Description: The primary purpose of this clinical rotation is to allow opportunities for clinical independence with basic assessment and amplification skills and to foster independence with advanced amplification skills such as hearing aid selection, counseling and fine tuning.

Objectives:
- To insure that the student becomes efficient with the procedures of the basic audiologic evaluation.
- To provide opportunities for the student to develop counseling skills regarding test results, communication strategies, recommendations and hearing aid selection.
- To develop independence in hearing aid selection, down to the level of specific make and model.
- To develop independence in the hearing aid fitting and fine tuning process.
- To develop independence in hearing aid troubleshooting, repair and modification.

Course Requirements:
- Regular attendance: A drop of one letter grade will be automatic for students missing more than two clinics. An exception to this is for all holidays or special events observed by the organized religion to which the student is affiliated. Opportunities for make up clinics may be available, but should not be expected.
- Demonstration of skills: Students must demonstrate competence in each of the skill areas listed here to be judged “at expectations.”
- Report timeliness: Please see the attached policy

Skills to be Acquired: At the completion of this clinic rotation, students are expected to be able to:

Audiologic Evaluation
- Obtain an adult case history with little assistance from preceptor
- Perform otoscopy and comment on likely etiology of otoscopic abnormalities
- Complete a basic audiologic evaluation including pure tone air and bone conduction testing, SRT and word recognition (25 minutes)
- Be able to mask quickly and efficiently, often without needing the Hood method.
- Complete immittance and acoustic reflex testing in less than 10 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:
  - Directional microphones, including automatic vs. fixed
  - Advantages and limitations of various styles
  - Feedback cancellation
- Identify, recommend and discuss 2-3 specific hearing device options for a patient and help them make an appropriate decision
- Make consistently well-formed ear impressions (4 of 5 usable).
- Independently complete paperwork and logging of hearing aid 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.
- Fine-tune hearing aid frequency response to fit real ear target.
- Fine-tune hearing aid based on patient comments including:
  - “Too loud” (with consideration of what is too loud and compression)
  - “My voice sounds funny”
  - Feedback

**Hearing Aid Orientation**

Perform hearing aid orientation with little preceptor assistant, including:

- Parts of hearing aid,
- Care of hearing aid,
- Insertion and removal, and
- Counseling re: realistic expectations and acclimatization.

**Modification**

- Make a modification plan including decisions regarding:
  - Is modification an appropriate solution, and, if so
  - How should the device be modified?
- Minimize helix (acrylic and vinyl).
- Shorten canal (acrylic and vinyl).
- Alleviate sore spot.

**Validation**

Become comfortable with use of the COSI and at least one other tool.

**Troubleshooting:** Independently diagnose and manage 80% of broken hearing aids.

**Communication:**

- Write well-constructed and accurate chart notes and reports requiring no more than three corrections per report.
- Complete CFR (Chart notes, Face sheet update, and Recall appointment) for each patient seen.
- Speak in a manner that is conducive to communicating with hearing impaired individuals.
- Accept constructive criticism well.
- Provide complete and appropriate feedback to patients, colleagues, preceptors and staff.
- Resolve conflicts in a collegial, mutually respectful and effective manner.
• Demonstrate sensitivity to other people’s feelings by modifying speech and behavior accordingly.

**Grading:** Students who are able to demonstrate skills in all these areas are at expectations. Students who demonstrate skills in all these areas AND in additional areas expected only of more advanced students are above expectations. Students who are not able to demonstrate skills in these areas are below expectations. Grades will be assigned as follows:

- A = Above expectations
- B = At expectations
- C = Below expectations

**Attendance:** As the entire nature of this enrollment is to provide opportunities for clinical experience, attendance is critical. Less attendance equals less experience. If a student is unable to attend clinic for more than 16 hours (4 half-days) for whatever reason (illness, scheduled travel, etc.), the student will be given an incomplete for the course. Students are expected to notify Dr. Muller at least a week in advanced of any scheduled absence and prior to 8:00 AM by email or cell phone (603.4787) regarding any unscheduled absence due to illness or emergency.

**Accessibility and Accommodations:** It is the University’s goal that learning experiences be as accessible as possible. If you anticipate or experience physical or academic barriers based on disability, please let me know immediately so that we can discuss options. You are also welcome to contact Disability Resources (520-621-3268) to establish reasonable accommodations.

**Academic Integrity:** Course participants are expected to adhere to the University of Arizona Code of Academic Integrity. Requirements of the code may be found at: [http://deanofstudents.arizona.edu/codeofacademicintegrity](http://deanofstudents.arizona.edu/codeofacademicintegrity)

**Clinic Conduct:** Students are expected to behave professionally and refrain from cell phone use. Threatening behavior will not be tolerated per the University’s policy available here: [http://policy.web.arizona.edu/threatening-behavior-students](http://policy.web.arizona.edu/threatening-behavior-students)

Information in this syllabus, other than the grade policy, are subject to change with reasonable advanced notice, as deemed appropriate by the instructor. If you do not understand this syllabus or the expectations of the course, then please consult with the instructor during the first week of class.

Information contained in this syllabus, other than grade and absence policies, may be subject to change with reasonable advance notice as deemed appropriate by the instructor.
### ASHA Standards Covered in This Rotation (Re: 2011 Standards)

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<tbody>
<tr>
<td>B1.</td>
<td>Implement activities that prevent and identify dysfunction in hearing and communication, balance, and other auditory-related systems</td>
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<td>B2.</td>
<td>Promote hearing wellness, as well as the prevention of hearing loss and protection of hearing function by designing, implementing, and coordinating universal newborn hearing screening, school screening, community hearing, and occupational conservation and identification programs</td>
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<td>B3.</td>
<td>Screen individuals for hearing impairment and disability/handicap using clinically appropriate, culturally sensitive, and age- and site-specific screening measures</td>
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<td>B5.</td>
<td>Educate individuals on potential causes and effects of vestibular loss</td>
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<td>B6.</td>
<td>Identify individuals at risk for balance problems and falls who require further vestibular assessment and/or treatment or referral for other professional services</td>
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<td>C2.</td>
<td>Assessing individuals with suspected disorders of hearing, communication, balance, and related systems</td>
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<td>C3.</td>
<td>Evaluating information from appropriate sources and obtaining a case history to facilitate assessment planning</td>
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<td>C4.</td>
<td>Performing otoscopy for appropriate audiological assessment/management decisions, determining the need for cerumen removal, and providing a basis for medical referral</td>
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<td>C5.</td>
<td>Conducting and interpreting behavioral and/or electrophysiologic methods to assess hearing thresholds and auditory neural function</td>
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<td>C7.</td>
<td>Conducting and interpreting otoacoustic emissions and acoustic immittance (reflexes)</td>
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<td>C9.</td>
<td>Evaluating functional use of hearing</td>
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<td>C10.</td>
<td>Preparing a report, including interpreting data, summarizing findings, generating recommendations, and developing an audiologic treatment/management plan</td>
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<td>C11.</td>
<td>Referring to other professions, agencies, and/or consumer organizations</td>
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<td>D1.</td>
<td>The provision of intervention services (treatment) to individuals with hearing loss, balance disorders, and other auditory dysfunction that compromises receptive and expressive communication</td>
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<td>D2.</td>
<td>Development of a culturally appropriate, audiologic rehabilitative management plan that includes, when appropriate, the following:</td>
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<td>a.</td>
<td>Evaluation, selection, verification, validation, and dispensing of hearing aids, sensory aids, hearing assistive devices, alerting systems, and captioning devices, and educating the consumer and family/caregivers in the use of and adjustment to such technology</td>
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<td>b.</td>
<td>Determination of candidacy of persons with hearing loss for cochlear implants and other implantable sensory devices and provision of fitting, mapping, and audiologic rehabilitation to optimize device use</td>
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<td>c.</td>
<td>Counseling relating to psychosocial aspects of hearing loss and other auditory dysfunction, and processes to enhance communication competence</td>
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<td>d.</td>
<td>Provision of comprehensive audiologic treatment for persons with hearing loss or other auditory dysfunction, including but not exclusive to communication strategies, auditory training, speech reading, and visual communication systems</td>
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<td>D4.</td>
<td>Treatment and audiologic management of tinnitus</td>
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<td>D7.</td>
<td>Evaluation of the efficacy of intervention (treatment) services</td>
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<td>E1.</td>
<td>Educating and advocating for communication needs of all individuals that may include advocating for the programmatic needs, rights, and funding of services for those with hearing loss, other auditory dysfunction, or vestibular disorders</td>
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<td>E2.</td>
<td>Consulting about accessibility for persons with hearing loss and other auditory dysfunction</td>
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<td>E3. Identifying underserved populations and promoting access to care</td>
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<td>F1. Measuring functional outcomes, consumer satisfaction, efficacy, effectiveness, and efficiency of practices and programs to maintain and improve the quality of audiologic services</td>
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<td>F2. Applying research findings in the provision of patient care (evidence-based practice)</td>
<td>F3. Critically evaluating and appropriately implementing new techniques and technologies supported by research-based evidence</td>
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<td>F5. Identifying internal programmatic needs and developing new programs</td>
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<td>F6. Maintaining or establishing links with external programs, including but not limited to education programs, government programs, and philanthropic agencies</td>
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Policy: Report Writing Timeliness

Policy Statement: The University of Arizona Hearing Clinic is committed to quickly providing appropriate written communication to our patients and other caregivers. 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:

1. Students will turn in to their clinical instructor FIRST DRAFT reports within TWO BUSINESS DAYS. These will be placed in the patient’s chart, in the instructors clinic box, and will include:
   a. Double-spaced draft report,
   b. Appropriate HIPPA tracking form, and
   c. Written chart-notes.
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 return to the student 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:

Students:

It is understood that, due to unforeseen academic and personal conflicts, occasionally 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 supervisor regarding probably 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%. 