Overall Philosophy: Students should rank their clinical rotations on at least the same level of importance and responsibility as regular classroom responsibilities. Functionally, this means that clinic cannot be put second when there are assignments due or exams in regular classes. Every clinic should be treated as an assignment that is due! Individual situations should be discussed with Dr. Peterson.

Objectives:
- To insure that the student becomes efficient with the procedures of the basic audiolologic evaluation.
- To provide opportunities for the student to develop counseling skills regarding test results, communication strategies and recommendations.
- To familiarize the student with advanced elements of hearing aid selection, digital processing strategies, noise reduction methods and other technology.
- To provide an opportunity for students to actively participate in the hearing aid selection process.
- To familiarize the student with software, fitting, fine-tuning and verification associated with advanced technology instruments.
- To allow the student to participate in the follow-up, fine tuning and validation process with advanced technology instruments.
- To insure that the student is comfortable with hearing aid troubleshooting, repair and modification.

Course Requirements:
- Maintain a clinic notebook for use taking notes when working with clients and for general procedures.
- Professionalism: Please dress professionally (refer to Dress Code) and wear your name tag.
- Regular attendance: A drop of one letter grade will be automatic for students missing more than two clinics. Students are expected to be responsible for their own clinics and must notify the preceptor for anticipated absences. Opportunities for make-up clinics may be available, but should not be expected.
- Demonstration of skills: Students must demonstrate competence “at expectations” in each of the skill areas listed.
- Report writing schedule MUST be maintained according to the attached policy.
- PACE-A and preceptor evaluation forms must be completed at the end of the semester.

Grading
- This is a SECOND ROTATION, and grading is on that basis. It is not expected that you will do all clinical activities at the level of 100% performance or that you will exhibit independence in clinic 100% of the time. These are emerging skills.
- You will be graded using the on-line Calipso Performance Evaluation, which will be discussed at the beginning of the rotation and reviewed with you at the midterm and end of the semester.
- You will have regular meetings with your preceptor, often in conjunction with clinic, but may set up additional appointments as needed.
Towards the end of the semester, you will be expected to review at least one clinical session from available recordings (the PEDS clinic does not currently have the camera system installed)

Professionalism is expected.

Letter grades are awarded depending upon performance on the skill set provided. You may be graded with a +/- by the preceptor as a more accurate representation of your skill development, but the UA only accepts A, B, C, etc. for official grades

Semester grades:
- B = At expectations: Demonstrates core level skills and accurate clinical decisions independently by the end of the semester at least 85% of the time.
- A = Above expectations: Demonstrates core level skills and accurate clinical decisions independently by the end of the semester at least 95% of the time and demonstrates a high level of clinical involvement as exhibited by going beyond the regular clinic appointment to seek information.
- C = Below expectations: Demonstrates some core level skills but with prompting by the preceptor and is unable to make independent clinical decisions by the end of the semester

Skills to be Acquired

The following is a list of skills to be developed during the semester. It is understood that during a typical semester, you may not have sufficient opportunity in all skill areas to achieve improvement. This will be taken into consideration when grading.

Clinical Preparation:
- Review the Lytec schedule and read the chart notes for the patients to be seen at least one to 2 days prior to clinic. For existing patients – review the hardcopy chart also
- Note WHY the patient is being seen, and be prepared to answer the preceptor’s questions about the appointment or to know where to find the information (e.g., when was seen last? What kind of hearing aids does the patient have?)
- If the appointment involves instruments such as hearing aids or earmolds, be sure that the items are in the hearing aid workroom and ready for the patient visit. When in doubt, talk with the preceptor
- If the appointment requires special forms or procedures (e.g., Risk Management, VA, VR), please read the Policies and Procedures (in Hearing clinic documents shared folder) in advance and make the forms available
- All clinic spaces that are to be used should be equipped sufficiently – e.g., insert earphone tips, infection control material (e.g., spray, hand wipes, tissues), earmold impression material kit
- Do a listening check on the audiometer and turn on the immittance equipment
- Maintain a clean working environment and clean up clinic when you are finished

Audiologic Evaluation
- Obtain an adult case history with little assistance from preceptor
- Perform otoscopy and determine degree of occlusion, normal vs. abnormal TM and external ear canal with some insight into the nature common abnormalities.
- Complete a basic audiologic evaluation including pure tone air and bone conduction testing, SRT and word recognition (30 minutes)
- Know WHEN masking is indicated for all types of testing
- Be able to use the Hood Masking procedures in virtually all situations
- Complete immittance and acoustic reflex testing in less than 15 minutes, recording the results appropriately.
- Discuss audiometric test results with a patient and comment on the expected impact on communication ability.
• Discuss with patients common strategies for improving communication

**Hearing Aid Selection**

• Develop with patients goals for amplification with appropriate specificity.

• Discuss with patients:
  o Directional microphones, including automatic vs. fixed
  o Advantages and limitations of various styles
  o Feedback cancellation

• Recommend to preceptor appropriate style and technology options
  o Style
  o Omni vs. Directional microphone
  o Volume control vs. no volume control
  o Multiple vs. single memories
  o Compression
  o Recommend specific hearing aids with the chosen options (Advanced)

• Make consistently well-formed ear impressions (4 of 5 usable).
• Independently complete paperwork and logging of hearing instrument orders and repairs.

**Verification**

• Complete ANSI testing, linear and compression, with explanation of each result.
• Complete real ear (procedure): Tube insertion, hearing aid insertion with tube, completing test.
• Put probe tubes in patient’s chart at end of appointment
• Fine-tune hearing aid frequency response to fit real ear target.
• Fine-tune hearing aid based on patient comments including:
  o Barrel effect / “My voice sounds funny”
  o “Too loud/too soft” re: variety of sounds
  o Poor hearing/discomfort in noise
  o Feedback
• Familiarization with the fitting software of at least three manufacturers

**Hearing Aid Orientation**

Perform hearing aid orientation with little preceptor assistant, including:

• Parts of hearing aid,
• Care of hearing aid,
• Battery life and toxicity,
• Insertion and removal, and
• Counseling re: realistic expectations and acclimatization
• Inform patient of the 1-week FU phone call
• Schedule the FU appointment for 2 weeks

**Modification**

• Minimize helix (acrylic and vinyl).
• Shorten canal (acrylic and vinyl).

**Troubleshooting:** Independently diagnose and manage 60% of broken hearing aids.

• Correctly diagnose and, if possible, repair:
  o Clogged receiver tube
  o Moisture related problem
• Dead microphone
• Broken/intermittent battery contact
• Broken/intermittent volume control

• Correctly address fit the following fit problems:
  • Feedback
  • Sore - Helix area of concha
  • Sore - Canal
  • Difficult to insert

Validation and Closure
• Read and understand the outcome measures used routinely in the clinic (e.g., COSI, Self-Assessment of Communication and significant other version)
• Enter 6 month and 1-year recall appointments
• Read references on outcome measures as assigned

ORAL COMMUNICATION SKILLS, WRITTEN CHART NOTES AND REPORTS
• Use a speaking style that is optimal for persons with hearing loss (i.e., get their attention, give them the topic, speak SLOWLY, be sure that they have their hearing aid on or are using a pocket talker or that you are raising your voice to an appropriate level)
• Write chart notes and reports that require only moderate modification. Dr. Peterson will give written feedback on chart notes during the first part of the semester. Strive to do chart notes that do NOT require spelling and grammar modifications.
• Complete CFR (Chart notes, Face sheet update, and Recall appointment) for each patient.
• Know how to enter a patient on the WAIT LIST / RECALL LIST

Policy: Report Writing and Timeliness

Effective Date: August 23, 2004 (modified by fph 01/03/2012)

Policy Statement: The University of Arizona Hearing Clinic is committed to providing appropriate written communication to our patients and other caregivers quickly. Our students play a vital role in this process. As such, their timeliness has a direct impact on their clinic grade.

Responsibilities of the Student:
Electronic chart notes must be entered into Lytec on the same day as patient’s clinic appointment – preferably immediately after an appointment or by the end of the clinic schedule time period. Allow time in your daily schedules for reporting.
1. FIRST DRAFT written reports must be turned in to the preceptor within TWO BUSINESS DAYS. These will be placed in the patient’s LYTEC notes, and will include:
   a. Draft report,
   b. Be careful. It is not the responsibility of the preceptor to line edit your reports. Remember that an audiogram and report represent the quality of your work when viewed by the reader.
   c. Appropriate HIPPA tracking form IN THE PATIENT’S PHYSICAL CHART and placed in the clinical instructor’s clinic report box
2. Students will make revisions and/or respond to any subsequent clinical instructor request within ONE BUSINESS DAY of receipt.
3. Students will notify their clinical instructors when it is likely that they will write or revise a report late.
Responsibilities of the Clinical Instructor:
1. Clinical instructors will notify the student of the revised first-draft report, with revisions, within TWO BUSINESS DAYS.
2. Clinical Instructors will make subsequent revisions and/or respond to any student request within TWO BUSINESS DAYS, when possible within one business day.

Expectations and Consequences:
It is understood that due to unforeseen academic and personal conflicts, reports will occasionally be turned in late. As such, only 90% on-time performance is expected. This is to say that 90% of all reports must have moved through the process according the standards above. Anything less will result in an AUTOMATIC grade reduction as follows:

- **85 to 90% ON-TIME:** Reduction of 1 grade level
- **80% to 85% ON-TIME:** Reduction of 2 grade levels
- **75 to 80% ON-TIME:** Reduction of 3 grade levels
- **Less than 75% ON-TIME:** The clinic director may choose to bar the student from further clinic placement

Notification of the preceptor regarding probable report tardiness is required; however permission or acceptance of an excuse should not be interpreted as removal of that report from the policy. ALL reports, irrespective of excuse, will be considered toward the 90%.

POLICIES:
1. Students who need special accommodation or services should contact the Disability Resources Center, 1224 East Lowell Street, Tucson, AZ 85721, (520) 621-3268, FAX (520) 621-9423, email: uadrc@email.arizona.edu, http://drc.arizona.edu/. You must register and request that the Center or DRC send us official notification of your accommodations needs as soon as possible. Please plan to meet with us by appointment to discuss accommodations and how our course requirements and activities may impact your ability to fully participate. The need for accommodations must be documented by the appropriate office.

2. Students are expected to adhere to the UA Code of Academic Integrity as described in the UA General Catalog. See: http://deanofstudents.arizona.edu/codeofacademicintegrity/.

3. **It is expected that cell phones and pagers be turned off during clinic.**

4. The University seeks to promote a safe environment where students and employees may participate in the educational process without compromising their health, safety or welfare. The Arizona Board of Regents’ Student Code of Conduct, ABOR Policy 5-308, prohibits threats of physical harm to any member of the University community, including to one’s self. Threatening behavior can harm and disrupt the University, its community and its families. See: http://policy.web.arizona.edu/threatening-behavior-students

5. Information contained in the course syllabus, other than the grade and absence policy, may be subject to change with reasonable advance notice, as deemed appropriate by the instructor.

6. Student Records are Confidential. See: http://www.registrar.arizona.edu/ferpa/default.htm