

UNIVERSITY OF THE
PACIFIC

CLINICAL EDUCATION HANDBOOK

Doctor of Audiology Program
155 Fifth Street
San Francisco, CA 94103



Academic Year 2018 – 2019

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Introduction

This handbook has been prepared for Doctor of Audiology (AuD) Students with information about the clinical education policies, procedures and expectations of the Audiology Doctoral Program at the University of the Pacific.

This manual is intended to be used in conjunction with the Typhon clinical tracking system, the University of the Pacific AuD Doctoral Student Handbook and the Tiger Lore Student Handbook. All information should be reviewed by students **before** beginning the first day of practicum experiences. All students will need to print and sign the Handbook Acknowledgement Statement and turn it in to the AuD Director of Clinical Education & Training to be placed in your student file indicating that you have read the complete handbook and are responsible for the information contained within.

In addition to requirements for the University of the Pacific AuD degree, the program provides the opportunity for students to meet clinical education requirements for licensure and academic accreditation:

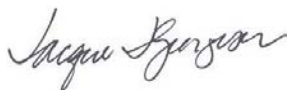
- State of California Audiology Licensure <http://www.speechandhearing.ca.gov/>
- Accreditation Commission for Audiology Education (ACAE) <http://acaeccred.org/>
- Council on Academic Accreditation (CAA) <http://caa.asha.org/>

If the student chooses, eligibility for optional certifications can be obtained. These include:

- American Board of Audiology Certification (ABA) <http://www.boardofaudiology.org/>
- Council for Clinical Certification in Audiology (CCC) <http://www.asha.org/Certification/AboutCertificationGenInfo.htm>

Since each of the above has separate requirements, students need to continually monitor their progress towards completion of the requirements, particularly for certification. Content on the above websites should be monitored periodically across the program and check with the Director of Clinical Training if questions arise.

Note that all the policies, guidelines and forms appearing in this manual are subject to modification during your enrollment in the program. Students will be informed in the event of any such modifications. If you have any questions or concerns about the information contained in this manual, contact the Director of Clinical Education.



Director of Clinical Education
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Part I: Background for Clinical Education

Philosophy of Clinical Education

The mission of the Doctor of Audiology Program is to prepare reflective audiologists for lifelong success by providing an excellent student-centered, experiential learning environment. Students will acquire the knowledge and skills of the discipline through in-depth academic content, structured clinical education experiences using evidence-based practice and inter-professional competence and collaboration. The goal is to prepare Doctors of Audiology who demonstrate strengths in:

- A problem-solving attitude utilizing inquiry and decision-making capabilities grounded in evidence-based practice
- The ability to analyze and synthesize information from a broad base of knowledge to develop critical thinking abilities
- Clinical competency in prevention, evaluation, diagnosis and treatment of patients with varied hearing, communication and balance disorders
- The ability to communicate effectively and professionally
- Self-evaluation skills leading to active development and refinement of clinical competencies and life-long learning
- Ethical and responsible professional conduct

The result of the AuD clinical education at the University of the Pacific is to provide students with a solid foundation to succeed in diverse educational, healthcare and rehabilitative environments and to foster the spirit of life-long professional learning, commitment to service and a desire to contribute to the advancement of the profession.

Student Role in Clinical Education

In the transition from undergraduate education to professional education in a clinical doctoral program, it is important to understand that students are responsible for their own learning. Program faculty and staff are available to facilitate successful completion of all clinical education, professional standards and degree requirements. Faculty and staff serve only as a guide.

The focus in clinical education involves understanding how and why clinical decisions are made. To do this, students must actively participate by taking initiative to gather information on their own, ask questions of the clinical faculty and preceptors and incorporate content from academic training into clinical practice. Development of self-evaluation skills requires continued refinement to obtain heightened awareness of what information is known, what is unknown and strategies for obtaining information and developing the clinical skills needed.

Any difficulty in clinical education should result in immediate contact with the Director of Clinical Education and Training to discuss concerns. Early discussions can prevent later difficulties. Students are also encouraged to communicate with the Director of Audiology and their academic advisors regarding any aspect of the graduate program.

Technical Standards

To acquire requisite knowledge and skills to practice as an audiologist, doctoral students must be able to function in a broad variety of clinical situations and render a wide spectrum of patient care. Students must possess certain skills to successfully complete the academic and clinical components of the curriculum and patient care with or without reasonable accommodations for disabilities. All doctoral students must be able to perform tasks such as taking a case history, completing a full diagnostic evaluation for a hearing and/or balance disorder, assessing auditory function, integrating the information in order to develop a diagnosis and plan for treatment. Ultimately, these tasks must all be completed independently without aid of an intermediary.

Students must possess essential skills and attributes in five areas: communication, motor, intellectual-cognitive, sensory-observational and behavioral-social. These skills enable a student to meet graduate and professional requirements as measured by state licensure and national certification. Students must be able to undertake all curricular requirements to the satisfaction of faculty to become competent and reliable practitioners. To this end, the faculty of the Doctor of Audiology Program has established the non-academic criteria (Technical Standards) that doctoral students must possess to enroll in, and to continue in, academic courses and clinic placements required for the Au.D. degree.

These technical standards are shown in Appendix A. All students must carefully review the technical standards, sign the statement in the Appendix, and upload to Typhon by August 1, prior to arrival for the program. All students' confirmation that they meet the technical standards are kept on file in the department.

Sequence of Clinical Education Experiences

Commencing with the first semester of the Au.D. program, students will begin guided observations in the on-campus clinic to obtain a variety of experience in support of academic coursework. These experiences are designed to give students multiple opportunities to develop clinical competencies and perform independently for an entry-level professional position upon completion of the curriculum. The progression of clinical education experience allows students to integrate academic knowledge into clinical performance to develop critical thinking capabilities leading to independent practice.

First Year Clinical Practicum

Clinical experiences during the first year of the program take place in the University of the Pacific Hearing & Balance Center in-house (AUDI 385A/B/C). Students work with clinical faculty members to acquire an understanding of the clinical process and to master basic clinical competencies. Application of academic coursework will result in development of basic diagnostic and rehabilitative techniques. Students will be participating in hands-on clinic experiences one to two days per week and will accrue approximately 75 hours of observations and/or contact hours per semester. In addition to hands-on clinical experience, students may participate lab segments to assist in developing execution of basic clinical skills. Each student will be required to demonstrate skills learned in the clinic through direct patient contact, course assignments, and practical exams. Grades will be based on a combination of performance on clinical assignments, practical and written exams and the preceptors' evaluation of performance on the Clinical Skills Formative Assessment (CSFA). The CSFA can be found in Appendix B.

Students will typically remain at the in-house clinic for two or three semesters, depending on the individual rate of progress. During this time, clinical faculty preceptors work closely with students providing direct instruction, modeling of clinical behaviors, suggesting resources and developing learning activities. During the time in-house, the focus will be to develop and master the *Core Clinical Competencies* (Appendix C). In-House clinical instruction focuses on teaching the evidence-based rationale and processes involved in prevention, screening, evaluation and treatment. Understanding the foundations of knowledge, implementing critical thinking and verbalizing evidence-based rationale for differential diagnosis are required to develop the competency level necessary for moving to off-campus rotations in the community.

Second Year Clinical Internships

Once a student has demonstrated consistent application of identified Core Clinical Competencies and utilizes evidence-based differential diagnosis, he/she is eligible to participate in off-campus clinical rotations. Internships typically begin in the third semester (summer) of the first year of doctoral education. Compared to the In-House rotation, the Internship rotation teaching time is significantly reduced with less intensive direct teaching and increased patient contact time. Internship rotations are two to three days per week and change every semester so that students experience a variety of different settings and services. Approximately 220 hours of clinical experience per semester will be obtained. Registration for Clinical Internships (AUDI 387A/B) happens in fall/spring of year two.

During Internship rotations, students are expected to readily perform basic level knowledge of clinical processes, demonstrate higher-level critical thinking using evidence-based information, and to apply information learned in academic coursework. Internship Clinical Preceptors help students better understand the intricacies of service delivery in their setting with a range of different patients.

Final Year Externship

Clinical education culminates in an externship placement in the 3rd year (AUDI 388A/B/C) where students work independently with the collaborative oversight of a Clinical Preceptor to continue development of advanced audiology skills in patient care. Options for Clinical Externships exist both locally and in geographic areas across the country. Students should check the Clinical Site Directory on Typhon for a listing of current externship sites.

Clinical Externships are a 12-month, full-time position in which a student must accumulate a minimum of 1850 hours over the course of the year. In cooperation with the externship site, careful monitoring and reporting of student progress will continue throughout the third year externship. Upon successful completion of the externship, each student will have met all academic and clinical requirements for California licensure, ACAE and CAA accreditation, and American Board of Audiology Certification.

The Certificate of Clinical Competency in Audiology (CCC-A) is provided by the Council for Clinical Competency (CFCC) through ASHA. This is an optional certification that requires a minimum of 1820 hours to be supervised by an audiologist who holds a current CCC-A through ASHA. If CFCC certification is desired, a student must complete an Audiology Externship at a site that has a current CCC-A audiologist on staff who will precept the experience.

Typhon Allied Health Clinical Administration & Tracking System

The Doctor of Audiology (AuD) Program is using the Typhon Group web-based system for clinical administration and tracking. The program pays an annual fee to use this system and has also paid for the student one-time fee that covers use of this system throughout the entire AuD program and for five years post-graduation. Students receive initial training on Typhon at Clinic Orientation and then within the first two weeks of the clinic practicum course.

The Typhon system is used for many different purposes and will be utilized frequently by students, clinical preceptors and the program administrators to ensure that all clinical education requirements are tracked and met across the program. It is important to understand how to use Typhon effectively.

Typhon Clinic Administration Tools

Current Contact Information

The Typhon system is used as the primary database of student contact for current students in the AuD program. Therefore it is critical that students keep their contact

information up to date while in the program and for five years post-graduation. All students have been registered in Typhon with their University of the Pacific email address which will be the primary means of communication for the Typhon system. Students should do to the MODIFY ACCOUNT INFORMATION tab on the right-hand side of their profile page and enter a current address, phone number, alternate email address and emergency contact information. Make sure to keep this information current at all times.

Tracking of Clinical Paperwork and Requirements

The Typhon system is used to track student paperwork including immunizations, TB testing, background checks, drug screenings, CPR certification, HIPAA training, current medical insurance and other items that will be needed for clinical rotations. Under the MODIFY ACCOUNT INFORMATION tab students will find a list of items that need to be documented and current at all times when taking place in clinical activities. When a student uploads new documents, an email will be sent to the Audiology Program Assistant who will verify the information in the upload.

Dates & Supporting Documents

CPR certification must be current at all times. Background checks and drug screenings will take place throughout the program based on your clinical rotation assignments and medical insurance must be maintained by the student at all times. Immunizations need to be current and TB tests must be current within one year and/or within 3 months of starting a clinical rotation. Working within the healthcare field, all individuals are mandated reporters within the state of California and the certificate must be uploaded after completing the mandated reported training.

Students should upload copies of all required clearance and certifications. The information must be documented and verifiable at all times. Students will not be permitted to participate in practicum when the required paperwork is not current and complete. This may result in extending a student's program. **Additionally, a student's final clinic practicum grade can be lowered by a full letter grade if clinic attendance is affected due to invalid/expired certifications and requirements.**

Additional Supporting Documents

Student will upload the required documents as they are obtained. The plagiarism tutorial certificate, technical standards document, background check/drug testing authorization, and the California mandated reporter training certificate all must be uploaded by August 1 prior to entering the program.

Program Documents & Templates

Program documents and templates will have documents provided by the program and made available to download. These documents may include things such as administrative/reference documents (e.g., clinic handbook, blank site questionnaires), clinic practicum documents, externship documents, onboarding instructions for

individual sites, etc. The documents can be downloaded and used as needed. These documents are available to all students.

My External Documents

The External Documents feature allows the student to upload or “turn in” documents created on your own computer such as Word documents or PDF files. After the document has been reviewed by the Program, there is the option to provide comments and/or a score or grade.

All document uploads must be less than 10 MB each and are limited to certain file types. Once the document is saved, it will be added to the student’s personal list. This list allows the student to review existing documents, monitor faculty comments and grades, edit document log information, delete a document (if not locked by the program), and upload a corrected version of the document. Corrected documents will be linked to the original document and require a note or reason for the correction.

Clinical Site & Clinical Preceptor Directories

Typhon provides a database of current clinical sites and preceptors. You will use these two directories when researching your practicum requests prior to meeting with the Director of Clinical Education and also when the clinical practicum assignments have been finalized and you are scheduled at a site. It is imperative that the student reviews the content on Typhon. The student will consult the ***Clinical Site Directory*** to determine if the site has requirements that need to be addressed prior to beginning the rotation (e.g., submitting forms, badge process, drug screening, HIPAA training, etc.).

When looking for information regarding externship sites, the student will reference all of the sites that begin with “EXT” (e.g., EXT – Pacific Hearing and Balance Center). The ***Clinical Preceptor Directory*** will provide the student with contact information to confirm the placement with the new clinical preceptor. The clinical preceptor will be included in the schedule for the semester and externship assignments.

My Evaluations & Surveys

The **MY EVALUATIONS & SURVEYS** area is where the student can take evaluations, view a history of completed evaluations and see evaluations completed about themselves. This section is occasionally referred to as EASI, for Evaluation and Survey Instrument.

Under the first section, there will be a list of evaluations set up by the program administrator that are completed by you. Under the appropriate evaluation, you may see any combination of the following:

- Begin new evaluation (where you pick who or what you evaluate)
- Begin new evaluation of XXXX (this would be a pre-determined combination)

- Finish incomplete evaluation of XXXX (if you have saved an evaluation in progress)

Students will have 60 minutes to submit the evaluation before the session expires. After 55 minutes, a warning advising the session is about to expire will appear. At this point, the evaluation may be submitted or can be saved to finish at a later time. Click on “**save what you have so far**” and the survey will be saved. Deadlines for completion of all surveys will be posted on Canvas.

My Schedule

Click on **My Schedule** on the main menu to view all of the scheduled events, either in **Agenda** or **Calendar** view. Additional information for each event may be displayed by clicking on the arrow or the event name bar. In the expanded view, the event information may be exported to various calendar programs.

Approximately 6 weeks in advance of the new semester, students will be notified of their rotation and clinical preceptor. This information can be found in the email and is also visible in the **MY SCHEDULE** section.

Typhon Clinical Tracking

Initially, while the student is participating in clinical practicum in-house at the Pacific Hearing and Balance Center, the focus does not need to be on clinical “hours” as much as acquiring clinical “skills.” There is ample time to achieve clinical hour requirements during the off-campus and externship clinical experiences. In the in-house practicum, students need to focus on learning and acquiring Basic Clinical Skills and Core Competencies. In-house clinical preceptors work with students to develop realistic clinical education goals the first few weeks of the term. These goals will be reviewed after the midterm practicals and may be revised or refined to assist the student in clinical skills development.

Students are required to record contact time with each individual patient in terms of both the hours and the clinical skills observed and/or performed. The Typhon system is set so that students can only enter contact hours within **7 days** of being completed. If a student does not complete their logs within that time frame, those hours ***will be lost (e.g., they will not be added into the student’s case or time logs and will not count towards AuD Program or clinical education requirements)***. This includes all clinical activity: University of the Pacific Hearing & Balance Clinic, community screenings, off-campus, and externship placements. The system will be locked so that *records cannot be modified after 10 days from entry.*

It is the student’s responsibility to ensure that case logs and time logs are current and up to date at all times. Both students and the Director of Clinical Education are able to track a student’s progress on patient contact time and experiences by running summaries in Typhon and filtering the hours by age group, demographics, sites, and experiences. This provides the students and the program with current information on

progress towards meeting clinical hour requirements across the program. The 7-day requirement for entering case logs and time logs is used to help students keep their time and experiences current.

Clinical Case Logs

Students are required to accurately record participation for clinical competencies on a patient-by-patient basis for every encounter during in-house and internship clinical practicum. The case log data that must be entered includes the following information:

- Clinical Site
- Clinical Preceptor
- Patient Demographics: Sex, Age, Race, Language, Degree of Impairment
- Time with the patient
- Time consulting with the preceptor
- ICD-10 Codes
- Type of Clinical Setting
- Contact time by relevant category
- Notes about the case: may include unusual/advanced techniques, unusual patient diagnosis (optional). If entering notes, ensure there is not any Protected Health Information that could lead to a HIPAA violation.

It may not be possible to track each individual patient electronically. Blank copies of the case logs can be printed for easy documentation of patient demographics, diagnosis codes and time with each patient. The link to print the blank case logs can be found on the right side of the Typhon profile page under the **DOWNLOADS** section.

Patient demographics and contact/consult time

When entering the clinical case log into the Typhon system, complete the patient demographic information on the left side of the page. Enter the time spent on each encounter.

- **Time with Patient:** This includes face-to-face interaction time with an individual patient or with a group of patients.
- **Consult with Clinical Preceptor:** This includes the time before or after the appointment in which you discussed the plan for the appointment, the outcome, or follow-up duties that need to be completed.

Procedures/Skills

On the top of the right side of the page, clinical skills will be listed under three categories: Prevention, Evaluation and Treatment. Clicking on the appropriate link will expand the category. This will allow the student to select all of the skills and the level of participation encountered in that appointment.

- **Observation:** Anytime a student observes the clinical preceptor perform a skill. This may be the first time the student is encountering a particular procedure or

possibly that the preceptor needs to take over the procedure due to lack of competency in performance.

- **Assisted:** Anytime a student participates in the performance of a skill. This can include instances where there is an opportunity for “watch me, now you try” (i.e., a patient brings in two hearing aids to troubleshoot and the preceptor demonstrates a procedure and the student then performs the procedure).
- **Performed Independently:** Anytime the student performs a procedure or demonstrates a skill without prompting or input from a clinical preceptor.

Clinical Time Logs

In addition to the case logs identifying clinical skills and the level of student participation and independence, daily time logs must be completed to track the hours a student was in the clinical setting. The time log is like an electronic time sheet. Students must enter the number of hours they participate in clinic for that day.

When entering the time log, you can check the box for “Display patient, consult & conference time.” Checking that box will show you the total time that was entered for every case log and will be displayed in the blue boxes. The time in the blue boxes cannot be changed in the time log as it is pulled directly from the case log. In the “Hours/Min” fields enter the total time that was spent in clinic for that day. For example, if you were in the clinic from 8 am until clinic was over at 12 pm, then enter “4” and “00.” Complete the rest of the fields entering the hours and minutes for each category. The number in the “Total Allocated Time” fields should equal the total shift time. Save the data before exiting.

Data on the time logs should be from the time you arrive to clinic in the morning or afternoon until the time that you leave that day. This is **all** the time that you spend in the clinic doing your prep, patient appointments, paperwork and administrative duties, not just the time you are with patients. Once you have completed your time slot for that day, the accumulation of hours will end. If you come back later to finish tasks, such as write a report or finish up some paperwork, that time is not added later. The time logs are only the time that you are in clinic for your assigned clinic slot.

Measurement and Tracking of Clinical Competencies

The program is required by ACAE and CAA to document student progress towards meeting the clinical education requirements throughout the program. Students are responsible for completing this documentation ethically, accurately and in a timely manner.

Formative Assessment

The EASI component of Typhon is used to administer the Clinical Skills Formative Assessment (CSFA) of doctoral student clinician performance at midterm and the end of

term. Clinical preceptors access the appropriate forms via the web, and students access self-evaluation forms via the **My Evaluations & Surveys** link on the Typhon home page. Throughout the program the self-evaluations and clinical preceptor evaluation forms are housed on Typhon allowing students to monitor their individual progress across the program and key clinical skills. It is the student's responsibility to make sure that they meet all required competencies (as listed on the CSFA) and to communicate with the Director of Clinical Education & Training if specific clinical experiences are needed to fill gaps in clinical education.

At **midterm** preceptors and students hold a midterm meeting to discuss student progress and skill level up to that point in the semester. Another goal of the midterm evaluation and conference is to define goals for the remainder of the semester. Note that clinical preceptors are required to independently score the student's performance prior to the midterm meeting; students are required to complete the self-evaluation prior to the meeting. Each should bring a hard copy of the form to the meeting to share with one another. The Director of Clinical Education & Training should be contacted by the doctoral student immediately if a preceptor copies the student's self-evaluation form and submits it as their own evaluation of student performance. Students are scored only on clinical competencies that have been implemented a few times across the last 3-4 weeks of the grading period. Competencies not implemented should not be rated.

At the **end of the semester** the preceptor and student will again use the appropriate CSFA forms to complete a final evaluation/self-evaluation. The preceptor and student will meet for a discussion of the student's performance.

Students should ALWAYS download copies of any clinic paperwork and evaluations submitted for their own files.

Clinical Skills Performance

In the Case Logs (see *Typhon Clinical Tracking/Clinical Case Logs/Procedures* section) students will self-report participation on key skills on a patient-by-patient basis. Students are required to accurately record the clinical skills section for 100% of the cases logged in clinical in-house and clinical internship rotations. The main categories for clinical skills tracking are listed on the right-hand side of the electronic Case Logs. Students should enter the relevant skills related to each patient/case performed and indicate which sub-skills they have *observed*, *assisted*, or *performed independently*. Note that at the end of the program, students will provide evidence of the clinical skills participated in across the graduate program.

Professional Outreach and Volunteerism

The mission of the University of the Pacific includes learning experiences integrating professional education to prepare individuals for lasting achievement and responsible leadership in our communities. University of the Pacific alumni strive for professional pursuits that are service-centered, are fully engaged with the changing world, and

reinforce learning as a lifelong process. The Department of Audiology mentors students towards that goal by providing opportunities for students to develop professionalism, leadership, and a strong commitment to the profession of Audiology and its community.

To this end, all students participate in professional and community outreach events and volunteerism within the program and community. Students are required to participate in events hosted by the Student Academy of Audiology (SAA), the Dugoni Dental School, the Thomas J. Long School of Pharmacy and Health Sciences, the Department of Audiology and other organizations. Starting with the graduating class of 2021, all students must complete a minimum of 20 hours of professional/community volunteerism. Students in the 2020 cohort must complete a minimum of 10 hours of professional/community volunteerism. Students in the 2019 cohort are encouraged to be active members of the profession and community and promote hearing and hearing health but do not have a minimum number of hours required.

Minimum Hours Requirements for AuD Clinical Training

Clinical education requirements, in accordance with ACAE and CAA standards, are defined in terms of the specific skills that must be achieved before completing the doctoral program. Students should be familiar with the standards to ensure that they meet those standards by the end of the program.

Students wishing to be eligible for the ASHA Certificate of Clinical Competency (CCC-A) must obtain a minimum of 1820 hours of clinical and patient-related activity by individuals holding a current CCC-A by the end of the doctoral program. These hours must be accrued through clinical practicum experiences in different settings and with different populations.

Requirements for **clinical practicum hours** established by the Doctor of Audiology Program represent a minimum level goal. Table 1 provides the minimum required hours per clinical course. These hours are recorded by entering **Time Logs** into Typhon.

Table 1. Clinical Practicum Hours Requirements by Class		
Year	Course	Required Hours
First Year	AUDI 385 A-Practicum I	75
	AUDI 385 B-Practicum II	75
	AUDI 385 C-Practicum III	75
Second Year	AUDI 387 A-Internship I	220
	AUDI 387 B-Internship II	250
Third Year	AUDI 388 Externship I, II, III	1850

The minimum **patient contact hours** requirements for students as determined by the Doctor of Audiology Program are defined in Table 2. Students must demonstrate skills in providing prevention, screening, evaluation, amplification and assistive technology,

and treatment. Students must also achieve a minimum number of hours of professional outreach and volunteerism. These time totals are recorded by entering **Case Logs** into Typhon and specifically, entering patient contact time in the “**Other Questions About This Case**” section of the Typhon case logs.

Table 2. Minimum Patient Contact Hour Requirements for Clinical Training						
	Min # Hours	Evaluation	Amp & HAT	Treatment	Hearing Screening	Outreach & Volunteerism
Adults	50	40	30			
Pediatrics	50	40	10			
TOTAL		80	40	20	15	20

Electronic Portfolio

All students will create an electronic portfolio in Typhon to document achievement of clinical competencies. Each semester, prior to initiating contact with new clinical preceptors, students will update their portfolio.

The Typhon electronic portfolio system includes the option of creating up to 10 different pages of materials. Students often use the Home page to post an updated vita. Examples of common sections in the portfolio are listed in Table 3. Each semester students are required to create **at least 3** different artifacts which demonstrate significant areas of growth/accomplishment in the practicum experience that semester. Artifacts should be shown to the clinical preceptor at the end of the semester conferences with items de-identified in terms of patient, preceptor and site identification to ensure that HIPAA guidelines are followed. All clinical portfolio items must be de-identified.

Electronic portfolio items will be reviewed by the Director of Clinical Education & Training during clinical advising sessions at the end of each semester.

Table 3. Sample Sections for Typhon Electronic Portfolio

Possible Content Areas	Examples of Content Artifacts
Home Page	<ul style="list-style-type: none">• Photo (head shot)• CV summarizing academic courses and practicum work completed to date (updated each term)
Diversity of Caseload	<ul style="list-style-type: none">• Typhon Graphical Summary (PDF) of overall experiences (updated each term)
Screening Skills	<ul style="list-style-type: none">• Screening: Summary describing screening experiences to date• List of screening techniques and tools used with self-rating of competency level
Assessment Skills	<ul style="list-style-type: none">• Sample dx reports (de-identified) for adults and children• Self-Rating summary of diagnostic tools: summary of dx tools (e.g., tests) administered and self-rating on competency level of each tool• Examples of test findings and interpretation
Treatment Skills	<ul style="list-style-type: none">• Sample progress notes/reports (de-identified) for adults and children• Sample treatment plan for collection of target areas• Description/Listing of treatment techniques used with various populations• Description of amplification treatment outcomes

Part II: Guidelines and Expectations

Professional Expectations

Social Media

Students should take caution in posting comments related to doctoral program experiences and activities on social media sites or any other public communication venue. HIPAA guidelines must be followed at all times and patients should never be discussed in public arenas. Note that potential employers often search social media sites, and the internet in general, prior to hiring an employee. Professionalism may be judged by others from social media activity. When participating in clinical education activities, a student should not access or post on social media.

Professional Considerations

When participating in practicum students are expected to act in a professional manner at all times. Students are expected to demonstrate appropriate behavior in all interactions with patients, family members, staff and clinical preceptors. Doctoral student clinicians are expected to meet professional responsibilities (e.g., arrive early, come prepared, take responsibility for one's own actions), without being instructed directly to do so. Regular attendance at all scheduled clinical sessions is expected throughout the semester.

As noted by Dr. Michael Chia (ASHA Leader), the notion of **Professionalism** refers to “the manner, spirit, and methods of a profession” and reflects the “underlying principles and values of practitioners” including the following:

One accepts that the idea of “on time”, “prepared”, “appropriate”, and “properly” are defined by the situations, by the nature of the task, or by another person

One places the importance of professional duties, tasks, and problem solving above your own convenience.

One takes active responsibility for expanding the limits of your knowledge, understanding, and skill. You take responsibility for your actions, your reactions, and your inaction. This means you do not avoid responsibility by offering excuses, by blaming others, by emotional displays, or by helplessness.

Opinions, actions, and relations are developed with others upon sound empirical evidence and upon examined personal values consistent with the discipline. It is important for students to take initiative in all aspects of their clinical education including planning for future needs, meeting clinical responsibilities, initiating communication,

documenting one's progress in the program and monitoring achievement of clinical competencies and contact hour requirements.

Student attainment of professional expectations will be formally measured across a standard set of items at both the midterm and final evaluation periods in each practicum experience (refer to section 5 section [Professional Expectations] on the CSFA on Typhon). It should be noted that the Audiology Faculty developed the list of Professional Expectations based on the assumption that they were behaviors **required in any work/professional setting**, and that they could and should be achieved by all students commencing the first term of the program. Unacceptable performance in Professional Expectations will result in lowering of a student's grade and can result in removal from practicum experiences. A student may be required to participate in a Clinic Remediation Plan when there are issues with professionalism.

Student-Clinical Preceptor Problem Solving Procedures

Occasionally a student or clinical instructor will perceive a problem in the supervisory relationship. If not resolved, such problems may interfere with the clinical education experience and could affect patient care. Procedures for coping with problems between students and preceptors to provide early, fair and speedy resolution of problems. These procedures help to ensure fair treatment of student and Clinical Preceptors in the problem solving process.

As soon as a student or Clinical Preceptor perceives that a problem exists, the following procedures should be implemented:

1. Discuss the problem together – often simple misunderstandings can be resolved by discussion.
2. The Director of Clinical Education & Training should be informed of any issues and can be called in to facilitate problem solving.
3. If discussion does not resolve the problem, the Director of Clinical Education & Training should be re-contacted immediately. The Director of Clinical Education & Training along with the student and Clinic Preceptor will formulate a plan using the **Clinical Training Action Plan** form (Appendix D) to help with changes in the behavior of one or both people. Together the Clinical Preceptor and the Doctoral Student should implement the plan and review it regularly to determine their progress. If the plan does not resolve the issue(s) identified, the plan should be modified or a new plan initiated. The Director of Clinical Education & Training should remain informed about the plan and the progress made.
4. If both the Doctoral Student and Clinical preceptor feel that they can make no further progress, they may decide to request re-assignment of the student to a new supervisor or to consult with the Director of Clinical Education & Training to discuss other mediating options. (Note: options for a new clinic assignment may not be possible until the new semester begins).

If this process does not resolve the issues then the student may wish to bring the issue(s) to the Audiology Program Director for discussion.

Students are recommended to contact the Director of Clinical Education & Training immediately when there is any concern (even minor concerns) and to seek the Director's input on ways to work with and communicate effectively with their clinical preceptor. Waiting until the end of the semester to discuss concerns can result in an ineffective practicum experience, whereas early mediation and advice from the Director can result in improving things before the effects are too serious to repair.

Performance and Disqualification Policy

The program carefully documents the students' clinical progress at regularly scheduled conferences and meetings, held each semester. The faculty welcome additional requests for advising on an individual basis as needed.

Clinical Performance Criteria

The purpose of clinical grades is to evaluate and document progress towards attainment of clinical competencies and professional responsibilities. Clinical grades provide formative measures of student performance across the clinical education program in meeting ACAE, CAA and Au.D. program requirements. Students must demonstrate satisfactory performance each semester in their clinical practicum assignment in order to proceed in the program.

Students enrolled in AUDI 385 (year one clinic practicum), AUDI 387 (second year clinic practicum) or AUDI 388 (third year externship) will be evaluated throughout their clinical placements using the Clinical Skills Formative Assessment (CSFA). The CSFA ratings are progressively structured to reflect 3 years of clinical practicum that require increased competency levels each semester.

Adequate progress in clinical coursework is achieved by maintaining a cumulative GPA of 3.0 in all clinical practicum (AUDI 385 A/B/C, AUDI 387 A/B, AUDI 388 A/B/C). **If a student receives a grade of B- or lower for any clinical course, he/she will be placed on probation for the next semester and a remediation plan will be developed and implemented. Furthermore, neither course credit nor any of the clinical hours will be counted toward the degree or California licensure requirements.**

Clinic Probation

If the cumulative clinic GPA is below 3.0 at the conclusion of any given semester, the student will be placed on clinic probation for the next semester and will receive written notification of their status. To be removed from clinic probation, the student must continue to show clinical improvement as determined by the Director of Clinical Education and Clinical Preceptors.

Clinic Remediation Policy

Occasionally, significant difficulties may be identified in clinical skills performance and/or interpersonal/professional capabilities. Once difficulties have been identified (e.g., practicum grade, skills performance, professional and/or interpersonal behaviors), the student will meet with the Director of Clinical Education & Training, the student's program advisor and the clinical preceptor to discuss placement into a formal remediation plan.

Remediation goals, objectives and requirements will be discussed and developed. The student will be informed that his/her clinical participation privileges are at risk of being suspended and will be given specific written remediation recommendations.

Identified remediation areas will be tracked during the remediation period using the Remediation Tracking Spreadsheet to evaluate student performance. The student is encouraged to discuss the remediation plan with his/her Clinical Preceptor to develop clinical experiences in the areas of concern. The Director of Clinical Education & Training in close consultation with the Clinical Preceptor will determine the performance outcome on the remediation plan.

Remediation Outcomes

Failure to meet the remediation criteria will result in a failing grade for clinic. Clinical hours for neither the practicum nor course credit will count towards California licensure, ACAE or CAA competencies or the degree.

Failure to meet the remediation criteria may be grounds for dismissal from the program.

Eligibility Policy

A student is considered to be ineligible to continue in the program and subject to dismissal if any of the following apply:

1. A clinic practicum grade of B- or lower in two semesters (not necessarily sequential) of the clinic practicum.
2. Conditions that trigger a remediation more than two times (not necessarily sequential) during the course of the program.
3. Violation of professionalism standards that rise to the level of unethical or threaten the safety or welfare of patients or other program members.

In all situations, the student will appear in front of the Student Review Committee to determine an outcome.

Part III: Prerequisites for Clinical Experience

Communication Competency

Prior to participating in clinical practicum, student must be able to comprehend and communicate intelligibly and effectively in English. This includes understanding oral and written instructions, writing reports of clinical observations, evaluation and treatment sessions, outcomes, and correspondence with other healthcare professionals. Students must demonstrate English writing that is grammatically correct and uses basic rules of technical writing (e.g., punctuation, capitalization) appropriately.

Students must be able to comprehend and communicate the English language that is readily understandable by patients and must be able to adapt to the needs of hearing impaired individuals. Students' speech and language must be intelligible and comprehensible for the reliable and valid administration of instructions, testing, evaluation and counseling.

Informal screening/assessment techniques will be utilized by the Director of Clinical Education and Training and the Clinical Faculty to determine the adequacy for clinical education. Students not meeting communication competency will not be able to participate in clinical education until adequacy of English language skills are demonstrated. Any concerns regarding communication competence should be brought to the attention of the Director of Clinical Education and Training immediately. A student may initiate discussion regarding their own communication skills. Academic advisors, faculty members, or clinical faculty may also identify students who are not demonstrating adequate communication competence in one or more areas.

Professional Liability Insurance

With registration in the program, all students are covered under the University of the Pacific Professional and General Liability insurance policy. The policy includes coverage for student activities performed within the course and scope of their duties while participating in clinical education experiences. In order to participate in clinical education at an external site, there must be a contract in place between the University and the agency. This agreement will be initiated and established via the Director of Clinical Education for the University of the Pacific Office of Enterprise Risk Management. For legal and liability purposes, students are not allowed to participate in clinical experiences without an established agreement.

Medical Insurance Coverage

In order to ensure academic success, Pacific mandates that you maintain comprehensive health insurance. Additionally, some clinical internship and externship sites will require proof of current medical health insurance prior to starting a clinical rotation.

All students are automatically enrolled in the Anthem Blue Cross of CA plan each academic year. However, students who are able to demonstrate comparable coverage may opt out. If you already have your own health insurance, you must complete the waiver by the deadline date. If the waiver is not completed, you will be auto-enrolled in the student plan at a cost of \$1,600 per semester. Once you are billed, the cost of coverage is not refundable.

The waiver/enrollment process is a requirement you must meet **each academic year**. For more information on requirements for comparable coverage and waiver deadline dates, go to: <http://www.pacific.edu/insurancewaiver>. Any student who has not provided verification of current medical health insurance is ineligible to participate in clinical practicum.

Medical Clearances and Drug Screenings

The University of the Pacific Doctor of Audiology Program has a policy on Criminal Background Checks and Drug Testing for all students. This policy was established to align the school with emerging state and federal accreditation and licensing standards.

Upon admission into the Doctor of Audiology Program, each student is required to execute a Release of Authorization form for Criminal Background Check and Drug Testing (Appendix E). The signed authorization for a criminal background check and drug testing (Appendix 1 & 2 of the consent) must be uploaded into Typhon by August 1 prior to arrival for the program, will be kept on file, and utilized as appropriate. The school utilizes a non-university entity to perform the checks.

A copy of the student's criminal background check and drug testing will be provided to any clinical practice site that is participating in the academic training of that student, upon written request from the practice site and/or if determined by the school in its discretion. The practice site is responsible for determinations whether the student may participate in that setting.

Immunizations and Basic Life Support

Immunizations

Health care providers are at risk of exposure to, and possible transmission of, preventable diseases. Risk of communicable diseases in the workplace is due to health care providers contact with infected patients or infective material from patients.

Maintenance of immunity is therefore an essential part of prevention and infection control.

The vaccines required are Tetanus, Diphtheria, and Pertussis (TDAP), Measles, Mumps and Rubella (MMR), Varicella, and Influenza. Positive Rubella Titer is required in addition to MMR vaccination.

All clinical preceptors and graduate clinicians must have an annual tuberculosis skin test (PPD). Proof of the test is kept on file in the clinic. If a clinical preceptor or student has a positive test on the PPD, then they must supply the clinic with proof of a clear chest x-ray or other appropriate treatment. If the clinic has proof of a clear chest x-ray on file, then the person does not need any further testing unless symptoms appear.

All clinical faculty and students must have the seasonal vaccine to participate in clinical classes from October through March.

Basic Life Support Certification

All clinical faculty and students must have current Basic Life Support (BLS) certification with Cardio Pulmonary Resuscitation (CPR) and Emergency Cardiovascular Care (ECC) for healthcare providers to participate in clinical practicum. Online only CPR training program or CPR programs focusing only on infants cannot be used to meet the BLS requirements. Generally, BLS **for healthcare providers** will fulfill the requirements for both in-house placements, internship rotations and externship requirements. A few off-campus sites have specified that the BLS training must be provided by the American Heart Association (AHA). It is strongly recommended that an AHA CPR-BLS training course is completed. If a student requests placement in a site that requires AHA training, proof of AHA BLS training will be required prior to being assigned to that clinical site.

Training and Certifications

Being a professional within the healthcare field will require mandatory and periodic training before you are allowed to be in the clinic or see patients. The following training is required and must be completed prior to the first day of clinical experience, which is the first week of classes.

Mandated Reporter Training

In California, certain individuals are mandated by law to report known or suspected child abuse. These mandated reporters are listed in the Child Abuse and Neglect Reporting Act (CANRA), which contains over 40 categories. The training is a web-based training program and certification and can be found at:

<http://educators.mandatedreporterca.com/default.htm>. After successful completion of

the program, download the certificate and upload/post a copy in Typhon. Students should keep the original certificate for their records.

HIPAA

Prior to participating in clinical education or observation activities, students must complete the University of the Pacific HIPAA training on privacy protection for patients. Students receive information on how to access the web-based training program and certification. After successful completion of the program, download the HIPAA Certificate and upload/post a copy in Typhon. Students should keep the original certificate for their personal record as evidence of HIPAA training may be required by clinical sites. Students may also be required to complete additional agency-specific HIPAA training.

Hearing Aid Dispensing License

The California Speech-Language Pathology, Audiology and Hearing Aid Dispensers Board (SLPAHADB) provides the California Hearing Aid Dispensing License. The license process is two-fold and involves both a written and a practical exam. The license application can be found on the SLPAHADB website:

www.speechandhearing.ca.gov. Students should complete Option #1: Applicant/Written Exam – No License.

Students will register for the written exam in the summer semester of year one. Processing time for the application can take 3-4 weeks. It is advised to register the first week of July and to schedule the exam the end of July/beginning of August. Upon receipt and processing of the application, SLPAHADB will send information on how to register for the written exam. There are numerous testing sites in the Bay Area that provide flexible test times. The student must submit a copy of the written exam results to the Program Services Assistant and upload a copy on Typhon by the beginning of the fall semester.

After successful completion of the written exam the student will receive notification from the Board that they are eligible to apply for the practical exam. All students will submit the completed practical exam to the Program Support Assistant by October 1. Students will be registered to take the examination early in the spring semester. The student must submit a copy of the practical exam results to the Program Services Assistant and upload a copy on Typhon as soon as the results are available.

Information regarding the written exam, practical exam test dates and study guides for the written and practical can be found on the SLPAHADB website. The Hearing Aid Dispensing Exam is required before a student is eligible to start their externship if the externship is located in California.

Part IV: In-House Clinical Experiences

Approach to Clinical Teaching

In-house clinical rotations focus on the development of *Basic Clinical Skills* and *Core Competencies* and provide students with an opportunity to work with faculty whose primary objective is to provide clinical teaching to beginning level student doctoral clinicians in the context of service delivery. The In-house Clinical Preceptors help students make connections between academic learning and patient services across a range of communication disorders.

Audiology Doctoral Students develop skills through participation in patient contact time with their Clinical Instructor. Students also receive intensive teaching time to provide background knowledge and build clinical skills needed in their practicum assignments while being directly supervised more than 90% of the time. In addition, Clinical Instructor mentoring and support help establish a foundation of clinical competencies.

Core Clinical Competencies

In-House Core Clinical Skills are critical skills that a student **must** demonstrate before they begin Off-Campus practicum (AUDI 385 [summer] and 387). Achievement of a Core Clinical Skill is determined by attainment of a score of 6 or better on the skill on at least THREE SEPARATE occasions. Students are expected to maintain their competency level after being signed off on Core Clinical Skills. If subsequent performance of a clinical skill shows regression, the last-obtained competency will be removed and will need to be demonstrated again.

A student's competency level in implementing an In-house Core Clinical Skill must be measured at specific points in time (an *event* measurement) using the In-House Scoring System. The student should pre-arrange to demonstrate the skill to a Clinical Preceptor, Faculty Member or Lab Instructor and ask to be scored on their performance. A student's performance level should be demonstrated and scored multiple times, providing formative measures of their development, attainment, and maintenance of the Core Clinical Skill. The same preceptor/faculty member may sign off on a Core Clinical Skill more than once but it must be demonstrated on separate occasions. The same preceptor/faculty member is not allowed to sign off on all three competency events.

It is the student's responsibility to make arrangements with the clinical and course instructors to demonstrate a Core Clinical Skill. The student will ensure that the instructor scores the demonstrated skill and provides their signature on the student's ***Core Clinical Skills*** Form (Appendix C). It is also the responsibility of the student to ensure all Core Clinical Skills have been achieved and submit copies of their Core

Clinical Skills form each semester. All competencies must be completed by the end of the first block of the summer semester. Any student who has not completed the competencies by this time is ineligible to continue in the program and will be disqualified at the end of the summer semester.

Hearing Screening Competencies

The University of the Pacific Doctor of Audiology Program works with the San Francisco Department of Public Health Office of Childhood Hearing to conduct hearing screenings for early childhood (ages 3 – 5 years) and school aged (1st through 8th grade) children. Hearing screenings will be scheduled throughout the year from September through April.

Students are required to participate in a minimum of three hearing screenings over the course of the year. At least one of the screenings must be a Pre-K screening (3 – 5 year olds). Each student will have the supervising preceptor sign the hearing screening competency sheet. Once all screenings are completed, the competency sheet should be turned into the Director of Clinical Education & Training. The hearing screening competencies must be completed by April 1 to be eligible to progress to an off-campus rotation.

In-House Clinic Policies

Professional protocol for Clinical Practice

When participating in practicum, students are expected to behave in a professional manner at all times, demonstrating appropriate behavior in all interactions including those with clients/patients, family members, staff and preceptors. Doctoral students are expected to meet professional responsibilities without being instructed directly to do so. Such behaviors include, but are not limited to, arriving early, being prepared, taking responsibility for own actions, completing all required tasks in a timely manner, etc.

These professional expectations were developed based on the assumption that they were behaviors required in any work/professional setting and that they could and should be achieved by all students ***immediately upon entering the Au.D. Program.*** Unacceptable performance on expected professional behaviors will result in lowering of a student's grade and can result in ineligibility of clinical practicum.

A. ETHICAL PRACTICES

- Conducts all clinical work in accordance with the University of the Pacific Professional Protocol and the Code of Ethics set forth by the American Academy of Audiology and the American Speech-Language-Hearing Association.

B. DEPENDABILITY

- Prepares for and conducts clinical services as assigned.
- Prepares for and conducts meetings/conferences/consultations (reviews appropriate files, develops questions and/or key points for discussion).
- Carries out all duties to accomplish total case management (e.g., forms, phone calls, referrals, etc.).
- Makes appropriate arrangements and notifies all concerned regarding any schedule/location change or cancellation.

C. PUNCTUALITY

- Arrives on time for clinical practicum and is prepared for all appointments.
- Begins appointments on time.
- Does not cancel appointments without approval from Clinical Preceptor.
- In case of student clinician illness, accepts responsibility to:
 - a. Notify clinical preceptor prior to the beginning of clinic
 - b. Call patient/parent if needed
 - c. Discuss arrangements for make-up appointments with clinical preceptor
- When a patient is late, checks with appointment secretary to see if they cancelled. Then checks with clinical preceptor. Never leaves the clinic without notifying/checking with clinical preceptor first.
- Requests approval for absence from clinic in writing in advance of any anticipated absences from professional responsibilities.
- Submits all written assignments (e.g., test results, reports, letters, etc.) in acceptable form (appropriate grammatical usage, paragraph structure, punctuation, and spelling) by scheduled deadlines.
- Attends all meetings/conferences/consultations on time.

D. CONFIDENTIALITY

- Retains clinic folders in assigned locations in clinic, main office, treatment rooms, or graduate room.
- Utilizes discretion concerning patient information in written and oral communication with others.

E. COMMUNICATION

- Utilizes appropriate communication (polite, courteous, respectful) in all professional activities.
- Provides appropriate communication model for patient and family.
- Uses appropriate written and oral communication with all persons involved in the case including clinical preceptor, co-clinicians, and other professionals.
- Contacts clinical instructor regarding inability to complete work by designated deadline.

F. ACCOUNTABILITY

- Keeps documentation (test results, data on specific goals, correspondence, release of information, hearing aid status etc.) up-to-date and filed in the patient's Electronic Medical Record (EMR).
- Fills out appropriate billing forms in a timely manner.

G. DRESS CODE

- Follows Dress Code Policy outlined in the Audiology Student Handbook.

University of the Pacific Clinic Dress Code

The professional appearance of every clinician should exhibit those aspects of good health and good health habits. Our standard of excellence in health care is reflected by the personal attention we give every patient and by the attention to detail we demonstrate when caring for our patients. Therefore, personal appearance should reflect a tasteful, clean, crisp, precise look, with every attention to detail. Our approach to health care management is classic and conservative, while delivering the finest in proven medical care to our patients. Our appearance should enhance our ability to perform our job; excesses and extremes that interfere with our safety and job function should be avoided.

- Hairstyles, facial hair, and makeup should be conservative and in a neat appearance.
 - Long hair should be tied back
 - Color should be naturally-occurring, age appropriate hair colors with no distracting dye or cut patterns
- Teeth and breath must exhibit evidence of excellent oral hygiene.
- Piercings are considered inappropriate for clinic attire.
 - Body piercings should not be visible
 - Facial and oral jewelry is not permitted
 - Ear gauges are not permitted
 - Dangling earrings or hoops larger than one inch are not permitted
- Tattoos must be concealed by appropriate clothing.
- Excessive fragrance and odors must be avoided (perfumes, colognes, cigar and cigarette smoke, and body odors).
 - Fragrances should not be worn due to possible allergic reaction of patients
- Hands and fingernails must be clean and without stains
 - Nail polish should be in neutral muted to shimmer shades with no distracting glitter or color
 - If worn, nail polish should not be chipped
 - Length should be short or manicured within ¼ inch long
- Clothing must be professional and conservative.

- Clothing must cover shoulders, back, chest, midriff, buttocks and undergarments **at all times** regardless of body movement or position (e.g., when bending over or raising hands above your head)
- Exposed chest or upper torso should not be visible from any angle
- No t-shirts/Henley shirts
- Undergarments should never be visible (e.g., extending beyond outerwear of visible through clothing)
- Skirts should be no shorter than 3 inches above the middle of the knee cap
- No shorts
- Clothing should be neither too tight or excessively baggy
- No jeans, sweat pants/jeggings/leggings
- Clothing should not have holes/rips or distressed material
- Conservative hosiery, without patterns, and in neutral colors must be worn.
- Shoes should be professional and conservative, polished, in excellent condition, and worn at all times
 - Shoes should be closed-toe
 - No platform shoes over four (4) inches
 - No sneakers
- Chewing gum and all tobacco products are prohibited on clinic property.

Attendance Policy

Students are expected to attend all assigned clinic placements and are to take this responsibility seriously. Students are expected to be prepared and ready to begin their duties at the appointed time of arrival each day. The first instance of tardiness will result in a verbal warning. Continued tardiness will result in an immediate remediation plan and will affect the final clinic grade. If it is necessary for a student to be absent from clinic because of personal illness, illness of a member of the student's immediate family, or an emergency, the following guidelines should be followed:

- The student shall call his/her preceptor PRIOR to the start time the absence will occur.
- If the student is physically unable to call, he/she shall arrange for a representative to call in accordance to these guidelines.

In the event the student does not contact their preceptor prior to the beginning of the clinic, unless unable to do so as described above, the absence will be deemed an unexcused absence and will negatively affect the clinic grade and may result in the final clinic grade being reduced by one full letter grade (e.g., A to B, B+ to C+, etc.). In the event of any other conflict (e.g., weddings, funerals) any changes must be discussed **in advance** and **in person** with the preceptor. In order to be considered an excused absence, all absences must be documented. Undocumented absences will be deemed unexcused. Upon approval, the student and the preceptor will arrange a time for the student to make-up the missed clinic time.

Standard Precautions and Infection Control

The University of the Pacific Hearing and Balance Center is committed to the delivery of quality audiologic care to all patients, including those with infectious diseases. Furthermore, the Hearing and Balance Center is committed to minimizing the risk of exposure to infection by clinicians, students, patients, and volunteers. The University will provide training, resources, and personal protective equipment (PPE) to promote safe work practices and to reduce hazards in the workplace.

At the Pacific Hearing and Balance Center, standard precautions will be practiced to prevent contact with blood or other potentially infectious materials to reduce the risk of occupational exposure and to protect all parties involved. Anyone working in the Hearing and Balance Center must adhere to the policies and procedures set forth regarding precautionary measures to be taken to minimize the risk of infectious transmissions through cross infection.

Infection Control Policies

Audio booths and hearing aid rooms are not equipped with sinks, however a sink is available outside the Clinical faculty office, the hearing aid repair lab, and the student clinician room. Waterless disinfectant for hands is available throughout the clinic, however soap and water should be utilized if hands are soiled. Germicidal disinfectant wipes will be kept in all examination rooms as well as in the hearing aid repair lab and student clinician room. Latex gloves, paper towels, and tissues are also available within the clinic. These shall be thrown in regular waste containers located on each room, which will be emptied each night.

A designated blood borne pathogen container is located in the hearing aid repair lab and is labeled appropriately. It is to be used for heavily soiled items. The waste in this container is not to be touched and will be disposed of through the University Safety office.

Tools / instruments for sterilization will be placed in the appropriate container in the hearing aid repair lab. These will be taken to the sterilization room on an as needed basis for cleaning.

Each clinician is responsible for cleaning test equipment and materials at the end of an appointment. Procedures are as follows:

Surface Disinfection

One of the most important steps in reducing the number of germs, and therefore the spread of disease, is the thorough cleaning and disinfection of surfaces. Surface disinfection is a two-step process. First clean with soap and water to remove gross contamination, then disinfect with a germicidal wipe (available in all examination rooms). This protocol will be used on:

1. Table tops and chairs between clients.
2. Any equipment or materials handled or worn by patients.
3. Toys.
4. The reception counter.
5. Telephones.

Handling Hearing Aids and Earmolds

Hearing aids and earmolds are assumed to be contaminated and therefore should always be handled with gloved hands or with a disinfectant wipe. The following steps will be followed when receiving these items:

1. Receive the instrument/earmold in a disinfectant wipe or gloved hand.
2. Use a disinfectant wipe to clean the surface of the instrument.
3. A hearing aid stethoscope may be used on an instrument/earmold that has been disinfected properly. Disinfect the stethoscope prior to attaching it to another instrument. The person using the stethoscope should disinfect it after use.

Audiologic Equipment

Earphones and bone oscillators are disinfected at the end of each day or as needed between clients by the clinician. Disinfectant wipes are kept in each booth for this purpose. Specula, probe tips, and any other equipment that are single-use are to be thrown away in a waste container. Instruments that can be sterilized following a chemical sterilization procedure will be sent to the sterilization lab.

Toys

1. Nonporous, easily cleaned toys will be provided. Plush toys are not permitted.
2. The clinician should wash any toy coming in contact with bodily fluids in a 1:10 bleach solution in the lab. The toys are then air-dried and put away. Gloves should be worn when handling the bleach and the bleach solution. The bleach solution is flushed down the sink drain after using. All other toys may be cleaned with a disinfectant wipe.
3. Gloves should be worn when cleaning toys and when handling toys known to have been exposed to bodily substances. The gloves are to be thrown in waste container.
4. Handwashing will be completed after cleaning and disinfecting toys. (See Handwashing Section for specific procedures.)

Handwashing

Experts agree that the single most effective practice that prevents the spread of germs is proper handwashing. Handwashing should be completed upon arrival at work, before and after contact with patients, after handling or preparing food, after using the toilet or changing a diaper, after removing gloves, and before going home. If hands come in contact with blood or body fluids, they should be immediately washed with soap and water. Hands should also be washed after sneezing, coughing, or wiping a nose. Follow the basic handwashing technique:

- Remove all rings and put them in a safe place while washing hands;
- Using a liquid antibacterial soap, lather your hands. Vigorously scrub the palms, backs of the hands, wrists and forearms under running water. Also clean under the fingernails and between the fingers;
- Thoroughly rinse the hands under running water;
- Use a duration of 30 seconds between patients (if not grossly contaminated) and when handling patient devices;
- Use a duration of 60 seconds when in contact with patients, devices, or equipment with gross contamination;
- Thoroughly dry hands by blotting with a paper or disposable towel to help eliminate germs.
- Since faucets are considered contaminated, turn faucets off with the paper towel used for drying hands.

In the event that the clinician cannot access soap and water, a waterless hand disinfectant is available in each examination room for cleaning hands. Waterless hand disinfectants can be used if the hands are not visibly soiled, before direct client contact, after contact with client's intact skin, and after removing gloves. Choose alcohol hand cleaners containing 60-95% isopropyl, ethanol, or n-propanol and 1-3% glycerol or other emollients. The waterless hand disinfectants are flammable liquids, so they should be handled with reasonable care. When using the waterless hand disinfectants, the clinician should use the following guidelines:

- Apply approximately 3cc of product to palm of one hand.
- Rub hands together.
- Cover all surfaces of hands and fingers.
- Rub until hands are dry.

Gloves

Gloves should be worn when contact with blood, body fluids containing visible blood, mucous membranes, or non-intact skin of patients. Gloves should be worn on the hand(s) that will come in contact with the blood or body fluid containing visible blood, or for handling items or surfaces soiled with blood or body fluids.

The clinician should change gloves after contact with each client. Care should be taken so that the clinician does not touch the contaminated portion of the glove. To remove gloves safely use the following procedure:

- Peel off one glove from the wrist to the fingertip;
- Grasp it in the gloved hand;
- Using the bare hand, peel off the second glove from the inside, tucking the first glove inside the second glove as it is removed.
- Wash hands after gloves are removed.
- Contaminated gloves are usually thrown away in a regular waste container.

Part V: Clinical Internship Education

Eligibility for Clinical Internship Experiences

Preparation for Clinical Internships will begin the first week of the AuD Program and will work towards clinical readiness and independence. Internships are targeted to begin the summer semester of year one or the fall semester of year two based on the individual student's rate of progress. If the Clinical Internship experience begins the summer of year one, the student will experience three off-campus rotations. If the Clinical Internship experience begins in the fall of year two, the student will experience two off-campus rotations.

To be eligible for off-campus Clinical Internships, a student should:

1. Successfully complete all of the academic classes in the fall and spring semesters of year one in the program
2. Complete the In-House Core Clinical Competencies
3. Not be remediating clinic practicum for the current semester

The Bay Area offers a wide variety of settings where students participate in Clinical Internship rotations. Opportunities are available to work in setting such as acute care hospitals, Veterans Administration Healthcare facilities, early intervention programs and private practices. Information on current opportunities is located online via the Typhon *Clinical Site Directory*. New facilities can be recruited for Clinical Internships opportunities. Requests to add a new site are available through the Typhon system. Every site must have an executed affiliation agreement as initiated by the Director of Clinical Education & Training and completed through the Office of Risk Management at University of the Pacific prior to student placements.

Pre-Requisite Requirements for Internships

Completion of Core Clinical Competencies

In order to be considered for off-campus placement in the summer semester, the competencies must be completed by the end of the first block of the spring semester. Any student who has not completed the competencies will remain at the University of the Pacific Hearing & Balance center for the summer semester. All competencies must be completed by the end of the first block of the summer semester. Any student who has not completed the competencies by this time is ineligible to continue in the program and will be disqualified at the end of the summer semester.

Hearing Aid Dispenser Exam – Written

All students must register for and complete the written portion of the California Hearing Aid Dispenser Exam by the beginning of year two in the program (i.e., by the first day of class in August of the second year).

The application to register can be found on the licensing board website:
http://www.speechandhearing.ca.gov/applicants/qual_app_had.shtml

Students will apply using “Option #1.” Submit all receipts of the application to the Audiology Program Support Assistant for reimbursement. Leave at least one month for processing. Once the Board has received and processed the application, the student will be notified and will be allowed to register for the written exam. Upon successful completion of the written portion of the exam, the student will receive correspondence instructing them to register for the practical examination.

The practical portion of the HAD exam must be completed prior to starting the externship in the state of California. To register for the practical examination, complete the application for the practical exam and submit that application to the Audiology Support Assistant. All the applications will be sent to the licensing board in one envelope. This will allow the University to pay for the fee of all students taking the practical exam instead of each student submitting receipts for reimbursement separately. The application to take the hearing aid dispensing practical exam ***must be submitted to the Audiology Program Support Assistant by October 1.*** Failure to submit the application for the practical exam by this date will result in the student paying for the exam out-of-pocket.

Clinical Coordination

Determination of Clinical Assignments

Clinical Internship Considerations

Students should consider preferred settings, types of experiences, possible sites, particular hours, and specialty clinics when planning for externships and long-term career goals. If a student has a special interest, they should meet with the Director of Clinical Education & Training as soon as possible to develop a plan for the student's clinical experiences.

Note that students are required to provide their own transportation to clinical internships. Some internships will be within the city and some will be in outlying urban areas requiring a longer commute. Every effort is made to keep commute times at 120 minutes or less one-way. Some quality and specialized rotations may have a commute as long as 120-180 minutes one-way. In this situation, the Director of Clinical Education will discuss the situation and benefits of the placement with the student. As possible, internships for students who rely solely on public transportation will be arranged at sites that are accessible by the San Francisco Metropolitan Transit Authority (SFMTA) but

may require extended commute times including walking. Students who do not have access to a vehicle may be limited in the types of settings and the specific sites available for participation in clinical internships.

Clinical Sites

Students can learn about the established clinical sites in the *Clinical Site Directory* in Typhon. The Director of Clinical Training will make recommendations to students regarding possible off-campus and externship placements. Guidance for optimal sites based on individual needs and goals will be discussed. The Director of Clinical Training and the faculty have an extensive history of working with sites and preceptors in the Bay Area and are able to provide insights on the viability and resources of a clinical site and the pros and cons of a particular placement or setting. The Director of Clinical Training has the experience and the authority to determine the most appropriate placement for each student based on the options available and holds the responsibility to help develop a series of clinical experiences for each student to enable them to meet California audiology licensure, Program, ACAE and CAA accreditation requirements. The Director of Clinical Education & Training manages placements for all students in the program. Based on the overall level of interest in a particular clinical site as well as the resources available at that site for any given semester, individual requests cannot always be met. Attempts are made to meet the students' requests as possible.

The Director of Clinical Education & Training must always arrange clinical Internships. Students will not receive credit, nor count the contact time or skills towards requirements for practicum hours obtained under the direction of a non-approved clinical preceptor. Accreditation guidelines state that students may not make their own arrangements for practicum assignments or clinical experiences. All external sites require an affiliation agreement between the University and the agency. This agreement will be initiated and established via the Director of Clinical Education & Training for the University of the Pacific Office of Enterprise Risk Management. For legal and liability purposes, students are not allowed to participate in clinical experiences without an established agreement.

Scheduling of Clinical Internships

Requesting Clinical Internships

Planning for clinical education needs are greatly facilitated through clinical advising sessions with the Director of Clinical Education & Training. Students should submit a Clinical Internship Request (through Typhon) each term by the defined deadline.

When the Clinical Internship Request week is available, students will see a message on the Typhon home page. The message will be visible for the period the request window is available. To submit requests, students should click the “**Enter Preferences**” button in the **My Schedule** section of Typhon. It is advised that the 6th and final request for a clinical site be one that requires an extended commute (minimum of 90 minutes one

way). Every effort is made to minimize commute times. However, based on student clinical needs, interests and site resources, extended commute times may be unavoidable.

Notification of Clinical Internships

Once the internship schedule has been finalized with the site, the rotation will be scheduled in Typhon. The student will receive an email notification of the assignment that will list the dates of the clinical rotation, the preceptor and course information. Additionally, the email will identify the documents that must be prepared and submitted to the Clinical Preceptor four weeks prior to the start date of the clinical rotation.

Student Coordination with Clinical Site

Upon receiving the email notification, students should reach out to the clinical preceptors via phone call or email to introduce themselves and determine if the site has any specific requirements prior to the start of the rotation.

Four weeks prior to the commencement of the internship, the student should upload in Typhon and email the Clinical Preceptor three documents:

1. Individual Learning Profile (Appendix F)
2. Clinical Experiences Bio Form (Appendix G)
3. Case Log Totals (exported as a PDF)

NOTE: *Make sure to send your email and form to the Clinical Preceptor noted on your schedule.* The clinical preceptor with whom you are scheduled may be different than the clinical site contact. If specified in the “Notes” section of the *Clinical Site Directory*) include the site contact on the email to the clinical preceptor. **Add the Director of Clinical Education & Training as a “cc:” on the email sent to the Clinical Preceptor.**

Wait until the end of the current semester to run the “**Case Log Totals (Graphical)**” report to include in the email to the Clinical Preceptor. All of your clinical experiences will be included in the report to your preceptor.

The other required documents can be found under the **Program Documents/Templates** section in Typhon. The student must complete the *Individual Learning Profile* and the *Clinical Experiences Bio Form*. For the *Clinical Experiences Bio* document, the student will need to run the **Case Log Totals** report filtering for each site previously attended (e.g., Clinical Site = Pacific Hearing & Balance Center) and include the total patient hours for each specific site.

Four weeks prior to the start of the clinical rotation, the student should upload all documents in the **My External Documents** section in Typhon. Click on **Add a Document**, select **Clinic Practicum Documents** for the Category, enter a brief

description (e.g., Learning Contract, Clinical Experiences Form, Case Log Totals, etc.), select the clinical site, choose a file and click **Save Data**.

Learning Contract

Within one week of starting the clinical rotation, the student will complete the *Learning Contract* (Appendix H) with the Clinical Preceptor and upload the completed/signed PDF in the **External Documents** section of Typhon.

Onboarding Procedures

Every site will have specific requirements regarding bringing a student onboard for the rotation. Depending on the facility, there may be extensive safety, IT, HIPAA and confidentiality training as well as background checks and drug screens. **From the time you receive your notification of placement, you will have three weeks to complete all of the requirements. Failure to complete these requirements may result in the Clinical Internship being cancelled.**

If a drug screening is required, the student should complete that testing IMMEDIATELY. Results from the testing can take up to 14 days to be returned. If the drug screen results are not **returned to the program** by the three-week deadline, the clinical rotation will be cancelled. This will result in the student having to delay the externship by one semester and may result in additional tuition and fees.

After receiving notification of Clinical Internship rotation, consult the *Clinical Site Directory* for instructions with onboarding procedures. Requirements will be noted in the “Notes” section of the site profile. Any documents and training required would be found in the **“Program Documents/Templates”** section in Typhon. Required documents for each site have a specific category (e.g., Onboarding Kaiser-San Francisco, Onboarding UCSF Children’s Hospital, Onboarding-VAMC Palo Alto, etc.).

Within three weeks of receiving notification, all required training modules and documents must be completed and uploaded into Typhon. Additionally, the student must also make sure the supporting documentation (e.g., ALL upload fields on the right hand of the student’s “Modify Account Information” screen) is uploaded and current. **Failure to upload all of the supporting information within three weeks of the notification date will result in the Clinical Internship rotation being cancelled.** This will delay graduation and may result in additional fees and tuition for the program.

Part VI: Clinical Externship Education

Eligibility for Externship Experiences

The Externship is a 12-month position that starts July 1 or later, in which a student will accumulate a minimum of 1,850 clinical hours over the course of the year. The Director of Clinical Education & Training oversees all AuD externship arrangements and identifies a site mutually agreed upon with the student and the clinical site/preceptor. Externship sites may be located locally in the Bay Area, within California, or possibly in another state. Most externship sites require an on-site interview and many sites do not have an associated compensation package. Students should keep this in mind when deciding where to apply.

To be eligible for the third year externship, a student should:

1. Complete all academic requirements through year two
2. Successfully complete/pass the Year 2 Qualifying Exam
3. Not be involved in a current remediation

Pre-Requisite Requirements

Year 2 – Qualifying Assessment

The second year qualifying exams will be held at the end of the spring semester. The exam will be a case-based oral exam with faculty members.

If a student does not pass the qualifying exam, they will be required to successfully complete a Year 2 qualifying remediation prior to commencing the externship. Remediation requirements may result in a delayed start to the externship year.

Remediation requirements include but are not limited to presentation of clinical cases with in-depth rationales and evidence based interpretation to the faculty on a bi-weekly basis. Faculty will determine when a remediation has been successful.

California Hearing Aid Dispensing License

All students who accept an Externship in the State of California are required to pass the Hearing Aid Dispensing Practical Exam prior to the start of the externship. The exam is only given 3 – 4 times per year, so it is imperative to plan ahead.

Any student who accepts an Externship outside of California, may not be required to take the Hearing Aid Dispensing practical exam. If there is a possibility the student is

returning to California post-Externship, it may be beneficial to take the practical exam and move to full licensure. If the application becomes inactive, the student will need to start the process over from the beginning (and pay the required fees associated with starting the process over).

The Department of Audiology sponsors all Audiology students for the initial Hearing Aid Dispenser (HAD) Practical Examination. If a subsequent attempt for the exam is needed, all financial responsibility falls to the student to obtain the license. As there are only 50 applicants scheduled for each practical examination, the Audiology Department has made efforts with the help of the SLPAHADB to ensure that students get a seat in a timely manner.

To register for your practical examination, submit the following to the Program Assistant **by October 1:**

1. Copy/scan of the HAD Written Examination Results (upload a copy in Typhon)
2. Practical Examination Application for Hearing Aid Dispensing
 - a. Business Name & Address – Enter the program business address, or the address of the externship. The **license will be sent to the address on the application**. If the business address of your externship is used, make sure to alert the externship site that they will be receiving the license from the Board.
 - b. NOTE: The address of the license is posted on the SLPAHADB website. Be cautious putting your home address on the application!

The Program Assistant will take care of all payment details directly with the university's Accounts Payable Office and will plan for arrival at 8:00 am on the first day of the filing period.

Any student may register for the practical examination without the sponsorship of the Audiology Department by submitting the required paperwork and a personal check for payment.

As an alternative, a student may wish to pay for the exam and request reimbursement. If this process is desired, the student MUST submit the items listed above as well as a photocopy of the front/back of the check found on the banking statement.

Examination Dates

Examination dates are available on the SLPAHADB website (www.speechandhearing.ca.gov). If no exam date is listed, the Board has not yet scheduled an exam. All exam dates are subject to change. Be sure to check the website often to confirm that the filing period is still active.

Special Accommodations

If you require special accommodations, please complete the *Examination Special Accommodation Request* form available on the SLPAHADB website.

Required Professional Experience (RPE) Trainee License

The State of California requires all Externs to have a trainee license, known as a Required Professional Experience (RPE) License. The externship can only start after the student receives the appropriate licensure for the state in which the externship is taking place. It is the responsibility of the student to apply for the temporary/training license in California or as appropriate in the state of the externship. The RPE license in the California requires a 12-month experience. Any RPE verification that is submitted to the SLPAHADB prior to the 12-month date will be returned to the student.

Externship Site Information

For a list of all currently established externship placements with the University of the Pacific, refer to the Typhon clinical site directory. All externship sites are listed as “EXT-Name of Site” (e.g., EXT-Stanford Ear Institute).

Finding and Establishing Externship Sites

Students are encouraged to consult the American Academy of Audiology Registry of Clinical Extern sites, HearCareers, for ideas regarding possible options around the country:

[https://hearcareers.audiology.org/jobs/search?filter=\(level%3Aexternship\)](https://hearcareers.audiology.org/jobs/search?filter=(level%3Aexternship))

Establishing New Externship Sites

If a student is interested in establishing a new externship affiliation, the student may request the site by using the **Request Addition** link under **Setup Default Choices** of the student's Typhon profile. The student may contact the site to verify if an externship placement is available and to gather the required contact information to make a formal request. Once the request has been made, allow at least 20 business days for the Director of Clinical Education & Training to initiate contact and correspondence with the new site. If the contact information entered by the student is incomplete or inaccurate, the student may receive a notice that the site has not been added.

Ensure adequate time for the Director of Clinical Education & Training to establish contact and conduct a pre-application interview of the requested site. During this interview, the Director of Clinical Education & Training New will determine if the requested site includes the threshold requirements to be considered for an externship site (evaluate level of interest, determine the ability for supervision, ability to send a student to that state, clinical services provided, protocols, etc.). ***The pre-application screening call does not indicate that the site is appropriate for an externship placement. It is merely a pre-screen to determine if a student may apply.***

Subsequent determination that a site qualifies as an externship placement will be conducted after a student receives an offer for an externship. ***The student is not***

allowed to accept an externship offer until the site has been fully vetted to include extensive information-gathering and either an in-person or virtual site visit.

Externship Site Requirements

Externship sites are the final year immersion experience for students. As such, the experience should be a well-rounded practice that includes breadth and depth of the scope of Audiology. Sites will either complete and return the Externship Questionnaire (Appendix I) to the program, or will complete the questionnaire in consultation with the Director of Clinical Education & Training. All sites are expected to provide diagnostic evaluations on a variety of patients. To qualify for an externship placement, the site must also provide three additional specialty areas as identified on the questionnaire and must also include probe mic measures as part of the *standard fitting protocol*. Sites that do not meet this requirement may qualify as a clinical internship placement or may be considered a part-time externship site, but are unable to be considered for a full-time externship experience.

State Authorization Requirements

Individual states have designed authorization processes to regulate educational activities taking place within their boundaries by extra-jurisdictional educational entities. As part of the authorization process, formal approval must be granted from the Office of the Provost in order to place students in any state outside of California. As the procedure for establishing authorization to place a student may be lengthy, any interest in applying for an externship placement in another state should be discussed with the Director of Clinical Education & Training early in the application process and prior to applying for an externship. All requests will be sent to the Office of the Provost and the student will be informed of the outcome and ability to proceed with the application. Currently, the states that have an established agreement are Nevada and Utah. More states are in the process of being approved.

Applying for Externship Placements

During the summer of the first year, students meet with the Director of Clinical Education & Training to commence the application process. All students will prepare and have the externship applications ready to send out by September 1. Be mindful of the externship deadlines for the individual sites. Some sites have deadlines in mid-August or earlier.

It is advised that students do not wait until the last minute to schedule the meeting. Available office hours book quickly in July and August and are filled in advance during the first week of the fall semester. Failure to meet prior to the August 31st deadline will result in a delay of the externship application. **Prior** to the meeting, the student will upload the following documents **as one file** into **My External Documents** in Typhon:

1. Finalized resume
2. Cover letter

3. Externship application template (found in **Program Documents/Templates** in Typhon) and can be seen in Appendix J

At the meeting, the student and the Director of Clinical Education will:

1. Review the documents submitted prior to meeting. If the cover letter, resume and application template is not complete, the meeting will be rescheduled.
2. Discuss the externship list. Upon approval of the sites, the Director of Clinical Education will send the file to the faculty and the student. Faculty will write confidential letters of recommendation only to sites listed on the approved list.
3. Once cleared by the Director of Clinical Education, the student may send out the externship applications. The applications should be sent by September 1 of the second year, or earlier based on individual placement deadlines.

Failure to meet with the Director of Clinical Education prior to the August 31st deadline will delay the externship application process and may, ultimately, delay the externship.

Application Follow-Up and Externship Interviews

Once the applications have been sent, the student should follow-up with the site regarding the status of the application and next steps. Available time for interviews should be prioritized to minimize time away from classes and clinic. Fall clinic rotations are scheduled so the student has the 2nd and 4th Thursday of the month available for meetings with faculty and interviews. If appropriate, try to schedule interviews on those days.

Keep in mind Clinical Internships require a minimum of 220 hours to fulfill semester requirements. If it is necessary to miss a day of clinic, the student should ask permission for the absence from the clinical site preceptor, request the absence in Typhon, and wait for the Director of Clinical Education to approve the absence. Upon approval, the student will be allowed to schedule the interview(s) for the day(s) requested. Any time missed during the clinical internship must be made up prior to the end of finals week.

Accepting an Externship Offer

Externship application periods are a complex and stressful time, and may not become less stressful when externship offers start being extended. The complexity of the different site application deadlines, interviews and subsequent offers can be quite overwhelming. A student should be mindful of the application deadlines and has the ability to ask a site what the anticipated timeline for extending offers may be.

Scheduled interviews may not be completed by the time the initial externship offer is received. If this happens, the student may ask the offering externship site for additional consideration time in order to finish interviewing. The site may or may not grant that request. If extended time is **not** granted, then the student will need to decide if he/she wants to decline the initial offer and wait for the decision from another externship site, or

if he/she wants to accept the offer and remove their application from consideration at the remaining sites.

Upon receiving an offer that the student would like to accept, he/she must immediately contact the Director of Clinical Education & Training. At that time the Director will contact the site and schedule a site visit discuss establishing an affiliation agreement, credentialing of the preceptors who will be involved, determine licensure requirements, etc. **Students are not allowed to ACCEPT the externship until the Director of Clinical Education & Training has fully vetted the site.**

Once the student has accepted an externship offer, notification should be sent to any additional sites to inform the site that the student wishes to remove their application from consideration. If a student has accepted an externship offer at one site, the student is no longer eligible to entertain other externship offers. If another site contacts the student at a later date offering an externship position, the student will politely inform the site that he/she has already accepted a position and is not available for the opportunity.

Registration and Grade Assignments for Externships

During the externship year, all students will register for both the Externship Practicum class (AUDI 388) and the Externship Seminar Class (AUDI 389) during the fall, spring and summer semesters. **Graduation for all students will be official at the end of the summer semester (August) of the third semester.**

Grades will be assessed on a semester basis. A student must earn a grade of B or higher in the externship practicum course (AUDI 388) for three semesters. A grade of B- or lower means that the student cannot count the hours of that semester for program requirements or California audiology licensure. **Progress in the program may be delayed with any grade of B- or lower, and the student will be required to complete an additional semester of an externship.** The additional semester may not be at the original externship site, may be without compensation, and will require the student to pay tuition and any associated fees.

Fulfillment of the Externship

The externship is a full-time, twelve-month requirement. A minimum of 1850 hours must be obtained to complete the requirement of the externship and be eligible for graduation. All sites working with the University of the Pacific have agreed to a twelve-month commitment. If the student is unable to meet the minimum number of hours required within the twelve month time frame, other options will need to be investigated, may delay graduation, and may require additional tuition and fees.

Sites do not have any obligation to extend the externship to accommodate a lack of hours. Plan the time away from work for holidays, graduation, professional education events, and vacation/sick time carefully.

Students may wish to attend and “walk” in the official graduation ceremony in May. The May ceremony is the only event for all graduates regardless of which semester the program of study is actually completed. Time away from the externship should be planned carefully to ensure the student has time available to be away from the externship.

Even though a student attends the May ceremony, graduation does not occur until August. It is unacceptable to utilize the AuD degree until the degree is officially conferred at the end of the summer semester. Time away from the externship should be planned carefully to ensure the student has time available to be away from the externship.

Program Requirements

As the externship approaches completion, the Preceptor and student will work in conjunction to complete all required paperwork. Once ALL required paperwork is received by the Director of Clinical Education & Training, the student should leave seven business days for processing. Grades will not be posted until the end of the semester (in August). Final transcripts with the terminal degree listed will be available after the summer semester has ended.

Externship Finalization Document

The *Externship Finalization Document* (Appendix K) is found in **Program Documents/Templates** in Typhon. The student and preceptor should sign this document. The student will then upload a copy of the signed document in **My External Documents** in Typhon and will scan/email or fax a copy of the signed document to the Director of Clinical Education & Training. The finalization document must be received both by upload into Typhon AND email or fax.

Clinical Hours Verification

Upon receipt of the finalization document, reports will be generated calculating the total hours and clinical experiences. A minimum of 1850 hours must be logged for the AUDI 388 Externship class to fulfill the program requirements. Official documentation of acquired hours and clinical skills will be generated and uploaded to the student profile in Typhon. Students have access to the uploads/documents in Typhon for five years post-program completion. It is highly recommended that the students download all documents and verification for their own records should they elect to discontinue Typhon membership and access to information.

Licensure Requirements

RPE Verification Form

If the extern has completed the experience in the state of California, the student and the preceptor must complete the RPE Verification Form and submit it to the Speech-Language, Hearing, Audiology and Hearing Aid Dispensing Board (SLPAHADB) within 10 days. The Board will need this document to process the permanent audiology license. California requires a 12-month externship. If the student signs and sends the document early, the Board will send it back until the end of the externship.

Praxis Examination

Students are responsible for signing up to take the National Examination in Audiology (Praxis). The exam can be completed and submitted to the SLPAHADB anytime during the RPE year. The Praxis report must be sent directly to the Board (Reporting Code R8544) and is required in order to obtain a license in the State of California. The minimum passing score is 170 for Audiologists.

There are a number of testing windows from mid-September to July. The Praxis for Audiology is not given over the. Should a student decide to take the Praxis exam before starting the externship, mindfulness should be taken to schedule outside of class and clinic times. ***It is not allowable for students to miss class or clinic in order to attend a Praxis exam. It will be counted as an unexcused absence and any assignments, tests, quizzes given in class that day will receive "no credit."***

Registration for the Praxis exam can be found at www.ets.org/praxis.

1. Find the Quick Links section
2. Register for a Test
3. Register Online Now
4. See the section that says **Sign into Your Account**
5. **New Users, Create Account** - complete all of the registration information
6. Select a Test:
 - a. Graduate Major field – 701 Audiology
 - b. Certification field 1 – 701 Audiology
7. Certifying State or National Agency – California (or whichever state you may be applying for licensure)
8. State Agency – CA SPEECH/PATH/AUD/BOARD (or the appropriate agency in the state of which you are applying for licensure)
9. Select a test name – Audiology **code 5342**
10. **Schedule Computer Test** – search for sites by inserting the nearest zip code. There are sites available nationally. Select a date and time for your test.
11. Attending Institution – University of the Pacific SLP/AUD – **code 0029**. *Do not use the generic UoP code (4065)*
 - a. Select **YES** when asked "Do you want your attending institution to get score?"

12. Score recipients – 3 free
 - a. CA Speech/Path/Aud Board – **code 8544** (automatic score recipient)
 - b. Send to ASHA if seeking CCC-A – **code 5031**
 - c. Out-of-State Licensing Board – **code** _ _ _ _
13. State Passing Score Information (just click **SKIP**)
14. Order Test Prep books if desired
15. Review Order – verify all codes are listed

Letter of Completion

If the student plans to be employed after completion of all program requirements, but before the degree is officially posted, the student may request a Letter of Completion for the licensing board and/or employer.

Requests can be made to Audiology Program Administrative Assistant. The student will make a formal request in writing (email is acceptable) and specify to whom the letter should be sent. Once the Director of Clinical Education & Training has received all of the documents specified for completion of the degree, a letter will be generated. Students should leave seven to ten business days to process the request.

Appendices

Appendix A – Technical Standards



Technical Standards Doctor of Audiology (Au.D.) Program

In order to acquire the knowledge and skills requisite to the practice of audiology, students must be able to function in a broad variety of clinical situations and render a wide spectrum of patient care. Students must possess certain skills to successfully complete the academic and clinical components of the curriculum and patient care with or without reasonable accommodations for disabilities. All doctoral students must be able to perform tasks such as taking a case history, completing a full diagnostic evaluation for a hearing and/or balance disorder, assessing auditory function, integrating the information in order to develop a diagnosis and plan for treatment. Ultimately, these tasks must all be completed independently without aid of an intermediary.

Students must possess essential skills and attributes in five areas: communication, motor, intellectual-cognitive, sensory-observational and behavioral-social. These skills enable a student to meet graduate and professional requirements as measured by state licensure and national certification. Students must be able to undertake all curricular requirements to the satisfaction of faculty to become competent and reliable practitioners. To this end, the faculty of the Doctor of Audiology Program has established the non-academic criteria (Technical Standards) that doctoral students must possess to enroll in and to continue in academic courses and clinic placements required for the Au.D. degree.

The Doctor of Audiology is a three-year program that requires the acquisition of professional attitudes, skills and behavior as well as the accumulation of scientific knowledge. Graduates will complete two years of a resident academic and clinical education with a third year externship experience. The Au.D. degree certifies that the student has acquired the broad base of knowledge and skills required for the practice of audiology and is eligible for professional licensure and, if desired, certification. Candidates for the Au.D. degree must have abilities and skills in the five areas outlined below. Technological compensation or reasonable accommodations can be made for some disabilities in certain areas but a candidate should be able to perform all of these tasks in a reasonably independent manner.

The items in **Bold Font** in the expanded areas are considered particularly relevant and should be present when a student begins the doctoral program. The burden is on the

applicant to demonstrate that he/she can meet the essential functions or requirements of the program with reasonable accommodations when necessary.

Communication Skills: A student must possess adequate communication skills to:

- Demonstrate reading and writing skills sufficient to meet curricular and clinical demands.
- Demonstrate non-verbal communication skills sufficient to meet curricular and clinical demands.
- Modify communication style to meet the communication needs of the patients, caregivers and other persons served.
- Communicate effectively and proficiently in oral and written English. Skills must be at a level that can be easily understood by patients, caregivers of the patients, health care professionals and colleagues for general interactions, for administration of tests, and other related functions associated with professional practice.
- Communicate professionally and intelligibly with patients, colleagues, other healthcare professionals, and community or professional groups.
- Communicate professionally and effectively on patient documentation, reports, and scholarly papers required as part of coursework and professional practice.
- Accurately convey information with relevance and cultural sensitivity.

Motor: A student must possess adequate motor skills to:

- Access transportation to academic and clinical placements.
- Participate in classroom and clinical activities for the defined workday.
- Respond quickly in the event of an emergency situation (fire, choking, earthquake, etc.) to provide patients a safe environment.
- Efficiently manage testing and treatment environment and materials without violation of testing protocol and with best therapeutic practice.
- Safely and reliably access and control clinic and patient equipment (e.g., audiometers, hearing aids, computers, etc.).
- Access technology for clinical management (i.e., billing, medical charts, blueprint, canvas, etc.).

Intellectual/Cognitive: A student must possess adequate intellectual and cognitive skills to:

- Comprehend, retain, integrate, synthesize, infer, evaluate and apply written and verbal information sufficient to meet academic and clinical demands.
- Formulate written and verbal assessments and therapeutic judgments to meet curricular and clinical demands
- Self-evaluate, identify and communicate limits of one's own knowledge and skills to appropriate professional level
- Identify and utilize resources in order to increase knowledge and skills

Sensory/Observational: A student must possess adequate sensory skills of vision, hearing, tactile and smell to:

- Effectively observe and function (in visual and auditory modalities) in both clinical and academic settings, including observing a patient's verbal and non-verbal responses to sensory stimuli.
- Identify need for alternative modalities of communication.
- Recognize when a patient does or does not understand the clinician's written and/or verbal communication.
- Identify anatomic structures of the hearing mechanism.
- Discriminate and comprehend text, numbers, tables and graphs associated with diagnostic instruments and tests.
- Assess and troubleshoot amplification and assistive listening systems.

Behavioral/Social: A student must possess:

- Appropriate interpersonal skills with patients, care givers and professionals, and the demeanor and rapport necessary for quality patient care.
- Mature, empathetic and effective professional demeanor by exhibiting compassion, integrity and concern for others.
- Capacity to maintain composure and continue to function well during periods of high stress.
- Compassion, integrity and empathy for others
- Respect for individuals with disabilities and for individuals of different ages, genders, race, religions, sexual orientation, cultural and socioeconomic backgrounds.
- Perseverance, diligence and commitment to complete a program requirements.
- Ability to critically evaluate his/her own performance and identify tactics to improve performance, both with and independent of faculty assistance.
- Integrity and ethical skills to abide by the Code of Ethics and university and federal privacy policies.
- Maintain general good physical and mental health and self-care in order not to jeopardize the health and safety of self and others in the academic and clinical setting.
- Adapt to changing and demanding environments (which includes maintaining both professional demeanor and emotional health).
- Manage the use of time effectively to complete professional and technical tasks within realistic time constraints.
- Capacity to accept appropriate suggestions and constructive criticism and respond by modification of behavior.
- Dress appropriately and professionally.

Students should carefully review these technical standards to determine if assistance is needed to perform any of the required tasks. If you feel you are unable to meet these standards, it is your responsibility to notify the appropriate faculty member(s) to seek accommodations, and then to register with the Office of Services for Students with Disabilities (SSD) for information on how to obtain an Accommodations Request Letter.

SSD has a three-step process for initiating accommodations:

1. Student meets with the SSD Director and provides documentation and completes registration forms.
2. Student requests accommodation(s) each semester by completing the Request for Accommodations Form.
3. Student arranges to meet with his/her professors to discuss the accommodation(s) and to sign the Accommodation Request Letter

To ensure timeliness of services, it is preferable that you obtain the accommodation letter(s) from the Office of SSD within 1 week of the beginning of the semester. *After* the instructor receives the accommodation letter, please schedule a meeting with the instructor during office hours or some other mutually convenient time to arrange the accommodation(s).

The Office of Services for Students with Disabilities is located in the McCaffrey Center, Rm. 137. Phone: 209-946-3221. Email: ssd@pacific.edu.

Online: www.pacific.edu/disabilities

UNIVERSITY OF THE PACIFIC

Technical Standards Statement

**ALL STUDENTS MUST SIGN THE STATEMENT BELOW
and submit it to the
Audiology Program Office, 155 5th Street, San Francisco, CA 94103
by August 1, 2018**

I certify that I have read and understand the attached technical standards and I believe to the best of my knowledge that I am able to meet each of these standards



without accommodation



with reasonable accommodation for a disability

I understand that if I am unable to meet these standards with or without reasonable accommodation now or in the future, I will be denied permission to enroll or continue in the program.

Please Print Name

Signature

Date

RESOURCES FOR DISABLED STUDENTS

If you need disability-related accommodation to satisfy the requirements of this program, you must contact the Office of Services for Students with Disabilities (209.946.3221 or www.pacific.edu/disabilities) for an assessment of your eligibility for and the reasonableness of accommodations.

The University does not discriminate on the basis of race, gender, sexual orientation, national origin, ancestry, color, religion, religious creed, age, marital status, cancer-related or genetic-related medical conditions, disability, citizenship status, military service status, and any other status protected by law. In accordance with the above University policy and in compliance with all applicable laws, all educational services will be provided and all employment decisions (including recruitment, training, compensation, benefits, employee relations, promotions, terminations) will be made without regard to the individual's status protected by law. To the extent provided by law, the University will reasonably accommodate qualified individuals with disabilities which meet the legal standards for documentation, whenever the individual is otherwise qualified to safely perform all essential functions of the position. This notice is given pursuant to the requirements of Title IX of the Educational Amendments of 1972, Title VII of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973 and amendments and other laws, orders and regulations governing discrimination. The University of the Pacific has designated the Director of Human Resources to coordinate the University's efforts to comply with laws, orders and regulations governing discrimination. Any person having a complaint should contact in writing: The Director of Human Resources, University of the Pacific, 3601 Pacific Avenue, Stockton, CA 95211.

Appendix B – Clinical Skills Formative Assessment (CSFA)

PREVIEW ONLY

Final Evaluation - Internship

Completed by the Clinical Instructor/Preceptors, regarding the Students (Class of 08/2018), answered on a As needed basis, for pre-determined combinations only. Before beginning an evaluation, the clinical instructor/preceptors will be asked to select which student they are evaluating.

1



Clinical Skills Formative Assessment
Doctor of Audiology Program, University of the Pacific

INSTRUCTIONS FOR RATING DOCTORAL STUDENT PERFORMANCE

The purpose of the end of semester Doctoral Student evaluation is for you, the Clinical Preceptor, to formally describe the Student's performance in practicum this term. The key to a successful evaluation is to provide clear and specific feedback to the student regarding the performance to date for the experiences they have had in clinic. This evaluation includes written and verbal feedback on the student's **strength** and **areas of growth**. To provide maximum benefit to the student, please provide **specific description** for areas of weakness and/or skills to improve.

This FINAL evaluation provides an opportunity for you and the student clinician to verify there is a common understanding of his/her current performance level. It also allows for review of the beginning of the term and discussed at the Midterm Evaluation. This evaluation also allows for development of strategies to further the growth and achievement of clinical competency.

Step 1	Review written feedback notes and paperwork from the student's training activities and current areas of strength and areas to improve.
Step 2	Score student's performance on Professional Expectations. Ratings are: Consistent/Inconsistent/Not Applicable
Step 3	Use the Rating Scale (see question #6) to score relevant clinical competencies. Those skills that are not relevant to the student's placement should be left blank. In scoring student performance, consider the level of competency as observed across the last 3 - 4 weeks of the grading period.
Step 4	Hold a conference with the student to review the student's own self-ratings and clinical preceptor ratings. It is recommended that you take the time during the evaluation to have the student provide feedback to you on the effectiveness of the clinical teaching provided.

Term (Fall, Spring, Summer):

Year:

Site:

(ANSWER REQUIRED FOR EACH OPTION)

2

Overall Summary - Areas of Strength

Provide a summary of the student's overall performance by listing current areas of strength.

(ANSWER REQUIRED)

3

Overall Summary - Areas to Improve and/or Develop

Provide suggestions of areas to improve and development of clinical skills for future rotations.

(ANSWER REQUIRED)

4

Areas of Concern

If you have any significant concerns regarding the student's current performance, progress, or potential for success, please describe below:

5

Professional Expectations

Score the student's performance on Professional Expectations using the descriptors **Inconsistent** (Unsatisfactory), **Consistent** (Satisfactory) or **Not Applicable**.

Inconsistent	Consistent	N/A
Student demonstrates a positive attitude towards clinical training		
Additional Comment: <input type="text"/>		
Student displays active participation in the learning process (eg, active participation and engagement, taking responsibility for own learning, motivated, takes initiative)		
Additional Comment: <input type="text"/>		

Student is prepared for sessions and meetings (eg, has relevant materials, clinic setup complete, ready for patient, asks questions, closes clinic as expected)

Additional Comment:

Student exhibits professional and technical growth (eg, practice new skills, troubleshooting, follow up, gains confidence, motivated to implement feedback)

Additional Comment:

Student completes responsibilities on time (eg, progress notes, reports, clinic duties)

Additional Comment:

Student is punctual and ready for clinic sessions and meetings (eg, arrives early, has pen/paper)

Additional Comment:

Student has become familiar with relevant materials and resources of the facility

Additional Comment:

Student dresses in a manner consistent with the policies and expectations of the facility

Additional Comment:

Student demonstrates professional maturity & conduct for situations

Additional Comment:

Student demonstrates professional interactions with colleagues, professionals and staff

Additional Comment:

Inconsistent

Consistent

N/A

Student demonstrates professional interactions with patients and families

Additional Comment:

Student performs all practices using sound ethical and legal judgments

Additional Comment:

Student follows facility safety procedures, infection control, universal precautions

Additional Comment:

Student follows facility policies for HIPAA and patient/client confidentiality

Additional Comment:

Student adheres to the Code of Ethics in clinical activities

Additional Comment:

Student keeps personal problems from interfering with clinical processes

Additional Comment:

(ANSWER REQUIRED FOR EACH OPTION)

6 The following 9-point scoring system is used to score clinical performance of a student at the University of the Pacific Hearing & Balance Center. Consideration of the score both on the **quality** and **independence level** performed by the **Doctoral Student Clinician** as well as the level of **support** and **guidance** provided by the **Clinical Preceptor**.

NOTE: *A score below 3 or above 6 on any item requires justification in the comments box provided.

In-House Clinical Rating System

	1	2	3	4	5	6	7	8	9
Doctoral Student Performance	ABSENT SKILL or implemented with difficulty. Efforts to modify behavior unsuccessful. Demos incomplete understanding of clinical disorder/process. Observes & assists preceptor. Difficulty evaluating self. Difficulty focusing on patient's needs.	EMERGING SKILL. Efforts to modify behavior occasionally successful. Needs instruction to modify skill. Implements skill if previously discussed/modelled. Focused primarily on own needs not patient needs. Limited self-evaluation.	INCONSISTENT SKILL. Skill is under-developed. Implemented appropriately but inconsistently. Does not independently modify behavior during session. Post-session, student aware of need to modify behavior, and able to identify <u>some</u> solutions, but may not be optimal methods.			CONSISTENT WITH OCCASIONAL PROMPTS. Skill implemented appropriately <u>most</u> of the time. Working on refining skill (ie, increase consistency, efficiency, or effectiveness). During session aware of need for change and modifies behavior <u>some</u> of time. Initiates new suggestions <u>some</u> of time.		CONSISTENT & CAPABLE. In most situations: implements skill's consistently & proficiently; modifies behavior as needed; demonstrates independent clinical problem solving. Generates accurate self-evaluation.	INDEPENDENTLY COMPETENT. Skill implemented independently; competently & consistently. Takes initiative in case management. Self-evaluation insightful.

	1	2	3	4	5	6	7	8	9
Clinical Preceptor Support	MAXIMUM INSTRUCTION. Direct instruction, background info and demonstration necessary all/most of the time. Specific instruction may not alter behavior. Patient service provided by clinical preceptor.	CONSTANT DIRECTION. Helps student understand relevant patient needs majority of the time. Clarifies priorities. Some assistance/demo needed during session. Provides post-session input to facilitate appropriate follow-up. Facilitates student self-evaluation.		ONGOING GUIDANCE. Oversees session plan. Occasional input needed during session to insure accurate, appropriate, and optimal services. Focus on increasing student awareness of when/how to improve the skill. Instruction frequently required to facilitate understanding of patient needs.		INTERMITTENT PROMPTING. Monitors student performance & plans. Gives prompts regarding salient needs & possible alternatives to consider some of the time. Seldom intervenes during session.		REGULAR OVERSIGHT. Preceptor confirms student hypotheses & plans most of the time. Collaborates w/student regarding patient needs & suggests alternative areas to consider some of the time. Promotes student independence.	COLLABORATIVE INPUT. Preceptor provides input when student indicates they need assistance in a specific area. Preceptor plays role of an external advisor. Provides mentoring to support growth. Serves as licensed professional.

7 Evaluation Skills (audiological evaluation, prevention/conservation activities, AEP testing, balance testing, other testing)

This section is **performance/execution** of the identified skill. Interpretation of results/outcomes is found in subsequent sections.
Mark the appropriate rating. Consider both the independence of student performance & quality of skill execution AND level of preceptor guidance.

1	2*	3	4	5	6	7*	8	9
Absent Skill	Emerging Skill		Inconsistent Skill		Consistent with Occ Prompts		Consistent & Capable	Independently Competent
Max Instruction	Constant Direction		Ongoing Guidance		Intermittent Prompting		Regular Oversight	Collaborative Input

	N/A	1	2	3	4	5	6	7	8
Performs hearing conservation activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional Comment:	<input type="text"/>								
Identifies prevention activities for hearing/communication, balance, auditory-related systems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional Comment:	<input type="text"/>								
Promotes hearing wellness and prevention across populations/ages	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional Comment:	<input type="text"/>								
Performs speech/language screening	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional Comment:	<input type="text"/>								
Performs/interprets otoscopy for appropriate management/referral decisions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional Comment:	<input type="text"/>								
Conducts pure tone air/bone thresholds	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional Comment:	<input type="text"/>								
Conducts air/bone with masking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional Comment:	<input type="text"/>								
Conducts speech audiometry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional Comment:	<input type="text"/>								
Conducts speech audiometry with masking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional Comment:	<input type="text"/>								
Conducts OAE audiometry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional Comment:	<input type="text"/>								
	N/A	1	2	3	4	5	6	7	8
Conducts immittance audiometry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional Comment:	<input type="text"/>								
Conducts electrophysiologic diagnostic testing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional Comment:	<input type="text"/>								
Conducts vestibular evaluation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional Comment:	<input type="text"/>								
Conducts CAPD evaluation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional Comment:	<input type="text"/>								

Conducts tinnitus assessment/evaluation

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Additional Comment:

Conducts aural rehabilitation assessment

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Additional Comment:

Evaluation skills not listed above (specify in comment box)

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Additional Comment:

(ANSWER REQUIRED FOR EACH OPTION)

8

Treatment Skills (HAs, other assistive devices, sensory devices, follow-up, rehab)

This section is performance/execution of the identified skill. Interpretation of results/outcomes is found in subsequent sections.

Mark the appropriate rating. Consider both the Independence of student performance & quality of skill execution AND level of preceptor guidance.

1	2*	3	4	5	6	7*	8	9
Absent Skill	Emerging Skill		Inconsistent Skill		Consistent with Occ Prompts		Consistent & Capable	Independently Competent
Max Instruction	Constant Direction		Ongoing Guidance		Intermittent Prompting		Regular Oversight	Collaborative Input

N/A **1** **2** **3** **4** **5** **6** **7** **8**

Performs/interprets otoscopy for appropriate management/referral decisions (in treatment appointments)

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Additional Comment:

Conducts hearing aid evaluation

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Additional Comment:

Selects and recommends appropriate amplification

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Additional Comment:

Correctly fits and dispenses amplification

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Additional Comment:

Correctly verifies amplification - Electroacoustic analysis

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Additional Comment:

Correctly verifies amplification - Probe mic measures

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Additional Comment:

Correctly verifies amplification - Subjective/behavioral measures

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Additional Comment:

Validates amplification - Outcomes surveys, measurements

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Additional Comment:

Assesses, counsels and fits assistive devices

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Additional Comment:

Assesses, counsel and fits sensory devices (eg, CI)

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Additional Comment:

N/A **1** **2** **3** **4** **5** **6** **7** **8**

Assesses, and counsels for vestibular and balance rehabilitation therapy

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Additional Comment:

Counsels/administers audiologic management of tinnitus

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Additional Comment:

Provides aural rehabilitation

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Additional Comment:

Develops/implements treatment plan based on appropriate data

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Additional Comment:

Treatment skill not listed above (specify in comment box)

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Additional Comment:

(ANSWER REQUIRED FOR EACH OPTION)

9 General Clinical Skills

Special Populations Skills Assessment

This section is performance/execution of the identified skill. Interpretation of results/outcomes is found in subsequent sections.

Mark the appropriate rating. Consider both the independence of student performance & quality of skill execution AND level of preceptor guidance.

1	2*	3	4	5	6	7*	8	9
Absent Skill	Emerging Skill		Inconsistent Skill		Consistent with Occ Prompts		Consistent & Capable	Independently Competent
Max Instruction	Constant Direction		Ongoing Guidance		Intermittent Prompting		Regular Oversight	Collaborative Input

N/A	1	2	3	4	5	6	7	8
Conducts newborn hearing screening	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional Comment: <input type="text"/>								
Conducts play audiometry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional Comment: <input type="text"/>								
Conducts visual reinforcement audiometry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional Comment: <input type="text"/>								
Modifies techniques for pediatric patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional Comment: <input type="text"/>								
Modifies techniques for geriatric patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional Comment: <input type="text"/>								
Modifies techniques for difficult-to-test patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional Comment: <input type="text"/>								

(ANSWER REQUIRED FOR EACH OPTION)

10 General Clinical Skills

Preparation & Planning

Mark the appropriate rating. Consider both the independence of student performance & quality of skill execution AND level of preceptor guidance.

1	2*	3	4	5	6	7*	8	9
Absent Skill	Emerging Skill		Inconsistent Skill		Consistent with Occ Prompts		Consistent & Capable	Independently Competent
Max Instruction	Constant Direction		Ongoing Guidance		Intermittent Prompting		Regular Oversight	Collaborative Input

N/A	1	2	3	4	5	6	7	8
Initiates communication with patient/family/caregiver	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional Comment: <input type="text"/>								
Obtains background information/relevant secondary information	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional Comment: <input type="text"/>								
Obtains a case history	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional Comment: <input type="text"/>								
Evaluates information to develop assessment planning/treatment (critical analysis of case history and available information for appropriate/additional testing as needed)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional Comment: <input type="text"/>								
Establishes appropriate treatment admission & outcome criteria (able to critically analyze available information and patient report to generate appropriate patient care and recommendations)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional Comment: <input type="text"/>								
Uses appropriate communication technique with patient	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional Comment: <input type="text"/>								

(ANSWER REQUIRED FOR EACH OPTION)

11 General Clinical Skills

Interaction & Communication

Mark the appropriate rating. Consider both the independence of student performance & quality of skill execution AND level of preceptor guidance.

1	2*	3	4	5	6	7*	8	9
Absent Skill	Emerging Skill		Inconsistent Skill		Consistent with Occ Prompts		Consistent & Capable	Independently Competent
Max Instruction	Constant Direction		Ongoing Guidance		Intermittent Prompting		Regular Oversight	Collaborative Input

N/A	1	2	3	4	5	6	7	8
Works effectively with patients from diverse backgrounds	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional Comment:	<input type="text"/>							
Interviews and counsels patients/families effectively	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional Comment:	<input type="text"/>							
Establishes and maintains rapport with patients/families	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional Comment:	<input type="text"/>							
Uses appropriate communication technique with patient/family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional Comment:	<input type="text"/>							
Adapts communication based on patient abilities/changes style as needed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional Comment:	<input type="text"/>							
Counsels patient/family/other about test results and recommendations and outcomes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional Comment:	<input type="text"/>							
Explores patient understanding of treatment options, recommendations and follow-up	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional Comment:	<input type="text"/>							
Displays appropriate nonverbal behaviors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional Comment:	<input type="text"/>							
Collaborates effectively with relevant professionals regarding patient care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional Comment:	<input type="text"/>							
Collaborates appropriately/consults with other service providers regarding development and intervention plans (eg, early intervention, school-based professional, IEP, IFSP)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional Comment:	<input type="text"/>							

(ANSWER REQUIRED FOR EACH OPTION)

12 General Clinical Skills

Information Management

Mark the appropriate rating. Consider both the independence of student performance & quality of skill execution AND level of preceptor guidance.

1	2*	3	4	5	6	7*	8	9
Absent Skill	Emerging Skill		Inconsistent Skill		Consistent with Occ Prompts		Consistent & Capable	Independently Competent
Max Instruction	Constant Direction		Ongoing Guidance		Intermittent Prompting		Regular Oversight	Collaborative Input

N/A	1	2	3	4	5	6	7	8
Critically analyzes patient information for decision-making purposes (eg, able to critically analyze history and obtained test results to conduct further testing or omit testing as appropriate)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional Comment:	<input type="text"/>							
Critically analyzes test results to establish type/severity of disorder	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional Comment:	<input type="text"/>							
Critically analyzes all information to generate appropriate recommendations & referrals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional Comment:	<input type="text"/>							
Monitors and summarizes treatment outcomes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional Comment:	<input type="text"/>							
Documents procedures and results accurately & appropriately according to facility requirements	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional Comment:	<input type="text"/>							

Produces acceptable written reports/progress notes

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Additional Comment:

Accurately and thoroughly completes patient care documentation (eg, sees all documentation through to completion, does not omit critical steps in documentation procedures)

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Additional Comment:

Correctly completes billing forms

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Additional Comment:

(ANSWER REQUIRED FOR EACH OPTION)

13 General Clinical Skills

Instrumentation

Mark the appropriate rating. Consider both the independence of student performance & quality of skill execution AND level of preceptor guidance.

1	2*	3	4	5	6	7*	8	9
Absent Skill	Emerging Skill		Inconsistent Skill		Consistent with Occ Prompts		Consistent & Capable	Independently Competent
Max instruction	Constant Direction		Ongoing Guidance		Intermittent Prompting		Regular Oversight	Collaborative Input

N/A 1 2 3 4 5 6 7 8

Assess and maintain clinic calibration

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Additional Comment:

Use equipment according to specification and recommendations

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Additional Comment:

(ANSWER REQUIRED FOR EACH OPTION)

14 Adapted from University of Pittsburgh CSD Department UoP rev 11/2015

Preview Submit (Results NOT Saved)

PREVIEW ONLY

Appendix C – Core Clinical Competencies

Student:

	Core Competency	Attempt 1		Attempt 2		Attempt 3	
1	Routine Listening Check (20 min)	Date		Date		Date	
		Score		Score		Score	
		Preceptor		Preceptor		Preceptor	
2	Otoscopy	Date		Date		Date	
		Score		Score		Score	
		Preceptor		Preceptor		Preceptor	
3	Ear Mold Impressions (30 min) <i>Must be able to identify L/R</i>	Date		Date		Date	
		Score		Score		Score	
		Preceptor		Preceptor		Preceptor	
4	Progress Notes	Date		Date		Date	
		Score		Score		Score	
		Preceptor		Preceptor		Preceptor	
5	Report	Date		Date		Date	
		Score		Score		Score	
		Preceptor		Preceptor		Preceptor	
6	REM and RECD (30 min) <i>Bilateral, Various Models</i>	Date		Date		Date	
		Score		Score		Score	
		Preceptor		Preceptor		Preceptor	
7	ANSI Testing (30 min) <i>Various models, compare specs, dist. & dir testing</i>	Date		Date		Date	
		Score		Score		Score	
		Preceptor		Preceptor		Preceptor	
8	HA Troubleshooting (20 min)	Date		Date		Date	
		Score		Score		Score	
		Preceptor		Preceptor		Preceptor	
9	Audio (60 min) <i>1. Instructions 2. Test Battery 3. Explain Results 4. Make Recommendations</i>	Date		Date		Date	
		Score		Score		Score	
		Preceptor		Preceptor		Preceptor	
10	Setup and Execution of ABR	Date		Date		Date	
		Score		Score		Score	
		Preceptor		Preceptor		Preceptor	

Rev 07/11/17, based on: Marshall, S. 2016

In-House Scoring System		
Pts	STUDENT CLINICIAN PERFORMANCE	CLINICAL PRECEPTOR SUPPORT
1	ABSENT SKILL or implemented with difficulty. Efforts to modify behavior unsuccessful. Demonstrates incomplete understanding of clinical disorder/process. Observes & assists preceptor. Difficulty evaluating self. Difficulty focusing on patient's needs.	MAXIMUM INSTRUCTION. Direct instruction, background info and demonstration necessary all/most of the time. Patient service provided by clinical preceptor.
2	EMERGING SKILL. Efforts to modify behavior occasionally successful. Needs instruction to modify skill. Implements skill if previously discussed/ modeled. Focused primarily on own needs not patient needs. Limited self-evaluation skills.	CONSTANT DIRECTION. Helps student understand relevant patient needs majority of the time. Clarifies priorities. Some assistance/demo needed during session. Provides post-session input to facilitate appropriate follow-up. Facilitates student self-evaluation.
3		
4	INCONSISTENT SKILL. Skill is under-developed. Implemented appropriately but inconsistently. Does not independently modify behavior during session. Post-session, student aware of need to modify behavior, and able to identify <u>some</u> solutions, but may not be optimal methods.	ONGOING GUIDANCE. Oversees session plan. <i>Occasional input needed during session to ensure accurate, appropriate, and optimal services.</i> Focus on increasing student awareness of when/how to improve the skill. Instruction frequently required to facilitate understanding of patient needs. <i>Any prompting for critical information to ensure accuracy in testing will score a 4 or lower depending on extent of prompting.</i>
5		
6	CONSISTENT WITH OCCASIONAL PROMPTS. Skill implemented appropriately <u>most</u> of the time. Working on refining skill (i.e., increase consistency, efficiency, or effectiveness). During session aware of need for change and modifies behavior <u>some</u> of the time. Initiates new suggestions <u>some</u> of the time.	INTERMITTENT PROMPTING. Monitors student performance & plans. Gives prompts regarding client needs & possible alternatives to consider <u>some</u> of the time. Seldom intervenes during session.
7		
8	CONSISTENT & CAPABLE. In most situations: implements skills consistently & proficiently, modifies behavior as needed, demonstrates independent clinical problem solving. Generates accurate self-evaluation.	REGULAR OVERSIGHT. Preceptor confirms student hypotheses & plans most of the time. Collaborates w/student regarding patient needs & suggests <u>alternative areas to consider some of the time.</u> Promotes student independence.
9	INDEPENDENTLY COMPETENT. Skill implemented independently, competently & consistently. Takes initiative in case management. Self-evaluation insightful.	COLLABORATIVE INPUT. Preceptor provides input when student indicates they need assistance in a specific area. Preceptor plays role of an external advisor. Provides mentoring to support growth. Serves as licensed professional.

CORE CLINICAL SKILLS:

- Performs a routine listening check of test equipment & troubleshoots difficulties
 - Pure tone audiometer
 - Tympanometer
- Performs otoscopic examination, recognizes pathological/abnormal
- Makes successful ear mold impressions
- Completes progress notes according to Hx/Rex/Imp/Rec (or SOAP) format
- Completes formal clinical report
- Completes REM and RECD calibration/setup/execution
- Performs & Interprets full ANSI testing w/spec sheet & tolerances, distortion testing and D-Mic testing on various HA models
- Troubleshoots HA issues and retubes EM
- Audio Appointment
 - Provides appropriate test instructions to a patient
 - Administers the full UoP basic test battery
 - Pure tone thresholds
 - SRT/WRS: MCL/UCL
 - Masking as needed
 - Quick-SIN
 - Immittance
 - OAEs
 - Explains test results to a patient or family member
 - Makes appropriate recommendations based on test results
- Demonstrate setup and execution of protocol for neuro-diagnostic and threshold ABR

Must score at least a level 6 on each attempt

All competencies must be maintained and not show regression. If subsequent performance of a skill is not at a level "6", then the last-obtained competency will be removed and need to be demonstrated again.

Rev 07/11/17, based on: Marshall, S. 2016

Appendix D – Clinical Training Action Plan



Doctor of Audiology Program

Clinical Training Action Plan

Student Clinician: _____ **Site:** _____

Clinical Preceptor: _____ **Date of Plan:** _____

I. Definition of Concern(s):

II. Identification of Strengths/Weaknesses

Current Status	Doctoral Student Clinician Clinical Skills/Behaviors	Clinical Preceptor Student Training Skills & Behaviors
Strengths		
Weaknesses		

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III. Definition of steps/objective (refer to table in item IV)

Identification of steps/objective which need to be met along with a timeline for completion

Identification of strategies to be used by the Clinical Preceptor and the Doctoral Student
Clinician to facilitate achievement of the steps/objectives

Definition of how progress on steps/objectives will be determined

Arrange a follow-up meeting: (date: _____)

IV. Objectives/Steps (define in behavioral terms)

Define Measurable Objective Steps To Be Taken (be specific)	Responsible Party Timeline for Completion	Summary of Results

V. Final Outcome (description from Director of Clinical Training, Preceptor and Doctoral Student)

Appendix E – Background Check/Drug Test Authorization

The Thomas J. Long School of Pharmacy and Health Sciences Policy/Procedure on Criminal Background Checks for Pharmacy and Health Science Students

Introduction and Rationale

The Thomas J. Long School of Pharmacy and Health Sciences has a policy on Criminal Background Checks and Drug Testing for all students. This policy was established to align the school with emerging state and federal accreditation and licensing standards.

Policy

The school accepts and retains students who satisfy the school's Standards for Admission and Graduation in a health science program.

The school requires the authorization by each student of a criminal background check and drug testing at the time of their application and/or enrollment in the school and thereafter as appropriate. The school utilizes a non-university entity to perform the criminal checks.

A copy of the student's criminal background check and drug testing will be provided to any clinical practice site that is participating in the academic training of that student, upon written request from the practice site and/or if determined by the school in its discretion. The practice site is responsible for determinations whether the student may participate in that setting. The student may request to review the background check at the Office of Student and Professional Affairs and may request a copy of the background check from the school, at a cost to the student of \$35 per copy.

Criminal Background Check Procedures

- Each student must sign a Release and Authorization Form.
- The non-university entity specializing in lawful background screening and drug testing will conduct the check.
- Each student's background may be checked, by social security number, for up to the prior 7 years, and in state, local, and federal data bases for each of their reported addresses showing any activity for that social security number. The check may include criminal records, including arrests and convictions for all offenses of any type, and a review of the registries of reports of child and dependent adult abuse. The check may include records that have been expunged and judgments that have been deferred.
- Drug testing will involve a 10 Panel Test. Standard 10 Panel tests typically look for cocaine, marijuana, PCP, amphetamines, opiates, benzodiazepines, barbiturates, methadone, propoxyphene and Quaaludes.

- Findings from both the background check and drug testing may be provided to the student for comment, if determined by the school in its discretion. Findings from the background check and drug testing will be reviewed by the School of Pharmacy and Health Sciences and maintained at the Office of Student and Professional Affairs.
- Findings from the background check and drug testing will be provided to affiliated practice sites providing practice experience for the student upon written request from the practice site and whenever determined by the school in its discretion.

Doctor of Audiology Application and Admission Procedures

Each applicant and student is required to execute a Release and Authorization Form for the Criminal Background check and Drug Testing upon request of the school. Applicants will also be required to truthfully report on their application whether they have ever been arrested or convicted of any criminal offense. This includes expunged and deferred judgments.

Appendix 1

THE THOMAS J. LONG SCHOOL OF PHARMACY AND HEALTH SCIENCES
Consent to Criminal Background Check and Drug Testing

In connection with your application and/or enrollment in the School of Pharmacy and Health Sciences, Doctor of Audiology Program you agree to authorize a criminal background and Drug Testing inquiry. This inquiry will be based on your social security number and may evaluate state, local, and federal databases for each of your reported addresses.

Name of Student: _____
Last Name First Name Middle Name

Other Names Used _____ Date of Name Change _____

Gender: Male _____ Female _____

Street Address _____

City: _____ State: _____ Zip Code: _____

List all cities, states, and zip codes of residences for the past seven years: _____

Social Security Number: _____

Driver's License Number: _____

Appendix 2

Name of Student: _____
(Please Print)

Date of Birth _____

Social Security Number _____

AUTHORIZATION

I hereby authorize, without limitation, any party or agency contracted by the Thomas J. Long School of Pharmacy and Health Sciences, any of its agents or any entity employed by the University of the Pacific to conduct an external review of records relating to criminal information concerning me.

I hereby release the Thomas J. Long School of Pharmacy and Health Sciences and its agents, contractors, employees and agents and employees of any party or entity contracted by the Thomas J. Long School of Pharmacy and Health Sciences, information, from any and all claims arising from or relating to the collection or reporting of information obtained in the process of a criminal background and drug test review.

I understand that my date of birth is used solely as an identifier to avoid possible misidentification while completing the background check process.

I HAVE READ AND UNDERSTAND THE INFORMATION ABOVE AND I GIVE MY PERMISSION TO THE THOMAS J. LONG SCHOOL OF PHARMACY AND HEALTH SCIENCES FOR THE CONDUCT OF A CRIMINAL BACKGROUND AND DRUG TEST INVESTIGATION.

Signature of Student

Date

Please Print Name:

Signature of Witness

Date

Please Print Name:

Appendix F – Learning Profile



Doctor of Audiology Program

Doctoral Student Clinical Learning Profile

*Complete this profile prior to the beginning of every new practicum or as revisions are necessary. Upload a copy to your Typhon account AND **share a copy with your preceptor** by the end of the 1st week of your clinical rotation.*

Name: _____ Semester/Year: _____

1. Describe your learning style (e.g., visual, verbal, kinesthetic, mix):
2. Some of my clinical strengths are (may include specific tasks as well as personal attributes/characteristics):
3. Some areas in which I feel I could improve (growth areas for clinical or interpersonal skills):
4. My clinical practice learning goals for this semester are:
5. I am nervous or anxious about (may include your practice, this setting, etc.):
6. My preferred method of receiving feedback to improve skills is (i.e., simple corrective during an appointment, expand verbally at the end of the day, written, etc.):
7. Share your academic and clinical experiences thus far via your Typhon portfolio (you will need to publish your site, copy and paste the link in the space below, and share this form electronically with your preceptor).

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Appendix G – Clinical Experiences Bio Form



Doctor of Audiology Program

Clinical Experiences and Self-Assessment Form

Student: _____ **Semester in Program (e.g., Y1/Summer):** _____

Didactic Courses completed through current semester:

Year 1			Year 2	
Fall	Spring	Summer	Fall	Spring
*Dx I - (Audio) *Dx II - (Immittance/OAE) *Anatomy & Physiology *Signals & Systems *Phys & Beh Health for Audiology	*Amplification I *AEP I *Pediatrics *Psychoacoustics *Research Methods	*Amplification II *Vestibular I *Hearing Disorders *SLP for AuD *Deaf Culture & Communication Systems	*Amplification III *Vestibular II *Auditory Implants *CAPD-Dx & Mgt *Tinnitus Assessment	*Tinnitus Treatment *Aural Rehab *Industrial Audiology *Pharmacology *Professional Issues

Clinical Rotation History:

<u>Clinical Site</u>	<u>Semester</u>	<u>Total Patient Hours</u>	<u>Skills Performed</u>

Interests for current Clinical Rotation:

Clinical Skills Case Totals are included in PDF accompanying this document.

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Self-Assessment of Clinical Skills

- 1 – Absent Skill: Very limited knowledge (may not have had class at this point), very limited to no performance of skill.
 2 – Emerging Skill: Limited performance. > 75% mentoring to perform skill initially.
 4 – Inconsistent Skill: Able to perform, but may be inconsistent application. 50% - 75% mentoring initially.
 6 – Consistent-Occasional Prompts: Perform consistently but need mentoring to refine skill. 25% - 50% mentoring
 8 – Consistent: Performs consistently, modifies skill performance as needed. 10% - 25% mentoring initially

Level of Precepting Required (lower numbers = more guidance)

- 2 – Constant Direction: Preceptor clarifies priorities, some assistance/demo required. Provides input for rec/follow-up
 4 – Ongoing Guidance: Occas input to ensure accurate/appropriate service. Instruct needed for understanding of Pt needs
 6 – Intermittent Prompts: Monitors performance/plans. Provide alternate considerations SOME times. Rarely intervenes
 8 – Oversight: Confirms plan/collaborates re: Pt needs. Suggests alternate plan some time. Promote student independence.

Procedures			Self-Rating		
			Perform	Interpretation	Precepting
Initial Contact	Patient Introduction/Rapport				
	Case History				
Diagnostic Evaluation Skills	Pure Tone Audiometry	Conventional			
		BOA			
		VRA			
		Play			
	Speech Testing in Quiet (SRT & WRS)	MLV			
		Recorded			
	Speech Testing in Noise				
	Masking Air				
	Masking Bone				
	Masking Speech				
	Tympanometry				
	Multi-Frequency Tympanometry				
	Eustachian Tube Function Testing				
	Acoustic Reflex Threshold/Decay				
	TEOAE				
	DPOAE				
	ABR	Automated			
		Threshold			
		Neurodiagnostic			
	ASSR				
	ECochG				
	Auditory Processing Evaluations				
	Vestibular Testing	Bedside Exam			
		VNG			
		Caloric Testing			
		cVEMP			
		oVEMP			
		vHIT			
		Rotary Chair			

Self-Assessment of Clinical Skills

- 1 – Absent Skill: Very limited knowledge (may not have had class at this point), very limited to no performance of skill.
 2 – Emerging Skill: Limited performance. > 75% mentoring to perform skill initially.
 4 – Inconsistent Skill: Able to perform, but may be inconsistent application. 50% - 75% mentoring initially.
 6 – Consistent-Occasional Prompts: Perform consistently but need mentoring to refine skill. 25% - 50% mentoring
 8 – Consistent: Performs consistently, modifies skill performance as needed. 10% - 25% mentoring initially

Level of Precepting Required (lower numbers = more guidance)

- 2 – Constant Direction: Preceptor clarifies priorities, some assistance/demo required. Provides input for rec/follow-up
 4 – Ongoing Guidance: Occas input to ensure accurate/appropriate service. Instruct needed for understanding of Pt needs
 6 – Intermittent Prompts: Monitors performance/plans. Provide alternate considerations SOME times. Rarely intervenes
 8 – Oversight: Confirms plan/collaborates re: Pt needs. Suggests alternate plan some time. Promote student independence.

Procedures			Self-Rating		
			Perform	Interpretation	Precepting
Post-Evaluation Skills	Interpretation/Patient Interaction				
	Delivering results to patient/family	Adult			
		Pediatric			
	Referral Procedures/Patient Management	Adult			
Pediatric					
Hearing Aids	Patient/Family Counseling	Adults			
		Pediatrics			
	HA Consult				
	Earmold Impressions	Adults			
		Pediatrics			
	HA Fitting	Adults			
		Pediatrics			
	Probe Mic Measures	Adults			
		Pediatrics			
	HA Modification				
	HA Troubleshooting/Cleaning				
	Cerumen Management				
Funding for HA in California	Adults				
	Pediatrics				
Cochlear Implants	Evaluation Process/Team Assessment/Candidacy Criteria				
	Patient/Family Counseling	Adults			
		Pediatrics			
	Interoperative Monitoring				
	Mapping				
	Troubleshooting				
Funding for CI in California	Adults				
	Pediatrics				
Aural Rehab	Group Rehabilitation				
	Individual Rehabilitation				
	Auditory Training				

Appendix H – Learning Contract



Doctor of Audiology Program

Clinical Rotation Learning Contract

*Students should review these materials with the preceptor and both parties should sign the contract, with each party receiving a signed copy. Create and upload a PDF of the completed contract in the External Documents of your Typhon profile **by the end of the first week of the semester.***

Semester/Year: _____

Student: _____ Site: _____

*Lead Preceptor: _____ License #: _____
Email: _____

Assisting Preceptor: _____ License #: _____
Email: _____

Assisting Preceptor: _____ License #: _____
Email: _____

*If more than one preceptor is identified, we ask that the lead preceptor complete this contract with the student. Please also document assisting preceptor(s) for our records. The lead preceptor will remain the main point of contact for UoP and will complete the official student clinical evaluations at the mid-term and final part of each semester. Lead and assisting preceptors are encouraged to complete student clinical evaluations together.

The student will initial to verify completion of each of the following items:

1. Learning Profile

- _____ Discussed contents of Individual Learning Profile with preceptor
- _____ Uploaded Individual Learning Profile to Typhon by end of Week 1

2. Schedule

Students in second year placements (AUDI 387) are required to attend clinic (15 weeks fall/14 weeks spring) and achieve a minimum of 220 clinical hours. Any missed clinic hours needed to achieve 220 should be made up no later than the last day of finals week.

_____ Established attendance schedule with preceptor and entered details on **My Schedule** in Typhon as "Absence – Student Request on Learning Contract"

Provide specific schedule information below:

_____ Start Date: _____ End Date: _____
_____ Days/times expected to be onsite (e.g., Tues, Wed, Thurs 8 am – 5 pm)

_____ Planned absence(s) (shown as "Absence – Student Request on Learning Contract")

3. Student Responsibilities and Goals

- _____ Student reviewed AUDI 387 Syllabus
- _____ Developed placement goals with Preceptor

The student and lead preceptor should develop specific goals for the semester. These could be goals specific to the particular clinical environment in addition to general competency skills. Goals may reflect areas of identified need for the student, potential skills or experiences relevant to the site/planned rotation, performance standards set by the preceptor or a combination. Goals should be established the first week of each semester and reviewed periodically throughout the semester (at minimum, during midterm conference).

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GOAL 1:

How is the goal assessed:

Goal Achieved (or further development needed):

GOAL 2:

How is the goal assessed:

Goal Achieved (or further development needed):

GOAL 3:

How is the goal assessed:

Goal Achieved (or further development needed):

4. Preceptor Expectations

Preceptor(s): Please describe below and discuss with the student how you organize the clinical experience and identify your general expectations of the student.

5. Identify the student's general and daily responsibilities.

Identify areas appropriate to the experience and leave sections blank if not applicable:

- ☐ Materials preparation
- ☐ Clinic Set-up
- ☐ Chart Review Requirements
- ☐ Documentation
- ☐ Staff Meetings
- ☐ Regular meetings between student and preceptor (e.g., daily, weekly)
- ☐ Infection control procedures
- ☐ Emergency procedures
- ☐ Additional items/requirements (if any, please list) _____

I, [student name] _____, understand my responsibilities regarding my attendance, participation, and learning goals of my externship this semester. Any changes to the above plan will be discussed with my site preceptor and/or the Director of Clinical Training beforehand.

Student Signature: _____

Preceptor Signature: _____

Date Signed: _____

Appendix I – Externship Site Questionnaire



Doctor of Audiology Program AuD Externship Questionnaire

Thank you for your interest in becoming an externship site for the University of the Pacific Doctor of Audiology Program. Please take a few moments to complete and return the questionnaire. **Completion of this questionnaire does not constitute a commitment, but only an interest in the AuD Externship Program.**

Facility Name & Address:

Contact Person (Name, E-mail, Phone):

The UoP AuD Externship Experience is a cumulative 12-month experience in which the student obtains a minimum of 1850 hours (e.g., 46.25 weeks @ 40 hrs/week; 49.33 weeks @ 37.5 hrs/week). Students are available to start the Externship on or after June 15.

Are you interested in a UoP AuD Extern for the 2019-20 year (beginning June/July 2019)?

Yes

No

APPLICATION DEADLINE: _____

EXTERNSHIP INFORMATION (please check all that apply):

- Full-time (35+ hours/week) of direct service/professional activities available to AuD Externs
- Externship/Training Licensure required for your state
- Multiple Externs at facility

Populations Served (check all that apply):

Geriatric Adult Pediatric School-based Developmental Disabilities

Audiological experiences available during the Externship (Please check experiences students will engage in at least monthly):

- | | | |
|--|--|-------------------|
| Diagnostic audiologic testing | Hearing Aid Evaluation/Dispensing | Probe Mic? |
| Auditory Evoked Potentials | Assistive Device Evaluation/Dispensing | |
| Vestibular Evaluation | Aural (Re)habilitation | |
| Auditory Processing Eval/Treatment | Vestibular Rehabilitation | |
| Tinnitus Assessment/Treatment | Intraoperative Monitoring | |
| Cochlear Implant Program | Educational Audiology | |
| Newborn Hearing Screening | Public Education/Health Fairs | |
| Industrial/Hearing Conservation Audiology | Specialty clinics (please describe): | |
| Onsite Continuing Ed Opportunities | | |
| Other disciplines onsite (ENT, Psych, ENT, other): | | |
| Research/Student Project required (please describe): | | |

For questions, do you prefer UoP students contact you via: e-mail in writing not at all
Only FACULTY at the University of the Pacific may contact us directly at this time.

Department of and Audiology

155 Fifth Street San Francisco, CA 94103 Tel 415.400.8219 Fax 415.400.8233
STOCKTON SAN FRANCISCO SACRAMENTO

EXTERNSHIP APPLICATION PROCEDURES:

Submission: Electronic Paper Both
Recommendation Letters: Include with application Sent separately No preference
Application Submission Requirements/Materials (additional comments):

Interviews:

Phone: Required Acceptable
Skype/Video: Required Acceptable
Onsite: Required Acceptable
Other (please describe):

Compensation/Time Off:

Will the student receive compensation for this externship? Yes No Unknown

If Yes:

Will the compensation have a commission or productivity component? Yes No
Will the student receive a W-2 or 1099 for tax purposes? W-2 1099
Will the student accrue any Paid Time Off? Yes No
 Vacation Sick Days CEU Other

ADDITIONAL INFORMATION:**Precepting/Supervision:**

Preceptor of Record (responsible for approving hours): ASHA CCC-A ABA

Licensed audiologist onsite 100% of the time (not just "available") Yes No

Briefly describe a protocol in your facility that has been revised/updated based on evidence-based practices:

Additional Comments:

Return to:

Jacque Georgeson, Au.D.

VM: 415.929.6639 Fax: 415.780.2062 jgeorgeson@pacific.edu

Appendix J – Externship Application Template

[illegible]

Appendix K – Externship Finalization Document



Doctor of Audiology Program

Externship Placement: _____

Doctoral Student: _____

Date: _____

This form is an acknowledgement that the above mentioned student from the University of the Pacific Doctor of Audiology Program has fulfilled all of the essential requirements to compete her/his externship responsibilities at this facility.

All badges, keys, parking permits and any other items have been returned as required.

Signature of Preceptor

Signature of Student

Both parties must sign the document and return to the Director of Clinical Education & Training:

jgeorgeson@pacific.edu

Fax: 415.780.2062

Department of Audiology

155 Fifth Street San Francisco, CA 94103 Tel 415.780.2001 Fax 415.780.2062

STOCKTON CANERANIGCO SACRAMENTO



AuD Clinical Handbook Acknowledgement Statement

I certify that I have read and understand the Doctor of Audiology Clinical Education Handbook and that I am responsible for all the information contained within.

Print Name

Signature

Date

All students must sign the statement and submit it to the Audiology Program Office,
155 Fifth Street, San Francisco, CA 94103
No later than August 1, 2018