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Section I: Overall Practicum Requirements

Introduction
Clinical practicum experiences are provided for graduate students in the University of Cincinnati Speech, Language, and Hearing Clinic as well as in cooperating outside agencies. Audiology graduate students gain experience across the lifespan with a range of hearing, balance, and other communication disorders in a variety of clinical settings.

Observation Hours
The Communication Sciences and Disorders Department requires that students observe a minimum of 25 hours of evaluation and treatment of children and adults with disorders of speech, language and/or hearing prior to participating in clinical practicum. Observation hours must be obtained through in-person observing or through Master Clinician (an online website). These hours are obtained prior to beginning the AuD program, either during the undergraduate program or the summer before.

Required Clinical Clock Hours
For audiology licensure in the state of Ohio, a student must obtain a doctor of audiology degree from an audiology program accredited by an organization recognized by the United States Department of Education in addition to obtaining required clinical clock hours.

Students must obtain a minimum of 2,000 clinical clock hours in order to graduate with the AuD degree as well as prepare students to fulfill ASHA and/or American Board of Audiology (ABA) requirements for certification if certification is later desired. All clinical hours are tracked through the CALIPSO electronic database.

The following outlines the minimum clinical clock hours a student must obtain in a variety of areas with specific populations in order to meet the requirements set forth by the Communication Sciences and Disorders Department’s AuD program:

<table>
<thead>
<tr>
<th></th>
<th>Total Hours</th>
<th>Pediatric Specific Hours</th>
<th>Adult Specific Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evaluation</td>
<td>80</td>
<td>40</td>
<td>40</td>
</tr>
<tr>
<td>Amplification</td>
<td>80</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>Treatment</td>
<td>20</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Speech/Language Screening</td>
<td>10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>*With normal hearing persons</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Supervision of Required Hours
Persons holding a state license in Audiology may supervise: Audiolological evaluation; Amplification (hearing aid selection and management); Aural habilitative and rehabilitative services; Speech and/or language screening for the purpose of initial identification of individuals with other communicative disorders. Students should be aware that they cannot obtain ASHA Certification upon graduation unless the requisite number of hours is supervised by an ASHA Certified audiologist. Beginning January 1, 2020, ASHA guidelines state that ASHA qualified preceptors must obtain 2 hours of professional development in the area of supervision post-certification prior to
serving as a preceptor.

Clinical Assessment of Learning, Inventory or Performance, and Streamlines Office-Operations (CALIPSO) Account

Clinical education and practicum documentation is managed via a web-based program called CALIPSO. The preceptors on and off campus also use this system to complete an evaluation of you during your clinical affiliations and approve your clinical hours. This system is also used to house required documentation in the program. You will receive more information at the start of the program in the fall about how to create an account, use the system, which documents to upload and how to retrieve those documents. The cost for each student is a one-time fee of $85.00 upon initial registration and further instructions will be provided shortly after fall semester begins. Students can access CALIPSO by going to www.calipsoclient.com/uc. It is the AuD student’s responsibility to frequently monitor his or her CALIPSO account and to keep records of all clinical hours up to date.

CALIPSO Clinical Skill Evaluation and Scoring

At the end of every semester, the student’s preceptor will complete an evaluation of the student’s performance. Prior to this the student must fill in the hours accrued in various categories within CALIPSO, and the preceptor will complete the Performance Rubric ratings which indicate the level of competencies and skills which the student has achieved. The student and preceptor should review and discuss this evaluation at the end of the semester.

Each student is scored using the Performance Rating Scale below on various Clinical Standards. This scale is from 1-5 in various competency areas which may vary at each site. As the student gains more clinical experience each year, the total score expectation will increase. See form “AuD Clinical Skills Evaluation” in the Appendix for detailed clinical skills students are evaluated on. The scale is as follows:

1. **Not Evident**: Requires constant supervisory modeling and intervention. Skill and progress are not present.
2. **Emerging**: Requires frequent supervisory instruction. Skill is emerging.
3. **Developing**: Requires frequent supervisory monitoring. Skill is present but needs further development.
4. **Refining**: Requires moderate supervisory monitoring. Skill is developed but needs refinement and/or consistency.
5. **Independent**: Requires infrequent supervisory monitoring, guidance, or consultation only. Skill is well-developed and consistent.

Recorded hours within CALIPSO constitute the official record used to verify students’ competencies and clinical hour accumulations toward fulfilling licensure, ASHA, ABA and degree requirements.

Obtaining and Documenting Clinical Hours

Clock hours must be submitted weekly when assigned on campus. When a student is placed off campus, hours must be submitted at the designated interval discussed with their preceptor and at a minimum be submitted at midterm and final. Clinical clock hours (non-observation) will count as direct contact hours (time spent directly with the patient). Clock hour experience includes:

1. **Observation**: Those mandatory hours are a pre-requisite before the student is placed in a clinical setting. If the student did not complete these hours before the first semester of graduate studies begins, he or she will not be allowed to attend their placement in the on-campus audiology clinic or complete their speech hearing screenings until this requirement is completed satisfactorily.
2. **Prevention and identification:** These hours include hearing and balance screening, hearing conservation, and noise measurement.

3. **Evaluation:** Hours include the time spent with either the patient or a family member engaging in information seeking, reviewing Individual Education Program (IEP) and/or records from other professionals involved in the patient care; otoscopic examination, cerumen management, behavioral assessment of hearing, earmold impression, electro-physiological assessment of hearing, tinnitus evaluation, assessment of balance and auditory-related processing disorders.

4. **Treatment:** includes the selection, verification and use of amplification; selection, verification and use of Assistive Listening Devices (ALDs); verification and use of cochlear implants and brainstem implants; perceptual training such as auditory and/or visual; counseling (either with the patient or their families); participation in multi-disciplinary staffing to share results with the patient; and vestibular therapy.

5. **Administration, Consulting and staffing:** includes the time spent with the hearing aid manufactures; technical support and product training; placing orders; minor repairs; hearing aid programming and verification; navigating Noah software; chart notes; formal report writing; marketing (educational brochures, website posts, creation of new forms, or any other activity related to the clinic at the site supervisor’s discretion.

6. **Speech and language:** clock hours include the time spent during the speech disorders screenings.

You may find that you will not accrue the same number of clinical practicum hours in a day as the time you were scheduled to be in that clinical setting. This is anticipated and expected since only direct patient time may be counted towards your hours with limited time for administrative tasks.

If a preceptor feels that, at any time, a student is not achieving independence in the clinical setting, she or he will contact the University liaison who will meet with the preceptor and student to develop an Action/Remedial plan. All will agree to the plan and its consequences and sign the form.

If a student has not met competencies at a practicum site, they will be placed on practicum probation for the following semester which requires successful fulfillment of the remedial/action plan. If a student receives an action plan at two sites and is not successful in gaining the needed competencies, practicum will be terminated.

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**Section II: Professional Involvement, Certification and Licensure**

**Professional Student Organizations**

All student clinicians are encouraged to apply for membership in the Student Academy of Audiology (SAA). SAA is a professional student organization dedicated to the advancement of education and technological training in the profession of Audiology with emphasis on enhanced patient care. The organization takes pride in being of, by, and for individuals dedicated to promoting audiology as a doctoral level profession. The University of Cincinnati has an active SAA Chapter.
In addition, students are encouraged to apply for student membership in the following organizations:
- National Student Speech-Language-Hearing Association (NSSLHA)
- The Ohio Academy of Audiology (OAA)
- The Ohio Speech and Hearing Association (OSLHA)

Student membership is inexpensive and includes most of the benefits of full membership including journals, newsletters, and reduced fees for workshops and conventions.

Certification of Clinical Competence
ASHA's Certificate of Clinical Competence can be obtained by individuals who meet specific requirements in academic and clinical preparation. For those students applying for certification prior to January 2020, a minimum of 1,820 clinical clock hours are required by ASHA to ensure that experience has been attained that meets the Council on Academic Accreditation's standards for duration, depth, and breadth of knowledge. These clinical hours must be attained under a preceptor who holds ASHA certification (CCC-A). Students also must pass the national examination in audiology, a Specialty Area Test of The Praxis Series by the Educational Testing Service (ETS). Certification is renewable upon demonstration of meeting continuing education requirements.

In January of 2020, ASHA will implement new audiology certification standards that removes the minimum requirement of clock hours received under an ASHA certified preceptor prior to graduation. A student will now be able to complete additional clinical clock hours under an ASHA certified audiologist post-graduation to meet certification standards. More information on the 2020 standards can be found on ASHA's website.

Students who choose not to fulfill the requirements for ASHA certification prior to graduation must sign a waiver attesting to their decision which will become a part of their permanent file. This must be completed prior to a student entering their 4th year externship.

Board Certification by the American Board of Audiology
American Board of Audiology certification is a voluntary, nationally recognized standard that is not tied to membership in any professional organization. Audiologists certified by the ABA must hold an academic degree in audiology, have passed a national examination, and have demonstrated that they have completed a minimum of 2000 hours of mentored professional practice in a two-year period. The mentor must be a state licensed or ABA certified audiologist.

Certification is valid for a period of three years renewable upon demonstration of meeting continuing education requirements. Provisional certification is available for students in the third year of their audiology doctorate program.

Ohio License for Audiology
Audiology licensing by the Ohio Board of Speech Pathology and Audiology can be obtained by individuals who have met specific requirements in academic and clinical preparation and have successfully passed the national examination in audiology, a Specialty Area Test of The Praxis Series by the Educational Testing Service (ETS). Refer to the “Overall Requirements” section of this handbook under “Clinical Hours” for specific requirements.

An application for licensure can be obtained by calling (614) 466-3145, visiting their website (http://shp.ohio.gov/), or writing to:
Educational Audiology Certification
A State of Ohio professional pupil services license as an educational audiologist can be obtained by completing necessary coursework and obtaining practicum experience in the schools. Visit the Doctor of Audiology Handbook for specifics on certification as a school audiologist in Ohio.

Section III: Policies and Procedures

Introduction
It is the responsibility of the student clinician to become familiar with and follow the policies and procedures in this practicum handbook. Any deviations from these established guidelines must be discussed with and approved by the department chair, program director, practicum coordinator and the site preceptor.

Essential Functions
Students will read and sign that they understand the Essential Functions document that describes “essential qualities and abilities that are considered necessary for a student’s success in academic/practicum programs. See Appendix for the full Essential Functions document.

Physical Examination/Immunizations
Both the Graduate school and the Department of Communication Sciences and Disorders requires a physical examination and proof of immunizations. CSD does require additional immunization completion and documentation beyond what the Graduate School requires due to the clinical placements that our students are assigned to. Required CSD immunizations and documentation include:

- Hepatitis B or HEPLISAV-B series AND negative quantitative HBSAB titer
- MMR series OR MMR negative titer
- Menningococcal (A) Quadrivalent (For students who are 16-21 years of age)
- Influenza, annually
- Initial 2-step TB or PDD OR negative IGRA Blood Test
  - Subsequent annual TB screening
- Tdap
- Varicella series OR negative VZV IgG titer

Some clinical placements may require additional vaccinations which will be communicated to the student directly from their assigned practicum site. Students may not be placed in a clinical setting until all immunizations are completed according to program requirements.

Drug Screening
Graduate students in audiology will be required to complete a drug screening upon arrival to campus their first semester and prior to beginning clinical rotations. This is required for placement at most practicum sites. Often there is a charge for this testing that the student will be responsible for. Instructions for obtaining the drug screening will be provided at orientation.
Criminal Background Check Procedures
All graduate students in the Department of Communication Sciences and Disorders are required to obtain a criminal background check in order to participate in practicum. Students in the Cincinnati area can go to the Department of Parking, Keys, IDs, located on the west campus in the Edwards building to receive Background Checks. This department is open Monday through Friday, 8a.m. – 4 p.m. Required paperwork may be downloaded from their website: https://www.uc.edu/about/publicsafety/services/background-checks.html

The cost for a National Background Check (FBI) is $34. Students in audiology are required to receive an additional BCI (state of Ohio) background check, to participate in practicum in the school setting. This cost is $32.00. You may pay with cash, credit card, or check made payable to The University of Cincinnati. Credit cards (VISA, MasterCard and Discover) are accepted. The results are usually available within 24 hours and can be picked up at that time.

Confidentiality and Ethical Responsibility
Information regarding patients/clients must be held in the strictest confidence. Cases may be discussed with the preceptor, faculty, other professionals, and other student clinicians in the clinic area; however, clients are not to be discussed with others outside these locations. Do not talk about clients in the waiting room, hallways, or anywhere else; individuals not entitled to the information might overhear your conversation.

HIPAA Training
The Speech-Language-Hearing Clinic follows the privacy rules set by HIPAA (Health Insurance Portability and Accountability Act). All students will be required to take the University of Cincinnati on-line HIPAA training course and sign a confidentiality statement at the beginning of their academic program, and annually thereafter, to enforce this responsibility. There are consequences for violating confidentiality practices. Trainings may be accessed online through the following link: https://webcentral.uc.edu/cpd_online2/. Proof of completion through a certificate must be provided to the department each year of the program.

Code of Ethics
All student clinicians are expected to perform according to the standards, practices, and guidelines established by the American Speech-Language-Hearing Association and the American Academy of Audiology as described in each of their Code of Ethics. Copies of these Codes of Ethics can be found in Appendix of this handbook. Students are advised to become familiar with this document.

There may be opportunities for students to babysit or help families who have children and/or adults with disabilities. These are recreational or vocational services that are separate from providing skilled pre-professional services. We value this experience; however, there may be activities that could place students in violation of the Code of Ethics and Ohio licensure laws, whereas students MUST be supervised on site by a licensed speech language pathologist or audiologist to provide evaluative or intervention services. This may include providing speech/language/hearing diagnosis and therapy while babysitting, engaging as a tutor for providing speech/language/hearing services or implementing goals from a student’s IEP (individualized educational plan). Some programs for children with disabilities, e.g., Autism, Downs Syndrome, Cerebral Palsy, Learning Disabilities, etc., may include speech and language intervention or hearing services for which a student is not properly supervised. If you will be helping a family with a child who has a communication disorder, and/or have any questions regarding a specific activity, please contact the Practicum Coordinator or CSD faculty. It is in your best interest for us to know and talk about these experiences with you.
Professional Dress/Expectations
All students participating in clinical activities are expected to present a professional appearance. Style of dress should reflect the role of a professional. Low cut or cropped blouses, tank tops/spaghetti straps, any color jeans, shorts, and gym shoes are not considered appropriate clinical dress. Skin should not be showing when the student bends over. Jewelry worn in the clinic should be conservative in nature and fragrances should be kept to a minimum. Visible tattoos and other body art must be family and child appropriate. The clinic dress code remains the same for all seasons of the year.

Dress codes may further vary by clinical site. When off campus, each student must follow the specific dress code of the clinical placement which may be more stringent. It is the responsibility of the student to determine off campus clinic dress codes prior to their first day.

All students participating in classroom and clinical activities are expected to act in a professional manner, which includes turning off cell phones upon entrance into the classroom and clinic (on-site and off-site). Texting and/or surfing the internet will not be tolerated. Use of Apple watches and other smart watches is becoming increasingly popular. All smart watches must be put in theater or sleep mode while in clinic.

Attendance
Professionalism is required at all times and attendance is crucial for professionalism. Students are expected to demonstrate the highest level of commitment to clinical practicum and treat it as they would paid employment. Attendance and punctuality are mandatory during the practicum experience. Promptness is a professional courtesy that all student clinicians must extend to patients. Clinicians should arrive at the practicum site with enough time before their scheduled appointments to check equipment, set up work areas, speak with the preceptor, etc., to enable them to see their patients promptly at the scheduled time. The following list details our attendance expectations during clinical experiences.

Regular attendance is expected without the expectation of any “days off” across all practicum settings for the duration of the graduate program. Attendance should be followed as outlined in practicum commitment form completed with your preceptor.

Excused day of absences are reserved for illness or extenuating circumstances ONLY. Extenuating circumstances are defined as illness or matters out of one’s control, (i.e. death of immediate family member). If you are sick and must miss clinic, a doctor’s excuse must be provided for the absence to be excused otherwise it will count as an unexcused absence.

In the event of an absence due to illness or extenuating circumstance, your direct practicum preceptor (the preceptor who will approve your clinical hours and competencies in the setting) is the person to whom your request/notification should be addressed with additional notifications as specified below.

- All notifications must be made via email and concurrent with notification of the clinical preceptor.
- For on campus placements, you must notify Dr. Valencia and your direct preceptor if different than Dr. Valencia.
- For off campus placements, you must notify your direct preceptor and copy the Practicum Coordinator (Dr. Russell).
There are some events that will also be counted as an excused absence. These include religious holidays, professional conferences/conventions, and required department activities such as PRaISE (spring semester). These program-specific requests should also be included in the Practicum Commitment Form during semester in which the event is to take place.

In addition, students may request a single excused absence (1 day) for a personal reason, in advance, over the course of the entire graduate program (e.g., attend a wedding), under the following conditions:

- Requests of potential 1-day off is made at start date of practicum to site preceptor and is documented in the Practicum Commitment Form.
- In addition, the Practicum Coordinator of respective program must be notified via email of the request and the preceptor’s response.
- The student is required to make up minutes/days they are absent from practicum, including illness, and make up dates should be determined with the preceptor in the practicum placement at the beginning of the term or following an absence from illness.

Clinical practicum dates/times may vary site-to-site and may not correlate with course schedule or university breaks. Do not compare your clinical schedule with that of your peers, as they will likely be different. ALWAYS follow the clinic schedule of your practicum site.

Absences from clinic may affect your grade. Students are allowed a total one day of an anticipated absence (such as might occur for weddings, showers, reunions, etc.) over the course of the graduate program as noted above. Use of this one day will not affect your practicum grade. This date(s) should be approved by the Practicum Preceptor of that specific semester, by the 1st day of the semester in which the absence will occur and be included in the clinical practicum contract. These days off will not be approved beyond the start of the new term.

- A second absence (not including absence due to illness or extenuating circumstance) from practicum during the duration of the graduate program, regardless of the reason, will be considered an unexcused absence and will result in the reduction in that semester’s practicum grade by one full letter grade. For example, if you have one unexcused absence in the fall semester and earn an A, you will still have an A for fall. If you have a second unexcused absence in the spring semester and earn an A for practicum spring semester, your final spring semester grade will be a B.
- A third instance of (unexcused) absence (same semester or across the duration of the program) will reduce your practicum grade for that semester by 2 full letter grades. For example, if you earned an A for the semester, your practicum grade with the third absence will be a C. In addition to the lowered grade, you will automatically be placed on probation due to the violation of our professionalism standards.
- Again, excused absences are illness-related (with physician’s note) and/or extenuating circumstances (death in the immediate family).

If you attempt to negotiate days off or change your practicum schedule (reducing number of days per week, for example) with your preceptor without discussing this with the Director of Graduate Education/Program Director/Schools Coordinator, this will be treated as an example of unprofessional behavior and the consequence will be a reduction in that semester’s practicum grade by 2 full letter grades AND probation.

Attendance and professionalism issues will impact your grade and are at the discretion of preceptor/clinical coordinator.
Students have the following breaks during their graduate program:

**Year 1**

**Fall Semester:**
- Labor Day
- Reading days (class only, clinic attendance is required)
- Veteran’s Day (class only, off campus clinic attendance required)
- Thanksgiving Day and following day
- The period between when finals week ends and the first day of spring semester. Outside clinical practicum sites may extend beyond finals week – (NOTE that the schedule of the clinical setting may be different, and you are expected to ALWAYS follow the clinical setting schedule)

**Spring Semester:**
- MLK, Jr. Day
- Spring break week, only if not expected to be at clinical site (follow clinical setting schedule)
- Week between spring and summer semester (outside clinical practicum sites may extend beyond finals week – ALWAYS follow clinical schedule)

**Summer Semester**
- Memorial Day
- July 4th (Date the University observes- NOTE that this does NOT include the day surrounding the holiday)
- Weeks following finals in August, until Wednesday prior to classes beginning or when clinical setting schedule deems is the start date
  - All students are expected to attend the annual picnic which is always the Thursday before the start of classes in August.

**Year 2-4**

Fall – ALWAYS follow clinical setting schedule
Spring – ALWAYS follow clinical setting schedule
Summer – ALWAYS follow clinical setting schedule

**Ensuring Clinical Success**

A primary goal of your faculty is to ensure that you graduate with your clinical skills well primed and ready to hit the road running. But we need your assistance. Please remember that the clinic is open 24/7. We strongly encourage you to make the clinic space your second home when it is free. Play with equipment, test each other, bring in family members, grab faculty when you have questions, look through equipment instruction manuals, practice tests you have learned in class (can you do a pure-tone Stenger?), etc.

The preceptors at off-campus sites ARE NOT expected to teach you what they will consider basic skills. They are volunteers who give back to the profession by providing experiences for our students to benefit from. While some will take on a more active mentoring role than others, they are not there to teach, but rather to supervise. It is your responsibility to ensure you are ready. At a minimum when you leave the UC clinic you should be able to relatively independently take a case history, perform a routine hearing evaluation with masking if needed, complete immittance testing, explain results, provide meaningful suggestions for amplification options, do a hearing aid orientation, properly fit/program a hearing aid including probe microphone measures and write a report. Independence and facility with each of these and other procedures should improve with each subsequent placement. The full document may be found in the Appendix.
Blood Borne Pathogens Training
Students are required to complete mandatory yearly blood borne pathogens training. This must be complete at the beginning of their academic program and annually thereafter. Trainings may be accessed online through the following link: https://webcentral.uc.edu/cpd_online2/. Proof of completion through a certificate must be provided to the department each year of the program.

Infection Control
Students should be familiar with clinical infection control procedures followed in the audiology clinic and from the knowledge acquired through the yearly mandatory blood borne pathogens training. For infection control guidelines visit: www.audiology.org, or read the infection control procedure posted in clinic.

Clinic Remediation/Action Plan
Student may be require clinic remediation if they do not meet competency in certain clinical standards. The remediation plan will be developed with the preceptor, practicum coordinator and program director input. In addition, students may be pulled from an off campus placement at any time if concerns arise and placed in an on campus clinical setting. See AuD Handbook for dismissal policy.

Additional Screenings/Trainings
Students may be placed at a variety of off-campus clinical sites throughout their time in the program. Some sites may require additional trainings, drug screenings or CPR Certification. The student will be responsible for completing these requirements as determined by the off-campus practicum site.

Professional Liability Insurance
Students are required to carry professional liability insurance coverage. All students enrolled in the CSD program are covered under UC’s Professional Liability Insurance Program during the time they are enrolled in the CSD program. Students are covered if they follow all program requirements, including annual trainings and immunizations.

Equipment Checkout Procedures
During your time throughout the program audiology students may need to check-out equipment for use in various clinical settings or volunteer opportunities. Equipment may not be checked out for personal purposes. All portable audiology equipment including otoscopes as well as some limited speech tests/materials are located in the clinic. Equipment must be checked out and returned during business hours and must be returned the following day. If portable equipment is signed out on a Friday it must be returned on the following Monday.

All students are required to follow a protocol when checking out equipment which includes arriving to the clinic office to request equipment from clinic student workers and other clinic personnel. Only the equipment that is needed may be checked-out and entered on the sign out sheet located on the cabinet door. All information on the form must be filled out and signed when returned in working order.
Section IV: On-Campus Clinic Procedures and Requirements

Introduction
Students are supervised by faculty members in the Department of Communication Sciences and Disorders who are licensed by the state of Ohio and certified by the American Speech-Language-Hearing Association (ASHA). There may be some limited instances where students are supervised by off-campus preceptors.

Practicum Assignments
During the fall and spring semester of the first year, students who have completed all required undergraduate course work, observation hours and required pre-clinic paperwork will be assigned to practicum either at the UC Speech and Hearing Clinic or at a cooperating off-campus site with a UC Clinical Faculty member. On-Campus practicum schedules will be provided the first week of class each semester to all first-year students. The policies and procedures found above do pertain to all clinical assignments.

First-year students may also be assigned to area schools to complete their required speech/language screening hours. These must be completed within the first year and are assigned by the Audiology Practicum Coordinator.

Clinic Access/Reservation
Each student will receive a key to access the UC Speech and Hearing Clinic. This key must be returned prior to graduation or a fee will be incurred. It is helpful if students return the key prior to leaving campus for their final year externship.

The students do not have access to the portable equipment cabinet or the medical/audiological record’s office. The program coordinator and the clinic student worker are in charge of monitoring the equipment check-out. If none of the designated individuals are available, contact your supervisor. Sign-out sheets have been placed next to the cabinets to facilitate this process.

Clinical practicum has the priority to use the testing rooms. Classes that require practice, capstones, research studies, or any other activity involving the booths, can reserve it when practicum is not in operation. Although, accommodations and exceptions are possible when the patient does not require the sound booths, such as hearing aid fittings, follow-ups, or consultations.

Students are strongly encourage to access the audiology clinic rooms in off hours to practice using the equipment. However, students are not to unplug or move any equipment from their current location. Students are prohibited from performing any invasive or risky procedure without a clinical supervisor present. Invasive or risky procedures include, but are not limited to ear impressions, wax removal, or placing electrodes or probes tubes in the ear canal.

Clinic Room Responsibilities
Students are expected to maintain the orderliness and cleanliness of the Speech and Hearing Clinic and the Bahman Room.
Students will be responsible for disinfecting and sanitizing the equipment, ear tips, probes, speculums, tools and surfaces at the end of the day prior to leaving clinic. A formal instruction will be received at the beginning of the semester on how to handle chemicals to sanitize the ear tips and probes.

Students are also responsible for informing your preceptor of any equipment problems or technical difficulties, as well as missing equipment and/or supplies. Students are not allowed to remove equipment or tools from the clinic, unless a faculty member or your clinical supervisor authorizes it.

Food or drink are not allowed on the premises of the clinic.

Students are responsible for locking all the clinic doors at the end of the day since theft events have been reported in the past.

**Equipment Use**
Professional equipment calibration is required annually, however, a weekly biological calibration and a daily calibration are the responsibility of the students to ensure that the equipment is properly connected and functioning.

Do not unplug or switch cables or transducers such as bone oscillators, headphones, or insert phones, without permission of a faculty member or clinical supervisor. The clinic premises are also used for research studies and moving, replacing orwitching connections may comprise the testing procedures.

**Client Files**
The student is responsible for completing and maintaining the file for each of their patients. The file will remain in the file cabinet in the clinic office. NO CLINIC FILES ARE TO BE REMOVED FROM THE BUILDING. This rule is strictly enforced to avoid lost or missing folders which would result in a breach of confidentiality.

The clinic office door should never be open without a student or faculty person in the room. To ensure confidentiality of clinic charts, the door must be closed and locked when you leave. Preceptors have access to clinic file drawers.

Most of the audiology charts have been transferred to electronic records. Electronic records include personal documentation (history, consent form, etc.), chart notes, hearing test results and information coming from other professionals. Practice Perfect, is the current electronic record program used in the clinic. This program is protected by a password. Make sure to log out the computer once the charts notes are completed and signed to ensure confidentially.

**Clinical Notes and Reports**
The student is responsible for including a copy of the diagnostic report and professional documentation for each client. Description of test results, diagnostic, progression notes and recommendations must be included in each chart note. Charts notes must be signed by the students and the supervisor.

Audio forms and evaluation reports must be completed and submitted within 48 hours of the diagnostic evaluation and signed by students and supervisors.

Students must stay afterhours until they finish with the duties and the responsibilities described in this handout related to cleaning, organization and documentation.
If a copy of the hearing test results is necessary, for example for case study presentations, the clinical supervisor will make the copy for you to make sure all the identifiers are redacted before handing to the student. Once more, the students are not allowed to make copies or remove patient records from the clinic.

Clinic reports that contain any patient identifiers (e.g. name, address, phone numbers, date of birth, social security number) may not be saved on any computer or sent via e-mail. If the supervisor requested a draft of the report via e-mail, personal identifiers such as name, date of birth, addresses, phone numbers, etc. must be redacted, just include the patient initials. Students may not write clinic reports on their personal computers or any computer outside the clinic area. Reports must be deleted from the clinic computers after being printed.

Clinic Billing Procedures
Billing for audiological services must be completed through Practice Perfect, which is the preferred method of completing billing. Use of billing CPT codes for each patient need to be submitted to the clinic office by the end of each clinic day. Billing must be consistent with the audiology clinic schedule for that particular day and need to be completed even if a payment was not involved, for example: an office visit for a repair of a hearing aid that is under warranty.

Clinic Forms
Notify your clinical supervisor if any forms need to be re-stocked. Originals are available in a binder located in the hearing aid lab.

Use of Clinic Forms for Research Purposes
Pre-purchased test forms utilized in clinical testing and used for research purposes are required to be purchased by the student or copied by the student if the form is not covered by copyright.

Section V: Off-Campus Clinic Procedures and Requirements

Introduction
Students are supervised by Audiologists licensed by the state in which they are practicing. The University of Cincinnati does not require that off-campus preceptors be certified by either the American Speech-Language-Hearing Association (ASHA) or the American board of Audiology.

Practicum Assignments
The Practicum Coordinator, with input from all academic and clinical faculty within CSD and previous off-campus preceptors, will assign you to an off-campus practicum site. This may begin the summer of your first year or once you have demonstrated clinical readiness. Practicum assignments are determined based on numerous complex factors that include but are not limited to: academic performance, clinical performance, preceptor feedback both written and verbal, professionalism, available preceptors/sites, preceptor needs, setting pace, student interests, student stated end goals, and program clinical hour requirements. See “Ensuring Clinical Success” document in Appendix for further information.

It is important to note that ALL student needs are factored in to ensure everyone leaves UC upon graduation with all necessary clinical skills to be a successful professional and successful audiologist. There may be a semester in which a student is disappointed with his or her clinical assignment. However, there are many
semesters in which to obtain a varied clinical experience and every effort is made to ensure all students can obtain success.

Site Visits
The Audiology Practicum Coordinator will keep in contact with off-campus preceptors throughout the semester via email, phone calls, WebEx, or in person for feedback on the student’s performance. An in person site visit will be conducted most semesters (Year 2-3) that the student is placed at an off campus site. These visits will consist of an observation of the student during patient interaction and conversation with the preceptor regarding progress, concerns, strengths and areas of growth. In the event that an in-person site visit does not occur due to scheduling, distance or patient cancellation, the Practicum Coordinator will communicate with the preceptor regarding the areas noted above. A student at any point, may ask the Practicum Coordinator for feedback that has been discussed in the student’s presence.

Practicum Paperwork
When placed at an off-campus practicum site, there are several requirements that the student should be aware of. The student is responsible for completing the following paperwork every semester and adhering to the stated deadlines. These forms are available in CALIPSO under Practicum Placement, Blank Forms and also in Canvas.

Practicum Commitment Form
At the beginning of the semester, the student and preceptor meet to negotiate and sign the practicum contract form. The contract should be given to the Practicum Coordinator by the second week of the semester by the student. If you begin practicum late due to a delay on their end, the Practicum Commitment Form must be turned in as soon as possible.

Self-Evaluation
At the end of the semester, the AuD student will complete a self-evaluation in CALIPSO. Failure to complete this evaluation will result in grade reductions per the course syllabus and an incomplete in Practicum. Due by Wednesday of Exam Week.

AuD Student Evaluation of Site and Preceptor
The student must complete a site/preceptor evaluation on CALIPSO at the end of the semester. Failure to complete these evaluations will result in grade reductions per the course syllabus and an incomplete in Practicum. Due Wednesday of Exam Week.
Appendix A: Overall Practicum Requirements

AuD Clinical Skills Evaluation

**Performance Rating Scale**

1. **Not Evident:** Competency/skill not evident; Requires constant supervisory modeling/intervention
2. **Emerging:** Competency/skill emerging; Requires frequent supervisory instruction
3. **Developing:** Competency/skill present but needs further development; Requires frequent supervisory monitoring
4. **Refining:** Competency/skill developed but needs refinement and/or consistency
5. **Independent:** Requires infrequent supervisory monitoring; Competency/skill well-developed & consistent; Requires guidance and/or or consultation only

**Clinical Standards**

**Foundations of Practice**
1. Utilizes universal precautions and infectious/contagious disease control practices (std IV-A21, std 3.1.1A)
2. Determines whether instrumentation is in calibration according to accepted standards (std IV-A25, std 3.1.2A)
3. Demonstrates knowledge of equipment operation. Uses instrumentation according to manufacturer’s specifications/recommendations (std IV-A24, std 3.1.2A)
4. Applies principles and applications of counseling to patients, families, and other appropriate individuals. Uses counseling that effectively communicates results/recommendations and addresses concerns in an effective and culturally sensitive manner. (std IV-A26, IV-D2c, std 3.1.4A)
5. Understands and functions within the policies, procedures, protocols and business practices of the clinical facility including prompt completion of all billing, including assigning correct CPT and ICD codes, tracking forms, data entry and other documentation as required (std IV-A28, std 3.1.4A)
6. Consults/collaborates as appropriate with interprofessional teams in assessment and in coordination of care while maintaining a climate of mutual respect and shared values. Maintains or establishes links with external programs (std IV-A29, IV-F6, std 3.1.1A, 3.1.4A, 3.1.6A)
Prevention and Identification
1. Implements protocols, activities, and screening measures that are clinically appropriate, culturally sensitive, age- and site-specific to prevent and identify hearing and communication dysfunction FOR CHILDREN (i.e., newborn hearing screening/follow-up and school screenings). (std IV-B1, IV-B2, IV-B3, std 3.1.3A)

2. Implements protocols, activities and screening measures that are clinically appropriate, culturally sensitive, age- and site-specific to prevent and identify hearing and communication dysfunction FOR ADULTS. Administers programs designed to reduce the effects of noise exposure, tinnitus, and toxic agents to the auditory and vestibular systems (i.e., community & occupational conservation programs). (std IV-B1, IV-B2, IV-B3, std 3.1.3A)

3. Screens individuals for speech and language impairments and other factors affecting communication function using clinically appropriate, culturally sensitive, and age- and site-specific screening measures (std IV-B4, std 3.1.3A)

4. Educates individuals on potential causes and effects of hearing loss, loss of vestibular system function, development of tinnitus, and development of communication disorders. (std IV-B5, std 3.1.3A)

5. Identifies individuals at risk for balance problems and falls who require further vestibular assessment and/or treatment or referral for other professional services (std IV-B1, IV-B6, std 3.1.4A)

Assessment
1. Obtains a case history from appropriate sources to facilitate assessment planning. Determines contextual factors by asking appropriate and investigative questions in a clear and organized manner. Administers clinically appropriate and culturally sensitive scales of communication function to communication partners of the individual being served. (std IV-C2, IV-C3, std 3.1.4A, 3.1.5A)

2. Performs audiologic assessment using clinically appropriate and culturally sensitive behavioral, psychophysical, and self-assessment measures FOR CHILDREN (std IV-C2, std 3.1.3A, 3.1.4A, 3.1.5A)

3. Performs audiologic assessment using clinically appropriate and culturally sensitive behavioral, psychophysical, and self-assessment measures FOR ADULTS (std IV-C2, std 3.1.3A, 3.1.4A, 3.1.5A)

4. Performs an otoscopic examination. Demonstrates proficiency in recognizing normal landmarks, otoscopic abnormalities, and the need for medical referral. (std IV-C4, std 3.1.4A)

5. Removes cerumen, when appropriate (std 3.1.4A)

6. Demonstrates ability to accurately determine Air Conduction & Bone Conduction thresholds using appropriate techniques (std IV-C2, IV-C5)

7. Demonstrates proficiency in determining the need to mask when performing pure tone air/bone conduction testing. Demonstrates proficiency in performing masking procedures using accepted practice techniques (std IV-C5)

8. Demonstrates ability to administer and accurately interpret speech tests including threshold and suprathreshold tests in quiet and in noise (std IV-C5)

9. Demonstrates proficiency in determining the need to mask when performing threshold and suprathreshold speech audiometry. Demonstrates proficiency in performing speech masking procedures using accepted practice techniques. (std IV-C5)
10. Demonstrates ability to efficiently and accurately complete the basic audiological test battery in a timely manner (std IV-C2, IV-C5)

11. Performs acoustic immittance tests efficiently and appropriately for differential diagnosis of site of lesion. Accurately identifies and interprets tympanogram types and acoustic reflex configurations (std IV-C2, IV-C7)

12. Demonstrates the ability to perform and interpret Otoacoustic Emissions (std IV-C2, IV-C5, IV-C7)

13. Performs auditory evoked potentials for neurodiagnostic applications and estimation of peripheral hearing sensitivity. Demonstrates proficiency in waveform analysis and interpretation (std IV-C1, IV-C2, IV-C5, std 3.1.4A)

14. Demonstrates the ability to perform a vestibular assessment and determine the need for vestibular rehabilitation. Interprets tests of balance function (std IV-C2, IV-C6, std 3.1.4A)

15. Demonstrates ability to perform pediatric behavioral audiological assessment. Selects appropriate tests and testing technique (VRA, CPA, or other) (std IV-C2, IV-C5)

16. Demonstrates ability to perform and select behavioral and electrophysiological tests of auditory processing. Demonstrates appropriate analysis of test battery results for differential diagnosis and management strategies (std IV-C2, IV-C8)

17. Demonstrates ability to perform audiological rehabilitation assessment (use of self-assessment measures, speech reading assessment, aided testing) to establish functional use of hearing (std IV-C9, IV-C2, std 3.1.4A)

18. Prepares a report, which includes evaluation procedures, interpretation of data to establish type and severity of disorder, summarization of findings, generation of recommendations and referrals, and development of an audiologic treatment/management plan (std IV-C10, std 3.1.4A)

19. Communicates results and recommendations orally and in writing in a culturally sensitive and age appropriate manner to the individual being served and other appropriate individual(s) (std 3.1.4A, 3.1.6A)

Intervention (CFCC IV-D)
1. Evaluates need for and selection of hearing aids, sensory aids, hearing assistive devices, alerting systems and captioning (std IV-D1, IV-D2a, std 3.1.6A)

2. Uses verification and validation measures to evaluate effectiveness of hearing aids and other assistive devices (std IV-D1, IV-D2a, std 3.1.6A)

3. Troubleshoots and adjusts hearing aids and other assistive devices (std IV-D1, IV-D2a, std 3.1.6A)

4. Determines candidacy of persons with hearing loss for cochlear implants and other implantable sensory devices (std IV-D2b, std 3.1.6A)

5. Fits, maps, adjusts, and troubleshoots cochlear implants and other implantable sensory devices (std IV-D2b, std 3.1.6A)

6. Educates/orients consumers, family and caregivers in the use of and adjustment to hearing technology (std IV-D1, IV-D2a, std 3.1.6A)

7. Counsels patients, caregivers, and others regarding prognosis and treatment options, psychosocial aspects of hearing loss & other auditory dysfunction, and processes to enhance communication competence (std IV-D2c, std 3.1.4A, 3.1.6A)
8. Provides 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 (std IV-D1, IV-D2d)

9. Determines candidacy for vestibular and balance rehabilitation therapy to persons with vestibular and balance impairments (std IV-D3, std 3.1.6A)

10. Provides treatment and audiologic management of tinnitus (std IV-D1, IV-D4, std 3.1.6A)

11. Provides treatment services for infants and children with hearing loss; collaborates/consults with early interventionists, school based professionals, and other service providers regarding development of intervention plans (i.e., individualized education programs and/or individualized family service plans) (std IV-D1, IV-D5)

12. Participates in the selection, purchase, installation, and evaluation of large-area amplification systems (std IV-D6)

13. Develops culturally sensitive and age appropriate management strategies and implements treatment plans using appropriate data (std 3.1.6A)

14. Monitors, summarizes and documents treatment and outcomes (std IV-D7, std 3.1.6A)

15. Encourages active involvement of the individual in his or her own care (std 3.1.1A)

Professional Practice Competencies
1. Interacts effectively, using all forms of expressive communication, with individuals served, family members, caregivers, and others involved in the interaction to ensure the highest quality of care delivered in a culturally competent manner. Uses interpreters, transliterators, and assistive technology as needed (std IV-A22, IV-A27, std 3.1.1A)

2. Demonstrates active/reflective listening skills, appropriate empathy and care/compassion, and the ability to adapt interactions to meet the needs of the individual, family members, caregivers, and others involved in care (std IV-A26, std 3.1.1A)

3. Demonstrates openness and responsiveness to clinical supervision and suggestions. Engages in self-assessment to improve his or her effectiveness in the delivery of services (std 3.1.1A)

4. Displays organization and preparedness for all clinical sessions

5. Assumes a professional level of responsibility and initiative in completing all requirements

6. Appropriately refers to and collaborates with other professions, agencies, and/or consumer organizations (std IV-C11, std 3.1.1A)

7. Uses self-reflection to understand the effects of his or her actions and make changes accordingly (std 3.1.1A)

8. Maintains records in a manner consistent with legal and professional standards (std 3.1.4A, 3.1.6A)

9. Adheres to federal, state, and institutional regulations and demonstrates knowledge of legal and ethical practices, contemporary professional issues and advocacy (includes trends in best professional practices, privacy policies, models of delivery, and reimbursement procedures/fiduciary responsibilities) (std IV-A19, std 3.1.1A, 3.1.6A, 3.8A)
10. Adheres to the ASHA Code of Ethics and Scope of Practice documents and conducts him or herself in a professional, ethical manner (std 3.1.1A)

11. Understands the effects of cultural and linguistic diversity and family systems in professional practice (Std IV-A16, std 3.1.1A)

**Advocacy / Consultation (CFCC IV-E)**

1. Educates and advocates 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 (std IV-E1, std 3.1.6A)

2. Consults about accessibility for persons with hearing loss and other auditory dysfunction in public and private buildings, programs, and services (std IV-E2)

3. Identifies underserved populations and promotes access to care. Understands the roles and importance of professional organizations in advocating for the rights of access to comprehensive audiologic services. (std IV-E3, std 3.1.1A)

**Education / Research / Administration (CFCC IV-F)**

1. Measures functional outcomes, consumer satisfaction, efficacy, effectiveness, and efficiency of practices and programs to maintain and improve the quality of audiologic services in both assessment and treatment (std IV-F1, IV-D7, std 3.1.4A, 3.1.5A, 3.1.6A)

2. Applies academic knowledge and principles of evidence-based practice to patient care using clinical reasoning while implementing new techniques and technologies (std IV-F2, IV-F3, std 3.1.1A, 3.1.4A, 3.1.6A)

3. Understands the role of clinical teaching/modeling. Administers clinical programs and provides supervision of professionals as well as support personnel (std IV-F4, std 3.1.1A)

4. Identifies internal programmatic needs and develops new programs (std IV-F5)

5. Maintains or establishes links with external programs, including but not limited to education programs, government programs, and philanthropic agencies (std IV-F6)
Introduction

The Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA) of the American Speech-Language-Hearing Association (ASHA) accredits the University of Cincinnati’s Master’s program in SLP and the Clinical Doctoral program in Audiology. Graduate degrees in audiology (AuD) and speech language pathology (SLP) require that students acquire general knowledge and skills across a wide range of applicable domains in communication sciences and disorders. Essential functions in areas of communication, physical/motor, intellectual/cognitive, sensory/observational, and behavioral/social and professionalism are required to competently integrate clinical and academic skills. Through classroom and clinical experiences, students will assimilate their knowledge of assessment and treatment techniques in preparation to become critical thinkers and independent clinicians.

Policy

Admission and retention decisions are based not only on satisfactory prior and ongoing academic achievement but also on non-academic factors that ensure that the candidate can meet the essential functions of the clinical program required for graduation. It is important that persons admitted and retained in our graduate programs possess the intelligence, integrity, compassion, humanitarian concern, and physical and emotional capacity necessary to practice in the professions of speech-language pathology and/or audiology. Factors related to a student’s ability to perform the essential job functions in speech-language pathology and audiology also play a critical role in the requirements for graduation.

Prior Disclosure

If the student is aware of an issue that would prevent meeting any of the essential functions, it is the student’s personal responsibility to notify the Graduate program director prior to acceptance of the offer of admission into the program. This is to confirm that reasonable accommodations can be made to ensure academic and professional success in the field of Speech-Language Pathology or Audiology. Many skills can be learned and developed during the course of the graduate program through coursework and clinical experience. The starred (*) Essential Functions however, are skills that are most inherent and should be present when a student begins the program.
Essential functions are the basic job duties that a student in training must be able to perform, with or without reasonable accommodations (Equal Employment Opportunity Commission, 2008). To provide quality services across a wide range of disorders and ages, students in our clinical graduate programs must have fundamental skills and characteristics in six areas: communication, motor, intellectual-cognitive, sensory-observational, behavioral-social, and professionalism. These essential skills allow a student to meet the professional requirements of state and national licensing and credentialing agencies. A number of these skills can be learned and developed through graduate coursework and clinical experiences, however, the items marked with a star (*) are intrinsic characteristics that should be present prior to a student beginning a CSD graduate program. Graduate students who do not maintain or meet the Essential Functions listed below may have limited or different practicum placements, protracted program duration, or will be unable to remain in the graduate program.

**Accommodation Statement**

The University of Cincinnati is committed to providing equal educational access for students with disabilities in accordance with Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act Amendment Act (ADAA) of 2008. Students with disabilities who need academic accommodations or other specialized services should contact Accessibility Resources. [http://www.uc.edu/aess/disability.html](http://www.uc.edu/aess/disability.html).

Documentation of disability is required as well as the completion of a Student Self-Report (SSR). Accessibility Resources will review both documentation and the SSR and engage in an interactive process with each student to determine reasonable accommodations to address their individual disability related needs as well as provide advocacy assistance on disability-related issues. In some cases, consultation and collaboration with CSD faculty and/or program staff may be required to determine the most appropriate and reasonable accommodation to meet the requirement of the program or within a clinical placement. Accommodations will be provided which allows for equal participation but do not fundamentally alter the educational or academic standards of the CSD program.

**Definition of Reasonable Accommodation**

“Reasonable accommodations are made in order to level the playing field for qualified individuals with disabilities. As much as possible, accommodations are designed to minimize the functional limitations of an individual in a given task. These adjustments permit students with disabilities the opportunity to learn by removing barriers that do not compromise academic standards. Thus, wherever possible, the disability is minimized as a measure of performance in the academic environment. This is typically accomplished with services or strategies focused on the end result rather than the means by which that result is customarily achieved. The ADA assumes that people with disabilities have contributions to make and that they have every right to attend colleges and universities -- regardless of whether they have a disability. Thus, access means empowering students with disabilities to take better control of their academic environment, permitting them to demonstrate their skill and knowledge. It also expects, however, that they can meet the academic standards with appropriate accommodations.” - UC Accessibility Resources: [http://www.uc.edu/content/dam/uc/aess/docs/disabilityservices/Parent%20Guide%20to%20DSO.pdf](http://www.uc.edu/content/dam/uc/aess/docs/disabilityservices/Parent%20Guide%20to%20DSO.pdf)
Standard Essential Functions

Communication

UC CSD is in agreement with ASHA’s 1998 position statement below:

"It is the position of the American Speech-Language-Hearing Association (ASHA) that students and professionals in communication sciences and disorders who speak with accents and/or dialects can effectively provide speech, language, and audiological services to persons with communication disorders as long as they have the expected level of knowledge in normal and disordered communication, the expected level of diagnostic and clinical case management skills, and if modeling is necessary, are able to model the target phoneme, grammatical feature, or other aspect of speech and language that characterizes the client’s particular problem."

With or without reasonable accommodations, prospective and current students must possess and demonstrate adequate communication skills to:

- Communicate proficiently in both oral and written English language. Students who speak English with accents and nonstandard dialects must be capable of modeling “the target phonemes, grammatical features or other aspects of speech and language that characterize the client’s particular problem.” (ASHA Technical Report, 1998).*
- Perceive and demonstrate appropriate verbal and nonverbal communication effectively and intelligibly in one-on-one and group settings in academic, community and clinical environments (e.g. telephone, email, etc.).*
- Modify communication style to meet the communication needs of clients, caregivers and other persons served with relevance, respect and cultural sensitivity.
- Communicate in writing professionally, effectively, legibly and on time in accordance with setting requirements on clinical documentation, reports, and scholarly papers required as a part of course work and professional practice. (e.g., medical records, standardized assessments, transcription, clinical reports, etc.).

Physical/Motor

With or without reasonable accommodations, prospective and current students must possess and demonstrate adequate physical and motor skills to:

- Access transportation to clinical and academic placements.*
- Sustain the necessary level of physical activity for participation in classroom and clinical activities. These activities may include transitioning between standing, chair and/or floor for the defined workday and possibly for long periods of time (up to 10-hour days in certain settings).*
- Negotiate patient/client care environments, and be able to move between settings such as the classroom, health care facility, educational, or community settings (access elevators, stairs, buildings).*
- Provide a safe environment for others in responding quickly to emergency situations (e.g., fire, choking, etc.) and in application of universal precautions (e.g., standardized approach to infection control).*
- Manipulate testing and treatment environment as well as evaluation and intervention materials, including completion of all academic and client-related forms and paperwork (e.g., lesson plans, data collection forms, SOAP notes, reports) without violation of testing protocol and with best therapeutic practice.
• Access technology for clinical management (e.g., billing, charting, therapy programs, etc.), diagnostic testing and treatment protocols.
• Manipulate patient-utilized equipment (e.g. not limited to durable medical equipment to include AAC devices, hearing aids, etc.) in a safe and effective manner.*

**Intellectual/Cognitive**

With or without reasonable accommodations, prospective and current students must possess and demonstrate adequate intellectual and cognitive skills to:

• Demonstrate the mental capacity to comprehend, retain, integrate, synthesize, and infer written and verbal professional literature and reports sufficiently to meet curricular and clinical demands.*
• Identify significant findings from history, evaluation, and data to formulate a diagnosis and develop a treatment plan.
• Analyze, synthesize, apply and interpret ideas and concepts, in academic and clinical settings, through verbal and written expression.
• Demonstrate the ability to attend, initiate, solve problems, reason, and make sound clinical judgments in patient assessment, diagnostic and therapeutic plan and implementation.*
• Self-evaluate, identify, and communicate limits of one’s own knowledge and skill to an appropriate professional level.
• Identify and utilize resources in order to increase knowledge.
• Demonstrate adequate executive functions, such as organization, scheduling and prioritizing activities, and providing documentation in a timely manner.

**Sensory/Observational**

With or without reasonable accommodations, prospective and current students must possess and demonstrate adequate sensory skills of vision, hearing, touch and smell to:

• Visually and auditorily identify normal and disordered fluency, articulation and verbal intelligibility, voice, resonance, respiration characteristics, oral and written language in the areas of semantics, pragmatics, syntax, morphology and phonology, hearing and balance disorders, swallowing, cognition, and social interaction related to communication.*
• Identify the need for alternative modalities of communication.
• Visualize, identify and discriminate anatomic structures and function during real time/live examinations and imaging tests (e.g., MBSS, FEES, etc.).
• Demonstrate the ability to discriminate correct production of phonemes; speak and write using English vocabulary, grammatical forms, and prosodic patterns.*
• Discriminate text, numbers, tables, and graphs associated with diagnostic instruments and tests.
• Recognize when a patient’s family does or does not understand the clinician’s written and or verbal communication and modify communication style to meet the communication needs of clients, caregivers and other persons served with relevance, respect and cultural sensitivity.
• Accurately monitor and manipulate equipment displays and controls, including those of hearing instruments, used for assessment and treatment of clients.
Behavioral/Social

With or without reasonable accommodations, prospective and current students must possess and demonstrate adequate behavioral and social skills to:

- Demonstrate emotional stability and mental health necessary to promptly complete responsibilities and to develop appropriate relationships with faculty, supervisors, staff, peers, clients, parents or caregivers, and other professionals.*
- Maintain composure and emotional stability in demanding situations.*
- Recognize and show respect for individuals with disabilities and for individuals of different ages, genders, race, religions, sexual orientation, and cultural and socioeconomic backgrounds.*
- Conduct oneself in an ethical and legal manner, upholding the ASHA/American Academy of Audiology (AAA) Code of Ethics and University and federal privacy policies (e.g. HIPAA, ADA, FERPA).*
- Maintain general physical and mental health and self-care, including immunizations and medical documentation, in order to uphold the health and safety of self and others in the academic and clinical settings.*
- Maintain appropriate professional behavior including punctuality, regular attendance, maintaining client confidentiality, and completing all duties and assignments pursuant to one’s academic plan.*
- Adapt to changing and demanding environments (which includes maintaining both professional demeanor and emotional health).*
- Understand and respect faculty, supervisor and co-worker authority.*
- Accept and act upon feedback and constructive criticism from faculty and supervisors by modifying behaviors.
- Dress appropriately and professionally according to written policy of university and all other clinical/educational settings.*
- Demonstrate a positive attitude and reflect positively upon SLP/AuD disciplines.*

Essential Functions Remediation Plan Statement

If a faculty member or clinical supervisor observes concerns with a graduate student’s professional demeanor or Essential Functions, he or she will first address the concern directly with the student. The student will be advised regarding appropriate ways to improve the concern(s), and be notified that a written record will be filed with his or her program director. If a student has repeated issues demonstrating the outlined essential functions, a formal remediation plan will be developed for the student. The remediation plan will include measurable goals to be achieved in a specified time period. If the student does not meet the goals as detailed on the remediation plan in the time frame outlined, the student may be placed on formal probation with the possibility of dismissal from the program.
Initial the appropriate statement below:

_____ I am verifying that I have read the above Essential Functions document. I understand all of the skills listed and to the best of my knowledge can perform the functions named. I understand that these essential functions are necessary to complete a clinical graduate degree in speech-language pathology or audiology and if not demonstrated may result in the need for academic/clinical assistance or even dismissal from the program.

_____ I am verifying that I have read the above Essential Functions document. However, at this time there are functions I do not understand, may not meet, and/or may require accommodations to meet. I understand that it is my responsibility, prior to enrollment, to contact the graduate program director of my program to further discuss my questions or concerns as an inability to demonstrate these skills may result in the need for academic/clinical assistance or even dismissal from the program.

Student Printed Name__________________________________________

Student Signature____________________________________________Date______________

References


Code of Ethics of the American Academy of Audiology
PREAMBLE
The Code of Ethics of the American Academy of Audiology specifies professional standards that allow for the proper discharge of audiologists’ responsibilities to those served, and that protect the integrity of the profession. The Code of Ethics consists of two parts. The first part, the Statement of Principles and Rules, presents precepts that members (all categories of members including Student Members) effective January 1, 2009 of the Academy agree to uphold. The second part, the Procedures, provides the process that enables enforcement of the Principles and Rules.

PART I. STATEMENT OF PRINCIPLES AND RULES

PRINCIPLE 1: Members shall provide professional services and conduct research with honesty and compassion, and shall respect the dignity, worth, and rights of those served.

Rule 1a: Individuals shall not limit the delivery of professional services on any basis that is unjustifiable or irrelevant to the need for the potential benefit from such services.

Rule 1b: Individuals shall not provide services except in a professional relationship and shall not discriminate in the provision of services to individuals on the basis of sex, race, religion, national origin, sexual orientation, or general health.

PRINCIPLE 2: Members shall maintain the highest standards of professional competence in rendering services.

Rule 2a: Members shall provide only those professional services for which they are qualified by education and experience.

Rule 2b: Individuals shall use available resources, including referrals to other specialists, and shall not give or accept benefits or items of value for receiving or making referrals.

Rule 2c: Individuals shall exercise all reasonable precautions to avoid injury to persons in the delivery of professional services or execution of research.

Rule 2d: Individuals shall provide appropriate supervision and assume full responsibility for services delegated to supportive personnel. Individuals shall not delegate any service requiring professional competence to unqualified persons.

Rule 2e: Individuals shall not knowingly permit personnel under their direct or indirect supervision to engage in any practice that is not in compliance with the Code of Ethics.

Rule 2f: Individuals shall maintain professional competence, including participation in continuing education.

PRINCIPLE 3: Members shall maintain the confidentiality of the information and records of those receiving services or involved in research.

Rule 3a: Individuals shall not reveal to unauthorized persons any professional or personal information obtained from the person served professionally, unless required by law.

PRINCIPLE 4: Members shall provide only services and products that are in the best interest of those served.

Rule 4a: Individuals shall not exploit persons in the delivery of professional services.

Rule 4b: Individuals shall not charge for services not rendered.

Rule 4c: Individuals shall not participate in activities that constitute a conflict of professional interest.

Rule 4d: Individuals using investigational procedures with human participants or prospectively collecting research data from human participants shall obtain full informed consent from the participants or legal representatives. Members conducting research with human participants or animals shall follow accepted standards, such as those promulgated in the current Responsible Conduct of Research by the U.S. Office of Research Integrity.

PRINCIPLE 5: Members shall provide accurate information about the nature and management of communicative disorders and about the services and products offered.

Rule 5a: Individuals shall provide persons served with the information a reasonable person would want to know about the nature and possible effects of services rendered or products provided or research being conducted.

Rule 5b: Individuals may make a statement of prognosis, but shall not guarantee results, mislead, or misinform persons served or studied.

Rule 5c: Individuals shall conduct and report product-related research only according to accepted standards of research practice.

Rule 5d: Individuals shall not carry out teaching or research activities in a manner that constitutes an invasion of privacy or that fails to inform persons fully about the nature and possible effects of these activities, affording all persons informed free choice of participation.

Rule 5e: Individuals shall maintain accurate documentation of services rendered according to accepted medical, legal and professional standards and requirements.

PRINCIPLE 6: Members shall comply with the ethical standards of the Academy with regard to public statements or publication.

Rule 6a: Individuals shall not misrepresent their educational degrees, training, credentials, or competence. Only degrees earned from regionally accredited institutions in which training was obtained in audiology, or a directly related discipline, may be used in public statements concerning professional services. Rule 6b: Individuals’ public statements about professional services, products or research results shall not contain representations or claims that are false, misleading, or deceptive.

PRINCIPLE 7: Members shall honor their responsibilities to the public and to professional colleagues.

Rule 7a: Individuals shall not use professional or commercial affiliations in any way that would limit services to or mislead patients or colleagues.
Rule 7b: Individuals shall inform colleagues and the public in an objective manner consistent with professional standards about products and services they have developed or research they have conducted.

PRINCIPLE 8: Members shall uphold the dignity of the profession and freely accept the Academy's self-imposed standards.
Rule 8a: Individuals shall not violate these Principles and Rules nor attempt to circumvent them.
Rule 8b: Individuals shall not engage in dishonesty or illegal conduct that adversely reflects on the profession.
Rule 8c: Individuals shall inform the Ethical Practices Committee when there are reasons to believe that a member of the Academy may have been in noncompliance with the Code of Ethics.
Rule 8d: Individuals shall fully cooperate with reviews being conducted by the Ethical Practices Committee in any matter related to the Code of Ethics.

Signature: ____________________________ Date: ____________________________

PART II: PROCEDURES FOR THE MANAGEMENT OF ALLEGED NONCOMPLIANCE

INTRODUCTION: Members of the American Academy of Audiology are obligated to uphold the Code of Ethics of the Academy in their personal conduct and in the performance of their professional duties. To this end, it is the responsibility of each Academy member to inform the Ethical Practice Committee of possible noncompliance with the Ethics Code. The processing of alleged noncompliance with the Code of Ethics will follow the procedures specified below in an expeditious manner to ensure that behaviors of noncompliant ethical conduct by members of the Academy are halted in the shortest time possible.

PROCEDURES

1. Suspected noncompliance with the Code of Ethics shall be reported in letter format, giving documentation sufficient to support the alleged noncompliance. Letters must be addressed to:

   American Academy of Audiology
   Chair, Ethical Practices Committee
   11480 Commerce Park Dr. Suite 220
   Reston, VA 20191

2. Following receipt of a report of suspected noncompliance, at the discretion of the Chair, the Ethical Practices Committee will request a signed Waiver of Confidentiality from the complainant indicating that the complainant will allow the Ethical Practice Board to disclose his/her name and complaint details should this become necessary during investigation of the allegation.

   a. The Committee may, under special circumstances, act in the absence of a signed Waiver of Confidentiality. For example, in cases where the Ethical Practice Committee has received information from a state licensure board of a member having his or her license suspended or revoked, then the Ethical Practice Committee will proceed without a complainant.

   b. The Chair may communicate with other individuals, agencies, and/or programs for additional information as may be required for Committee review at any time during the deliberation.

3. The Ethical Practice Committee will convene to review the merit of the alleged noncompliance as it relates to the Code of Ethics

   a. The Ethical Practice Committee shall meet to discuss the case, either in person, by electronic means, or by teleconference. The meeting will occur within 60 days of receipt of the Waiver of Confidentiality, or of notification by the complainant of refusal to sign the waiver. In cases where another form of notification brings the complaint to the attention of the Ethical Practice Committee, the Committee will convene within 60 days of notification.

   b. If the alleged noncompliance has a high probability of being legally actionable, the case may be referred to the appropriate agency. The Ethical Practice Committee will postpone member notification and further deliberation until the legal process has been completed.
If there is sufficient evidence that indicates noncompliance with the Code of Ethics has occurred, upon majority vote, the member will be forwarded a Notification of Potential Ethics Concern.

a. The circumstances of the alleged noncompliance will be described.
b. The member will be informed of the specific Code of Ethics principle(s) and/or rule(s) that may conflict with member behavior.
c. Supporting AAA documents that may serve to further educate the member about the ethical implications will be included, as appropriate.
d. The member will be asked to respond fully to the allegation and submit all supporting evidence within 30 calendar days.

5. The Ethical Practices Committee will meet either in person or by teleconference:

a. within 60 calendar days of receiving a response from the member to the Notification of Potential Ethics Concern to review the response and all information pertaining to the alleged noncompliance, or

b. within sixty (60) calendar days of notification to member if no response is received from the member to review the information received from the complainant.

6. If the Ethical Practice Committee determines that the evidence supports the allegation of noncompliance, the member will be provided written notice containing the following information:

a. The right to a hearing in person or by teleconference before the Ethical Practice Committee;
b. The date, time, and place of the hearing;
c. The ethical noncompliance being charged and the potential sanction
d. The right to present a defense to the charges.

At this time the member should provide any additional relevant information. As this is the final opportunity for a member to provide new information, the member should carefully prepare all documentation.

7. Potential Rulings.

a. When the Ethical Practices Committee determines there is insufficient evidence of ethical noncompliance, the parties to the complaint will be notified that the case will be closed.
b. If the evidence supports the allegation of Code noncompliance, the Code(s)/Rule(s) will be cited and the sanction(s) will be specified.

8. The Committee shall sanction members based on the severity of the noncompliance and history of prior ethical noncompliance. A simple majority of voting members is required to institute a sanction unless otherwise noted. Sanctions may include one or more of the following:

a. Educative Letter. This sanction alone is appropriate when:

1. The ethics noncompliance appears to have been inadvertent.

2. The member’s response to Notification of Potential Ethics Concern indicates a new awareness of the problem and the member resolves to refrain from future ethical noncompliance.

b. Cease and Desist Order. The member signs a consent agreement to immediately halt the practice(s) that were found to be in noncompliance with the Code of Ethics

c. Reprimand. The member will be formally reprimanded for the noncompliance with of the Code of Ethics. d.Mandatory continuing education
1. The EPC will determine the type of education needed to reduce chances of recurrence of noncompliance.

2. The member will be responsible for submitting documentation of continuing education within the period of time designated by the Ethical Practices Committee.

3. All costs associated with compliance will be borne by the member.

e. Probation of Suspension. The member signs a consent agreement in acknowledgement of the Ethical Practice Committee decision and is allowed to retain membership benefits during a defined probationary period.

1. The duration of probation and the terms for avoiding suspension will be determined by the Ethical Practice Committee.

2. Failure of the member to meet the terms for probation will result in the suspension of membership.

f. Suspension of Membership.

1. The duration of suspension will be determined by the Ethical Practice Committee.

2. The member may not receive membership benefits during the period of suspension.

3. Members suspended are not entitled to a refund of dues or fees.

g. Revocation of Membership. Revocation of membership is considered the maximum consequence for noncompliance with the Code of Ethics.

1. Revocation requires a two-thirds majority of the voting members of the EPC.

2. Individuals whose memberships are revoked are not entitled to a refund of dues or fees.

3. One year following the date of membership revocation the individual may reapply for, but is not guaranteed, membership through normal channels, and must meet the membership qualifications in effect at the time of reapplication.

9. The member may appeal the Final Finding and Decision of the Ethical Practice Committee to the Academy Board of Directors. The route of Appeal is by letter format through the Ethical Practice Committee to the Board of Directors of the Academy. Requests for Appeal must:

a. be received by the Chair of the Ethical Practice Committee within 30 days of the Ethical Practice Committee notification of the Final Finding and Decision,

b. state the basis for the appeal and the reason(s) that the Final Finding and Decision of the Ethical Practice Committee should be changed,

c. not offer new documentation.

The EPC chair will communicate with the Executive Director of the Academy to schedule the appeal at the earliest feasible Board of Director’s meeting.

The Board of Directors will review the documents and written summaries and deliberate the case. The decision of the Board of Directors regarding the member's appeal shall be final.

10. In order to educate the membership, upon majority vote of the Ethical Practice Committee, the circumstances and nature of cases shall be presented in Audiology Today and in the Professional Resource area of the AAA website. The member’s identity will not be made public.
11. No Ethical Practice Committee member shall give access to records, act or speak independently, or on behalf of the Ethical Practice Committee, without the expressed permission of the members then active. No member may impose the sanction of the Ethical Practice Committee or interpret the findings of the EPC in any manner that may place members of the Ethical Practice Committee or Board of Directors, collectively or singly, at financial, professional, or personal risk.

12. The Ethical Practice Committee Chair and Staff Liaison shall maintain electronic records that shall form the basis for future findings of the Committee.

CONFIDENTIALITY AND RECORDS

Confidentiality shall be maintained in all Ethical Practice Committee discussion, correspondence, communication, deliberation, and records pertaining to members reviewed by the Ethical Practice Committee.

1. Complaints and suspected noncompliance with the Code of Ethics are assigned a case number.
2. Identity of members involved in complaints and suspected noncompliance cases and access to EPC files is restricted to the following:
   a. EPC members
   b. Executive Director
   c. Agent/s of the Executive Director
   d. Other/s, following majority vote of EPC
3. Original records shall be maintained at the Central Records Repository at the Academy office in a locked cabinet. One copy will be sent to the Ethical Practice Committee Chair or member designated by the Chair.
   b. Redacted copies will be sent to members.
4. Communications shall be sent to the members involved in complaints by the Academy office via certified or registered mail, after review by Legal Counsel, as needed.
5. When a case is closed,
   a. The Chair will forward all documentation to the Staff Liaison to be maintained at the Academy Central Records Repository.
   b. Members shall destroy all material pertaining to the case.
6. Complete records generally shall be maintained at the Academy Central Records Repository for a period of 5 years.
   a. Records will be destroyed five years after a member receives a sanction less than suspension, or five years after the end of a suspension, or after membership is reinstated.
   b. Records of membership revocations for persons who have not returned to membership status will be maintained indefinitely.
Ensuring Clinical Success

A primary goal of your faculty is to ensure that you graduate with your clinical skills well primed and ready to hit the road running. But we need your assistance.

Please remember that the clinic is open 24/7. We strongly encourage you to make the clinic space your second home when it is free. Play with equipment, test each other, bring in family members, grab faculty when you have questions, look through equipment instruction manuals, practice tests you have learned in class (can you do a pure-tone Stenger?), etc.

The preceptors at off-campus sites ARE NOT expected to teach you what they will consider basic skills. They are volunteers who give back to the profession by providing experiences for our students to benefit from. While some will take on a more active mentoring role than others, they are not there to teach, but rather to supervise. It is your responsibility to ensure you are ready. At a minimum when you leave the UC clinic you should be able to relatively independently take a case history, perform a routine hearing evaluation with masking if needed, complete immittance testing, explain results, provide meaningful suggestions for amplification options, do a hearing aid orientation, properly fit/program a hearing aid including probe microphone measures, write a report. Independence and facility with each of these and other procedures should improve with each subsequent placement.

How You are Assigned a Practicum Site
The Practicum Coordinator, with input from all academic and clinical faculty within CSD and previous off-campus preceptors, will assign you to an off-campus practicum site. This begins the summer of your first year or once you have demonstrated clinical readiness. Practicum assignments are determined based on numerous complex factors that include but are not limited to: academic performance, clinical performance, preceptor feedback both written and verbal, professionalism, available preceptors/sites, preceptor needs, setting pace, student interests, student stated end goals, and program clinical hour requirements.

It is important to note that ALL student needs are factored in to ensure everyone leaves UC upon graduation with all necessary clinical skills to be a successful professional and successful Audiologist. There may be a semester in which a student is disappointed with their clinical assignment. However, there are many semesters in which to obtain a varied clinical experience and every effort is made to ensure all student can obtain success.
When You are Assigned a Practicum Site

When you learn where you will be for a given semester, you should contact the preceptor by email or phone. Each semester, ask your preceptors when you make your initial contact if they would like for you to come for a face-to-face meeting prior to the beginning of the semester or if they prefer an orientation on your first scheduled day.

On your introductory phone call, ask them what hearing aid products they use and go into the UC clinic and familiarize yourself with the software before the first day. If we don’t have the software, contact Dr. Valencia, Dr. Russell or Dr. Clark and see if it can be ordered for you. Such things usually arrive very rapidly. While playing with software, never hesitate to call the manufacturer and ask for technical support if you have questions. Tell them you are a student and trying to familiarize yourself with their product line. The person you are talking with will be eager to help (they want you to think favorably of their company upon graduation).

At your first visit with the preceptor, please take the Practicum Commitment Form with you to fill out and guide the discussion about expectations. This form must be filled out and uploaded into CALIPSO within the first 2 weeks of the semester. Note that clinic schedules do not always operate on university schedules. If the university has a day without classes (such as reading days) or is closed for a holiday that falls on a clinic day, see if they are also closed. If they are open, you are expected to be there. If you know you will be missing any time during the semester (i.e.: attending a conference) tell them at the time of your initial contact and this must be documented on the Practicum Commitment Form.

Once your agreement is signed with your preceptor, you are expected to be on site each day you are scheduled. Cancelations should be made as far in advance as possible and only when absolutely necessary (i.e.: funeral, illness, etc.). Dr. Russell should be copied on any email to an off-campus preceptor regarding an unscheduled absence from clinic.

Always use your preceptor’s title no matter how well you get to know this person unless he or she invites you to be on a first name basis. And even then, you should use the appropriate title when with patients.

All email correspondence should be formal beginning with “Dr. Jones,” “or Dear Dr. Jones:” but not “Hey, Dr. Jones,”. Be respectful in your correspondence. Never tell your preceptor, “I won’t be in clinic next week.” Instead, always ask permission to miss the day. “I apologize, but something unavoidable has come up that I need to attend to. Is it possible for me to come in late (or miss) next Friday? I know this may be an inconvenience, but if possible it would be greatly helpful.” Your preceptors are human and know things come up. It is highly unlikely you will receive a “No.” But highly likely they will appreciate your approach and remember you favorably.
When You are at the Site

Patients deserve the right to know who they are seeing. Always introduce yourself in a way that identifies who you are and that the patient will not be seeing just you. Call the patient by name (with title, provide a hand shake and make eye contact): “Hi, Mr. Smith, I’m Carla Picketts, a doctoral student at the University of Cincinnati. I’m going to start with you and Dr. Jones will join us shortly.”

Every clinical placement experiences some down time -- a day that somehow ended up with a light schedule... two cancelations in a row... , etc. Always strive to look productive. If there is down time, ask what you can do to be helpful. Are there hearing aids needing to be checked in? Is there a hearing aid on the back counter that needs to be cleaned? Does the work bench area need to be straightened and the inevitable clutter that appears during the day need to be put away? Can you help place an order? If none of these, you might ask if you can shadow the person who does billing, or insurance pre-approval. While these will not be tasks you will likely do as an audiologist when you graduate, the more you know about the duties of support personnel in any employment setting, the more smoothly things run.

Spend this down time making yourself knowledgeable. If there is nothing you can do, then ask where the user manual is for one of the pieces of equipment and teach yourself something new. Or ask if your preceptor has any journals and a recommendation of an article that they found of interest. DO NOT get on your phone and check your text messages, or get on Amazon to order that new shower curtain you have been meaning to order. If you are at a site with other students, be aware of your casual conversation during the down time. Preceptors are always listening! This is an opportunity to demonstrate your professionalism. Do not talk about the house party you have planned for the weekend. It is unlikely your preceptors will say anything if you fail to use time wisely or professionally, but they will make a mental note about what they perceive as a lack of professionalism, lack of initiative, or a lack of an internal drive for professional growth.

You will find when you graduate, Audiology is the smallest town you will ever live in. Many people know each other in this profession, within cities and across state lines. Positive impressions are lasting. So are negative impressions. You never know who you will need to ask a favor from in the future (i.e.: letter of recommendation). So make every minute count.

It is our goal as faculty at UC to ensure success for every student within our program. Thank you for helping us help you.
Appendix C: Off-Campus Clinic

Practicum Commitment for AuD Students
University of Cincinnati
Communication Sciences and Disorders

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<th>Student:</th>
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<td>Site Address:</td>
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<tr>
<td>Practicum Coordinator:</td>
<td>Katie Russell, AuD, CCC-A</td>
<td><a href="mailto:russeke@ucmail.uc.edu">russeke@ucmail.uc.edu</a></td>
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1. SCHEDULE: The University of Cincinnati student who has been assigned to a Communication Sciences and Disorders Practicum, has agreed to the following guidelines and expectations for the beginning/end day/dates of practicum and hours of work each day:

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a. The student will maintain the days/hours specified above through finals week of each semester of the graduate program and potentially longer, per site/supervisor specifics. Time off during University break periods and/or vacation or for other leave is not permitted unless approved by the supervisor in advance.

i. Approved time off dates and reason include:

ii. Clinic make-up will occur on:
2. **ATTENDANCE:** Regular attendance is expected. The student must read and initial below:
   - _____ I understand that attendance and professionalism will impact my grade and is at the discretion of the supervisor/practicum coordinator.
   - _____ Potential days off from practicum might include religious holidays, professional conferences/conventions and PRaSE (spring semester).
   - _____ Potential days off must be negotiated with supervisor at practicum start date and are listed above.
   - _____ The student is required to make up hours/day they are absent from practicum and are listed above.
   - _____ Absence due to illness must be reported to both the Supervisor and Practicum Coordinator prior to clinic start and must be made up.

3. **OBSERVATION:** The student will complete a minimum of _______ (number) of directed observation before beginning any provision of supervised clinical services.

4. **CONFIDENTIALITY:** The student will follow all rules of confidentiality as they pertain to patients and their families. Students will respect and comply with HIPAA regulations.

5. **OTHER POLICIES:** The student will comply with all other pertinent policies and procedures of the practicum site and in accordance with the clinical/school practicum manuals at the University of Cincinnati.

6. **DRESS CODE:** All students should follow the University clinic dress code as written in the Practicum Handbook as well as follow any additional dress code requirements of the clinical site. Additional site requirements include:

7. **CHART NOTES:** Diagnostic evaluation, chart notes, and other reports/paperwork must be completed and submitted by the following deadline:
The on-site supervisor has agreed to the following guidelines:

1. The supervisor has primary responsibility for coordination and supervision of the student’s professional work at this site.

2. If at any time in the first four (4) weeks of the term the supervisor feels that the student is not progressing toward independence at the practicum site, the practicum coordinator should be contacted to discuss a plan of action.

3. The supervisor recognizes and agrees to abide by UC CSD Department supervision requirements as follows:
   a. Supervision of a minimum of one-half (1/2) the time spent in diagnostic activities
   b. Supervision of a minimum of one-fourth (1/4) the time spent in treatment activities by the student

4. The supervisor and student will have conferences scheduled as follows:

5. The supervisor will complete and share Student’s Clinical Performance Evaluation with both student and practicum coordinator through CALIPSO twice during the semester as Midterm and Final assessments. The supervisor will communicate with the practicum coordinator via telephone or email as needed.

6. The Practicum Coordinator plans to make up to two (2) site visits during the semester. Site visits will be coordinated by phone or email between Practicum Coordinator and Supervisor.

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<th>Supervisor Signature:</th>
<th>Student Signature:</th>
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<td>ASHA# (if applicable):</td>
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<td>State License #:</td>
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Please attach a current copy of your ASHA and license documentation if not previously provided this calendar year.