

SYLLABUS FOR SHS 584: ASU Super Clinic

Instructors: Mollie Harding, Au.D. Kathryn Wexler, Au.D. Lisa Thompson, Au.D.
Phone: (480) 965-4616 Phone: (480)965-2913 Phone: (480) 965-0614
mollie.harding@asu.edu kwexler@asu.edu lcthomp2@asu.edu

Kristin Samuelson, Au.D. **Clinic Director**
Phone: (480) 965-7525
Kristin.samuelson@asu.edu

Description: The primary purpose of this clinical rotation is to allow opportunities for clinical independence with basic assessment and amplification skills and to foster independence with advanced amplification skills such as hearing aid selection, counseling and fine tuning. Prerequisites: SHS 580 for 3 prior clinic rotations at ASU, or instructor approval.

Objectives:

- To ensure that the student becomes efficient and proficient with the procedures of the basic audiologic evaluation.
- To provide opportunities for the student to develop counseling skills regarding test results, communication strategies, recommendations and hearing aid selection.
- To develop independence in hearing aid selection, down to the level of specific make and model.
- To develop independence in the hearing aid fitting and fine-tuning process.
- To develop independence in hearing aid troubleshooting, repair and modification.
- To develop independence in hearing assistive technology selection and fitting.

Course Requirements:

- Regular attendance: A drop of one letter grade will be automatic for students missing more than two clinics for any reason. Opportunities for make-up clinics may be available but should not be expected. See attendance policy below.
- Demonstration of skills: Students must demonstrate competence in each of the skill areas listed here to be judged "at expectations."
- Report timeliness: Please see clinic manual on the Z Drive or the last page of this document.
- Timely completion of Typhon case logs and time logs.

Skills to be Acquired: At the completion of this clinic rotation, students are expected to be able to:

Audiologic Evaluation

- Obtain an adult case history with little assistance from preceptor
- Perform otoscopy and comment on likely etiology of otoscopic abnormalities
- Complete a basic audiologic evaluation including pure tone air and bone conduction testing, SRT and word recognition (25 minutes)
- Be able to mask quickly and efficiently, often without needing the Hood method.
- Complete immittance and acoustic reflex testing in less than 10 minutes, recording the results appropriately.
- Discuss audiometric test results with a patient and comment on the expected impact on communication ability.

Audiologic Rehabilitation

- Identify the counseling needs of individuals with hearing impairment and their family members based on their narratives and results of questionnaires and validation measures.
- Provide person-centered counseling that addresses the primary communication, interpersonal, psychosocial, educational and/or vocational needs to facilitate and enhance understanding of, acceptance of, and adjustment to auditory disorders.
- Provide overview of treatment options to clients and their families which includes technology, environmental management, sensory training, and communication strategies.
- Provide resources for treatment options.
- Develop patient-centered rehabilitation plans based on the individual's needs and preferences.
- Provide resources on community support groups e.g. HLAA, ACDHH, and LWHL.

Hearing Aid Selection

- Develop, with the patient, goals for amplification with appropriate specificity.
- Discuss with patients:
 - Directional microphones, including automatic vs. fixed
 - Advantages and limitations of various styles
 - Feedback cancellation and other amplification features
- Identify, recommend and discuss 2-3 specific hearing device options for a patient and help them make an appropriate decision
- Make consistently well-formed ear impressions (4 of 5 usable).
- Independently complete paperwork (chart notes, reports, etc.) and logging of hearing aid orders and repairs and other documentation in TIMS and the EMR.

Verification

- Complete electroacoustic analysis, linear and compression, with explanation of each result.
- Complete real ear (procedure): SpeechMap and/or real ear insertion gain as appropriate.
- Develop proficiency using both the Verifit and the Fonix box.
- Fine-tune hearing aid frequency response to fit real ear target.
- Fine-tune hearing aid based on patient comments including:
 - "Too loud" (with consideration of what is too loud and compression)
 - "My voice sounds funny"
 - Feedback
- Complete telecoil and FM verification procedures.

Hearing Aid Orientation

Perform hearing aid orientation with little preceptor assistant, including:

- Parts of hearing aid,
- Care of hearing aid,
- Insertion and removal, and
- Counseling re: realistic expectations and acclimatization.
- Promote self-efficacy beliefs and promote self-management to enhance adherence to hearing aid and assistive device usage to optimize treatment outcomes

Shell/earmold Modification

- Make a modification plan including decisions regarding:
 - Is modification an appropriate solution, and, if so
 - How should the device be modified?
- Minimize helix (acrylic and vinyl).
- Shorten canal (acrylic and vinyl).
- Alleviate sore spot.

Validation

- Become comfortable with evaluating several outcome domains using validated tools.
- Perform aided soundfield measures including speech audiometry
- Use results of validation to evaluate client progress, modify treatment plan, and/or provide counseling support to enhance client well-being and quality of life.

Troubleshooting: Independently diagnose and manage 80% of broken hearing aids.

Cochlear Implants

- Performs cochlear implant candidacy assessment with appropriate behavioral testing.
 - Select appropriate test battery and administer test battery (including use of sound level meter) appropriately.
 - Analyze results and make appropriate recommendations.
- Determines candidacy for hearing aids, cochlear implants, and other sensory devices and discusses prognosis and treatment options with patient and family.

Communication:

- Write well-constructed and accurate chart notes and reports requiring no more than three corrections per report.
- Complete required documentation for each patient seen in TIMS and CounselEar.
- Speak in a manner that is conducive to communicating with hearing impaired individuals.
- Accept constructive criticism well.
- Provide complete and appropriate feedback to patients, colleagues, preceptors and staff.
- Resolve conflicts in a collegial, mutually respectful and effective manner.
- Demonstrate sensitivity to other people's feelings by modifying speech and behavior accordingly.

Grading: Clinic performance and skills will be assessed using the clinic evaluation tool in Typhon. The student's ability to demonstrate skills in all competency areas will be assessed using the Likert scale below. Students requiring minimal or no preceptor intervention in all areas are at expectations and will receive 4-5 ratings. Students who demonstrate skills in all these areas AND in additional areas expected only of more advanced students are above expectations and will receive 5 ratings. Students who are not able to demonstrate skills in these areas are below expectations and will receive ratings of 3 or lower. In addition, 90% on-time performance of reports and tasks completed for patient management is expected. (see Report Writing Timeliness document at last page of this syllabus)

1 = Competency/skill not evident; requires constant supervisory modeling, and intervention

2 = Competency/skill emerging; requires preceptor instruction, direction, and support to perform

3 = Competency/skill present but needs further development; requires frequent monitoring and supervision for refinement or consistent application

4 = Competency/skill developed but needs refinement and/or consistency; requires infrequent or only occasional supervision to perform

5 = Competency/skill well developed and consistent; performs independently, requires occasional guidance/consultation only.

Grades will be assigned as follows:

Super Clinic On-Campus Clinical Rotation

Percent	1-5 scale	Grade	Percent	1-5 scale	Grade
90-100%	4.50-5.00	A+	60-64%	3.00-3.24	C+
85-89%	4.25-4.49	A	55-59%	2.75-2.99	C
80-84%	4.00-4.24	A-	50-54%	2.50-2.74	C-
75-79%	3.75-3.99	B+	45-49%	2.25-2.49	D+
70-74%	3.50-3.74	B	40-44%	2.00-2.24	D
65-69%	3.25-3.49	B-	00-39%	0.00-1.99	D-

Attendance: As the entire nature of this enrollment is to provide opportunities for clinical experience, attendance is critical. Less attendance equals less experience. If a student is unable to attend clinic for more than 16 hours (4 half-days) for whatever reason (illness, scheduled travel, etc.), the student's grade will be reduced by at least 10% (one letter grade). If circumstances warrant it, they may be given an incomplete instead. Students are expected to notify Dr. Samuelson and their assigned supervisor at least three weeks in advance of any scheduled absence and prior to 8:00 AM by email or office phone regarding any unscheduled absence due to illness or emergency.

In-Person Attendance

Face Coverings

Everyone is required to wear a face cover while in ASU buildings and community spaces, including classrooms. You are always expected to comply with this requirement. If you forget your mask, there will be a limited supply of disposable masks in the clinic. Failure to comply with these safety precautions is a violation of the student code of conduct. If you refuse to wear a face covering, you will be referred to the Dean of Students and may be subject to the process outlined in SSM 201–10: Instructor Withdrawal of a Student for Disruptive Classroom Behavior.

Fever and Other Symptoms

All ASU students are asked to monitor their health by checking their temperature daily and noting any symptoms. **If you experience a fever or other health symptoms, you should not attend clinic and you should contact your clinical supervisor by email.**

COVID-19 Documentation and Reporting

Instructors cannot require students to provide COVID-19 test results. **If you test positive for COVID-19, inform the ASU Dean of Students at deanofstudents@asu.edu immediately.** Staff in the Dean of Students office will serve as your point of contact for the duration of the isolation period and will help coordinate campus services (e.g. housing, counseling, class absence notifications). **If you disclose a positive test for COVID-19 to your instructor, they are obligated to report your status to the Dean of Students for support.**

COVID-19 Precautions and Clinic

ASU Speech and Hearing Clinic has a university approved Covid-19 procedure guide which you are required to follow any time you are assigned to clinic. This includes the wearing of a clinic issued KN95 face mask, eye coverings/face shields and gloves. You are responsible for cleaning clinic areas touched by your patient(s) with appropriate disinfectant wipes before the next patient arrives. Hand washing or hand sanitizer use, and a fresh pair of gloves is required between patients. Blatant violations of these procedures may be cause for dismissal from clinic and a failing grade. See the list of Covid-19 cleaning procedures placed in each clinic room for daily guidance.

Grade Appeals

ASU has formal and informal channels to appeal a grade. If you wish to appeal any grading decisions, please see <http://catalog.asu.edu/appeal>.

Incompletes

A mark of "I" (incomplete) is given by the instructor when you have completed most of the course and are otherwise doing acceptable work but are unable to complete the course because of illness or other conditions beyond your control. You are required to arrange with the instructor for the completion of the course requirements. The arrangement must be recorded on the Request for Grade of Incomplete form (<http://students.asu.edu/forms/incomplete-grade-request>).

Student Rights and Responsibilities

The Student Code of Conduct sets forth the standards of conduct expected of students who choose to join the university community. Students who violate these standards will be subject to disciplinary sanctions in order to promote their own personal development, to protect the university community, and to maintain order and stability on campus. All Students are expected to adhere to the ABOR Student Code of Conduct. <https://eoss.asu.edu/dos/srr/codeofconduct>

ACD 125: Computer, Internet, and Electronic Communications

This policy defines the boundaries of acceptable use of ASU computing and communication resources, including computers, networks, electronic mail services, electronic information sources, voice mail, telephone services, and other communication resources. In addition, this policy reflects the goal of ASU to foster academic freedom while respecting the principles of freedom of speech and the privacy rights of ASU students, faculty, employees, and guests. The full policy can be found in the [Academic Affairs Policies and Procedures Manual \(ACD 125\)](#).

Help

For technical support, use the black global navigation menu in your Canvas course or call the ASU Help Desk at 1+(855) 278-5080. Representatives are able to assist you 24 hours a day/7 days a week.

Academic Integrity

Academic honesty is expected of all students in all written reports and presentations. The possible sanctions include, but are not limited to, appropriate grade penalties, course failure (indicated on the transcript as a grade of E), course failure due to academic dishonesty (indicated on the transcript as a grade of XE), loss of registration privileges, disqualification and dismissal. For more information, see <http://provost.asu.edu/academicintegrity>.

If you fail to meet the standards of academic integrity in any of the criteria listed on the university policy website, sanctions will be imposed by the instructor, school, and/or dean. Academic dishonesty includes borrowing ideas without proper citation, copying others' work (including information posted on the internet), and failing to turn in your own work for group projects.

Student Support and Disability Accommodations

In compliance with the Rehabilitation Act of 1973, Section 504, and the Americans with Disabilities Act of 1990, professional disability specialists and support staff at **Student Accessibility and Inclusive Learning Services (SAILS)** (formerly Disability Resource Center) facilitate a comprehensive range of academic support services and accommodations for qualified students with disabilities. Qualified students who wish to request an accommodation for a disability should contact the campus SAILS at: <http://www.asu.edu/studentaffairs/ed/drc/>

If you are a student in need of special arrangements, we will do all we can to help, based on the recommendations of these services. For the sake of equity for all students, we cannot make any accommodations without formal guidance from these services. Typically, once a student discloses the need for an accommodation the academic unit, the student and SAILS will develop a plan on how to best accommodate the student within the parameters available within the onsite locations.

Drop and Add Dates/Withdrawals

Please refer to the [academic calendar](#) on the deadlines to drop/withdraw from this course. Consult with your advisor and notify your instructor if you are going to drop/withdraw this course. If you are considering a withdrawal, review the following ASU policies: [Withdrawal from Classes](#), [Medical/Compassionate Withdrawal](#).

Email Communications

All email communication for this class will be done through your ASU email account. You should be in the habit of checking your ASU email regularly as you will not only receive important information about your class(es), but other important university updates and information. You are solely responsible for reading and responding if necessary to any information communicated via email. For help with your email go to: http://help.asu.edu/sims/selfhelp/SelfHelpHome.seam?dept_pk=822 OR the HELP tab in your MyASU page and file a help desk ticket by clicking on "New Case."

Campus Resources

As an ASU student you have access to many resources on campus. This includes tutoring, academic success coaching, counseling services, financial aid, disability resources, career and internship help and many opportunities to get involved in student clubs and organizations.

- Tutoring: <https://tutoring.asu.edu/>
- Counseling Services: <http://students.asu.edu/counseling>
- Financial Aid: <http://students.asu.edu/financialaid>
- Student Accessibility and Inclusion Services: <http://www.asu.edu/studentaffairs/ed/drc/>
- Major/Career Exploration: <http://uc.asu.edu/majorexploration/assessment>
- Career Services: <http://students.asu.edu/career>
- Student Organizations: <http://www.asu.edu/studentaffairs/mu/clubs/>

Religious Accommodations for Students:

Students who need to be absent from class due to the observance of a religious holiday or participate in required religious functions must notify the faculty member in writing as far in advance of the holiday/obligation as possible. Students will need to identify the specific holiday or obligatory function to the faculty member. Students will not be penalized for missing class due to religious obligations/holiday observance. The student should contact the class instructor to arrange make-up tests/assignments within a reasonable time.

Syllabus Disclaimer:

The course syllabus is an educational contract between the instructors and students. Every effort will be made to avoid changing the course schedule, but the possibility exists that unforeseen events will make syllabus changes necessary. The instructors reserve the right to make changes to the syllabus as deemed necessary. Students will be notified in a timely manner of any syllabus changes via email, or in the *Announcements* section on Canvas.

ASHA Certification Standards:

Successful completion of this SHS 584 Super Clinic is intended to assist the student in meeting the following knowledge and skills section of the ASHA Standards for the Certificate of Clinical Competence in audiology, effective January 1, 2020. In addition to the knowledge and skills associated with providing audiologic services, the following are specific to this course:

Demonstrate Knowledge and Skills in the following areas:

Standard II-B: Prevention and Screening
B1. Educating the public and those at risk on prevention, potential causes, effects, and treatment of congenital and acquired auditory and vestibular disorders
B2. Establishing relationships with professionals and community groups to promote hearing wellness for all individuals across the life span
B8. Performing developmentally, culturally, and linguistically appropriate hearing screening procedures across the life span
B9. Referring persons who fail the hearing screening for appropriate audiologic/medical evaluation
B10. Identifying persons at risk for speech-language and/or cognitive disorders that may interfere with communication, health, education, and/or psychosocial function
Standard II-C: Audiologic Evaluation
C1. Gathering, reviewing, and evaluating information from referral sources to facilitate assessment, planning, and identification of potential etiologic factors
C2. Obtaining a case history and client/patient narrative
C3. Obtaining client/patient-reported and/or caregiver-reported measures to assess function
C4. Identifying, describing, and differentiating among disorders of the peripheral and central auditory systems and the vestibular system
C5. Providing assessments of tinnitus severity and its impact on patients' activities of daily living and quality of life
C6. Providing assessment of tolerance problems to determine the presence of hyperacusis
C7. Selecting, performing, and interpreting a complete immittance test battery based on patient need and other findings; tests to be considered include single probe tone tympanometry or multifrequency and multicomponent protocols, ipsilateral and contralateral acoustic reflex threshold measurements, acoustic reflex decay measurements, and Eustachian tube function
C8. Selecting, performing, and interpreting developmentally appropriate behavioral pure-tone air and bone tests, including extended frequency range when indicated

C9. Selecting, performing, and interpreting developmentally appropriate behavioral speech audiometry procedures to determine speech awareness threshold (SAT), speech recognition threshold (SRT), and word recognition scores (WRSs); obtaining a performance intensity function with standardized speech materials, when indicated
C10. Evaluating basic audiologic findings and client/patient needs to determine differential diagnosis and additional procedures to be used
C11. Selecting, performing, and interpreting physiologic and electrophysiologic test procedures, including electrocochleography, auditory brainstem response with frequency-specific air and bone conduction threshold testing, and click stimuli for neural diagnostic purposes
C12. Selecting, performing, and interpreting otoacoustic emissions testing
C13. Selecting, performing, and interpreting tests for nonorganic hearing loss
Standard II-D: Counseling
D1. Identifying the counseling needs of individuals with hearing impairment based on their narratives and results of client/patient and/or caregiver responses to questionnaires and validation measures
D2. Providing individual, family, and group counseling as needed based on client/patient and clinical population needs
D3. Facilitating and enhancing clients'/patients' and their families' understanding of, acceptance of, and adjustment to auditory and vestibular disorders
D4. Enhancing clients'/patients' acceptance of and adjustment to hearing aids, hearing assistive technologies, and osseointegrated and other implantable devices
D5. Addressing the specific interpersonal, psychosocial, educational, and vocational implications of hearing impairment for the client/patient, family members, and/or caregivers to enhance their well-being and quality of life
D6. Facilitating patients' acquisition of effective communication and coping skills
D7. Promoting clients'/patients' self-efficacy beliefs and promoting self-management of communication and related adjustment problems
D8. Enhancing adherence to treatment plans and optimizing treatment outcomes
D9. Monitoring and evaluating client/patient progress and modifying counseling goals and approaches, as needed
Standard II-E: Audiologic Rehabilitation Across the Life Span
E1. Engaging clients/patients in the identification of their specific communication and adjustment difficulties by eliciting client/patient narratives and interpreting their and/or caregiver-reported measures
E2. Identifying the need for, and providing for assessment of, concomitant cognitive/developmental concerns, sensory-perceptual and motor skills, and other health/medical conditions, as well as participating in interprofessional collaboration to provide comprehensive management and monitoring of all relevant issues
E3. Responding empathically to clients'/patients' and their families' concerns regarding communication and adjustment difficulties to establish a trusting therapeutic relationship
E4. Providing assessments of family members' perception of and reactions to communication difficulties

E5. Identifying the effects of hearing problems and subsequent communication difficulties on marital dyads, family dynamics, and other interpersonal communication functioning
E6. Engaging clients/patients (including, as appropriate, school-aged children/adolescents) and family members in shared decision-making regarding treatment goals and options
E7. Developing and implementing individualized intervention plans based on clients'/patients' preferences, abilities, communication needs and problems, and related adjustment difficulties
E8. Selecting and fitting appropriate amplification devices and assistive technologies
E9. Defining appropriate electroacoustic characteristics of amplification fittings based on frequency-gain characteristics, maximum output sound-pressure level, and input–output characteristics
E10. Verifying that amplification devices meet quality control and American National Standards Institute (ANSI) standards
E11. Conducting real-ear measurements to (a) establish audibility, comfort, and tolerance of speech and sounds in the environment and (b) verify compression, directionality, and automatic noise management performance
E12. Incorporating sound field functional gain testing when fitting osseointegrated and other implantable devices
E13. Conducting individual and/or group hearing aid orientations to ensure that clients/patients can use, manage, and maintain their instruments appropriately
E14. Identifying individuals who are candidates for cochlear implantation and other implantable devices
E15. Counseling cochlear implant candidates and their families regarding the benefits and limitations of cochlear implants to (a) identify and resolve concerns and potential misconceptions and (b) facilitate decision making regarding treatment options
E16. Providing programming and fitting adjustments; providing postfitting counseling for cochlear implant clients/patients
E17. Identifying the need for—and fitting—electroacoustically appropriate hearing assistive technology systems (HATS) based on clients'/patients' communication, educational, vocational, and social needs when conventional amplification is not indicated or provides limited benefit
E18. Providing HATS for those requiring access in public and private settings or for those requiring necessary accommodation in the work setting, in accordance with federal and state regulations
E19. Ensuring compatibility of HATS when used in conjunction with hearing aids, cochlear implants, or other devices and in different use environments
E20. Providing or referring for consulting services in the installation and operation of multi-user systems in a variety of environments (e.g., theaters, churches, schools)
E21. Providing auditory, visual, and auditory–visual communication training (e.g., speechreading, auditory training, listening skills) to enhance receptive communication
E22. Counseling clients/patients regarding the audiologic significance of tinnitus and factors that cause or exacerbate tinnitus to resolve misconceptions and alleviate anxiety related to this auditory disorder
E23. Counseling clients/patients to promote the effective use of ear-level sound generators and/or the identification and use of situationally appropriate environmental sounds to minimize their perception of tinnitus in pertinent situations
E24. Counseling clients/patients to facilitate identification and adoption of effective coping strategies to reduce tinnitus-induced stress, concentration difficulties, and sleep disturbances

E28. Ensuring treatment benefit and satisfaction by monitoring progress and assessing treatment outcome
Standard II-F: Pediatric Audiologic (Re)habilitation
F1. Counseling parents to facilitate their acceptance of and adjustment to a child's diagnosis of hearing impairment
F2. Counseling parents to resolve their concerns and facilitate their decision making regarding early intervention, amplification, education, and related intervention options for children with hearing impairment
F3. Educating parents regarding the potential effects of hearing impairment on speech-language, cognitive, and social–emotional development and functioning
F4. Educating parents regarding optional and optimal modes of communication; educational laws and rights, including 504s, individualized education programs (IEPs), individual family service plans (IFSPs), individual health plans; and so forth
F5. Selecting age/developmentally appropriate amplification devices and HATS to minimize auditory deprivation and maximize auditory stimulation
F6. Instructing parents and/or child(ren) regarding the daily use, care, and maintenance of amplification devices and HATS
F9. Administering self-assessment, parental, and educational assessments to monitor treatment benefit and outcome
F11. Counseling the child with hearing impairment regarding peer pressure, stigma, and other issues related to psychosocial adjustment, behavioral coping strategies, and self-advocacy skills
F13. Providing interprofessional consultation and/or team management with speech-language pathologists, educators, and other related professionals

Policy: Report Writing Timeliness

Policy Statement: The Arizona State University Speech and Hearing Clinic is committed to quickly providing appropriate written communication to our patients, referral sources, and other caregivers. Our students play a vital role in this process. As such, their timeliness has a direct impact on their clinic grade.

Responsibilities of the Student:

1. Students will turn in to their clinical preceptor FIRST DRAFT reports and chart notes within TWO BUSINESS DAYS and other appointment documents appropriately completed. These will be placed in the Supervisor Review folder on the Z-drive:
2. Students will make revisions and/or respond to any subsequent clinical preceptor request within ONE BUSINESS DAY of receipt.
3. Students will notify their clinical preceptor when it is likely that they will write or revise a report late.

Responsibilities of the Clinical Preceptor:

1. Clinical preceptors will return to the student revised first-draft report, with revisions, within **TWO BUSINESS DAYS**.
2. Clinical Instructors will make subsequent revisions and/or respond to any student request within **TWO BUSINESS DAYS**, when possible within one business day.

Expectations and Consequences:

Students:

It is understood that, due to unforeseen academic and personal conflicts, occasionally reports will occasionally be turned in late. As such, only 90% on-time performance is expected. This is to say that 90% of all reports must have moved through the process according the standards above. Anything less will result in an AUTOMATIC grade reduction as follows:

85 to 90% ON-TIME:	Reduction of 1 grade level
80% to 85% ON-TIME:	Reduction of 2 grade levels
75 to 80% ON-TIME:	Reduction of 3 grade levels
Less than 75% ON-TIME:	The clinic director may choose to bar the student from further clinic placement

Notification of the supervisor regarding probably report tardiness is required; however, permission or acceptance of an excuse should not be interpreted as removal of that report from the policy. ALL reports, irrespective of excuse, will be considered toward the 90%.