



Department of Communications

AUDIOLOGY CLINIC HANDBOOK

Updated Spring 2018

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I. OVERVIEW OF THE LSUHSC GRADUATE PROGRAM

DEPARTMENT 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 Academic Catalog: <http://catalog.lsuhscc.edu>
 - 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. LSUHSC Department of Communication Disorders' Webpage:
www.alliedhealth.lsuhscc.edu/CommunicationDisorders
3. ASHA Website: www.asha.org
4. American Academy of Audiology www.audiology.org
5. LBESPA Website: www.lbespa.org

II. GENERAL POLICIES

A. TIMELINESS

The student is expected to attend all assigned clinical experience days and to be punctual at all times.

Students are not allowed to miss any days of the clinical experience for personal reasons. If there is some reason e.g. sickness, death of a family member, etc. requiring a student absence for one or more days, the student is to contact the facility to request permission to be absent. If any days are missed due to these reasons, they must be made up in order to meet the requirements of the course. Failure to attend clinic without contacting the clinical supervisor prior to an absence may result in failure of the course.

- The student will be prepared and on time for patient meetings, evaluation and treatment sessions, staffings, supervisory meetings, and special conferences.
- Appointments will not be cancelled without supervisor approval, or approval by the clinic coordinator.
- When a patient is late, the student will wait half the clinic period and check with his/her supervisor before leaving.
- Students are expected to follow the inclement weather or disaster policy of the assigned affiliation. The student must never put himself/herself in peril while traveling to the clinical site. Time missed is to be made-up at the discretion of the off-site clinical supervisor and clinical director. It may be necessary to extend the length of the affiliation to allow the student to make-up the missed days.

B. ILLNESS

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

- Notify their supervisor and the Front Office (504-568-4348) directly. The student is responsible for having a contact number for each supervisor.
- For off-site practicum, the student is required to immediately notify their off-site supervisor and the LSUHSC Audiology clinic coordinator. It is mandatory that the LSUHSC Audiology clinic coordinator be notified of all absences by telephone and by e-mail for documentation purposes.

C. DRESS CODE

The concept of appropriate dress in clinic is relative rather than absolute and may be addressed by your clinical supervisor(s). Flip-flops (of any kind), shorts, sun-dresses, t-shirts, revealing clothing, jeans, scrubs, 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. No visible tattoos or exotic piercings. If you have a question relative to a specific article of clothing, it is advisable to ask your clinic supervisor and to bring a change of clothes.

Female professional dress generally includes modest dress shirts, dress pants, skirts, dresses, and dress shoes that do not impede mobility during normal clinic movement. Male professional dress generally includes slacks, polo or button down shirts, and dress shoes. At the supervisor's discretion, males may be asked to wear neckties. White coats should be worn following the white coat ceremony. 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.).

Hair- Hairstyles should be neat, well-groomed, and of a conservative color to present a professional appearance. Men must be clean-shaven; or if a beard/mustache is worn, they must be clean and neatly trimmed.

Fingernails- Fingernails should be kept clean and well groomed. Polish is permitted, but should be unchipped, in colors that blend with the clinic attire. Neon or fluorescent colors, nail decals and nail jewelry are not permitted.

Jewelry- Jewelry should be simple, not excessive and should not interfere with the patient's care. No more than one earring per ear is permitted. Dangling earrings are not allowed for safety reasons; however, simple post earrings are acceptable. No other visible body piercing permitted.

Tattoos/Body art- Students may not exhibit tattoos while wearing clinical attire.

LSUHSC-NO ID- must be worn at all times during clinical situations.

The consequences for not coming into clinical areas in the appropriate attire can be any or all of those listed below:

1. Being sent home
2. Having your clinic grade lowered
3. Forfeiture of certain remote site placement

D. ATTENDANCE

1. Required

- a. 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. Students who miss **ONE** screening assignment will have their clinical practicum grade lowered by one letter grade except in the case of exigent circumstances. Documentation of illness may be requested.
- b. Clinical assignments: All students are required to participate in clinical practicum. Any student who misses **ONE** clinic session will have their clinical practicum grade lowered by one letter grade except in the case of exigent circumstances. Documentation of illness may be requested.
- c. 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.
- d. Supervisory Meetings: All students enrolled in clinical practicum are required to attend meetings as requested by their supervisors.
- e. Special Events: Special events are occasionally scheduled in which student participation is mandatory. This may include guest speakers, faculty presentations, departmental meetings, professional education courses, professional conferences or other workshops. Students will be informed in advance if their participation is optional or mandatory.
- f. 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.

g. All students must complete regular compliance training including HIPAA and confidentiality training. Students are notified of these requirements by LSUHSC e-mail. Failure to complete compliance training within 30 days may result in lowering of a clinic 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 SAA/NSSLHA for interested students. The Louisiana Speech-Language-Hearing Association meets in May/June. The Louisiana Academy of Audiology meets in September. The American Speech-Language-Hearing Association meets in November. The American Academy of Audiology meets in April.

E. DEPARTMENT RESOURCES

Phone

The Department has several lines for outside calls and local lines for interdepartmental calls. For personal calls, a phone is available in the student room. Please keep the length of personal calls to a minimum. For professional calls, a phone is available in room 9A8. Messages taken by the office personnel will be e-mailed to the clinic supervisor and to the student. Students should check their e-mail and mailboxes daily for staff and faculty messages.

Copy machine

1. For audiological evaluations, a copy of the audiogram is to be made immediately following the evaluation to accompany the report.
2. 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.**

Equipment

If you encounter malfunctioning equipment, immediately fill out an Equipment Malfunction Form located in the metal filing cabinets in the audiologic suite and turn it into the designated supervisor. Currently this person is **Dr. Jerald James**

Materials and Forms

Type

Location

Audiology/Clinic Forms

2 File Cabinets in each Audiology Suite Speech

Speech Screening Materials

Speech Screening Coordinator's Office

Case History/Patient Chart Forms

Medical Records Office/Front Office

F. CONFIDENTIALITY

1. POLICIES

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

- a. Information obtained from an evaluation and/or treatment session cannot be released to others without written 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.

b. 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.

c. 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.

d. The permanent files maintained by the Department are never, under any circumstances, to be removed from the clinic, brought into the student room, 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.

e. All students are expected to follow HIPPA and LSUHSC confidentiality rules. Prior to observing or performing clinic, all students will complete online compliance trainings regarding these topics.

2. **PASSWORD PROTECTION OF FILES**

Students will be expected to type diagnostic/treatment reports. There are two options to accomplish this. Students may work on reports with the folder in the computer lab on the 9th floor. A student can only work on a report remotely if they have "CITRIX" installed on their laptops. The SAHP IT department located on the 6th floor can assist with getting CITRIX installed on laptops. All reports must be submitted on the "P" drive in the folder of the supervising faculty member. All patient reports (files) must be password protected. This applies to the files you are working on and all files submitted to supervisors. As this is a matter of professional ethics and patients' rights to confidentiality and privacy, there will be significant consequences such as lowering of clinic grade for submitting a file without password protection. Save all patient reports to the **p: drive only**. Students may NOT email reports to supervisor or store reports to flash drive/hard drive on computer.

3. **REDACTION**

Another method of separating identifiers and health information is redaction. Redaction is the process of obscuring or removing information from a document or record. It is a difficult and painstaking process to do correctly on existing documents and records.

ALL instances of the information (e.g. name) and indirect references (e.g. mother's name) to the information must be identified and redacted.

The redaction method must render the redacted information unrecoverable.

Physical Redaction

Physical redaction is applied to paper records and analog recordings. Methods include:

- Excising (cutting) the printed or recorded information with a knife or scissors.
- Erasing magnetically information from recordings.
- Obscuring information with a special redaction marker.

When excising, be sure to collect all the cuttings and ensure they are destroyed by shredding or incinerating. When blacking out sections of paper documents ensure that information has been completely obscured.

- Use a marker especially designed for redaction.
- Shine bright light on and through the paper to ensure that the underlying information cannot be viewed.
- It may be necessary to blacken both sides of the paper or photocopy the blackened page and substitute the photocopy to ensure the underlying information cannot be viewed.

Digital redaction

Digital redaction is extremely difficult to perform correctly. Most computer programs are designed to preserve information, not destroy it. The majority of computer programs used for editing text do not have a redaction function.

This requires the individual performing the digital redaction to have an in-depth knowledge of information is stored in a computer. Adobe Acrobat (not Acrobat Reader) version 9 and later has an effective redaction function. It is a two-step process:

1. First, mark all the information in the document to be redacted.
2. Tell the program to redact the information. The program will warn you that the selected information is about to be destroyed and will become unrecoverable. You will need to confirm that is what you want before the information is actually redacted.

Digital Redaction Methods That DON'T WORK

- Highlight Function
 - Using the highlight function and selecting the color black produces a document that has the same appearance as a redacted document.
 - However, the information underneath the “highlight” has not been destroyed.
 - To view the redacted information, simply select the whole document and highlight it in yellow.
- Track Changes- Some people choose to simply delete information from their documents and save the altered version. This is effective unless the “Track Changes” function is turned ON. When Track Changes is active. The deleted information is preserved and can be viewed, even though it is redlined.
- Password protecting a document – Most methods for password protecting a document are extremely weak and easily cracked. There are many free utilities available for this purpose.
 - A search for “free Adobe password remover” produces over a million results.
 - A search for “free Microsoft Office password cracker” produces over eight (8) million results.

How to Check Digital Redaction

- Search the document for the redacted information. If the search function can find it, it has not been redacted.
- Select all the information in the document and highlight in a pastel color like yellow or light green. Does the redacted information become readable?
- Copy the redacted information from the document and paste it as plain text into a blank Word document. Does the redacted information become readable?
- Ensure “Track Changes” is turned OFF.

REMEMBER

- In order for redaction to be effective, the redacted information must be unrecoverable.
- ALL instances of identifiers in the document must be redacted for the document. If one instance of an identifier (e.g. the patient’s name, DOB, etc.) is missed, the document is considered identified information.
- For digital documents, use the search function to identify all instances of identifiers.
- For paper documents search the document from beginning to end and then from end to beginning. Get help from co-workers and fellow students in reviewing documents for identifiers.

G. MEDICAL RECORDS

1. Organization of the 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.

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 tape
4. Attendance form
5. Clinic Log Form(s)

The order for the **right** side of the folder is:

1. The intake form
2. Case history
3. Test protocols used in evaluation.
4. Treatment plans, progress reports, IEP's, or staffing information.
5. Evaluation reports.
6. Letters.

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

Access to patient records must be secure and monitored. All patient records are locked in cabinets that are stored in the front office. Access to this area is off limits to unauthorized personnel.

Check-out Procedures: The following procedures (rules) must be followed.

- To obtain a patient's records: You will enter the records #, your name, the date, and time into a "check-out marker" when you are issued the records.
- Records must be returned prior to close of business that day. At no time are records permitted to be viewed outside of the specified areas on the 9th floor or to be taken off of the 9th floor.

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**)

2. Medical Records Audits.

Charts are audited on a regular basis for completion of procedures recommended for quality patient care.

H. INFECTION CONTROL

LSUHSC is committed to the delivery of quality audiological care to all patients, including those with infectious disease. The Speech and Hearing Clinic is committed to minimizing the risk of exposure to infection by clinicians, students, patients, and staff and faculty. Each person utilizing the clinic is responsible for following these procedures. Failure to comply will result in a lowering of your clinic practicum grade and the assignment of a 5 page research paper reflecting the importance of infection control.

Audio booths and hearing aid rooms are not equipped with sinks, however a sink is available in the restroom, VNG and ABR rooms. Waterless disinfectant for hands is available throughout the clinic, however soap and water should be utilized if hands are soiled. Germicidal disinfectant wipes will be kept in all examination rooms as well as in the hearing aid repair lab and student clinician room. Latex gloves, paper towels, and tissues are also available within the clinic. These shall be thrown in regular waste containers located on each room, which will be emptied each

- To identify and incorporate use of universal precautions for controlling infectious diseases in routine patient care.
- 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.

1. Annually

- Consultation with personal physician regarding required vaccines and immunizations.

2. Weekly

- In the waiting room or audiology suite, if any student, staff or faculty observes a child mouthing toys, drooling, or coughing near the toys, remove them immediately. It is preferable to clean the object immediately; however, if time does not allow then at least move them to the plastic bin marked for weekly cleaning in the ABR room.
- A weekly audiology clinic clean-up schedule will be distributed each semester. Assigned clinicians will disinfect all hard surfaces and toys in audiology suite. All Immittance tips are disposable. Forms for clinic clean-up will be provided to the students the week they are assigned to clinic clean-up duty.

3. Daily

- Hand Washing
 - Wash hands before and after every patient contact.
 - Gloves are available throughout the audiology suite for your use.
 - Wash hands immediately within the session if you have contacted any of your own or the patient's bodily fluids.
- Dispose of potentially infectious waste such as foam earphone inserts, bite blocks, straws, probe tubes, etc. immediately following the session in the lined garbage cans.
- If patient mouths drools, or coughs on toys or test materials, clean immediately following the session per instructions.
- Leave the clinic rooms in order. Return all tables and chairs to original room immediately following session.
- Inform the designated faculty of missing items or items which need to be reordered. Request vacuuming if needed.
- Custodial staff removes garbage in all treatment rooms and audiology suites.
- 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

I. MEDICAL EMERGENCIES OR ACCIDENTS

Students should inform a faculty member immediately and have the front desk call Campus Police (3-4100) or 911 if there is a life-threatening emergency. 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.

WHEN FIRE OR SMOKE IS DISCOVERED

Fire Procedures

- 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.

- ALERT OTHERS
- Call University Police (568-8999) and give the following information:
 - Location of fire or smoke - building and room number.
 - Your name and telephone extension you are calling from.

- Close all doors to help contain the fire if possible.
- Evacuate using stairs - Do not use elevators.

WHEN THE FIRE ALARM IS SOUNDED

- Personnel must evacuate the building by way of stairwells. Do not use elevators.
- Notify University Police regarding employees, patients and visitors with disabilities.
- 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.
- **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 and Floor Captains are to report the location, condition, and number of persons located in fire exit stairwells to the University Police.
- 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.
- 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.
- Faculty, staff and students must report to the exterior of the Library, Administration, & Resource building located at 433 Bolivar St. and await further instructions from the University Police.
- **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.

III. CLINIC PARACTICUM

A. PROFESSIONAL PRACTICE COMPETENCIES

When participating in practicum, students are expected to behave in a professional manner at all time, demonstrating appropriate behavior in all interactions including those with clients/patients, family members, staff, and supervisors. Graduate students are expected to do so without instruction. Such behaviors include but are not limited to punctuality, professional dress, being prepared, taking responsibility for own actions, completing all required tasks in a timely manner, etc.

The student is encouraged to see himself or herself as a perpetual learner and to respect the professional aspirations of the other class members. Each student is expected to participate and assist in creating a learning atmosphere in all clinical settings.

Students are expected to act in a professional manner at all times. Although professionalism is difficult to define, it includes such things as honesty, integrity, respect of others, being helpful and courteous in the classroom and clinic, prompt attendance at all scheduled classes and meetings, behaving in the appropriate and necessary manner which is consistent with a clinical/academic setting. In other words, it is behavior which reflects your view of yourself and your profession.

Students must maintain a professional attitude at all times, including, above all honesty and integrity. Students must also demonstrate respect for others at all times, including during classes, labs, clinics, etc. Failure to do so will result in disciplinary action, which may include dishonorable dismissal from the program. Students must also uphold the Code of Ethics.

Whenever you are in the presence of a patient, you are expected to respect the dignity, individuality, and privacy of that patient. All information regarding any patient is considered private and confidential, and is not to be discussed outside of the academic or clinical setting.

Smoking and use of any form of tobacco is not permitted in LSUHSC buildings and facility/clinics.

Bringing firearms (or other weapons) onto state property or clinical site is illegal. Because the safety and well-being of our faculty, staff, student, visitors, and patient to our campus and clinical sites are of utmost concern, this message is a reaffirmation of our policy of no unauthorized firearms on the campus of the LSU Health Sciences Center in New Orleans, at university-sponsored functions, and clinical sites. Under the provisions of the Louisiana Criminal Code R.S. 14:95.2, it is illegal and expressly prohibited to engage in the unauthorized carrying of a firearm or dangerous weapon by a student or non-student on University property, including dormitory rooms, at university-sponsored events, or within one thousand feet of any school campus at any time. These areas are designated by law as firearm-free zones. The law carries with it severe penalties.

Due to the disruptive nature of cell phones and pagers, all cell phones and pagers must be turned off or kept in the silent/quiet mode during all class periods, exams and during all patient care times, observations, clinical internships). If you are expecting an emergency-type call, place cell phone/pager on the silent mode. Leave the room before answering it. Also, prior to the beginning of class or patient treatment session, inform your supervisor you may be leaving the room due to a potential emergency call.

Our program is required to that students demonstrate the following professional practice competency areas.

1. Accountability

Defined as taking responsibility for your actions, ensuring you are competent to perform the task, and putting the patient’s needs first. (Documentation, Charts, etc.)

2. Integrity

Keeping one’s word; adherence to code of ethics

3. Effective communication skills

Appropriate (polite, courteous, respectful) oral and written; interprofessional and intra-professional.

4. Clinical reasoning

The process of using all information to make a diagnosis, implement a treatment plan, and evaluate the outcomes

5. Evidence-based practice

Defined by ASHA, “The integration of research **evidence** with practitioner expertise and client preferences and values into the process of making clinical decisions.”

6. Concern for individual served

Putting the patient’s needs first.

7. Cultural competence

Defined by ASHA as “A set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations.”

8. Professional duty

To act with a reasonable degree of care and skill.

9. Collaborative practice

Defined by ASHA as, “An activity that occurs when two or more professions learn about, from, and with each other to enable effective collaboration and improve outcomes for individuals and families whom we serve.”

B. OBSERVATIONS

During the first semester, students will begin observations in the on-campus clinic to obtain a variety of experiences. The student must complete an entire semester (with a minimum of 10 hours) of supervised observation prior to participation in initial clinic practicum. These observations must pertain to the evaluation and treatment of children and adults with speech, language, or hearing disorders. Students will be allowed to participate in clinic practicum only after LSUHSC observation requirements have been satisfied.

- For Audiology, follow the assigned observation schedule provided at the beginning of the semester. In Audiology, there may be two observers per session.
- Review the information contained in the client's medical record chart prior to the scheduled observation.
- Adhere to the clinic dress code while conducting observations and wear your ID tag at all times.

- Consult with the supervisor and student clinician 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.
- Be available in the clinic area at least ten minutes before the scheduled session time unless your supervisor requests an earlier meeting time.
- Demonstrate ethical and responsible behavior.
- Appropriate introductions to the client should be made. Observe the entire clinical session.
- Your role is to **observe** and to be discreet. In audiological evaluations, there are no two-way mirrors. Hold your comments until after the observation has been completed and the client has left the floor. Do not make comments, laugh or express judgments, whether positive or negative, through verbal or nonverbal behaviors. Do not answer questions from or give advice to family members or clients. Relay that you are only observing.
- Remember that all patient information is confidential. Do not discuss the client with individuals other than the clinician or supervisor

C. SPEECH-LANGUAGE HEARING SCREENINGS

1. Proficiency Requirements: The student will be required to attend a Speech and Hearing Screening lecture and lab. The student is required to pass 2 Proficiency examinations, one for speech screening and one for hearing screening, prior to his/her first screening assignment.
2. Competency Requirements: After sufficient experience, the student will demonstrate competency to the Speech and Hearing Screening coordinators. The student is required to pass 2 competencies, one for speech screening and one for hearing screening. Passing this competency does not exclude the student from being assigned to future screenings throughout his/her time at LSUHSC. **Each student must obtain their Competency Certificates by the Fall semester of the 3rd year as it will be required to complete the course: SPTHAUD 7131, Principles of Managing the Pediatric Hearing Impaired.**
3. Attendance/Attire at Screenings: Same Requirements as On-site clinic;
4. The student is expected to be prepared and to locate the site ahead of time so he/she is not late. **If the student arrives late, is not professionally dressed, or is unprepared for their duties, then the student will not be allowed to obtain clinical clock hours that day. This can affect the student's clinic grade.**
5. Tracking Hours: Screening Hours are required to be recorded and submitted using CALIPSO. Screening hours should be submitted within 7 days following a speech or hearing screening. Hours that are not submitted timely may be lost and not counted.
6. Grading: Screening assignments are part of your overall clinic grade. The student's attendance, promptness, professional dress, professional behavior, and ability to be prepared and competent at ALL screenings will be included in the determination of their final clinic grade. **A student who does not meet the above requirements will automatically have their grade reduced by one letter grade at a minimum.**

D. CLINICAL SUPERVISION

Clinical supervision must be sufficient to ensure the welfare of the patient and the student in accordance with the ASHA Code of Ethics. The specific amount of direct supervision will depend upon individual needs. On campus, you will be supervised 100% of the time. The amount of supervision is dependent

upon the student's training, experience, and competence and may decrease so that by the fourth year of education, the student is functioning independently. Supervision must include guidance and feedback so that the student can evaluate, improve his/her performance and develop clinical competence.

The student clinician should schedule an initial conference with his/her preceptor at the beginning of each term. This initial meeting should be held as soon as possible after clinical assignments are made. It is the student's responsibility to make the initial contact before the first patient appointment. The student may also be required to meet with the preceptor before or following each clinic session/appointment to determine the needs of the patient being seen and to verify that appropriate care is provided based on best practices.

Students are required to provide feedback of each of their supervisors at the end of each semester via CALIPSO. The information provides valuable input to the program. 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.

E. CLINICAL ASSIGNMENTS

General Policies

- Following clinical advising with Clinical Coordinator, 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 and preference.
- Clinical assignments are made before the beginning of the semester. The student will receive a copy of the clinic assignment which designates the primary supervisor, additional supervisor(s), the site and type of clinical activity to which the student has been assigned, and the day and/or time of clinic. Clinic practicum activities at both LSUHSC and off-sites begin 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.
- Concerns re: clinical matters should be discussed with clinical supervisor first, and if additional assistance is needed, the student may discuss concerns with the Clinical Coordinator.
- 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.
- Transportation to the remote site is the responsibility of the student.

End of the Semester

- The end of the semester is considered the last day of exam week per the academic calendar. You are expected to be available through the last day of the semester regardless of when you complete your class exams. Do not make arrangements to leave campus prior to the end of the exam week.
- 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.
- 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.
- 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 and will have their grade lowered. .

F. CLINICAL PROCEDURES

- **CONTACT YOUR SUPERVISOR PRIOR TO THE FIRST DAY OF CLINIC TO ARRANGE A SCHEDULED STAFFING TIME!** Always staff with your supervisor before each appointment.
- You are expected to be on the floor, available, and professionally dressed during your clinic slot time even if a patient has not been scheduled. Your supervisor may want to use the time to practice, to schedule a last-minute appointment, or to see a “walk-in” appointment. If you do not have any patients scheduled for your clinic block, you must attend clinic and your supervisor will spend at least ½ of your allotted clinic time teaching you advanced clinical techniques (or assist you in practicing your current clinical skills). Be prompt and prepared 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 to set up the booth. Tardiness is unacceptable. Dress professionally for clinic. Our patients are paying for a professional service.
- Put a log note in the patient’s chart following EVERY contact. This includes any telephone correspondence as well as any clinic visit. Every log note must be signed by the student and by the student’s supervisor. Signatures must include your name and degree. (Example: Brad Jones, B.A./Rachel Wood, Au.D.)
- Call the day before and confirm the appointment. If you are offsite, you may use the clinic scheduling system Sycle to get the contact number of the patient in order to confirm the appointment. Please use the *67 feature when dialing a patient from your personal phone. 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.
- A clean, COMPLETED audiogram and all test forms must be placed in the patient's folder immediately following the evaluation.
- Remember to put the patient’s full name, date of birth, and clinic 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. = ½, etc.)

- 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

G. DIAGNOSTIC EVALUATIONS

1. Appointment Schedules

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 Sycle 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. **Students are expected to be available and professionally dressed even if a patient is not scheduled.**

2. Pre-Appointment Planning

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.

3. Appointment Reminder

Students are to call and confirm appointments the day before the evaluation, using the clinic phones in room 9A6 or from their private phone using the *67 indicator. In some instances, supervisors may request that you call clients earlier. 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.

- Student should use the Confirmation Call Script included in the General Appendix.
- 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.
- 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.
- Students are responsible for checking the electronic scheduling system, Sycle, and their e-mail daily to see if their patient has contacted the clinic.
- Students must notify supervisor immediately if patient cancels.
- When a patient calls the clinic office, the staff should notify the supervisor if there is a cancellation.
- The staff or supervisor should e-mail the student if the patient calls the clinic office confirming or canceling the appointment.
- If a student must call patients from a personal 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.

4. Greeting the Client

- 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.

- Students should introduce themselves in the following manner:
“Hello Mr./Ms. Patient’s Last Name. I am Mr./Ms. Student’s Last Name and this my supervisor, Dr./Ms. Supervisor’s Last Name.” For example: “Hello Mrs. Smith, I am Ms. Jones, and this is my supervisor, Dr. James.”
- Briefly explain the routine for the evaluation. Additional protocol may be discussed during your supervisory meetings.
- 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.
- Students should check the registration information and/or the patient's medical chart to
- ensure that both the Authorization for Release of Information and the Consent to Photograph and Videotape have been completed and signed.

5. Client Conference/Counseling

- 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.
- 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.

6. Concluding the Evaluation

- 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.)
- Student will provide the client/parents/legal guardian with a Consumer Satisfaction Survey form and writing implement. Request that it be completed and placed into the locked box in the front of the waiting room. Inform them that the results will be confidential. Blank copies of this form are with each supervisor.
- 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.
- A meeting may be required by your supervisor following the appointment to discuss aspects of the case, answer questions, or discuss your performance.

7. Documentation

- All test information will be labeled with the client's name, date of birth, 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 on page 18. **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.**
- The student must note test results or other pertinent information on a separate sheet in order to write their report.

H. CLINIC REPORTS

1. Policies

All diagnostic reports and chart notes are required to be completed on our 9th floor. They are required to be saved under the “P” drive **and to be encrypted for patient confidentiality.**

To save the report under the “P” drive: Select the “P” drive. Select “Audiology.” Select “Reports under review.” Select your supervisor’s name and save the report in their file.

The diagnostic report or chart note should follow one of the report formats provided in the appendices, unless another format is recommended by the supervisor.

The 1st rough draft is due to your supervisor within **48 hours** after the date of the evaluation. This rule is strictly enforced. Late reports will result in a lower clinic grade.

The rough draft should be neatly typed, double spaced, and proofread for grammatical and spelling errors. The student should include and verify “Cc” addresses at the bottom of the report. Rough drafts should include cover letters for any referral source or other agency for which a report is being sent.

Reports are to be saved as: Year_ First Initial_First 3 letters of Last Name with a secure password protection. Ex. Drew Brees should be saved as **2016_DBRE_1st Draft**

The supervisor will read the rough draft, make corrections, and return it to the student in either the “P” drive or hard copy form for modifications. The report may require more than one editing process. The student has **24 hours** to make required corrections and to re-submit the rough draft to the supervisor.

To convert reports for final printing:

- Single space\
- Allow room at the top (2") for letterhead
- Check overall format for a professional appearance
- Signatures should not stand alone on a page Headings must be followed by text on the same page
- Proof for spelling and grammatical errors

Once printed, your supervisor will ask you to sign and mail the reports. Write a log note in the patient chart documenting the date that the report was mailed.

2. Timelines

- Audiological reports will be sent out within 15 working days of seeing the patient. Exceeding this time limit puts us out of compliance.
- In order to be professional and to provide professional services, it is critical that reports be completed in a timely manner.

Policy

- The first drafts of all reports must be turned in to the supervisor within 48 hours after the evaluation is completed.
 - Evaluations done on Thursday or Friday are due on Monday morning.

- Morning evaluations (Monday, Tuesday, or Wednesday): reports are due by noon 2 days later.
- Afternoon evaluations (Monday, Tuesday, or Wednesday): reports are due by 5:00pm two days later.
- Subsequent drafts (2nd., 3rd., etc.) are due 24 hours after the supervisor has returned the report to you.
- 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.

I. PATIENT SATISFACTION SURVEYS

- In accordance with the professional case management, and for improvement of programmatic clinical education, patients are requested to fill out consumer satisfaction surveys for both diagnostics and treatment.
- All students should escort their clients to the waiting room following an evaluation and request that s/he complete a survey before leaving.

J. OFF-SITE CLINIC PRACTICUM

Students will begin clinic off-sites during their 2nd year of the AuD program. Time in off-sites will vary and increase from approximately 4-6 hours per week to 16-20 hours per week during the student's 3rd year. Additional information about the 4th year externship is detailed in a following section.

1. Off-site assignments will be made based on numerous criteria as determined by the audiology faculty to be in the best interest of the student's education.
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 off sites all days and times assigned. Students do not have the right to take off a day or plan a vacation during the semester.
7. Both your offsite supervisor **AND** the Audiology Department Clinic Coordinator must be notified at the earliest possible time in case of an emergency or illness.
8. Students are required to keep their health record current and up-to-date with TB flu and other vaccinations. Failure to do so may require pulling the student from a clinical rotation and the lowering of the clinic practicum grade.

9. Some affiliates may require a criminal background check. The cost of this is the responsibility of the student.

10. Students will fulfil additional requirements as required by the site.

All Au.D. students must have met LBESPA's requirements of 375 clock hours distributed across categories), to be considered a candidate for fourth year placement. A minimum of 1820 hours are required for graduation; however, meeting that minimum does not exclude students from participating in assigned clinical practicum.

K. OFF-SITE EXAMPLES

Audible Hearing
Ascension Parish
Children's Hospital
Doctor's Hear Ctr.
East Jefferson
Emerge Center
ENT Physician Offices

Creel Hearing Center
Jefferson Parish
Med. Cntr. of LA ENT
NO Speech & Hearing Ctr.
Northshore Audiology
Ochsner Clinics
Slidell Memorial Hospital

Tulane Lakeside Hospital
Tulane University ENT
UMC
VA Hospital
Woman's Hospital

L. GRADING POLICY FOR STUDENTS ENROLLED IN CLINICAL PRACTICUM

The overall practicum grade for the semester will be determined by the student's performance during observations, screenings, on-site clinic, and offsite clinic in the following areas: Attendance, professionalism, preparedness, report writing, clinical skill level, adherence to infection control, etc.

Diagnostic reports and chart notes will all count towards your final grade. Reports should be completed in a timely manner and should accurately encompass all pertinent information related to case history, diagnostic results, and recommendations. Information should be presented in a professional manner with correct format, spelling, grammar, addresses, and telephone numbers.

Any student who misses 1 clinical assignment including screenings with the exception of exigent circumstances will have their clinical practicum grade reduced by 1 letter grade.

Any student who is tardy, unprepared, or unprofessional for screenings, on-site clinic, or off-site clinic will have their grade reduced by a minimum of 1 letter grade.

M. CLINIC REMEDIATION

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 **mid-term evaluation in CALIPSO** indicating the level of performance. 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 obtained a grade of C or below, and the student will meet to discuss the student's clinical performance within 7 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 the 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.

N. EVALUATION OF SUPERVISOR/PRECEPTOR

At the end of each semester, students are encouraged to complete an electronic Evaluation of Supervisor form through CALIPSO. The student submits this form electronically and the student's evaluation will remain anonymous and confidential.

O. SELF-EVALUATION

Periodically students will be asked to complete a self-evaluation (a self-assessment). This process will allow student clinicians to analyze their strengths, weakness and to identify their comfort level with clinical skills. These assessments are used to make appropriate changes based upon their own reflections and the feedback given from other supervisors and preceptors.

P. RECORDING CLINICAL HOURS CALIPSO

CALIPSO is a web-based application that manages key aspects of academic and clinical education designed specifically and exclusively for speech-language pathology and audiology training programs.

1. The student must maintain a record of all clock hours earned in clinic practicum. Clock hours include observations, speech screenings, hearing screenings, and clinic experiences.
After every clinic session, the student is to log into CALIPSO to document the following:
 - a) Supervisor, Site, Semester, Clinical setting type, Completion month & year, Clinic, Date, Course #, and Training Level
 - b) Type of clinical activity for which hours were earned for each client (e.g., child ABR, adult audiological evaluation),
 - c) Hours/Length of time earned for each session
 - d) Hours for which this information is not provided will not be counted.
2. Clinical clock hours must be reviewed and approved by each supervisor.
3. Prior to submitting the form, the student must be certain that:

- a) the hours recorded accurately reflect the hours earned,
 - 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 answered all required information
4. All clinic and observation hours must be submitted to their supervisor for approval at the end of each week and no later than 7 days following the clinical activity. Screening hours are required to be submitted within 7 days of a screening. Failure to record and to submit all clock hours as required will result in the student receiving an "I" (Incomplete) in any Clinic Practicum course and may result in a loss of those clinic hours.

Q. SYCLE

Sycle is the web based patient management software used by the Audiology as well as the Speech Language Pathology Clinic. Students will access Sycle to view patient appointments as well as access contact numbers to confirm appointments. The Audiology Clinical Coordinator will grant access by assigning user names. The students will confirm passwords for access. Special care should be given when accessing Sycle as HIPPA protocols must be followed due to the privacy rights of patients.

R. 4th Year EXTERNSHIPS

Students will begin their 4th year externship in the summer term at the end of their 3rd year. Students will begin to apply for their 4th year placement during their 3rd year. The externship sight is designed to develop advanced audiology skills with direct patient care so that you will be an independent practitioner. It may take place locally or at a distant facility and it may or may not include a stipend, which is at the discretion of the site. The externship is a full-time, 12 month position. Each student will accumulate a minimum of 1820 clinical hours over the course of the year.

All externships must be approved by the Clinical Coordinator. This approval is based upon the ability of the facility to provide such things as appropriate supervision, available equipment and materials, a variety of learning audiology experiences, supervision, etc.

All externships will have a formal, written agreement with LSUHSC. Grades will be based upon the primary preceptor's evaluation via CALIPSO and assigned by the clinical coordinator.

Upon completion of the externship, each student will have met all academic and clinical requirements for Louisiana licensure.

IV. APPENDICIES

A. 4th Professional Organizations

1. **AAA: American Academy of Audiology**
SAA: Student Academy of Audiology
11480 Commerce Park Drive
Suite 220
Reston, VA 20191

Website: www.audiology.org
Telephone: 800-AAA-2336

2. **ASHA: American Speech-Language Hearing Association.**
NSSLHA: National Student Speech-Language Association.
Refer to ASHA website for information regarding Certificate of Clinical Competence (CCC) and Praxis.

For additional information: ASHA
10801 Rockville Pike
Rockville, Maryland 20852

Website: www.asha.org
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
<http://www.lsha.org/>
(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
Towne Park Centre,
37283 Swamp Road, Suite 3B, Prairieville, LA 70769.
Phone (225) 313-6358
Fax (225) 313-6991.

5. **LAA: Louisiana Academy of Audiology:** <http://louisianaaudiology.org/index.php>

B. PHONE 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/Guardian 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 applicable 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.

C. Report Writing Tips

1. Keeps the tense consistent throughout the report.
2. Address persons with appropriate title (Mr., Mrs., Dr., etc.)
3. Once a patient has reached 21 years of age, 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 IMPRESSIONS 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.

D. Example Reports

Follow this format in Courier New font, Size 11-12

Rough drafts are double spaced. Final copies are single spaced.

↕
2 inch margin at the top of the first page to allow for letterhead
↕

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

Start typing patients name then tab (not space bar) to position 4.5

Re: Mick E. Mouse, Jr.

Date of Evaluation: 6-7-11

DOB: 12-25-90

Referral Source: J.P.P.S.S.

Parents: M/M Mick E. Mouse, Sr.

or parents/Self/Doctor

If patient is a child, parents

Diagnosis: ICD-9: v75.1

complete mailing address.

Telephone: (012) 123-4567

(if available)

¶

¶

¶Center Title of Report and bold and underline it

Audiological Evaluation

Start typing report per you and your supervisor's evaluation of the client. Remember to double space between paragraph and two spaces (not 1 or 3) at the end of a sentence.

Supervisor, Au.D., CCC-A
Instructor
Audiology

Lillian Padd, B.A.
Graduate Student Clinician
Audiology

If there are cc's: remember to have complete mailing address

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

Re: Joe Blow, Jr.
DOB: 2-13-93
Parents: M/M Joe Blow, Sr.
1111 Red Avenue
Metairie, LA 70000

Date of Evaluation: 5-25-11
Referral Source: J.P.P.S.S.
Diagnosis: ICD-9: 389.10

Audiological Evaluation

Joe Blow, age 18 years, 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 Joe Blow, Jr., continue to receive audiological monitoring.

Supervisor, Au.D., CCC-A
Instructor
Audiology

Lillian Padd, B.A.
Graduate Student Clinician
Audiology

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

Evaluation Date: 6-1-11

CHART NOTE

Ms. Sauce was seen at the LSUHSC Audiology Clinic on June 1, 2011 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 on June 15, 2011 for a hearing aid check.

Supervisor, Ph.D., CCC-A
Professor
Audiology

Lillian Padd, B.A.
Graduate Student Clinician
Audiology

Re: Apple Sauce
DOB: 2/2/2007

Date of Service: 8/5/2011

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.

E. Supervisor Credentials

Tammie Crabtree, M.C.D
Instructor of Audiology
Audiology

Megan Guidry, AuD, CCC-A
Clinical Assistant Professor of Audiology
Audiology

Jerald James, AuD, CCC-A
Clinical Assistant Professor of Audiology
Audiology

Annette Hurley, PhD, CCC-A
Associate Professor and Program Director
Audiology

Diane Wilensky, M.S., CCC-A
Clinical Assistant Professor of Audiology
Audiology

Rachel Wood, AuD, CCC-A, FAA, ABA
Clinical Assistant Professor of Audiology
Audiology

F. AUDIOLOGY CLINIC CLEAN-UP PROTOCOL

Audiology Clinic Cleaning Protocol

- Cleaning is to be completed on your assigned date following the end of clinic.
- **Items must air dry for 24 hours and be put away over the weekend or the following Monday morning by 8:45 am.**
- Please initial each item after you have completed it. Sign and date the bottom of the form and return to Dr. Wood's box upon completion. Those who do not fulfill this responsibility will be assigned a 5 page paper on infection control.

On Your Assigned Day:

- Wear gloves (available in each patient room) to protect your hands from all cleaning solutions. Chemical aprons are available under the sink in the ABR room to protect your clothes.

_____ _____ Collect any used cerumen management tools, hearing aid cleaning tools, otolight tips and impression syringes and place in soaking container.

_____ _____ Disinfect all hard surfaces (tabletops, chairs, cabinets, etc. NOT ELECTRONIC EQUIPMENT) with Lysol I.C. Foaming Disinfectant Cleaner and paper towels located under the sink in the ABR room.

_____ _____ Disinfect all electronic equipment (keyboards, audiometers, tympanometers and all transducers) with AudioWipes located in each audio suite.

_____ _____ Plug in all otoscopes to their charging base, with the exception of the non-rechargeable battery otoscope

_____ _____ Put new otoscope specula in the clean jar in the otoscope area

_____ _____ Throw away all trash, used papers or stray probe tips.

_____ _____ Return all clinic items in their proper places. Make sure booths are neat and organized as posted.

_____ _____ Check on availability of ALL clinic forms in all booths. If low, make 50 copies of the forms and replace in respective areas. **Inform the front office staff that you are the clinic cleanup designee for the week when making copies of clinic forms.**

_____ _____ Clean up and the drilling bench in the hearing aid room. Disinfect all tabletop workspaces.

_____ _____ Restock Impression Kit #1 and #2 with any missing items.

_____ _____ Collect dirty audiology toys in audiology suite, waiting room and/or in purple bin next to ABR sink. Spray the Lysol IC Foaming Disinfectant Cleaner onto a paper towel and wipe down each toy thoroughly. Let sit 10 minutes and then wipe off excess liquid with paper towel. For sponges ONLY, spray with Lysol IC, rinse well with water, squeeze out excess water, and microwave for 35 seconds.

_____ _____ **Remove the soaking equipment from bin and rinse thoroughly**, allowing all to AIR DRY OVERNIGHT on paper towels in ABR room.

_____ _____ Does clinic need vacuuming? YES NO

By the following Monday by 8:45am:

_____ _____ Return the clean and dry equipment to their homes.

_____ _____ Place clean dry audiology room 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.

Report all supply shortages to Dr. Wood. Supplies take approximately 4 weeks to arrive.

Immittance tips OK LOW
 OK LOW

Insert earphone tips ped/adult OK LOW

Gloves

OAE tips peds/adults OK LOW
Kleenex OK LOW

Alcohol wipes OK LOW

Hearing aid batteries OK LOW
Otoblocks OK LOW
other _____

Ear impression material OK LOW
Real ear probe tubes OK LOW
other _____

SIGNATURES: _____

Date: _____

G. Code of Ethics for AAA & ASHA

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 (all categories of members, including Student 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 give or accept benefits or items of 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 knowingly permit personnel under their direct or indirect supervision 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 human participants or prospectively collecting research data from human participants shall obtain full informed consent from the participants or legal representatives. Members conducting research with human participants or animals shall follow accepted standards, such as those promulgated in the current Responsible Conduct of Research (current edition, 2009) by the U.S. Office of Research Integrity.

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 accurate documentation of services rendered according to accepted medical, legal, and professional standards and requirements.

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 an objective manner consistent with 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 fully cooperate with reviews being conducted by the Ethical Practices Committee in any matter related to the Code of Ethics.

Principle of Ethics I

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

Rules of Ethics

- A. Individuals shall provide all clinical services and scientific activities competently.
- B. Individuals shall use every resource, including referral and/or interprofessional collaboration when appropriate, to ensure that quality service is provided.
- C. Individuals shall not discriminate in the delivery of professional services or in the conduct of research and scholarly activities on the basis of race, ethnicity, sex, gender identity/gender expression, sexual orientation, age, religion, national origin, disability, culture, language, or dialect.
- D. Individuals shall not misrepresent the credentials of aides, assistants, technicians, support personnel, students, research interns, Clinical Fellows, or any others under their supervision, and they shall inform those they serve professionally of the name, role, and professional credentials of persons providing services.
- E. Individuals who hold the Certificate of Clinical Competence may delegate tasks related to the provision of clinical services to aides, assistants, technicians, support personnel, or any other persons only if those persons are adequately prepared and are appropriately supervised. The responsibility for the welfare of those being served remains with the certified individual.
- F. Individuals who hold the Certificate of Clinical Competence shall not delegate tasks that require the unique skills, knowledge, judgment, or credentials that are within the scope of their profession to aides, assistants, technicians, support personnel, or any nonprofessionals over whom they have supervisory responsibility.
- G. Individuals who hold the Certificate of Clinical Competence may delegate to students tasks related to the provision of clinical services that require the unique skills, knowledge, and judgment that are within the scope of practice of their profession only if those students are adequately prepared and are appropriately supervised. The responsibility for the welfare of those being served remains with the certified individual.
- H. Individuals shall obtain informed consent from the persons they serve about the nature and possible risks and effects of services provided, technology employed, and products dispensed. This obligation also includes informing persons served about possible effects of not engaging in treatment or not following clinical recommendations. If diminished decision-making ability of persons served is suspected, individuals should seek appropriate authorization for services, such as authorization from a spouse, other family member, or legally authorized/appointed representative.
- I. Individuals shall enroll and include persons as participants in research or teaching demonstrations only if participation is voluntary, without coercion, and with informed consent.
- J. Individuals shall accurately represent the intended purpose of a service, product, or research endeavor and shall abide by established guidelines for clinical practice and the responsible conduct of research.
- K. Individuals who hold the Certificate of Clinical Competence shall evaluate the effectiveness of services provided, technology employed, and products dispensed, and they shall provide services or dispense products only when benefit can reasonably be expected.

- L. Individuals may make a reasonable statement of prognosis, but they shall not guarantee—directly or by implication—the results of any treatment or procedure.
- M. Individuals who hold the Certificate of Clinical Competence shall use independent and evidence-based clinical judgment, keeping paramount the best interests of those being served.
- N. Individuals who hold the Certificate of Clinical Competence shall not provide clinical services solely by correspondence, but may provide services via telepractice consistent with professional standards and state and federal regulations.
- O. Individuals shall protect the confidentiality and security of records of professional services provided, research and scholarly activities conducted, and products dispensed. Access to these records shall be allowed only when doing so is necessary to protect the welfare of the person or of the community, is legally authorized, or is otherwise required by law.
- P. Individuals shall protect the confidentiality of any professional or personal information about persons served professionally or participants involved in research and scholarly activities and may disclose confidential information only when doing so is necessary to protect the welfare of the person or of the community, is legally authorized, or is otherwise required by law.
- Q. Individuals shall maintain timely records and accurately record and bill for services provided and products dispensed and shall not misrepresent services provided, products dispensed, or research and scholarly activities conducted.
- R. Individuals whose professional practice is adversely affected by substance abuse, addiction, or other health-related conditions are impaired practitioners and shall seek professional assistance and, where appropriate, withdraw from the affected areas of practice.
- S. Individuals who have knowledge that a colleague is unable to provide professional services with reasonable skill and safety shall report this information to the appropriate authority, internally if a mechanism exists and, otherwise, externally.
- T. Individuals shall provide reasonable notice and information about alternatives for obtaining care in the event that they can no longer provide professional services.

Principle of Ethics II

Individuals shall honor their responsibility to achieve and maintain the highest level of professional competence and performance.

Rules of Ethics

- A. Individuals who hold the Certificate of Clinical Competence shall engage in only those aspects of the professions that are within the scope of their professional practice and competence, considering their certification status, education, training, and experience.
- B. Members who do not hold the Certificate of Clinical Competence may not engage in the provision of clinical services; however, individuals who are in the certification application process may engage in the provision of clinical services consistent with current local and state laws and regulations and with ASHA certification requirements.
- C. Individuals who engage in research shall comply with all institutional, state, and federal regulations that address any aspects of research, including those that involve human participants and animals.
- D. Individuals shall enhance and refine their professional competence and expertise through engagement in lifelong learning applicable to their professional activities and skills.

- E. Individuals in administrative or supervisory roles shall not require or permit their professional staff to provide services or conduct research activities that exceed the staff member's certification status, competence, education, training, and experience.
- F. Individuals in administrative or supervisory roles shall not require or permit their professional staff to provide services or conduct clinical activities that compromise the staff member's independent and objective professional judgment.
- G. Individuals shall make use of technology and instrumentation consistent with accepted professional guidelines in their areas of practice. When such technology is not available, an appropriate referral may be made.
- H. Individuals shall ensure that all technology and instrumentation used to provide services or to conduct research and scholarly activities are in proper working order and are properly calibrated.

Principle of Ethics III

Individuals shall honor their responsibility to the public when advocating for the unmet communication and swallowing needs of the public and shall provide accurate information involving any aspect of the professions.

Rules of Ethics

- A. Individuals shall not misrepresent their credentials, competence, education, training, experience, and scholarly contributions.
- B. Individuals shall avoid engaging in conflicts of interest whereby personal, financial, or other considerations have the potential to influence or compromise professional judgment and objectivity.
- C. Individuals shall not misrepresent research and scholarly activities, diagnostic information, services provided, results of services provided, products dispensed, or the effects of products dispensed.
- D. Individuals shall not defraud through intent, ignorance, or negligence or engage in any scheme to defraud in connection with obtaining payment, reimbursement, or grants and contracts for services provided, research conducted, or products dispensed.
- E. Individuals' statements to the public shall provide accurate and complete information about the nature and management of communication disorders, about the professions, about professional services, about products for sale, and about research and scholarly activities.
- F. Individuals' statements to the public shall adhere to prevailing professional norms and shall not contain misrepresentations when advertising, announcing, and promoting their professional services and products and when reporting research results.
- G. Individuals shall not knowingly make false financial or nonfinancial statements and shall complete all materials honestly and without omission.

Principle of Ethics IV

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

Rules of Ethics

- A. Individuals shall work collaboratively, when appropriate, with members of one's own profession and/or members of other professions to deliver the highest quality of care.
- B. Individuals shall exercise independent professional judgment in recommending and providing professional services when an administrative mandate, referral source, or prescription prevents keeping the welfare of persons served paramount.
- C. Individuals' statements to colleagues about professional services, research results, and products shall adhere to prevailing professional standards and shall contain no misrepresentations.
- D. Individuals shall not engage in any form of conduct that adversely reflects on the professions or on the individual's fitness to serve persons professionally.
- E. Individuals shall not engage in dishonesty, negligence, fraud, deceit, or misrepresentation.
- F. Applicants for certification or membership, and individuals making disclosures, shall not knowingly make false statements and shall complete all application and disclosure materials honestly and without omission.
- G. Individuals shall not engage in any form of harassment, power abuse, or sexual harassment.
- H. Individuals shall not engage in sexual activities with individuals (other than a spouse or other individual with whom a prior consensual relationship exists) over whom they exercise professional authority or power, including persons receiving services, assistants, students, or research participants.
- I. Individuals shall not knowingly allow anyone under their supervision to engage in any practice that violates the Code of Ethics.
- J. Individuals shall assign credit only to those who have contributed to a publication, presentation, process, or product. Credit shall be assigned in proportion to the contribution and only with the contributor's consent.
- K. Individuals shall reference the source when using other persons' ideas, research, presentations, results, or products in written, oral, or any other media presentation or summary. To do otherwise constitutes plagiarism.
- L. Individuals shall not discriminate in their relationships with colleagues, assistants, students, support personnel, and members of other professions and disciplines on the basis of race, ethnicity, sex, gender identity/gender expression, sexual orientation, age, religion, national origin, disability, culture, language, dialect, or socioeconomic status.
- M. Individuals with evidence that the Code of Ethics may have been violated have the responsibility to work collaboratively to resolve the situation where possible or to inform the Board of Ethics through its established procedures.
- N. Individuals shall report members of other professions who they know have violated standards of care to the appropriate professional licensing authority or board, other professional regulatory body, or professional association when such violation compromises the welfare of persons served and/or research participants.
- O. Individuals shall not file or encourage others to file complaints that disregard or ignore facts that would disprove the allegation; the Code of Ethics shall not be used for personal reprisal, as a means of addressing personal animosity, or as a vehicle for retaliation.
- P. Individuals making and responding to complaints shall comply fully with the policies of the Board of Ethics in its consideration, adjudication, and resolution of complaints of alleged violations of the Code of Ethics.

- Q. Individuals involved in ethics complaints shall not knowingly make false statements of fact or withhold relevant facts necessary to fairly adjudicate the complaints.
- R. Individuals shall comply with local, state, and federal laws and regulations applicable to professional practice, research ethics, and the responsible conduct of research.
- S. Individuals who have been convicted; been found guilty; or entered a plea of guilty or nolo contendere to (1) any misdemeanor involving dishonesty, physical harm—or the threat of physical harm—to the person or property of another, or (2) any felony, shall self-report by notifying ASHA Standards and Ethics (see Terminology for mailing address) in writing within 30 days of the conviction, plea, or finding of guilt. Individuals shall also provide a certified copy of the conviction, plea, nolo contendere record, or docket entry to ASHA Standards and Ethics within 30 days of self-reporting.
- T. Individuals who have been publicly sanctioned or denied a license or a professional credential by any professional association, professional licensing authority or board, or other professional regulatory body shall self-report by notifying ASHA Standards and Ethics (see Terminology for mailing address) in writing within 30 days of the final action or disposition. Individuals shall also provide a certified copy of the final action, sanction, or disposition to ASHA Standards and Ethics within 30 days of self-reporting