SpH 559/659 Clinical Studies, Adult Hearing Assessment and Hearing Instruments –Spring 2015

Instructor:
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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 audilogic 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
• 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

Grading: 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 supervisor but may set up additional appointments as needed. Professionalism is expected in appearance, language, communication with instructor, and demeanor. Letter grades are awarded depending upon performance on the skill set outlined on the Grading Overview. You may be graded with a +/- by the supervisor as a more accurate representation of your skill development, but the UA only accepts A, B, C, etc. 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.

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

There is no final exam for this course and there are no required texts for this course.

Absence Policy:
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. Adamovich at least a week in advance of any scheduled absence and prior to 8:00 AM by email or cell phone regarding any unscheduled absence due to illness or emergency. A drop of one letter grade will be automatic for students missing more than two clinics. Opportunities for make up clinics may be available, but should not be expected.

• All holidays or special events observed by organized religions will be honored for those students who show affiliation with that particular religion,
• Absences pre-approved by the UA Dean of Students (or Dean’s designee) will be honored

Policy Against Plagiarism and Academic Code of Integrity
http://deanofstudents.arizona.edu/codeofacademicintegrity

Policy against threatening behavior by students
http://policy.web.arizona.edu/threatening-behavior-students

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 (5206213268) to establish reasonable accommodations

The information contained in the course syllabus, other than the grade and absence policies, may be subject to change with reasonable advance notice, as deemed appropriate by the instructor.
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 based on lifestyle and listening needs.
- Discuss with patients:
  - Style
  - Size
  - Critical features
  - Accessories
- Identify, recommend and discuss 2-3 specific hearing device options for a patient and help them make an appropriate decision and/or
- Identify 2-3 hearing aids from the Hearing Aid Bank and be able to select the most appropriate one
- Independently complete paperwork and logging of hearing aid orders and repairs.

Verification
- Complete ANSI testing and test-box SpeechMapping
- 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?
- Alleviate sore spot from ear mold.

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.
- 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
### ASHA Standards Covered in This Rotation (Re: 2014 Standards)

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<th>Standard</th>
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<td>1. interact effectively with patients, families, other appropriate individuals, and professionals</td>
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<td>2. identify individuals at risk for hearing impairment</td>
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<td>3. apply the principles of evidence-based practice</td>
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<td>4. screen individuals for hearing impairment and activity limitation or participation restriction using clinically appropriate and culturally sensitive screening measures</td>
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<td>5. evaluate information from appropriate sources to facilitate assessment planning</td>
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<td>6. obtain a case history</td>
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<td>7. perform an otoscopic examination</td>
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<td>8. remove cerumen, when appropriate</td>
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<td>9. perform audiologic assessment using physiological, psychophysical, and self-assessment measures</td>
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<td>10. perform electrodiagnostic test procedures</td>
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<td>11. perform assessment for rehabilitation</td>
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<td>12. document evaluation procedures and results; document treatment procedures and results</td>
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<td>13. interpret results of the evaluation to establish type and severity of disorder</td>
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<td>14. apply the principles of evidence-based practice</td>
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<td>15. generate recommendations and referrals resulting from the evaluation process</td>
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<td>16. provide counseling to facilitate understanding of the auditory or balance disorder</td>
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<td>17. maintain records in a manner consistent with legal and professional standards</td>
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<td>18. communicate results and recommendations orally and in writing to the patient and other appropriate individual(s)</td>
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<td>19. use instrumentation according to manufacturer's specifications and recommendations</td>
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<td>20. determine whether instrumentation is in calibration according to accepted standards</td>
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<td>21. develop and implement treatment plans using appropriate data</td>
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<td>22. discuss prognosis and treatment options with appropriate individuals</td>
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<td>23. counsel patients, families, and other appropriate individuals</td>
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<td>24. develop culturally sensitive and age-appropriate management strategies</td>
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<td>25. collaborate with other service providers in case coordination</td>
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<td>26. conduct self-evaluation of effectiveness of practice</td>
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<td>27. perform hearing aid, assistive listening device, and sensory aid assessment</td>
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<td>28. recommend, dispense, and service prosthetic and assistive devices</td>
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<td>29. provide hearing aid, assistive listening device, and sensory aid orientation</td>
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<td>30. conduct audiologic rehabilitation</td>
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<td>31. monitor and summarize treatment progress and outcomes</td>
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<td>32. assess efficacy of interventions for auditory and balance disorders</td>
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<td>33. apply the principles of evidence-based practice</td>
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<td>34. establish treatment admission and discharge criteria</td>
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<td>35. serve as an advocate for patients, families, and other appropriate individuals</td>
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### Background knowledge required for this clinic rotation
- normal aspects of auditory physiology and behavior over the life span
- interaction and interdependence of speech, language, and hearing in the discipline of human communication sciences and disorders
- anatomy and physiology, pathophysiology and embryology, and development of the auditory and vestibular systems
- effects of chemical agents on the auditory and vestibular systems
- instrumentation and bioelectrical safety issues
- infectious/contagious diseases and universal precautions
- physical characteristics and measurement of acoustic stimuli
- physical characteristics and measurement of electric and other nonacoustic stimuli
- medical/surgical procedures for treatment of disorders affecting auditory and vestibular systems
- client/patient characteristics (e.g., age, demographics, cultural and linguistic diversity, medical history and status, cognitive status, and physical and sensory abilities) and how they relate to clinical services
- genetic bases of hearing and hearing loss
- speech and language characteristics across the life span associated with hearing impairment
- manual and other communication systems, use of interpreters, and assistive technology
- ramifications of cultural diversity on professional practice
- educational, vocational, and social and psychological effects of hearing impairment and their impact on the development of a treatment program
- health care and educational delivery systems
- laws, regulations, policies, and management practices relevant to the profession of audiology
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 submit the FIRST DRAFT of report within two business days:
   a. Chart notes entered in LYTEC within 24 hours
      i. Reason for Visit (underline and bold)
      ii. Procedure/Results (underline and bold)
      iii. Recommendations (underline and bold)
      iv. FYI or Notes to next clinician (e.g. hearing aid from HAB selected and in workroom).
   b. Report written in LYTEC within TWO BUSINESS DAYS
      i. DRAFT included at Top of Report (When report/note is finalized, you will delete DRAFT)
      ii. Student Name, date, time of entering report in Lytec at top of report
      iii. Email Dr. Adamovich when Chart note is completed or Chart Note/REPORT is completed
      iv. Fill out Report Tracking Form and place in Chart along with completed Audiogram or other documentation from visit
      v. Example

         DRAFT
         Mr. SpongeBob, 1/21/2015 @ 3:36 pm
         Reviewed by SLAdamovich, 1/22/2015@ 4:35 pm
         Revised by Mr. Spongebob, 1/24/2015 @ 5:22 pm
         Final Draft Approved by SLAdamovich, 1/25/2014 @ 8:13 am (at this point, word Draft is deleted)

         Body of report/Chart Note

2. Students will make revisions and/or respond to any subsequent clinical instructor request within ONE BUSINESS DAY of receipt. I will typically make suggestions for revisions in Lytec or via confidential email.

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%.