

AUDIOLOGY CLINIC HANDBOOK

This handbook serves as a resource for students in the Doctor of Audiology (Au.D.) program. It provides detail regarding the audiology clinical education program and expectations of students enrolled in clinical training.

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Open Letter to Audiology Students

Dear Student:

Welcome! We are pleased that you decided on a career as an audiologist and chose the , Doctor of Audiology (Au.D.) program at University of Tennessee Health Science Center (UTHSC) to prepare for this very rewarding profession. UTHSC is committed to training outstanding healthcare professionals and the faculty in the Department of Audiology & Speech Pathology support lifelong learning as a process that changes thinking, valuing, and behaving. Our training mission is to guide students in attaining the essential knowledge and skills necessary to practice audiology in different work environments. We accomplish this by providing high quality clinical training and experiences in an exemplary yet nurturing learning environment while also instilling the highest standards of professional ethics. We believe that the clinical education process includes preceptor-student interaction in setting goals, selecting learning experiences, determining instructional methods, and evaluating the student's progress. Each student is a unique human being with inherent dignity, worth, and the right to accessible educational opportunity.

We understand that your primary goal is to successfully complete your clinical training program and graduate. We also recognize that learning in a clinical setting takes time and energy. Students quickly discover, however, that the clinical learning experience offered at UTHSC can be a very rewarding experience. Clinical learning experiences help reinforce what you've learned in didactic courses while simultaneously stimulating new thoughts about routine clinical practice.

We want to thank you for your commitment to successful life-long learning. Feel free to contact me with any questions regarding this handbook or your clinical education experience in general. Contact information for the audiology faculty in our department can be found in Appendix H.

Sincerely,

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Professor - Audiology
Department of Audiology & Speech Pathology
College of Health Professions
University of Tennessee Health Science Center

Introduction

Purpose of this Handbook

A clinical education program requires supervised clinical experience that allows students to apply knowledge gained in the didactic portion of a program to clinical practice. Because each student enters the clinical training program with varied life experiences and technical competence, providing clinical learning opportunities that support the student's individual learning needs may be challenging. The purpose of this manual is to provide Au.D. students enrolled at UTHSC, with helpful information and effective strategies to optimize student clinical learning.

The Role of Clinical Training

The mission of UTHSC AuD program is to prepare students to become competent entry-level clinicians who are ethical and lifelong learners committed to evidence-based practice. Students enrolled in the UTHSC AuD program are given clinical experiences across a variety of patient populations and service settings all through the program to support and practice what is learned in the didactic portion of the curriculum. On- and off-campus clinical training refers to those clinical education experiences obtained by AuD students in a clinical setting at the campus-based UT Audiology Clinic located in Knoxville, Tennessee or at clinical sites that are off-campus (not campus based). Clinical training can be part-time (occurring once or twice a week) during the Fall and Spring terms of students' first, second and third years; or full-time occurring twice during the Au.D. program: 1) for 10-weeks during the Summer term between students' second and third year, and 2) for the duration (twelve-months) of students' fourth year in the Au.D. program. The progression of clinical experiences is structured so students gradually develop independence and critical thinking skills to prepare them for an entry level professional upon completion of the program.

The Mission of the UT Audiology Clinic

Our mission is to provide clinical education for students in audiology and to provide clinical services to the people of Tennessee. This mission is consistent with the mission statements of the University of Tennessee System (<http://tennessee.edu/aboutut/mission/>); the College of Health Professions (<http://www.uthsc.edu/health-professions/about/dean-message.php>); and the Department of Audiology and Speech Pathology (<http://www.uthsc.edu/allied/asp/>). Clinical faculty and students adhere to established scope of practice and ethical behaviors as defined by the American Academy of Audiology (AAA) and the American Speech-Language-Hearing

Association (ASHA) (See Appendix A). In addition, clinical faculty and students adhere to federal laws regarding protected patient health information and student grade information as required by The Health Insurance Portability and Accountability Act of 1996 (HIPAA) and The Family Educational Rights and Privacy Act (FERPA).

The UT Audiology Clinic operates within the UTHSC Department of Audiology & Speech Pathology to fulfill two purposes: provide graduate-level student education and provide state-of-the-art clinical services to members of the community. The goal is to provide clinical education such that students learn to provide clinical services based on the latest research evidence indicating best practice.

A critical component of audiology service is the ever-changing technology involved in assessing and treating individuals with hearing impairments. Each year, the audiology clinic invites major manufacturers of technology (e.g. hearing aids, cochlear implants, and equipment) to address the clinical faculty and students about product development. They speak at no charge, visit the clinic at their own expense, receive no special consideration from the clinical faculty to advance their products, and provide no monetary, gift, or food incentives to use their product. The clinical faculty have no financial or non-financial conflicts of interest to disclose with regards to the information provided by manufacturers of technology.

Persons served in the UT Audiology Clinic are treated in a nondiscriminatory manner – that is, without regard to race, color, religion, gender, national origin, participation restriction, age, sexual orientation, or status as a parent. This institution and program comply with all applicable laws, regulations and executive orders pertaining thereto. This applies to patients and their families, as well as, to students, staff and clinical faculty (Administrative Standard 1.6).

Core Functions associated with the profession of Audiology

The following attributes are identified as core functions that audiology students are expected to employ in didactic and clinical experiences to acquire the knowledge and demonstrate the competencies that will lead to graduation and successful entry into professional practice. These guidelines are adapted from “ A Guide for Future Practitioners in Audiology and Speech-Language Pathology: Core Functions” that was updated by the Council of Academic Programs in Communication Sciences and Disorders (CAPCSD) in 2023. Core functions in this context refers to behavioral or cognitive functions that an individual must be able to perform with or without accommodations that are necessary to provide equitable access. The Core

Functions listed below aim to be inclusive and are designed to facilitate discussions between students and faculty regarding any strategies, resources, and accommodations that may be necessary to achieve student success. The Core Functions below set the context for student knowledge and skill acquisition necessary to take personal responsibility for the individual care of clients and patients. To initiate a discussion regarding the Core Functions below, students are encouraged to contact their academic advisor or the program director. An additional contact may be the Student Academic Support Services and Inclusion (SASSI) <https://www.uthsc.edu/sassi/inclusion/disability-services.php> .

COMMUNICATION

- Employ oral, written, auditory, and non-verbal communication at a level sufficient to meet academic and clinical competencies
- Adapt communication style to effectively interact with colleagues, clients, patients, caregivers, and invested parties of diverse backgrounds in various modes such as in person, over the phone, and in electronic format

The attributes identified above acknowledge that Audiologists must be able to communicate in a way that is understood by their clients/patients and others. Some examples of these accommodations include augmentative and alternative communication (AAC) devices, written displays, voice amplification, attendant-supported communication, oral translators, assistive listening devices, sign interpreters, and other non-verbal communication modes.

MOTOR

- Engage in physical activities at a level required to accurately implement classroom and clinical responsibilities (e.g., manipulating testing and therapeutic equipment and
- technology, client/patient equipment, and practice management technology) while retaining the integrity of the process Respond in a manner that ensures the safety of clients and others

The attributes identified above acknowledge that clinical practice by involves a variety of tasks that require manipulation of items and environments. It is recognized that this may be accomplished through a variety of means, including, but not limited to, independent motor movement, assistive technology, attendant support, or other accommodations/modifications as deemed reasonable to offer and appropriate to client/patient needs.

SENSORY

- Access sensory information to differentiate functional and disordered auditory, oral, written, and visual communication Access sensory information to correctly differentiate anatomical structures and diagnostic imaging findings.
- Access sensory information to correctly differentiate and discriminate text, numbers, tables, and graphs associated with diagnostic instruments and tests

The attributes identified above acknowledge that audiologists and speech-language pathologists use auditory, visual, tactile, and olfactory information to guide clinical practice. It is recognized that such information may be accessed through a variety of means, including direct sensory perception and /or adaptive strategies. Some examples of these strategies include visual translation displays, text readers, assistive listening devices, and perceptual descriptions by clinical assistants.

INTELLECTUAL/COGNITIVE

- Retain, analyze, synthesize, evaluate, and apply auditory, written, and oral information at a level sufficient to meet curricular and clinical competencies
- Employ informed critical thinking and ethical reasoning to formulate a differential diagnosis and create, implement, and adjust evaluation and treatment plans as appropriate for the client/patient's needs
- Engage in ongoing self-reflection and evaluation of one's existing knowledge and skills
- Critically examine and apply evidence-based judgment in keeping with best practices for client/patient care

The attributes identified above acknowledge that audiologists must engage in critical thinking, reasoning, and comprehension and retention of information required in clinical practice. It is recognized that such skills may be fostered through a variety of means, including assistive technology and /or accommodations/modifications as deemed reasonable and appropriate to client/patient needs.

INTERPERSONAL

- Display compassion, respect, and concern for others during all academic and clinical Interactions
- Adhere to all aspects of relevant professional codes of ethics, privacy, and information management policies
- Take personal responsibility for maintaining physical and mental health at a level that ensures safe, respectful, and successful participation in didactic and clinical activities

Attributes identified above acknowledge that audiologists and speech-language pathologists must interact with a diverse community of individuals in a manner

that is safe, ethical, and supportive. It is recognized that personal interaction styles may vary by individuals and cultures and that good clinical practice honors such diversity while meeting this obligation.

CULTURAL RESPONSIVENESS

- Engage in ongoing learning about cultures and belief systems different from one's own and the impacts of these on healthcare and educational disparities to foster effective provision of services.
- Demonstrate the application of culturally responsive evidence-based decisions to guide clinical practice

Attributes identified above acknowledge that audiologists and speech-language pathologists have an obligation to practice in a manner responsive to individuals from different cultures, linguistic communities, social identities, beliefs, values, and worldviews. This includes people representing a variety of abilities, ages, cultures, dialects, disabilities, ethnicities, genders, gender identities or expressions, languages, national/regional origins, races, religions, sexes, sexual orientations, socioeconomic statuses, and lived experiences.

***ACCOMODATIONS:**

A student who feels they need an accommodation based on the impact of a disability should contact UTHSC Disability Services to self-disclose and officially request accommodations. All requests must be submitted with supporting documentation. Although students may register for services at any time, please attempt to make arrangements within the first two weeks of the semester as it does take time to process the request and review documentation. NOTE: If a disability is not identified until after a course or clinical experience has begun or been completed, the performance evaluations received up to that point in the course or clinical experience will stand (since disability status had not been previously identified or self-disclosed through the application process for accommodations). Information regarding applying for accommodations can be found at the UTHSC Student Academic Support Services and Inclusion (SASSI) <https://www.uthsc.edu/sassi/inclusion/disability-services.php> .

Clinical Practicum

REQUIREMENTS PRIOR TO ASSIGNMENT TO CLINIC PRACTICUM

Observational Requirements

Most students who enter the graduate program have completed the required 25 hours of supervised observations as part of their undergraduate program in communication disorders. It is expected that the student observed treatment and /or assessments of areas included in the American Speech, Language & Hearing Association (ASHA) scope of practice and that all hours were supervised and signed by an ASHA certified clinician. Documentation of signed observation hours can be found in the students' academic files. Students who have not completed their observational requirement may do so simultaneously while involved in their graduate clinical education program; however, it is required that students participate in some guided observational experiences *prior to* participating in any patient-contact time. In this situation, supervisory feedback from the certified clinician will be given either during the observation session or immediately afterwards through conversation; or afterwards, by review of preapproved written reports or summaries submitted by the student. Each student who lacks observation hours must acquire 25 observational hours within the first month of the program. This assures minimal delay in developing hands-on clinical skills.

Communication Competency Requirement

As part of the students' orientation to the graduate program, students complete a communication screening. If they fail the screening, they will be scheduled for follow-up with a clinic faculty member and, if necessary, they may be placed in treatment. This is to ensure that all students demonstrate the ability to communicate intelligibly and effectively with patients and faculty.

Most students require feedback as they learn technical writing skills used for documentation and report writing. Students get on-going formative and summative feedback on both their oral and written skills throughout their clinical program. Overtime, students are expected to compose written reports of clinical observations, evaluation & treatment sessions, and outcomes sufficiently for entry into professional practice. Students must demonstrate English writing that is grammatically correct and use basic rules of technical writing (e.g., punctuation; capitalization) appropriately.

Students need to comprehend English language in both oral and written forms. They must also demonstrate fluency and intelligibility in oral English that is readily understandable by clients. Moreover, students must be able to appropriately model articulation, voice, fluency, vocabulary and grammar of the English language. Any concerns regarding student communication competence should be brought to the Audiology Director of Clinical Education's attention immediately. Students whose first language is not English may be expected to take and achieve a score level of Advance High on the Oral Proficiency Interview – Computer (OPIc) test before being considered for placement into Clinical Practicum. Graduate students in Audiology are eligible for support from UTHSC in acquiring English language skills in UTHSC departmental clinics sufficient for a student clinician.

Clinical Assessment of Learning, Inventory of Performance Streamlined Office Operations (CALIPSO) Account Maintenance

Clinical education, practicum documentation and summative assessments of clinical skills are managed via a web based program called CALIPSO. All students will document their clinical hours in this system and onsite/offsite supervisors will also use this system to complete midterm and final semester competencies evaluations. All incoming students will be sent an e-mail message to provide a PIN and written instructions about how to register for and use CALIPSO. See Step 1 in CALIPSO INSTRUCTIONS FOR STUDENTS located in Appendix B for more details. CALIPSO requires no software downloads and provides "anytime anywhere" on-line access to our clinical forms that you will use with both on- and off-campus clinical preceptors. A meeting for incoming new students with the UTHSC Director of Clinical Education – Audiology will be arranged early in the semester to provide a formal introduction to CALIPSO.

CALIPSO will help each student confidentially record patient contact, provide feedback on the clinical supervision experience, evaluate off-campus placement sites, self-evaluate clinic competencies, and track acquisition of expected knowledge and skills throughout their program of study.

We ask students to enter his/her/their clinic hours into CALIPSO daily. At the end of each semester (Summer, Fall, Spring), you are required to submit via CALIPSO an evaluation of your supervisory experience, a self- self assessment, and a site evaluation (an assessment of the clinic practicum site). Evaluation of supervision will not be released to supervisors until AFTER grades have been submitted and posted. A student may request the UTHSC Director of Clinical Education to withhold

a supervisor evaluation. Any such request will be dealt confidentially and in a sensitive manner.

Liability Insurance Coverage

UTHSC's professional liability insurance covers all enrolled students in all locations on and off campus while they are engaged in a University of Tennessee directed educational activity relating to their professional field. The policy coverage is from June 1 through May 31 annually. Current limits of liability are \$1,000,000 per claim and \$6,000,000 per annual aggregate per student. No individual policies will be issued. However, a Certificate of Insurance evidencing the existing professional liability insurance will be provided if requested by the supervising clinician or external site administrator.

Medical Clearance

All students participating in clinical training are required to complete a two-step TB Mantoux test series annually and provide proof of negative results. Some off-campus training sites require students to provide documentation prior to placement.

Our department and some off-campus sites also require evidence of annual flu-shots. A registration hold will be administratively placed on students who do not provide an official immunization record to Verified Credentials and/or those who do not keep their immunizations current. The Department of Audiology and Speech Pathology does not guarantee students' clinical education requirements can be met if the students' immunization record precludes them from off-site placements sites.

Cardio Pulmonary Resuscitation (CPR) and Basic Life Support (BLS) Certification

All students engaged in clinical training are required to complete CPR/BLS certification (approved by the American Heart Association), and to maintain current CPR/BLS certification throughout their graduate program. Documentation of current CPR/BLS certification is on file with the Audiology Director of Clinical Education and the Department Administrative Assistant and will also be uploaded into the CALIPSO system. Students receive notification prior to the beginning of fall semester regarding a day, time, and location for CPR/BLS training. All participants pay a fee for the training.

Criminal Background/Child Abuse Clearances

The College of Health Professions requires that students pass state required background checks. In addition, off-campus educational and medical settings may

require students pass additional criminal background checks prior to placement and, in some cases, drug checks; they may require finger printing and original/new documentation of these clearances before the student can participate in clinical activities. The Department does not guarantee a student's clinical education requirements can be met if their background precludes them from placements in required sites.

HIPAA and Code of Ethics Training

The Health Insurance Portability and Accountability Act (HIPAA) of 1996, Public Law 104-191, included administrative simplification provisions that required Health and Human Services to adopt national standards for electronic health care transactions and code sets, unique health identifiers, and security. At the same time, Congress recognized that advances in electronic technology could erode the privacy of health information. Consequently, Congress incorporated into HIPAA provisions that mandated the adoption of Federal privacy protections for individually identifiable health information.

A central part of professional behavior includes adhering to HIPAA confidentiality and security guidelines and following ethical guidelines as defined by the ASHA and AAA Code of Ethics. Students are expected to complete on-line HIPAA training provided by UTHSC Institutional Compliance Office and provide proof of completion prior to starting in the clinic. In addition, students must participate in all HIPAA related in-service presentations, assigned readings and study ethics guidelines as part of their program of study.

Students are expected to complete these on-line training lessons prior to beginning clinic. If at any time students have questions about HIPAA guidelines or ethical issues, they are expected to get clarification from a certified speech-language pathologist or audiologist or the Departmental Privacy Officer (865-974-5451) or they may contact the UTHSC HIPAA Privacy Office Hotline (901-448-1700).

Patient Confidentiality

From the ASHA Code of Ethics, Principle of Ethics I, Rule I:

Individuals shall not reveal without authorization, any professional or personal information about the person served professionally, unless required by law to do so, or unless doing so is necessary to protect the welfare of the person or of the community.

The “Exchange of Information” form permits the client to designate with whom information is to be shared. The Release is to be dated and remains in effect for one year. **It is the responsibility of the student clinician to verify the Release is accurate and current.** Addresses must be completed for the client, referral source, and any other providers who are listed by the patient.

Students are required to complete all required HIPAA training via the UT Health Science Center. *Breach of patient confidentiality is a serious offense and could result in prosecution.*

Examples:

1. Saving copies of completed reports and audiograms with names or other identifying information still in place.
2. Discussing cases in the student lounge with enough information that confidentiality is breached.
3. Providing information to a patient who mentions his friend is in the next room also getting hearing aids and wants to know what kind they are.
4. Sending a report to an insurance company or doctor without the patient’s permission.
5. Discussing your patient in the CHS observation room in front of other observers who are not on the “Exchange of Information” form.
6. Removing any sections or information from a patient file.
7. Removing files from the building or taking files to class.
8. HIPAA laws apply to all social networking, so it is the utmost priority to protect patient privacy by not sharing information or photographs

Failure to provide proof of completion of all UTHSC ON-LINE HIPAA, COVID-19, and FERPA Trainings will exclude you from clinical training.

Student Titles

As part of the clinical experience, students will interact with the public and with other professionals. Proper representation is critical. Students must never intentionally, or unintentionally, portray themselves as audiologists or as having a degree in audiology. The Department of Audiology & Speech Pathology at UTHSC has established guidelines on how students may represent themselves:

- 1) At no time may a student represent herself or himself as an audiologist or as having any degree or clinical certification that has not yet been conferred.

- 2) Students in the program should use the title *Doctor of Audiology (Au.D.) Student* when interacting with patients or signing clinic-related documents.
- 3) At off-campus sites, students must adhere to the external facility's guidelines if different than those mentioned above, as long as they do not violate the first item above.

Clinical Program of Study

Students enrolled in the UTHSC Au.D. program should complete a program of study that includes a minimum of 1,820 hours (the number required for licensure in Tennessee; the number we deem represents a one-year equivalent full-time work) of supervised clinical practicum experience sufficient in depth and breadth to achieve the knowledge and skills outcomes stipulated in ASHA Standard IV (Knowledge and Skills Outcomes) and the Council on Academic Accreditation (CAA). The supervision must be provided by individuals:

- Who can provide proof of current membership in ASHA,
- Have completed at least 2 hours (0.2 CEUs) of supervisory training,
- Have been a certified member of ASHA for at least 9 months, and
- Have a valid state license to practice audiology if required or available.

A minimum of 42 semester credit hours of clinical practicum in Audiology is required throughout the course of study. At least 18 credit hours must be obtained during the 4th year externship practicum. The course numbers are:

- **ASP 512** for placements in the UT Audiology Clinic and local off-campus sites during fall and spring terms of all three years and 1st Yr summer;
- **ASP 515** for placement in UT Child Hearing Services (CHS) aural rehabilitation clinic (typically in the 2nd year Spring); and
- **ASP 613** for full-time externship placements (2nd year summer and 4th year externships).

Clinical assignments are based on the number of academic credit hours for which a student is enrolled in a given semester. One academic credit hour of ASP 512 comprises one 3- to 4-hour clinic slot. For ASP 515, a typical assignment is two 1-hour clinical slots for each academic credit hour of enrollment. During the summer between the second and third year, Au.D. students complete a 10-week full-time, externship under ASP 613. The fourth year externship requires a one year (summer, fall, and spring terms) of full-time work under ASP 613 registration.

AuD Clinic Course Schedule

Year	Semester	Course*	Credits
1	Fall	ASP 512: Clinical Practice in Audiology	2
	Spring	ASP 512: Clinical Practice in Audiology	3
	Summer	ASP 512: Clinical Practice in Audiology	4
2	Fall	ASP 512: Clinical Practice in Audiology	3
	Spring	ASP 512: Clinical Practice in Audiology ASP 515 - Practicum in Aural Rehabilitation	3
	Summer	ASP 613: Externship in Audiology-	4-5
3	Fall	ASP 512: Clinical Practice in Audiology	3
	Spring	ASP 512: Clinical Practice in Audiology	3
	Summer	ASP 613: Externship in Audiology-	6
4	Fall	ASP 613: Externship in Audiology-	6
	Spring	ASP 613: Externship in Audiology-	6

*Typical course schedule but may vary for some students; Please verify with individual advisor or Director of Clinical Education

Success in your clinical program is based on achieving competency levels in six areas as stipulated in the Knowledge and Skills Outcomes([2020 Audiology Certification Standards \(asha.org\)](https://www.asha.org/public/audiology/certification/standards)): Scientific and Research Foundations; Foundations of Practice (Standard II- A); Prevention and Screening (Standard II-B); Audiologic Evaluation (Standard II-C); Counseling (Standard II-D); Audiologic Rehabilitation Across the Life Span (Standard II-E); and Pediatric Audiologic (Re)habilitation (Standard II-F). Realizing competencies requires completing several diverse clinical experiences. In general, students in our program are expected to master skills competencies in each of the following areas to ensure a well-balanced program:

- Professional Practice
- Pediatric Diagnostics and Amplification
- Adult Diagnostics and Amplification
- Aural Rehabilitation Evaluation and Therapy
- Electrophysiological Assessment
- Vestibular Assessment/Management
- Cochlear Implant Mapping and Management
- Auditory Processing Evaluation
- Tinnitus Assessment and Management

- Cerumen Management

Clinical work completed at the UT Audiology Clinic, UT Child Hearing Services, off-campus sites and during the 2nd and 4th year externships should result in a minimum of 1820 clock hours (a 1-year, full-time, equivalency) and demonstrate clinical skill competencies to meet requirements for State of Tennessee Audiology Clinical licensure, ASHA certification requirements, and CAA audiology program guidelines.

Scheduling for Clinical Practicum Assignments

Prior to the start of each semester, students must meet with their academic advisor. In addition, each student will be asked to submit an Audiology Clinic Practicum Schedule form (see Appendix C). You should mark out all class meeting times ONLY. Add your on-campus and off-campus work schedules, only after you have received your clinical assignments. Total clinical hours earned to date (you can find this number in CALIPSO) must be entered in the section titled “Summary of Audiology Practicum.” Requests for specific areas of interest should be noted in this section as well. When you are filling out your schedule for practicum, complete every space on the top of the clinic form and indicate previous clinical experience you may have earned on the right side of the form. Other than class times, any restrictions you place on your schedule may limit your opportunities for clinical practicum and may delay your completion of the program’s requirements.

Attendance, Sick Days, and Inclement Weather Policies

Attendance is mandatory for students participating in on- and off-campus clinic preceptorships. For part-time preceptorships, students are allowed to follow the Department of Audiology & Speech Pathology Holiday and break clinic calendar. For full-time preceptorships, students must follow the practicum site’s calendar, or a schedule agreed upon by the student and preceptor and not that of the university.

The University of Tennessee Knoxville campus is rarely closed. However, inclement weather may impede safe travel to and from off-campus clinics for patients, students, and preceptors alike. As a result, the Audiology Clinic will at times, close or delay opening due to potentially dangerous driving conditions. As a general rule, you should follow the announcements for Knox County Schools regarding closings or delayed schedules, **but you must always check with your supervisor regarding the specific plan. Please be aware that if the roads are clear, your supervisor may continue clinic as scheduled, even if the public schools are closed.** In this case, you

are expected to be in clinic as scheduled unless it is unsafe to do so. You should NEVER assume that the Audiology Clinic is closed because KCS are closed.

For both part-time and full-time preceptorships, students should follow the inclement weather policy in place for the off-campus clinical site or establish an agreed upon system/protocol to follow during hazardous inclement weather.

Whether on part-time or full-time preceptorships, students must notify their clinic supervisor as soon as possible if they will be absent or tardy. . ***Unexcused absences or tardiness will result in a ½ letter grade drop in the final clinic grade.***

Specific Attendance Policies

- You are expected to attend every assigned clinic session for the semester. If you have to miss a clinic day due to illness or an emergency, it is your responsibility to notify the respective clinical supervisor (on or offsite) AND clinic director of Education as soon as possible. On return to the clinics, you are expected to discuss with your supervisor about making up the clinic time, preferably before the end of the semester. Medical absences of more than 3 days will require a physician's notice.
- You are expected to arrive 30 minutes prior to your assigned clinical assignment time to prepare for the session (check equipment/perform behavioral calibrations, review charts, setup the clinic environment, etc).
- If absence on short notice is unavoidable, students must make multiple efforts to contact supervisors and office staff using telephone, text, and/or email. These Efforts must be well documented. If you must miss a clinic session to a valid reason such as attending an audiology related conference, you will need seek an approval atleast two weeks prior to the absence.

UTHSC On-Campus Clinical Practicum Sites

UT Audiology Clinic T Floor, UT Conference Center (865) 974-5453

UT Aural Rehabilitation Clinic 1st floor, UT Conference Center (865) 974-5453

UT Audiology Clinic

The UT Audiology Clinic provides a full range of diagnostic and rehabilitative services for both children and adults. State-of-the-art equipment and the use of best-practice, evidence-based procedures ensure that patients receive quality care. Graduate students undecided regarding pediatric audiology and adult services in their pursuit of career goals, have ample opportunity to work with patients of all ages so that they may make an informed choice. To begin **on-campus clinical experiences**, students must meet prerequisites as follows:

Au.D. students: Fall term

- Current immunizations
- Proof of a negative TB skin test
- Current CPR/BLS Certification
- Required clinic scrubs
- Proof of completion of HIPAA, FERPA, COVID-19 training
- Proof of completion of 25 hours of observation (Incoming students)
- Passing clinic grades (Retuning students)
- Enrolled in correct clinical practicum courses
- Concurrently enrolled in or previously completed academic work to support clinical endeavors

Au.D students: Spring term

- Proof of current influenza vaccination (flu shot)
- Required clinic scrubs
- Required PPE
- Passing clinic grades
- Enrolled in correct clinical practicum courses
- Concurrently enrolled in or previously completed academic work to support clinical endeavors

Au.D students: Summer term

- Required clinic scrubs
- Required PPE
- Passing clinic grades
- Enrolled in correct clinical practicum courses
- Concurrently enrolled in or previously completed academic work to support clinical endeavors

Comprehensive audiometry, tympanometry, and hearing aid evaluation and fitting are provided in the UT Audiology Clinic to adult and pediatric patients. First-year students will be assigned to two 3-hour clinic slots basic diagnostic and/or hearing aid clinic slot their first semester. Therefore, students must also be concurrently enrolled in and meeting knowledge competencies for: Anatomy and Physiology (ASP 507), Auditory Assessment (ASP 546), Amplification Technology (ASP 543), Pediatric Audiology (ASP 574) and Clinic Protocols (ASP 564). These classes will provide the academic work to support skills acquisition related to basic comprehensive audiometry, tympanometry, and hearing aid evaluation and fitting for children and adults.

Auditory Processing Clinic provides assessments and management recommendations for children age seven years and older who are suspected of having an auditory processing disorder and referred to the UT Audiology Clinic for an auditory processing evaluation. Audiology students eligible for this specialty clinical placement must be either concurrently enrolled in or have successfully completed the Auditory Processing (ASP 565); Pediatric Audiology (ASP 574); and Auditory Assessment (ASP 546).

Baby Clinic serves newborns, infants, and toddlers for advanced electrophysiological assessments to rule out or confirm suspected hearing loss. Auditory electrophysiological testing includes oto-acoustic emissions (OAE) and/or auditory evoked potential brainstem response (ABR) testing to determine the etiology and extent of the hearing loss. ABR evaluations are available for site-of-lesion testing, as well as threshold seeking protocol. Students who wish to enroll in this specialty clinic are enrolled in or have successfully completed Physiological Assessment of the Auditory System I (ASP 576); Pediatric Audiology (ASP 574); and Auditory Assessment (ASP 546).

Aural Habilitation Therapy Clinic provides aural habilitation or rehabilitation therapy for children who are deaf/head of hearing or who have an auditory processing disorder. Most patients range in age from birth to 18 years; however, adults in need of aural rehabilitation are also served. Patients are enrolled on referral from the public school, their physician, or at the request of family. While the approach is primarily aural/oral, a variety of communication methodologies are offered (including sign language) based on the needs of the patient and the wishes of the family. Many of the individuals receiving aural rehabilitation therapy have cochlear implants, and our clinic is the primary source for habilitation for implanted children and adults in East Tennessee. Student assignments may be to either group,

individual therapy, or both. To provide aural (re)habilitation therapy audiology students must be concurrently enrolled in Aural (Re)habilitation (ASP 566). In addition, weekly conferences are required and scheduled with the clinical supervisor to discuss the assigned patient's program and progress. Graduate students in both audiology and speech language pathology may elect to pursue a concentration in aural habilitation.

Cochlear Implant Clinic provides services to patients of all ages who either have a cochlear implant or are candidates for implantation. Children and adults who may be implant candidates, are evaluated in conjunction with a team of professionals, including the implant surgeon, speech language pathologist, early interventionist, educators, and the family. Initial fitting of the cochlear implant processor, follow-up programming, verification, validation, and on-going counseling are additional services offered in UT Audiology Clinic. Students eligible for Cochlear Implant Clinic must either be concurrently enrolled in or have already successfully taken Cochlear Implants (ASP 567); and/or Cochlear Implants (ASP 585).

The Dizziness/Balance Clinic provides assessment and management options for children and adults with reported dizziness and/or vertigo, as well as other associated symptoms to assess the need for vestibular rehabilitation, and/or additional medical treatment. The Dizziness Clinic utilizes videonystagmography (VNG), video head impulse testing (V-HIT), vestibular evoked myogenic potential (oVEMP, cVEMP), and rotary chair (RC) equipment for the objective and subjective evaluation of the "dizzy" patient to either confirm or rule out peripheral vestibular and/or central vestibular pathology. Vestibular rehabilitation services are also provided for those patients identified as appropriate candidates. Students will be eligible for the Dizziness Clinic with concurrent enrollment in or successful completion of Vestibular Disorders and Assessment (ASP 577).

The Tinnitus Evaluation and Management Clinic provides assessment and management of severe and debilitating tinnitus for patients who complain of this problem. Specialized testing equipment and perceptual tests and surveys are used to determine tinnitus type, severity, and handicap. Patients are offered treatment options to relieve their tinnitus. Students will be eligible for the Tinnitus Clinic with concurrent enrollment in or successful completion of Tinnitus Evaluation and Management (ASP 568).

Off-Campus Clinical Placements

Second- and third-year students may go to off-campus clinic sites for audiology clinic practicum (ASP 512) or full-time summer or 4th year externships (ASP 613) provided the following prerequisites have been met:

2nd Year Fall & Spring Terms

- Passing grade on the qualifying examination (academic and clinic portions)
- Acquisition of at least 150 patient contact hours (combined children and adults)
- Minimum competency levels of 3.0/5.0 or higher for comprehensive audiometry and hearing aid evaluation and fitting
- Minimum competency levels of 4.5/5.0 for professional conduct
- No concerns from on-campus clinic supervisors

Summer Externship (between 2nd and 3rd year)

- Successful completion of all requirements for the Masters of Audiology degree
- Acquisition of at least 300 patient contact hours (combined children and adults)
- Minimum competency levels of 3.0/5.0 for at least 1 specialty clinic in addition to maintaining competency levels for comprehensive audiometry and hearing aid evaluations and fitting
- Minimum competency levels of 4.5/5.0 for professional conduct

3rd Year Fall Term

- Successful completion of 10-week, full-time, summer externship
- Minimum competency levels of 3.0/5.0 for at least 2 specialty clinics in addition to maintaining competency levels for comprehensive audiometry and hearing aid evaluations and fitting.
- Minimum competency levels of 4.5/5.0 for professional conduct

4th Year Externship

- Passing grade on the comprehensive examination
- Some externship sites require proof of a passing PRAXIS score
- Acquisition of at least 600 patient contact hours (combined children and adults)

- Minimum competency level of 3.0/5.0 for all specialty clinics, maintenance of competency levels for comprehensive audiometry and hearing aid evaluations and fitting

Off-campus assignments to local clinical sites may include UT Medical Center, Knox County Schools, Tennessee School for the Deaf, Veterans' Administration Out-Patient Audiology Clinic, and various audiology and otolaryngology private group practices. These assignments may vary from semester to semester, and details will be provided at the time of your assignment. A student is often scheduled for an entire day per week in these off-campus placements during the fall and spring terms.

State Authorizations for Distance Education Students

The US Department of Education requires that states be responsible for all education offered to residents within their state boundaries regardless of where the education originates. As a result, states have instituted state authorization regulations governing all or portions of educational programs that are being completed in their states by out-of-state students (e.g., a UTHSC student wishing to complete a field experience in a state other than TN). These regulations encompass both online education as well as clinical experiences for UTHSC students permanently or temporarily residing in states other than Tennessee. Students are advised to seek clarification prior to arranging for field experiences outside of the state of Tennessee or to enrolling in one of the College's online or hybrid programs if they reside in a state other than Tennessee to ensure the presence of the necessary authorization. For information regarding currently authorized locations, refer to <https://aass.tennessee.edu/online-education/state-regulatory-authorization/> (although students should be aware that the status of state-by-state authorization changes frequently and as such the best source of up-to-date information is either the program director or academic dean for the specific college in which the student is enrolled).

Important Note for Prospective Students: If you are considering an academic program that leads to a professional license in your state, it is highly recommended that you first seek guidance from the appropriate licensing your home state BEFORE beginning the academic program located outside your state.

Clinical Externships and State Authorization

Full-time clinical externship sites are located in the Knoxville area, throughout Tennessee, and throughout the United States. Due to the limited number of clinical

externship sites in Knoxville and other urban areas in Tennessee, students should anticipate the financial impact of traveling and living out of town for their clinical externship education experiences. As described in more detail in the [UTHSC overview portion of the bulletin](#) and in the college-wide section of the bulletin, state authorization is mandated for any clinical experiences in a facility outside of Tennessee (see: <http://catalog.uthsc.edu/content.php?catoid=29&navoid=2800>). UTHSC is responsible for securing the necessary authorizations for any out of state experiences to be completed. Students are to work closely with their respective Directors of Clinical Education to ensure the necessary authorizations are in place prior to finalizing any out-of-state education experiences.

The caseload at off campus externship sites may include audiologic evaluation, amplification services, auditory evoked response testing, auditory processing evaluation, or balance assessment for patients of all ages.

Many off-campus sites require proof of immunizations, flu shot and some will require additional background checks. You need to have this documentation up to date.

Initial Contact and Meeting with Off-Campus Supervisors

Students participating in off-campus preceptorships are matched with off-campus sites in a variety of ways. The student may request a certain placement or clinical setting, or they may be assigned to a specific location based on their individual clinical training needs. Students are generally asked to contact their assigned preceptors via e-mail or phone prior to the first face-to-face meeting. The purpose of this initial contact is to confirm the initial face-to-face meeting time, make cursory introductions, and establish the schedule for the start and ending dates.

The first face-to-face meeting with an off-campus supervisor should involve several factors that will make the clinical experience progress smoothly and allow for maximum success. Setting goals and agreeing on learning experiences prior to starting the preceptorship will create realistic expectations for both the students and the supervisor. Students will perform best if they understand the office routines, process, and expectations of their time, responsibilities, appropriate dress, nametags, lunch breaks, etc. It is also advisable to discuss with your supervisor as to what you can do when not seeing patients. (For example, is studying permissible? or should you perform specific office administrative chores?).

Any days that are missed due to illness, or for other reasons, may need to be made up before the end of the semester at the discretion of the off-campus supervisor. If a student is going to be late for clinic, he/she should call/contact the audiologist in charge. Students are required to enter all contact hours into CALIPSO. The student should request additional chores to do at the site when the schedule is not full. If approved by your external supervisor, you may bring study materials if a patient cancels or the schedule is not full.

Introduction to the Setting

All students need to learn the floor plan, ground rules, and standard procedures for an off-campus facility. Be prepared to ask and review the points below with your off-campus supervisor.

- Facility staff and their responsibilities
- Patient population characteristics
- Standard operating procedures for:
 - Hours of Operation
 - Appointments
 - Records, charts, reports etc
 - Daily schedule – including lunch break
- Other practitioners' special interests and skills
- Parking
- Dress code
- Any specific diagnostic or rehabilitative procedure preferences

Determining Your Level of Responsibility and Autonomy

It is critical to take a few moments during the first face-to-face meeting with your off-campus supervisor to come to a mutual agreement as to the extent of your involvement in caring for his/her/their patients. You may want (or be required) to observe for the first few appointments or days before becoming involved in hands-on testing and intervention. When logging patient-contact hours into CALIPSO, you can only count the time spent in hands-on patient care or supervised administrative tasks. Observation hours do not count towards the total hours needed to graduate, obtain licensure, and certification. Though you as a student may feel comfortable completing procedures from the start, it is beholden upon your licensed supervisor to provide physical, on-site supervision. Only licensed audiologists with CCC-A may serve as clinic supervisors for student clinicians in our program. Another audiology student (including an advanced 4th year student) cannot supervise or serve as a clinical preceptor for any other audiology student: our accreditation, legal, and

university guidelines are very clear on this account. Other entities, such as the Department of Developmental Disabilities or Department of Veterans' Affairs may restrict student participation in performing evaluations to determine disability status. Medicare reimbursement and supervision requirements are outlined in Appendix D.

Professional Practice Competencies & Professionalism Expectations

Students begin developing their professional reputation on the first day of class and the first day in their clinical practicum. Students are expected to demonstrate respectful behaviors in all their encounters.

According to ASHA and CAA, audiology students must have acquired knowledge and developed skills in five areas: professional practice, foundations of practice, prevention and identification, evaluation, and treatment. To ensure that competency in these areas is attained, student competencies are tracked throughout each student's program of study using evaluations in CALIPSO.

1. Interacts effectively with patients, families, other appropriate individuals, and professionals, relating comfortably, professionally and developing/maintaining rapport. Uses interpreters as needed (Std IV-A22, IV-A26, IV-A27, std 3.1A)
2. Demonstrates active/reflective listening skills and ability to adapt assessment or treatment to meet the needs of the individual (Std IV-A26)
3. Demonstrates openness and responsiveness to clinical supervision and suggestions
4. Displays organization and preparedness for all clinical sessions
5. Assumes a professional level of responsibility and initiative in completing all requirements
6. Appropriately refers to and collaborates with other professions, agencies, and/or consumer organizations (Std IV-C11, std 3.1A)
7. Demonstrates ability to incorporate critical thinking skills during the appointment & conduct self-evaluation of effectiveness of practice (Std 3.1A)
8. Maintains records in a manner consistent with legal and professional standards (Std 3.1A)
9. Possesses knowledge of supervisory processes and procedures (Std 3.1A)
10. Possesses knowledge of laws, regulations, policies, and management practices relevant to the profession of audiology (Std 3.1A)
11. Adheres to the ASHA/AAA Code of Ethics and conducts him or herself in a professional, ethical manner

In addition, students must demonstrate the following attributes and abilities and demonstrate those attributes and abilities in the manners identified.

Professional Practice Competencies CAA 3.1.1A

Accountability

- Adhere to the professional codes of ethics, the audiology scope of practice documents, professional fiduciary responsibility for each individual client/patient/student served, and federal, state, and institutional regulations and policies related to the profession of audiology and its services, including compliance with confidentiality issues related to the Health Insurance Portability and Accountability Act (HIPAA) and the Family Educational Rights and Privacy Act (FERPA).
- Differentiate service delivery models based on practice sites (e.g., hospital, school, private practice).
- Demonstrate an understanding of the effects of their actions and make appropriate changes as needed.
- Explain the health care and education landscapes and how to facilitate access to services in both sectors.

Effective Communication Skills

- Demonstrate the ability to communicate in a responsive and responsible manner with patients/clients/students, families, communities, and interprofessional team colleagues and other professionals.

Evidence-Based Practice

- Access and critically evaluate information sources, apply information to appropriate populations, and integrate evidence in provision of audiology services. A

Professional Duty

- Demonstrate knowledge of one's own role and those of other professions to appropriately assess and address the needs of the individuals and populations served.
- Demonstrate knowledge of the roles and importance of interdisciplinary/interprofessional assessment and intervention and be able to interact and coordinate care effectively with other disciplines and community resources.
- Demonstrate knowledge of the roles and importance of individual and collective (e.g., local, national organizations) advocacy for patients/clients/students' rights to care.

- Demonstrate knowledge of the role of clinical teaching and clinical modeling as well as supervision of students and other support personnel.

Collaborative Practice

- Understand how to apply values and principles of interprofessional team dynamics.
- Understand how to perform effectively in different interprofessional team roles to plan and deliver care—centered on the individual served—that is safe, timely, efficient, effective, and equitable.

Grades/Competencies

The Audiological Professional Behaviors form ([see Appendix E](#)) identifies expected professional behaviors and defines the consequences of failure to engage in appropriate professional behaviors.

Audiology Practicum (ASP-512, ASP-515, and ASP-613) is graded. Students are routinely provided feedback (formative assessments) during and after clinical slots about performance during clinic sessions. A formative assessment tool is utilized by the supervisors following clinical slots where goals and expectation levels for the semester are identified and tracked. At mid-term all students should schedule time to review your grade at that point in the semester and to receive formative feedback that should influence your performance over the remainder of the term. All students are encouraged to request further feedback (both negative and positive) as needed from your supervisors.

Feedback, positive or negative will be constructive and serves major functions such as:

- To improve performance;
- To reinforce appropriate behavior;
- To redirect inappropriate behavior;
- To help the student reach their goals;
- To offer ongoing information about the student's progress during clinical training;
- To assist in the student's personal/professional development;
- To build the basis for the final evaluation and assessment of the student's performance.

Final evaluations serve as a summative assessment and are completed by each clinical supervisor via CALIPSO. Final grades are determined using these summative assessments. If you are assigned more than one supervisor per semester, individual supervisory grades are averaged, with each grade time-weighted, based on the number of hours with each supervisor.

Graduate Grading Scale for University of Tennessee Health Science Center –
Audiology

Grading is accomplished via evaluations in CALIPSO. Clinic supervisors will enter a competency score (1 – 5) for each clinical skill utilized by the audiology student at their facility. The competency scores are as follows:

1. Not evident: Skill not evident most of the time. Student requires direct instruction to modify behavior and is unaware of need to change. Supervisor must model behavior and implement the skill required for client to receive optimal care. Supervisor provides numerous instructions and frequent modeling (skill is present <25% of the time).

2 Emerging: Student required frequent support/intervention from supervisor. Skill is emerging, but is inconsistent or inadequate. Student shows awareness of need to change behavior with supervisor input. Supervisor frequently provides instruction and support for all aspects of case management and services. (Skill is present 26-50% of the time).

3 Present: Student required frequent monitoring/feedback from supervisor. Skill is present and needs further development, refinement or consistency. Student is aware of the need to modify behavior, but does not do this independently. Supervisor provides on-going monitoring and feedback; focuses on increasing student's critical thinking on how/when to improve skill. (Skill is present 51-75% of the time).

4 Adequate: Student required occasional monitoring/collaboration from supervisor. Skill is developed/implemented most of the time and needs continued refinement or consistency. Student is aware and can modify behavior in-session, and can self-evaluate. Problem solving is independent. Supervisor acts as a collaborator to plan and suggest possible alternatives. (Skill is present 76-90% of the time).

5 Consistent: Student required occasional guidance/consultation from the supervisor. Skill is consistent and well developed. Student can modify own behavior as needed and is an independent problem-solver. Student can maintain skills with other clients, and in other settings, when appropriate. Supervisor serves as consultant in areas where the student has less experience. The supervisor provides guidance on ideas initiated by the student. (Skill is present >90% of the time).

1) ASP 512 Fall Year 1, Clinical Practicum in Audiology AND

ASP 512 Level 1 Specialty Clinic, Clinical Practicum in Audiology

Lowest Competency Score	Highest Competency Score	Letter Grade
2.0	5.0	A
1.72	1.89	B
1.56	1.71	C (Needs Remediation)
1.40	1.55	D (Needs Remediation)
1	1.39	F (Failure/Dismissal)

2) ASP 512 Spring Year 1, Clinical Practicum in Audiology

Lowest Competency Score	Highest Competency Score	Letter Grade
2.5	5.0	A
2.15	2.49	B
1.95	2.14	C (Needs Remediation)
1.75	1.94	D (Needs Remediation)
1	1.74	F (Failure/Dismissal)

3) ASP 512 Summer Year 1, Clinical Practicum in Audiology

Lowest Competency Score	Highest Competency Score	Letter Grade
2.82	5.0	A
2.52	2.81	B
2.34	2.51	C (Needs Remediation)
2.1	2.33	D (Needs Remediation)
1	2.0	F (Failure/Dismissal)

4) ASP 512 Fall Year 2, Clinical Practicum in Audiology

5) ASP 512 Spring Year 2, Clinical Practicum in Audiology

9) ASP 512 Level 2 Specialty Clinic, Clinical Practicum in Audiology

11) ASP 613 Summer Year 2, Externship in Audiology

15) ASP 515 Level 1 Practicum in Aural Rehabilitation

Lowest Competency Score	Highest Competency Score	Letter Grade
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3.70	5.0	A
3.44	3.69	B
3.12	3.43	C (Needs Remediation)
2.8	3.11	D (Needs Remediation)
1	2.7	F (Failure/Dismissal)

6) ASP 512 Fall Year 3, Clinical Practicum in Audiology

7) ASP 512 Fall Year 3, Clinical Practicum in Audiology

10) ASP 512 Level 3 Specialty Clinic, Clinical Practicum in Audiology

12) ASP 613 Summer Year 4, Externship in Audiology

13) ASP 613 Fall Year 4, Externship in Audiology

14) ASP 613 Spring Year 4, Externship in Audiology

16) ASP 515 Level 2 Practicum in Aural Rehabilitation

17) ASP 515 Level 3 Practicum in Aural Rehabilitation

Lowest Competency Score	Highest Competency Score	Letter Grade
4.23	5.0	A
3.87	4.22	B

3.51	3.86	C (Needs Remediation)
3.15	3.50	D (Needs Remediation)
1	3.14	F (Failure/Dismissal)

As students' progress in the audiology program, the minimum competency level to achieve a satisfactory grade increases. Clinical success is defined as a final grade of B or better for each semester. The grades received from the different assignments are averaged together for a single final clinic grade. Typically more weighting is given to supervisors who approved the most hours. Grades will be posted on Banner during the normal grading period. Please note: Absence of one professional behavior from the Professional Behavior Checklist (in the Clinical Practicum Handbook) may result in a reduction of a full letter grade.

If a student's final clinic grade falls below a B, or if the clinical faculty has significant concerns, or a student does not pass the clinical portion of the Qualifying Exam: an individual remediation plan will be provided for that student. The goal of a remediation plan is to alert the student, the clinical faculty, and the academic advisor of the need for specific guidance and planning to establish clinical knowledge and skills. The student will be placed in an on-campus practicum, and a plan will be developed to address clinical concerns for the following semester. The student will have a support committee of at least three faculty members (e.g., academic advisor, former academic or clinical faculty members, clinic coordinator, Director of Hearing Services) to assist with the development of a plan. Options for remediation include but are not limited to: 1) additional clinical assignment in the area of weakness; 2) reading assignments to enhance the student's knowledge; 3) assignment to a clinical mentor; 4) observation of other clinicians who are performing well; 5) video recording of clinical sessions and analyzing them with a clinical supervisor; and 6) additional semester(s) of clinic which may delay graduation.

If the student meets the goals of the plan and receives a grade of B, then the student is removed from probationary status. If the student does not meet the requirements of the plan and receives a clinic grade below a B; then, the student is dismissed from clinic.

An average grade of D or F may constitute immediate dismissal from the Au.D. program.

General Clinical Procedures at the UT Audiology Clinic:

Clinical Attendance

Prompt attendance is mandatory for all scheduled clinic slots. **You must call or email your supervisor and the clinic secretary if you are ill and will be absent from clinic.** You also should send an email to all of the other audiology students and ask if someone can fill in for you; copy this email to your supervisor. You should also call if you will be late.

If a scheduled client does not keep an appointment, you are expected to be in clinic where you can complete other clinical responsibilities such as assessing/repairing hearing aids dropped off for repair or checking in new or recently repaired hearing aids. As an alternative, you may be assigned to assist with another patient.

For unavoidable absences, a “Request for Release from Clinic” form is available (see Appendix F). This must be completed and approved by the supervisor well in advance of the requested time off (*minimum of two weeks*). It is your responsibility to identify a substitute clinician.

Audiology Clinic is rarely canceled. If clinic is canceled for a conference or other educational meeting, your attendance at these meetings is expected. When your supervisor is out of the clinic, you may be reassigned to another supervisor. It is your responsibility to check with your “substitute” supervisor prior to each assigned slot. During the assigned clinic slot you may:

- 1) Have a patient scheduled,
- 2) Be asked to work on hearing aid drop-offs and/or check-ins,
- 3) Be needed to cover for one of your classmates who may be out due to illness, medical appointment, etc.
- 4) Be excused from that particular clinic slot for that day.

Dress Code/Appearance Policy

Perception of quality of services can be affected by appearance. Students are expected to dress professionally when engaged in experiential practice activities. The following dress code applies to all students in:

1. Practicum experiences (on-campus)
2. Lab experiences

3. Research experiences involving research subjects
4. Work-study
5. Any other activity that is occurring in the clinic (i.e., open-houses, practice sessions, clinic prep, etc.)
6. All classroom activities (lectures, labs, examinations, etc.)

Students will wear a set of colored scrubs designated for our college.

Three sets of scrubs will be provided from UTHSC. These scrubs will be the accepted attire in all class settings, during examinations and when working in all laboratories and clinics. A short sleeved, or tank top style, white undershirt (crew-cut type, no V-Neck allowed) must be worn under the scrub top. Both the scrub top and pants must be kept neat and clean and not wrinkled so as to appear unlaundered. Scrub pants must be hemmed to dress pant length to enhance professional appearance. A waist length “student” lab coat must also be worn in any clinic or lab setting to be purchased on your own (<http://www.allheart.com/lab-coats-by-barco-uniforms-unisex-3-pocket-31quot-lab-coat/p/bc29115/>).

Your name badge should be worn and displayed on the pocket of the lab coat as to be clearly visible.

Shoes must be appropriate for wear in clinic and may be (1) AnyWears (Brown open-heeled clinical shoes); (2) Birkenstock Clinical Shoes in Black or Brown; (3) Running, walking, or training shoes (preferably in gray or black) – no fluorescent colors or combinations will be allowed. The shoes must be clean and good condition. Shoes must be worn with white socks.

Students may NOT wear the following in professional practice settings:

- o A head covering, head garment, hat, or cap unless for religious or cultural practices
- o Excessive jewelry or accessories that may interfere with safety and the effective performance of the procedures being carried out including piercing of the eyebrow, lip, nose, and tongue
- o Tattoos should not be visible to patients

In addition, we realize that some of the sizing of the provided scrubs were not correct. Our suggestion is to have the scrubs altered to fit appropriately as to maintain the correct color and the embroidered UTHSC logo. Here is a link to the appropriate lab coat (<http://www.allheart.com/lab-coats-by-barco-uniforms->

[unisex-3-pocket-31quot-lab-coat/p/bc29115/](#)). The key on the lab coat should be a 3 pocket unisex lab coat in 30" or 31" length with the same basic design of the lab coat above.

Additional dress code policies:

- Fingernails should be well manicured and clean looking. Nail polish should look professional & well groomed (tasteful colors & not chipped or peeling).
- Nail polishes "cured" with UV or LED light are allowed. However, acrylic nails, silk wraps, or artificial nails of any kind are not allowed because they are known vectors for fugal contamination.
- Cell phones should not be in clinic unless there are extenuating circumstances (waiting on a MD phone call, etc.). In those instances, they should be set to vibrate only. Student clinicians are not permitted to give out personal phone numbers to patients
- Students are not to access email, social media, text messages, or voice mail during clinic sessions via Smart Watches, cell phones, computers, or any other digital device.
- Tattoos should be covered.
- Body piercing should not be visible. Visible body jewelry (nose, eyebrow, lip, and/or tongue studs or rings) should be removed for clinic.
- No colognes, perfumes or scented lotions can be used in clinic settings both on and off campus.
- Jewelry should be selected with caution, especially earrings that children may wish to grab and pull.

Off-campus practicum sites will have their own dress code guidelines. **The student is responsible for determining the dress code for their off-campus site prior to arriving at the first clinic day.** As a basic rule:

- Male students must wear a collared shirt (preferably a dress shirt) and dress pants
- Females should dress in similar professional/business attire. Skirts and dresses should be an appropriate length. Dress and skirt length should be a length of **no more than 2 inches** above the knees
- Students **may NOT** wear the following in off campus practicum settings:
 - Worn, shabby, or wrinkled clothing
 - Mini-skirts, sun dresses, or beach dresses

- Spaghetti-strap shirts or dresses
- T-shirts
- Jeans of any color or style (denim or corduroy)
- Shorts, skorts, walking shorts, city shorts
- Sweatpants, sweatshirts, jogging outfits
- Tank tops
- Any items showing midriff or cleavage
- Cowboy, hiking, rubber boots, boat shoes, crocs or flip flops
- Sunglasses
- A head covering, head garment, hat, or cap unless for religious or cultural practices
- Excessive jewelry or accessories that may interfere with safety and the effective performance of the procedures being carried out including piercing of the eyebrow, lip, nose, and tongue
- Provocative or revealing clothing including shirts that expose the abdomen or that are low cut
- Individual sites and situations often have their own professional attire policies, which take precedence over the department policy stated above. The student must adhere to those requirements while in the respective facilities.

Failure to comply with Dress Code/Appearance Policy

Students not adhering to the above policy may be dismissed from their clinic block for the day and may have their clinic grade marked down a full letter due to unprofessional behaviors, which may put a student on academic probation.

The dress code may vary at external clinical sites. Be sure to check the dress code with your supervisor. Some sites, for safety reasons, prohibit open-toed shoes.

Other sites may require shirts and ties for men and similar attire for women. The clinical supervisor will be the arbiter of professional appearance. Dress codes vary by cultural and generational differences. What appears to be adequate to you may be offensive to your patient population. Therefore, you must adhere to the policies set forth by the institution where you are providing services. The following link to an article in the New York Times, describes the experiences of several young professionals going through the interview process.

<http://www.ycp.edu/media/yorkwebsite/cpe/York-College-Professionalism-in-the-Workplace-Study-2013.pdf>

Social Media Guidelines

Social media are internet-based tools that allow for powerful and far-reaching means of communication and information sharing. Inappropriate or unprofessional use of social media use can have a significant impact on a student's professional reputation and status, and that of the program. Examples of social media include Facebook, Twitter (or X), Instagram, SnapChat, LinkedIn, Flickr, Tumblr, TikTok, etc.

Students may be held liable for any posts to social media sites that compromise expectations for professional standards or ethics; the expectation is that the same professional standards are maintained for virtual as for in person interactions. The following guidelines outline the appropriate standards of conduct for social media use so the student's and the program's reputation remain untarnished:

- Use good and mature judgement when posting to social media sites. Any complaints that are brought to the attention of the clinic director regarding inaccurate, threatening, harassing posts or use of profanity on postings may be considered a violation of professional behavior. This includes, but is not limited to text, photos, videos, and emojis on private or public social media sites.
- Further internet and email archives can permanently affect your reputation. In the recent years, it is common practice for potential employers to complete social media and internet searches on potential candidates prior to extending invitations for interviews.
- It is inappropriate to use social media sites as a venue for venting of anyone related to the program. Written or photographic posts directed toward fellow students and institutional or clinical faculty or staff are considered a violation of professional behavior.
- HIPAA laws apply to all social networking, so it is the utmost priority to protect patient privacy by not sharing information or photographs of your clinical experiences.

Failure to follow the above stated guidelines may be considered a breach of appropriate professional behavior and subject to disciplinary action.

Documentation/Clinical Hours

Clinical practicum experiences are designed to meet requirements for certification by the American Speech-Language-Hearing Association. Maintaining records and monitoring accumulation of direct patient contact and administrative hours by entering these data into CALIPOS is an important responsibility of the students and the program. Please review the instructions in Appendix B for recording clock hours. Tracking the number of hours is an efficient way to monitor your exposure to the variety of clinical experiences available to you, ensuring a balanced program. It is

your responsibility to enter applicable clinic hours into CALIPSO correctly and promptly each day and submit them via CALIPSO to your supervisor for approval.It is also the students' responsibility to make sure that their hours have been approved by the respective supervisor and to discuss changes as needed before the end of the semester. Grades are not released until all clock hour forms have been completed correctly.

The clinic clock hours are reported in the following categories:

1. Observation: As detailed earlier, these mandatory hours are a pre-requisite before the student is placed in a clinical setting. If the student did not complete these hours before the first semester of graduate studies begins, he or she will not be allowed to attend their placement in the on-campus audiology clinic or complete their speech hearing screenings until this requirement is completed satisfactorily.
2. Prevention and identification: These hours include hearing and balance screening, hearing conservation, and noise measurement.
3. Evaluation: Hours include the time spent with either the patient or a family member engaging in information seeking, reviewing Individual Education Program (IEP) and /or records from other professionals involved in the patient care; otoscopic examination, cerumen management, behavioral assessment of hearing, earmold impression, physiological assessment of hearing, tinnitus evaluation, assessment of balance and auditory-related processing disorders.
4. Treatment: includes the selection, verification and use of amplification; selection, verification and use of Assistive Listening Devices (ALDs); verification and programming of cochlear implants, osseointegrated devices and other implantable devices; perceptual training such as auditory and/or visual; counseling (either with the patient or their families); participation in multi-disciplinary staffing to share results with the patient; and vestibular therapy.
5. Administration, Consulting and Staffing: includes the time spent with the hearing aid manufactures; technical support and product training; placing orders; minor repairs; hearing aid and cochlear implant programming and verification; navigating NOAH software; chart notes; formal report writing; marketing (educational brochures, website posts, creation of new forms, or any other activity related to the clinic at the site supervisor's discretion.
6. Speech and language: Clock hours include the time spent during the speech disorders screenings and Child Hearing Services clinic.

IMPORTANT: Many clinical assignments are staffed with more than one student. If, for example, one student takes the case history, performs otoscopy and tympanometry, and the other student operates the audiometer, each student totals only the time of direct patient contact and not the total patient encounter time. If one operates the audiometer and the other is actively engaged with the patient, each gets time credit for this two-person clinical procedure. However, tympanometry, OAEs, etc., are not usually two person procedures, and only the student performing the task gets credit for the time.

Beginning students may observe procedures prior to performing the tasks. Count only the time you (the student clinician) are directly performing the procedure. Beginning students are understandably slower in completing the tasks. The supervisor may “take over” the testing at a point in the encounter to ensure the visit is completed on time. Check with your supervisor to ensure you have recorded the correct time on your log.

Clinical Hours and Student Hourly Workers

Students who provide clinical services as part of their duties as a student hourly worker may receive clinical clock hours if (1) they are actively engaged in the planning, implementation and decision-making aspects of the service and (2) ASHA supervisory requirements are met. However, students will not be given academic credit for this work.

Clinical practicum requirements for academic credit are independent of the clinical services provided as part of student hourly duties. For example, if a student is signed up for 3 credits of clinical practicum, they must complete the full workload associated with their practicum. Any clinical hours obtained as part of their work duties will be additional.

In some student hourly work assignments, services are technical in nature and traditionally provided by technicians and not speech pathologists or audiologists. One example is the neonatal hearing screenings some students conduct at the hospital. In this situation, students are eligible to receive no more than 10 clinical clock hours (to account for the development of expertise in the screening process) assuming they are appropriately supervised. Past this number of hours, no credit for the screenings will be allowed. Any similar work assignments will be handled in a like manner and discussed with the student prior to beginning the work.

Clinical Hours for Clinical Research Projects

Students who are engaged in clinical activities as part of their research projects may receive clinical clock hours as long as (1) they are actively engaged in hands-on

clinical patient contact and (2) ASHA supervisory requirements are met. Time should be entered onto the clinic log sheet under the type of service provided (i.e. amplification, diagnostic, etc.). However, students do not receive clinical practicum credit for reading articles and writing papers regarding the project. Faculty members who are responsible for students assigned to research projects must be ASHA certified and are responsible for ensuring that all clinical services provided by the students are supervised according to ASHA standards.

Patient Rights and Responsibilities

Patients have the right to refuse to be observed, or to participate in a research project, or to be video or audio tape recorded. Permission must be sought prior to observing, researching, or filming. Patients who decline to be seen by a student can be seen by audiology clinical faculty. Patients also have a responsibility to be civil to the clinicians. In some instances, a disability may preclude good manners. A professional response to the difficult patient is essential.

Sign Language or Oral Interpreters

On request, the clinic will arrange for a professional interpreter to be available. Requests should be made to the office receptionist who schedules the patient. The receptionist will contact Dr. Elangovan who will plan for the appropriate interpreter to be present for the appointment. If an interpreter is provided for your patient, remember that the interpreter is providing a service for **both** you and the patient. Communication is a two-way street.

1. Arrange seating so you and the interpreter can be simultaneously seen by the patient.
2. Speak directly to the patient, not the interpreter.
3. The interpreter may ask you to explain technical information so the information can be more readily transmitted to the patient.
4. Everything that is said is interpreted, so limit any attempts to give asides to the interpreter. Give the patient an opportunity to be part of the plan.

Patient Service Coordination

The student and the supervisor share service coordination responsibilities. The supervisor is ultimately responsible by license and training for the service delivery, but activities are shared.

1. The student is responsible for case preparation.
 1. Review the patient's chart thoroughly prior to the appointment.
 2. Submit a plan to your supervisor at least two days in advance of the appointment using Xythos (see instructions below)

3. Review the plan with the supervisor as needed.
 4. Review the protocol to be followed.
- II. The student is responsible for clinic preparation.
 1. Use your assigned test room. Monitor heat and air.
 2. Perform and/or document biologic check of all equipment to be used.
 3. Gather necessary forms: i.e. case history, audiogram, word lists, Hearing Aid Issuance, Warranty Forms, COSI, Exchange of Information form, Speech Screening form, etc. Complete forms, as much as possible, *prior to the visit*.
 4. Enter applicable information into clinic equipment/computers, etc. for the procedures to be completed, i.e. Verifit, NOAH, etc.
 - III. The student meets, greets, and seats the patient, arranges for the comfort of the family (provide toys to occupy sibling, etc.), performs the initial interview, gathers and enters data in the chart (corrects address, phone number, updates Exchange of Information, etc.).
 - IV. The supervisor is ultimately responsible for the evaluation and the plan for follow-up at the conclusion of the visit. However, the student will be responsible for formulating and articulating a plan to the supervisor.
 - V. The student submits a rough draft of a full report and completes all supporting documentation within 48 hours of the patient visit. Corrections to the initial draft should be made and returned to the supervisor within 24 hours.

Clinic Reports:

General Information

Clinic reports are prepared by the graduate clinician for:

1. All initial hearing evaluations on children and adults
2. All electrophysiology (auditory and vestibular) evaluations
3. All Cochlear Implant patient visits
4. All visits (adult and pediatric) paid for by a third party such as Vocational Rehabilitation, Veterans' Administration, attorneys, insurance companies, CSS, TEIS, etc.

All reports will follow a general format for each type of appointment; however, each supervisor may have some minor preferences and will provide examples for you.

Organization

All patient reports are currently completed in an Electronic Health Record system (TIMS). Due to confidentiality and privacy policies, students will write their clinical reports and notes in computers within the clinic rooms or in the student computer labs. ***Students are not allowed to make copies or remove patient records from the clinic.*** Clinic reports that contain any patient identifiers (e.g. name, address, phone numbers, date of birth, social security number) may not be saved on any computer local drive or sent via e-mail without encryption. If the supervisor requested a draft of the report via e-mail, personal identifiers such as name, date of birth, addresses, phone numbers, etc. must be redacted, just include the patient initials. Students may not write clinic reports on their personal computers or any computer outside the clinic area. Reports must be deleted from the clinic computers after being printed.

Rough drafts of reports are due within 48 hours. **Re-writes are due within 24 hours.** Think about these timelines before you schedule time away from clinic (i.e. fall, winter, spring breaks) – you are still responsible for your reports unless you have first cleared this with your supervisor. Late reports can reduce your grade.

A general report template is provided as a guide. However, each supervisor has a unique style of writing, so portfolios should be developed for each supervisor to ease the report writing challenges. Students are not to copy reports written by other students and submit them as their own work. *All identifying information*

should be removed from any reports that you save for reference. See the Honor Code in Center Scope.

Proficiency

Reports are a reflection of your skills and knowledge, as well as, your profession proficiencies; therefore they should be spot-on in regards to neatness, accuracy, formatting, spelling etc.

Proofread to ensure that you have everything correct; it is your responsibility to do this. If reports and charts do not follow expected protocols, your grade will be reduced. There are some mistakes/errors that will automatically result in deductions in the professional responsibilities column on the summative grade form every time a student fails to meet expectations for reporting. These deductions are cumulative over the semester, so if you use the wrong format, or use the wrong name, age, or do not use spell check etc., a point is subtracted for each and every report in which you do this.

0	Flawless report with no corrections
0	1-2 minor corrections addressed in first re-write
1	Several corrections needed, report lacks detail or has inaccuracies
2-3	Major corrections needed (content, spelling/grammar, etc.)
4-5	Continuing to make the same errors as on previous reports
5+	Major errors/omissions which were not all amended upon resubmission to supervisor

Some things that warrant deductions:

- Incorrect patient name, age, chart number, date of appointment
- Incorrect report format
- Spelling & grammatical errors
- Incomplete forms, forms filed incorrectly/or not at all
- Inaccurate information in report (i.e. obvious cut/paste)
- Plagiarism

Prognosis statement

ASHA requires a prognosis statement. According to the *Webster's Ninth New Collegiate Dictionary*, a prognosis is the prospect of recovery as anticipated from the usual course of disease or peculiarities of the case OR the forecast, prognostication.

Diagnostic reports must contain a prognosis statement. The statement must be relevant to the current auditory skills development, the stability of the hearing loss, the current level of functioning, the consistency of hearing aid/cochlear implant use, etc.

Examples:

1. The prognosis for auditory skills development is good, based on the normal pure tone results and excellent word recognition scores.
2. The prognosis for maintaining adequate communication ability is good pending stability of hearing and consistent use of appropriate amplification.
3. The prognosis for improved auditory communication skills is good pending stability of hearing and acceptance of appropriate amplification.
4. The prognosis for improved auditory skills is deferred, pending the results of further testing and implementation and success of appropriate rehabilitation plan.
5. The prognosis for maintaining auditory skills is guarded due to the patient's deferral of the use of recommended services.

Clinic Environment/Room Assignments

Each student will be assigned a clinic room each semester. It is the responsibility of the students to ensure that the room is stocked with the appropriate supplies. Failure to keep rooms appropriately stocked will be viewed as an absence of a professional behavior which can reduce your clinic grade.

Health and Safety Procedures

Student Clinician Illness

A student who is ill with any other highly infectious disease (e.g. strep throat, conjunctivitis, etc.) must consider the health welfare of those around them, not only for clinic, but for classes as well. Each student is individually responsible for the management of his/her/their personal health and should consult a personal physician to assist in making decisions regarding risk to others when an illness occurs. Students should not report to clinic, or to class, when ill with any potentially contagious infection/virus.

When ill, you should contact both your supervisor and the front desk staff to let them know you will not be able to attend your clinic session. You should also send an email to ALL other audiology students asking if someone can fill your spot and if so they should contact the supervisor for that time frame. Consider covering for

your classmates when asked, as you may find you need to ask them to cover for you at some point. If you do receive a request from one of your classmates and you are available to fill in, you should contact the supervisor for that slot to let them know.

Student Immunizations

Students are required to keep immunizations current and to maintain current records in Qualified First.

Annual Influenza Vaccination is Required

Every AuD student must provide proof of flu vaccination to the Director of Clinical Education each fall to continue with the clinical education program. The flu vaccine will prevent transmission of influenza to the vulnerable populations (infants and elderly) that are served in on- and off-campus clinics.

Students who cannot medically get a flu vaccine must provide a letter from their physician. Any student who cannot get a flu vaccine will be required to wear a surgical facemask during all clinic slots for the duration of flu season (Nov 1 – March 15).

Annual TB Testing is Required

Students must also provide evidence each year of a negative TB skin test. A two-step TB skin test or TB QuantiFERON testing are acceptable. TB test results should be given to the Director of Clinical Education.

Failure to provide proof of immunization, current flu shot, and negative TB skin test will cause a student to be dismissed from clinic until proof of compliance is provided to the Audiology Director of Clinical Education. In addition, an administrative hold may be placed on your student account until proof of compliance is provided.

Infection Control Policy/Procedures

Each clinician is responsible for infection control during a clinic session. Students should not report to clinic when ill with a potentially contagious infection/virus (i.e. fever, vomiting, etc.).

Statement of Policy

In brief, Centers for Disease Control and Prevention (CDC) recommend that appropriate barrier precautions including gloves, gowns/aprons, and

masks/eyewear be utilized when exposed to blood or body fluids and materials visibly contaminated with blood.

Body fluids to which Universal Precautions apply include: blood, a body fluid containing visible blood, cerebrospinal fluid (CSF), synovial fluid, pleural fluid, semen, and vaginal secretions.

Although universal precautions do not apply to feces, nasal secretions, sputum, sweat, tears, urine and vomitus, gloves should be worn when contacting these substances. The risk for saliva is unclear, and universal precautions should be applied if the saliva contains visible blood.

Cerumen is not an infectious substance per se. However, it is difficult to determine the presence of blood or mucous in cerumen; therefore, it should be considered potentially contaminated and treated appropriately.

Infection Control (Updated August 19, 2020)

The purposes of our infection control policy are to maintain health standards and regulations set by the American Speech-Language-Hearing Association (ASHA), to prevent the spread of infections between clients and clinicians, and, in general, to keep the Center in order. This infection control policy will only be successful through the cooperation and continuous effort of all students enrolled in clinic.

At present, the target areas of infection control include: the therapy and observation rooms in the Hearing and Speech Center and Child Hearing Services; the Audiology Clinic; the student workrooms; the Hearing Aid Repair Lab; and the supply rooms. After each session, it is the responsibility of the student clinician to ensure that the clinic room is cleaned with disinfectant (counter tops, toys, etc.). Items to be sterilized such as non-disposable oto-light tips and ear impression syringes are cleaned with proper disinfectants and cleaning apparatus. Probe tips used during tympanometry and OAE testing are disposable and should be discarded *immediately* after removal from the patient's ear. After patient encounters, do not leave used disposable items on tables, desks, counter tops, or floors in the patient examination rooms. Instead, put them in the trash receptacle.

1. Hands should be routinely disinfected after each client. Cal Stat is available in every clinic room for easy access to cleanse hands after each client.

2. Any item that comes into contact with body fluids should be cleaned with disinfectant. Items, i.e. toys that are mouthed by a client should be disinfected immediately following that client's session. Gloves should be worn while cleaning such items.
3. Items such as otoscope tips and gloves that are not visibly contaminated with potentially infectious substances are considered low risk items and can be disposed of as general waste.

Protocol #1: Handling Hearing Aids and Earmolds

The following options assure that a hearing instrument is disinfected prior to the clinician or other employee handling it. These are in place to control the spread of fungal and bacterial infections.

1. The clinician should wear gloves when receiving the hearing aid.
2. The patient may place the hearing aid or earmold on a disinfectant towelette. Once on the towelette, the aid or earmold should be wiped thoroughly to disinfect it.
3. The patient may place the hearing aid or earmold in a box or plastic baggie. When the clinician removes the hearing aid or ear mold from the box, the aid or earmold should be wiped thoroughly with a disinfectant.

Other options to consider when handling earmolds, cochlear implants, and hearing aids:

1. Use a disinfectant towelette to clean a hearing aid or ear mold prior to examining it.
2. Sterilize the instruments used to clean or repair the hearing aid when encountering blood or drainage. Disinfect, rather than sterilize, these tools when neither blood nor drainage is encountered.
3. Disinfect stethoscopes using a disinfectant towelette prior to attaching it to a hearing aid or to storing it.
4. Wires that connect the hearing aid or cochlear implant to a computer or other programming device should be cleaned with a disinfectant towelette and then allowed to dry completely before being used again.

Protocol #2: Surface Disinfection

Surface disinfection is a two-step process. The process requires cleaning to remove gross contamination and disinfecting to kill germs. Many products contain a cleaning agent compounded with a disinfectant, allowing one product to both clean and disinfect. Once a tuberculocidal, hospital grade, EPA registered

disinfectant/cleaner has been selected in either spray or pre-moistened wipe form, the following two-steps should be implemented:

1. Spray the surface with disinfectant/cleaner and wipe away all gross contamination using a paper towel or coarse brush. If using a pre-moistened wipe, be sure to wipe surface thoroughly.
2. Spray or wipe surface again, this time leaving the surface wet for the time specified on the label, then wipe dry or allow it to air dry. It is during this time, when the surface is wet, that the pathogens are killed.

Protocol #3: Waiting Room and Motivational Toys

Children often place office toys in their mouths. These mouthed toys are common sources for passing disease. The following steps address this issue and ensure a safer environment for children and those who work with them.

1. Always use nonporous, easily cleaned toys, preferably those that can get wet. This allows the use of disinfectant sprays and wipes.
2. Disinfect these toys daily or on a routine basis.
3. Be careful when handling these toys and be sure to wash your hands thoroughly using an antibacterial soap after touching them. Wearing gloves to handle toys would be advisable.
4. Replace old, broken, and worn out toys.
5. Avoid placing stuffed animals, small toys, and non-washable items in environments frequented by young children. Machine washable stuffed animals are acceptable.
6. Designate a storage bin with a cover clearly marked "To Be Disinfected" in which to place soiled toys or items to be disinfected.

Protocol #4: Hand washing

The single most important activity that limits the spread of infectious disease is regular, thorough hand washing. It is important to always wash hands before and after eating, adjusting contact lenses, handling waiting room toys, performing sterilization procedures, applying cosmetics or lip balm, smoking, or handling ear molds, cochlear implants, or hearing aids that have not been disinfected. Always wash hands after removing gloves that may have contacted any potential or actual contamination, toileting, or completing a day's work. Using the following hand washing guidelines will help prevent the spread of infectious diseases:

1. Remove all rings and put them in a safe place. Micro-organisms cannot be eliminated from skin beneath jewelry, and growth is facilitated in warm,

moist, dark spaces such as those that exist under rings. Such colonization is a risk to the patient and to the employee.

2. Wash hands before and after each patient. When water is not available, or time does not permit, use a no-rinse antibacterial disinfectant. However, washing with soap and water must be performed as soon as possible. When water is available use a medical grade antibacterial soap containing emollients to keep hands from drying out.

Hand washing Procedure:

- Start the water and apply medical grade liquid antibacterial soap. Lather up the soap, scrubbing your palms, the backs of your hands, up over your wrists, and onto your forearms for a minimum of 15 seconds. Clean all surfaces, especially under fingernails and between fingers.
- Thoroughly rinse off the soap under running water.
- Dry your hands by blotting with a paper towel. Rubbing with a paper towel will cause chafing.
- Turn off the water using the paper towel, not your clean hands.
- Use hand lotion as needed to keep hands from chapping. Avoid petroleum based lotions as these negatively affect latex gloves.

Protocol #5: Gloves

Guidelines for proper use of gloves:

1. Select latex (or vinyl if patient or client shows sensitivity to latex) examination gloves that fit properly. Properly fitted gloves will fit tightly, like a second skin. This is important because loose fitting gloves reduce dexterity (the main reason people do not use gloves).
2. Always change gloves between patients. If a glove becomes torn or perforated in any way, replace it. Never reuse disposable gloves.
3. If questioned about the use of gloves, explain that gloves are worn to protect patients and to provide the best in modern care. Most people expect gloves to be worn. Audiologists and speech-language pathologists as well as other healthcare professions wear gloves as a precautionary measure.
4. Place bandages on open cuts or sores prior to putting on gloves.
5. Double-glove when treating patients known to be identified with HIV or Hepatitis C.
6. Use the following procedure to safely remove gloves, making sure that hands do not make contact with potentially infectious material on the surface of the glove. First, peel off one glove from the wrist to fingertip, and then grasp it in the gloved hand. Next, using the bared hand, peel off the

second glove from the inside, tucking the first glove inside the second glove as it is removed. Wash hands thoroughly when complete.

Evaluation of Supervision, Off-Campus Clinical Site, and Self

At the end of each semester (Summer, Fall, Spring), you are required to submit via CALIPSO an evaluation of supervision (an assessment of supervisory competency), a site evaluation (an assessment of the clinic practicum site), and a self-evaluation (a self assessment). Evaluation of supervision will not be released to supervisors until AFTER grades have been submitted and posted. A student may request the Audiology Director of Clinical Education to withhold a supervisor evaluation. Any such request will be respected without fear of reprisal.

Evaluating Supervision

Students are asked to provide evaluations of the quality of supervision and clinical instruction provided by each clinic supervisor. These evaluations are accessed and completed via CALIPSO. All student evaluations for a given supervisor, will be summarized by the Audiology Director of Clinical Education after your grades have been posted and sent to the supervisor in aggregate form. In addition, each individual supervisor evaluation form will be released to the supervisor after grades are posted. Your name is not attached to individual forms or aggregate reports. The supervisor will not be able to see your name. If you do not wish to have your individual form released to the supervisor, students may request to the Audiology Director of Clinical Education to have their evaluation withheld without fear of reprisal. All such requests will be honored.

It is often easiest and most effective to complete the supervisor evaluation form immediately at the end of term or the final day at that externship site. It is not uncommon to find that students respond differently to different supervision styles. Some students perform better when the supervisor is sitting next to them during the patient encounter. Others may feel intimidated with this approach and will do better the supervisor is not “looking over their shoulder.” Students in this latter category still need direct supervision!

Evaluating Off-Campus Site

Students are asked to provide an evaluation via CALIPSO of each off-campus clinical practicum site that they experience each term. These evaluations are not released to the supervisors but can be accessed by other students who can get an idea of what to expect at a particular clinic site.

Evaluating Self

Students are asked to complete a self-evaluation each term for at least one supervisor with whom they worked. This process is designed to foster self-reflection and an ability to honestly appraise one's clinical competence. Understanding your own abilities and skill level better enables students to seek additional help or understand areas of weakness.

Family Educational Rights and Privacy Acts (FERPA)

(20 U.S.C. § 1232g; 34 CFR Part 99)

What is FERPA?

The Family Educational Rights and Privacy Act, also known as FERPA, is a Federal law that protects the privacy of student education records. It affords students over the age of 18 years the right to have access to their education records, the right to seek to have the records amended, and the right to have control over the disclosure of information from the education records.

Does FERPA Apply to Students on Off-Campus Preceptorships?

According to FERPA, a student is an individual who is enrolled in and actually attends an educational institution. The regulations provide that attendance includes, but is not limited to, attendance in person or by correspondence. Courts have held that individuals who merely audit classes or who are accepted to an educational institution but do not attend any classes are not “students” for purposes of FERPA. Individuals who “attend” classes but are not physically located on a campus are also students, thus including those who attend classes by videoconference, satellite, Internet, or other electronic information and telecommunications technologies.

UTHSC audiology students are enrolled for credit during off-campus clinical preceptorships and externships. They also complete assignments directed by professors at UTHSC that contribute to their final clinic grade. Enrolled Au.D. students are therefore protected by FERPA while being educated in an off-campus site by an Off-Campus Clinic Supervisor.

What Constitutes an Educational Record?

Education records are records that are directly related to a student and that are maintained by an educational agency, institution, or a party acting for or on behalf of the agency or institution (e.g. a clinical preceptor). These records include but are not limited to grades (and competency ratings), transcripts, class lists, student course schedules, student financial information, and student discipline files. The information may be recorded in any way, including, but not limited to, handwriting, print, computer media, videotape, audiotape, film, microfilm, microfiche, and e-mail.

Is Disclosure Prohibited by Off-Campus Preceptors?

Practice/Educational affiliation agreements with off-campus preceptorship sites include clauses that stipulate off-campus preceptors abide by FERPA law just as university faculty must. FERPA prohibits the disclosure of a student's "protected information" to a third party without a student's written consent. A "third party" includes any individual or organization other than the student. This disclosure is prohibited whether it is made by hand delivery, verbally, fax, mail, or electronic transmission. This means that **disclosure applies to: reporting a student's grades and clinic competencies to UTHSC faculty; letters of recommendation written on behalf of the student; casual conversations with other professionals, patients, or students about the student; and information provided to the student's potential employers.** With respect to third parties, even if the initial disclosure of protected information is permissible, FERPA limits the subsequent disclosure of the information by the third party. As such, once an educational institution discloses protected information to a third party, it must ensure that the third party does not itself improperly disclose the information in violation of FERPA.- See more at: <http://www.nacweb.org/knowledge/legal/ferpabasics.aspx#sthash.x5svWln5.dpuf>

Off-Campus Preceptors are protected against FERPA violations when required to submit a student's grade and/or competency information directly into a secure on-line system like CALIPSO or fax it to the audiology clinic if access to CALIPSO is not available. Student grades and competencies cannot be sent via e-mail.

What Constitutes Consent?

FERPA requires that a student provide written consent for disclosure of education records. The consent must: 1) be signed and dated; 2) specify the records that may be disclosed; 3) state the purpose of the disclosure; and 4) identify the party or class of parties to whom the disclosure may be made. 34 CFR § 99.30. **Oral consent for disclosure of information from education records would not meet FERPA's consent requirements.** Spouses of students have no rights under FERPA and education records cannot be disclosed to them without written consent from the student.

APPENDIX A: ASHA& AAA CODE OF ETHICS

ASHA CODE OF ETHICS

PREAMBLE

The American Speech-Language-Hearing Association (ASHA; hereafter, also known as “the Association”) has been committed to a framework of common principles and standards of practice since ASHA’s inception in 1925. This commitment was formalized in 1952 as the Association’s first Code of Ethics. This code has been modified and adapted to reflect the current state of practice and to address evolving issues within the professions.

The ASHA Code of Ethics reflects professional values and expectations for scientific and clinical practice. It is based on principles of duty, accountability, fairness, and responsibility and is intended to ensure the welfare of the consumer and to protect the reputation and integrity of the professions. The Code of Ethics is a framework and a guide for professionals in support of day-to-day decision making related to professional conduct.

The Code of Ethics is obligatory and disciplinary as well as aspirational and descriptive in that it defines the professional’s role. It is an integral educational resource regarding ethical principles and standards that are expected of audiologists, speech-language pathologists, and speech, language, and hearing scientists.

The preservation of the highest standards of integrity and ethical principles is vital to the responsible discharge of obligations by audiologists, speech-language pathologists, and speech, language, and hearing scientists who serve as clinicians, educators, mentors, researchers, supervisors, and administrators. This Code of Ethics sets forth the fundamental principles and rules considered essential to this purpose and is [applicable to the following individuals](#):

- a member of ASHA holding the Certificate of Clinical Competence
- a member of ASHA not holding the Certificate of Clinical Competence
- a nonmember of ASHA holding the Certificate of Clinical Competence
- an applicant for ASHA certification or for ASHA membership and certification

ASHA members who provide clinical services must hold the Certificate of Clinical Competence and must abide by the Code of Ethics. By holding ASHA certification and/or membership, or through application for such, all individuals are [subject to the jurisdiction](#) of the ASHA Board of Ethics for ethics complaint adjudication.

The fundamentals of ethical conduct are described by Principles of Ethics and by Rules of Ethics. The four Principles of Ethics form the underlying philosophical basis for the Code of Ethics and

are reflected in the following areas: (I) responsibility to persons served professionally and to research participants; (II) responsibility for one's professional competence; (III) responsibility to the public; and (IV) responsibility for professional relationships. Individuals shall honor and abide by these Principles as affirmative obligations under all conditions of applicable professional activity. Rules of Ethics are specific statements of minimally acceptable as well as unacceptable professional conduct.

The Code of Ethics is designed to provide guidance to members, certified individuals, and applicants as they make professional decisions. Because the Code of Ethics is not intended to address specific situations and is not inclusive of all possible ethical dilemmas, professionals are expected to follow its written provisions and to uphold its spirit and purpose. Adherence to the Code of Ethics and its enforcement results in respect for the professions and positive outcomes for those who benefit from the work of audiologists, speech-language pathologists, and speech, language, and hearing scientists.

PRINCIPLE OF ETHICS I

Individuals shall honor their responsibility to hold paramount the welfare of persons they serve professionally or who are participants in research and scholarly activities.

RULES OF ETHICS

- A. Individuals shall provide all clinical services and scientific activities competently.
- B. Individuals shall use every resource, including referral and/or interprofessional collaboration when appropriate, to ensure that quality service is provided.
- C. Individuals shall not discriminate in the delivery of professional services or in the conduct of research and scholarly activities on the basis of age; citizenship; disability; ethnicity; gender; gender expression; gender identity; genetic information; national origin, including culture, language, dialect, and accent; race; religion; sex; sexual orientation; or veteran status.
- D. Individuals shall not misrepresent the credentials of aides, assistants, technicians, students, research assistants, Clinical Fellows, or any others under their supervision, and they shall inform those they serve professionally of the name, role, and professional credentials of persons providing services.
- E. Individuals who hold the Certificate of Clinical Competence may delegate tasks related to the provision of clinical services to aides, assistants, technicians, or any other persons only if those persons are adequately prepared and are appropriately supervised. The

responsibility for the welfare of those being served remains with the certified audiologist or speech-language pathologist.

- F. Individuals who hold the Certificate of Clinical Competence shall not delegate tasks that require the unique skills, knowledge, judgment, or credentials that are within the scope of their profession to aides, assistants, technicians, or any nonprofessionals over whom they have supervisory responsibility.
- G. Individuals who hold the Certificate of Clinical Competence may delegate to students tasks related to the provision of clinical services that require the unique skills, knowledge, and judgment that are within the scope of practice of their profession only if those students are adequately prepared and are appropriately supervised. The responsibility for the welfare of those being served remains with the certified audiologist or speech-language pathologist.
- H. Individuals shall obtain informed consent from the persons they serve about the nature and possible risks and effects of services provided, technology employed, and products dispensed. This obligation also includes informing persons served about possible effects of not engaging in treatment or not following clinical recommendations. If diminished decision-making ability of persons served is suspected, individuals should seek appropriate authorization for services, such as authorization from a legally authorized/appointed representative.
- I. Individuals shall enroll and include persons as participants in research or teaching demonstrations/simulations only if participation is voluntary, without coercion, and with informed consent.
- J. Individuals shall accurately represent the intended purpose of a service, product, or research endeavor and shall abide by established guidelines for clinical practice and the responsible conduct of research, including humane treatment of animals involved in research.
- K. Individuals who hold the Certificate of Clinical Competence shall evaluate the effectiveness of services provided, technology employed, and products dispensed, and they shall provide services or dispense products only when benefit can reasonably be expected.
- L. Individuals who hold the Certificate of Clinical Competence shall use independent and evidence-based clinical judgment, keeping paramount the best interests of those being served.
- M. Individuals may make a reasonable statement of prognosis, but they shall not guarantee—directly or by implication—the results of any treatment or procedure.

- N. Individuals who hold the Certificate of Clinical Competence may provide services via telepractice consistent with professional standards and state and federal regulations, but they shall not provide clinical services solely by written communication.
- O. Individuals shall protect the confidentiality and security of records of professional services provided, research and scholarly activities conducted, and products dispensed. Access to these records shall be allowed only when doing so is legally authorized or required by law.
- P. Individuals shall protect the confidentiality of information about persons served professionally or participants involved in research and scholarly activities. Disclosure of confidential information shall be allowed only when doing so is legally authorized or required by law.
- Q. Individuals shall maintain timely records; shall accurately record and bill for services provided and products dispensed; and shall not misrepresent services provided, products dispensed, or research and scholarly activities conducted.
- R. Individuals shall not allow personal hardships, psychosocial distress, substance use/misuse, or physical or mental health conditions to interfere with their duty to provide professional services with reasonable skill and safety. Individuals whose professional practice is adversely affected by any of the above-listed factors should seek professional assistance regarding whether their professional responsibilities should be limited or suspended.
- S. Individuals who have knowledge that a colleague is unable to provide professional services with reasonable skill and safety shall report this information to the appropriate authority, internally if such a mechanism exists and, when appropriate, externally to the applicable professional licensing authority or board, other professional regulatory body, or professional association.
- T. Individuals shall give reasonable notice to ensure continuity of care and shall provide information about alternatives for care in the event that they can no longer provide professional services.

PRINCIPLE OF ETHICS II

Individuals shall honor their responsibility to achieve and maintain the highest level of professional competence and performance.

RULES OF ETHICS

- A. Individuals who hold the Certificate of Clinical Competence shall engage in only those aspects of the professions that are within the scope of their professional practice and competence, considering their certification status, education, training, and experience.
- B. ASHA members who do not hold the Certificate of Clinical Competence may not engage in the provision of clinical services; however, individuals who are in the certification application process may provide clinical services consistent with current local and state laws and regulations and with ASHA certification requirements.
- C. Individuals shall enhance and refine their professional competence and expertise through engagement in lifelong learning applicable to their professional activities and skills.
- D. Individuals who engage in research shall comply with all institutional, state, and federal regulations that address any aspects of research.
- E. Individuals in administrative or supervisory roles shall not require or permit their professional staff to provide services or conduct research activities that exceed the staff member's certification status, competence, education, training, and experience.
- F. Individuals in administrative or supervisory roles shall not require or permit their professional staff to provide services or conduct clinical activities that compromise the staff member's independent and objective professional judgment.
- G. Individuals shall use technology and instrumentation consistent with accepted professional guidelines in their areas of practice. When such technology is warranted but not available, an appropriate referral should be made.
- H. Individuals shall ensure that all technology and instrumentation used to provide services or to conduct research and scholarly activities are in proper working order and are properly calibrated.

PRINCIPLE OF ETHICS III

In their professional role, individuals shall act with honesty and integrity when engaging with the public and shall provide accurate information involving any aspect of the professions.

RULES OF ETHICS

- A. Individuals shall not misrepresent their credentials, competence, education, training, experience, or scholarly contributions.
- B. Individuals shall avoid engaging in conflicts of interest whereby a personal, professional, financial, or other interest or relationship could influence their objectivity, competence, or effectiveness in performing professional responsibilities. If such conflicts of interest cannot be avoided, proper disclosure and management is required.
- C. Individuals shall not misrepresent diagnostic information, services provided, results of services provided, products dispensed, effects of products dispensed, or research and scholarly activities.
- D. Individuals shall not defraud, scheme to defraud, or engage in any illegal or negligent conduct related to obtaining payment or reimbursement for services, products, research, or grants.
- E. Individuals' statements to the public shall provide accurate information regarding the professions, professional services and products, and research and scholarly activities.
- F. Individuals' statements to the public shall adhere to prevailing professional standards and shall not contain misrepresentations when advertising, announcing, or promoting their professional services, products, or research.
- G. Individuals shall not knowingly make false financial or nonfinancial statements and shall complete all materials honestly and without omission.

PRINCIPLE OF ETHICS IV

Individuals shall uphold the dignity and autonomy of the professions, maintain collaborative and harmonious interprofessional and intraprofessional relationships, and accept the professions' self-imposed standards.

RULES OF ETHICS

- A. Individuals shall work collaboratively with members of their own profession and/or members of other professions, when appropriate, to deliver the highest quality of care.

- B. Individuals shall exercise independent professional judgment in recommending and providing professional services when an administrative directive, referral source, or prescription prevents them from keeping the welfare of persons served paramount.
- C. Individuals' statements to colleagues about professional services, products, or research results shall adhere to prevailing professional standards and shall contain no misrepresentations.
- D. Individuals shall not engage in any form of conduct that adversely reflects on the professions or on the individual's fitness to serve persons professionally.
- E. Individuals shall not engage in dishonesty, negligence, deceit, or misrepresentation.
- F. Individuals who mentor Clinical Fellows, act as a preceptor to audiology externs, or supervise undergraduate or graduate students, assistants, or other staff shall provide appropriate supervision and shall comply—fully and in a timely manner—with all ASHA certification and supervisory requirements.
- G. Applicants for certification or membership, and individuals making disclosures, shall not make false statements and shall complete all application and disclosure materials honestly and without omission.
- H. Individuals shall not engage in any form of harassment or power abuse.
- I. Individuals shall not engage in sexual activities with persons over whom they exercise professional authority or power, including persons receiving services, other than those with whom an ongoing consensual relationship existed prior to the date on which the professional relationship began.
- J. Individuals shall not knowingly allow anyone under their supervision to engage in any practice that violates the Code of Ethics.
- K. Individuals shall assign credit only to those who have contributed to a publication, presentation, process, or product. Credit shall be assigned in proportion to the contribution and only with the contributor's consent.
- L. Individuals shall reference the source when using other persons' ideas, research, presentations, results, or products in written, oral, or any other media presentation or summary. To do otherwise constitutes plagiarism.
- M. Individuals shall not discriminate in their relationships with colleagues, members of other professions, or individuals under their supervision on the basis of age; citizenship; disability; ethnicity; gender; gender expression; gender identity; genetic information; national origin, including culture, language, dialect, and accent; race; religion; sex; sexual orientation; socioeconomic status; or veteran status.

- N. Individuals with evidence that the Code of Ethics may have been violated have the responsibility to either work collaboratively to resolve the situation where possible or to inform the Board of Ethics through its [established procedures](#).
- O. Individuals shall report members of other professions who they know have violated standards of care to the appropriate professional licensing authority or board, other professional regulatory body, or professional association when such violation compromises the welfare of persons served and/or research participants.
- P. Individuals shall not file or encourage others to file complaints that disregard or ignore facts that would disprove the allegation; the Code of Ethics shall not be used for personal reprisal, as a means of addressing personal animosity, or as a vehicle for retaliation.
- Q. Individuals making and responding to complaints shall comply fully with the policies of the Board of Ethics in its consideration, adjudication, and resolution of complaints of alleged violations of the Code of Ethics.
- R. Individuals involved in ethics complaints shall not knowingly make false statements of fact or withhold relevant facts necessary to fairly adjudicate the complaints.
- S. Individuals shall comply with local, state, and federal laws and regulations applicable to professional practice and to the responsible conduct of research.
- T. Individuals who have been convicted of, been found guilty of, or entered a plea of guilty or nolo contendere to (1) any misdemeanor involving dishonesty, physical harm—or the threat of physical harm—to the person or property of another or (2) any felony shall self-report by notifying the ASHA Ethics Office in writing within 60 days of the conviction, plea, or finding of guilt. Individuals shall also provide a copy of the conviction, plea, or nolo contendere record with their self-report notification, and any other court documents as reasonably requested by the ASHA Ethics Office.
- U. Individuals who have (1) been publicly disciplined or denied a license or a professional credential by any professional association, professional licensing authority or board, or other professional regulatory body; or (2) voluntarily relinquished or surrendered their license, certification, or registration with any such body while under investigation for alleged unprofessional or improper conduct shall self-report by notifying the ASHA Ethics Office in writing within 60 days of the final action or disposition. Individuals shall also provide a copy of the final action, sanction, or disposition—with their self-report notification—to the ASHA Ethics Office.

TERMINOLOGY

The purpose of the following Terminology section is to provide additional clarification for terms not defined within the Principles of Ethics and Rules of Ethics sections.

ASHA Ethics Office

The ASHA Ethics Office assists the Board of Ethics with the confidential administration and processing of self-reports from and ethics complaints against individuals (as defined below). All complaints and self-reports should be sent to this office. The mailing address for the ASHA Ethics Office is American Speech-Language-Hearing Association, attn: Ethics Office, 2200 Research Blvd., #309, Rockville, MD 20850. The email address is ethics@asha.org.

advertising

Any form of communication with the public regarding services, therapies, research, products, or publications.

diminished decision-making ability

The inability to comprehend, retain, or apply information necessary to determine a reasonable course of action.

individuals

Within the Code of Ethics, this term refers to ASHA members and/or certificate holders and applicants for ASHA certification.

informed consent

An agreement by persons served, those with legal authority for persons served, or research participants that constitutes authorization of a proposed course of action after the communication of adequate information regarding expected outcomes and potential risks. Such an agreement may be verbal or written, as required by applicable law or policy.

may vs. shall

May denotes an allowance for discretion; *shall* denotes something that is required.

misrepresentation

Any statement by words or other conduct that, under the circumstances, amounts to an assertion that is false, erroneous, or misleading (i.e., not in accordance with the facts).

negligence

Failing to exercise a standard of care toward others that a reasonable or prudent person would use in the circumstances, or taking actions that a reasonable person would not.

nolo contendere

A plea made by a defendant stating that they will not contest a criminal charge.

plagiarism

Representation of another person's idea, research, presentation, result, or product as one's own through irresponsible citation, attribution, or paraphrasing.

publicly disciplined

A formal disciplinary action of public record.

reasonable or reasonably

Being supported or justified by fact or circumstance and being in accordance with reason, fairness, duty, or prudence.

self-report

A professional obligation of self-disclosure that requires (a) notifying the ASHA Ethics Office in writing and (b) sending a copy of the required documentation to the ASHA Ethics Office (see definition of "written" below).

shall vs. may

Shall denotes something that is required; *may* denotes an allowance for discretion.

telepractice

Application of telecommunications technology to the delivery of audiology and speech- language pathology professional services at a distance by linking clinician to client/patient/student or by linking clinician to clinician for assessment, intervention, consultation, or supervision. The quality of the service should be equivalent to that of in-person service. For more information, [see Telepractice](#) on the ASHA Practice Portal.

American Speech-Language-Hearing Association. (2023). *Code of ethics* [Ethics]. Available from www.asha.org/policy

AAA Code of Ethics

Preamble

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

PART I. Statement of Principles and Rules

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Rule 4d: Individuals using investigational procedures with human participants or prospectively collecting research data from human participants shall obtain full informed consent from the participants or legal representatives.

Members conducting research with human participants or animals shall follow accepted standards, such as those promulgated in the current Responsible Conduct of Research (current edition, 2009) by the U.S. Office of Research Integrity.

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

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

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

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

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

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

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

Rule 6a: Individuals shall not misrepresent their educational degrees, training, credentials, or competence. Only degrees earned from regionally accredited institutions in which training was obtained in audiology, or a directly related discipline, may be used in public statements concerning professional services.

Rule 6b: Individuals' public statements about professional services, products, or research results shall not contain representations or claims that are false, misleading, or deceptive.

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

Rule 7a: Individuals shall not use professional or commercial affiliations in any way that would limit services to or mislead patients or colleagues.

Rule 7b: Individuals shall inform colleagues and the public in an objective manner consistent with professional standards about products and services they have developed or research they have conducted.

PRINCIPLE 8: Members shall uphold the dignity of the profession and freely accept the Academy's self-imposed standards.

Rule 8a: Individuals shall not violate these Principles and Rules, nor attempt to circumvent them.

Rule 8b: Individuals shall not engage in dishonesty or illegal conduct that adversely reflects on the profession. **Rule 8c:** Individuals shall inform the Ethical Practices Committee when there are reasons to believe that a member of the Academy may have violated the Code of Ethics.

Rule 8d: Individuals shall fully cooperate with reviews being conducted by the Ethical Practices Committee in any matter related to the Code of Ethics.

American Academy of Audiology. (2011). *Code of ethics*. Available from www.aaa.org

APPENDIX B: CALIPSO INSTRUCTIONS FOR AUDIOLOGY STUDENTS

Step 1: Register as a Student User on CALIPSO

- Before registering, have available the PIN provided by your Clinical Coordinator via e-mail.
- Go to <https://www.CALIPSOclient.com/audiology/schooldomain>
- Click on the “Student” registration link located below the login button.
- Complete the requested information, being sure to enter your “school” e-mail address, and record your password in a secure location. Click “Register Account.”
- Please note: **PIN numbers are valid for 40 days**. Contact your Clinical Coordinator for a new PIN if 40 days has lapsed since receiving the registration e-mail.

<https://www.calipsoclient.com/audiology/uthsc>

Step 2: Login to CALIPSO

- To login, go to <https://www.CALIPSOclient.com/audiology/schooldomain> and login to CALIPSO using your school e-mail and **password that you created for yourself during the registration process (step one.)**
- Upon logging in for the first time, you will be prompted to pay the student fee and to provide consent for the release of information to clinical practicum sites.

Step 3: Enter Contact Information

- Click on “Student Information”
- Click on “Contact Info” and then “Edit” for each corresponding address.
- Enter your local, permanent, and emergency contact info. Enter “rotation” contact info when on externships. Return to this link to update as necessary.
- Click “Home” located within the blue stripe to return to the home page.

Step 4: View Immunization and Compliance Records

- Before each semester, click on “Student Information” and then “Compliance/Immunizations” to view a record of compliance and immunization records.
- Missing or expired records are highlighted in red.
- To create a document to save and/or print, click “PDF” located within the blue stripe.
- An electronic file of the original documents can be accessed, if uploaded by the Clinical Coordinator, by clicking “Files” located within the blue stripe.
- Click “Home” located within the blue stripe to return to the home page.

Step 5: View/Upload Clinical Placement Files

- The file management feature allows you to upload any type of file (e.g. Word, PDF, JPEG, audio/video) to share with your clinical supervisor or clinical administrator.
- Click on “Student Information” and then “Clinical Placement” to upload your own file and/or view a file uploaded by your supervisor or clinical administrator.
- **First, select a folder by clicking on the folder name or create a new folder or subfolder.** To create a new folder or subfolder, type in desired folder name in the "Add folder" field and press "create."
- **Upload a file** by pressing the “Browse” button, selecting a file, completing the requested fields, and clicking "upload." The upload fields will display if you have selected an unrestricted folder. **Set the file permission** by choosing “public” for supervisor and clinical administrator access or “private” for clinical administrator access only.
- **Move files** by dragging and dropping from one folder to another.
- **Rename folders** by clicking the "rename" link to the right of the folder name.
- **Delete files** by clicking the “delete” button next to the file name. **Delete folders** by deleting all files from the folder. Once all the files within the folder have been deleted, a “delete” link will appear to the right of the folder name.

Step 6a: Enter Daily Clock Hours

- Click on the “Clockhours” link located on the lobby page or the “Student Information” link then “Clockhours.”
- Click on the “Daily clockhours” link located within the blue stripe.
- Click on the “Add new daily clockhour” link.
- Complete the requested information and click “save.”
- Record clock hours and click “save” located at the bottom of the screen. You will receive a “Clockhour saved” message.

To add clock hours for a ***different*** supervisor, clinical setting, or semester:

- Repeat above steps to enter additional clock hours gained under a different supervisor, clinical setting, or semester.

To add additional clock hours to the ***same*** record:

- Click on the “Daily clockhours” link located within the blue stripe.
 - Select the record you wish to view (posted by supervisor, semester, course, and setting) from the drop-down menu and click “Show.”
 - Click the “Copy” button located next to the date of a previous entry.
 - Record the new clock hours (changing the date if necessary) and click “save” located at the bottom of the screen. You will receive a “Clockhour saved” message.
- To **view/edit** daily clock hours, click on the “Daily clockhours” link located within the blue stripe.
 - Select the record you wish to view (posted by supervisor, semester, course, and setting) from the drop-down menu and click “Show.”
 - Select the desired entry by clicking on the link displaying the entry date located along the top of the chart. Make desired changes and click save.
 - Please note: Supervisors are not notified and are not required to approve daily clock hour submissions.

Step 6b: Submit Clock Hours for Supervisor Approval

- Click on the “Daily clockhours” link located within the blue stripe.
- Select the record you wish to view (posted by supervisor, semester, and course) from the drop-down menu and click “Show.”
- Check the box (located beside the entry date) for all dates you wish to submit for approval then click “Submit selected clockhours for supervisor approval.” Clock hours logged for the dates selected will be consolidated into one record for

supervisor approval. The designated supervisor will receive an automatically generated e-mail requesting approval of the clock hour record.

- Please note: Daily entries cannot be edited once approved. However, if you delete the entry from the “Clockhour list” link prior to approval, daily hours may be resubmitted.
- View consolidated clock hour entries by clicking “Clockhours list” located within the blue stripe.

Step 7: View Clinical Performance Evaluations

- Click on “Student Information” and then “Evaluations.”
- As clinical performance evaluations are completed on you by your supervisors, the evaluations will automatically post to this link.
- View a desired evaluation by clicking on the “current evaluation” link highlighted in blue.

Step 8: View Cumulative Evaluation

- Click on “Student Information” and then “Cumulative evaluation” to view a summary of your clinical competency across the 9 disorder areas.
- Upon graduation, you must demonstrate competency for all clinical competencies listed on the form.
- Please make note of any areas of deficiency which are highlighted in orange.

Step 9: View Performance Summary

- Click on “Student Information” and then “Performance summary” to view a summary of your clinical performance across all clinical courses to date.

Step 10: View My Checklist

- Click on “Student Information” and then “My Checklist” to view your progress in meeting the clinical requirements for graduation.

- Upon graduation, all requirements should have been met, represented with a green check mark.

Step 11: Complete Self-Evaluation

- At the completion of each clinical course or as directed by your Clinical Coordinator, complete a self-evaluation.
- From the lobby page, click on the “Self-evaluations” link.
- Click on “New self-evaluation.”
- Complete required fields designated with an asterisk and press “save.”
- Continue completing self-evaluation by scoring all applicable skills across the Big 9 using the provided scoring method and saving frequently to avoid loss of data.
- Once the evaluation is complete, check the “final submission” box and click “save.”
- Receive message stating “evaluation recorded.”
- Please note: you may edit and save the evaluation as often as you wish until the final submission box is checked. Once the final submission box is checked and the evaluation saved, the status will change from “in progress” to “final”.
- To view the evaluation, click “Evaluations list” located within the blue stripe.

Step 12: Complete Supervisor Feedback Form

- At the completion of each clinical course or as directed by your Clinical Coordinator, complete feedback for each clinical supervisor.
- From the lobby page, click “Supervisor feedback forms.”
- Click “New supervisor feedback.”
- Complete form and click “Submit feedback.”
- Your completed feedback form will be posted for Clinical Coordinator approval. Once approved, feedback will be posted for the clinical supervisor to view. Until approved, the feedback may be edited by clicking on “View/edit.”

Step 13: View Site Information Forms

- The “Site Information Forms” link located on the lobby page displays pertinent information on the sites/facilities that your school affiliates with for clinical placements.
- To view available information, identify the desired site and click “View” located in the fifth column under submitted.
- Please note: “In progress” forms are not accessible to students; only “submitted” forms are accessible to students.

APPENDIX C: Audiology Clinic Practicum Schedule form

Date: _____

AUDIOLOGY PRACTICUM ASSIGNMENT

Graduating-Semester/Yr: _____

Name: _____ ID#: _____ Advisor: _____

Advisors Phone #: _____

Phone #: _____ E-mail: _____

Course #: #512 #515 #455 (UG) AR Concentration: Yes No

Credits: _____

	Monday	Tuesday	Wednesday	Thursday	Friday
8:00					
8:30					
9:00					
9:30					
10:00					
10:30					
11:00					
11:30					
12:00					
12:30					
1:00					
1:30					
2:00					
2:30					
3:00					
3:30					
4:00					
4:30					
5:00					
5:30					
6:00					
6:30					

List your approximate accrued hours.

DX: Peds _____ Adults _____

Amp: Peds _____ Adults _____

Open Clinic: _____

CHS: _____ (total)

Sign Lang Competency: _____

Special requests: AP: _____

ABR: _____ **Infants:** _____

Off-site: Hosp: _____ ENT: _____

School: _____ **TSD:** _____

Au.D. Private Practice: _____

Other: _____

Pre-requisites:

- _____ 1. 25 observation hours
- _____ 2. Aural Rehab prior to CHS
- _____ 3. Audiology II prior to Clinic
- _____ 4. Current Liability Insurance
- _____ 5. CPR
- _____ 6. TB Test
- _____ 7. Hepatitis

APPENDIX D: Supervision Requirements and Medicare/Medicaid

ASHA's Response to Medicare Part B Reimbursement of Student Services

Background

The Center for Medicare & Medicaid Services (CMS) has consistently maintained that only qualified professionals may provide services under Medicare guidelines. A clarification of the policy specifically addressed student involvement with patients receiving Medicare Part B services. The purpose of this document is to suggest some strategies by which student clinical education can occur in facilities which provide Medicare Part B services and which adhere to CMS's recent interpretation of existing policy.

[**Note regarding 4th year externships:** A 4th year AuD student meets the CMS definition of a "qualified professional" if, and only if, the 4th year AuD student meets ALL of the following requirements: 1) possess at least a Master's Degree; 2) has a passing score on the audiology Praxis examination; and 3) has a provisional state audiology license. In states that offer provisional licensure for 4th year Au.D. students, having this provisional license along with a Master's degree, and a passing Praxis score will allow a 4th year student to see Medicare patients without 100% supervision. All students who graduate from the UTHSC AuD program earn a Master's degree in audiology in May of their second year in the program. In addition, students are expected to take and pass the Praxis exam prior to starting their 4th-year externship. Finally, **Tennessee offers provisional licensure** as do other states. Fourth year preceptors in other states should familiarize themselves with state licensure laws related to this issue to determine if AuD students can meet all CMS requirements for independent practice.]

ASHA's Council for Clinical Certification (CFCC) and the Council for Academic Accreditation (CAA) have provided the following responses to some of the questions commonly asked by academic programs and clinic externship sites.

1. How can reimbursable services be structured to include student participation?

Based on the written clarification and dialogue with CMS personnel, Medicare Part B evaluation and treatment services must be conducted by a qualified practitioner (i.e. an individual who is licensed in the state to provide services as a speech-language pathologist or audiologist). The qualified practitioner must be clearly identifiable as

the responsible professional within any session when services are delivered. The qualified practitioner (preceptor) must be present for the entire session (100% supervision). However, a student may assist in the delivery of services or participate in the delivery of services at the direction of the qualified practitioner. The student participation would occur in an interaction best described as a triad, among patient, preceptor, and student. If the student is participating in the provision of services, the preceptor must be present in the room and guiding the student in service delivery. This interpretation establishes an apprenticeship model for clinical education and is more rigorous than the requirement for “line-of-sight” supervision of students for reimbursement of services under Medicare Part A.

2. How many clock hours can be counted?

This is a training issue that is considered under the auspices of graduate programs and ASHA accreditation and certification standards. Student clock hours can be awarded under current ASHA guidelines as long as the student is actively participating in the direct delivery of services. Even though the supervisor is directing or assisting the student, clock hours may be awarded for the entire patient encounter.

3. How can training programs encourage Medicare facilities to take students for practicum purposes?

Those responsible for placing students in practicum sites may wish to suggest to facilities that there is a critical need to ensure that a pool of adequately trained professionals be available to fill staff vacancies in the future. The only means by which students in training can become familiar with facilities providing clinical services of Medicare Part B patients is to have experience with their population under the guidance of current members of the professions. In addition, the opportunity to teach future professional provides the practitioner with a means to increase his or her own professional development. Finally, teaching facilities carry considerable respect within a community and may reasonably expect this recognition to result in increased caseloads. While promoting student training to facilities with Medicare Part B clients, academic program directors should also be prepared to assist supervisors in developing skills for supervision within the context of the apprenticeship model necessitated by CMS’s recent clarification of coverage of student services under Medicare Part B.

APPENDIX E: Professional Expectations

Failure to adhere to the ASHA Code of Ethics, AAA Code of Ethics, and HIPAA guidelines and to the *items below (1,2,3,7,8,10) will result in your immediate dismissal from the clinic. Failure to adhere to the remaining behaviors will have a negative impact on your grade (e.g. reduced by one letter grade) and may prevent you from continuing in the clinic the following semester.

	Midterm		Final	
	Absent	Present	Absent	
1. *Engages in professional behaviors in all classroom and clinical encounters.	___	<u>Present</u>	___	___
2. *Maintains professional appearance and conduct appropriate for clinical setting and responsibilities.	___	_____	___	___
3. *Maintains professional relationships in all interactions and respects all aspects of patient confidentiality.	___	_____	___	___
4. Is punctual for all appointments; follows established protocol for cancellations and absences from clinic.	___	_____	___	___
5. Prepares physical environment before and after clinical session; follows universal infection precautions.	___	___	___	___
6. Completes chart reviews/lesson plans as expected.	___	_____	___	___
7. *Completes all assignments/paperwork in timely fashion.			___	___
8. *Understands the legal implications of all documentation			___	___
9. *Follows departmental guidelines regarding checkout and return of charts and materials.	___	___	___	___
10. Takes responsibility for researching evidence for assessing and treating individuals with communication disabilities.	___	_____	___	___
11. Provides documentation of CPR training, HIPAA & TB test			___	___
12. Takes responsibility for researching/gathering materials			___	___

and preparing instrumentation to plan and implement clinical procedures.

I have received information to and have access to the **Audiology Handbook** with further explains the above expectations. I have completed the on-line HIPAA training. I understand the implications of the above listed statements.

Student: _____

Faculty Member: _____

Date: _____

APPENDIX F: REQUEST FOR RELEASE FROM CLINICS

The University of Tennessee Health Science Center

Hearing and Speech Center UT

Conference Center

Request for Release from Clinic

(Due two weeks prior to leave)

Student: _____

Date(s) requested: _____

Reason for absence: _____

Substitute student: _____

Signature of Student

Date

Signature of Substitute

Date

Signature of Supervisor

Date

APPENDIX G: UTHSC Audiology Contact Information

Phone Numbers

Department Administrative Office: 865-974-5019
Audiology Clinic Appointment Desk: 865-974-5453
Audiology Clinic Fax: 865-974-1792

Audiology Administrators & Academic Faculty Listing

Chair, Department of Audiology & Speech Pathology

Professor – Audiology

Ashley Harkrider, Ph.D.

Office: Administrative Suite, UT Conference Center

Office Phone: 865-974-1810

aharkrid@uthsc.edu

Program Director – Audiology

Professor – Audiology

Patrick Plyler, Ph.D.

Office: Administrative Suite, UT Conference Center

Office Phone: 865-974-7588

pplyler@uthsc.edu

Director of Clinical Education – Audiology

Audiology Clinic Director

Professor - Audiology

Saravanan Elangovan, Ph.D., CCC-A

Office: B062 UT Conference Center

Office Phone: 865-974-3319

selangova@uthsc.edu

Professor – Audiology

Mark Hedrick, Ph.D., CCC-A

Office: UT Conference Center

Office Phone: 865-974-8105

mhedric1@uthsc.edu

Associate Professor – Audiology

James Lewis, Au.D., Ph.D., CCC-A

Office: UT Conference Center

Office Phone: 865-974-0354

jdlewis@uthsc.edu

Assistant Professor – Audiology

Kelsey Klien, Au.D., Ph.D., CCC-A
Office: UT Conference Center
Office Phone: 865-974-1793
kklien@uthsc.edu

Audiology Clinic Faculty Listing

Coordinator of Vestibular Clinic

Professor - Audiology

Steven Doettl, Au.D., Ph.D., CCC-A
Office: UT Conference Center
Office Phone: 865-974-3764
sdoettl@uthsc.edu

Coordinator of Tinnitus Clinic

Assistant Professor - Audiology Brittany
Grayless, Au.D., CCC-A
Office: UT Conference Center Office Phone:
865-974-9076
brinehar@uthsc.edu

Coordinator of Hearing Aid Clinic

Assistant Professor - Audiology

Jennifer Hausladen, Au.D., CCC-A
Office: UT Conference Center Office Phone:
865-974-9122
jhauslad@uthsc.edu

Coordinator of Cochlear Implant Clinic

Associate Professor - Audiology

Elizabeth Humphrey, Au.D., CCC-A
Office: UT Conference Center Office Phone:
865-974-2548
humphre1@uthsc.edu

Coordinator of Auditory Processing Clinic

Professor - Audiology

Erin Plyler, Au.D., CCC-A
Office: UT Conference Center
Office Phone: 865-974-3765
erinp@uthsc.edu

Coordinator of Pediatric Clinic

Professor - Audiology

Kelly Yeager, Au.D., CCC-A
Office: UT Conference Center
Office Phone: 865-974-1799
kyeager@uthsc.edu

Coordinator of Pediatric Amplification Clinic

Assistant Professor – Audiology

Micayla Sayers, Au.D., CCC-A
Office: UT Conference Center
Office Phone: 865-974-4652
msayers@uthsc.edu

Department and Clinic Liaison

Julie Beeler, M.S., CCC-A/SLP
Office: UT Conference Center Office Phone: 865-974-1592
jbeeler8@uthsc.edu

Department Business Manager

Kalyan Barton, DHA

Office: UT Conference Center

Office Phone: 865-974-1778

kbarto13@uthsc.edu