SLHS 559/659 Clinical Studies - First Rotation
Adult Hearing Assessment and Hearing Instruments

Instructor:
Preceptor: Dr. Julie Peterson
Location: Adult Hearing Clinic
Office: Room 434
Office telephone: 520-626-5623
Contact cell phone: 520-425-5766
Email: jmp2010@email.arizona.edu

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: During this rotation, the preceptor will assist the student to be able:
• To establish and maintain responsibility for basic clinic set ups for standard clinical procedures prior to the start of clinic
• To be professional with clients, co-workers, preceptors, staff and outside agencies
• To become familiar with the procedures of the basic audiologic evaluation and how to communicate the results to patients and significant others and outside agencies orally and in writing.
• To become familiar with the basic elements of hearing aid selection, including the practical and audiologic implications of various possible choices. Emphasis will be on the physical characteristics of hearing aids and earmolds.
• To become familiar with various methods of hearing instrument verification and validation.
• To become familiar with various methods of hearing instrument fine tuning, modification and repair.
• To become familiar with Hearing Assistive Technologies and telephones for individual use.
• To become familiar with basic principles of Audiologic Rehabilitation as applied in individual clinic appointments.

Course Requirements:
• Maintain a clinic notebook for use taking notes when working with clients and for general procedures.
• Professionalism: Please dress professionally 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 FIRST 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 Grading Overview form (G.O.), 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 have cameras)
• 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 SKILLS:**

**Audiologic Evaluation**
- Know how to create a new patient record in NOAH, open the Astera software, access speech test materials, etc.
- Obtain an adult case history with some assistance from preceptor. As the semester progresses, student should be able to recognize the salient questions to pursue during the preliminary interview, especially for existing patients
- Perform otoscopy and determine degree of occlusion, normal vs. abnormal TM and external ear canal. Always check the skin surrounding and on the pinna for any abnormalities.
- Know when to select insert vs. circumaural earphones for AC testing
- Know how to insert or place earphones correctly
- Know how to place the BC vibrator correctly and add a masking earphone when required
• Complete a basic audiologic evaluation including pure tone air and bone conduction testing, SRT and word recognition (45 minutes)
• Know WHEN masking is indicated for all types of testing
• Be able to use the Hood Masking procedures in most situations
• Determine the level of masking needed during speech testing
• Complete immittance and acoustic reflex testing in less than 20 minutes, recording the results appropriately
• Discuss audiometric test results with a patient and comment on the expected impact on communication ability

HEARING AID AND ALD SKILLS: (These are all emerging skills and will develop as the semester progresses)

Hearing Aid and Earmold Selection
• Discuss with preceptor issues such as appropriate hearing aid style and options
• Make consistently well-formed ear impressions (4 of 5 usable) by the end of the semester
• Select appropriate slim tube or RIC wire length and dome size
• Enter information on hearing aid order in the HI Instrument Log
• Order hearing aids from AAHA or manufacturer
• Complete custom order forms and repair forms and ship to manufacturer
• Complete Westone order forms with assistance and shipment requirements

Hearing Aid Fitting and Verification
• Set up Verifit/FreeFit including entering audiogram, communicating with NOAH, calibration
• Be sure that ALL paperwork has been completed including the contract and medical clearance
• Assess physical fit and cut earmold tubing to correct length. Have appropriate slim tube kit available if an open fit
• Explain real ear procedure to patient
• Complete real ear (procedure): Tube insertion, hearing aid insertion with tube, completing test
• Put probe tubes in patient’s chart at end of appointment

Hearing Aid Orientation
Perform hearing aid orientation with little preceptor assistance, including:
• Parts of hearing aid
• Care of hearing aid
• Insertion and removal
• Counseling re: realistic expectations and acclimatization
• Inform patient of the 1-week FU phone call
• Schedule the FU appointment for 2 weeks

Earmold Modification
• Minimize helix (acrylic and vinyl)
• Shorten canal (acrylic and vinyl)

Cleaning and Troubleshooting:
• Listening check procedure
• Clean earmolds
• Change tubing
• Clean hearing aid
• Identify occluded sound channel
• Change wax guards and microphone covers

**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

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**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 – preferable 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 chart, in the instructor’s clinic box in the workroom on 1st floor, and will include:
   a. Double-spaced 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
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. note: please help me by sending an email when you have put a report in my box for review. thanks

**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:

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
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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 Grading Overview form (G.O.), 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 have cameras)

- 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.
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- **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:
  - Directional microphones, including automatic vs. fixed
  - Advantages and limitations of various styles
  - Feedback cancellation
- Recommend to preceptor appropriate style and technology options
  - Style
  - Omni vs. Directional microphone
  - Volume control vs. no volume control
  - Multiple vs. single memories
  - Compression
  - 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:
  - Barrel effect / “My voice sounds funny”
  - “Too loud/too soft” re: variety of sounds
  - Poor hearing/discomfort in noise
  - 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,
- 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:
  - Clogged receiver tube
  - Moisture related problem
  - Dead microphone
  - Broken/intermittent battery contact
  - Broken/intermittent volume control
• Correctly address fit the following fit problems:
  o Feedback
  o Sore - Helix area of concha
  o Sore - Canal
  o 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.
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   a. Double-spaced draft report,
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