SPH 559/659 Clinical Studies, Adult Hearing Assessment and Hearing Instruments

Second Year

Description of Course
The purpose of this clinical rotation is to further develop assessment and amplification skills as indicated below during a student’s second year of on-campus adult clinical assessment.

Instructor and Contact Information
Instructor: Erica Hansen, Au.D.
Office: SLHS Room 434
Telephone: 626-5623
E-mail: ehansen2@email.arizona.edu
Office Hours: Email for an appointment, but if my door is open, you can come in
Location: SLHS Clinic
Times: Variable times M-F; 8:30am-4:30pm

Course Format and Teaching Methods
This course will include time spent in clinic with patients. In addition, time to write notes, check in or troubleshoot hearing aid instruments and other assistive listening devices, and time to meet to discuss clinic experiences will be expected.

Course Objectives and Expected Learning Outcomes
• 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 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.

Absence and Class Participation Policy
Participating in the clinic is vital to the learning process. As such, attendance is required. 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 8 hours (2 half-days) for whatever reason (illness, scheduled travel, etc.), the students grade will be reduced by at least 10% (one letter grade). If circumstances warrant it, they may be given an incomplete instead. Students are expected to notify Dr. Hansen at least three weeks in advanced of any scheduled absence and prior to 8:00 AM by email or cell phone (928.853.2983) regarding any
unscheduled absence due to illness or emergency.

The UA’s policy concerning Class Attendance, Participation, and Administrative Drops is available at [http://catalog.arizona.edu/2015-16/policies/classatten.htm](http://catalog.arizona.edu/2015-16/policies/classatten.htm)

The UA policy regarding absences for any sincerely held religious belief, observance or practice will be accommodated where reasonable: [http://policy.arizona.edu/human-resources/religious-accommodation-policy](http://policy.arizona.edu/human-resources/religious-accommodation-policy).

Absences preapproved by the UA Dean of Students (or dean’s designee) will be honored. See [http://uhap.web.arizona.edu/policy/appointed-personnel/7.04.02](http://uhap.web.arizona.edu/policy/appointed-personnel/7.04.02)

**Course Communications**

Means by which communication will be conducted include discussion before, after, and during scheduled clinic, and via email. Additional meetings will be scheduled as needed. If any concerns or issues arise, it is expected that you communicate with your clinical instructor in a timely manner.

**Grading Scale and Policies**

You will be graded using the **CALIPSO grading system** which will be discussed at the beginning of the rotation and reviewed with you at the midterm and end of the semester.

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** Demonstrates core level skills and accurate clinical decisions independently by the end of the semester at least 90% of the time and demonstrates a high level of clinical involvement as exhibited by going beyond the regular clinic appointment to seek information. Performs significantly above the level expected for a student of their “level” in the program in nearly every area.

- **B = At expectations**: Demonstrates core level skills and accurate clinical decisions independently by the end of the semester at least 80% of the time.

- **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.

**Course Requirements:**

- Regular attendance: 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.
- 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
- There is no required reading or final examination for this course

**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 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)
• Be able to use the Hood Masking procedures in most 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.
• 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:
  o “Too loud” (with consideration of what is too loud and compression)
  o “My voice sounds funny”
  o 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**
• Minimize helix (acrylic and vinyl).
• Shorten canal (acrylic and vinyl).

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

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

**Professionalism:**
• To demonstrate preparedness for appointments and completion of patient follow up in a timely manner
• To be professional with clients, co-workers, preceptors, staff and outside agencies

**Documentation:**
• Write chart notes and reports that require five or fewer modification.
• Complete CFR (Chart notes, Face sheet update, and Recall appointment) for each patient.
• Speak in a manner that is conducive to communicating with hearing impaired individuals near (80% or greater) to that of an experienced audiologist.
Classroom Behavior Policy
To foster a positive learning environment, students and instructors have a shared responsibility. We want a safe, welcoming, and inclusive environment where all of us feel comfortable with each other and where we can challenge ourselves to succeed. To that end, our focus is on the tasks at hand and not on extraneous activities (e.g., texting, chatting, reading a newspaper, making phone calls, web surfing, etc.).

Threatening Behavior Policy
The UA Threatening Behavior by Students Policy prohibits threats of physical harm to any member of the University community, including to oneself. See http://policy.arizona.edu/education-and-student-affairs/threatening-behavior-students.

Accessibility and Accommodations
Our goal in this classroom is 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 the Disability Resource Center (520-621-3268) to establish reasonable accommodations. For additional information on the Disability Resource Center and reasonable accommodations, please visit http://drc.arizona.edu.

If you have reasonable accommodations, please plan to meet with me by appointment or during office hours to discuss accommodations and how my course requirements and activities may impact your ability to fully participate.

Please be aware that the accessible table and chairs in this room should remain available for students who find that standard classroom seating is not usable.

Code of Academic Integrity
Students are encouraged to share intellectual views and discuss freely the principles and applications of course materials. However, graded work/exercises must be the product of independent effort unless otherwise instructed. Students are expected to adhere to the UA Code of Academic Integrity as described in the UA General Catalog. See http://deanofstudents.arizona.edu/academic-integrity/students/academic-integrity.

UA Nondiscrimination and Anti-harassment Policy
The University is committed to creating and maintaining an environment free of discrimination; see http://policy.arizona.edu/human-resources/nondiscrimination-and-anti-harassment-policy

Our clinic is a place where everyone is encouraged to express well-formed opinions and their reasons for those opinions. We also want to create a tolerant and open environment where such opinions can be expressed without resorting to bullying or discrimination of others.

Additional Resources for Students
UA Academic policies and procedures are available at http://catalog.arizona.edu/2015-16/policies/aaindex.html

Student Assistance and Advocacy information is available at http://deanofstudents.arizona.edu/student-assistance/students/student-assistance

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

<p>| <strong>B1.</strong> Implement activities that prevent and identify dysfunction in hearing and communication, balance, and other auditory-related systems |
| <strong>B2.</strong> 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 |
| <strong>B3.</strong> Screen individuals for hearing impairment and disability/handicap using clinically appropriate, culturally sensitive, and age- and site-specific screening measures |
| <strong>B5.</strong> Educate individuals on potential causes and effects of vestibular loss |
| <strong>B6.</strong> Identify individuals at risk for balance problems and falls who require further vestibular assessment and/or treatment or referral for other professional services |
| <strong>C2.</strong> Assessing individuals with suspected disorders of hearing, communication, balance, and related systems |
| <strong>C3.</strong> Evaluating information from appropriate sources and obtaining a case history to facilitate assessment planning |
| <strong>C4.</strong> Performing otoscopy for appropriate audiological assessment/management decisions, determining the need for cerumen removal, and providing a basis for medical referral |
| <strong>C5.</strong> Conducting and interpreting behavioral and/or electrophysiologic methods to assess hearing thresholds and auditory neural function |
| <strong>C7.</strong> Conducting and interpreting otoacoustic emissions and acoustic immittance (reflexes) |
| <strong>C9.</strong> Evaluating functional use of hearing |
| <strong>C10.</strong> Preparing a report, including interpreting data, summarizing findings, generating recommendations, and developing an audiologic treatment/management plan |
| <strong>C11.</strong> Referring to other professions, agencies, and/or consumer organizations |
| <strong>D1.</strong> The provision of intervention services (treatment) to individuals with hearing loss, balance disorders, and other auditory dysfunction that compromises receptive and expressive communication |
| <strong>D2.</strong> Development of a culturally appropriate, audiologic rehabilitative management plan that includes, when appropriate, the following: |
| a. 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 |
| b. 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 |
| c. Counseling relating to psychosocial aspects of hearing loss and other auditory dysfunction, and processes to enhance communication competence |
| d. 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 |
| <strong>D4.</strong> Treatment and audiologic management of tinnitus |
| <strong>D7.</strong> Evaluation of the efficacy of intervention (treatment) services |
| <strong>E1.</strong> 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 |
| <strong>E2.</strong> Consulting about accessibility for persons with hearing loss and other auditory dysfunction in public and private buildings, programs, and services |</p>
<table>
<thead>
<tr>
<th>E3. Identifying underserved populations and promoting access to care</th>
</tr>
</thead>
<tbody>
<tr>
<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>
</tr>
<tr>
<td>F2. Applying research findings in the provision of patient care (evidence-based practice)</td>
</tr>
<tr>
<td>F3. Critically evaluating and appropriately implementing new techniques and technologies supported by research-based evidence</td>
</tr>
<tr>
<td>F5. Identifying internal programmatic needs and developing new programs</td>
</tr>
<tr>
<td>F6. Maintaining or establishing links with external programs, including but not limited to education programs, government programs, and philanthropic agencies</td>
</tr>
</tbody>
</table>