

University of Illinois at Urbana-Champaign
AUDIOLOGY CLINICAL HANDBOOK

Updated December 2020



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Accreditation

The doctoral AuD education program in audiology at the University of Illinois at Urbana-Champaign is accredited by the Council on Academic Accreditation in Audiology and Speech-Language Pathology of the American Speech-Language-Hearing Association, 2200 Research Boulevard, #310, Rockville, MD 20850, 800-498-2071 or 301-296-5700.

Professional Ethics

Faculty and clinical personnel in the Department of Speech and Hearing Science adhere to the ASHA Code of Ethics and to the University of Illinois procedures. We welcome you to our clinic and invite you to learn and practice ASHA's Code of Ethics found at <https://www.asha.org/Code-of-Ethics/> and the University of Illinois policy found at <https://www.uillinois.edu/about/policies>.

Information in This Handbook

The information contained in this handbook is for guidance on matters of interest to faculty, staff and students in the Department of Speech and Hearing Science at the University of Illinois at Urbana-Champaign. The handbook sometimes summarizes campus and university policies as a convenient reference tool. However, information on campus and university policies contained herein is for informational purposes only and is subject to change without notice. For the most current information, please see the official campus/university versions of these policies as posted on official web sites. These can be accessed through the Campus Policies and Procedures home page at the following URL: <https://www.uillinois.edu/about/policies>

Please note: The clinical programs in audiology and speech-language pathology adopted the CALIPSO program for tracking clinical experiences and records beginning January 2019 for the AuD program class of 2022 and the MA-SLP program class of 2020. Additionally, the conversion to electronic medical records for the Audiology & Speech Language Pathology Clinics was initiated May 2020. Some information in this handbook is subject to change upon conversion to the electronic medical records system.

Table of Contents

		<u>Page</u>
SECTION I	INTRODUCTION	6
	A. Organizational Chart of Administration	7
	B. Department Mission & Vision Statements	8
	C. Clinical Priorities	8
	D. Clinical Practicum Privileges	9
SECTION II	CLINIC FACILITIES	10
	A. Main Office	11
	B. Faculty/Staff	11
	C. Clinic Waiting Area	11
	D. Clinic Rooms	11
	E. Clinic Chart Room	12
	F. Clinic Computers	12
	G. Student Office Area	12
	H. Keys	12
	I. Patient Master List	12
	J. Patient Parking	13
	K. Building Emergency Plan	13
SECTION III	CLINICAL PRACTICUM	14
	A. ASHA /Department Requirements	15
	B. Criminal Background Check and Other Requirements	16
	C. Audiology Clinic Meeting	16
	D. Submitting Schedules	16
	E. Scheduling	17
	F. Clinic Assignments and Tracking of Clinical Hours	17
	G. External Placements	17
	H. Clinical Assessment	18
	I. External Site Communications and License Verification	19
	J. Absence/Professional Behavior Policy	19
	K. Clinical Participants	20
	L. Illinois Department of Public Health Requirements	21
	M. Dress Code	21
	N. Professional Behaviors	22
SECTION IV	CLINIC PROCEDURES	25
	A. Preparation for the Evaluation	26
	B. Basic Hearing Evaluation Protocol Procedures	26
	C. Hearing Screening Procedure	27
	D. Biological Equipment Check	27
	E. Location of the Patient Appointment Schedule and Charts	27
	F. Initiating the Appointment	27
	G. Legal Release and Permission to Receive Evaluation/Therapy	28

	H. Health Insurance Portability and Accountability Act (HIPAA)	
	Notice of Privacy Practices Policy Case History	28
	I. Patient Consent for Use and Disclosure of PHI/Receipt of	
	Notice of Privacy Practices Written Acknowledgment	28
	J. Consent for Disclosure of Confidential Information	29
	K. Case History	29
	L. Audiogram	29
	M. Log to Track Disclosure of PHI	30
	N. Fee Schedules and Billing	30
	O. Third-Party Payment Procedures	30
	P. Patient Response Questionnaire	31
	Q. Audiology Quality Assurance Forms	31
	R. Reports	31
	S. After the Appointment	31
	T. Medical Referral Policy	32
	U. Receipt of Records from Outside Facilities	32
	V. Patient Appointment Changes/Cancellations/Absences	33
	W. Cleaning and Care of Equipment and Facilities	33
SECTION V	AUDIOLOGICAL REPORTS	34
	A. Report Writing	35
	B. Clinic Forms	37
	C. Abbreviations	37
	D. Degree of Hearing Loss	38
	E. Chart Organization	39
SECTION VI	HEARING AID PROCEDURES	43
	A. Hearing Aid Evaluations/Demonstrations	44
	B. Hearing Aid Candidates	44
	C. Medical Clearance/Medical Waivers	45
	D. State of Illinois Recommended Hearing Aid Selection and	
	Fitting Procedure	45
	E. Earmold Procedures	46
	F. Ordering the Hearing Aid	47
	G. Hearing Aid Dispensing	47
	H. Appointments During the Trial Period	51
	I. Hearing Aid Checks	52
	J. Hearing Aid Check with Hearing Evaluation	53
	K. Hearing Aid Repairs	54
	L. Procedures for Use of Loaner Hearing Aids	56
	M. Mailing Hearing Aids	57
SECTION VII	HEARING CONSERVATION PROGRAM	58
	A. Hearing Conservation Contract Procedures	59
	B. Hearing Conservation Contract Follow-Up Procedures	61

SECTION VIII	SUPERVISION	65
	A. Direct Supervision Procedures	66
	B. Grievances	66
	C. Clinical Instructor-Student Conferences	67
	D. Professional Protocol and Evaluation Procedures	67
	E. Evaluation of Clinical Instructors	67
	F. Log of Clinical Hours	67
	G. Intervention Plans	68
	H. Student Learning Outcomes Assessment	69
	I. Accommodations	69
	J. Policies and Procedures for Equitable Treatment	70
	K. Student Complaints	70
	L. Campus Student Support Services	71
SECTION IX	PROFESSIONAL ORGANIZATIONS	72
	A. The American Speech-Language-Hearing Association (ASHA)	73
	B. The National Student Speech-Language-Hearing Association (NSSLHA)	73
	C. The American Academy of Audiology (AAA)	73
	D. Student Academy of Audiology (SAA)	
	E. Praxis	74
SECTION X	HIPAA	75
	A. Training	76
	B. Records	76
	C. Clinical Protocol	76
SECTION XI	INFECTION CONTROL	79
	A. Training	80
	B. Records	80

***NOTE:** *All forms referenced in the Handbook are available in the Handbook Forms folder on Box. Throughout this document, the Handbook Forms folder will be referred to as “Forms”.*

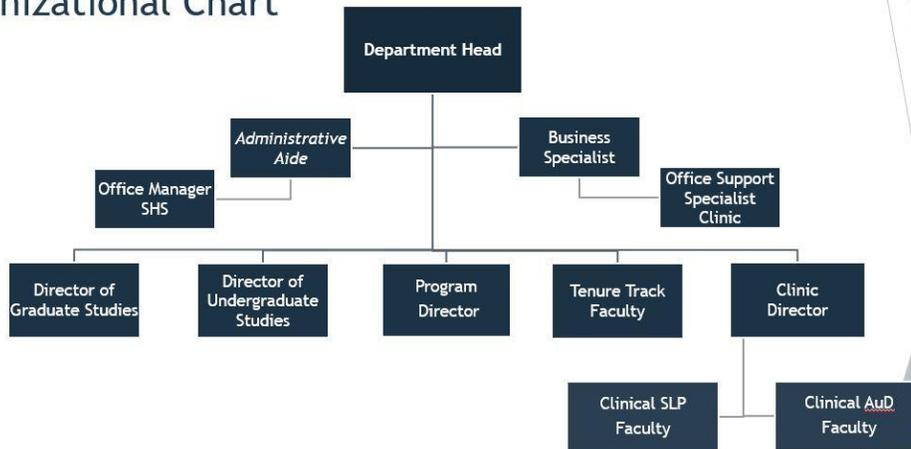
Section I
Introduction

AUDIOLOGY & SPEECH-LANGUAGE PATHOLOGY CLINIC

The Audiology & Speech-Language Pathology Clinic is part of the Department of Speech and Hearing Science in the College of Applied Health Sciences at the University of Illinois at Urbana-Champaign. The purpose of the clinic is to train students to diagnose and treat communication disorders. Within the clinic, students in the Doctor of Audiology Program work with patients and their families under the direct supervision of an individual who holds a state of Illinois license to practice audiology and an American Speech-Language and Hearing Association (ASHA) Certificate of Clinical Competence in Audiology (CCC-A). The Department of Speech and Hearing Science organizational chart is shown below.

A. Organizational Chart of Administration

Department of Speech and Hearing Organizational Chart



08/10/2020

B. Department of Speech and Hearing Science: Mission & Vision Statements

Mission Statement: Enhancing communication across the lifespan by integrating research and clinical practice from the biological, behavioral, and social sciences.

Vision Statement: Serve as a global leader for interdisciplinary research, education, clinical practice, and public engagement in human communication and its disabilities across the lifespan.

The research, teaching, and service programs of the Department of Speech and Hearing Science are committed to furthering understanding of the entire spectrum of communication. The undergraduate curriculum offers a broad background in the theoretical, basic, and applied aspects of biological, behavioral, linguistic, and social foundations of human communication to educate students who intend to pursue careers and/or graduate studies in many fields related to communication, health, and medicine. The graduate program focuses on research and clinical education in communication, its disabilities, and the treatment and prevention of communicative disorders. To these ends, the department:

- Educates the students of the state, nation, and world regarding the nature of communication and communication differences and disabilities;
- Investigates health, development and aging, and disability related to speech, language, deglutition, and hearing across the life span;
- Develops methods to prevent, identify, assess, and treat disabilities of human communication;
- Prepares students to investigate communication and its disabilities as scientists and instructors; and
- Prepares students to prevent and treat communicative disabilities as speech-language pathologists and audiologists.

C. Clinical Priorities

Students in the Department of Speech and Hearing Science AuD Program are expected to complete academic and clinical coursework during their enrollment at the University of Illinois at Urbana-Champaign. Due to the number of clinical hours needed, students will need to exercise flexibility in their scheduling. Academic classes take priority during the week, including the clinic meetings. Clinic is scheduled to avoid conflict with classes. Clinic scheduling has second priority. In order for the patients to be scheduled to meet the students' needs, work schedules must be considered last, including T.A. /R.A. assignments. It is often difficult to coordinate work with clinic. Clinic scheduling is completed prior to the beginning of each semester.

D. Clinical Practicum Privileges

Faculty supervising students in the Audiology & Speech-Language Pathology Clinic are ethically bound to protect the welfare of the patients in the clinic. This is paramount when any decisions are made that may affect patients. This includes decisions about student participation in clinical activities. Therefore, student participation in clinical practicum is a privilege rather than a right.

All graduate students are required to review the document entitled **Supporting Student Success in SHS Professional Programs**. The document describes department and campus-wide resources to support student success and outlines the essential functions routinely performed by Audiologists. All students entering the Doctor of Audiology Program are encouraged strongly to read this document and consider their potential for participating in these essential professional functions. Students who anticipate difficulty learning in either classroom or clinical settings are encouraged to contact the Director of Graduate Studies in SHS as soon as possible, as well as seek out other campus resources, such as Disability Resources & Educational Services (DRES), as appropriate.

Clinical faculty in Audiology will meet at least twice each semester to review the clinical performance of every student enrolled in the program. If a student's overall grade point average drops below 3.0 or if the student exhibits any behavioral or performance characteristics which are determined by consensus of the faculty to be inconsistent with the standards represented on the Audiology Formative Assessment (**See Section VIII**), the student will be counseled by the appropriate faculty. This counseling will inform the student that her/his privileges of participating in clinical practicum are at risk of being terminated for the reasons explained to the student. Refer to the Supervision section of this Handbook (**see Section VIII**) for further details about Intervention Plans. In some circumstances, the student's participation in clinical practicum may be terminated immediately for just cause.

Section II
Clinical Facilities

A. Main Office

The main office is located at 2001 S. Oak St, Suite B, Champaign, IL 61801. The clinic's Office Support Assistant, who handles patient telephone calls and clinic fees, is housed in the main office. If a student receives a phone message from a patient or manufacturer, the student will be sent an email or provided a message in their mailbox. The Audiology & Speech-Language Pathology Clinic is open Monday through Friday. The clinic's Office Support Assistant is available from 8:00 A.M. to 4:30 P.M.

B. Faculty/Staff

The Department Head, Administrative Aide, Business Support Specialist and Graduate Secretary are housed in the Administrative Suite on the first floor of the Speech and Hearing Building located at 901 South Sixth Street, Champaign, IL 61820. All tenure-track faculty, including the Director of Graduate Studies have offices in the Speech and Hearing Building. The Audiology & Speech-Language Pathology Clinic is located at 2001 South Oak, Suite B, Champaign, IL 61820. Clinical faculty offices are in the Motorcycle Safety Program Building located at 4 Gerty Drive, Champaign, IL 61820.

C. Client/Patient Waiting Area

The waiting area for audiology and speech-language pathology services is located in the lobby of the Clinic. Students should meet their patients in the waiting room prior to each session/appointment. Conferences should not take place in the waiting area. If important information needs to be exchanged with patients or parents, it should be discussed in the privacy of the testing rooms per the privacy policy. When greeting a patient, per privacy rules, you may greet them by their first name or title and last name, but not both.

COVID-19 Safety Protocols: Upon arrival the patients will be asked to call the front desk from the parking lot to be granted entrance to the clinic when social-distancing and COVID cleaning measures allow. All individuals are to utilize a face covering for entry and while in any common areas. Faculty, students, staff and patients will receive a temperature check and COVID-19 screening for symptoms/exposure upon entry. Patients will be seen by staggered appointments times and will be limited to one accompanying adult.

D. Clinic Rooms

The audiology test suites are located in Rooms 1008 and 1012. The test suites are equipped with clinical audiometers, CD players and other specialized test equipment and materials. The other rooms house storage and file cabinets, an immittance bridge and screener, a hearing aid analyzer and real ear measurement unit, hearing aid repair equipment, NOAH hearing aid fitting systems, and an otoacoustic emission system.

Students are responsible for keeping all clinical rooms and the patient waiting areas presentable, maintaining infection controls, and returns materials to their proper locations. This includes cleaning otoscopic specula and immittance probe tips, putting away all hearing aid supplies and removing all loose papers, etc.

The audiology test suites are ADA compliant. Test rooms and the audiology suites are large enough to accommodate wheelchairs. For those with limited mobility, ramps are available for improved accessibility of the test booths.

COVID-19 Safety Protocols: Masks should be worn for entry and while in any common areas. COVID-19 cleaning protocols will be implemented after each appointment. This includes cleaning of ALL touched surfaces (doors nobbs, equipment, hand rails, etc.)

E. Clinic Chart Room

Audiology charts are stored and maintained in the clinic's electronic medical record software, Clinic Note. Previously utilized paper charts are located in Room 1021. Inactive files are housed in Room 1021 and in the MRP building outside of the clinic. To obtain an inactive file located outside the clinic, request assistance from the clinic's Office Support Assistant. Because Room 1021 contains audiology patient information, it is necessary to keep this room locked when not in use. Paper charts are not to leave the clinic.

F. Clinic Computers

The computers for access to Clinic Note and word processing are located in Rooms 1008, 1010, 1012, and 1021. See Section X, HIPAA for policies and procedures for properly maintaining confidentiality for all patient information.

G. Student Office Area

The Doctor of Audiology student offices are located in the Speech and Hearing Building located at 901 South Sixth Street, Champaign, IL 61820. Students have access to a computer and printer in the Speech and Hearing Science Building.

H. Keys

Students will use their iCard to enter the Clinic and MRP during non-business hours. Room 1021 has a safe on the door that gives access to a key for the Chart room and student workroom. Clinical faculty will provide the safe's code.

COVID-19 Safety Procedures: Faculty, staff and students on campus are required to undergo COVID-19 testing twice per week or within the 4 days prior to receiving entry to any university facility. Access to university buildings may be denied if testing protocols have not been maintained.

I. Patient Master List

A record of all audiology patients seen in the Audiology & Speech-Language Pathology Clinic is maintained in a master file on the clinic's Office Support Assistant's computer. The clinic's Office Support Assistant completes the master file. Students are not permitted to use the master card file.

J. Patient Parking

Patient parking is located in front of the Clinic. **Students may not park in the clinic parking area during the hours of 6 AM – 6:15 PM Monday thru Friday.**

K. Building Emergency Plan

All clinical students must familiarize themselves with the Building Emergency Plan (**see Forms**). In case of a weather event, the NOAA weather radio will signal loudly. Please ask clinical faculty to address the notifications on the radio and await further instruction. If a student is at the clinic after hours, and the weather radio signals, press snooze once and listen to the instructions. In the case of a tornado warning, all individuals should relocate to Room 1005 in the Clinic. If you believe you might require assistance during a building evacuation, please let the Clinic Director know as soon as possible so the appropriate accommodation may be included in the building emergency plan.

Section III
Clinical Practicum

The Doctor of Audiology Program is accredited by the Council on Academic Accreditation (CAA). The program is structured to allow students to meet the Council for Clinical Certification in Audiology and Speech-Language Pathology (CFCC) Audiology standards for both academic/knowledge and clinical/performance competencies <https://www.asha.org/Certification/2020-Audiology-Certification-Standards/>. The objective of the program is to provide students with the knowledge base as well as the quantity and quality of clinical experiences that will lead them to become competent professionals.

At the end of the first year in the AuD program, graduate students will determine if they intend to pursue ASHA certification. It is strongly recommended that students pursue ASHA certification as one of their professional credentialing options. Other credentialing options are American Academy of Audiology (AAA) Board Certification, (see boardofaudiology.org/board-certified-in-audiology), or state licensure only. If a student elects other credentialing options, the student will be required to sign a statement to that effect. The student will then be responsible for meeting requirements and completing related records for the other credentialing option(s).

A. ASHA and Departmental Requirements

The CFCC requires applicants for certification to complete a program of study that includes academic course work and diverse practicum experiences. Clinical experiences must be sufficient in depth and breadth to achieve the knowledge and skill outcomes stipulated in Standard IV of the 2020 *Standards and Implementation Procedures for the Certificate of Clinical Competence in Audiology*, www.asha.org/Certification/2020-Audiology-Certification-Standards/. In addition, the curriculum should include appropriate research opportunities, consistent with the specified mission and goals of the program, and institutional expectations for doctoral programs.

Clinical practicum is defined as direct patient contact, consultation, record keeping, and administrative duties relevant to audiology service delivery. Clinical practicum experiences will occur throughout the program. The program must provide sufficient breadth and depth of opportunities for students to obtain a variety of clinical practicum experiences in different work settings, with different populations, and with appropriate resources and equipment in order to demonstrate skills across the scope of practice in audiology and that are sufficient to enter independent professional practice.

Students in clinical practicum register for the departmental course SHS 557. Credit for this course is variable, ranging from 1 to 8 hours. Students are required to provide quality services and meet the department policy for minimum performance in the clinic. Minimum performance corresponds to a letter grade of B- or above. Therefore, the clinical instructor will not sign for clinical hours for earned grades of C+ or lower; these hours will not count toward ASHA certification. In addition, participation in all practicum courses adheres to SHS Department and Graduate College policies. If minimal performance is not achieved, continuation in clinic will be according to an intervention plan as described in the handbook in Section VIII, Supervision.

B. Criminal Background Check and Other Requirements

The AuD program requires practicum experiences in which students work directly with patients in the university clinic and community settings. Graduate students will be required to complete a criminal background check annually. The student will be responsible for fees associated with the background check.

The SHS departmental policy on background checks is that any convictions will be reviewed for compatibility with placement in clinical practicum. Certain convictions, such as those that are a bar to employment with a school district or are cause for denial of a professional license, may prohibit a student from participating in practicum. These convictions are fully set out in the Illinois School Code, 105 ILCS 5/10-21.9, as amended (<https://codes.findlaw.com/il/chapter-105-schools/il-st-sect-105-5-10-21-9.html>). Convictions that are grounds for denial of a professional license are set forth in Illinois Speech-Language Pathology and Audiology Practice Act 225 ILCS 110/16 (<http://www.ilga.gov/legislation/ilcs/ilcs3.asp?ActID=1325&ChapterID=24>).

In addition to the background check, some external placement sites may have other requirements that must be completed before a student is allowed to be placed at the site. These requirements may include but are not limited to immunizations, drug testing or additional training (e.g. HIPAA, CPR training/certification). The student will be responsible for fees associated with any required testing or training by an external placement site. Information about site requirements is retained on CALIPSO and is updated annually.

C. Audiology Clinic Meeting

AuD students will meet weekly during the semester. The day and time of these meetings change each semester and are scheduled to occur when a maximum number of students can participate. Student attendance at the meetings is mandatory. Students who are at an off-campus clinical placement will have access to the meeting through the application *Zoom*, and the *Zoom* meetings are recorded for later review as needed. Students who are unable to attend the clinic meeting due to pre-approved external practicum responsibilities are required to obtain the information covered in each meeting.

COVID-19 Safety Procedures: Clinic meetings, including trainings, will be conducted via Zoom until a time in which social-distancing protocols are lifted.

D. Submitting Schedules

Prior to the end of each semester, students are required to complete a schedule of availability for the following semester indicating availability (and lack thereof) for participation in clinical activities. This Practicum Schedule should include information pertaining to the times courses are being taken and work assignments (**See Forms**). All forms must be up-to-date and all changes should be given to the appropriate clinical faculty as soon as they occur.

E. Scheduling

The clinical faculty and staff complete scheduling before the beginning of each semester. It is the responsibility of the student, clinical instructors, and the External Placement Coordinator and/or the Audiology Clinic Coordinator to ensure that each student receives a variety of clinical experiences. The criteria for placement at an external facility are discussed in Part F, see below.

F. Clinic Assignments and Tracking of Clinical Hours

Clinical assignments are provided to the students prior to the beginning of the semester, with the exception of the first semester of enrollment. If there are questions or conflicts, the student is to see the appropriate clinical faculty or the External Placement Coordinator and/or the Audiology Clinic Coordinator immediately. The AuD students should check their email for their scheduled clinical assignments.

Clinic beginning and ending dates, university holidays, convention dates, or other potential conflicts will be discussed during one of the initial clinic meetings. Audiology students may be required to enroll in an internal practicum (557A/B) and/or external placements (557 C, E, F, or G) every semester. Students enrolled in internal or external practicum will be told the number of credit hours to register for prior to each semester of practicum. Refusal of any clinical placement may prolong the duration of the clinical program.

Students are responsible for keeping a log of their clinical hours from each session in Calipso. The log of hours should be comprehensive and broken-down by experience type and patient demographics. Students are to enter their hours into Calipso on a weekly basis. The students will submit their hours to their external or in-house supervisors for approval.

COVID-19 Safety Procedures: All students are required to complete COVID-19 Safety Training.

G. External Placements

The External Placement Coordinator or the Audiology Clinic Coordinator will assign external placements and will consult with the Clinic Director as needed. External clinical placements are assigned by the following criteria:

1. The *Cohort Clock Experience Records Report* in Calipso is used to assess each student's exposure to the breadth of clinical skills and placement experiences. This report is run once per semester and documents the clinical experiences and the current outstanding competencies for each student.
2. Student preference for external clinical placement site is collected prior to the start of each semester using the *Au.D. External Placement Preference Form (see Forms)*. The External Placement Coordinator will make a best effort to place the student in one of her/his top three choices, but this is not guaranteed. If the student objects to an assigned placement, this should be discussed with the External Placement Coordinator. However, if changes cannot be made, or it is felt that changes should not be made, the student's placement site for that semester will remain as scheduled. **Refusal of any clinical placement may prolong the duration of the program.**

Information regarding external placement sites can be found in **Forms**. A record of all external placement sites and experiences available at each site are kept in Calipso. To maximize experiences and take full advantage of the training opportunities at external facilities, reliable transportation is required.

Students may not cancel any assigned time block at an external placement during the semester without preapproval by the External Placement Coordinator and the instructor at the external placement.

Students enrolled at an external placement facility will be required to complete the following Calipso forms:

- *Supervisor Feedback Form* (**see Forms**)
- *Off-Campus Placement Evaluation Form* (**see Forms**)

These forms will be reviewed by the External Placement Coordinator at the end of the semester and used for two purposes: to provide feedback to the external supervisor/site, and to inform future external placements.

Students assigned to external placements will be required to sign either a *Student Clinical Practicum Form* or *4th Year Student Clinical Practicum Form* (**see Forms**) prior to beginning the placement. The students will receive a copy of the contract and a copy will be placed in their graduate file in the front office.

*COVID-19 Safety Procedures: Students participating in external clinical practicum courses are required to sign a COVID-19 waiver (**see Forms**) stating understanding of the risks involved in patient care during the COVID-19 pandemic.*

H. Clinical Assessment

Each semester, internal or external clinical supervisors complete a mid-term evaluation and a final evaluation for the course SHS 557, *Advanced Clinical Practicum Audiological Assessment and Rehabilitation*, using the Au.D. Formative Assessment Form (**see Forms**) in our Calipso software. Students may not have an opportunity to meet every competency across the list at a particular clinical site. For those competencies that the students did have an opportunity to meet, the clinical supervisor will rate each one from 1-5, with 1 representing “unacceptable performance” and 5 representing “exceeds performance expectation”. Clinical supervisors do not enter a rating for competencies that the student did not have an opportunity to meet. Students who do not achieve acceptable performance on a competency will need additional opportunities in a clinical placement to meet them. The Audiology Formative Assessment also tracks interprofessional practice opportunities, and whether or not the student has worked with multicultural or linguistically diverse populations.

I. External Site Communications and License Verification

The External Placement Coordinator has direct contact with each External Supervisor at every External Placement Site a minimum of three times per external placement. This contact occurs via email, phone call, or virtual meeting (e.g., Zoom). A minimum of one of these three contacts each semester is a virtual meeting or phone call between the External Supervisor and the External Placement Coordinator.

- a. The first contact takes place prior to the start of the semester for a given externship and the following information is discussed:
 - i. License verification and expiration for all clinical supervisors
This information is entered in Calipso (under *License Expirations*) prior to the start of each semester.
 - ii. Verification of current ASHA Certificate of Clinical Competence for all clinical supervisors
This information is entered in Calipso (under *License Expirations*) prior to the start of each semester.
 - iii. Verification of continuing education in clinical supervision
 - iv. Details of services rendered, and population served
 - v. Details regarding the current contractual agreement
 - vi. Expected student experiences
- b. The second contact takes place the week before midterms and the following information is discussed:
 - i. Student progress and clinical experiences
 - ii. Details on how to complete Midterm Evaluation in Calipso
- c. The third contact takes place the week before finals and the following information is discussed:
 - i. Student progress and clinical experiences
 - ii. Details on how to complete Final Evaluation in Calipso
 - iii. Provide external supervisor feedback on the semester

J. Absence/Professional Behavior Policy

Although the majority of graduate students achieve nearly perfect attendance, some do not. Therefore, it has been necessary to develop an absence policy so that clinic patients experience consistent, quality services. This system applies to absences due to emergencies, funerals and other life events. Interviews for external placements or employment that occur at any time during the AuD program must be scheduled on days when the student is not committed to a clinical assignment or the student will receive a Notice of Absence (**see Forms**).

Each time a student misses an assigned in-house clinic time block or an assigned time block at an external placement site the student will receive a Notice of Absence from the appropriate instructor (**see Forms**). If a student receives three Notice of Absences and/or Professional Behavior Reminders (**see Forms**) for in-house or external placements in one semester, the clinic

grade for either in-house clinic or for the external placement may be dropped by one letter grade. This may also trigger an intervention plan (see **Section VIII**). Missing an external placement assignment that occurs on one day would result in one Notice of Absence and/or Professional Behavior Reminder. If external placement is missed on two assigned days, this will result in the student receiving two Notice of Absence and/or Professional Behavior Reminders. For in-house clinic, a Notice of Absence and/or Professional Behavior Reminder will be given for each assigned time block. If the student were assigned to two in-house time blocks (equivalent of one whole day), he/she would receive two Notice of Absence and/or Professional Behavior Reminders.

Receiving a Notice of Absence form does not mean that the student has demonstrated unprofessional behavior. It may be necessary for a student to miss an assigned time block or meeting due to illness, a personal emergency, a job/placement interview or a convention/workshop/conference. This is simply a way to keep track of the number of absences that have occurred. Absence must be handled in a professional manner as outlined below. If not, the semester grade in the Professional Protocol section of the Audiology Formative Assessment will be reduced.

If an emergency/absence occurs and a student must miss an assigned clinic time block at an external placement he/she is required to contact their external placement instructor and then immediately contact the External Placement Coordinator at the university. When possible, the External Placement Coordinator should be contacted at least 12 to 24 hours prior to the clinic time slot in question. The students are required to make up missed time blocks at placement sites at the discretion of the external clinical instructor.

If the student is going to miss in-house clinic, the student should contact their immediate instructor. At that time, the student and clinical instructor will decide if coverage is needed for the time block, and if so, how the student will arrange for the coverage. When a student is absent from clinic, the student must arrange for another student to cover his/her scheduled time slot.

Students may attend one convention/workshop/conference per semester and not receive a Notice of Absence form. Additional conferences and opportunities should be discussed with the Clinic Director. Students will need to plan in advance if they intend to attend a convention/workshop/conference. The student must first obtain approval from the External Placement Coordinator, then they will get approval from the external site instructor. For in-house clinic, the student will talk directly to their university in-house clinical instructor. The student will need to arrange travel plans to accommodate his/her clinical practicum (in-house and external placement) responsibilities.

Failure to follow the Absence Policy as described will result in the student receiving a Professional Behavior Reminder notice.

K. Clinical Participants

Undergraduates may enroll in SHS 475 (Practicum in SHS). Clinical instructors will provide more information as required. The opportunity to mentor undergraduates provides students with initial experiences in supervisory behavior as required by ASHA 2020 standard A23.

COVID-19 Safety Procedures: Throughout the COVID-19 pandemic, per campus COVID infection control and physical distancing recommendations, there will be no in-person clinical participants. SHS 475 Audiology Clinic participants will interact in clinical assessments via Zoom.

L. Illinois Department of Public Health Requirements

The Illinois Department of Public Health (IDPH) is the regulatory body of the Hearing Instrument Consumer Protection Act (225 ILCS 50). This law requires that:

Any person who performs a hearing evaluation that provides basic information from which a hearing aid is recommended or sold must be licensed as a hearing instrument dispenser or a licensed audiologist in the State of Illinois.

The State of Illinois' policy for full-time graduate audiology students is as follows:

Full-time graduate students enrolled in a program of audiology in an accredited college or university may engage in the dispensing of hearing instruments as a part of an academic program of audiology without a license under the supervision of a licensed audiologist.

The supervisor and the supervisor's employer shall be jointly and severally liable for any acts of the student relating to the practice of fitting or dispensing hearing instruments as defined in this Act and the rules promulgated hereunder.

The current laws and rules may be accessed at: <http://www.idfpr.com/> or <http://www.ilga.gov/legislation/ilcs/ilcs3.asp?ActID=1305&ChapterID=24>

M. Dress Code

All students in the Audiology & Speech-Language Pathology Clinic are expected to dress in a manner consistent with the professional role they are assuming. Professional appearance can help promote authority and respect as a healthcare professional in training. Clothing should be neat and well maintained with regular laundering/cleaning/ironing. The clinical faculty reserve the right to request that a student change her/his clothing and/or accessories if the clinical faculty have concerns it will negatively affect patient care. Nametags must be worn at all times when providing patient care. When at an external site, students must adhere to the dress code of the site to which they are assigned. This may require purchasing additional clothing at the expense of the student (e.g. scrubs, lab coat). The guidelines for dress are as follows:

- **Hair, Earrings & Facial Jewelry:** Consider how you will be interacting with your patient when styling your hair. For example, if you are working with a young child or an individual with dementia, wearing the hair down might be tempting for the patient to pull. Additionally, if you are doing a procedure that requires gloves, will you frequently tuck your hair behind your ear? Earrings can be a distraction to young children. Facial jewelry

may need to be covered at the discretion of the clinical instructor, as it may be a distraction or hazard.

- **Tops & Blouses:** Students often do not realize how much bending occurs in clinical work. Check in a mirror to ensure when you bend forward, the top does not reveal cleavage or skin and the shirt does not ride up in the back. This is especially important when working with young children or when doing tasks like assisting with headphones. The following are not allowed: sweatshirts, sleeveless or halter style shirts/dresses, graphic tees, or spaghetti strap shirts/dresses. It is recommended you keep a cardigan handy, just in case. Midriffs and see-through styles are not permitted. If you have any doubts, ask.
- **Pants, Trousers & Skirts:** Shorts are not allowed. Leggings are considered pants only when worn with a tunic style shirt/dress that is no shorter than 3 inches above the knee. Skirts and dresses should be no shorter than 2" above the knee. Consider the length of the skirt and leg positioning when sitting. No denim is allowed.
- **Shoes:** Closed-toed shoes are recommended. No flip-flops, snow boots or original Crocs.
- **Jewelry & Tattoos:** Jewelry should be conservative and safe. Do not try to draw attention to yourself; if you are questioning it, do not wear it. Your clinical instructor will ask you to cover tattoos if they are perceived to distract from patient care. A wristwatch is highly recommended, as students may not use their cellphones as a clock when delivering patient care.
- **Fingernails:** Nails should be clean, appear professional and be an appropriate length. Avoid distracting nail designs. Nail polish should not be chipped, peeling or otherwise not well kept. Fingernails are a common cause of infection in healthcare settings.
- **Perfume & Scents:** Heavy cologne/perfume should not be worn. Scented body splashes should be used in moderation.

If a clinical instructor requests that you change your attire, an explanation will be provided to help you understand the rationale. The professional dress guidelines are not intended to stifle expression or creativity but to best prepare you for clinical care. If you are in the clinic during business hours, and you are not seeing patients/clients, avoid patient care spaces unless you are abiding by the dress code.

COVID-19 Safety Procedures: It is expected students comply with dress code during telepractice activities.

N. Professional Behaviors

Developing good professional behaviors is one of the key elements to being a successful audiologist. Throughout practicum assignments, graduate students will have the opportunity to develop clinical skills in a variety of business and professional settings such as in the Audiology Clinic, schools, hospitals and other external placements. In addition to learning about the patients and evaluation procedures, students will be learning how to manage themselves as professionals. The following is a list of behaviors that are consistent with developing professional skills.

External Sites: Graduate students must learn the requirements of their external placement sites. The following are suggestions:

- Learn the paperwork requirements for the setting including release forms, census logs, billing sheets, insurance forms, scheduling sheets and other documentation. When filling out these forms, make sure they are completed thoroughly.
- Become familiar with the goals and missions for the site (i.e., what are the priorities for who is seen for services, what other services the setting provides, etc.).
- Become familiar with the rules and procedures of the site (e.g., parking, keys, hours, use of equipment, etc.).
- Read the latest policy and procedure manuals for the site, if available.

Punctuality: Graduate students should develop the good habit of being punctual. The following are suggestions:

- Keep a calendar of all appointments, meetings, and important deadlines. This calendar should be accessible to the student at all times. Information in the calendar should include the time and date, names and phone numbers of contact people.
- Timely responses to memos and email messages are crucial to good professional communication. Students should read memos and emails promptly, transfer all-important information to their calendars, and respond to anyone as needed.
- Be on time to all meetings and appointments; early is on time.
- Communicate with staff and colleagues regarding all changes in scheduling.
- All deadlines must be met. If a student is not able to meet a given deadline, she/he should contact the individuals affected (e.g., let the clinical instructor know) and negotiate a new deadline.

Professional Communication: Graduate students should develop good professional communication skills.

The following are suggestions:

- Check email at least once a day. Even if the student is not in the building, she/he will need to arrange a way to check his/her email.
- All correspondence that is sent out (i.e., memos, reports, letters, home assignments, etc.) should be appropriately identified with the date, graduate student's name and title, the patient's name, the patient's clinic number, who the information is going to and any other pertinent information.
- All correspondence should convey a professional and respectful tone, whether to patients, other professionals or the community (*also see Essential Functions*)

Preparation: Graduate students should be prepared and follow through.

The following are suggestions:

- Prepare for all meetings. Prior to meetings about a patient, familiarize yourself with the patient's chart and prepare points to make or questions to ask.
- Learn to say "no" appropriately. Follow through on any agreement made to do something.

- Anticipate problems before they arise and when they do come up, start to problem solve possible solutions. Be prepared to discuss solutions with the clinical instructor in an appropriate and professional manner.

Confidentiality: Students have access to personal information about patients. It is the student's responsibility to maintain confidentiality as stipulated by ASHA's code of ethics and federal law. Abide by institutional and Health Insurance and Portability Accountability Act (HIPAA) regulations that pertain to confidentiality (e.g., not giving patients' names out for research without releases, not taking patient charts off the premises, not discussing the patient in any manner in which he/she could be identified, etc.). All clinical students are required to undergo annual HIPAA training. HIPAA training will go into privacy rules and regulations in significant detail. Patient PHI, Protected Health Information, must never be saved on personal computers or flash drives. The above examples are not comprehensive. Privacy violations are extremely serious and may be associated with lowering of grades, failure to meet CFCC standards, intervention plans, termination from the program, and/or legal fines or prosecution. (**See Confidentiality Agreement in Forms**). HIPAA and confidentiality rules and regulations apply to both in-person and telepractice sessions.

Section IV

Clinic Procedures

A. Preparation for the Evaluation

The clinic's Office Support Assistant maintains the appointment schedule. Graduate audiology students should check the appointments **at least two to three days prior to their scheduled time** to see what type of services are required and ensure all necessary items have been procured. If special procedures are required, the student should talk to the clinical instructor one to two days in advance of the appointment. Students should meet with their clinical instructor if they have questions regarding the case. Students cannot change or add appointments without the approval of their clinical instructor. If a patient fails to make their scheduled appointment, the clinic's Office Support Assistant should be notified. Patients may not be seen outside of scheduled clinic times without the approval of the clinical instructor.

The length of appointments varies according to the services provided. If the student needs more time for a particular patient, he/she should talk to the clinical faculty. The clinic's Office Support Assistant will discuss initial fees with the patient when appointments are scheduled. The student will discuss fees for additional appointments with the patient.

The clinic's Office Support Assistant will schedule all necessary follow-up appointments. Only office staff should schedule appointments.

No food or drinks are allowed in patient areas when clinic is in session. Water may be kept in a hydration station. Students should bring as few books, papers, backpacks, coats, purses, etc. as possible with them to clinic. Patient charts, hearing aids, etc. should not be left on the tables or counters in any clinic area.

B. Basic Hearing Evaluation (HE) Protocol Procedures

The basic HE protocol includes the following test procedures:

- Case history
- Otoscopic examination
- Immittance measure including:
 - Tympanograms for both ears
 - Ipsilateral and Contralateral acoustic reflexes
- Speech reception thresholds (SRT) in both ears via live voice or recorded speech
- Pure-tone air conduction for 1000 Hz, 2000 Hz, 3000 Hz, 4000 Hz, 6000 Hz, 8000 Hz, 250 Hz and 500 Hz (others as needed per ASHA protocol) in both ears with headphones or insert earphones
- UCL/LDL testing if the patient is a potential hearing aid candidate or current hearing aid user.
- Word recognition testing via CD presentation ensuring audibility at 2000 Hz; half-list may be used if appropriate.
- Roll-over screening; half-list may be used if appropriate.
- Bone conduction thresholds for 500 Hz, 1000 Hz, 2000 Hz, 3000 Hz, and 4000 Hz (other frequencies as needed) in both ears
- Speech-in-noise & DPOAE testing as needed

Note: Masking procedures will be used with items 4, 5, 7, 8 and 9 when appropriate.

At the conclusion of the evaluation, the results and recommendations will be discussed with the clinical instructor. The student will then discuss the results and specific recommendations with the patient and family members.

C. Hearing Screening Procedure

As a result of various forms of marketing and advertising, patients will be seen for hearing screening appointments. Students in certain undergraduate courses are also seen at the clinic for hearing screenings. The goal of these appointments is to identify people who would benefit from a full hearing evaluation and possibly hearing aids. The screening appointments also increase community awareness for the services provided by the clinic.

See Forms for the following:

- Promotional Hearing Screening Procedure
- Audiology Adult Hearing Screening
- Hearing Screening Results (half sheet – to be given to the patient)
- Hearing Health Quick Test (edited)
- Familiar Sounds Audiogram
- Positive Communication Rules

Examples of the hearing screening report can be found in **Forms**.

D. Biological Equipment Check

A biological check is to be performed daily on all clinical equipment prior to testing. This is to be documented on the biological check sheets (**see Forms**) found in each test suite. Arrive 30-40 minutes prior to the start of clinic to perform these checks.

E. Location of the Patient Appointment Schedule and Charts

The appointment schedule is managed by the clinic's Office Support Assistant on Clinic Note. The appointment schedule can be viewed on computers with access to the internet. Remember to ensure all HIPAA guidelines are being upheld.

Active patient charts are in Clinic Note. The charts can be accessed by logging into Clinic Note. If the chart is not available, check with the clinic's Office Support Assistant. Charts for new patients should include the Initial Intake form (**see Forms**).

Paper charts utilized prior to May 2020 are housed in Room 1021 except when actively in use. Charts may only be taken to the audiology suites or student work area. Charts may only be out for short periods of time and cannot be taken out of the building.

F. Initiating the Appointment

The patient, parent or caregiver is to complete the following forms once they have checked in at the front desk:

- Legal Release and Permission to Receive Evaluation/Treatment
- HIPPA Notice of Privacy Practice Policy
- Patient Consent for Use & Disclosure of Protected Health Information (PHI)/Receipt of Notice of Privacy Practices Written Acknowledgment
- Audiology Case History

Note: First year students in their first in-house clinical rotation will complete the forms with the patient in the evaluation suite; after that time, appropriate forms will be gathered by the student, given to the clinic's Office Support Assistant, who will give it to the patient when they check in for their appointment.

The student is to meet the patient in the Audiology Clinic waiting room. Students should introduce themselves by their full names and explain that they are graduate audiology students. Clinic nametags should be worn where they can be easily seen by the patient during all clinic interactions. Patients with limited mobility should be informed the testing booths are equipped with ramps to improve accessibility. The patient and family members can be escorted to the appropriate suite. Family members should be encouraged to be present during the initial intake interview; however, it is ultimately at the discretion of the patient.

COVID Safety Procedures: Patients will be asked come alone to their appointment; however, if needed for quality care/follow-through, each patient may bring one adult caregiver.

G. Legal Release and Permission to Receive Evaluation/Therapy

This form will be given to the patient at the front desk upon arrival. It should be signed and dated by the patient and the student prior to testing. (see **Forms**)

H. Health Insurance Portability and Accountability Act (HIPAA) Notice of Privacy Practices Policy Form

All patients are offered a copy of the Privacy Practices Policy form (see **Forms**) during their initial appointment. If a patient has already been seen at this facility, it should be confirmed that he/she has already received the policy form and signed the receipt and consent noted in the section below.

I. Patient Consent for Use and Disclosure of Protected Health Information//Receipt of Notice of Privacy Practices Written Acknowledgment Form

Patients should be asked to sign the first section of this form so they can be contacted by mail, telephone or email. Please give them the opportunity to ask any questions regarding the document. This information is used to contact a patient about an appointment or to ask them to pick up a repaired hearing aid. (see **Forms**)

The patient should also sign the second section of the form which documents that she/he received the HIPAA Policy form. The student should note on the Audiological Quality Assurance Form that the HIPAA form was given to the patient and the receipt was signed.

J. Consent for Disclosure of Confidential Information

The consent form (**see Forms**) should be used when confidential information (e.g., reports, test results, hearing aid settings, etc.) is requested by the patient for their own use or if the patient requests information be sent to an outside facility or professional. All blanks on the form should be completed prior to having the patient sign the form. Be specific when indicating what is being released and for what purpose. Include the expiration date. This facility cannot send results to a requesting agency unless this form has been signed by the patient. In accordance with the referral policy, all referring parties will be sent a report unless specifically asked by the patient not to do so. The Consent for Disclosure of Confidential Information form should be completed and signed for this purpose.

K. Case History

An audiology case history form (**see Forms**) will be given to the patient at the front desk upon arrival to the clinic. The student must be certain that the identifying information is complete: full legal name, date of birth, date the history is obtained, and occupation. If the patient has not been seen in three years or more, the student should consult with the clinical faculty member to determine whether an audiology case history form needs to be completed. The student should ask pertinent information to update the most recent history for each appointment and record this information in the report.

It is the student's responsibility to ascertain that all pertinent information is recorded and to further question the patient and expand upon information necessary for a clearer understanding of the patient's concerns and relevant history. In the event an item on the case history is not applicable, it should be so designated as so by N/A (not applicable).

Items to address for a brief update of a case history:

- The reason for the current appointment
- Who referred the patient?
- Previous history and results:
 - *Medical*: medical conditions and related medications (name and dosage)
 - *Audiometric Test*: hearing or balance tests, results and recommendations
 - *Hearing Aid Use*: which ear, where purchased, satisfaction with the devices
 - *Hearing History*: changes in hearing, vertigo, tinnitus, or ear fullness, pressure, pain or infection; changes in noise exposure, hearing protection use & type HPD
- Changes in hearing: sudden or gradual
- Communication difficulties

L. Audiograms

The identifying information at the top of the audiogram (**see Forms**) should be completed. **The audiogram should be neat, even if it necessitates recopying it.** All the information should be completed in **black** ink. Whiteout should **not** be used on the audiogram since the audiogram is a legal document. Corrections can be made by drawing one line through the error and initializing

and dating the correction. Complete the audiogram in full indicating the appropriate test administered, transducer, word list length (half or full) and name of test used. When recording the masking level utilized in the non-test ear, record the highest noise level at which the correct threshold was established.

In addition, separate audiograms are used for research purposes. These audiograms are found in the file cabinet in the clinic. Familiar Sounds audiograms are also available in the file cabinet. The Familiar Sounds audiograms can be used for counselling the patient by helping the patient to visualize and understand their test results based on the intensity and frequencies at which various sounds occur in everyday life.

Completed audiograms are given to the clinic's Office Support Assistant to be scanned into the patient's chart in Clinic Note.

M. Log to Track Disclosure of Personal Health Information (PHI)

Disclosure of PHI should be completed in Clinic Note each time PHI information is released, even if being released to the patient.

N. Fee Schedules and Billing

The Fee Schedule for Professional Services and the Fee Schedule for Accessories are found in **Forms** section and are posted in the clinic. **Forms** also contains a Hearing Aid Pricing Addendum. Refer to these schedules and forms in order to determine the cost of the services offered by this facility. Current procedural terminology (CPT) and International Classification of Diseases, 10th-revision (ICD-10) codes are posted in each of the audiology suites.

Because the prices for hearing aids, hearing aid accessories, hearing aid repairs, earmolds, wireless accessories and hearing protectors are subject to change, the student must consult the appropriate fee schedule to determine current prices. Quotations for the price of a hearing aid are based on the established three-tier pricing for level of hearing aid technology.

Patient charges for services rendered must be submitted at the conclusion of the appointment. The student should complete a Superbill (**see Forms**) in Clinic Note and following each appointment specifying the service rendered, the respective cost of this service and the diagnosis code. The Superbill should be filled out completely (patient's name, address, chart number, etc.) even if there is no charge for services. The superbill is to be submitted within Clinic Note to the clinic's Office Support Assistant.

O. Third Party Payment Procedures

In-Network Insurance: The patient will work with the clinic's Office Support Assistant and if needed, the clinical faculty, to determine eligibility for services. Once eligibility is determined, the patient will be responsible for any associated co-pays or deductibles.

Out-of-Network Insurance: The following describes procedures that are followed for most health insurance companies that patients may want to use for benefits. Patients will pay for

services provided and products dispensed, at the time of service, even if they are covered by an insurance company. The Audiology Clinic policy requires the patient to pay the bill in full at the time of the service. If the patient wishes to file a claim with the insurance company for reimbursement, the patient must provide this facility with the appropriate insurance forms and/or insurance card. If the patient brings an insurance form, the patient should sign the form, if required, and complete the necessary patient sections (such as, insurance number and/or group number) before leaving the form to be completed by the clinic. The applicable portions of insurance forms will be completed by this facility. The clinic's Office Support Assistant will offer to submit the claim on behalf of the patient. Reimbursement from the company will be sent directly to the patient.

P. Patient Response Questionnaire

The patient should be asked to complete the Patient Response Questionnaire at the conclusion of the evaluation. Ask the patient to drop the form off at the front desk. The results of these evaluations are discussed at least once per semester with the students and clinical faculty for quality assurance.

Q. Audiology Quality Assurance Forms

There are two Audiology Quality Assurance Forms that contain checklists for the students to complete (**see Forms**). The appropriate Quality Assurance Form(s) should be completed for all patients at the conclusion of their appointment. The student should initial and date all entries.

R. Reports

Any patient contact (appointment, phone call, walk-in, etc.) must be documented as a Report (**see Forms**). Additional information about reports can be found in the Section V (Report Writing) of this handbook.

S. After the Appointment

The counseling session should not begin until test results and recommendations have been discussed with the clinical faculty or instructor. Forms should be completed and ready for the clinical instructor to sign at this time. The results and recommendations are then discussed with the patient and family members. No counseling is to take place in the waiting room or other public places as set out by HIPPA.

The fees for the appointment will need to be determined and the superbill to be completed. While this is being done, the patient can fill out the Patient Response Questionnaire. If another appointment is necessary, the clinic's Office Support Assistant should be informed at checkout so the follow-up appointment can be scheduled. At checkout, patients will pay the clinic's Office Support Assistant and make any future appointments.

The patient is to be accompanied to the front desk for scheduling or payment purposes at the end of an appointment.

If the clinic's Office Support Assistant is not available, ask your clinical faculty for assistance in scheduling any follow-up appointments. The audiology graduate students should not schedule appointments.

COVID-19 Safety Procedures: Ensure the front office area is clear of other individuals prior to taking the patient to check-out. The goal is to maximize social-distancing; therefore, no more than 3 persons should be in the clinic waiting area.

T. Medical Referral Policy

A patient referred by a physician for services at the Audiology & Speech-Language Pathology Clinic should return to that physician if further medical attention is indicated. Please note that if the patient is a Medicare beneficiary and is referred by a physician for audiology services to the Audiology & Speech-Language Pathology Clinic for reasons of medical necessity, current Medicare law requires that the patient be referred to a clinic that accepts Medicare beneficiaries. The report of clinical findings will always be sent to the referring physician. It is generally preferable that an otologist provides the medical diagnosis and treatment for a disease of the ear but, of course, the patient has the freedom to decide. If the audiological findings indicate a specialist in otology should be seen and the referring physician is not in that specialty, this recommendation may be made verbally to the patient and put in the recommendation section of the report to the referring physician.

If the referral source to our clinic is other than a physician and a medical referral is indicated, the patient should be referred to an otologist. Some insurance plans may require prior evaluation by the patient's primary care physician before referral to a specialist.

A sheet containing the names of all physicians in the local area specializing in otolaryngology (**See Forms**) is available in Clinic Note. If a patient asks for the name of an ear specialist, this list should be given to him/her. The following paragraph suggests one way this recommendation may be made.

Today's test results indicate you have a type of hearing loss that may require medical treatment. Because hearing problems of this type are often difficult to diagnose and sometimes require specialized treatment procedures, we recommend that you see an ear specialist. You may, however, want to discuss this with your family doctor. He/she may have additional recommendations.

Note: These paragraphs are provided as models. They are not meant to be read to the patient or memorized for presentation.

U. Receipt of Records from an Outside Facility

When medical (audiology or physician) records are received from another facility, the date of receipt is documented on as a report. The records are to be reviewed and given to the Office Support Specialist to be scanned into the patient's chart.

V. Patient Appointment Changes/Cancellations/Absences

The student cannot change or add patient appointments without the approval of the clinical instructor either verbally or in Clinic Note. If a patient fails to show for an appointment or needs to reschedule, inform the Office Support Specialist or clinical instructor for proper documentation.

W. Cleaning and Care of Equipment and Facilities

It is the responsibility of the students to leave the Audiology Suites in a clean, neat condition and to replace all equipment to proper locations following test procedures. All otolight, otoscopic, and EMI syringe tips and immittance probe tips should be cleaned and returned for re-use. Malfunctioning equipment should immediately be reported to a clinical instructor.

COVID-19 Safety Procedures: COVID-19 cleaning protocol implementation will be utilized after each use of equipment and treatment rooms. Cleaning procedures include doors, handrails, tables, chairs, etc.

SECTION V
AUDIOLOGICAL REPORTS

A. Report Writing

The style, content and length of a report are determined by the complexity of the individual cases, type of appointment (or purpose of the report: telephone call, no show) and the clinician's writing style. Reports need to be written for each patient appointment, pertinent telephone calls, and received medical records. All chart notations should be written in complete sentences. Abbreviations must be defined (e.g., bilaterally (AU)) in each report before they can be used independently in the remainder of the report. Report format is as follows:

HEARING AID INFORMATION

- Manufacturer, model
- Receiver/Tubing
- Dome/Earmold
- Serial Numbers
- Repair warranty expiration date
- L&D expiration date

HISTORY

(Patient's full name), a (age) year old (male/female), was seen for (reason for appointment).

Hearing Evaluation includes:

- How the patient was referred
- Case history
- Date and results of most recent testing; note if there is no previous audiometric testing
- If patient is a hearing aid user, note what type of aid(s), length of use and where the aid(s) was purchased
- Include any pertinent information in HISTORY acquired prior to the testing

Hearing Aid Check or Hearing Aid Repair include:

- Description of problem & length of time
- Pertinent information the patient reports or information obtained prior to testing

RESULTS

- **Hearing Evaluation** include:
 - Otoscopy
 - Summary of test results
 - Audiogram & reliability
 - Tympanometry
 - Agreement of acoustic reflexes with audiometric findings
 - Present/absent or reduced OAEs and their agreement with other testing

- **Hearing Aid Check or Hearing Aid Repair** include:
 - What was done to address the problem?
 - What was found?
 - Was the problem resolved?
 - If the aid is being sent in and to what manufacturer
 - If the aid is being picked-up after repair, any adjustment and verification results

Impressions & Recommendations

- Summarize test results without a lot of audiology jargon; simplify the appointment in 1 to 3 sentences
- Recommendations based on test results (HAs, accessories, ENT, Speech language evaluation, preferential seating, etc.)
- How should the patient follow up? (PRN, 2 weeks, 6 months) and for what? (audio, HAC, warranty check, etc.)
- Include anything which should be conducted at the next appointment (e.g., speech-in-noise testing, assess need for additional programs)

Hearing Evaluation outline and sample report are included in **Forms**.

When the patient is seen for a hearing aid orientation, an ear mold impression or ear mold fitting, a hearing protection check, or a hearing aid check, a brief report needs to be completed containing the sections pertinent to the appointment. Each report must be completed and submitted to the clinical instructor/audiologist for a signature.

If additional patient information is obtained by telephone or personal communication from another professional involved in the case, the encounter should be properly documented in a report and signed by the student clinician and audiologist.

All reports should reflect impressions and recommendations. The information should include details that the next follow-up audiologists can find useful in working with the patient. Impressions might include such things as specific questions or concerns about services provided, financial concerns, patient opinions about recommendations made and inclination as to when he/she will follow up on such recommendations, or spouse comments and input beyond that written in the report.

Note: Drafts of reports should be typed in Clinic Note and signed by the student clinicians prior to submission to the clinical instructor.

The rough draft reports are due 48 hours after the student has completed the testing. All chart documentations is to be completed within one week from the appointment date so it can be sent out in a timely fashion. All scanned forms need to be completed neatly or be recycled to be neat and legible.

Upon completion of an evaluation and all appropriate documentation:

- All paper forms should be completed and signed, as needed, by the student clinician, patient, and/or clinical instructor.

- If the report is being cc'd and is requiring mailing/faxing inform the clinical instructor and the clinic's Office Support Assistant.

B. Clinic Forms

Forms are available in Clinic Note.

C. Abbreviations

- ABR – *auditory brainstem response*
- AC – *air conduction*
- AD – *right*
- appt. – *appointment*
- ART – *acoustic reflex threshold*
- AS – *left*
- AU – *bilateral*
- BC – *bone conduction*
- bilateral – *both sides*
- binaural – *both ears (specifically the brain making use of both ears)*
- cc – *carbon copy*
- cc'd – *carbon copied (sent a copy to)*
- CHL – *conductive hearing loss*
- DOB – *date of birth*
- DOS – *date of service*
- dPa – *decipascal*
- DPOAE – *distortion product otoacoustic emissions*
- Dx – *diagnosis*
- ECV – *ear canal volume*
- EM – *earmold*
- EMI – *earmold impression*
- fb – *feedback*
- HA – *hearing aid*
- HAC – *hearing aid check*
- HAD – *hearing aid dispensing*
- HAE – *hearing aid evaluation*
- HAR – *hearing aid repair*
- HE – *hearing evaluation*
- HL – *hearing loss*
- HP – *hearing protection*
- Hx – *history*
- MCL – *most comfortable level*
- NA – *not applicable*
- NC – *no charge*
- NR – *no response*

- OAEs – *otoacoustic emissions*
- PI-PB – *performance intensity function for phonetically balanced monosyllables*
- PRN – *pro re nata, as needed*
- pt. – *patient*
- PTA – *pure tone average*
- Rec – *recommendations*
- SLE – *speech-language evaluation*
- SLP – *speech-language pathologist*
- SLT – *speech-language therapy*
- SNHL – *sensorineural hearing loss*
- SRT – *speech reception threshold*
- Tx – *treatment*
- tymps – *tympanograms*
- Type A – *normal tympanogram, normal pressure & compliance*
- Type B – *flat tympanogram, abnormal compliance*
- Type C – *negative pressure ≥ -150 dPa*
- UCL – *uncomfortable loudness level*
- WRS – *word recognition score*

D. Degree of Hearing Loss

The following standard should be used when classifying the patient's degree of hearing loss:

- 0-25 dB HL = Normal hearing
- 26-40 dB HL = Mild hearing loss
- 41-60 dB HL = Moderate hearing loss
- 61-70 dB HL = Moderately-severe hearing loss
- 71-90 dB HL = Severe hearing loss
- 91+ dB HL = Profound hearing loss

E. Chart Organization

On occasion, student clinicians may need to obtain information from one of the clinic's paper-based charts. When this occurs, please maintain the following order for chart organization:

Audiology Patient Chart: HE, HAE, HAD

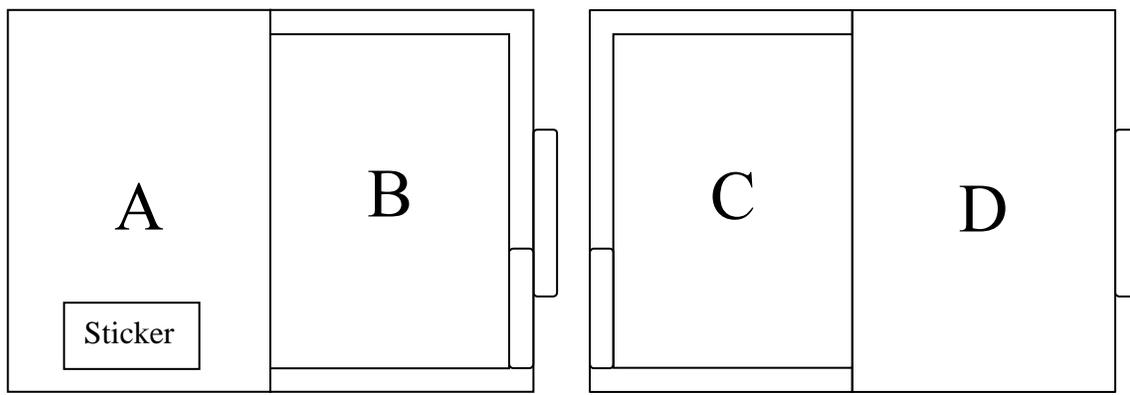
The permanent patient chart contains four sections:

Section A:
Front Inside

Section B:
Brown Flap
facing right

Section C:
Brown Flap
facing left

Section D:
Back Side



Note: All sections are filled in the following order, with the most recent date on top.

- **Section A:**
 - Report (pg. 1 on top of pg. 2)
 - Case History
 - Chart notes/reports from outside facilities
 - Audiology Clinic Intake form (always on bottom)
 - Patient information sticker
- **Section B:**
 - Clinical Audiogram (Internal & from outside facility)
 - Immittance/DPOAE printouts
 - Hearing screening form
 - Hearing Health Quick test
- **Section C:**
 - HIPAA Log (Always on top)
 - Fee Ticket
 - Patient Consent for Use & Disclosure of PHI
 - Receipt of Notice of Privacy Practices Written Acknowledgement
 - Consent for Disclosure of Confidential Information
 - Legal Release & Permission to Receive Eval/therapy
 - Health Insurance Documents HIPPA release forms, permission form

- Speech Language Screening form
- Any letters sent to the patient or physician, including faxed documents
- **Section D:**
 - Most recent Real Ear Measures (aka Speech (Always on top
 - COSI/TELEGRAM/ Other Self-Assessment
 - HA/EM repair/order form
 - HA/EM Invoices
 - HA loaner agreement
 - HA Purchase Agreement and HAD Checklist
 - Medical Clearance

Audiology Patient Chart: **Hearing Conservation (HC)**

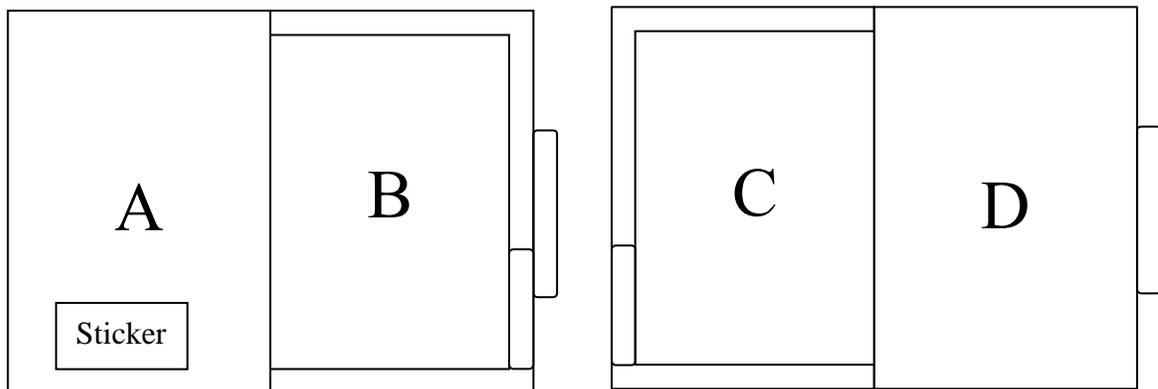
The permanent patient chart contains four sections:

Section A:
Front Inside

Section B:
Brown Flap
facing right

Section C:
Brown Flap
facing left

Section D:
Back Side



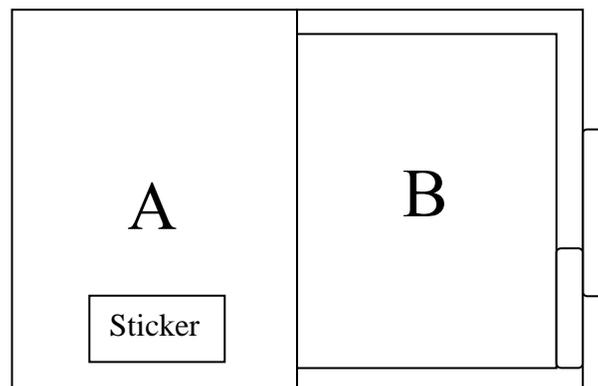
Note: All sections are filled in the following order, with the most recent date on top.

- **Section A:**
 - Report (pg. 1 on top of pg. 2)
 - Case History
 - Old Noise Reports
 - Chart notes/reports from outside facilities
 - Audiology Clinic Intake form (always on bottom)
 - Patient information sticker
- **Section B:**
 - Clinical Audiogram (Internal & from outside facility)
 - Hearing Conservation Program Audiogram
 - HC Calculation Sheet
 - Immittance printouts

- Hearing screening form
- Hearing Health Quick test
- **Section C:**
 - HIPAA Log (Always on top)
 - HC Training Records (Most recent directly under HIPAA Log)
 - Fee Ticket
 - Patient Consent for Use & Disclosure of PHI
 - Receipt of Notice of Privacy Practices Written Acknowledgement
 - Consent for Disclosure of Confidential Information
 - Legal Release & Permission to Receive Eval/therapy
 - Speech Language Screening form
 - Any letters sent to Patient or physician, including faxed documents
- **Section D:**
 - DPOAE print out
 - Hearing Protection Device order form
 - HPD invoice

Audiology Patient Chart: **Hearing Screening, Students**

The permanent patient chart contains two sections:



Note: All sections are filled in the following order, with the most recent date on top.

- **Section A:**
 - Report (pg. 1 on top of pg. 2)
 - Case History
 - HIPAA Log
 - Patient Consent for Use & Disclosure of PHI
 - Receipt of Notice of Privacy Practices Written Acknowledgement
 - Consent for Disclosure of Confidential Information

- Legal Release & Permission to Receive Eval/therapy
- Health Insurance Documents HIPPA release forms, permission form
- Any letters sent to Patient or physician, including faxed documents
- Audiology Clinic Intake form (always on bottom)
- Patient information sticker
- **Section B:**
 - Clinical Audiogram (Internal & from outside facility)
 - Immittance/DPOAE printouts
 - Hearing screening form
 - Hearing Health Quick test
 - Speech Language Screening form
 - Fee Ticket
 - Chart notes/reports from outside facilities

Section VI
Hearing Aid Procedures

A. Hearing Aid Evaluations /Demonstrations

The Audiology & Speech-Language Pathology Clinic may provide hearing aid demonstrations to patients as part of a full hearing evaluation that involves a hearing aid consultation. The demonstration may also be part of a separate Hearing Aid Evaluation (HAE) appointment. The demonstration allows patients to experience amplified sound through demonstration hearing aids that have been programmed for the patient's hearing loss. The demonstrations are included in the fee for the full Hearing Evaluation (HE) appointment completed at the Audiology & Speech-Language Pathology Clinic, or are billed as a separate fee for a HA Evaluation /Demo appointment. If the HE was not completed at the Audiology & Speech-Language Pathology Clinic, the patient will need to bring a copy of the assessment from another facility. The hearing evaluation results will be used to program the hearing aids for demonstration. See Hearing Aid Demonstration Procedure in **Forms**. Procedures may vary depending upon the type of technology being shown to the patient; this can be discussed with the clinical instructor.

A superbill should be completed if the demonstration is part of a separate HA Evaluation/ Demo appointment. The superbill for an HE appointment will include the demo as part of that HE. A report should be completed for the HA Evaluation/Demo (as part of the report for either the HE appointment or the separate consult appointment).

Orange Folder Forms: When a consultation/demonstration is completed, HA candidates will be given an orange folder that has been pre-assembled to include the following forms:

- Audiogram of Familiar Sounds/3 Keys to Successful Treatment of Your Hearing Loss
- Hearing Aid Dispensing Policies & Procedures
- Quality of Service Guarantee
- Positive Communication Rules
- What to Expect with Your New Hearing Devices
- Reasons to Choose University of Illinois Audiology Clinic

The clinical faculty's business card (with the AuD student's name written on it) and a brochure for the hearing aids being demonstrated/recommended may also be included in the folder.

All of the forms in the Orange Folder will be explained to the patient and significant others, according to the case needs and recommendations. The patient's communication lifestyle and related recommendations for the level of technology, style, and features of the hearing aids are to be discussed. The pricing for the three levels of technology are found on a list in the clinic for current digital hearing aids and related accessories. Pricing is also on the Lifestyle Placemat used in the clinic (found in each test booth).

B. Hearing Aid Candidates

If the patient is proceeding with a hearing aid delivery and trial period, a copy of the current audiogram and, if needed, a medical clearance form are given to the patient. The patient should be scheduled for a hearing aid delivery in one-to-two weeks.

The following should be discussed with the patient at the delivery appointment:

- How the aids and ear molds are ordered
- Approximately how long it takes before the aids and ear molds arrive (about two-to-three weeks for custom products)
- Two-week and six-week check appointments throughout the six-week trial period
 - During these appointments, the patient's questions about hearing aid use and care can be further discussed. The hearing aids can be re-programmed or adjusted as necessary. Additional on-ear aided testing may be conducted at this time. The patient should be informed that she/he should plan for one-hour appointments.
- 30-business day trial period. The aid can be returned to this facility if the patient is not satisfied with the aid. In this case, the aid will be returned to the manufacturer.

C. Medical Clearance/Medical Waivers

If hearing aids have been recommended and the patient meets one of the FDA "Red Flag" criteria for medical clearance, a Medical Clearance form (**see Forms**) and a copy of the audiogram must be given to the patient at the conclusion of the initial evaluation session. The medical clearance form must be completed, **signed and dated** by the patient's physician prior to the dispensing/purchase of a hearing aid.

FDA Red Flags for Medical Clearance

- Visible congenital or traumatic deformity of the ear
- History of active drainage from the ear in the previous 90 days
- History of sudden or rapidly progressive hearing loss within the previous 90 days
- Acute or chronic dizziness
- Unilateral hearing loss of sudden or recent onset within the previous 90 days
- Audiometric air-bone gap equal to or greater than 15 dB at 500 Hz, 1000 Hz, and 2000 Hz
- Visible evidence of significant cerumen accumulation or a foreign body in the ear canal
- Pain or discomfort in the ear.

D. State of Illinois Recommended Hearing Aid Selection and Fitting Procedure

The State of Illinois has specific testing procedures for hearing aid evaluation testing which must be followed. The Hearing Instrument Consumer Protection Code is accessible at <http://www.ilga.gov/commission/jcar/admincode/077/07700682sections.html>. Clinical faculty and instructors will ensure that these procedures are followed in the Audiology & Speech-Language Pathology Clinic.

Medical Clearance: The medical clearance, if needed, must be signed and dated within 6 months of the hearing aid dispensing appointment.

"Medical Evaluation" means *a written statement, signed by a licensed physician which states that the patient's hearing loss has been medically evaluated and the patient is considered a candidate for a hearing instrument. The medical evaluation must have taken place within 6 months immediately preceding the date of the sale of the hearing instrument to the prospective hearing instrument user.* (Section 4 of the Hearing Aid Consumer Protection Act) (Source: <http://www.idph.state.il.us/rulesregs/rules-indexhome.htm>, 225 ILCS 50/4)

The student should consult with the clinical instructor when selecting and fitting a digital hearing aid. These procedures may vary according to the different hearing aid manufacturer's recommended fitting techniques. Recommended guidelines for hearing aid fittings may be found on the American Speech-Language-Hearing Association (www.asha.org) and American Academy of Audiology (www.audiology.org) websites.

E. Earmold Procedures

Making an Earmold Impression:

- The impression material, order forms, boxes are located in the clinic. On the Westone earmold order form, include the patient's first and last name and the student's last or first name. Fill in address, phone, account number and billing/shipping sections of the form, as well as the product order information. When students order ear molds, they will need to consult with the clinical instructor. The specific earmold style, material and options will be determined based upon the patient and fitting needs.
- The original order form must accompany the box with the impression. Westone provides boxes and US Postal System pre-metered labels with tracking numbers on them. Affix the mailing label to the Westone box. Place the small tracking number strip from the label on the yellow/carbon copy of the Westone order form that is scanned into the patient's chart. Place a return address on the outside of the box. The box should be given to the clinic's Office Support Assistant for mailing. The impression should be mailed immediately (unless other arrangements have been made with the clinical instructor).
- The earmold order should be recorded in the order log spreadsheet on the Audiology Drive. The patient's and student's name, date of order, style and materials for the earmold, any special options ordered, and the estimated patient cost should be included. The report for the earmold impression appointment should include information regarding the earmold order (style, material, options, which ear) as well as any associated hearing aid order (make, model, any special options, which ear).

The patient should be charged for the earmold product(s) when the impressions are made. Patients are not charged for the impressions themselves when a custom earmold or an ITE, ITC, or CIC hearing aid are ordered.

After the Custom Earmold is Received:

- The ear molds are placed in the hearing aid cabinet in the clinic; an email will be sent to the student and clinical instructor. The student should confirm that the correct type of earmold was received as ordered.
- Prior to the hearing aid evaluation date or earmold fitting, the student should confirm that the earmold has been received. If it has not, the clinical instructor should be consulted so the patient can be rescheduled if needed.

F. Ordering the Hearing Aid

Currently we order hearing aids from the following companies:

- Phonak
- GN Resound
- Oticon

The student should call the manufacturer or utilize on-line ordering to place an order for a BTE/RITE hearing aid. A hearing aid order form should be completed when ordering a custom ITE aid. The manufacturers' toll free 800 telephone numbers and account numbers are posted in the clinic. The student will need to record the account number on all in-the-ear order forms or tell the manufacturer this number when placing BTE/RITE order. The order should be completed within a time period necessary to receive the hearing aids approximately seven days prior to the Hearing Aid Dispensing (HAD) appointment. The student will log the order in on the order spreadsheet of the Audiology Drive. All special options ordered on the hearing aid should be recorded, so orders can be checked for accuracy when the hearing aid arrives from the manufacturer. The estimated patient cost (as quoted to the patient) should be logged into the spreadsheet as well. The student should include in the patient's report hearing aids (BTE and ITE) that have been ordered.

The hearing aid companies have provided the clinic with pre-printed **Fed Ex** or **UPS** forms/labels that can be used to send impressions for custom in-the-ear product orders. Westone also has shipping labels for sending impressions for custom ear molds/earplugs. The company will pay the **US Mail, Fed Ex** or **UPS** charges for shipping to them. Students should not send any other item by express mail without first talking to the clinical instructor. If the appropriate form is not used, the clinic will be charged for the shipping.

G. Hearing Aid Dispensing

Prior to Dispensing – Check-In of New Hearing Aids

- When a hearing aid or earmold is received, the aids and/or ear molds are logged in on the Audiology Drive "order spreadsheet" by the clinic's Office Support Assistant. The invoice and/or packing slip will be scanned into the patient's chart by the clinic's Office Support Assistant. An email is sent to the student and clinical instructor to notify of the product arrival. The ear molds and hearing aids will be put in 1010. A card will be taped to the aid/mold box with the following identifying information:

- Audiologist/Patient Names
 - Date aid received
 - Appointment date
 - Fee or fees charged
- It is the student's responsibility to check to make sure the correct options were included with the hearing aid. This should be done as soon as the order is received.
 - Check the serial numbers for the hearing aids with the serial numbers listed on the invoice for the hearing aid.
 - Check all options and features of the order to determine that the order is complete.
 - Complete an electroacoustic evaluation and listening check.

Sometimes new hearing aids are defective and need to be returned to the manufacturer. If the student discovers a problem with a new hearing aid or order, the clinical faculty should be contacted.

- If an invoice or packing slip was received, it will be placed in the box with the hearing aid. The invoice or packing slip should be left in the hearing aid box until the check-in electroacoustic evaluations (EE) are completed.

Electroacoustic Evaluations and Listening Checks should be performed several days before the hearing aid dispensing appointment.

- **Electroacoustic Evaluation:** The steps for programming the settings in the HAs for completing the tests below may vary per manufacturer and software.
 - *ANSI testing* at full-on gain and reference-test-gain as needed to confirm the aids are functioning according to published manufacturer specifications (use the correct ANSI standard, 2003 or 2009, and input/output curves on the Verifit 2)
 - At autofit user settings, complete 2cc verification of any applicable features including: direction microphones, noise reduction, feedback suppression, etc.
 - The electroacoustic evaluation test results should be saved in the patient's NOAH patient file, Audioscan module.
- Print outs of the HA check-in tests will be scanned in the patient's clinic file:
 - ANSI test results for the FOG/test measurement setting
 - Additional print outs for test box results to verify digital features (directionality and/or other features)
- **Listening Checks:**
 - The hearing aids should be returned to autofit user settings along with the addition of any programs and settings anticipated for patient use prior to the HAD.
 - A listening check of these programs should be completed.
 - Confirm that the programs are properly set and accessible via the program switch on the aid.

- Confirm that all controls on the aids are properly set and functioning (for instance, volume control, synchronization of the volume or program switches, auto phone, telecoil, or other special features activated for a patient).

Program the Aids:

- The hearing aids are programmed to “first fit” for the HAD appointment.
 - HAs will be tested on the Verifit 2 for speechmapping (3 intensity levels of signal input) starting with the initial/autofit user setting.
 - Digital features (e.g., feedback cancellation, noise reduction, wind management) will remain turned on at the settings determined by the initial software fitting parameters for the patient’s hearing loss. The microphone settings (automatic, omnidirectional or directional options) will also remain at the default user setting as determined by the software.
 - If specific digital features are to be tested/verified during real ear measures, the user settings are typically selected for that verification, with digital features remaining activated/turned on.
 - On-ear directional verification testing is completed at the HAD on the Verifit 2; the patient’s user setting, automatic program is used for this.
 - At times, various digital features may be turned off for testing to compare the results with that feature turned on. For example, if frequency compression is to be tested/verified, the user’s automatic program will be tested first with the frequency lowering/compression turned ‘off’ and then with it turned ‘on’.

Generate a Report for Hearing Aid Check-in

The information from the hearing aid evaluation should be documented in the HAD report. A sample of the hearing aid delivery report is found in **Forms**. The entry should contain:

- ANSI electroacoustic test results and interpretation
- Interpretation of the test box testing to verify any digital features (i.e., directionality or other processing features)

Hearing Aid Dispensing Appointment

- Complete on-ear Speechmapping for each hearing aid
 - Use the Verifit 2 with Audioscan Module
 - Chose the appropriate hearing aid prescription
 - Verify and adjust the hearing aids to soft, average and loud speech
 - Confirm MPO levels do not exceed the patient’s measured UCLs/LDLs
 - Verify the function of the directional microphones
- On-ear testing will typically include:
 - Speechmapping at 55, 65, 75 dB SPL input and MPO run at 85 dB pure-tone sweep
 - Begin HA programming adjustments with a 65 dB SPL speech signal; adjust all three input levels in the software for initial adjustments (this will preserve compression ratios)
 - It is recommended that unaided UCLs be measured during the pre-fitting hearing evaluation in order to reflect discomfort levels per ear at 500 Hz

and 3000 Hz (or some combination of high and low frequencies coinciding with the configuration of the hearing loss).

- Verification of on-ear directionality
 - Verification of frequency lowering/compression, as needed
 - Verification of any other features as needed per case (e.g. noise reduction)
 - All test results are saved to the patient's NOAH file, in the Audioscan module
 - *Both graph and table displays of the results are saved*
- Results of the on-ear testing will be explained to the patient at the patient's level of understanding as a counselling tool of hearing aid benefits.

Hearing Aid Orientation

Complete the Patient Hearing Aid Orientation form (**see Forms**) found in Clinic Note > Forms. The Orientation form is a guide of what will be discussed or demonstrated with the patient and family. The patient should practice inserting and removing the hearing aids or ear molds. Ensure all patient questions are addressed.

The following items should be given to the patient at the time of the hearing aid evaluation:

- Hearing aid(s) & earmold(s)
 - 1 package of batteries / charger
 - Hearing aid instruction manual
 - Cleaning kit/tools
 - Hearing aid carrying cases
 - Dry-Aid Kit
- The patient must sign the following forms:
 - The Battery Safety Rules and Warning sheet (**see Forms**) if purchasing aids with non-rechargeable batteries. The form will be printed out from Clinic Note for the patient.
 - The Hearing Aid Purchase Agreement (**see Forms**) to be completed within Clinic Note.
 - Billing: The patient should be billed for the HAs at the end of the HAD session. On the HAD superbill, the price of the hearing aid(s) should be recorded.
 - Follow-up Appointment: The patient is to be scheduled for a two-week and six-week new hearing aid follow-up appointment.

The trial period should not exceed the manufacturer's return credit period. If the 30-business-day trial period must be extended, this must be discussed with the clinical instructor. In this case, the manufacturer would need to be contacted to see if the trial period can be extended. A note in the report should be made reflecting who was spoken to at the company and the date of the extension.

Hearing Aid Dispensing Documentation

A report needs to be completed summarizing the hearing aid electroacoustic evaluation, fitting, verification test results, interpretation, user settings, completion of patient orientation and purchase agreement, and follow up recommendations. A sample report for the hearing aid evaluation can be found in **Forms**.

- Speechmap and feature verification test results will be scanned into the patient's chart.
- In the Audioscan module, document on the Speechmap verification:
 - Hearing aid make, model, serial number
 - Earmold style and venting; RITE power & size, slim tube size, and dome size
 - Hearing aid volume control setting used for testing (i.e. at user settings)

H. Appointments During the Trial Period

The following may be completed during the trial period check appointments as applicable to the patient case and fitting:

- Subjective benefit self-assessment form (i.e. COSI inventory or others as appropriate, and as directed by clinical faculty or instructor)
 - If not already completed at the HE or HAE, complete the COSI or other self-benefit assessment with prioritized communication situations that the patient hopes that the hearing aids will improve
- On-ear speechmap measures, if necessary, to repeat for verifying adjustments to the hearing aids
- Adjustments to programming (based on patient report of use and benefit; or based upon results of any aided sound field testing completed); documentation of patient's impression of these changes
- Fitting adjustments (earmold or hearing aid comfort factors)
- Continued HA orientation for care and use, as applicable to the needs of the patient

Complete a report for each hearing aid check appointment. Samples can be found in the **Forms** section.

If the patient wishes to return the hearing aid(s), the patient will receive a refund of their purchase price minus \$250 per ear. The hearing aid manufacturer's *return credit form* (found in the forms file cabinet) will be completed. The dated form should be placed in the box with the hearing aid when it is returned to the manufacturer. A copy of the return credit form should be scanned into the patient's chart. The student should let the clinical faculty know that the aid is being returned to the manufacturer for credit. The aid should be returned to the manufacturer in one of that manufacturer's pre-paid shipping packets. A report entry must be completed documenting the patient decision to return the hearing aids (and any related accessories/supplies) and reason for return.

I. Hearing Aid Checks

Patients will be scheduled every 6-months to return for otoscopy, Speechmapping, visual and listening checks. A final warranty check will be scheduled approximately two months prior to warranty expiration (whether the warranty is the original warranty activated at the time of purchase or an extended warranty). Hearing aid check appointments will be handled similarly to hearing aid repair appointments (see section below), except that the patient may have no concerns or problems to report. It is recommended the hearing aid(s) be sent in to the manufacturer for an end-of-warranty check prior to their repair warranty expiration.

Services provided at the HA check appointments:

- Intake of subjective and objective information regarding the patient's concerns with the hearing aid(s)
- Determine patient's typical hearing aid use pattern (typical communication situations, program settings used, volume control changes; benefits or problems with amplification)
- Hearing aid care/cleaning habits (including use of Dry & Store unit)
- Cleaning of the hearing aids and ear molds (or other earpieces such as domes)
- Listening check (at user settings) and visual check of hearing aids and ear molds
- Replacement of the following as needed – domes, wax guards, BTE ear hooks, earmold tubing, etc.
- Electroacoustic evaluation each year during warranty period, this includes Speechmap testing and verification of directionality. Save testing in the patient's Noah file.
- Program adjustments per patient request or judgment of the audiologist based on patient report of concerns, benefits, user pattern, communication lifestyle
- Counseling and re-instruction about: care and cleaning of the aids; options or features in the hearing aids and how to apply them in communication; information about communication strategies to optimize benefits with hearing aids; accessories (Bluetooth connectivity, traditional assistive devices)
- Provide options with pricing for extending the manufacturer's original warranty (if that is still the active warranty on the HAs). Call the manufacturer prior to the appointment; verify the current warranty coverage and expiration
- If the warranty *cannot* be extended further through the manufacturer, the patient should be informed about the ESCO. Materials explaining this independent company's policies are with the other clinic forms. The patient can be shown the ESCO brochure and directed to the website (www.earserv.com); pricing for a policy varies and is listed in the brochure or on the website depending upon the make and model of the hearing aids. There are two different policies (one for repair/loss/damage and one for loss & damage only).

For initial application for ESCO insurance via paper application:

- The audiologist will fill in the portion of the paper application with the make/model/serial number/date of purchase/purchase price.
- An electroacoustic test and visual/listening check of the aid(s) to be insured must be completed for the clinical instructor to sign off on the paper application in the appropriate section to verify proper functioning of the aids.

- The patient will take the brochure/application, fill in the applicable sections, and send the application to ESCO along with payment. The patient may choose to apply online at www.earserv.com; the patient will need to select a clinic location (i.e., the Department of Speech and Hearing Science Audiology & Speech-Language Pathology Clinic) where they wish to receive services should they need to file a claim on the insured hearing aid.
- There is no required audiologist signature or verification of condition of the hearing aid at time of application if the online application is used.

After the initial application, ESCO will contact the patient directly when renewal of coverage comes due. The university clinic does not process payment for purchase or renewal of policies for ESCO.

When repairs are needed under ESCO insurance coverage, the patient will bring the hearing aid(s) to this clinic. A claim form is completed by the patient (via paper or online at www.earserv.com). See below in the “Hearing Aid Repair” section regarding steps for processing an ESCO repair or replacement.

Complete a report for the warranty check appointment. See sample reports in the **Forms** section (‘HA Contact Sheet Samples’).

J. Hearing Aid Check with Hearing Evaluation

This type of appointment is for individuals who have purchased hearing aids at this clinic. The procedures are for adjusting hearing aid settings when a patient reports decreased hearing aid benefit or increased hearing difficulty. The reported concerns indicate that there may be a change in hearing that should be assessed in order to make appropriate adjustments in the hearing aids. It may result from or be included in repair or warranty check appointments, depending upon the information reported by the patient regarding hearing concerns or problems with the hearing aids. The hearing check completed is an abbreviated hearing evaluation that includes:

- Brief update history since the last test and case history intake – changes in hearing, recent ear problems, noise exposure, symptoms (tinnitus, dizziness), general medical/health/medication status, and concerns with current hearing aids/settings
- Testing of air conduction, bone conduction, word recognition, speech-in-noise and immittance screening. Test selection should be discussed with the clinical instructor to determine the test that will provide the type of information needed for the case.
- Hearing aid programming adjustments or repairs as needed
- Complete report for the appointment (see sample outline and report in the **Forms** section)

K. Hearing Aid Repairs

When assessing a hearing aid to determine whether it should be sent for repair (walk-in or appointment), the student should do the following:

- Intake of subjective and objective information regarding the patient's concerns with the hearing aid(s).
- Determine patient's typical hearing aid use pattern (typical communication situations, program settings used, volume control changes; benefits or problems with amplification) and hearing aid care/cleaning habits (including use of Dry & Store or RENEW unit). If the case is on a drop off/walk-in basis, a phone call may need to be placed to determine information to assist in repairs.
- After cleaning the aid(s) appropriately for coupling to a listening stethoscope, do a listening check at user settings. Clean the patient's earmold and determine if a tubing change, wax guard replacement or dome change is required.
- Complete electroacoustic evaluation of the hearing aid which may include ANSI testing, Speechmapping, and/or feature verification. For specifics see HA Check-In and HAE Protocol – Verifit 2'.
- Confer with the clinical instructor to discuss the results of these analyses. Save the test results to the patient's NOAH file using the Audioscan module. Scan results as needed into the patient's chart.
- Determine if the hearing aid is under an original new aid warranty, a service/repair warranty, or ESCO insurance.
 - Most manufacturers provide a repair, loss & damage warranty in new hearing aids for one to three years following purchase. All aids sent in for repair will be returned to the original manufacturer for repair. **If the company is not one of the companies the clinic has an open account with, discuss the repair with the clinical faculty (see companies listed as having open accounts in the Forms section).**
 - If the hearing aid is covered under ESCO insurance, the patient must fill out an ESCO claim form (paper copy or online at www.earserv.com). If there is any doubt whether a particular hearing aid problem is covered under the patient's policy, the student or instructor should place a call to ESCO to inquire. Once the claim form is completed, it is faxed by our clinic to ESCO (or submitted online) in order to obtain an authorization number. This authorization number is then used on the repair form that is sent to the hearing aid manufacturer. The aid should not be sent for repair until an authorization number is obtained from ESCO. The 'bill to' agency on the hearing aid company's repair form will be ESCO; the 'ship to' agency is the University Audiology Clinic. Once the aid is back from repair, check to confirm that the billing was sent to ESCO.
- If the hearing aid should be sent for repair, the student should complete the appropriate repair forms that are available in the clinic and package the aid(s). Only the hearing aid is sent; the patient should keep the custom ear molds and any other related accessories (such as the case). Complete the following steps:

- The manufacturer's repair form should be completed. If the hearing aid is not currently under warranty, select either a one-year or a six-month warranty to go with the repair. The original repair form is enclosed with the hearing aid to be sent to the repair facility (manufacturer or repair lab).
 - The repair form should be scanned into the patient's chart prior to being packaged and sent to the manufacturer.
 - It is the responsibility of the student to prepare the aid to be sent. Adequate packing material must be used. The aid should be mailed in a shipping bag with a pre-paid label provided by the hearing aid company. The manufacturers provide pre-paid UPS or Fed Ex shipping labels that are in the clinic along with the shipping bags. Fill in all applicable sections on the shipping label. Put the shipping label on the shipping bag. There is either a second copy of the full label or a small strip on the label, both of which have the tracking number. This second copy or small strip should be put with the clinic copy of the repair form, and placed in the patient's chart.
 - The completed mailing packet should be given to the clinic's Office Support Assistant so a call can be placed to pick up the packet to be shipped. See additional information for sending hearing aids in the "Mailing Hearing Aids" section that follows.
 - Make an entry in the Audiology Drive > Clinic Orders > Repair tab. Include the make, model, serial number and estimated quoted patient cost along with the patient's initials and audiologist name.
 - Complete a report for the walk-in or appointment related to the repair.
- When the hearing aid is returned from repair, the clinic's Office Support Assistant will scan the invoice into the patient's chart. The student and clinical instructor will be emailed and the hearing aid (with repair invoice) will be placed in the hearing aid cabinet in room 1010. The invoice sheet should be checked to confirm that the correct price, serial numbers, and warranty period have been given. The student should perform an **electroacoustic evaluation**. If the hearing aid is working properly, the student should **program the aid to the user settings** and perform a listening check.
 - If the hearing aid is functioning properly and after consulting with the clinical instructor, the student should contact the clinic's Office Support Assistant so the patient can be scheduled for an appointment.
 - The superbill should be completed in preparation if the patient is to pick-up the device without an appointment.
 - The student should note any new warranty period dates and any change in serial numbers that occurred with the repair in the patient's chart.
 - Complete a report for the HA Repair check-in.

Hearing Aid Pickup: Patients should make an appointment to pick-up the repaired hearing aid. However, at times, a patient may ask if they can pick up the hearing aid without making an appointment. This should be discussed with the clinical instructor before any such arrangement is made. If a pick-up is agreed upon, the student should take the patient's hearing aid (user setting properly set) to the clinic's Office Support Assistant so the patient can pick up the aid. The student to complete the Superbill in the patient's chart. Do not have the clinic's Office Support

Assistant call the patient until the aid has been given to her/him. If the patient wants the hearing aid sent to her/him, make sure she/he realizes the fee will be billed to her/him for insured shipping and handling. See the “Mailing Hearing Aids” section for correct mailing procedures.

- Complete a report reflecting communication with the patient regarding arrangements for pick-up of a repaired aid.
- Complete a report for the HAR pick up appointment.
- If the hearing aid is picked up from the front office without a scheduled clinic appointment, documentation of the pick-up in the patient’s chart should be completed by the front office staff.

L. Procedures for Use of Loaner Hearing Aids

If a patient is in need of a loaner hearing aid for temporary use (for instance, if the patient’s aid is being sent for repair), the following procedures should be implemented. The graduate student will:

- Select an appropriate loaner hearing aid (based upon the audiogram of the patient, and the patient’s current style of hearing aid). Loaner aids are indicated by green labels in the cabinet located in 1010.
- Determine if the loaner is available by looking in the drawer. If the loaner is available, complete the Hearing Aid Loaner Form.
- Have the patient sign a loaner hearing aid form (**see Forms**) and place this form with the hearing aid box and place in the “Loaner Out” box labeled in green.
- If the patient purchased the aid being sent for repair from this facility, there will be no weekly rental fee for use of the loaner hearing aid. If she/he purchased the aid to be repaired at a different facility, there will be a charge of \$10.00 per day rental.
- Include the loaner hearing aid information in the HAR appointment report.

When the loaner hearing aid is returned, the following procedures should be implemented by the graduate student:

- Perform a visual/listening check and FOG test setting electroacoustic evaluation on the aid. Documentation of this check and the check-in EE should be in the chart of the patient who used and returned the aid (include in the report for the HA pick-up appointment).
- If the slim tubing and/or domes were used with the loaner hearing aids, the patient may keep these if these belonged to the patient originally or if the patient paid for them at the time of checkout of the loaner aid. If the patient does not want the slim tubing and/or domes, discard them in the trash.
- Have the patient sign the Hearing Aid Loaner Agreement return section.
- If there is a problem with the returned loaner aid, consult with the clinical faculty. If the loaner aid needs repair, follow the procedures outlined above in the Hearing Aid Repair Section. It should be determined if the loaner aid is under any repair warranty. If there are fees to repair the loaner hearing aid due to damage that occurred while it was on loan to the patient, confer with the clinical instructor to determine how to handle course of action and any fees that should be charged to the patient.

M. Mailing Hearing Aids

All order forms, labels and packaging materials are in the clinic. To mail a hearing aid to the manufacturer for repair: **only send the aid**. Do not send cases, batteries, ear molds or accessories. The patient should keep these items. Use foam or packing material to encase the hearing aid. Place the wrapped hearing aid in a sturdy box (do not use an earmold box) so that it does not move or rattle. Use the manufacturer's pre-paid shipping label and put the aid and paperwork in the FedEx or UPS mailing bag. The clinic's Office Support Assistant should be asked to call the shipping agency to pick up the package.

If a repaired hearing aid is being sent to a patient (rather than picked up by the patient), the patient will be billed for the insured shipping. This fee will be determined when the clinic's Office Support Assistant calls the shipping company to arrange for pick-up of the package. The fee should be included on the superbill with the repair cost (no tax applied to the shipping fee). The hearing aid(s) should be properly packaged for safe shipping.

Section VII
HEARING CONSERVATION PROGRAM

A. Hearing Conservation Program Procedures

The Department of Speech and Hearing Science has a Memorandum of Understanding (MOU) with the Hearing Conservation Program at the University of Illinois at Urbana-Champaign. The MOU assigns responsibility for providing audiological services to the Audiology & Speech-Language Pathology Clinic. Audiological services under this program include pure-tone air conduction testing on employees, OSHA calculations to classify the employees' hearing category, fitting employees with custom hearing protection, hearing protection verification, and providing OSHA training and making appropriate recommendations. Students assist in providing these services under the supervision of clinical faculty.

For the hearing conservation program, the following procedures are completed:

- The appointments will be scheduled for 45 minutes to one hour. **The clinic's Office Support Assistant will ask the employees to bring their hearing protectors to the appointment.**
- The employees scheduled for baseline or air conduction re-check appointments (30-days/one-month, 3-months or six-month re-checks) will be told they should have been out of noise for at least 14 hours prior to their recheck, unless they utilized hearing protectors during that time period. Employees are not required to be out of noise for 14 hours if they are being seen for their annual hearing test.
- At the appointment, a *Hearing Conservation Program Otologic History* form (**see Forms**) will be completed. The date and length of last noise exposure as well as the dB level of the noise must be filled out. Both the student and employee must sign this form. A *Consent for Disclosure of Confidential Information* form (**PTI, or Hudson**) for hearing conservation employees must also be signed by the employee at this time.
- After the forms have been completed, air conduction testing and immittance screening procedures will be performed. Air conduction testing will include the frequencies 500-8000 Hz in both ears. The frequencies used for the OSHA average calculations are 2000, 3000, and 4000 Hz. The air conduction thresholds will be recorded on an industrial audiogram threshold (**see Forms**). The student must fill in the employee's department name and obtain the employee's number and date of birth for the industrial audiogram. A sample completed audiogram threshold form (**see Forms**) is shown in the forms section.
- Blank and completed sample Hearing Conservation Calculation sheets (**see Forms**) can be found in the forms section. Calculation Sheet Instructions (**see Forms**) and Age Correction Values (male & female) (**see Forms**) are also included in the forms section. These sheets and the sample provided (which illustrates how to do the calculations) should be reviewed. The appropriate calculations are completed on each employee. The form used for the calculations is found in the file cabinet in the clinic. After the calculations have been performed, the employee will be placed in one of the eleven categories listed on the Industrial Hearing Conservation--Audiogram Review (**see Forms**). Questions concerning these procedures should be addressed to the clinical faculty.
- All employees will be required to sign a Training Record (**see Forms**) prior to their annual training session.

- A report should be completed for every Hearing Conservation appointment. A sample report outline and sample reports entries (**see Forms**) for various noise appointments can be found in the forms section. These include entries for annual HE, EMI, EP check and EPF appointments.
- If the employee is being seen for the first time, earmold impressions will be completed for earplugs; these will be checked for proper insertion/removal by the employee, earplug condition, adequacy of fit, and employee report of comfort and sound attenuation in the workplace. If the employee does not use custom earplugs, whatever form of hearing protection is used at the workplace (for example, muffs, generic foam or plastic earplugs) should be checked at the annual appointment. If the employee does not bring the currently used hearing protection device to the annual HE appointment, a return hearing protector/earplug check appointment (usually for 15 minutes) will be scheduled.
- **Verification of Hearing Protection** includes obtaining soundfield thresholds for 250-8000 Hz with all inter-octaves with the patient facing the soundfield speaker at zero degrees azimuth. Repeat the same measurements with hearing protection properly placed. Record the results on an audiogram. Complete attenuation calculations utilizing the Attenuation Calculation Spreadsheet found in the audiology drive.
- The status of the completion of impressions for new custom plugs or the hearing protection check and attenuation will be documented in the report. If an order is placed for new custom earplugs, a copy of the Westone order form will be placed in the employee's clinic file (**see Forms**).
- Recommendations for follow-up for a full hearing evaluation and consultation with an otolaryngologist may be made to an employee who has some degree of asymmetry in hearing or reports certain symptoms. The following criteria apply:
 - **If the asymmetry is 20 dB or greater at two or more frequencies**, a definite recommendation is made to complete a full HE and consult with an otolaryngologist. The frequencies may or may not be adjacent; the audiologist will determine the urgency for referral based upon the pattern of asymmetry over time and any related symptoms.
 - **If the employee already has seen an otolaryngologist and had a full HE for the noted asymmetry and any related symptoms in the past**, and the asymmetry has been stable since that otolaryngologist consult, the referral may be the same as (b) below. This type of case also may be advised verbally at the appointment to monitor symptoms and return to the otolaryngologist if changes occur, with no letter being sent (just documentation in the file of the verbal recommendation).
 - **If there is a new or stable asymmetry of less than 20 dB at one or more frequencies or an inconsistent minor asymmetry over time with no other ear related symptoms**, the referral to an otolaryngologist may be conditional. It will be recommended that the employee monitor for changes in the difference between ears and in general hearing status. *If* such changes occur, or if the patient experiences tinnitus (or changes in tinnitus), dizziness, or ear symptoms such as pain, pressure or fullness, then the employee should see the physician and have a full HE. (The graduate student and clinical instructor will determine the priority for referral based upon the duration and pattern of asymmetry for the case.

- **If there are symptoms such as significant tinnitus, dizziness, or ear problems (fullness, drainage, pain, etc.),** refer to a physician (employee's general doctor or an otolaryngologist) irrespective of the hearing test results. A full HE may or may not be recommended depending upon the case.

The drafts of the reports and cover letters are due within 48 hours of the testing.

B. Hearing Conservation Program Follow-up Procedures

- **Almost STS (Category 4), First Time STS (Category 2) or Recurrent or Persistent STS (Category 1):**
 - Recheck within 30 days is recommended
 - Employee is sent a letter to make an appointment for the retest within 30 days of the original test when the results showed Almost STS, First Time STS, or Persistent STS. Employee was placed in one of the above categories because the results showed a change or a significant change from baseline in L/R/both ears; letter will state the need to avoid noise exposure for the 14 hour period preceding the retest appointment and/or use of effective hearing protection during any noise exposure in that 14 hour period (i.e. earplugs, earmuffs, or combination of the two)
 - Employer (department supervisor) will be sent a copy of the letter so he/she notified of the recommendation for retest and the 14-hour period prior to that retest.
 - If upon retest within 30 days there is no STS seen:
 - Employee is seen back for annual retest & training and recommend continued use of effective hearing protection.
 - A letter will be sent to the employee stating that the retest did not show STS and recommend that the employee use effective hearing protection whenever in noise. Recommendation for the annual test and training will be reiterated.
 - A copy of the letter will be sent to the departmental supervisor.
 - If upon retest within 30 days there is still a first time STS:
 - The category assignment will stand. The Industrial Hearing Conservation
 - Audiogram Review categories may be referenced for placing the patient in the appropriate category.
 - The audiologist will explain to the employee that the first time STS is evident. The student will again check HPD being used and contact Westone Lab, if appropriate, for suggestions for higher/better attenuating HPD or custom plugs. These custom plugs would be ordered with a follow-up fitting and check of appropriateness of fit. Prior authorization must be obtained from the appropriate supervisor before any new hearing protector device can be ordered. The student will recommend the diligent use of effective HPD (such as custom plugs, earmuffs, or plugs and muffs together in combination) whenever the employee is in noise at

work. Use of both earplugs and earmuffs is strongly recommended when in higher levels of noise.

- The employee will be seen for a three-and/or six-month recheck to monitor hearing and to check HPD status and use.
 - The employee will be seen for annual test and training (1 year from date of first test when the new category was assigned).
- A letter will be sent to the employee stating that the STS was still evident upon retest and thus recommendations will be made as follows:
- The student will recommend the diligent use of effective HPD (such as custom plugs, earmuffs, or a combination of these) whenever the employee is in noise at work. Use of both earplugs and earmuffs is strongly recommended when in higher levels of noise.
 - Referral for a full hearing evaluation and/or ENT consultation at the facility of choice; employee will be referred to the employer if he/she has questions about who pays for this assessment/consultation.
 - A copy of the Audiology & Speech-Language Pathology Clinic's hearing test (i.e. regular clinic audiogram) will be sent with the letter and the employee instructed to take this to the full audiological/ENT appointment for that professional to review.
 - CC letter to or successor as UIUC Safety and Compliance Officer.
- A separate cover letter will be sent to the employee's supervisor (departmental supervisor) along with a copy of the employee letter. The cover letter will include the following:
- A review of the recommendations made to the employee (i.e. type of HPD to use, full HE/ENT referral, and recheck in 3 to 6 months, annual test & training).
 - A request that the supervisor monitor/enforce the completion of these recommendations.
 - CC letter to Jeremy Neighbors, UIUC Safety and Compliance Officer.

- **Persistent STS, Stabilized STS or change of baseline:**
 - The above steps for rechecks, HPD fitting and recommendations, and letters to patients and supervisors will be followed. It should be determined if:
 - The recommendation for full HE/ENT consultation was completed when it was first recommended following the First Time STS or Almost STS
 - If the HE/ENT consultation should be completed again due to a change in symptoms, or
 - If the full HE/ENT referral should be reiterated because the employee did not follow up on the recommendation previously at the time when First Time STS was seen.

 - Baseline Change (Category 3 Stabilized STS). If an employee falls in Category 3, the audiologist will need to communicate with the employee, supervisor and the UIUC on-campus OSHA/Safety & Health Representative, Jeremy Neighbors (jneighbo@illinois.edu, 217-244-2190, F & S Division of Safety and Compliance). The recommendation for changing baseline in one or both ears where category 3 is applicable will be explained in letters to these individuals. The following communications should occur (copies of all communication should be kept in the employee's clinic file):
 - Before a letter is sent to the employee or supervisor, communication with the UIUC Occupational Safety and Health representative should be completed via email or telephone. The communication will inform the representative that a written request is being sent to her/him requesting review of the employee's situation that has resulted in a recommendation for baseline change. Documentation of the communication will be placed in the employee's clinic file (copy of email or description of phone communication in the contact sheet). If an email is sent, no PHI is revealed in the email.
 - A letter is sent to the campus Safety & Health representative describing the threshold shift status over time and the recommendations for changing baseline in one or both ears. In the letter, the date of the existing baseline and the date recommended for the new baseline will be stated. The new baseline test will be selected by the graduate student and the clinical instructor based upon review of hearing thresholds and the period for which they have revealed threshold shift from baseline but have stabilized. The letter will request that the representative review the information and respond in writing as to whether the baseline change is approved. At times, the representative may request additional information or records to assist her/him in the decision. See sample letter (**see Forms**).
 - A letter is sent to the employee informing her/him of the ongoing threshold shifts and the recommendation for baseline change in one or both ears. The employee is also informed that this recommendation will be reviewed by the campus Safety and Health representative. Recommendations for use of HPD are included in the letter, as is a recommendation for consultation with an otolaryngologist with

completion of a full hearing evaluation. See sample letter (**see Forms**).
The employee's supervisor is sent a copy of this letter.

- A separate letter is sent the employee's supervisor. This letter will explain the situation regarding ongoing STS and stabilized hearing with the recommendation for baseline change in one or both ears. The letter will include additional recommendations for HPD use, ENT consultation, completion of full HE, and retest appointments. See sample letter (**see Forms**).
- A letter of response will be received from the campus Safety and Health representative regarding baseline change approval. The letter will be placed in the employee's file.
- After approval of baseline change is received, the employee's clinic file documents should reflect such. Clear notation should be made on the employee's Industrial Audiogram to show the test date that is now the baseline for the left ear and for the right ear. An additional note should be written at the bottom of that audiogram stating the date when the baseline was changed and what prior and new baseline dates are per ear. Thereafter the new baseline will be used for calculations at recheck or annual tests.
- The employee will be sent a letter of notification that the baseline was changed. The recommendation for recheck in three-to-six months will be included in the letter along with reiteration of the recommendations for ENT consultation, full HE and use of effective HPD. The employee's supervisor should receive a copy of this letter. See sample letter (**see Forms**).
- The employee will be seen for a recheck appointment 3 to 6 months after the time of the last test appointment when the baseline change was initiated.

Section VIII

Supervision

A. Direct Supervision Procedures

Graduate students may be assigned to one or more clinical instructors during each semester of in-house or external placement practicum. Clinical instructors are responsible for educating and helping to develop students' clinical skills. Clinical instructors are the licensed and certified individuals who are also responsible for the well-being of patients and clients.

In keeping with the Council for Clinical Certification (CFCC) standards (see <https://www.asha.org/Certification/2020-Audiology-Certification-Standards/>), the program provides at least 25% direct supervision of student-provided clinical diagnostic and treatment services. The clinical instructor will determine the amount of additional supervision that is required based on factors including, but not limited to student prior clinical and classroom experience, the medical complexity of the case, and insurance regulations. External placements may have institutional policies in addition to the standards of the CFCC.

Efforts are made to assign students to clinical cases that correspond with their previous or concurrent coursework. In situations where students may be assigned to a case which they have not yet had coursework, the instructor will provide additional supervision time and relevant readings and resources to increase students' knowledge and skills.

B. Grievances

Students are encouraged to bring their concerns or complaints to faculty. In all cases, it is best to bring concerns to the faculty member directly involved. If that does not result in a mutually acceptable resolution, the student can bring the matter to the attention of department administrators. Concerns regarding clinical placements or supervision should be brought to the attention of the Clinic Director. Concerns regarding academic coursework should be brought to the attention of the Director of Graduate Studies. If concerns cannot be addressed by these individuals, the next level is the Program Director and Head (see Organizational Chart on page 7 of this Handbook.) If a mutually acceptable resolution to a complaint cannot be achieved informally, students may file a formal complaint, or grievance, with either the College of Applied Health Sciences or the Graduate College following the grievance procedures of the respective units. The grievance procedures are available on the University web site at <http://www.grad.illinois.edu/grievepolicies/principles>.

The processing of grievances are also subject to College of Applied Health Sciences and University guidelines:

<https://studentcode.illinois.edu/>;

https://www.vpaa.uillinois.edu/resources/policies/grievance_guidelines

<https://grad.illinois.edu/gradhandbook/2/chapter9/academic-conflict>

<https://provost.illinois.edu/student-consumer-information/student-complaint-process/>

(See also Section VIII.J Policies and Procedures for Equitable Treatment, and VIII.K Student Complaints.)

C. Clinical Instructor-Student Conferences

Each clinical instructor and student will at minimum meet at mid-term and at the end of the semester to discuss the student's strengths and weaknesses. Suggestions will be made for improvement to support clinical growth. Estimated grades will be discussed at mid-term and the final grade will be discussed at the final evaluation. Additional conferences may be held at either the student's or the clinical instructor's request.

D. Professional Protocol and Evaluation Procedures

The Audiology Formative Assessment (**see Forms**) was designed to inform the student about their professional and clinical competence. The clinical instructor and/or student will complete the appropriate sections of the form before the conferences to determine a rating reflecting the student's professionalism and clinical competence during this practicum. The SHS 447 Practicum Evaluation (**see Forms**) is used to give weekly feedback to the student during practicum at the Audiology & Speech-Language Pathology Clinic.¹

The external placement clinical instructor and graduate student will meet at mid-term and at the end of the semester to discuss the student's progress and performance. Written feedback to the student and the department will be provided based on the Audiology Formative Assessment.

The Doctor of Audiology Program includes clinical experiences at multiple facilities off campus. Communication regarding students' academic and clinical progress at these facilities is necessary throughout the program. This communication will include performance assessment, evaluation and grade information between representatives of the Department of Speech and Hearing Science and the external clinical facilities. Email, fax, telephone, US mail, and written or spoken communication may be used. Each graduate student will be given a form that explains these communications and acknowledges understanding of such.

E. Evaluation of Clinical Instructors

Students are invited to evaluate their practicum clinical faculty or instructor for in-house clinical practicum at the end of each semester using Supervisor Feedback Form in CALIPSO and/or the University of Illinois at Urbana-Champaign [Instructor & Course Evaluation System \(ICES\) Forms](#) (ICES) Forms. Evaluations for external clinical instructors should be made via CALIPSO.²

F. Log of Clinical Hours

All students must track the number of clinical clock hours they have obtained each semester as well as how much of that time was under the supervision of clinical faculty or instructors. Students will be required to submit their hours for approval in CALIPSO four times during spring and fall semester and twice during the summer semester.³

¹ For the class of 2021, the paper formative assessment is used. For 2020 and beyond, CALIPSO is used.

² The class of 2021 will use paper-based evaluations for external clinical placements.

³ Class of 2021 will use the system in the 2018-2019 handbook.

G. Intervention Plans

ASHA Certification requires students to:

- Complete a graduate degree at a CAA accredited program
- Meet Pre-Service Knowledge and Skills Standards (KASA) set by ASHA for Audiologists or Speech-Language Pathologists

Minimum Grade Point Average (GPA)

The Graduate College at the University of Illinois at Urbana-Champaign specifies that graduate students must maintain a minimum GPA and make satisfactory progress in all other aspects of their degree programs in order to continue as students. Students in the Department of Speech and Hearing Science must maintain an overall GPA of 3.0. For information on Graduate College policies regarding academic standing, please refer to the Graduate College Handbook (see <https://grad.illinois.edu/gradhandbook/2/chapter3/academic-standing#programGPAs>)

Successfully Displaying Competency in All KASA Standards

With regard to CFCC knowledge standards in a didactic course, at-risk students are identified as being *at minimal risk* if they did not meet all knowledge standards designated for a course; and are identified as *in need of intervention* if during a semester they are failing to meet multiple knowledge standards in a course. A student *at minimal risk* will have other courses in the curriculum where she or he can meet the standards of concern. A student *in need of intervention* in a course will be notified by the course instructor, who will work with the student, and if needed, the student's academic advisor and the Director of Graduate Studies to provide opportunities during the course or elsewhere in the curriculum to meet the standards of concern.

With regard to CFCC skills standards in a clinical practicum, at-risk students are identified as being *at minimal risk* if they received a rating of "2" for any CFCC skills standards during clinical practicum; and are identified as *in need of intervention* if at mid-semester they are failing to meet any skills standards (i.e., received a rating of "1") during clinical practicum. A formal intervention plan is not warranted for a student *at minimal risk*; however, the clinical instructor will meet with the student to discuss how to improve performance on the standard. The clinical instructor, who will simultaneously notify the Clinic Director, will notify a student in need of intervention during clinical practicum. A formal individualized intervention plan will be then be created by the clinical instructor, the student's academic advisor (serving as an advocate for the student), the Clinic Director, the Director of Graduate Studies, and the Program Director, to guide the student in meeting the standards of concern. Students will have 16 weeks to meet the standards, after which the student will be formally advised by the faculty who created the plan about the student's success in meeting the standards and what, if any, further actions should be taken.

Resolutions for students at risk will take three forms:

- Successfully support student in completing: 1) Degree requirements, and 2) displaying competency in all standards
- Successfully completing degree requirements for academic master's degree; counseling student out of the clinical program.

- Counseling student out of the graduate program, leaving w/out degree.

H. Student Learning Outcomes Assessment

Mastery of the Council for Clinical Certification standards required for the Certificate of Clinical Competence (CCC) will be assessed for each student for behaviorally defined learning outcomes at multiple points in the program. The standards are assessed in each academic course and clinical practicum. There are multiple opportunities to meet each standard across the curriculum. Various locally designed forms of qualitative and quantitative assessments will be used, e.g., examinations, research papers, abstracts, reaction papers, mini-papers, individual and group projects, evaluation and reflection, etc. The course or practicum instructor determines whether the student has met or not met each standard designated for that course. Each student's learning outcomes are tracked via the Audiology Formative Assessment that is accessible to the student via Calipso. (Students in the Class of 2020-2021 started with paper formative assessment forms stored accessed electronically and will continue with that system until graduation.) At least once per semester, students receive feedback from their academic advisor indicating the current level of competence for the learning outcomes. If additional opportunities are needed to meet any standard, a plan will be developed with the academic advisor. Faculty meet annually in the spring semester to assess overall student progress in the program and students receive feedback from their academic advisor. During the student's final semester, the Clinic Director and the Director of Graduate Studies conduct an audit to determine that an acceptable level of competence has been achieved for each behaviorally defined standard. The student must also pass the national standardized Praxis examination.

I. Accommodations

Accommodating Disabilities

The University of Illinois is committed to ensuring that qualified persons with disabilities are not denied admissions or subjected to discrimination throughout their program. Any prospective student may request accommodations for academic or clinical settings by contacting their instructors, advisors and The Division of Disability Resources & Educational Services (DRES). [DRES](#) provides supports for undergraduate and graduate students across campus. Students are encouraged to contact DRES to proactively arrange accommodations early in each semester. DRES counselors will help students in developing reasonable accommodation plans with our department for both academic coursework and practical experiences in clinical settings.

Accommodating Personal Emergencies

The [Student Assistance Center](#) in the Office of the Dean of Students serves as the first point of contact for students requesting assistance for personal emergencies—students may drop in or make an appointment. Assistant Deans help students understand university policies and procedures, guide them in connecting to other campus resources, and support students in crisis. The Student Assistance Center can assist students with a broad range of issues that may be affecting their academic and/or clinical performance, including issues related to physical and mental health, course attendance, accessing various campus services, and options for withdrawing from the university.

Accommodating Religious Observances

University policy and state law require that all academic and clinical instructors reasonably accommodate conflicts and work requirements resulting from a student's religious beliefs, observance and practices. Students are required to submit the [Request for Accommodation for Religious Observances Form \(.doc\)](#) to their instructors and the Office of the Dean of Students to request accommodation by the end of the second week of the course.

J. Policies and Procedures for Equitable Treatment

The following is the Official Notice of the Nondiscrimination Statement of the University of Illinois at Urbana-Champaign. It can be found on the University of Illinois Office of Access and Equity Website. <https://oe.illinois.edu/discrimination-and-harrassment-prevention.html>

University complaint and grievance procedures provide employees and students with the means for the resolution of complaints that allege a violation of this Statement. Inquiries or complaints may be addressed to the Director and Assistant Chancellor, Office of Equal Opportunity and Access, 601 E. John Street, Swanlund Administration Building, (217) 333-0885, fax (217) 244-9136, TTY (217) 244-9850 or the Associate Provost and Director, Academic Human Resources, Henry Administration Building, (217) 333-6747, fax (217) 244-5584. For other University of Illinois information, contact University Directory Assistance at 333-1000.

Policies and procedures for problem solving and grievance filing on matters related to discrimination and harassment are established within the University. Vice Chancellors, deans, directors, and department heads share the responsibility for procedures within their units, subject to oversight by the Office of the Provost which has the lead responsibility for overseeing all aspects of the policy and procedures. Each college-level unit has an appointed intake specialist, and procedures take the form of informal problem-solving and formal filing of grievance, with the possibility for appeal. These policies and procedures encourage and require all to make a sincere and sustained effort to create an environment where everyone feels welcomed and valued.

K. Student Complaints

Students are encouraged to bring their concerns or complaints to faculty. In all cases, it is best to bring concerns to the faculty member directly involved. If that does not result in a mutually acceptable resolution, the student can bring the matter to the attention of department administrators. Concerns regarding clinical placements or supervision should be brought to the attention of the Clinic Director. Concerns regarding academic coursework should be brought to the attention of the Director of Graduate Studies. If concerns cannot be addressed by these individuals, the next level is the Program Director and Head (see Organizational Chart on page 7 of this Handbook.) If a mutually acceptable resolution to a complaint cannot be achieved informally, students may file a formal complaint, or grievance, with either the College of Applied Health Sciences or the Graduate College following the grievance procedures of the respective units. The grievance procedures are available on the University web site at <http://www.grad.illinois.edu/grievpolicies/principles>.

A complaint concerning the program's compliance with the CAA Standards may be submitted to the Council on Academic Accreditation by any student, faculty member, speech-language

pathologist, audiologist, and/or member of the public. Criteria for complaints and submission requirements can be found at caa.asha.org/?s=complaints.

The Speech-Language Pathology Certification Standards and the Standards for Accreditation in Audiology and Speech-Language Pathology by the Council on Academic Accreditation may be obtained by contacting the CAA Office at ASHA, 2200 Research Boulevard, Rockville, Maryland 20850, calling ASHA's Action Center at 1-800-498-2071, or accessing the documents on ASHA's Web site at <https://www.asha.org/certification/2020-slp-certification-standards/> [and http://asha.org/academic/accreditation](http://asha.org/academic/accreditation).

Comments should be submitted to this address:

Chair, Council on Academic Accreditation in Audiology and Speech-Language Pathology
(CAA)
American Speech-Language-Hearing Association
2200 Research Boulevard #310
Rockville, MD 20850

L. Campus Student Support Services

The University provides a variety of support services to students. There is a University web site dedicated to student support services: <http://www.grad.illinois.edu/current/health>

Section IX
Professional Organizations

A. The American Speech-Language-Hearing Association (ASHA)

ASHA is the national professional association for speech-language pathologists, audiologists, and speech-language and hearing scientists concerned with communication behavior and disorders. The Certificate of Clinical Competence in Speech-Language Pathology or Audiology is offered by ASHA. Graduate students are urged to become familiar with ASHA's goals, its programs, and its publications (see <https://www.asha.org/>).

B. The National Student Speech-Language-Hearing Association (NSSLHA)

NSSLHA is the national organization for students interested in the study of normal and disordered communication behavior (see <https://www.nsslha.org/>). NSSLHA is affiliated with ASHA. Membership is open to undergraduate and graduate students. Many universities, including the University of Illinois at Urbana-Champaign, maintain active chapters that meet regularly during the academic year. Faculty in the Department of Speech and Hearing Science serve as advisors to the local chapter.

Our NSSLHA Chapter encourages student membership and support of its activities. Through University of Illinois Chapter programs, students will learn more about the opportunities that can result from professional training, more about the national NSSLHA Chapter, and about the workings of ASHA. Each clinical trainee is encouraged to become a member of the University of Illinois NSSLHA Chapter.

C. The American Academy of Audiology (AAA)

The American Academy of Audiology is dedicated to providing quality hearing care services through professional development, education, research, and increased public awareness of hearing and balance disorders. The American Academy of Audiology promotes quality hearing and balance care by advancing the profession of audiology through leadership, advocacy, education, public awareness, and support of research (see <https://www.audiology.org/>).

The American Academy of Audiology supports the following core values, which are aligned with the Academy's pillars of advocacy, education, leadership, public awareness, and research. These core values are both for the Academy as an organization and for the individual members and represent the tenets that govern our professional behavior.

D. The Student Academy of Audiology (SAA)

The Student Academy of Audiology is the national student organization of the American Academy of Audiology that serves as a collective voice for students and advances the rights, interests, and welfare of students pursuing careers in audiology. The SAA introduces students to lifelong involvement in activities that promote and advance the profession of audiology, and provides services, information, education, representation and advocacy for the profession and the public we serve.

The local chapter of SAA holds meetings regularly during the academic year. Faculty from the Department of Speech and Hearing Science serve as Advisors to the local chapter.

The chapter sponsors and participates in various fundraising events on campus. They may collaborate with NSSLHA for organizing events that are related to the Speech and Hearing Science department. Their goals include developing a mentoring program for Speech and Hearing Science students and spreading the awareness of the field and profession of audiology through involvement in community and campus outreach opportunities.

E. Praxis

The Praxis Examination in Audiology, an integral component of the American Speech-Language-Hearing Association (ASHA) certification process, is commissioned by ASHA and facilitated by the Educational Testing Service (ETS). The exam content covers areas across the entire scope of practice in audiology and requires clinical decision-making based on a broad range of clinical experiences. The exam is a requirement for the ASHA Certificate of Clinical Competence in Audiology and may be a requirement for professional licensure in some states. ASHA recommends that individuals take the Praxis Exam no earlier than the completion of their graduate coursework and graduate clinical practicum. The Department of Speech and Hearing Science recommends that students **in the Doctor of Audiology program take the Praxis Exam no earlier than the spring semester of their fourth year**. ETS provides study guides and practice tests to help test-takers familiarize themselves with the exam structure, content, and question types. Further information regarding the Praxis Examination in Audiology is at <https://www.asha.org/Certification/praxis/About-the-Audiology-Praxis-Exam/>.

Section X
Health Insurance Portability and Accountability Act
(HIPAA)

The Audiology & Speech-Language Pathology Clinic will comply with the regulations of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and applicable updates.

A. Training

The University of Illinois policy on HIPAA training can be found at <https://hipaa.uillinois.edu/training/>.

Training of clinical graduate students will occur at the beginning of the first semester of the program and subsequently will be completed annually. Students will be enrolled in the HIPAA training approved by the University of Illinois. Students will be required to upload their compliance documentation to CALIPSO by the date required by the Clinic Director or Business Specialist. Training will occur as needed when new policies or protocol modifications occur.

B. Records

Graduate students will complete and sign forms to document the completion of HIPAA training and to acknowledge agreement to abide by security and confidentiality requirements. These forms will be uploaded by the student into their CALIPSO portal.

C. Clinic Protocol

The Audiology & Speech-Language Pathology Clinic guidelines for adherence to HIPAA regulations are as listed below.

- All current and new patients are given a copy the University Audiology Clinic's *Notice of Privacy Practices* and asked to sign a *Receipt of Notice of Privacy Practices Written Acknowledgment Form* to acknowledge that they received a copy of the Speech-Language Clinic and Audiology Clinic privacy policy.
- Patient information cannot be left on answering machines/voicemail or in email messages without the patient's consent. In order to do this a patient needs to sign and date a *Patient Consent for Use and Disclosure of Protected Health Information form*. Within this form, the term **USE** means sharing, employment, application, utilization, examination or analysis of PHI **within the clinic**. The term **DISCLOSURE** means the release, transfer, giving access to or divulging in any other manner of PHI to anyone **outside of the clinic**.
- Before any PHI is released from the Audiology & Speech-Language Clinic's records to an outside agency/facility/person, a patient must sign and date the *Consent for Disclosure of Confidential Information form*. All sections of the form must be completed thoroughly to indicate the agency/facility/person involved, the specific information (PHI) involved, and the time period for which the form is in effect. This form does not need to be completed and signed by the patient if the PHI to be released is being given to the patient herself/himself.

- For clinical reports, reports and letters:
 - Students and clinical faculty or instructors will not use the patient's name or other identifying information in the drafts of reports, reports, or letters. The draft can include names of the graduate audiologists and instructors as well as appointment dates. The patient's first and last initials are used to identify the patient. All other information (including patient's clinic number, address, date of birth, hearing aid serial numbers, employee numbers, etc.) is classified as Protected Health Information (PHI) and should not be included in drafts.
 - All files contain a *Log to Track Disclosures of PHI (HIPAA Log)* Any time patient information is sent from this facility or given in person to the patient, an entry must be made in the log. If a report, letter or copies of an audiogram are to be sent out or given to the patient or another agency, entries should be completed in the *Log to Track Disclosures of PHI (HIPAA Log)*. Each report or letter (with its enclosures) that is sent out or given to the patient should be entered on a separate line of the log. Information regarding the date, information being sent or given, who requested the release of information, and to whom it is being sent to or given to should be completed.
 - The clinical faculty or instructor will edit student drafts of patient reports and the accompanying as needed.
 - When the clinical faculty or instructor has approved the contact sheet, report, or letter, the student will complete the final document including the patient's identifying information. The documents may then be printed and signed by the student. Letters should be printed on Department of Speech and Hearing Science letterhead. All final documentation will be placed in the patient's chart.
 - The clinical faculty or instructor will sign the contact sheet, report or letter. She/he will also initial the *HIPAA Log* for each completed entry tracking the information to be released.
 - All paper containing any patient identifiable information that is not part of the patient's record must be shredded. Shredders are located in the student workroom and in room 1010.
 - Paperwork with identifying information should be placed in a folder in the student or clinical instructor's mailbox.
 - Oral communication with or about a patient should be kept private by moving to a private area or keeping voice levels low.
 - Cases and patients should not be discussed in the hallway, waiting room, or any other public area.

- An approved network server is set up for the purpose of accessing, creating or editing documents relative to patient cases. This server will be accessible to AuD and MA graduate students via individual passwords. Each graduate student will have access to the server and her/his own folder on that server. Access rights and passwords will be updated each semester by the appointed college AHS-IT consultant.
 - No patient data, information or documents from the server should be saved to the specific computer (department, clinic or personal) being used. Patient data should not be downloaded to any personal storage media, including hard drives, even for temporary editing or printing. Printing of documents from the server should be completed using clinic printers only.
 - While working on clinic paperwork and patient information on the server, computer screens should be turned inward so that people passing by cannot read patient information. While the server is open, the computer in use should not be left unattended. Patient information should not be left on the computer printer.
- In the Audiology & Speech-Language Pathology Clinic, the clinic computer screens for NOAH should not be left on or unattended for extended periods of time to prevent patient information from being viewed by others.
- Patient charts should only be used in private areas in the Audiology & Speech-Language Pathology Clinic. This would include clinic rooms and the student work area (if in a private area). Files should not be in public areas.
- The clinic email and fax sheets include a confidentiality clause at the bottom of the page. The clause states that the information is confidential, privileged and protected from disclosure. It states that if the reader has received the material in error that she/he should notify the sender immediately.
- If an audiology student is sending a hearing aid to a patient, the patient's name and address will be needed on the shipping label. When giving the package to the office staff it should be placed face down so the patient information is not showing. Packages should not be left on the front counter of the office in the public area.
- When greeting a patient in the waiting room prior to an appointment, the patient should be called by either her/his first or last name, not by the complete name (first and last together).

Section XI
INFECTION CONTROL

The Audiology & Speech-Language Pathology Clinic will follow the Unit Exposure Control Plan as posted in Calipso. A paper copy of the plan is located in the Audiology & Speech-Language Pathology Clinic (Room 1010).

A. Training

Training for graduate students and clinic personnel will be organized/presented by the Clinic Director or another clinical faculty member who has completed the required training to educate students and other faculty/staff members on infection control procedures.

The initial training will occur at the beginning of the student's first semester in the program and will be renewed annually. Annual retraining will occur at the beginning of each fall semester for all second and third year graduate students and clinic personnel. Annual retraining will be completed using materials provided by the University Of Illinois Division Of Safety Research Training (Bloodborne Pathogens program). Annual retraining in the policy, plan and procedures of the Audiology Clinic will also occur at the beginning of each fall semester for second and third year graduate students and clinic personnel.

Training for new policies or policy modifications will occur for all clinic personnel and AuD graduate students as needed.

B. Records

Forms documenting Exposure Classification, Hepatitis B Vaccination Declination or Request, Infection Control Training (initial, annual retraining, modification), and Report of Exposure to Blood or Other Potentially Infectious Materials will be maintained on CALIPSO. Additional forms related to the implementation and documentation needed for the Infection Control Plan are in the forms section of the handbook and include: Group Infection Control Training Record Form, New or Modified Group Infection Control Procedure Training Record Form, and Sterilant Log Sheet.