

**LOUISIANA STATE UNIVERSITY
HEALTH SCIENCES CENTER
SCHOOL OF ALLIED HEALTH PROFESSIONS**

**DEPARTMENT OF COMMUNICATION
DISORDERS**

**AUDIOLOGY
CLINIC HANDBOOK**

(UPDATED 2007)

LSUHSC DEPARTMENT OF COMMUNICATION DISORDERS
AUDIOLOGY CLINIC HANDBOOK
Updated 2007

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OVERVIEW OF THE LSUHSC GRADUATE PROGRAM

Departmental Mission

The Department of Communication Disorders, School of Allied Health Professions, Louisiana State University Health Sciences Center, New Orleans has the following missions:

1. To offer an academic and clinical education program to students pursuing a Master of Communication Disorders (M.C.D.) degree in the area of Speech/Language Pathology and a Doctor of Audiology (Au.D.) degree in the area of Audiology
2. To conduct research in the areas of audiology and speech/language pathology
3. To provide clinical services in audiology and speech/language pathology.

The information in this clinic handbook includes policies and procedures related to clinical education. Each student enrolled in the program is responsible for the information contained herein.

Sources of Information

For information regarding the academic program, professional organizations and licensure, refer to the sources given as follows:

1. LSUHSC Catalogue/Bulletin
 - a. General School Information; facility, fees, calendar
 - b. Scholastic requirements, dismissals, withdrawals
 - c. Student Academic Appeals
 - d. Communication Disorders; curriculum, grades, probation, course description and faculty

2. COMD Orientation Packet
 - a. Current Curriculum
 - b. LSUHSC Academic Misconduct Policy
 - c. Harassment Prevention
 - d. NSSLHA Membership

3. ASHA Certification Handbook
 - a. Academic Course work Requirements for CCC
 - b. Clinical Practicum Requirements for CCC
 - c. Clinical Fellowship Requirements for CCC

 - d. National Examination in Speech-Language Pathology and Audiology
 - e. Process to Complete Certification
 - f. ASHA Code of Ethics
 - g. Application Form (and more)

4. COMD Clinic Handbook
 - a. General Clinic Policies

- b. Clinic Practicum
- c. Appendices

GENERAL CLINIC POLICIES

PLEASE BE AWARE THAT A LACK OF PROFESSIONAL RESPONSIBILITY RELATED TO ANY OF THE FOLLOWING ISSUES WILL RESULT IN A LOWERING OF PRACTICUM GRADES. IN ADDITION, IF THESE PROBLEMS PERSIST, DISMISSAL FROM THE PROGRAM WILL RESULT. A VIOLATION OF THE ASHA CODE OF ETHICS MAY RESULT IN IMMEDIATE DISMISSAL FROM THE PROGRAM.

Time Issues

1. The student will be prompt in meeting patients for evaluation and treatment sessions, staffings, supervisory meetings, and special conferences.
2. Appointments will not be canceled without supervisor approval, or approval by the clinic coordinator.
3. When a patient is late, the student will wait half the period and check with his/her supervisor before leaving.
4. If a patient fails to meet three consecutive appointments without notification the student should inform his/her supervisor and a decision will be made about continuation of appointments.

Illness

In case of illness, it is the student's responsibility to:

1. Notify his/her supervisor and the Front Office (504-568-4348) directly. The student is responsible for having a contact number for each supervisor.

Dress Code

The concept of appropriate dress in clinic is relative rather than absolute and may be addressed by your clinical supervisor(s). Shorts, sun-dresses, revealing clothing, jeans and sweat pants should not be worn when involved in clinic activities or in areas where clients are present. Care should be taken that the body remains covered during normal clinic movement. Females should wear nylons/hosiery when in dresses or skirts. No flip flops of any kind are appropriate for clinic. Dress shoes are appropriate as long as they do not impede mobility. No visible piercings except in the ears. At the supervisor's discretion, males may be asked to wear neckties. When not involved in clinical activities, neat attire is required. At that time avoid areas where client contact is likely (i.e., front office, waiting room, audiology suites, etc.).

Attendance

1. Required

- a. **Screenings:** All students are required to participate in speech-language and hearing screenings as assigned. This is part of your professional training and a responsibility which may extend beyond your need for obtaining collateral clock hours.
- b. **Staffings/Core:** All students are required to attend patient staffings as part of quality assurance as well as student instruction. There are separate staffings for audiology and speech. Schedules will be given at the beginning of the semester. Attendance is mandatory unless your off-site placement conflicts with the staffing schedule.
- c. **Supervisory Meetings:** All students enrolled in clinical practicum for evaluations are required to attend meetings as requested by their supervisors. For diagnostics/evaluations, this may include both pre-Dx and post-Dx meetings.
- d. **Special Events:** Special events are occasionally scheduled in which student participation is mandatory. This may include guest speakers, faculty presentations, departmental meetings, Kresge courses, professional conferences or other workshops. Students will be informed in advance if their participation is optional or mandatory.
- e. **Clinic Clean-up:** All students are scheduled for clinic clean-up. Schedules will be posted and it is up to students to complete these responsibilities as part of their clinic practicum grade.

2. Optional

All students are encouraged to attend professional meetings at the local, state or national level and may be required to attend specific events (see Special Events above). Financial assistance is often available from departmental funds or through NSSLHA for interested students. The Louisiana Speech-Language-Hearing Association meets in May/June. The American Speech-Language-Hearing Association meets in November. The American Academy of Audiology meets in April.

Department Resources

Phone

The Department has several lines for outside calls and local lines for interdepartmental calls. A phone is available in the Medical Records area. The phones are for professional use. When a personal call is necessary, the length of the call should be kept to a minimum. If a long distance call is necessary for client contact, the clerical staff will place the call. Messages taken by the office personnel will be placed in the faculty mailbox and on the message strip in the front office for students. Students should check the message strip for client cancellations. Students should also check their mailboxes daily for faculty messages.

Copy machine

1. There is a photocopier located in the lobby of the 9th floor. Copies are 10 cents each. Students are required to personally copy any materials for their own educational purpose.
2. Students may request photocopies for their client from the front office staff. For audiological evaluations, a copy of the audiogram is to be made immediately following the evaluation to accompany the report.
3. The photocopier in the front office and the large photocopier in the storage room are both off limits to students. Students are NOT allowed to make copies without authorization.

Materials and Forms

Location

Audiology Forms: 2 File Cabinets in Audiology Clinic
Clinic Forms: Computer Room - Open Shelves
Therapy Materials: Speech Materials Room
Case History forms: Medical Records Office
Patient Chart forms: Medical Records

Checkout Procedures for Items in the Speech Materials Room

READ PRIOR TO 1ST CLINICAL PRACTICUM

1. The diagnostic materials room is always locked. You may sign out the key to enter the room and must return the key when you leave. Materials must be signed in and out per the following procedures.

DIAGNOSTIC TESTS

(Also includes equipment: video cameras, tape recorders, stop watches etc)

1. Sign out the test or equipment or toys in the blue diagnostic log book located on top of the file cabinets in the materials room. Complete tests include all examiner and stimulus manuals, test objects, and forms (See 3x5 card on test box). Specify what you take on the log.
2. Sign the test back in when you return it to the materials room. If you want to keep part of a test to score, please sign that portion out and check the remainder back in.

Infection Control Procedures

Objectives

1. To identify and incorporate use of universal precautions for controlling infectious diseases in routine patient care.
2. To increase awareness of type of disease and the means of transmission.

Below are routine steps and procedures that should be used in the clinic. When particular persons are responsible for the implementation of the procedures, this is indicated in parentheses.

Procedures

Annually

1. Consultation with personal physician regarding required vaccines and immunizations.

Weekly

1. Assigned clinicians will disinfect toys in reception area per instructions. If any student, staff or faculty observes a child mouthing toys, drooling, or coughing near the toys, remove them immediately to Speech-Language Materials room and place in the plastic bin marked for cleaning.
2. Assigned clinicians will disinfect all hard surfaces in audiology suite and clean immittance tips per instructions.

Daily

1. If patient mouths, drools, or coughs on toys or test materials, clean immediately following the session per instructions.
2. Custodial staff removes garbage in all treatment rooms and audiology suites.

As Needed

1. Hand Washing
 - a. Wash hands before and after every patient contact.
 - b. Wash hands immediately within the session if you have contacted any of your own or the patient's bodily fluids.
 - c. Refer to the posted instructions for specific procedures.
2. Diaper Changing (Family)
 - a. Use the changing table in the restroom in hallway A for small children
 - b. Put soiled diaper in a plastic bag. Tie the bag. Discard in garbage.
 - c. Wash hands
3. Dispose of potentially infectious waste, such as bite blocks, straws etc. immediately following the session in the lined garbage cans.

Additional Procedures for the Audiology Clinic:

1. Soak probe tips and speculum after use in cleaning solution provided at each station.
2. Dispose of foam earphone inserts after each use.

3. Forms for clinic clean up will be provided to the students the week they are assigned to clinic clean up duty.

Clinic Clean-up

A Clinic clean-up schedule will be distributed each semester.

It is the responsibility of each individual using the clinic facilities to do the following:

1. Check out and return materials/equipment to the appropriate locations.
2. Leave the clinic rooms in order. Return all tables and chairs to original room immediately following session. Request vacuuming if needed.
3. Inform the staff or designated faculty of missing items or items which need to be reordered.
4. Write up an equipment malfunction report on any impaired equipment and give to your supervisor.

Failure to fulfill clinic clean-up responsibilities will be reflected in student professionalism ratings.

Emergency Procedures

Medical Emergencies or Accidents

Students should inform a faculty member immediately and have the front desk call Campus Police (3-4100). If possible, a student, staff, or faculty member should remain with the person in need of assistance until Campus Police arrives. If the student witnesses an accident, they should remain available to fill out an accident report.

Fire Procedures

WHEN FIRE OR SMOKE IS DISCOVERED Revised October 1994

1. If Flames or Smoke are seen, pull the nearest Fire Alarm. In all buildings, the fire alarm pull stations are located by the fire exits. In all buildings, floor plans giving the location of the fire extinguisher and stairwell fire evacuation routes are mounted on the wall of each floor. You are urged to view these floor plans and become familiar with the one for your work location.
2. ALERT OTHERS
3. Call University Police (568-8999) and give the following information:
 - a. Location of fire or smoke - building and room number.
 - b. Your name and telephone extension you are calling from.
4. Close all doors to help contain the fire if possible.
5. Evacuate using stairs - Do not use elevators.

WHEN THE FIRE ALARM IS SOUNDED

1. Personnel must evacuate the building by way of stairwells. Do not use elevators.
2. University Policy regarding employees, patients and visitors with disabilities.
 - a. Employees with disabilities shall notify University Police and Floor Captains of their work location(s), medical condition and any special requirements.
 - b. Patients and visitors with disabilities should notify University Police upon entering the facility and advise of their location.
 - c. Patients and visitors with disabilities should notify the University Police as they exit the building.
3. Mobility impaired personnel, students and patients are to be placed in a secure location in the building fire exit stairwells. The Front Desk personnel will report the location and condition of mobility impaired personnel, students, and patients to the University Police.
4. Faculty are responsible for evacuating all occupants from their assigned areas and reporting any problems (people who will not leave, etc.) to the University Police.
5. PATIENT AREAS: All ambulatory patients and visitors must evacuate. Non-ambulatory/mobility impaired patients, visitors and personnel are to be placed in the fire exit stairwells. Faculty are to report the location, condition, and number of persons located in fire exit stairwells to the University Police.
6. Faculty and staff report to the building exterior and await further instructions from the University Police.
7. DO NOT RETURN TO THE BUILDING UNTIL THE ALL CLEAR SIGNAL HAS BEEN GIVEN BY THE UNIVERSITY POLICE.
8. Personnel involved in procedures that would not allow immediate evacuation must notify University Police of the circumstances and await further instruction in the event that the area is determined to be in imminent danger.

Confidentiality

This Department abides by the Code of Ethics of the American Speech/Language/Hearing Association. All information shared by a patient is considered confidential.

1. Information obtained from an evaluation and/or treatment session cannot be released to others without authorization of the patient/parents/legal guardian. The Authorization for Release of Medical Record Information form must be signed and completed with names of persons to whom we may send or receive information. Students should check at the time of the evaluation to ensure its accurate completion.
2. In addition make sure that the Consent to Photography, Videotape, Audiotape form is signed prior to taking pictures or recordings that may be used for teaching purposes. If patients/parents/legal guardian do not agree to its use for teaching purposes, check if you may record for purposes of collecting data only.
3. Patient confidentiality must be observed at all times. Patients are not to be discussed outside the diagnostic or management room in which you are working, particularly not in public places or social situations. Even in discussions with your supervisor, it is best to be in a private room and not in the hallway or a public area.
4. The permanent files maintained by the Department are never, under any circumstances, to be removed from the clinic or left lying around. Permanent files are NOT to leave medical records except for evaluations or for staffing a patient with your supervisor. Client reports are NOT to be photocopied by or for students. This is a breach of patient confidentiality.
5. Working folders for clients should be identified by initials or client number, not by their name.

CLINIC PRACTICUM

Observations

1. Clock Hour Requirements

- a. The student must complete at least 25 clock hours of supervised observation prior to participation in the initial clinic practicum. These observations must pertain to the evaluation and treatment of children and adults with speech, language, or hearing disorders.
- b. Students will be allowed to participate in clinic practicum only after LSUHSC and ASHA observation requirements have been satisfied.
- c. Observation hours may be transferred from another program, providing the transferring program verifies, on University letterhead, that the observations meet ASHA Certification Standards. The transferring University also must supply the full name and ASHA certification number of the individual furnishing the documentation.

Regardless of the number of undergraduate observation hours earned, with the exception of screenings, AuD students are considered "clinic observers" during their first semester at LSUHSC. As such they are expected to earn a total of 10 on-site observation hours during their first semester.

2. Procedure for Observations

- a. For Audiology follow the assigned observation schedule provided at the beginning of the semester. In Audiology there may be two observers per session.
- b. Review the information contained in the client's medical record chart prior to the scheduled observation.
- c. Be available in the clinic area ten minutes before the scheduled session time.
- d. Read the patient's chart and consult with the clinician and supervisor before beginning the observation so the clinician can confirm or correct information regarding the patient, the type of disorder, clinical techniques to be employed, etc.
- e. Demonstrate ethical and responsible behavior. Do not make comments, laugh or express judgments, whether positive or negative, through verbal or nonverbal behaviors.
- f. Remember that all patient information is confidential. Do not discuss client with individuals other than the clinician or supervisor. Do not answer questions from or give advice to family members or clients. Relay that you are only observing. Refer to the individual by their initials in your report.
- g. Appropriate introductions to the client should be made. Observe the entire clinical session.
- h. Adhere to the clinic dress code while conducting observations and wear your ID tag at all times.
- i. Be discreet. Hold your comments until after the observation has been completed and the client has left the floor. In audiological evaluations, there are no two-way mirrors.

3. Observation Report

- a. After each observation, the student will complete a report using the formats provided in the Appendix. Reports must be submitted to the supervisor within 96 hours (four calendar days) of the observation. Observation hours for reports submitted after 96 hours cannot be counted. The student must make and retain a copy of each observation report.
- b. The completed observation report is to be placed in the supervisor's mail box in the receptionist's area. The student must maintain a record of all observations completed. This record must include the supervisor's name, the client's initials, the client's file number, the date of the observation, the length of the observation, and the type of clinic activity observed (e.g., audiological evaluation, hearing aid evaluation, ABR).
- c. The supervisor will read, grade, and initial the observation report and return it immediately to the student. It is the student's responsibility to keep all completed observation reports and maintain an accurate record of them on the Observation Tracking Sheet. Upon receipt of a graded observation report, the student must obtain the supervisor's initial on the Tracking Sheet to verify completion of the observation. The student must turn in all observation reports attached to the Tracking Sheet at the end of the semester to the Audiology Clinical Practicum Coordinator. This is the only documentation of compliance with ASHA's observation requirements. The student will be required to do additional observations for any reports which are lost or misplaced.
- d. Upon grading the student's observation, the supervisor will also fill out and turn in a Grading of Observation form to the Audiology Clinical Practicum Coordinator in order to verify that the report was received and graded.

Clinical Assignments

General

Clinical assignments are made on the basis of academic course work completed, clinical experience, the student's clinical practicum needs, the requirements of the clinical practicum site, and student availability.

Clinical assignments are made before the beginning of the semester. The student will receive a copy of the clinic schedule which designates the primary supervisor, additional supervisor(s), the site and type of clinical activity to which the student has been assigned, the number of clock hours per week the student is expected to earn, and, whenever possible, the day and/or time of clinic. Clinic practicum at both LSUHSC and off-sites begins on the first day of classes. It is the student's responsibility to contact the clinic practicum supervisor(s) prior to the first day of classes.

It is the student's responsibility to monitor clock hours throughout the semester. Any problems with scheduling or with client attendance should be discussed first with the clinic supervisor. Changes in the assigned number and type of clock hours to be earned weekly may not be made without the approval of both the clinic supervisor involved and the Clinic Practicum Coordinator.

Student Responsibilities

Clinic will begin and end in accordance with the academic calendar. Students should be available for departmental activities and to complete departmental responsibilities from the first day of class through the last day of exam week.

It is the responsibility of the student to check with his/her clinic supervisor PRIOR TO THE START OF THE SEMESTER to determine dates for initial staffing and the beginning of clinical practicum. Failure to do so may result in lowering of clinical practicum grade. After receiving assignments, the student assumes responsibility for client contacts.

Remote Sites:

Evaluation of the student's performance in off-site clinical practicum will be conducted in a manner consistent with LSUHSC grading policies and procedures. All off-site clinic practicum activities will be coordinated and monitored by the Clinic Practicum Coordinator.

Clinical Practicum Sites

Clinic Practicum sites, either within the organizational structure of, or affiliated with LSUHSC include (but are not limited to):

Children's Hospital
Doctor's Hearing Center
East Jefferson Hospital
ENT Physician Offices
Creel Hearing Center
Human Development Center
Jefferson Parish Public School System
LSUHSC Department of ENT
Medical Center of Louisiana ENT Clinic
New Orleans Speech and Hearing Center
Northshore Audiology
Ochsner Clinics
Office of Public Health; Hearing, Speech, & Vision Program
Slidell Memorial Hospital
Tulane Lakeside Hospital
Tulane University ENT Department
University Hospital
Veterans Administration Hospital
West Jefferson Hospital
Additional Private Practices

Audiology Clinic Procedures

- * A clean, COMPLETED audiogram and all test forms must be placed in the patient's folder immediately following the evaluation.
- * Put a log note in the folder following EVERY contact. This includes telephone calls to confirm the appointment and any clinic visit. Sign your name following every log entry.
- * Call the day before and confirm the appointment. If you are offsite, ask the front desk staff to call and confirm the appointment. These are your hours and experiences that you are missing out on every time you have a no show. A phone confirmation doesn't guarantee your patient will show, but the odds go up significantly.
- * Remember to put name (last name in all capital letters), file #, and date on ALL papers in the folder. For any form dealing with a hearing aid (electroacoustical analysis, real ear, functional gain, etc.) each aid must be identified by make, model, serial #, right/left, and settings (full on, patient's program, vol. = $\frac{1}{2}$, etc.)
- * CHECK WITH YOUR SUPERVISOR TO ARRANGE A SCHEDULED STAFFING TIME TO REVIEW YOUR CASES BEFORE YOU SEE THEM IN CLINIC.
- * Be prompt for all appointments. You should be in the clinic at least 15 minutes ahead of your appointment in order to check all equipment and supplies, and set up the booth.
- * You are expected to be on the floor and available during your clinic slot time even if a patient has not been scheduled. Sometimes there are last minute or "walk in" appointments, or your supervisor may want to use the time for you to practice.
- * Dress professionally for clinic. Our patients are paying for a professional service.
- * Make sure you clean up after yourself in clinic. There are a lot of us using the same space and equipment. It is important that the clinic maintains a clean and professional look for our patients.
- * Have fun!

LSUHSC: DEPARTMENT OF COMMUNICATION DISORDERS
AUDIOLOGY OFFSITE POLICY

1. Offsite assignments will be made based on numerous criteria as determined by the audiology faculty to be in the best interest of the student.
2. The amount of offsite time will be based upon the student's other academic responsibilities.
3. The student may not renegotiate times or days of an offsite placement with the offsite supervisor.
4. In special circumstances, with the knowledge and prior approval of the Audiology Department Clinic Coordinator, appropriate alterations may be considered on a case by case basis. Any application for consideration must be made in writing.
5. If the student makes arrangements without the knowledge and approval of the Audiology Department Clinic Coordinator, hours accrued will not be counted.
6. Students are responsible for being at their offsites all days and times assigned. Students do not have the right to take off a day or plan a vacation during the semester.
7. In instances of illness, both your offsite supervisor and the Audiology Department Clinic Coordinator must be notified at the earliest possible time.

All Au.D. students must have met LBESPA's requirements of 375 clock hours distributed across categories (as per ASHA), to be considered a candidate for fourth year placement.

Medical Records

Permanent Medical Records Chart

1. The Digit (TAB) Terminal Filing System is utilized. Use of TAB system for filing of clinic folders provides:
 - a. Confidentiality of clients since the folder displays a number and not the name of the client.
 - b. Easy retrieval of coded information.
 - c. Accurate control of client folders, with misfiled or missing folders quickly identified.
2. Organization of Chart

Every patient who receives clinical services will have a permanent chart or file located in medical records. Fasteners are located on each side of the folder. With the folder opened, the left-hand side (without tab) contains clerical information related to both evaluation and management. A fixed order for both sides is maintained.

- a. The order for the left side (clerical) is arranged in the following order from bottom to top:
 1. Information for billing purposes, such as insurance forms, fee reduction & Medicare Notification form
 2. Release or authorization form (to exchange information)
 3. Consent to Photograph or record
 4. Clinic Log Form(s)
- b. The order for the right side of the folder is:
 1. The intake form
 2. Case history
 3. Test protocols used in evaluation
 4. Progress reports
 5. Evaluation reports
 6. Hearing aid information (documentation)
 6. Letters

Letters from agencies, recall letters and subsequent reports will be placed in the folder according to the time sequence. All items should be punched and correctly located in the folder.

3. Check-out Procedure

- a. Files are located IN MEDICAL RECORDS or IN THE FRONT OFFICE. Client files may be checked out for evaluations or for a staffing with your supervisor and for use in computer room ONLY. Files must be checked back into Medical Records by 5:00 p.m. Care should be taken to view and discuss files in areas where a patient's privacy is maintained.
- b. Any chart taken out of Medical Records or the front office must be signed out with the following information: file number, date checked out, and both your name and the supervisor's name with whom you are meeting.
- c. Please refile charts correctly when finished.

Clinic Log Form

1. A log note should be made any time you have made contact with the client. Sign it with your first initial and last name/supervisor's initials (e.g., J. Smith/AL)
 - a. To confirm the appointment prior to the evaluation
 - b. To note completion of evaluation or partial completion of an evaluation
 - c. To note that client canceled or no showed, use red ink pen
 - d. To note any client contact, in person or by telephone.

End of the Semester

1. All clinic responsibilities must be completed before the end of the semester. These responsibilities include returning all borrowed clinic materials, completing log notations, signing all reports, and turning in supervisor evaluations. It may include additional responsibilities as outlined by the supervisor, including an exit conference.
2. All clinic reports must be in final form and approved by the clinic supervisor by the last day of exam week. Each day a report is late, the clinic practicum grade will be reduced by a letter grade. Any exception to this must be approved by the clinic supervisor in advance.
3. A grade of I (Incomplete) indicates that the student has not completed academic/clinic responsibilities for an unavoidable reason that is acceptable to the instructor. A student may not choose a grade of I.

Diagnostics/Evaluations

Assignments

Appointments are scheduled by the front office staff in coordination with the clinic coordinators.

Students are NOT to request specific cases directly or request ANY changes in scheduling of clients. The student is to check the appointment book daily to determine their next client. The student should then review the case history and any other incoming information in order to make a diagnostic plan.

Pre-appointment Planning

Formats will be specified by your supervisor.

Prior to the scheduled evaluation, the student should meet with his/her supervisor to review the case, to decide on appropriate interview questions, evaluation procedures, and if further information is needed from the client.

Confirmation Phone Call

1. Students are to call and confirm appointments the day before the evaluation, using the clinic phones. In some instances supervisors may request that you call clients earlier.

Students may refer to the Confirmation Phone Call Script in the Appendix. Students may need to call the client/family prior to and in addition to the confirmation call to clarify incoming information, to inform of need to interview, to outline procedures for the evaluation, etc.

2. Check to see if patient is scheduled for both AUD and SLP. If the patient is scheduled for both AUD and SLP, the discipline with the earliest appointment makes the confirmation call. The student who makes the call must immediately inform the student from the other discipline of the results (i.e., if confirmed, left message, NA, etc).

3. Student should use the Confirmation Call Script included in General Appendix.

4. If the patient is not home but has an answering machine, the student should leave a message indicating that the patient should call the clinic at 568-4348 to confirm or cancel the appointment.

5. If the patient is not home and has no answering machine the student must keep trying to contact the patient and should note times of calls made.

6. Students are responsible for checking message strip in front office to see if their patient has contacted the clinic.

7. Students must notify supervisor immediately if patient cancels.

8. When a patient calls the clinic office, the staff should notify the supervisor if there is a cancellation.

9. The staff should put a message on the student strip if the patient calls the clinic office confirming or canceling the appointment.

10. If a student must call patients from a home phone, use *67 to block your number. Remember NEVER to give your name, home phone number, or other identifying information when making these confirmation calls. Only identify yourself as a representative of the LSUHSC Speech and Hearing Clinic. Refer to Confirmation Phone Call Script in the General Appendix.

Illness

1. The student must contact the supervisor immediately.
2. The student must phone the patient and cancel the appointment if that is the supervisor's directive. (Note: Inform supervisor if this is a double discipline appointment, canceling only your half.)
3. Therefore all students should have the client's home/work phone number with them prior to an evaluation, in case of illness.
4. After the student contacts the patient or if the student cannot contact the client s/he must again call the supervisor with that information.

Greeting Client

1. Students are to greet their client in the reception area and complete the sign-in log before the evaluation. If clients are late, students can wait in the student area.
2. Students should introduce themselves as Ms/Mr first name, last name and their supervisor and briefly explain the routine for the evaluation. Additional protocol may be discussed during your supervisory meetings.
3. Medicare clients: Check with your supervisor to determine if you should provide a Notification of Possible Denial of Payment by Medicare for Non-covered Services to the client prior to the evaluation. Note: these forms are subject to change so consult your supervisor.
3. Students should check the registration information and/or the patient's medical chart to insure that both the Authorization for Release of Information and the Consent to Photograph and Videotape have been completed and signed. If Patient/parents/legal guardian does not wish for photographs or recordings to be used for teaching purposes, ask permission to use audio or video recordings for data collection only.

Client Conference/Counseling

1. After the testing portion of the evaluation is completed, the student clinician will meet with the supervisor to discuss test results and observations. Following this preparation, a patient/parent/legal guardian conference will be held where test results will be interpreted, recommendations made, and questions answered.
2. Again, make sure that the Authorization for Release of Information is filled out accurately if they wish for an outside agency to receive a copy of the report.

Concluding the Evaluation

1. All students should escort their client to the front desk for payment and ask the front office staff if all paperwork has been completed. Students should seek the supervising faculty if there are any concerns (such as payment issues, consent issues, etc.)
2. Student will provide the client/parents/legal guardian with a PURPLE Consumer Satisfaction Survey form and request that it be completed and turned into the front office staff. Inform them that the results will be confidential. Blank copies of this form are located in the front office.
3. Make a notation on the chart log that the evaluation was completed. Make a log notation, documenting client conference to share test results and recommendations. If training or educational instruction was included, document this also. A log notation must be made each time a patient is contacted, seen, or cancels.

Filing of Test Forms

1. All test information will be labeled with the client's name, file number, equipment used, examiner's name and date of evaluation before being placed in the client's folder following the evaluation. Information concerning the general organization of the permanent folder may be found under the Organization of the Chart. All test forms, audiograms, language samples, etc. must remain in the client's folder and are NOT to be removed from the folder or the clinic to write the reports.
2. The student must note test results or other pertinent information on a separate sheet in order to write their report.

Diagnostic or Evaluation Report & Routing of Report

1. The diagnostic report should follow one of the diagnostic report formats provided in the appendices, unless another format is recommended by the supervisor.
2. Rough drafts of evaluation reports should be received by the supervisor within 48 hours after the date of the evaluation. This rule is strictly enforced. The student dates when the 1st draft was turned in on the routing form (see below). The rough draft should be neatly typed and double spaced. Rough drafts should include cover letters for any referral source or other agency for which a report is being sent. Reports should be inserted into a plastic sleeve along with a routing slip, the report disk, and a copy of the audiogram.
3. The top portion of the routing form should be completed, including the date of the evaluation and the mailing due date, which is 15 working days from the evaluation date. Late reports will result in a lower clinic grade. Reports are to be saved as: file #. Supervisors 1st and last initials (1234.al)

4. The supervisor will read the rough draft, make any corrections, and return it to the student to modify and date when routed back to the student. The report may require more than one editing process.
5. When the supervisor checks/dates that the draft is ready to print and indicates the number of originals needed, the student will print the report. To convert reports for final printing:
 - a. change to single space
 - b. insert page headers , including page # (Refer to Report Format),
 - c. on first page allow room at the top (2") for letterhead, use plain bond paper for remaining pages
 - d. print final version on plain nonletterhead paper first to check spacing.
 - e. check page alignment & use hard page end as needed; signatures should not stand alone on a page (must be included with some text), headings must be followed by text on the same page, etc.
6. PROOF the final copy, sign all copies of the report and route to the supervisor for their signature, along with the disk and the Routing slip. The student keeps their last edited copy of the report. Initial and date when you sign the report.
7. The supervisor will sign the final copies and log it into the front office. Do not mail or distribute any copies. The office will mail the report(s), file an original in the chart, and back up the disk copy.
8. Students may pick up their disk from the front office.

Timelines for Audiology Reports

Basis for Policy

1. As a program accredited by the CAA, we are bound to have reports sent out within 15 working days of seeing the patient. Exceeding this time limit puts us out of compliance.
2. In order to be professional and to provide professional services, it is critical that reports be completed in a timely manner.

Policy

1. The first drafts of all reports must be turned in to the supervisor within 48 hours after the evaluation is completed.
 - a. Evaluations done on Thursday or Friday are due on Monday morning.
 - b. Morning evaluations (Monday, Tuesday, or Wednesday): reports are due by noon 2 days later.
 - c. Afternoon evaluations (Monday, Tuesday, or Wednesday): reports are due by 5:00pm two days later.
2. Subsequent drafts (2nd., 3rd., etc.) are due 24 hours after the supervisor has returned the report to you.
3. All reports must be completed by the end of exam week for each semester. Failure to do so will result in an "I" for clinic for the semester with a reduction of one letter grade once the "I" is removed.

Patient Satisfaction Surveys

In accordance with the ASHA Code of Ethics, professional case management and CAA standards, patients are requested to fill out consumer satisfaction surveys for both diagnostics and treatment.

1. All students should escort their clients to the front office following an evaluation and request that s/he complete a purple form before leaving. Inform them that this is confidential and the front office staff can provide an addressed envelope if time is an issue.

Medical Records Audits

Medical Records charts are audited on a regular basis for completion of procedures recommended for quality patient care.

Grading Policy for Students in Clinical Practicum

Observations

Each observation report is worth 10 points. The points will be given as follows:

- 4 points: Accurate information is given across all content areas
- 4 points: Critical and sufficient information is given within the content areas
- 2 points: Information is presented in a professional manner (i.e., correct spelling, grammar, etc.)

Observation reports may be edited by the supervisor and be required to be rewritten.

Clinical Practicum: COMD 6201

Student Experiencing Clinic Difficulty - Procedures

The primary goal of the procedure outlined below is to ensure that the student will receive individualized instruction for optimum student training.

Step 1. The primary supervisor/advisor should monitor the total clinical performance of assigned students on a weekly basis. Any student suspected of experiencing difficulty in Clinical Practicum should receive a written evaluation with the grade sheet indicating the level of performance at midterm or earlier if possible. Clinical Difficulty is defined as obtaining a grade of C or below.

Step 2. The supervisor, primary supervisor/advisor, and Coordinator of Clinic Practicum will meet immediately following notification of the student. The Coordinator will inform the faculty of the student's Clinical Difficulty, so that faculty will not assign additional responsibilities for that student.

Step 3. The Coordinator of Clinic Practicum, the supervisor under whom the student has obtained a grade of C or below, and the student will meet to discuss the student's clinical performance within seven days following student notification. Specific behavioral objectives reflecting skills that need to be developed will be outlined, along with recommended remediation strategies. Arrangements will be made for team supervision, if determined appropriate. Satisfactory performance toward accomplishment of these specific objectives in conjunction with acceptable overall performance, as delineated by a grade of A or B, in each skill area will be expected by the end of the semester to avoid being put on Clinic Probation for the following semester.

Step 4. If the student earns a final grade of C or below, the student is put on Probationary status for next term.

The supervisor will send a letter to the student and the Chair of the Review Committee, notifying them of the student's Clinic Probationary status. The letter should advise the student that Probationary status is only for one semester. Should the student obtain a grade of C or below (in area of deficiency) a second semester, the student must appeal to the Review Committee to remain in the program. In addition the student must earn a grade of B or higher in the area of deficiency before being placed off-site for practicum.

Step 5. If the student's midterm grade is a C or lower during the Probationary term, complete steps 1-3 above. If the student earns a grade of C or below at the end of the semester, the student would need to appeal to the Review Committee to continue in the program.

Evaluation of Supervisor

At the end of each semester, students are required to fill out an Evaluation of Supervisor form. The student turns it into the staff member indicated, who then retypes and tabulates results for faculty supervisor. In this manner, the student's evaluation will remain anonymous and confidential.

Recording Clinical Hours

Monthly Clock Hour Record

1. The student must maintain a record of all clock hours earned in clinic practicum. In completing the monthly clock hour record, the student must specify:
 - a) the name of the client or the client's initials,
 - b) the type of clinical activity for which hours were earned for each client listed (e.g., child ABR, adult audiological evaluation),
 - c) the clinic supervisor(s) for each client or clinic activity during that month of clinic practicum.
 - d) ASHA number for each individual who supervised clinic practicum hours during the month. Hours for which this information is not provided will not be counted.
2. Clinical clock hours must be reviewed and initialed by each supervisor at the end of each clinic contact. Cross-outs and white-outs are not allowed.
3. All numbers should be checked by the student's Audiology Clinic Coordinator to determine if session hours, subtotals and totals all match. The Audiology Clinic Coordinator will then will sign at the bottom to verify that this page is correct.
4. Prior to submitting the Monthly Clock Hour Record, the student must be certain that:
 - a) the hours recorded accurately reflect the hours earned during that month,
 - b) the student has recorded practicum hours in increments no smaller than a quarter of an hour (e.g., 15 min = 0.25 hrs, 30 min = 0.50 hrs, 45 min = 0.75 hrs, 60 min = 1.0 hrs)
 - c) the student has accurately tallied the total number of hours for each category and for total number of hours earned for that month at the bottom of the clock hour form, and completely filled the grid at the top of the audiology form.

5. The student must make and retain a copy of the monthly clock hour record for his/her own records, submit the original of the completed form to the department secretary, and submit a *GOOD* second copy to the Audiology Clinic Practicum Coordinator. The original of the completed form must be submitted by the 5th day of the month following the month during which the clock hours were earned. All clock hours forms must be submitted to the Audiology Clinic Practicum Coordinator prior to the completion of exam week for each semester. Failure to submit all clock hour forms as required will result in the student receiving an "I" (Incomplete) in *COMD 6702 Clinic Practicum*.

6. The student must submit a *Clock Hour Summary Worksheet* to the Audiology Clinic Practicum Coordinator by the end of exams each semester for each semester in which the student was enrolled in *COMD 6701*. Failure to submit the *Clock Hour Summary Worksheet* as required will result in the student receiving an I (Incomplete) in *COMD 6701 Clinic Practicum*.

APPENDICES

Confirmation Phone Call Script

No. 1: For Patient

Hello Mr./ Ms./ Mrs.

This is the LSU Health Sciences Center Speech and Hearing Clinic calling to remind you of your appointment for a hearing test tomorrow. (give day of the week) at (give the time). Will you be able to keep this appointment?

If the answer is Yes, end with Thank-you, we will be looking forward to seeing you (tomorrow).

If the answer is No, instruct them to call 568-4348 to reschedule.

Always end with a thank you. If leaving a recorded message add: If you are unable to keep this appointment, please call 568-4348 to cancel and reschedule. Thank-you.

No. 2 For Parent of Patient

Hello Mr./ Ms./ Mrs.

This is the LSU Health Sciences Center Speech and Hearing Clinic calling to remind you of your (daughter/son's) appointment for a hearing test tomorrow. (give day of the week) at (give the time). Will you be able to keep this appointment?

If the answer is Yes, end with Thank-you, we will be looking forward to seeing your tomorrow (or day)

If the answer is No, instruct them to call 568-4348 to reschedule.

Always end with a thank you. If leaving a recorded message add: If you are unable to keep this appointment, please call 568-4348 to cancel and reschedule. Thank-you.

Remember, NEVER, NEVER give your name, home phone number or other identifying information when making these reminder calls. Only identify yourself as a representative of LSUHSC Speech & Hearing Clinic.

FORMAT FOR OBSERVATION FORM FOR AUDIOLOGY EVALUATIONS

Observer _____ Date _____ Total Time _____

Supervisor _____ Patient # _____ Start _____ End _____

Purpose of Evaluation

Pertinent History:

Tests Administered and Equipment Used:

Test Results:

Recommendations:

Your Impression

Professional Organizations and Licensure

1. AAA: American Academy of Audiology
11730 Plaza America Drive
Suite 300
Reston, VA 20190

800-AAA-2336

2. ASHA: American Speech-Language Hearing Association.
NSSLHA: National Student Speech-Language Association.
Refer to ASHA Membership and Certification handbook for information regarding Certificate of Clinical Competence (CCC) Clinical Fellowship and National Examinations in Speech-Language Pathology and Audiology (NESPA).

For additional information: ASHA
10801 Rockville Pike
Rockville, Maryland 20852
Action Line: (800) 638-6868

3. LSHA: Louisiana Speech and Hearing Association

For membership or information: LSHA
8550 United Plaza Blvd.
Suite 1001
Baton Rouge, Louisiana 70809
(504) 922-4600

4. LBESPA: Louisiana Board of Examiners for Speech Pathology and Audiology

LBESPA is Louisiana State Licensing Board for both Speech Pathologists and Audiologists. Licensure is mandatory in Louisiana for both professions.

LBESPA
18550 Highland Road, Suite B
Baton Rouge, Louisiana 70809
(225) 756-3840

ROUTING OF REPORT

Student Instruction: Check which type of report: _____Evaluation Report ____Other Report. For

Other, complete left column only; For Evaluation also provide evaluation date and mailing due date.

Patient #: _____ Date of Evaluation: _____

Patient last name: _____ Mailing Due Date: _____

Supervisor: _____

Student: _____

Saved as: a:\

Student Instruction: Date each of the following as completed.

Student:	Supervisor:
1st Draft:	Edited:
2nd Draft:	Edited:
3rd Draft:	Edited:
4th Draft:	Edited:
	OK to Print:
	# of Originals
Proofed /Signed:	Signed:
	Staff:
Copy given to client:	Mailed:
	# Days to Process:
	Disk Backed up :
	Med Rec:
	Report Filed:

COMD Protocol for Report Routing

Students:

1. Students will print the FINAL versions of reports ON LETTERHEAD. The supervisor will indicate the number of reports to be printed on the routing sheet. To convert reports for final printing:
 - a. Change to single space
 - b. insert page headers (refer to Clinic Handbook for format)
 - c. allow room at the top (2") and the bottom (1") of the first page for letterhead.
 - d. Second and all additional pages are printed on bonded white paper.
 - e. Print final version on plain non-letterhead paper first to check spacing.
2. PROOF final letterhead version and sign ALL copies.
3. Turn in plastic sleeve into supervisor that contains finished report/s on letterhead to be signed by supervisor and disk and a copy of the routing sheet. Students make sure your name is on the disk.
4. The following protocol will be followed for saving reports:
 - a. Evaluation report: file #.supervisor's 1st and last initials ex. 1234.jj
 - b. File report: file#fr.supervisor's 1st and last initials ex. 1234fr.jj

Supervisor:

1. Signs copies of reports
2. Puts both the reports folder with disk in the front office
3. Logs report into book in front office.

Front Office Personnel:

1. Copies report file on the disk to the hard drive for archiving and clinic storage.
2. Places students disks in front office for pick up by student.
3. Types envelopes.
4. Makes copies of reports and test results as required.
5. Mails reports.
6. Files copy of final report in patient chart.
7. Keeps computer lab stocked with plain, bonded and letterhead paper.

Tips for Writing Reports

1. Keeps the tense consistent through out the report.
2. Address persons with appropriate title (Mr., Mrs., Dr., etc.)
3. Once a patient has reached 21, consider them an adult, and address them as such.
4. Include cc's at the bottom of the report.
5. A copy of the report only goes to persons/agencies for which the patient has signed a release.
6. Make sure complete, correct addresses are included.
7. The report is addressed to the referral source unless otherwise indicated by the supervisor.
8. Use complete and grammatically correct sentences.
9. Avoid redundant vocabulary.
10. Reports should be written using professional language. The INMPRESSIONS SECTION is a summary of results in lay terms.
11. Present information in a logical sequence....not necessarily in the same order you tested.
12. Do not present aided testing information before you have stated that you have checked the hearing aids and they are functioning well.
13. Read your completed report before you turn it in and make sure it makes sense. You will be surprised what you find.
14. Fill in the date for the report to be mailed on the routing sheet.
15. The initial draft of the report is due to the supervisor within 48 hours.

Carolyn Zeller
Jefferson Parish Public School System
Special Education Department
501 Manhattan Blvd.
Harvey, LA 70058

Re: Joe BLOW, Jr.
DOB: 2-13-81
Parents: M/M Joe Blow, Sr.
1111 Red Avenue
Metairie, LA 70000

Date of Evaluation: 5-25-99
Referral Source: J.P.P.S.S.
Diagnosis: ICD-9: 389.10
File #: 0100

AUDIOLOGICAL EVALUATION

Joe Blow, age 18, was accompanied to this appointment by his mother, Ms. Joe Blow. He was last seen at this clinic in February 1996. Ms. Blow stated that Joe is doing well in school and is currently receiving speech-language therapy once a week for 30 minutes. Ms. Blow indicated that Joe recently obtained new hearing aids and was extremely pleased with his progress using the new hearing aids. Joe has his hearing aid performance monitored by Dr. Hair K. Spray at LSUHSC.

Immittance measures revealed normal (type A) tympanograms bilaterally but contralateral acoustic reflex measures were absent in both ears, consistent with degree of hearing loss. Pure tone audiometry indicated a bilateral severe low frequency sensorineural hearing loss to 1000 Hz, sloping to a profound sensorineural hearing loss in the high frequencies. Aided hearing thresholds were obtained and showed a marked improvement in hearing sensitivity as compared with previous aided thresholds. Today's aided results show that his hearing aids improve his hearing to normal or mildly impaired for frequencies 250 Hz through 2000 Hz.

It is recommended that Michael continue to receive audiological monitoring.

Robin Morehouse, Au.D., CCC-A
Associate Professor
Audiology

Karen Hill, B.A.
Graduate Student Clinician
Audiology

Re: Apple SAUCE
Address: 5433 1st Drive
Chalmette, LA 70000

Evaluation Date: 6-1-99
File #: 0000

CHART NOTE

Ms. Sauce was seen at the LSUHSC Audiology Clinic on June 1, 1999 for a hearing aid delivery. The hearing aid was a replacement for an Oticon ITE I22-CITE (serial# A000000) hearing aid in her left ear. She was re-fitted in the left ear with a GHI Intrigue canal hearing aid (serial# 00-0000000).

Reduction of the vent size reduced feedback which was present upon fitting the hearing aid. The hearing aid was adjusted to meet FIG6 targets with low, medium, and high inputs. Minor adjustments were made on the hearing aid using real ear measurements based on Ms. Sauce's concern about her own voice quality.

Ms. Sauce was given instructions regarding the operation as well as care and use of the hearing aid. The unaided portion of the APHAB was completed at this visit. An appointment was made for Ms. Sauce to return Tuesday, June 15, 1999 for a hearing aid check.

Robert Turner, Ph.D., CCC-A
Professor
Audiology

Karen Hill, B.A.
Graduate Student Clinician
Audiology

Re: Mr. X

Date of Service: 8-13-01
File # XYZ

Abbreviated Chart Note Form

History:

-Gradual HL X 5 yrs., both ears
-no signif. Otological history reported
-most difficulty hrg. in groups

Evaluation:

Otoscopy: WNL right and left
Immittance: tymps=WNL bilaterally
Reflexes=ipsi and conta present at normal levels
DPOAE's: present through 2000Hz and absent > 2000Hz bilaterally
Pure Tones: Mild to moderately severe bilateral SNHL
Speech: MCL=65dBHL bilaterally
UCL=95dBHL bilaterally
Recog @ MCL=76% right, 80% left

Recommendation:

Amplification Bilaterally

Discussion:

After discussing various options with the patient, it was decided that he be fit with ITC WDRC with T-coils
Ear impressions were made.
The patient will be contacted for a hearing aid fitting once the equipment is received.

OBSERVATION HOURS TRACKING SHEET

AUDIOLOGY MONTHLY CLOCK HOURS SHEET

Procedure for Cleaning Waiting Room toys and any dirty toys from Audiology clinic

(beginning Fall 2001)

(Initial each step as completed.)

1-Wear disposable gloves.

2-Grab the waiting room bin located in the Materials Room and exchange these clean toys with the toys in the reception area _____

Two basic sets of toys are to be alternated for use in the waiting room:

Set 1: 1-2 puzzles, books, Lego's

Set 2: 1-2 puzzles, books, Lego's

3-Collect dirty audiology toys from bucket and tray in audiology suite _____

4- Bring the dirty toys back to the materials room for sterilizing. _____

5- Spray the disinfectant (*Envirocide*- kept in the ABR room under the sink) onto a paper towel and wipe down each toy thoroughly. Let sit for 10 minutes and then wipe off excess liquid with paper towel. _____

For sponges only, spray with *Envirocide*, rinse well with water, squeeze out excess water, and microwave for 35 seconds. **Caution sponges will be hot!!!** _____

6-Disinfect Lego Table and chairs, the two wooden tables and chairs, and the toddler mobile in the reception area with *Envirocide*. Let sit for 10 minutes and then wipe off excess liquid with paper towel. You must wait in the reception area for ten minutes during disinfection to make sure no children play with toys on tables during the disinfection process. _____

7-Put all reception room toys in the waiting room bin located in the materials room. _____

8-Remove gloves and wash hands thoroughly.

9-Put audiology room toys in the back of the hearing aid room until Monday morning and first thing Monday morning replace distribute the cleaned toys in the appropriate audiology areas.

NEVER PUT DAMP TOYS BACK INTO CIRCULATION!

LEAVE DAMP ITEMS OUT TO AIR DRY COMPLETELY OR TOWEL DRY COMPLETELY !

SIGNATURE(S) _____

DATE: _____

PROTOCOL FOR AUDIOLOGY CLINIC CLEAN UP (EFFECTIVE FALL 2006)

Clean up is to be completed between noon on Friday and 9 AM Monday of the week you are scheduled. Please initial each item after you have completed it and sign and date the bottom. Place this form in Dr. Wendt-Harris's box on Monday morning.

1) Wear gloves to protect you hands from all cleaning solutions. Gloves are available in all patient rooms. _____

2) Chemical resistant aprons are available to protect your clothes. These are kept under the sink in the ABR room. _____

3) Disinfect all hard surfaces (tabletops, chairs, etc. NOT ELECTRONIC EQUIPMENT) with Manny's Spray and wipe germicidal cleaner and deodorant (located under sink in ABR room). _____

4) Collect all dirty immittance tips and specula in their soaking solution. _____

5) Rinse each tip in clear water. _____

6) Scrub any tip needing removal of cerumen or other exudates not removed by the soaking solution. _____

7) Allow all tips to **AIR DRY OVERNIGHT** (on towels in the ABR room). _____

8) Place dry clean tips back in their respective containers before 9 AM on the Monday following your clean up week. Put the tips in the correct area, by the immittance machine that they are used with!!! _____

9) Refill and replace soaking containers. Soaking solution is 10% bleach to 90% water. Bleach is located under the sink in the ABR room. Add ½ dropper of bleach to each water filled soaking container. *(Do not over bleach – it destroys ear tips!!!)* _____

10) Put away all clinic items in their proper places. Make sure booths are neat and organized. _____

11) Clean up drilling bench in the hearing aid room. _____

12) Collect dirty audiology toys from bucket and tray in audiology suite _____

13) Spray the disinfectant (*Cavicide*- kept in the ABR room under the sink) onto a paper towel and wipe down each toy thoroughly. Let sit for 10 minutes and then wipe off excess liquid with paper towel. _____

For sponges only, spray with *Cavicide*, rinse well with water, squeeze out excess water, and microwave for 35 seconds.

Caution sponges will be hot!!! _____

14) Put audiology room toys in the back of the hearing aid room until Monday morning and first thing Monday morning replace distribute the cleaned toys in the appropriate audiology areas. _____

NEVER PUT DAMP TOYS BACK INTO CIRCULATION!

LEAVE DAMP ITEMS OUT TO AIR DRY COMPLETELY OR TOWEL DRY COMPLETELY !

15) Check on the availability of ALL clinic forms. If we are low put a copy of the form with a note in Dr. Wendt-Harris's box immediately. _____

16) Report any supply shortages to Dr. W-H immediately. (Leave a note in my box).

Check the following supplies:

Kleenex _____, gloves _____, Immittance tips _____, insert earphone tips peds and adults _____, OAE tips peds and adults _____, hearing aid batteries _____, ear impression material _____, otoblocks _____, alcohol wipes _____. Real ear probe tubes _____, other _____.

17) If the clinic area needs vacuuming notify Dr. W-H. _____.

Signatures _____ Date _____