Also, remember that even people with normal hearing don't understand everything all of the time. Some situations will be difficult. Properly fitted hearing aids will allow you to hear soft sounds better while keeping loud sounds appropriately loud. You may find, however, that sounds such as water running, crackling newspaper, wind blowing, crying babies, or dishes in a restaurant will sound different. This difference may be annoying initially, but with continued use and adjustment to the hearing aids it should become acceptable.

Adaptation: The average person with hearing loss waits 5 to 7 years before purchasing hearing aids. There are many sounds in the environment, including your own voice, that you have not heard in a long time. You must give yourself time to adjust to listening to these new sounds. Your brain, which is involved with hearing, needs to "relearn" how to identify these new sounds and eventually determine which ones to "tune out."

Your Own Voice: Your own voice will sound different to you with your hearing aids. It is important that you wear your hearing aids everyday so you will become accustomed to your own voice. If your voice is extremely bothersome to you, speak with the audiologist about your concerns.

Comfort: When you first get your hearing aids, every effort is made to ensure they fit properly. If you experience any pain or discomfort from your hearing aids/earmolds, please notify the clinician or attend hearing aid walk-in times. Also, it is important to advise the audiologist if you have difficulty with insertion, removal, or manipulation of the hearing aids, earmold, or batteries.

123 **Feedback:** Feedback, which is described by most hearing aid users as "whistling", occurs when amplified sound is re-amplified by the microphone of the hearing aid. If your hearing aid is turned on, feedback may occur when you insert or remove the hearing aid; this is normal. It is also normal for hearing aids to whistle when you put something close to the hearing aid when it is in your ear (hat, scarf), or cup your hand over the instrument. If, however, feedback occurs when chewing, talking, or using the telephone with your hearing aids on, bring these concerns to the attention of the audiologist.

Instrument Operation: Be sure you understand the controls on your hearing aids. What controls do your hearing aids have? Volume control, T-coil switch, memory button, directional-microphone switch, others? Review each control and be sure you can adjust it. Ask for help if you need to go over the controls again. Practice and patience will help while you are learning. Experiment to find the best way to use the telephone, but remember not to hold it too close to your hearing aid and tilting it slightly to the side can prevent feedback. Assistive devices for telephone use are available if you continue to have difficulty.

Insertion and Removal: It is very important to learn how to insert and remove your hearing aids properly, because if you find it difficult or uncomfortable to do this you will not want to use your hearing aids. Practice regularly to improve and maintain this skill. Ask if you need more help.

Cleaning and Maintenance: Wax or other debris can block the opening on the microphone or the receiver. Learn how to use tissues, brushes, and wax loops to keep your hearing aids clean. Clean your hearing aids every day, not just when there is a problem.

Service: Knowing where and how to get service for your hearing aids is important. Read your warranty agreement to be sure you understand it. Take advantage of the regular follow-up appointments that the audiologist will schedule for you. The usual life of hearing aids is 4 to 5 years if they are well cared for, but one day you will need new hearing aids, even if your hearing stays the same.

During the first few weeks of wearing your new hearing aids, continue to be optimistic and focus on the benefits of improved hearing ability. While you are going through the period of adjustment, keep in mind the needs you have discussed with your audiologist during the consultation.

Have a plan. When anticipating difficult listening situations, set strategies for communication in advance and implement them as necessary. This might mean that at a restaurant you communicate with a waitress/waiter instead of having your hard-of-hearing family member or friend to do so.

CLEAR- Communication suggestions for those with hearing loss

Control your communication situations. Maximize what you are trying to listen to and minimize anything that gets in the way of it. Position yourself so that you can see the talker and hear the person most clearly and with the least interference from others. Turn on some lights or move your conversations away from noisy areas. If the talker is too far away or the interference from others is too bothersome, you can use an FM assistive listening device and have a microphone on the speaker. In short, whenever you can, be sure to control the lighting and your position in the room and favor your better ear if you have one.

Look at and/or lipread the talker to ease the strain of listening. Watch the person so you can "read" body language, facial expressions, and lip movements to clarify information that is hard to hear. Remember that much of the information that is hard to hear is easy to see. Lipreading is easier if you face the person directly, but you can also get useful information from the side. In general, the closer the better, but 5 to 10 feet is ideal.

Expectations need to be realistic and when the situation is just too difficult, you can use communication escape strategies to help you reduce frustration. If you are realistic about how well you can hear, you may decide some situations are unreasonably difficult. An example of repair strategies is to anticipate that you will likely have difficulty and plan options for dealing with a breakdown in communication. For example, if a restaurant is a difficult listening situation, rather than staying at home, agree to have another person in your party explain the specials to you or do the ordering.

Assertiveness can help others understand your hearing difficulties. Let others in your conversation know that you have difficulty hearing and encourage them to get your attention before talking and to look at you when they speak. Let them know that short, uncomplicated sentences are easier to understand than longer, more complicated ones. Being timid will not serve you well since you must speak up and be assertive in order to move the conversation away from a noisy

area or ask the talker to slow down or talk louder. Be pleasantly assertive and let your needs be known. Most people will want to be helpful in these circumstances.

Repair strategies for communication breakdown can help you and the talker. The following are examples of useful repair strategies

- If you miss important information and you don't understand enough of what is being said, repeat back what you did hear and ask the person to clarify what you missed.
- You can ask others to speak more loudly or slowly or distinctly.
- You can ask the person to spell a word or even write it down.
- Counting on your fingers may help with numbers.
- Develop different ways to repair a conversation and do it in an interesting way or with a sense of humor if possible. Saying "I'm going to listen the best I can now, so please say that once more" as you face and watch the person is a more pleasant way to ask for repetition than simply saying "What??"
- You can also reduce the need for repairs by being the one who begins a conversation or by being sure you know what the topic is before you enter into a conversation.

SPEECH- Communication suggestions when talking to someone with hearing loss

Spotlight your face and keep it visible. Keep your hands away from your mouth so that the hearing-impaired person can get all the visual cues possible. Be sure to face the speaker when you are talking and be at a good distance (5 to 10 feet). Avoid chewing gum, cigarettes, and other facial distractions when possible. And, be sure not to talk from another room and expect to be heard.

Pause *slightly* between the content portions of sentences. Slow, exaggerated speech is as difficult to understand as fast speech. However, speech at a moderate pace with slight pauses between phrases and sentences can allow the hearing-impaired person to process the information in chunks.

Empathize and be patient with the hearing-impaired person. Try plugging both ears and listen for a short time to something soft that you want to hear in an environment that is distracting and noisy. This may help you appreciate the challenge of being hard of hearing and it should help you be patient if the responses seem slow. Re-phrase if necessary to clarify a point and remember, be patient.

Ease their listening. Get the listener's attention before you speak and make sure you are being helpful in the way you speak. Ask how you can facilitate communication. The listener may want you to speak more loudly, more slowly or faster, or announce the subject of discussion, or signal when the topic of conversation shifts. Be compliant and helpful and encourage the listener to give you feedback so you can make it as easy as possible for him or her.

Control the circumstances and the listening conditions in the environment. Maximize communication by getting closer to the person. If you can be 5 to 10 feet away, that is ideal. Also, move away from background noise and maintain good lighting. Avoid dark restaurants or windows behind you that blind someone watching you.

WHAT TO KNOW ABOUT HEARING AID BATTERIES

With each hearing aid, you are receiving two packages of hearing aid batteries. The type and size of your batteries are zinc air, size _____. This is all you need to know when purchasing batteries. The brand of the battery is unimportant as long as the size is correct. Once the tab is removed from the battery, it will start to lose energy so it is important to leave the tab on the battery until you are ready to use it. Hearing aid batteries may be purchased at this clinic, in a drug store, in the pharmacy of a grocery store, or at a retail store like K-Mart or Wal-Mart.

WARNING!

Hearing aid batteries may be harmful if swallowed. The following precautions are recommended:

1. Keep batteries out of children's reach.
2. Promptly discard batteries after they are used.
3. Never allow children to play with batteries.
4. Never put batteries in your mouth for any reason and warn your children against doing so.
5. Always check medications before swallowing them. Adults have swallowed batteries, thinking they were tablets.
6. Never dispose of batteries by putting them in a fire.
7. Know what type of battery the hearing aid requires and use only that type.
8. Be sure the positive side of the battery is inserted next to the positive (+) marking on the hearing aid.
9. Remove the battery or open the battery drawer when the aid is not in use.
10. Store the batteries in a cool dry place.

Anyone who swallows a battery should be taken to a doctor, along with the battery package. Information about swallowing batteries and the treatment can be obtained from the **National Battery hotline, (202) 625-3333, collect.**

AUBURN UNIVERSITY
SPEECH AND HEARING CLINIC
1199 HALEY CENTER
AUBURN, AL 36849
(334) 844-9600

WAIVER OF MEDICAL EVALUATION

I have been advised by the Auburn University Speech and Hearing Clinic that the Food and Drug Administration has determined that my best health interest would be served if I had a medical evaluation by a licensed physician (preferable a physician who specializes in diseases of the ears) before purchasing a hearing aid(s).

I do not wish a medical evaluation before purchasing a hearing aid.

Name:_____

Signed:_____

Date:_____

Witness:_____

BTE Hearing Aid Delivery

BTE

CHECKLIST FOR HEARING AID CLIENTS

FORMS TO BE FILED IN THE FOLDER:

_____ Release/Authorization Form
_____ Blue Air Conduction Sheet
_____ Medical Clearance Form OR Medical Waiver
_____ Green Hearing Instrument Purchase Agreement
_____ Yellow Battery Warning Card
_____ COSI
_____ Hearing Aid Fitting Checklist

FORMS TO BE GIVEN TO THE CLIENT:

_____ Green Purchase Agreement
_____ Hearing Instrument Orientation
_____ Care of Hearing Aids
_____ Great Tips About Earmolds
_____ Battery Information Sheet
_____ Trouble Shooting Guide
_____ Walk-In Information
_____ CLEAR SPEECH
_____ Adjustment Schedule
_____ Battery Order Card
_____ Appointment Card for HAC
_____ Audiologist's Business Card

AUBURN UNIVERSITY
SPEECH & HEARING CLINIC
1199 HALEY CENTER
AUBURN UNIVERSITY, AL 36849
(334) 844-9600

BUYER

_____
_____
_____
_____

HEARING INSTRUMENT PURCHASE AGREEMENT

MAKE	MODEL	SERIAL #	EAR	BATTERY	WARRANTY

Hearing Instrument(s) $_____
Alabama Sales Tax $_____
Earmold(s) $_____
Hearing Aid Evaluation $_____
Accessories $_____

NET CASH PRICE $_____
Less Prepayment $_____
BALANCE DUE $_____

The total cost of the hearing instrument(s) shall include two packs of batteries per instrument and all visits related to the hearing instrument(s) for a period of one year from the date of sale. If the buyer is dissatisfied with the hearing instrument(s), the instrument(s) may be returned to the Auburn University Speech and Hearing Clinic any time prior to the 30th calendar day after receipt of the hearing instrument(s). If the buyer decides to return the hearing instrument(s) within this 30-day period, the buyer will receive a refund of:

Cost of hearing instrument(s) less $_____ $_____
Alabama Sales Tax $_____
TOTAL REFUND $_____

The buyer has been advised at the outset of the relationship with the audiologist that any examination(s) or representation(s) made by a licensed audiologist in connection with the fitting and selling of these hearing instruments is not an examination, diagnosis, or prescription by a person licensed to practice medicine in this state, and, therefore, must not be regarded as medical opinion or advice.

Auburn University is an equal opportunity educational institution and operates without regard to race, sex, color, age, religion, national origin, disability or veteran status.

AUDIOLOGIST_____**LICENSE #**_____

SIGNATURE OF AUDIOLOGIST_____ **DATE**_____

SIGNATURE OF BUYER_____

TROUBLE SHOOTING CHART FOR EAR LEVEL HEARING AIDS

SYMPTOMS	SEE PARAGRAPHS
Hearing aid dead	1, 2, 3, 7
Working, but weak	1, 2, 3,
Works intermittently or fades	1, 2
Whistles, continuously or occasionally	4, 5, 6, 8
Poor sound quality	1, 2, 3, 8

1. **CAUSE:** Dead, run down, or wrong type of battery. **TEST:** Substitute new battery. **REMEDY:** Replace battery.

2. **CAUSE:** Battery leakage (resulting in poor battery connections) or corroded battery contacts. **TEST:** Examine battery and battery holder for evidence of leakage in the form of powder or corrosion. **REMEDY:** Discard the battery and wipe the gold terminals carefully with cloth or Q-tip to remove loose powder.

3. **CAUSE:** Eartip plugged with wax, or with drop of water from cleaning. **TEST:** Remove earmold, examine eartip visually, and use air blower to determine whether passage is open. **REMEDY:** If wax obstruction, wash earmold in lukewarm water and soap, using pipe cleaner or long-bristle brush to reach down into the canal. Rinse with clean water and dry. A dry pipe cleaner may be used to dry out the canal, or use of air blower will remove surplus water.

4. **CAUSE:** Earmold not seated properly in ear. **TEST AND REMEDY:** Remove earmold and replace in ear, looking in mirror to check placement.

5. **CAUSE:** Earmold fits loosely in ear. **TEST:** Examine to see if fit is loose. **REMEDY:** Have new earmold made.

6. **CAUSE:** Tubing of earmold not connected properly to earmold or to earhook of hearing aid. **TEST:** Examine to see if tubing is connected properly. **REMEDY:** Attach tubing securely to the earhook of the hearing instrument, or bring problem to the attention of the audiologist.

7. **CAUSE:** Telephone-microphone switch in wrong position. **TEST AND REMEDY:** Place switch in desired position.

8. **CAUSE:** Volume control turned too high. **TEST AND REMEDY:** Reduce volume until speech sounds clearer.

If the above checks do NOT disclose the source of trouble, the difficulty is probably internal in the microphone, amplifier, receiver, or connections of the hearing aid and the instrument should be serviced at the Auburn University Speech and Hearing Clinic. Call the clinic at (334) 844-9600 for assistance.

TROUBLE SHOOTING CHART FOR THIN TUBE EAR LEVEL HEARING AIDS

SYMPTOMS	SEE PARAGRAPH
Hearing aid dead	1, 2, 3, 5
Working, but weak	1, 2, 3
Works intermittently or fades	1, 2, 5
Whistles, continuously or occasionally	4
Poor sound quality	1, 2, 3

1. **CAUSE:** Dead, run down, or wrong type of battery. **TEST:** Substitute new battery. **REMEDY:** Replace battery.

2. **CAUSE:** Battery leakage (resulting in poor battery connections) or corroded battery contacts. **TEST:** Examine battery and battery holder for evidence of leakage in the form of powder or corrosion. **REMEDY:** Discard the battery and wipe the gold terminals carefully with a cloth or Q-tip to remove loose powder.

3. **CAUSE:** Eartip plugged with wax, or with drop of water from cleaning. **TEST:** Remove tubing; if you hear feedback, obstructed tube is the cause. **REMEDY:** Clean tube with cleaning wire ("cat whisker").

4. **CAUSE:** Dome not seated properly in ear. **TEST AND REMEDY:** Remove hearing aid and then replace in ear, looking in mirror to check placement.

5. **CAUSE:** Crimp in thin tube. **TEST:** Examine to see if tubing is crimped or pinched. Remove tubing; if you hear feedback, faulty tube is the cause. **REMEDY:** Replace tubing.

If the above checks do NOT disclose the source of trouble, the difficulty may be internal in the microphone, amplifier, receiver, or connections of the hearing instrument. The instrument should be serviced at the Auburn University Speech and Hearing Clinic. Call the clinic at (334) 844 – 9600 for assistance.

CARE OF HEARING AIDS FOR ADULTS

The HEARING AID is a DELICATE instrument and should be handled CAREFULLY!!!

- Do not leave the instrument in the hot sun or near any source of heat.

- Avoid dropping the hearing aid.

- Avoid getting the hearing aid wet. To ensure your aid is not damaged by water, take it off while bathing. Also be careful your hearing aids do not get wet while boating, washing the car, watering the lawn, or any other activity involving water. If the hearing aid gets wet, remove the battery, drain all water, dry with an absorbent cloth, and place in warm (but not hot) place to dry. A **low** setting on a hair dryer may be used.

- If **moisture** is a problem, you may wish you purchase a **Dry&Store**. The Dry&Store is a unique electrical appliance that is recommended for daily use. It removes destructive moisture, dries ear wax for easy removal, kills bacteria that cause itching, irritated ears and infections of the external ear canal, removes odors as it conditions, and prolongs the life of hearing aid batteries. The Dry&Store can be purchased at this clinic.

- A **Dry-Aid Kit** may also be purchased if **moisture** is a problem. The kit includes a container full of moisture absorbing crystals which will draw the moisture out of your hearing aid. The crystals can then be dried out in the oven and reused. The Dri-Aid kit can be purchased at this clinic.

- Make sure hands are clean before handling hearing aid.

COSI – The NAL Client O..nted Scale of Improvement

Name: _____

Audiologist: _____

Date Needs Established: _____

Date Outcome Assessed: _____

Specific Needs	Indicate Order of Significance

Degree of Changes
"Because of the new hearing instrument, I now hear..."

Worse	No Difference	Slightly Better	Better	Much Better

Final Ability
(with hearing instrument)
"I can hear satisfactorily..."

Hardly Ever 10%	Occasionally 25%	Half the Time 50%	Most of Time 75%	Almost Always 95%

HEARING AID ADJUSTMENT SCHEDULE

For those with hearing loss, the proper use of a hearing aid can allow easier participation in the most human of all activities: COMMUNICATION. With your hearing aid, you will be able to hear your family and friends more clearly, and be more aware of the sounds around you. The hearing aid WILL NOT, however, restore totally normal hearing, but with patience and practice it can make communication much easier for YOU and those around you.

As with any new device, learning to wear a hearing aid requires a period of adjustment. How quickly you adjust to your aid will depend on a number of factors, including how long you have had a hearing loss, how much loss you have, and how willing you are to make the necessary effort to succeed.

THINGS TO REMEMBER:

- **Even normal hearing people do not understand everything that is said to them. They ask people to repeat, and so should you.**
- **Almost everyone has problems in the beginning putting the hearing aid in and taking it out. With practice, this will become easier. If it helps, try looking in the mirror.**
- **You may notice some slight tenderness in you ear and/or ear canal at first. This should go away as you get used to the hearing aid. Any soreness that persists and causes redness or scabbing should be reported.**
- **Your own voice will probably sound different to you at first, because you are hearing it amplified. Be assured that your voice does not sound different to others.**
- **Wear your hearing aid as much as is comfortable for you. Even if you cannot wear it all day, wear it everyday, gradually increasing your wearing time. By the end of two or three weeks you should be able to wear your aid at least eight to ten hours a day.**

The following is a schedule that will give you suggestions for successful hearing aid adjustment. We ask that you participate in as many of the activities as possible and COMPLETE the questions/experiences section after EACH activity.

***PLEASE REMEMBER TO BRING THESE PAGES WITH YOU TO YOUR NEXT APPOINTMENT.**

HEARING AID ADJUSTMENT SCHEDULE:

----------WEEK ONE----------

Concentrate on wearing your hearing aid(s) in relatively quiet situations, with small groups of people, and without distracting background noise.

1. **HOUSEHOLD SOUNDS: It is possible you have lost the ability to hear some everyday sounds that connect you with things around you. An example would be the refrigerator motor coming on, or the timer on the stove or microwave sounding. Try to pay attention to the sounds you hear around the house.**

   LIST three sounds you became aware of that you have not heard for awhile, or sounds that became more evident.

   1.

   2.

   3.

2. **OUTSIDE SOUNDS: SIT in your yard or on your porch, OR take a walk.**

   WHAT did you notice hearing?

   WERE any of the sounds ANNOYING?

3. **TV, RADIO AND/OR STEREO: Have a family member set the VOLUME to a comfortable level for them, and you set your hearing aid volume to bring in the sound.**

Is the loudness comfortable for you?

Estimate how much you understand the following: (Indicate this by putting an "X" under the appropriate PERCENT for EACH activity).

	25%	50%	75%	100%
TV News				
Radio News				
Regular Program/ Movies				
Commer-cials				
Talk Shows				
Words to Songs				
Weather				

Comment about the QUALITY of sound.

4. **TELEPHONE: Call Time and Temperature (745-6311) or some other number with a short RECORDED message.**

CALL a relative or friend and ASK for specific information (YOU control the conversation).

Were you able to use the hearing aid with the phone (proper position for ITEs, "T" SWITCH for BTEs)?

Was the voice on the other end LOUD enough?

Did you understand the conversation?

5. ONE-ON-ONE AND FAMILY CONVERSATIONS AT HOME:

Is the conversation easier at the DINNER TABLE?

What are some DISTRACTIONS you have experienced?

When is conversation EASIEST to follow?

What problems are you STILL having?

WHO is the EASIEST person for you to hear and UNDERSTAND?

WHO is the MOST DIFFICULT person for you to hear and UNDERSTAND? WHY?

----------END OF WEEK ONE----------

Approximately how many hours are YOU wearing the hearing aid EACH DAY?

What AIDED listening situations have you enjoyed the most?

What AIDED listening situations have you found MOST troublesome?

I am aware of the FEEL of hearing aid(s):

- ☐ **ALL of the time**
- ☐ **MUCH of the time**
- ☐ **ONLY when I think of it**
- ☐ **RARELY or NEVER**
- ☐ **The aid is so uncomfortable that I cannot wear it for any length of time.**

Have any sounds been painful for you?
What are they?

----------WEEK TWO----------

Listening activities during Week Two will introduce more difficult communication situations. If you experience aided listening problems during Week One, continue working on Week One activities.

1. **TELEPHONE: Answer the telephone in your home.**
   Can you use the aid without difficulty?

   Can you identify the caller?

   Can you follow what the caller is talking about?

2. **MOVIE, CHURCH, MEETING, OR LECTURE: Any activity Where there is a focused speaker and not general conversation.**
   Was the focused speaker loud enough for you?

   Could you follow the main ideas of the speaker?

   What distractions did you experience?

3. **RESTAURANT, CAFÉ, SHOPPING MALL, DEPARTMENT STORE, GROCERY STORE: Any place where there are several people around who are not generally aware of your hearing loss and where there is not one particular speaker.**
   Are you able to focus on the speech of the person with whom you want to converse?

   Is their speech loud enough?

   Can you follow the idea of what is being said?

   What do you find most distracting?

4. **FAMILY INTERACTION: In your home with several People conversing , at the dinner table, in the living room with the TV or radio playing, playing a game, etc.**

   Approximately how much of the conversation are you able to follow?

   _____25%
   _____50%
   _____75%
   _____100%

5. **CAR: When wearing the hearing aid(s) in the car, turn the hearing aid off that is on the window side.**

   Can you follow what is being said on the radio?

   Are you more aware of traffic?

   Can you hear warning sounds, i.e. horns, sirens?

5. **WORK:**

   What kind of work do you do?

   Is there much noise in your work environment?

   Should you be wearing your aid(s) at work?

   In what situations do you receive the most benefit from your hearing aid(s)?

   In what situations do you feel you receive no benefit from your hearing aid(s)?

----------END OF WEEK TWO----------

Approximately how many hours are you wearing your hearing aid(s) each day?

Can you insert the hearing aid and remove it without difficulty?

Can you adjust the volume easily?

How often do you change the volume setting?

_____**Never or rarely**

_____**When the speaker is too low or when there is a sudden increase in the loudness**

_____**Almost every time the communication situation changes**

Does wearing your hearing aid(s) have any effect on any tinnitus (ringing or roaring in your ears) you normally experience?

_____**No effect**

_____**Makes it less bothersome**

_____**Eliminates it**

_____**I have no tinnitus**

I still have the following questions/comments about my hearing aid(s):

Air Conduction Thresholds Form

Name:_____ Clinic File Number:_____

Date of Evaluation	AIR CONDUCTION THRESHOLDS											
	500 Hz		1000 Hz		2000 Hz		3000 Hz		4000 Hz		Phone	ER-3A
	R	L	R	L	R	L	R	L	R	L		

HEARING AID FITTING CHECKLIST

Patient Name_____ Chart No._____ Date_____

Email_____ Audiologist_____

Hearing Instrument(s) _____

Serial Number (R) _____Serial Number (L) _____

Accessories_____

___ Otoscopy

___ Physical Fit of Aid(s) in Ear

___ Parts of hearing aid(s)

___ Cleaning, care and use

___ What will Damage Aid(s) [Heat, Water, Hairspray, Dropping, Dogs/Cats]

___ Hearing aid troubleshooting techniques

___ Batteries

- ___ Size
- ___ Expected Battery Life
- ___ Safety Issues
- ___ Battery Club

___ Hands on Practice

- ___ Inserting / Removing Battery
- ___ Inserting / Removing Earmold(s) and/or Aid(s)
- ___ Adjusting Function Switch / Program Button / Volume Wheel

___ Use aid on telephone/cell phone

___ Programming changes/adjustments (if necessary)

___ Hearing aid walk-in times

___ Hearing aid adjustment schedule/manufacturer's diary

___ Client Oriented Scale of Improvement (COSI)

___ Real Ear Measurements (or simulated REM prior to appointment)

___ Medical clearance or medical waiver form completed

___ Warranty / Service Contract Information

- ___ 2-Year Repair warranty

___ Loss / Damage Coverage (additional cost/processing fee)

___ Warranty Expiration Date _____

___ Questions and Answers

___ Sales Receipt Completed

___ Schedule Follow-Up Session (_____)

___ 24-48 Hour Follow-Up Call to Patient (_____)

___ Thank You Note to Patient (_____)

Comments:

ITE, ITC,& CIC
Hearing Aid Delivery

ITE

CHECKLIST FOR HEARING AID CLIENTS

FORMS TO BE FILED IN THE FOLDER:

_____ Release/Authorization Form
_____ Blue Air Conduction Sheet
_____ Medical Clearance Form OR Medical Waiver
_____ Green Hearing Instrument Purchase Agreement
_____ Yellow Battery Warning Card
_____ COSI
_____ Hearing Aid Fitting Checklist

FORMS TO BE GIVEN TO THE CLIENT:

_____ Green Purchase Agreement
_____ Hearing Instrument Orientation
_____ Care of Hearing Aids
_____ Battery Information Sheet
_____ Trouble Shooting Guide
_____ Walk-In Information
_____ CLEAR SPEECH
_____ Adjustment Schedule
_____ Battery Order Card
_____ Appointment Card for HAC
_____ Audiologist's Business Card

AUBURN UNIVERSITY
SPEECH & HEARING CLINIC
1199 HALEY CENTER
AUBURN UNIVERSITY, AL 36849
(334) 844-9600

BUYER
_____
_____
_____
_____

HEARING INSTRUMENT PURCHASE AGREEMENT

MAKE	MODEL	SERIAL #	EAR	BATTERY	WARRANTY

Hearing Instrument(s) $_____
Alabama Sales Tax $_____
Earmold(s) $_____
Hearing Aid Evaluation $_____
Accessories $_____

NET CASH PRICE $_____
Less Prepayment $_____
BALANCE DUE $_____

The total cost of the hearing instrument(s) shall include two packs of batteries per instrument and all visits related to the hearing instrument(s) for a period of one year from the date of sale. If the buyer is dissatisfied with the hearing instrument(s), the instrument(s) may be returned to the Auburn University Speech and Hearing Clinic any time prior to the 30th calendar day after receipt of the hearing instrument(s). If the buyer decides to return the hearing instrument(s) within this 30-day period, the buyer will receive a refund of:

Cost of hearing instrument(s) less $_____ $_____
Alabama Sales Tax $_____
TOTAL REFUND $_____

The buyer has been advised at the outset of the relationship with the audiologist that any examination(s) or representation(s) made by a licensed audiologist in connection with the fitting and selling of these hearing instruments is not an examination, diagnosis, or prescription by a person licensed to practice medicine in this state, and, therefore, must not be regarded as medical opinion or advice.

Auburn University is an equal opportunity educational institution and operates without regard to race, sex, color, age, religion, national origin, disability or veteran status.

AUDIOLOGIST_____**LICENSE #**_____

SIGNATURE OF AUDIOLOGIST_____ **DATE**_____

SIGNATURE OF BUYER_____

TROUBLE SHOOTING CHART FOR IN-THE-EAR HEARING AIDS

SYMPTOMS	SEE PARAGRAPHS
Hearing Aid Dead	1, 2, 3, 6
Hearing Aid Weak	1, 2, 3
Works Intermittently or Fades	1, 2
Whistles, Continuously or Occasionally	4, 5, 7
Poor tone quality, distortion, raspy	1, 2, 3, 6, 7

1. **CAUSE:** Dead or weak battery. **TEST:** Substitute new battery. **REMEDY:** Replace battery.

2. **CAUSE:** Battery leakage (resulting in poor battery connections) or corroded battery contacts. **TEST:** Examine battery and battery holder for evidence of leakage in the form of a powder or corrosion. **REMEDY:** Discard battery and wipe the gold terminal carefully with cloth or Q-tip to remove loose powder.

3. **CAUSE:** Sound port of canal plugged with wax. **TEST:** Examine eartip visually. **REMEDY:** If wax obstruction, use wire wax loop to pull wax out of hearing aid. DO NOT push wax into the hearing aid as this will damage the receiver.

4. **CAUSE:** Hearing aid not properly inserted in ear. **TEST AND REMEDY:** Remove hearing aid and reinsert in ear, looking in mirror to check placement.

5. **CAUSE:** Hearing aid fits loosely in ear. **TEST:** Examine for loose fit. **REMEDY:** Have new impression made and hearing aid recased.

6. **CAUSE:** Telephone-microphone-off switch is in wrong position. **TEST AND REMEDY:** Place switch in desired position.

7. **CAUSE:** Volume control turned too high. **TEST AND REMEDY:** Reduce volume until speech sounds clearer.

If the above checks do NOT disclose the source of trouble, the difficulty is probably internal in the microphone, amplifier, receiver, or connections of the hearing aid and the instrument should be serviced at the Auburn University Speech and Hearing Clinic. Call the clinic at **(334) 844-9600** for assistance.

COSI - The NAL Client Oriented Scale of Improvement

Name:

Audiologist:

Date: 1. Needs established

2. Outcome assessed

SPECIFIC NEEDS Indicate order of Significance

Degree of Change

"Because of the new hearing instrument, I now hear . . ."

Worse	No Difference	Slightly Better	Better	Much Better

Final Ability

(with hearing instrument)

"I can hear satisfactorily . . ."

Hardly Ever 10%	Occasionally 25%	Half the Time 50%	Most of Time 75%	Almost Always 95%

oticon

The Human Link

HEARING AID ADJUSTMENT SCHEDULE

For those with hearing loss, the proper use of a hearing aid can allow easier participation in the most human of all activities: COMMUNICATION. With your hearing aid, you will be able to hear your family and friends more clearly, and be more aware of the sounds around you. The hearing aid WILL NOT, however, restore totally normal hearing, but with patience and practice it can make communication much easier for YOU and those around you.

As with any new device, learning to wear a hearing aid requires a period of adjustment. How quickly you adjust to your aid will depend on a number of factors, including how long you have had a hearing loss, how much loss you have, and how willing you are to make the necessary effort to succeed.

THINGS TO REMEMBER:

- **Even normal hearing people do not understand everything that is said to them. They ask people to repeat, and so should you.**
- **Almost everyone has problems in the beginning putting the hearing aid in and taking it out. With practice, this will become easier. If it helps, try looking in the mirror.**
- **You may notice some slight tenderness in you ear and/or ear canal at first. This should go away as you get used to the hearing aid. Any soreness that persists and causes redness or scabbing should be reported.**
- **Your own voice will probably sound different to you at first, because you are hearing it amplified. Be assured that your voice does not sound different to others.**
- **Wear your hearing aid as much as is comfortable for you. Even if you cannot wear it all day, wear it everyday, gradually increasing your wearing time. By the end of two or three weeks you should be able to wear your aid at least eight to ten hours a day.**

The following is a schedule that will give you suggestions for successful hearing aid adjustment. We ask that you participate in as many of the activities as possible and COMPLETE the questions/experiences section after EACH activity.

✷PLEASE REMEMBER TO BRING THESE PAGES WITH YOU TO YOUR NEXT APPOINTMENT.

HEARING AID ADJUSTMENT SCHEDULE:

----------WEEK ONE----------

Concentrate on wearing your hearing aid(s) in relatively quiet situations, with small groups of people, and without distracting background noise.

1. **HOUSEHOLD SOUNDS: It is possible you have lost the ability to hear some everyday sounds that connect you with things around you. An example would be the refrigerator motor coming on, or the timer on the stove or microwave sounding. Try to pay attention to the sounds you hear around the house.**

   LIST three sounds you became aware of that you have not heard for awhile, or sounds that became more evident.

   1.

   2.

   3.

2. **OUTSIDE SOUNDS: SIT in your yard or on your porch, OR take a walk.**

   WHAT did you notice hearing?

   WERE any of the sounds ANNOYING?

3. **TV, RADIO AND/OR STEREO: Have a family member set the VOLUME to a comfortable level for them, and you set your hearing aid volume to bring in the sound.**

Is the loudness comfortable for you?

Estimate how much you understand the following: (Indicate this by putting an "X" under the appropriate PERCENT for EACH activity).

	25%	50%	75%	100%
TV News				
Radio News				
Regular Program/ Movies				
Commer-cials				
Talk Shows				
Words to Songs				
Weather				

Comment about the QUALITY of sound.

4. TELEPHONE: Call Time and Temperature (745-6311) or some other number with a short RECORDED message.

CALL a relative or friend and ASK for specific information (YOU control the conversation).

Were you able to use the hearing aid with the phone (proper position for ITEs, "T" SWITCH for BTEs)?

Was the voice on the other end LOUD enough?

Did you understand the conversation?

5. ONE-ON-ONE AND FAMILY CONVERSATIONS AT HOME:

Is the conversation easier at the DINNER TABLE?

What are some DISTRACTIONS you have experienced?

When is conversation EASIEST to follow?

What problems are you STILL having?

WHO is the EASIEST person for you to hear and UNDERSTAND?

WHO is the MOST DIFFICULT person for you to hear and UNDERSTAND? WHY?

----------END OF WEEK ONE----------

Approximately how many hours are YOU wearing the hearing aid EACH DAY?

What AIDED listening situations have you enjoyed the most?

What AIDED listening situations have you found MOST troublesome?

I am aware of the FEEL of hearing aid(s):

- ☐ **ALL of the time**
- ☐ **MUCH of the time**
- ☐ **ONLY when I think of it**
- ☐ **RARELY or NEVER**
- ☐ **The aid is so uncomfortable that I cannot wear it for any length of time.**

Have any sounds been painful for you?
What are they?

----------WEEK TWO----------

Listening activities during Week Two will introduce more difficult communication situations. If you experience aided listening problems during Week One, continue working on Week One activities.

1. **TELEPHONE: Answer the telephone in your home.**
   Can you use the aid without difficulty?

   Can you identify the caller?

   Can you follow what the caller is talking about?

2. **MOVIE, CHURCH, MEETING, OR LECTURE: Any activity Where there is a focused speaker and not general conversation.**
   Was the focused speaker loud enough for you?

   Could you follow the main ideas of the speaker?

   What distractions did you experience?

3. **RESTAURANT, CAFÉ, SHOPPING MALL, DEPARTMENT STORE, GROCERY STORE: Any place where there are several people around who are not generally aware of your hearing loss and where there is not one particular speaker.**
   Are you able to focus on the speech of the person with whom you want to converse?

   Is their speech loud enough?

   Can you follow the idea of what is being said?

   What do you find most distracting?

4. **FAMILY INTERACTION: In your home with several People conversing , at the dinner table, in the living room with the TV or radio playing, playing a game, etc.**

   Approximately how much of the conversation are you able to follow?

   _____25%
   _____50%
   _____75%
   _____100%

5. **CAR: When wearing the hearing aid(s) in the car, turn the hearing aid off that is on the window side.**

   Can you follow what is being said on the radio?

   Are you more aware of traffic?

   Can you hear warning sounds, i.e. horns, sirens?

5. **WORK:**

   What kind of work do you do?

   Is there much noise in your work environment?

   Should you be wearing your aid(s) at work?

   In what situations do you receive the most benefit from your hearing aid(s)?

   In what situations do you feel you receive no benefit from your hearing aid(s)?

----------END OF WEEK TWO----------

Approximately how many hours are you wearing your hearing aid(s) each day?

Can you insert the hearing aid and remove it without difficulty?

Can you adjust the volume easily?

How often do you change the volume setting?

_____Never or rarely

_____When the speaker is too low or when there is a sudden increase in the loudness

_____Almost every time the communication situation changes

Does wearing your hearing aid(s) have any effect on any tinnitus (ringing or roaring in your ears) you normally experience?

_____No effect
_____Makes it less bothersome
_____Eliminates it
_____I have no tinnitus

I still have the following questions/comments about my hearing aid(s):

Name:_____ Hearing Aid:_____

Clinic File Number:_____ Ear Aided: R_____ L_____ Both_____

Date Began RE Aid_____ LE Aid_____

Date of Evaluation	AIR CONDUCTION THRESHOLDS											
	500 Hz		1000 Hz		2000 Hz		3000 Hz		4000 Hz		Phone	ER-3A
	R	L	R	L	R	L	R	L	R	L		

HEARING AID FITTING CHECKLIST

Patient Name_____ Chart No._____
Email_____ Date_____
Audiologist_____

Hearing Instrument(s) _____
Serial Number (R) _____Serial Number (L) _____
Accessories_____

___ Otoscopy
___ Physical Fit of Aid(s) in Ear
___ Parts of hearing aid(s)
___ Cleaning, care and use
___ What will Damage Aid(s) [Heat, Water, Hairspray, Dropping, Dogs/Cats]
___ Hearing aid troubleshooting techniques
___ Batteries
    ___ Size
    ___ Expected Battery Life
    ___ Safety Issues
    ___ Battery Club
___ Hands on Practice
    ___ Inserting / Removing Battery
    ___ Inserting / Removing Earmold(s) and/or Aid(s)
    ___ Adjusting Function Switch / Program Button / Volume Wheel
___ Use aid on telephone/cell phone
___ Programming changes/adjustments (if necessary)
___ Hearing aid walk-in times
___ Hearing aid adjustment schedule/manufacturer's diary
___ Client Oriented Scale of Improvement (COSI)
___ Real Ear Measurements (or simulated REM prior to appointment)
___ Medical clearance or medical waiver form completed
___ Warranty / Service Contract Information
    ___ 2-Year Repair warranty
    ___ Loss / Damage Coverage (additional cost/processing fee)
    ___ Warranty Expiration Date _____
___ Questions and Answers
___ Sales Receipt Completed
___ Schedule Follow-Up Session (_____)
___ 24-48 Hour Follow-Up Call to Patient (_____)
___ Thank You Note to Patient (_____)

Comments:

AUBURN UNIVERSITY
SPEECH & HEARING CLINIC
1199 HALEY CENTER
AUBURN UNIVERSITY, AL 36849
(334) 844-9600

BUYER

_____
_____
_____
_____

PURCHASE AGREEMENT

MAKE	MODEL	SERIAL #	WARRANTY

Equipment (_____) $_____
Equipment (_____) $_____
Equipment (_____) $_____
Alabama Sales Tax $_____

NET CASH PRICE $_____
Less Prepayment $_____
BALANCE DUE $_____

The buyer has been advised at the outset of the relationship with the audiologist that any examination(s) or representation(s) made by a licensed audiologist in connection with the fitting and selling of these hearing instruments is not an examination, diagnosis, or prescription by a person licensed to practice medicine in this state, and, therefore, must not be regarded as medical opinion or advice.

Auburn University is an equal opportunity educational institution and operates without regard to race, sex, color, age, religion, national origin, disability or veteran status.

AUDIOLOGIST_____**LICENSE #**_____

SIGNATURE OF AUDIOLOGIST_____ **DATE**_____

SIGNATURE OF BUYER_____

Screening

HEARING AND SPEECH SCREENINGS
MINIMAL REQUIREMENTS FOR STUDENT CLINICIANS

FOR AUDIOLOGY STUDENTS TO CONDUCT SPEECH/LANGUAGE SCREENING:

1. Conduct parental interview
2. Score articulation screening test
3. Calculate mean length of utterance
4. Be familiar with expected developmental milestones

MUST ATTEND MANDATORY TRAINING MEETING ON SCHEDULED DATE

FOR SPEECH PATHOLOGY STUDENTS TO CONDUCT AUDIOMETRIC SCREENING:

1. Completion of CMDS 4650 or equivalent (introduction to audiology clinic course to include pure tone air conduction testing, tympanometry, and otoscopy)

MUST ATTEND MANDATORY TRAINING MEETING ON SCHEDULED DATE

AUBURN UNIVERSITY
DEPARTMENT OF COMMUNICATION DISORDERS

COMMUNITY FREE SCREENINGS

The Auburn University Speech and Hearing Clinic conducts free screenings for the public approximately once a semester. The only restriction for these screenings is that young children must be accompanied by a parent or a guardian. Audiology students must observe hearing screenings prior to participating in this activity.

Audiometric Screening Procedures:

1. Otoscopy should be conducted prior to the screening
2. Audiometric screening follows these guidelines:
   A. Adults
      - Screen at 20dB HL at 500, 1000, 2000, and 4000Hz
      - Screen at 3000Hz when appropriate
      - Conduct tympanometry when appropriate
   B. Children
      - Screen at 15dB HL at 500, 1000, 2000 and 4000Hz
      - Conduct tympanometry
3. Depending on the result of the testing, additional procedures, such as tympanometry, threshold testing or otoacoustic emissions, may be conducted.
4. Each client seen for hearing screening should have a screening card, on which the clinician will write the outcome of the screening. This card should be returned to the NSSLHA volunteers after the client leaves.
5. If a client fails a screening, he should be re-instructed, the earphones should be re-positioned, and he should be re-screened.
6. Following the screening, the client should be counseled regarding its outcome by the clinician and/or the audiologist. If an evaluation is recommended, the clinician should accompany the client to the reception window to schedule an appointment.
7. At the conclusion of the screening program, the clinician should be sure that eartips and specula are cleaned, equipment is turned off, toys are put away, etc.
8. The clinician should record the amount of time spent on the *Daily Work Log.*
9. Clinicians must remember that clinic guidelines regarding privacy and confidentiality apply during a free screening. One should avoid discussing a client's problems or concerns in the waiting room, hallway, or other public place.

AUBURN UNIVERSITY
SPEECH AND HEARING CLINIC
POLICIES REGARDING STUDENT PARTICIPATION AND EQUIPMENT USE FOR OFF-CAMPUS SPEECH AND AUDIOLOGY SERVICES

1. Students may participate in off-campus screening services with the following provisions:
   A. Off-campus supervisors must hold the ASHA Certificate of Clinical Competence and state licensure, unless exempt from licensure.
   B. Off-campus supervisors must be on site 100% of the time.
   C. Off-campus supervisors must provide 50% direct supervision of each student clinician per patient

2. An off-campus supervisor may borrow a portable audiometer to be used during the screening. The individual will sign an equipment use agreement, specifying the checkout time, location of equipment use, and return time (refer to attached form). The individual/organization is responsible for repair or replacement of the equipment due to damage or loss.

3. AUSHC faculty members may provide screening services at off-campus locations at the rate of $60 per hour per clinical instructor, including travel time from the AUSHC until the faculty member returns to the AUSHC.
   A. Student clinicians may participate in the screening services
   B. AUSHC equipment may be used for testing purposes
   C.
4. AUSHC faculty members may provide screening services at local, off-campus locations, such as day care centers, at a fee of $10 per child when the screening is provided on an individual basis. For example, the parent is charged $10 for the screening rather than arranging a contract with the facility.
   A. Student clinicians may participate in the screening services
   B. AUSHC equipment may be used for testing purposes

Name: Off-campus supervisor	Signature	Date
Name: AUSHC representative	Signature	Date

(May 1999)

AUBURN UNIVERSITY
SPEECH AND HEARING CLINIC
1199 HALEY CENTER
AUBURN, AL 36849

AUDIOLOGY EQUIPMENT USE AGREEMENT

The individual/organization is responsible for repair or replacement of the equipment due to damage or loss.

Equipment:_____Serial Number:_____

Function Verified
by:_____Date:_____

Check-out Date and Time:_____

Equipment Use
Location:_____

Expected Return Date and Time:_____

Individual Responsible for Equipment:_____

Phone Number:_____

I, _____, agree to repair or replace the equipment in the event of damage/malfunction from mistreatment or loss.

Signature of Responsible Individual:_____

****

TO BE COMPLETED BY AUSHC:

Date and Time Returned:_____

Received by:_____

Equipment Function Verified
by:_____Date:_____

Risk Management and Safety

AUBURN UNIVERSITY FIRE EMERGENCY ACTION GUIDELINES

Before A Fire Emergency

Familiarize yourself with the locations of at least two exits in your area of the building. Know where the nearest fire alarm pull stations and fire extinguishers are located.

What To Do If You Discover A Fire

1. If the building does not have a fire alarm system, and you discover smoke or fire, exit the building immediately. Alert others on your way out of the building to advise others. From a safe location call 911 to report the emergency. Be sure to give the name of the building and location of the fire.

2. In buildings equipped with a fire alarm system, if you smell or see smoke or evidence of fire, or detect a gas leak, activate the fire alarm by pulling the closest fire alarm pull station. If you hear the fire alarm you must evacuate the building as required by the State Fire Prevention Code 1, Section 3-1.4.1. **Assume all alarm activations are real.**

3. Remove any person in immediate danger if possible without endangering yourself.

4. Before opening doors, feel the door with the backside of your hand to see if it is hot. If it is not, open it slowly. If conditions allow, proceed to the nearest exit. If smoke is too heavy do not enter, find another exit.

5. Exit the building immediately. Do not lock doors behind you.

6. In a multiple story building, use stairwells to exit the building. Never attempt to use an elevator.

7. Call 911 from a safe location (Give the location of the fire). Even if your building has a monitored fire alarm system, you must still call 911 to report the alarm. Remember although the system may be monitored, equipment malfunctions can occur.

8. If conditions will not allow you to exit your room, stay in the room, remain calm, and close the door. Call 911, give your location and situation, and wait for the fire department to assist you. Place a towel, sheet or article of clothing along the bottom edge of the door. Wet the item if possible. Slightly open a window and hang a cloth article such as a sheet, towel or clothing out the window to let the fire department know where you are. The air is fresher near the floor so remember to stay low in smoke filled areas.

9. Everyone evacuating the building must report to a safe meeting area, located at least 200 feet from the building. The purpose of this is to ensure everyone is out of the danger zone and to provide adequate working areas for fire department vehicles and fire suppression operations.

10. The Auburn Fire Division will perform search, rescue and fire suppression operations as needed.

11. **Do not re-enter the building** until the fire department has completed their work, determined the building is safe, and permission to re-enter has been given by the Auburn Fire Division.

12. Remember fire safety is everyone's responsibility.

AUBURN UNIVERSITY
SEVERE WEATHER PLAN

April 2007

Table of Contents

I. INTRODUCTION

The purpose of this Severe Weather Plan is to provide a course of action to be used during a severe weather event to minimize the potential for injury and loss of life that can result during a tornado. This plan also identifies the most tornado-resistant areas in your building. These areas are not necessarily to be considered tornado safe; but, in our judgment, they are the "best available" for locating people during tornado warnings. This plan should be reviewed at least annually by all employees in your area to ensure that everyone knows where the severe weather shelter area is and what to do when the severe weather siren activates. Tornadoes develop from high winds associated with thunderstorm activity or in conjunction with hurricanes. Typically spring and late summer thru early fall seasons provide the best conditions conducive to tornado formation, although, a tornado can form during any season.

II. SEVERE WEATHER ALERTS

The National Weather Service has defined four severe weather alerts that are of concern. The actions recommended are intended to be the minimum responses necessary for this severe weather plan.

A. SEVERE THUNDERSTORM WATCH

A severe thunderstorm watch means weather conditions are such that a severe thunderstorm could develop, but has not at this time. This alert usually lasts for five or six (5 or 6) hours.

B. SEVERE THUNDERSTORM WARNING

A severe thunderstorm warning means a severe thunderstorm has developed and will probably affect those areas stated in the alert message.

C. TORNADO WATCH

A tornado watch means weather conditions are such that a tornado could develop, but has not at this time. This alert usually lasts for five or six (5 or 6) hours.

D. TORNADO WARNING

A tornado warning means a tornado has formed and was indicated by weather radar or sighted, and may affect those areas stated in the alert. This alert usually lasts for one (1) hour.

III. THUNDERSTORMS

Thunderstorms may develop at any time of the year. Although thunderstorms can occur during any month, the more violent storms occur in the spring and summer months. Thunderstorms can be single cell, multicell cluster, multicell line, and super cell. Supercells always form severe thunderstorms. Thunderstorms typically consist of very high winds, rain, lightning, and in many cases hail. Typically the larger the hail is, the stronger the thunderstorm is. Hail ¾ inch in diameter or more with winds in excess of 55 mph indicate a severe thunderstorm where tornados are likely to be spawned. Tornado formation is most likely to occur where the hail falls. Another dangerous aspect of a thunderstorm is lightning. The best protection from lightning is to seek shelter in a nearby building. Flooding can also occur in low areas and in areas where storm drains are blocked. It is also no surprise that severe thunderstorms can produce damaging winds with or without forming tornados.

IV. ANATOMY OF A TORNADO

Tornadoes form under a certain set of weather conditions in which three very different types of air come together in a certain way. Near the ground lies a layer of warm and humid air along with strong south winds. Colder air and strong west or southwest winds lie in the upper atmosphere. Temperature and moisture differences between the surface and the upper levels create what is called instability, while the change in wind with height is known as wind shear. This shear is linked to the eventual development of rotation from which a tornado may form.

A third layer of very warm dry air becomes established between the warm moist air at low levels and the cool dry air aloft. This very warm layer acts as a cap and allows the atmosphere to warm further making the air even more unstable. Things start to happen when a storm system aloft moves east and begins to lift the various layers. Through this lifting process the cap is removed thereby setting the stage for explosive thunderstorm development as strong updrafts develop. Complex interactions between the updraft and the surrounding winds, both at storm level and near the surface, may cause the updraft to begin rotating and a tornado is born.

A tornado is a violently rotating column of air in contact with the ground with speeds of 60-300 mph. It is only visible due to water droplets mixed with dust and debris. Doppler radar will not "see" tornados. The radar only detects precipitation and light rain in the center of heavy rain indicates tornado potential. Contrary to popular belief, tornados do not leave the ground, only the intensity changes and they appear to "jump". Tornados can be categorized into three groups based on the "Fujita" scale.

- **Weak** - 80% of all tornados, 60-110 mph winds, path 3 miles long lasting 1-10 minutes. Cause less than 5% of all deaths.

- **Strong** - 19% of all tornados, 110-205 mph winds, path less than 5 miles, lasting 10-20 minutes. Cause 30% of all deaths,

- **Violent** - 1% of all tornados, winds greater than 205 mph, can have a 50 mile path lasting up to 60 minutes. Cause 70% of all deaths.

The most common direction of a tornado path is from the southwest to the northeast but they can come from any direction. Tornadoes are most likely to occur during the afternoon and evening. The most violent storms occur in March, April, May, November and December. The peak hours are from 12:00 noon until 7:00 P.M.

V. EFFECTS OF HIGH WINDS

The causes of damage to buildings by a tornado may be classified in one of three categories which include: extreme winds, missiles, collapse. All buildings have at lease one undesirable structural feature relating to the effects of a tornado. Examples are: large areas of glass, long roof/ceiling spans, wind tunnels, and load-bearing wall construction. The areas designated in this report are not to be considered "tornado-proof", but rather the best available areas for sheltering during tornado and severe thunderstorm warnings.

Shelter areas were selected by Risk Management & Safety personnel in conjunction with Lee County Emergency Management Agency. As much as possible, the shelters were selected to:

A. Avoid glass

B. Avoid interior and exterior doors

C. Utilize interior spaces with short spans

D. Keep occupants as far away as possible from entrances

E. Avoid areas expected to become wind tunnels

F. Distribute locations throughout the building to facilitate rapid access

G. Avoid areas where chemicals are stored

H. Put as many walls as possible between you and the exterior of the building

VI. EMERGENCY NOTIFICATION SYSTEM

Severe weather alerts are transmitted by two means: via pole-mounted sirens stationed at five specific locations around the campus and via severe weather radios located within campus buildings. The sirens and radios are tested audibly on the 4th Wednesday of the month at noon (this will not occur if it is storming to prevent confusion). Defective radios should be immediately reported to Risk Management & Safety for repair or replacement.

Watches and warnings are broadcast via the severe weather radios. Minimum actions that should be taken based on specific alerts are detailed in the next section.

Sirens will not sound for a tornado watch, only for a tornado warning which means one has been sighted in our area. The sirens will activate for three minutes when a tornado has been sighted.

VII. MINIMUM ACTIONS TO BE TAKEN BASED ON SPECIFIC SEVERE WEATHER ALERTS

A. SEVERE THUNDERSTORM WATCH

Be aware that conditions may be ripe for the development of a tornado.

B. SEVERE THUNDERSTORM WARNING

Review your severe weather action plan. Usual activities can continue but be prepared to seek shelter. Avoid going outside if possible.

C. TORNADO WATCH

Review your severe weather action plan. Usual activities can continue but be prepared to seek shelter.

D. TORNADO WARNING

When a tornado warning is issued, activating the sirens and broadcasting a tornado warning via the severe weather radios, **all supervisors and instructors shall immediately lead their employees and students to their building's designated shelter area.** Persons responsible for severe weather radios in the building should unplug them and take them to the shelter area to monitor for additional warnings. **All persons located outdoors shall seek shelter indoors immediately.**

Exterior doors should not be opened. Under no circumstances should persons leave buildings during a warning. During a warning, persons should take one of two positions -- The preferred position is kneeling with their head between their knees facing the wall, and the other is, seated on the floor with their backs to the wall. In either case, they should be as low as possible to reduce their potential for injuries from flying missiles or glass or debris. If available, some form of covering should be used to protect heads, arms, and legs.

The warnings will last for an hour from the last siren unless a shorter time is indicated by the National Weather Service. Building occupants should remain in the shelter area for at least that long unless a new warning is issued and the sirens

activate again, or the National Weather Service issues a release. **Listen to your radio for information.**

Remember, you typically have only three minutes to reach a shelter so **do not delay**. Waiting can mean the difference between life and death. Everyone must be familiar with the location of the severe weather shelter area(s) in their buildings and should be briefed on what actions to take when the sirens have sounded. Persons in the shelter should tune to local radio stations, their severe weather radio, and/or a NOAA weather radio for additional information.

VIII. SEVERE WEATHER KIT

Every building will have at least one Severe Weather Kit. Some buildings will have more than one. The kit should include at least the following items:

- Flashlight(s), with extra batteries
- Battery-operated Radio, with extra batteries
- NOAA Weather Radio if available
- First-aid Kit
- An A-B-C-type fire extinguisher
- Several Blankets

IX. UNIVERSITY CLOSURE

The decision to close the University ultimately lies with the President. When time and circumstances permit, decisions on University closure will be made by the President, Executive Vice-President and Provost under close consultation with Risk Management & Safety and Auburn Public Safety. Risk Management & Safety monitors weather conditions on an ongoing basis, and maintains close communication with the Lee County EMA and other agencies with information on potential emergency situations. Others may be consulted as needed to make an informed decision. The decision to close the University will be communicated to the campus community as quickly and with as much advance notice as possible. When time permits, classes may be canceled in advance of full University closure, to allow a more organized closure and reduce the impact on traffic in and around campus.

X. FLOOR PLAN & SHELTER AREA IDENTIFICATION

Floor plans and location of the shelter area for your building are on file with the Department of Risk Management and Safety.

XI. MEASURES TO BE TAKEN WHEN USING A SHELTER AREA

A. All doors around shelter areas should be closed and secured during a tornado warning.

B. Window and doors with glass panels should be avoided because of potential missiles propelled by high wind.

C. Chemicals and cleaning supplies should be removed from areas designated for shelter use and relocated to a non shelter area.

XII. ADDITIONAL RESOURCES

The Tornado Project Online
One of the most informative web sites regarding tornado facts and statistics
www.tornadoproject.com/index.html

The National Weather Association, Tornados Fact Sheet
http://www.crh.noaa.gov/lmk/preparedness/tornado_large

NOAA National Severe Storms Laboratory
www.nssl.noaa.gov

Weather for Auburn
www.weather.com/outlook/homeandgarden/schoolday/local/USAL0036?from=search_current

The National Weather Service
Current and Forecasted Weather Conditions, Hazardous Weather Outlook and Other Resources
http://www.weather.gov

Red Cross Tornado Safety
http://www.redcross.org/static/file_cont244_lang0_114.pdf

Storm Encyclopedia
www.weather.com/encyclopedia/tornado/form.html

The Weather Channel – Tornado Information
www.weather.com/safeside/tornado

AUBURN

AUBURN POLICE DEPARTMENT

Community Response Checklist

- Active Shooter Incident -

Secure immediate area:

- Lock and barricade doors
- Turn off lights
- Close blinds
- Block windows
- Turn off radios and computer monitors
- Keep occupants calm, quiet, and out of sight
- Keep yourself out of sight and take adequate cover/protection i.e. concrete walls, thick desks, filing cabinets (cover may protect you from bullets)
- Silence cell phones
- Place signs in exterior windows to identify the location of injured persons

Un-Securing an area:

- Consider risks before un-securing rooms
- Remember, the shooter will not stop until they are engaged by an outside force
- Attempts to rescue people should only be attempted if it can be accomplished without further endangering the persons inside a secured area.
- Consider the safety of masses –vs- the safety of a few
- If doubt exists for the safety of the individuals inside the room, the area should remain secured

Contacting Authorities:

- Use Emergency 911
- 501-3100 Auburn Police (nonemergency line)

Be aware that the 911 system will likely be overwhelmed. Program the Auburn Police administrative line (501-3100) into cell phone for emergency use.

What to Report:

- Your specific location- building name and office/room number
- Number of people at your specific location
- Injuries- number injured, types of injuries
- Assailant(s)- location, number of suspects, race/gender, clothing description, physical features, type of weapons(long gun or hand gun), backpack, shooters identity if known, separate explosions from gunfire, etc

Police Response:

- Objective is to immediately engage assailant(s)
- Evacuate victims
- Facilitate follow up medical care, interviews, counseling
- Investigation

AUBURN UNIVERSITY
RISK MANAGEMENT AND SAFETY
TRAVEL GUIDELINES

Travel by Automobile

- Reliable transportation should be selected. A Pre-Trip inspection of the vehicle is recommended.
- Driver must operate the vehicle in a professional manner.
- Driver must be in possession of a valid driver license.
- Driver should have experience driving the type of vehicle he/she will be operating for Auburn University.
- Fifteen-Passenger Vans should not be used to transport passengers.
- Driver should attend Auburn University's Defensive Driving Class or other approved defensive driver training program.
- Driver of Fifteen-Passenger Vans should attend Auburn University's Van Safety Class.
- Driver should have an acceptable motor vehicle record.
- Seat belts and other occupant restraint devices should be worn at all times by the driver and occupants.
- Driver must operate the vehicle in accordance with all traffic laws, ordinances and regulations.
- Vehicles should not be used to transport unauthorized passengers.
- Vehicle should be driven at speeds that are appropriate for road conditions.
- Driver must not use a cellular phone when vehicle is in motion.
- Driver must not drive if drowsy or under the influence of any substance.
- Driver should not drive for long periods of time without breaks. Breaks are recommended at a minimum of every two hours. Maximum driving time recommended in a 24 hour period is eight (8) hours.
- Require that the people responsible for the trip and the drivers know the route and an alternative route prior to departure.
- Require that the people responsible for the trip and the drivers know the predicted weather prior to departure. If inclement weather is expected, consider setting guidelines for alternate transportation.
- Driver should turn off the vehicle, remove the keys and lock the doors when left unattended.
- Driver must immediately report all accidents to the local law enforcement agency, immediate supervisor and Risk Management and Safety.

Note: Auburn University is not responsible for personal items left in a vehicle.

It is also recommended that group travel be contracted with an outside vendor whenever possible/practical.

Hotel Accommodations

- Choose a hotel with adequate security service.
- Use the hotel to book taxi or shuttle service. Check the fare before boarding.
- Meet visitors in the lobby, not in your room.
- Stay together and travel as a group.
- Do not give away personal information.
- Remain alert to your surroundings.
- Avoid areas "off the beaten path" and choose a guide whenever possible.
- Familiarize yourself and others with hotel emergency exits.

General Guidelines

- Organize a Pre-Trip Meeting with typed agenda and a sign-in sheet to confirm participation.
- Discuss known risks of the area and proper way to handle dangerous situations.
- Have a filed plan of action should the trip need to be cancelled or terminated unexpectedly.
- Prepare an itinerary and make it available to all participants and Auburn University representative (i.e. administration, dean,) before departure.
- Provide each participant with documentation outlining acceptable behavior and the consequences if behavior is determined to be unacceptable.
- Obtain name, address, phone number and medical release form from all participants.
- Report any suspicious behavior or incident to the proper law enforcement agency.
- Advise all participants that Auburn University provides no coverage for the trip. If they are injured or become ill during the trip, they will be responsible for all medical costs.
- Have all participants sign a hold harmless agreement.

AU SMOKING POLICY

It is the policy of Auburn University to prohibit the smoking of tobacco within the interior of any building or facility except under the conditions described below.

- Smoking at University sponsored public events at Beard-Eaves Memorial Coliseum and intercollegiate athletic facilities will be regulated by the management of those facilities in conjunction with the local fire authority.

In keeping with the University's concern for the well being of its employees and students, smoking cessation classes are provided by Human Resources Development and Student Health Services.

Failure to comply with this policy will constitute a violation of University policy and may be dealt with accordingly through established, formal disciplinary procedures.

Requests for assistance and questions regarding this policy can be addressed to the Department of Risk Management and Safety at (334) 844-4870.

Standards Committee

PROFESSIONAL ABSENTEEISM

Consistent attendance in AuD classes and clinic are imperative. Full-time students in the AU-AUM Cooperative Doctor of Audiology (AuD) program may request permission from academic and/or clinical instructors to be excused from class and/or clinic for two professional conferences/conventions per academic program year (fall through summer semester). Specifically, a student may request permission to attend one national meeting (e.g. AAA, ADA, ASHA) and one regional/state meeting (e.g. ALAA, SHAA).

An exception to the two conference limit may occur when an AuD student works with Alabama Academy of Audiology (ALAA) or Speech and Hearing Association of Alabama (SHAA) officers or representatives to plan and execute annual conventions.

Whether attending a conference/convention or working at a conference/convention, the student must request permission to attend a professional conference/convention even when the academic faculty or clinical faculty member plans to attend the same event and has made alternative arrangements for classes and clinic assignments. The student should contact the supervising faculty/staff member at least two weeks in advance of the anticipated absence.

If the student wishes to attend more than two professional meetings in an academic program year, the student should notify the chair of the AuD Standards Committee to request an exception for attendance at the event at least two weeks prior to the anticipated absence. The committee will grant or deny permission on a case-by-case basis.

Professional Issues

CODE OF ETHICS OF THE AMERICAN ACADEMY OF AUDIOLOGY

PREAMBLE

The Code of Ethics of the American Academy of Audiology specifies professional standards that allow for the proper discharge of audiologists responsibilities to those served, and that protect the integrity of the profession. The Code of Ethics consists of two parts. The first part, the Statement of Principles and Rules, presents precepts that members of the Academy agree to uphold. The second part, the Procedures, describes the process which enables enforcement of the Principles and Rules.

PART I : STATEMENT OF PRINCIPLES AND RULES

PRINCIPLE 1: Members shall provide professional services with honesty and compassion, and shall respect the dignity, worth, and rights of those served.

Rule 1a: Individuals shall not limit the delivery of professional services on any basis that is unjustifiable or irrelevant to the need for the potential benefit from such services.

PRINCIPLE 2: Members shall maintain high standards of professional competence in rendering services, providing only those professional services for which they are qualified by education and experience.

Rule 2a: Individuals shall use available resources, including referrals to other specialists, and shall not accept benefits or items of personal value for receiving or making referrals.

Rule 2b: Individuals shall exercise all reasonable precautions to avoid injury to persons in the delivery of professional services.

Rule 2c: Individuals shall not provide services except in a professional relationship, and shall not discriminate in the provision of services to individuals on the basis of sex, race, religion, national origin, sexual orientation, or general health.

Rule 2d: Individuals shall provide appropriate supervision and assume full responsibility for services delegated to supportive personnel. Individuals shall not delegate any service requiring professional competence to unqualified persons.

Rule 2e: Individuals shall not permit personnel to engage in any practice that is a violation of the Code of Ethics.

Rule 2f: Individuals shall maintain professional competence, including participation in continuing education.

PRINCIPLE 3: Members shall maintain the confidentiality of the information and records of those receiving services.

Rule 3a: Individuals shall not reveal to unauthorized persons any professional or personal information obtained from the person served professionally, unless required by law.

PRINCIPLE 4: Members shall provide only services and products that are in the best interest of those served.

Rule 4a: Individuals shall not exploit persons in the delivery of professional services.

Rule 4b: Individuals shall not charge for services not rendered.

Rule 4c: Individuals shall not participate in activities that constitute a conflict of professional interest.

Rule 4d: Individuals shall not accept compensation for supervision or sponsorship beyond reimbursement of expenses.

PRINCIPLE 5: Members shall provide accurate information about the nature and management of communicative disorders and about the services and products offered.

Rule 5a: Individuals shall provide persons served with the information a reasonable person would want to know about the nature and possible effects of services rendered, or products provided.

Rule 5b: Individuals may make a statement of prognosis, but shall not guarantee results, mislead, or misinform persons served.

Rule 5c: Individuals shall not carry out teaching or research activities in a manner that constitutes an invasion of privacy, or that fails to inform persons fully about the nature and possible effects of these activities, affording all persons informed free choice of participation.

Rule 5d: Individuals shall maintain documentation of professional services rendered.

PRINCIPLE 6: Members shall comply with the ethical standards of the Academy with regard to public statements.

Rule 6a: Individuals shall not misrepresent their educational degrees, training, credentials, or competence. Only degrees earned from regionally accredited institutions in which training was obtained in audiology, or a directly related discipline, may be used in public statements concerning professional services.

Rule 6b: Individuals' public statements about professional services and products shall not contain representations or claims that are false, misleading, or deceptive.

PRINCIPLE 7: Members shall honor their responsibilities to the public and to professional colleagues.

Rule 7a: Individuals shall not use professional or commercial affiliations in any way that would mislead or limit services to persons served professionally.

Rule 7b: Individuals shall inform colleagues and the public in a manner consistent with the highest professional standards about products and services they have developed.

PRINCIPLE 8: Members shall uphold the dignity of the profession and freely accept the Academy's self-imposed standards.

Rule 8a: Individuals shall not violate these Principles and Rules, nor attempt to circumvent them.

Rule 8b: Individuals shall not engage in dishonesty or illegal conduct that adversely reflects on the profession.

Rule 8c: Individuals shall inform the Ethical Practice Board when there are reasons to believe that a member of the Academy may have violated the Code of Ethics.

Rule 8d: Individuals shall cooperate with the Ethical Practice Board in any matter related to the Code of Ethics.

Signature: _____ Date: _____

Preamble

The Code of Ethics of the American Academy of Audiology specifies professional standards that allow for the proper discharge of audiologists' responsibilities to those served, and that protect the integrity of the profession. The Code of Ethics consists of two parts. The first part, the Statement of Principles and Rules, presents precepts that members of the Academy agree to uphold. The second part, the Procedures, provides the process that enables enforcement of the Principles and Rules.

PART I. Statement of Principles and Rules

PRINCIPLE 1: Members shall provide professional services and conduct research with honesty and compassion, and shall respect the dignity, worth, and rights of those served.
Rule 1a: Individuals shall not limit the delivery of professional services on any basis that is unjustifiable or irrelevant to the need for the potential benefit from such services.
Rule 1b: Individuals shall not provide services except in a professional relationship, and shall not discriminate in the provision of services to individuals on the basis of sex, race, religion, national origin, sexual orientation, or general health.

PRINCIPLE 2: Members shall maintain high standards of professional competence in rendering services.
Rule 2a: Members shall provide only those professional services for which they are qualified by education and experience.
Rule 2b: Individuals shall use available resources, including referrals to other specialists, and shall not accept benefits or items of personal value for receiving or making referrals.
Rule 2c: Individuals shall exercise all reasonable precautions to avoid injury to persons in the delivery of professional services or execution of research.
Rule 2d: Individuals shall provide appropriate supervision and assume full responsibility for services delegated to supportive personnel. Individuals shall not delegate any service requiring professional competence to unqualified persons.
Rule 2e: Individuals shall not permit personnel to engage in any practice that is a violation of the Code of Ethics.
Rule 2f: Individuals shall maintain professional competence, including participation in continuing education.

PRINCIPLE 3: Members shall maintain the confidentiality of the information and records of those receiving services or involved in research.
Rule 3a: Individuals shall not reveal to unauthorized persons any professional or personal information obtained from the person served professionally, unless required by law.

PRINCIPLE 4: Members shall provide only services and products that are in the best interest of those served.
Rule 4a: Individuals shall not exploit persons in the delivery of professional services.
Rule 4b: Individuals shall not charge for services not rendered.
Rule 4c: Individuals shall not participate in activities that constitute a conflict of professional interest.
Rule 4d: Individuals using investigational procedures with patients, or prospectively collecting research data, shall first obtain full informed consent from the patient or guardian.

PRINCIPLE 5: Members shall provide accurate information about the nature and management of communicative disorders and about the services and products offered.
Rule 5a: Individuals shall provide persons served with the information a reasonable person would want to know about the nature and possible effects of services rendered, or products provided or research being conducted.
Rule 5b: Individuals may make a statement of prognosis, but shall not guarantee results, mislead, or misinform persons served or studied.
Rule 5c: Individuals shall conduct and report product-related research only according to accepted standards of research practice.
Rule 5d: Individuals shall not carry out teaching or research activities in a manner that

constitutes an invasion of privacy, or that fails to inform persons fully about the nature and possible effects of these activities, affording all persons informed free choice of participation.
Rule 5e: Individuals shall maintain documentation of professional services rendered.

PRINCIPLE 6: Members shall comply with the ethical standards of the Academy with regard to public statements or publication.
Rule 6a: Individuals shall not misrepresent their educational degrees, training, credentials, or competence. Only degrees earned from regionally accredited institutions in which training was obtained in audiology, or a directly related discipline, may be used in public statements concerning professional services.
Rule 6b: Individuals' public statements about professional services, products, or research results shall not contain representations or claims that are false, misleading, or deceptive.

PRINCIPLE 7: Members shall honor their responsibilities to the public and to professional colleagues.
Rule 7a: Individuals shall not use professional or commercial affiliations in any way that would limit services to or mislead patients or colleagues.
Rule 7b: Individuals shall inform colleagues and the public in a manner consistent with the highest professional standards about products and services they have developed or research they have conducted.

PRINCIPLE 8: Members shall uphold the dignity of the profession and freely accept the Academy's self-imposed standards.
Rule 8a: Individuals shall not violate these Principles and Rules, nor attempt to circumvent them.
Rule 8b: Individuals shall not engage in dishonesty or illegal conduct that adversely reflects on the profession.
Rule 8c: Individuals shall inform the Ethical Practices Committee when there are reasons to believe that a member of the Academy may have violated the Code of Ethics.
Rule 8d: Individuals shall cooperate with the Ethical Practices Committee in any matter related to the Code of Ethics.

PART II. PROCEDURES FOR THE MANAGEMENT OF ALLEGED VIOLATIONS

INTRODUCTION

Members of the American Academy of Audiology are obligated to uphold the Code of Ethics of the Academy in their personal conduct and in the performance of their professional duties. To this end it is the responsibility of each Academy member to inform the Ethical Practices Committee of possible Ethics Code violations. The processing of alleged violations of the Code of Ethics will follow the procedures specified below in an expeditious manner to ensure that violations of ethical conduct by members of the Academy are halted in the shortest time possible.

PROCEDURES

1. Suspected violations of the Code of Ethics shall be reported in letter format giving documentation sufficient to support the alleged violation. Letters must be addressed to:

Chair, Ethical Practices Committee
c/o Executive Director
American Academy of Audiology
11730 Plaza America Dr., Suite 300
Reston, VA 20190

2. Following receipt of a report of a suspected violation, at the discretion of the Chair, the Ethical Practices Committee will request a signed Waiver of Confidentiality from the complainant indicating that the complainant will allow the Ethical Practices Committee to disclose his/her name should this become necessary during investigation of the allegation.

a. The Ethical Practices Committee may, under special circumstances, act in the absence of

a signed Waiver of Confidentiality. For example, in cases where the Ethical Practices Committee has received information from a state licensure or registration board of a member having his or her license or registration suspended or revoked, then the Ethical Practices Committee will proceed without a complainant.

b. The Chair may communicate with other individuals, agencies, and/or programs for additional information as may be required for review at any time during the deliberation.

3. The Ethical Practices Committee will convene to review the merit of the alleged violation as it relates to the Code of Ethics

a. The Ethical Practices Committee shall meet to discuss the case, either in person, by electronic means or by teleconference. The meeting will occur within 60 days of receipt of the waiver of confidentiality, or of notification by the complainant of refusal to sign the waiver. In cases where another form of notification brings the complaint to the attention of the Ethical Practices Committee, the Committee will convene within 60 days of notification.

b. If the alleged violation has a high probability of being legally actionable, the case may be referred to the appropriate agency. The Ethical Practices Committee may postpone member notification and further deliberation until the legal process has been completed.

4. If there is sufficient evidence that indicates a violation of the Code of Ethics has occurred, upon majority vote, the member will be forwarded a Notification of Potential Ethics Concern.

a. The circumstances of the alleged violation will be described.

b. The member will be informed of the specific Code of Ethics rule that may conflict with member behavior.

c. Supporting Academy documents that may serve to further educate the member about the ethical implications will be included, as appropriate.

d. The member will be asked to respond fully to the allegation and submit all supporting evidence within 30 calendar days.

5. The Ethical Practices Committee will meet either in person or by teleconference:

a. within 60 calendar days of receiving a response from the member to the Notification of Potential Ethics Concern to review the response and all information pertaining to the alleged violation, or

b. within sixty (60) calendar days of notification to member if no response is received from the member to review the information received from the complainant.

6. If the Ethical Practices Committee determines that the evidence supports the allegation of an ethical violation, then the member will be provided written notice containing the following information:

a. The right to a hearing in person or by teleconference before the Ethical Practices Committee;

b. The date, time and place of the hearing;

c. The ethical violation being charged and the potential sanction

d. The right to present a defense to the charges.
At this time the member should provide any additional relevant information. As this is the final opportunity for a member to provide new information, the member should carefully

prepare all documentation.

7. Potential Rulings.

a. When the Ethical Practices Committee determines there is insufficient evidence of an ethical violation, the parties to the complaint will be notified that the case will be closed.

b. If the evidence supports the allegation of a Code violation, the rules(s) of the Code violated will be cited and sanction(s) will be specified.

8. The Committee shall sanction members based on the severity of the violation and history of prior ethical violations. A simple majority of voting members is required to institute a sanction unless otherwise noted. Sanctions may include one or more of the following:

a. Educative Letter. This sanction alone is appropriate when:

1. The ethics violation appears to have been inadvertent.

2. The member's response to Notification of Potential Ethics Concern indicates a new awareness of the problem and the member resolves to refrain from future ethical violations.

b. Cease and Desist Order. The member signs a consent agreement to immediately halt the practice(s) which were found to be in violation of the Code of Ethics.

c. Reprimand. The member will be formally reprimanded for the violation of the Code of Ethics.

d. Mandatory continuing education

1. The EPC will determine the type of education needed to reduce chances of recurrence of violations.

2. The member will be responsible for submitting documentation of continuing education within the period of time designated by the Ethical Practices Committee.

3. All costs associated with compliance will be borne by the member.

e. Probation of Suspension. The member signs a consent agreement in acknowledgement of the Ethical Practices Committee decision and is allowed to retain membership benefits during a defined probationary period.

1. The duration of probation and the terms for avoiding suspension will be determined by the Ethical Practices Committee.

2. Failure of the member to meet the terms for probation will result in the suspension of membership.

f. Suspension of Membership.

1. The duration of suspension will be determined by the Ethical Practices Committee.

2. The member may not receive membership benefits during the period of suspension.

3. Members suspended are not entitled to a refund of dues or fees.

g. Revocation of Membership. Revocation of membership is considered the maximum

punishment for a violation of the Code of Ethics.

1. Revocation requires a two-thirds majority of the voting members of the EPC.

2. Individuals whose memberships are revoked are not entitled to a refund of dues or fees.

3. One year following the date of membership revocation the individual may reapply for, but is not guaranteed, membership through normal channels and must meet the membership qualifications in effect at the time of application.

9. The member may appeal the Final Finding and Decision of the Ethical Practices Committee to the Academy Board of Directors. The route of Appeal is by letter format through the Ethical Practices Committee to the Board of Directors of the Academy. Requests for Appeal must:

a. be received by the Chair, Ethical Practices Committee, within 30 days of the Ethical Practices Committee's notification of the Final Finding and Decision,

b. state the basis for the appeal, and the reason(s) that the Final Finding and Decision of the Ethical Practices Committee should be changed,

c. not offer new documentation.
The EPC chair will communicate with the Executive Director of the Association to schedule the appeal at the earliest feasible Board of Director's meeting.

The Board of Directors will review the documents and written summaries, and deliberate the case.

The decision of the Board of Directors regarding the member's appeal shall be final.

10. In order to educate the membership, upon majority vote the Ethical Practices Committee, the circumstances and nature of cases shall be presented in *Audiology Today* and in the Professional Resource area of the Academy website. The member's identity will not be made public.

11. No Ethical Practices Committee member shall give access to records, act or speak independently, or on behalf of the Ethical Practices Committee, without the expressed permission of the members then active. No member may impose the sanction of the Ethical Practices Committee, or to interpret the findings of the EPC in any manner which may place members of the Ethical Practices Committee or Board of Directors, collectively or singly, at financial, professional, or personal risk.

12. The Ethical Practices Committee Chair shall maintain a Book of Precedents that shall form the basis for future findings of the Committee.

CONFIDENTIALITY AND RECORDS
Confidentiality shall be maintained in all Ethical Practices Committee discussion, correspondence, communication, deliberation, and records pertaining to members reviewed by the Ethical Practices Committee.

1. Complaints and suspected violations are assigned a case number.

2. Identity of members involved in complaints and suspected violations and access to EPC files is restricted to the following:

a. EPC Chair

b. EPC member designated by EPC Chair when the chair recuses him or herself from a case.

c. Executive Director

d. Agent/s of the Executive Director

e. Other/s, following majority vote of EPC

3. Original records shall be maintained at the Central Records Repository at the Academy office in a locked cabinet.

a. One copy will be sent to the Ethical Practices Committee chair or member designated by the Chair.

b. Copies will be sent to members.

4. Communications shall be sent to the members involved in complaints by the Academy office via certified or registered mail, after review by Legal Counsel.

5. When a case is closed,

a. The chair will forward all documentation to the Academy Central Records Repository.

b. Members shall destroy all material pertaining to the case.

6. Complete records generally shall be maintained at the Academy Central Records Repository for a period of five years.

a. Records will be destroyed five years after a member receives a sanction less than suspension, or five years after the end of a suspension, or after membership is reinstated.

b. Records of membership revocations for persons who have not returned to membership status will be maintained indefinitely.

Code of Ethics

Last Revised January 1, 2003

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 conduct of research and scholarly activities and responsibility to persons served, the public, and speech-language pathologists, audiologists, and speech, language, and hearing scientists.

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.

Reference this material as: American Speech-Language-Hearing Association. Code of ethics (revised). *ASHA Supplement*, 23, in press.

Index terms: ASHA reference products, ethics (professional practice issues), ethics and related papers

Document type: Ethics and related documents

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 participants in research and scholarly activities and 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, age, religion, national origin, sexual orientation, or disability.

D. Individuals shall not misrepresent the credentials of assistants, technicians, or support personnel and shall inform those they serve professionally of the name and professional credentials of persons providing services.

E. Individuals who hold the Certificates 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, students, or any nonprofessionals over whom they have supervisory responsibility. An individual may delegate support services to assistants, technicians, support personnel, students, or any other persons only if those services are adequately supervised by an individual who holds the appropriate Certificate of Clinical Competence.

F. 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.

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

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

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

J. Individuals may practice by telecommunication (for example, telehealth/e-health), where not prohibited by law.

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

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

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

N. Individuals shall use persons in research or as subjects of teaching demonstrations only with their informed consent.

O. 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.

Principle of Ethics II

Individuals shall honor their responsibility to achieve and maintain the highest level of professional competence.

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 competence, considering their level of education, training, and experience.

C. Individuals shall continue their professional development throughout their careers.

D. Individuals shall delegate the provision of clinical services only to: (1) persons who hold the appropriate Certificate of Clinical Competence; (2) persons in the education or certification process who are appropriately supervised by an individual who holds the appropriate Certificate of Clinical Competence; or (3) assistants, technicians, or support personnel who are adequately supervised by an individual who holds the appropriate Certificate of Clinical Competence.

E. 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.

F. Individuals shall ensure that all equipment used in the provision of 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 dissemination of research findings and scholarly activities.

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 financial interest.

D. Individuals shall not misrepresent diagnostic information, research, services rendered, or products dispensed; neither shall they engage in any scheme to defraud in connection with obtaining payment or reimbursement for such services or products.

E. Individuals' statements to the public shall provide accurate information about the nature and management of communication disorders, about the professions, about professional services, and about research and scholarly activities.

F. Individuals' statements to the public—advertising, announcing, and marketing their professional services, reporting research results, and promoting products—shall adhere to prevailing 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 allied professions. Individuals shall uphold the dignity and autonomy of the professions, maintain harmonious interprofessional and intraprofessional relationships, and accept the professions' self-imposed standards.

Rules of Ethics

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

B. Individuals shall not engage in dishonesty, fraud, deceit, misrepresentation, sexual harrassment, or any other form of conduct that adversely reflects on the professions or on the individual's fitness to serve persons professionally.

C. Individuals shall not engage in sexual activities with clients or students over whom they exercise professional authority.

D. 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.

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

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

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

H. Individuals shall not discriminate in their relationships with colleagues, students, and members of allied professions on the basis of race or ethnicity, gender, age, religion, national origin, sexual orientation, or disability.

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

J. 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.

ALABAMA BOARD OF EXAMINERS FOR SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY ADMINISTRATIVE CODE

CHAPTER 870-X-6 CODE OF ETHICS

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870-X-6-.01 Preamble.

(1) The preservation of the highest standards of integrity and ethical principles is vital to the responsible discharge of obligations in the professions of speech-language pathology and audiology. This Code of Ethics sets forth the fundamental principles and rules considered essential to this purpose. Every individual who is licensed by the Board, registered for CFY, or registered as an assistant shall abide by this Code of Ethics. Any action that violates 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.

(2) 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, to the public and to the professions of speech-language pathology and audiology.

(a) 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.

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

Author: David Savage
Statutory Authority: Code of Ala. 1975, §§34-28A-1, et seq.
History: Filed September 20, 1982. Amended: Filed December 12, 1988. Amended: Filed February 11, 1994; effective March 18, 1994.

870-X-6-.02 Principle Of Ethics I.

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

Rules of Ethics

(a) Individuals shall provide all services competently.

(b) Individuals shall use every resource, including referral when appropriate, to ensure that quality service is provided.

(c) Individuals shall not discriminate in the delivery of professional services on the basis of race, sex, age, religion, national origin, sexual orientation, or handicapping condition.

(d) Individuals shall fully inform the persons they serve of the nature and possible effects of services rendered and products dispensed.

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

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

(g) Individuals shall not evaluate or treat speech, language, or hearing disorders solely by correspondence.

(h) Individuals shall maintain adequate records of professional services rendered and products dispensed, and shall allow access to these records when appropriately authorized.

(i) Individuals shall not reveal, without authorization, any professional or personal information about the person served professionally, unless required by law to do so, or unless doing so is necessary to protect the welfare of the person or the community.

(j) Individuals shall not charge for services not rendered, nor shall they misrepresent. in any fashion, services rendered or products dispensed.

(k) Individuals shall use persons in research or as subjects of teaching demonstrations only with their informed consent.

(l) Individuals shall withdraw from professional practice when substance abuse or an emotional or mental disability may adversely affect the quality of services they render.

Author: David Savage
Statutory Authority: Code of Ala. 1975, §§34-28A-1, et seq.
History: Filed September 20, 1982. Amended: Filed December 12, 1988; January 14, 1994. Amended: Filed February 11, 1994; effective March 18, 1994.

870-X-6-.03 Principle of Ethics II.

(1) Individuals shall honor their responsibility to achieve and maintain the highest level of professional competence.

Rules of Ethics

(a) Individuals shall engage in the provision of clinical services only when they hold the appropriate license, CFY registration, Fourth-Year Internship registration or assistant registration.

(b) Individuals shall engage in only those aspects of the professions that are within the scope of their competence, considering their level of education, training, and experience.

(c) Individuals shall continue their professional development throughout their careers.

(d) Individuals shall delegate the provision of clinical services only to persons who are certified or to persons in the education or certification process who are appropriately supervised. The provision of support services may be delegated to persons who are neither certified nor in the certification process, but are registered as assistants, only when a licensee provides appropriate supervision.

(e) Individuals shall prohibit any of their professional staff from providing services that exceed the staff member's competence, considering the staff member's level of education, training, and experience.

(f) Individuals shall ensure that all equipment used in the provision of services is in proper working order and is properly calibrated.

Authors: David Savage, Denise P. Gibbs
Statutory Authority: Code of Ala. 1975, §§34-28A-1, et seq.

History: Filed September 20, 1982. Amended: Filed
December 12, 1988; January 14, 1994. Amended: Filed February 11, 1994; effective March 18, 1994.

870-X-6-.04 Principle Of Ethics III.

(1) Individuals shall honor their responsibility to the 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 profession.

Rules of Ethics

(a) Individuals shall not misrepresent their credentials, competence, education, training, or experience.

(b) Individuals shall not participate in professional activities that constitute a conflict of interest.

© Individuals shall not misrepresent diagnostic information, services rendered, or products dispensed or engage in any scheme or artifice to defraud in connection with obtaining payment or reimbursement for such services or products.

(d) Individuals' statements to the public shall provide accurate information about the nature and management of communication disorders, about the professions, and about professional services.

(e) Individuals' statements to the public shall not contain misrepresentations in advertising, announcing, and in the marketing of professional services, in reporting research results and in the promotion of products.

Author: Denise P. Gibbs and Florence Cuneo
Statutory Authority: Code of Ala. 1975, §§34-28A-1, et seq.
History: Filed September 20, 1982; January 14, 1994. Amended: Filed February 11, 1994; effective March 18, 1994; Filed September 13, 2002 .

870-X-6-.05 Principle Of Ethics IV.

(1) Individuals shall honor their responsibilities to the professions and their relationships with colleagues, students, and members of allied professions. Individuals shall uphold the dignity and autonomy of the professions, maintain harmonious interprofessional and intraprofessional relationships, and accept the professions' self-imposed standards.

Rules of Ethics

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

(b) Individuals shall not engage in dishonesty, fraud, deceit, misrepresentation, or any form of conduct that adversely reflects on the professions or on the individual's fitness to serve persons professionally.

(c) 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.

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

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

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

(g) Individuals shall cooperate fully with the Board in its investigation and adjudication of matters related to this Code of Ethics.

Author: Denise P. Gibbs
Statutory Authority: Code of Ala. 1975, §§34-28A-1, et seq.
History: Filed September 20, 1982; January 14, 1994. Amended: Filed February 11, 1994; effective March 18, 1994.

870-X-6-.06 Principle Of Ethics V. (Repealed)
Author:
Statutory Authority: Code of Ala. 1975, §§34-28A-1, et seq.
History: Filed September 20, 1982. Repealed: Filed February 17, 1994; effective March 24, 1994.

870-X-6-.07 Principle Of Ethics VI. (Repealed)
Author:
Statutory Authority: Code of Ala. 1975, §§34-28A-1, et seq.
History: Filed September 20, 1982. Repealed: Filed February 17, 1994; effective March 24, 1994.