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OVERVIEW OF THE LSUHSC GRADUATE PROGRAM

Departmental Mission

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

1. To offer an academic and clinical education program to students pursuing a Master of Communication Disorders (M.C.D.) degree in the area of Speech/Language Pathology and a Doctor of Audiology (Au.D.) degree in the area of Audiology

2. To conduct research in the areas of audiology and speech/language pathology

3. To provide clinical services in audiology and speech/language pathology.

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

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

1. LSUHSC Catalogue/Bulletin (http://alliedhealth.lsuhsc.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. COMD Orientation Packet
   a. Academic Standards
   b. Au.D. Research Requirements
   c. LSUHSC Academic Misconduct Policy
   d. Harassment Prevention
   e. Current Curriculum
   f. ASHA Code of Ethics
   g. Advisor List
   h. Dept. of COMD Floor Map
   i. Final Exam Schedule
   j. Academic Calendar
   k. Important LSUHSC Contact Numbers
   l. SAA/NSSLHA Membership

3. ASHA www.asha.org
   a. Academic Coursework Requirements for CCC
   b. Clinical Practicum Requirements for CCC
   c. National Examination in Speech-Language Pathology and Audiology
   d. Process to Complete Certification
   e. ASHA Code of Ethics
   f. Application Form (and more)

4. COMD Clinic Handbook
   (http://alliedhealth.lsuhsc.edu/communicationdisorders/Audiology/CurrentStudents.aspx)
   a. General Clinic Policies
   b. Clinic Practicum
   c. Appendices
GENERAL CLINIC POLICIES

Please be aware that a lack of professional responsibility related to any of the following issues will result in a lowering of practicum grades. In addition, if these problems persist, dismissal from the program will result. A violation of the ASHA code of ethics may result in immediate dismissal from the program.

Time Issues

1. The student will be prepared and on time or early in meeting patients for evaluation and treatment sessions, staffings, supervisory meetings, and special conferences.

2. Appointments will not be cancelled without supervisor approval, or approval by the clinic coordinator.

3. When a patient is late, the student will wait half the period and check with his/her supervisor before leaving.

4. If a patient fails to meet three consecutive appointments without notification, the student should inform his/her supervisor and a decision will be made about continuation of appointments.

Illness

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

1. Notify their supervisor and the Front Office (504-568-4348) directly. The student is responsible for having a contact number for each supervisor. Be sure to have patient contact information (Home, Work, Cell) with you in the event that your supervisor instructs you to notify the patient. Never cancel a patient’s appointment without your supervisor’s instruction.

2. 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.

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.
Dress Code Continued on page 7:

Dress Code cont:
Female professional dress generally includes modest dress shirts, dress pants, skirts, dresses, and dress shoes that do not impede mobility during normal clinic movement. At the supervisor’s discretion, females may be asked to wear hosiery. 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 your 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.).

Attendance
1. Required
   a. Screenings: All students are required to participate in speech-language and hearing screenings as assigned. This is part of your professional training and a responsibility which may extend beyond your need for obtaining collateral clock hours. 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 1 letter grade except in the case of exigent circumstances. Documentation of illness may be requested.

   b. All students are required to attend patient staffings as part of quality assurance as well as student instruction. There are separate staffings for audiology and speech. Schedules will be given at the beginning of the semester. Attendance is mandatory unless your off-site placement conflicts with the staffing schedule.

   c. Supervisory Meetings: All students enrolled in clinical practicum for evaluations are required to attend meetings as requested by their supervisors. For diagnostics/evaluations, this may include both pre-Dx and post-Dx meetings.

   d. Special Events: Special events are occasionally scheduled in which student participation is mandatory. This may include guest speakers, faculty presentations, departmental meetings, professional education courses, professional conferences or other workshops. Students will be informed in advance if their participation is optional or mandatory.

   e. Clinic Clean-up: All students are scheduled for clinic clean-up. Schedules will be posted and it is up to students to complete these responsibilities as part of their clinic practicum grade.

   f. All students must complete regular compliance training including HIPAA and confidentiality training. Students are notified of these requirements by LSUHSC e-mail.

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.
Confidentiality

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

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

2. In addition, make sure that the Consent to Photography, Videotape, Audiotape form is signed prior to taking pictures or recordings that may be used for teaching purposes. If patients/parents/legal guardian do not agree to its use for teaching purposes, check if you may record for purposes of collecting data only.

3. Patient confidentiality must be observed at all times. Patients are not to be discussed outside the diagnostic or management room in which you are working, particularly not in public places or social situations. Even in discussions with your supervisor, it is best to be in a private room and not in the hallway or a public area.

4. The permanent files maintained by the Department are never, under any circumstances, to be removed from the clinic, 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.

5. 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.
Infection Control Procedures:
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.

Infection Control Objectives

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

2. To increase awareness of type of disease and the means of transmission.

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

Infection Control Procedures:

Annually

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

Weekly

1. 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.

2. A weekly audiology clinic clean-up schedule will be distributed each semester. Assigned clinicians will disinfect all hard surfaces and toys in audiology suite and clean immittance tips per instructions. Forms for clinic clean up will be provided to the students the week they are assigned to clinic clean up duty.

Daily

1. Hand Washing
   a. Wash hands before and after every patient contact.
   b. Gloves are available throughout the audiology suite for your use.
   c. Wash hands immediately within the session if you have contacted any of your own or the patient's bodily fluids.
   d. Refer to the posted instructions for specific procedures.

2. Soak probe tips and speculum after use in cleaning solution provided at each station.

3. 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.
4. If patient mouths, drools, or coughs on toys or test materials, clean immediately following the session per instructions.

5. Check out and return materials/equipment to the appropriate locations.

6. Leave the clinic rooms in order. Return all tables and chairs to original room immediately following session.

7. Inform the designated faculty of missing items or items which need to be reordered.

8. Request vacuuming if needed.

9. Custodial staff removes garbage in all treatment rooms and audiology suites.

10. Diaper Changing (Family)
    a. Use the changing table in the restroom in hallway A for small children
    c. Wash hands

Emergency Procedures

Medical Emergencies or Accidents

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

Fire Procedures

WHEN FIRE OR SMOKE IS DISCOVERED Revised October 1994.
1. If Flames or Smoke are seen, pull the nearest Fire Alarm. In all buildings, the fire alarm pull stations are located by the fire exits. In all buildings, floor plans giving the location of the fire extinguisher and stairwell fire evacuation routes are mounted on the wall of each floor. You are urged to view these floor plans and become familiar with the one for your work location.

2. ALERT OTHERS

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

4. Close all doors to help contain the fire if possible.

5. Evacuate using stairs - Do not use elevators.
WHEN THE FIRE ALARM IS SOUNDED

1. Personnel must evacuate the building by way of stairwells. Do not use elevators.

2. Notify University Police regarding employees, patients and visitors with disabilities.
   a. Employees with disabilities shall notify University Police and Floor Captains of their work location(s), medical condition and any special requirements.
   b. Patients and visitors with disabilities should notify University Police upon entering the facility and advise of their location.
   c. Patients and visitors with disabilities should notify the University Police as they exit the building.

3. 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.

4. 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.

5. 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.

6. 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.

7. DO NOT RETURN TO THE BUILDING UNTIL THE ALL CLEAR SIGNAL HAS BEEN GIVEN BY THE UNIVERSITY POLICE.

8. Personnel involved in procedures that would not allow immediate evacuation must notify University Police of the circumstances and await further instruction in the event that the area is determined to be in imminent danger.
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. There is a photocopier located in the lobby of the 6th floor. Copies are 10 cents each. Students are required to personally copy any materials for their own educational purpose.

2. Students may request photocopies for their client from the front office staff. For audiological evaluations, a copy of the audiogram is to be made immediately following the evaluation to accompany the report.

3. The photocopier in the front office and the large photocopier in the storage room are both off limits to students. Students are NOT allowed to make copies without authorization.

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. Bradley Davis.

Materials and Forms

<table>
<thead>
<tr>
<th>Type</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Audiology/Clinic Forms</td>
<td>2 File Cabinets in each Audiology Suite</td>
</tr>
<tr>
<td>Speech Therapy Materials</td>
<td>Speech Materials Room*</td>
</tr>
<tr>
<td>Speech Screening Materials</td>
<td>Speech Screening Coordinator’s Office</td>
</tr>
<tr>
<td>Case History/Patient Chart Forms</td>
<td>Medical Records Office/Front Office</td>
</tr>
</tbody>
</table>

*Speech Materials Room Checkout Procedures: (Diagnostic tests, cameras, recorders, watches)
You may sign out a key to enter the room and must return the key when you leave.

1. Sign out the test or equipment or toys in the blue diagnostic log book located on top of the file cabinets in the materials room. Complete tests include all examiner and stimulus manuals, test objects, and forms (See 3x5 card on test box). Specify what you take on the log.

2. Sign the test back in when you return it to the materials room. If you want to keep part of a test to score, please sign that portion out and check the remainder back in.

3. If you check out materials overnight, return them by 8:30am the following morning to ensure they are available for clinic.
CLINIC PRACTICUM

Observations

1. Observation Clock Hour Requirements

   a. 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.

   b. Students will be allowed to participate in clinic practicum only after LSUHSC and ASHA observation requirements have been satisfied.

2. Procedure for Observations

   a. For Audiology, follow the assigned observation schedule provided at the beginning of the semester. In Audiology, there may be two observers per session.

   b. Review the information contained in the client's medical record chart prior to the scheduled observation.

   c. Adhere to the clinic dress code (Reference pages 6-7) while conducting observations and wear your ID tag at all times.

   d. 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.

   e. Be available in the clinic area at least ten minutes before the scheduled session time unless your supervisor requests an earlier meeting time.

   f. Demonstrate ethical and responsible behavior.

   g. Appropriate introductions to the client should be made. Observe the entire clinical session.

   h. 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.

   i. Remember that all patient information is confidential. Do not discuss the client with individuals other than the clinician or supervisor. Refer to the individual by their initials in your report.
3. Observation Reports (Reference Appendix for Sample)

Observation Report Timeline/Submission Protocol
After each observation, the student must complete an observation report within **96 hours (4 days)** using the format provided in the Appendix. Observation hours for reports submitted after 96 hours cannot be counted. The student must make and retain a copy of each observation report.

The completed observation report is to be either e-mailed to the supervisor or placed in the supervisor’s mailbox in the receptionist's area depending upon the supervisor’s preference.

Student Records and Observation Tracking Sheet
It is the student’s responsibility to:

- Record details of each observation including: the supervisor's name, the client's initials, the date of the observation, the length of the observation, and the type of clinic activity observed (e.g., audiological evaluation, hearing aid evaluation, ABR).

- Keep a copy of all graded observation reports to turn in at the end of the semester to the Audiology Clinical Practicum Coordinator.

- Record and submit Observation hours using Calipso. (Reference page 28 for instructions.)

Observation Report Grading
Observation Reports are considered formal papers and are expected to exhibit graduate level writing skills. The supervisor will read, grade, and initial the observation report and return it in a timely manner to the student. Supervisors may edit the reports and require them to be rewritten.

Each observation report is worth 10 points and will partially determine the clinical practicum grade for the semester.

**Points will be given as follows:**

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

Upon grading the student's observation, the supervisor will also complete and turn in a Grading of Observation form to the Audiology Clinical Practicum Coordinator in order to verify that the report was received and graded.
SPEECH AND HEARING SCREENING ASSIGNMENTS

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.

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.

Attendance/Attire at Screenings: Same Requirements as On-site clinic. 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.

Tracking Hours: Screening Hours are required to be recorded and submitted using Calipso. (Reference page 28). 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.

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.
Clinical Assignments

General

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

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

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

Student Responsibilities

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

End of the Semester

1. 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.

2. 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.

3. 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.

4. 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.
Audiology Clinic Procedures

* CONTACT YOUR SUPERVISOR PRIOR TO THE FIRST DAY OF CLINIC TO ARRANGE A SCHEDULED STAFFING TIME. Always staff with your supervisor before you 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 folder following EVERY contact. This includes telephone calls to confirm the appointment and 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./Laurie Hebert, Au.D.)

* Call the day before and confirm the appointment. If you are offsite, ask the front desk staff to call and confirm the appointment. These are your hours and experiences that you are missing out on every time you have a no show. A phone confirmation doesn’t guarantee your patient will show, but the odds go up significantly.

* 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.

* Have fun!
Medical Record Procedures

1. An Alphabetical Filing System is used with the first 3 letters of the last name followed by
   the first letter of the first name displayed on the TAB. (ie. John Smith = SMIJ)

2. Organization of Chart
   Every patient who receives clinical services will have a permanent chart or file located in
   medical records. Fasteners are located on each side of the folder. With the folder opened, the
   left-hand side (without tab) contains clerical information related to both evaluation and
   management. A fixed order for both sides is maintained.
   a. The order for the left side (clerical) is arranged in the following order from bottom
      to top:
         1. Information for billing purposes, such as insurance forms, fee reduction & Medicare
            Notification form
         2. Release or authorization form (to exchange information)
         3. Consent to Photograph or record
         4. Clinic Log Form(s)
   b. The order for the right side of the folder is:
      1. The intake form
      2. Case history
      3. Test protocols used in evaluation
      4. Progress reports
      5. Evaluation reports
      6. Hearing aid information (documentation)
      7. Letters

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

3. Check-out Procedure
   a. Files are located in Medical Records Area/Front Office. Client files may be checked out for
      evaluations or for a staffing with your supervisor and for use in computer room ONLY. Files
      must be checked back into Medical Records by 5:00 p.m. Care should be taken to view and
      discuss files in areas where a patient's privacy is maintained.
   b. Any chart taken out of Medical Records must be signed out with the following information:
      file number, date checked out, and both your name and the supervisor's
      name with whom you are meeting. A plastic red sleeve should be placed to “hold” the files
      location.
   c. Please re-file charts correctly when finished. Sign-in the chart and remove the plastic red
      sleeve.
Clinic Log Form

A handwritten log note should be made any time you have made contact with the client. Sign it with your name, degree / supervisor’s signature, degree (e.g., J. Smith, B.S./D. Bradley Davis, Au.D.)

a. To confirm the appointment prior to the evaluation
b. To note completion of evaluation or partial completion of an evaluation
c. To note that client canceled or no showed, use red ink pen
d. To note any client contact, in person or by telephone.

Hearing aid comments should always note the manufacturer, model, style, and serial #’s.

Diagnostics/Evaluations

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

Students are NOT to request specific cases directly or request ANY changes in scheduling of clients. The student is to check the appointment book daily to determine their next client. The student should then review the case history and any other incoming information in order to make a diagnostic plan. **Students are expected to be available and professionally dressed even if a patient is not scheduled.**

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.

Confirmation Phone Call
(Reference Confirmation Phone Call Script in Appendix)

1. Students are to call and confirm appointments the day before the evaluation, using the clinic phones in room 9A6 or the Medical Records area. 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.

2. Check to see if patient is scheduled for both AUD and SLP. If the patient is scheduled for both AUD and SLP, the discipline with the earliest appointment makes the confirmation call. The student who makes the call must immediately inform the student from the other discipline of the results (i.e., if confirmed, left message, NA, etc).
3. Student should use the Confirmation Call Script included in General Appendix.

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

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

6. Students are responsible for checking the electronic scheduling system, Sycle, and their e-mail daily to see if their patient has contacted the clinic.

7. Students must notify supervisor immediately if patient cancels.

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

9. The staff or supervisor should e-mail the student if the patient calls the clinic office confirming or canceling the appointment.

10. If a student must call patients from a home phone, use *67 to block your number.

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

Greeting Client
1. Students are to greet their client in the reception area and complete the sign-in log before the evaluation. If clients are late, students can wait in the student area.

2. Students should introduce themselves 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. Hebert.”
   Briefly explain the routine for the evaluation. Additional protocol may be discussed during your supervisory meetings.

3. Medicare clients: Check with your supervisor to determine if you should provide a Notification of Possible Denial of Payment by Medicare for Non-covered Services to the client prior to the evaluation. Note: these forms are subject to change so consult your supervisor.

3. Students should check the registration information and/or the patient’s medical chart to ensure that both the Authorization for Release of Information and the Consent to Photograph and Videotape have been completed and signed. If Patient/parents/legal guardian does not wish for photographs or recordings to be used for teaching purposes, ask permission to use audio or video recordings for data collection only.
Client Conference/Counseling

1. After the testing portion of the evaluation is completed, the student clinician will meet with the supervisor to discuss test results and observations. Following this preparation, a patient/parent/legal guardian conference will be held where test results will be interpreted, recommendations made, and questions answered.

2. Again, make sure that the Authorization for Release of Information is filled out accurately if they wish for an outside agency to receive a copy of the report.

Concluding the Evaluation

1. All students should escort their client to the front desk for payment and ask the front office staff if all paperwork has been completed. Students should seek the supervising faculty if there are any concerns (such as payment issues, consent issues, etc.)

2. Student will provide the client/parents/legal guardian with a 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.

3. Make a notation on the chart log that the evaluation was completed. Make a log notation, documenting client conference to share test results and recommendations. If training or educational instruction was included, document this also. A log notation must be made each time a patient is contacted, seen, or cancels.

4. A meeting may be required by your supervisor following the appointment to discuss aspects of the case, answer questions, or discuss your performance.

Filing of Test Forms

1. 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.

2. The student must note test results or other pertinent information on a separate sheet in order to write their report.
Diagnostic or Evaluation Report & Routing of Report

1. 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.

2. 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.

3. 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.

4. 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.

5. Reports are to be saved as: FirstInitial Last Name Date of Eval. (J Doe 1-1-11) with a secure password protection.

6. 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.

7. To convert reports for final printing:
   a. Single space
   c. Allow room at the top (2”) for letterhead
   d. 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
   e. Proof for spelling and grammatical errors

8. 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.
Timelines for Audiology Reports

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

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

Patient Satisfaction Surveys

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

1. All students should escort their clients to the waiting room following an evaluation and request that s/he complete a survey before leaving.

Medical Records Audits

Medical Records charts are audited on a regular basis for completion of procedures recommended for quality patient care.
Remote Clinical Practicum Sites:
Evaluation of the student's performance in off-site clinical practicum will be conducted in a manner consistent with LSUHSC grading policies and procedures. All off-site clinic practicum activities will be coordinated and monitored by the Clinic Practicum Coordinator.

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

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

AUDIOLOGY OFFSITE POLICY
1. Offsite assignments will be made based on numerous criteria as determined by the audiology faculty to be in the best interest of the student’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 offsites all days and times assigned. Students do not have the right to take off a day or plan a vacation during the semester.

7. In instances of illness, both your offsite supervisor AND the Audiology Department Clinic Coordinator must be notified at the earliest possible time.

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

Observation Grading Policy

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

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

Observation reports may be edited by the supervisor and be required to be rewritten. Grading will also be influenced by the student's attendance and professionalism.

Practicum Grading Policy

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.

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.

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.
Clinical Practicum: COMD 6201

Student Experiencing Clinic Difficulty - Procedures

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

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

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

Step 3. The Coordinator of Clinic Practicum, the supervisor under whom the student 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 next term.

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

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

Evaluation of Supervisor

At the end of each semester, students are encouraged to complete an electronic Evaluation of Supervisor form. The student submits this form electronically and the student’s evaluation will remain anonymous and confidential.
Recording Clinical Hours and Observation Hours

Electronic Monthly Clock Hour Record – 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 experience. 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

5. All clinic and observation hours must be submitted to their supervisor for approval by the 5th day of the month following the month during which the clock hours were earned or sooner if the supervisor requests. Screening hours are required to be submitted within 7 days of a screening. At the end of the semester, all hours must be submitted by the end of exam week. 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.
Professional Organizations and Licensure

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  
   18550 Highland Road, Suite B  
   Baton Rouge, Louisiana  70809  
   http://www.lbespa.org/  
   (225) 756-3840

5. **LAA: Louisiana Academy of Audiology**  
   http://louisianaaudiology.org/index.php
Confirmation Phone Call Script

No. 1: For Patient

Hello Mr./ Ms./ Mrs.

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

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

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

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

No. 2 For Parent/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.
**Student Instruction:** Check which type of report: ______Evaluation Report ____Other Report.

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

Date of Evaluation:

Patient last name: ____________________________ Mailing Due Date: ______________

Supervisor: ____________________________

Student: ____________________________

Saved as: a:

**Student Instruction:** Date each of the following as completed.

<table>
<thead>
<tr>
<th>Student:</th>
<th>Supervisor:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st Draft:</td>
<td>Edited:</td>
</tr>
<tr>
<td>2nd Draft:</td>
<td>Edited:</td>
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<tr>
<td>3rd Draft:</td>
<td>Edited:</td>
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<td>4th Draft:</td>
<td>Edited:</td>
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<td>OK to Print:</td>
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<td># of Originals</td>
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<td>Proofed /Signed:</td>
<td>Signed:</td>
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<td></td>
<td>Staff:</td>
</tr>
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<td>Copy given to client:</td>
<td>Mailed:</td>
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<td></td>
<td># Days to Process:</td>
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<td></td>
<td>Disk Backed up:</td>
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<tr>
<td></td>
<td>Med Rec:</td>
</tr>
<tr>
<td></td>
<td>Report Filed:</td>
</tr>
</tbody>
</table>
**Tips for Writing Reports**

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.
FORMAT FOR OBSERVATION FORM FOR AUDIOLOGY EVALUATIONS

Observer ___________ Date __________ Total Time________
Supervisor ___________ Patient Initials _____ Start _____ End _____

Purpose of Evaluation:

Pertinent History:

Tests Administered and Equipment Used:

Test Results:

Recommendations:

Your Impressions:
EXAMPLE OF OBSERVATION REPORT

Observer Lillian Padd Date 08/20/2011 Total Time 1.5 hours

Supervisor: Laurie Hebert, Au.D. Patient Initials H.A. Start 9:00am End 10:30am

Purpose of Evaluation:
H.A. was seen for an audiological evaluation and hearing aid demonstration because he has difficulty understanding speech.

Pertinent History:
H.A., who is 70 years of age, reported a history of noise exposure as he was employed in a saw mill for 30 years. He stated that an audiological evaluation completed in 1998 revealed hearing loss, but he never tried hearing aids.

Tests Administered and Equipment Used:
The Interacoustics AC40 Audiometer was used to obtain pure tone air and bone conduction thresholds, speech reception thresholds, and speech discrimination scores. The Northwestern University (NU-6) test was administered for speech discrimination testing.

The Impedance Bridge AZ26 was used to obtain tympanometry and acoustic reflexes.

NOAH software and Audioscan Verifit were used to demonstrate hearing aids.

Test Results:
Mr. H.A. has a mild sloping to moderate sensorineural hearing loss, bilaterally. His speech reception thresholds were obtained at 40 dB HL bilaterally. His speech discrimination scores were 92% for the right ear and 96% for the left ear correct with a presentation level of 80 dB HL. He had Type A tympanograms and elevated acoustic reflexes.

Recommendations:
It was recommended that Mr. H.A. consider hearing aids, utilize noise protection, and receive annual audiograms.

Your Impressions:
I enjoyed seeing Mr. H.A. It was interesting to learn that many years ago earplugs were not required in noisy work environments and to discover how his work in a saw mill impacted his hearing today. He immediately noticed a difference in his ability to understand speech during the hearing aid demonstration today especially when he called his wife on the telephone so I was surprised when he decided to wait to make a decision to order hearing aids. I suppose he needs more time before he is ready.
EXAMPLES OF DIAGNOSTIC 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.

Laurie Hebert, Au.D., CCC-A                      Lillian Padd, B.A.
Instructor                                      Graduate Student Clinician
Audiology                                       Audiology

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

Laurie Hebert, Au.D., CCC-A
Instructor
Audiology

Lillian Padd, B.A.
Graduate Student Clinician
Audiology
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.

____________________________  __________________________
Robert Turner, Ph.D., CCC-A  Lillian Padd, B.A.
Professor  Graduate Student Clinician
Audiology  Audiology
Re: Apple Sauce

Date of Service: 8/5/2011
DOB: 2/2/2007

Abbreviated Chart Note Form

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

Evaluation:
Otoscropy: 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=65dBL bilaterally
  UCL=95dBL 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.
Protocol for Audiology Clinic Cleanup (Effective Fall 2014)

Clean up 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. Hebert’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 to protect your hands from all cleaning solutions. Gloves are available in all patient rooms. Chemical aprons are available under the sink in the ABR room to protect your clothes.
- ________Disinfect all hard surfaces (tabletops, chairs, etc. NOT ELECTRONIC EQUIPMENT) with Lysol I.C. Foaming Disinfectant Cleaner located under the sink in the ABR room.
- ________Return all otoscopes to charging area.
- ________Collect all dirty immittance tips and specula in their soaking solution.
- ________Scrub any tip needing removal of cerumen or other exudates not removed by soaking solution.
- ________Allow all tips to AIR DRY OVERNIGHT on paper towels in ABR room.
- ________Refill and replace soaking containers. Soaking solution is 10% bleach to 90% water. Bleach is located under the sink in the ABR room. Add 2-3 drops of bleach to each water filled soaking container. Do not over bleach – it destroys ear tips!
- ________Put away all clinic items in their proper places. Make sure booths are neat and organized.
- ________Clean up drilling bench in the hearing aid room.
- ________Collect dirty audiology toys in audiology suite and in purple bin next to ABR sink.
- ________Spray the disinfectant (Lysol IC-kept under the sink in the ABR room) 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.
- ________Check on availability of ALL clinic forms in all booths. If low, make 50 copies of the forms and replace in respective areas. You may also leave a form in Dr. Hebert’s box for copies to be made. Report any and all supply shortages to Dr. Hebert. Supplies take approximately 4 weeks to arrive. Check ok if supply is ok. Check low if supply is low.
  - Kleenex \( \text{OK} \) \( \text{LOW} \), Gloves \( \text{OK} \) \( \text{LOW} \), Immittance tips \( \text{OK} \) \( \text{LOW} \), Insert earphone tips peds/adults \( \text{OK} \) \( \text{LOW} \).
  - OAE tips peds/adults \( \text{OK} \) \( \text{LOW} \), Hearing aid batteries \( \text{OK} \) \( \text{LOW} \), Ear impression material \( \text{OK} \) \( \text{LOW} \).
  - Otoblocks \( \text{OK} \) \( \text{LOW} \), Alcohol wipes \( \text{OK} \) \( \text{LOW} \), Real ear probe tubes \( \text{OK} \) \( \text{LOW} \), other _______________________.
- ________Does clinic need vacuuming? **YES** **NO**

**By the following Monday by 8:45am:**

- ________Place clean dry tips back in their respective containers. Put the tips in the correct area, in cabinets located in the booths, and all new otoscope specula tips in the clean jar in the otoscope area.
- ________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!

**SIGNATURES:** __________________________  __________________________  Date: __________________