The University of Iowa Department of Communication Sciences and Disorders, Au.D. Program Student Evaluation Form

2017 ASHA CAA Standard 3.1A and 2020 ASHA CFCC Standard II

CFCC competencies are embedded within the CAA competences and are denoted in parentheses.

Use Description of Student Clinical Competencies – 2017 ASHA CAA Standard 3.1A and 2020 ASHA CFCC Standard II as a reference when evaluating your student. This document can be found at the end of this survey. If you have questions regarding the clinical skill requirements or how to evaluate your student, please contact the Director of Clinical Education in Audiology at The University of Iowa, Department of Communication Sciences and Disorders.

1

Response Required

Student:	Enter a response
Clinical Instructor:	Enter a response
Clinical Site:	Enter a response

2

Overall Student Performance: Rate the student's overall performance as satisfactory or unsatisfactory based on the descriptions below.

<u>Satisfactory</u> – Student demonstrates expected skills in the area based on clinical experiences to date and is expected to be able to function as an effective, well-educated and competent clinician in this area when the student begins independent practice as a professional in the field. <u>Unsatisfactory</u> – Student does not demonstrate expected skills in this area based on clinical experiences to date and is not expected to be able to function as an effective, well-educated and competent clinician in this area when the student begins independent practice as a professional in the field.

Response Required

Select Option

Use the following rating scale to answer the questions below.

- 1 = Strongly Disagree with the statement
- 2 = Disagree with the statement
- 3 = Neutral
- 4 = Agree with the statement
- 5 = Strongly Agree with the statement

Response Required

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
The student successfully met the expectations of the placement during this review interval.	0	0	0	0	Ο
The student demonstrated the knowledge and skill base necessary to succeed in the placement during this review interval, or, in the case of the final review of a 4th year extern, to begin professional practice in the field.	Ο	Ο	Ο	Ο	Ο
The student demonstrated the ability to quickly learn and apply new clinical skills related to the placement during this review interval, or, in the case of the final review of a 4th year extern, necessary to begin practice in the field.	Ο	Ο	Ο	Ο	0
The student demonstrated appropriate professionalism during this review interval, or, in the case of the final review of a 4th year extern, to begin practice in the field.	0	0	0	Ο	0

4

Please use the following rating scale to indicate how would you rank the student relative to others with the same similar experience.

1 = Poor

- 2 = Below Average
- 3 = Average
- 4 = Strong
- 5 = Outstanding
- Response Required

	1 - Poor	2 - Below Average	3 - Average	4 - Strong	5 - Outstanding
Knowledge Base	Ο	Ο	0	Ο	Ο
Clinical skills	Ο	Ο	0	Ο	Ο
Professionalism	0	Ο	0	Ο	0

5

Comments regarding the student's overall performance:

Enter a response

6

Comments including suggestions that we should consider to better prepare our students for a placement at your site:

Enter a response

Clinical Skill Competency Ratings:

Please rate your student for clinical areas in which the student participated using the rating scale below. Leave areas that are not applicable blank.

Competency Ratings:

- 1. <u>Competency absent</u> Student is unable to demonstrate skill. Modeling and repeated verbal/written instruction do not result in an improvement of the skill.
- Competency emerging Student is unable to demonstrate skill without modeling and direct verbal instruction from the clinical instructor. Student
 does not independently recognize strengths and weaknesses, but understands them if pointed out by clinical instructor. Modeling and direct verbal
 instruction result in an improvement of the skill.
- 3. <u>Competency present</u> Student is able to demonstrate skill; however, skill needs further development. Clinical instructor monitoring is required except for routine cases. The clinical instructor is present most of the time to provide verbal guidance without modeling. Student independently recognizes strengths and weaknesses, but requires input from the clinical instructor to make appropriate clinical decisions. Modeling and verbal/written instruction result in generalization of the skill.
- 4. <u>Competency developed</u> Student demonstrates skill consistently. Monitoring by the clinical instructor may be necessary sometimes, but only in difficult or uncommon cases. Student understands strengths and weaknesses to the extent that the student can use critical thinking to make appropriate clinical decisions and knows when to seek input from the clinical instructor.
- 5. <u>Competency well developed</u> Student demonstrates skill consistently across patients and situations. Student uses critical thinking to make clinical decisions and can articulate them to the clinical instructor who is used as a consultant.

PROFESSIONAL PRACTICE (Standard 3.1.1A)

•	Response	Required
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	1 - Competency absent	2 - Competency emerging	3 - Competency present	4 - Competency developed	5 - Competency well developed
Accountability	0	0	0	0	0
Additional Comments					
Integrity Additional Comments	Ο	Ο	Ο	Ο	0
Concern for Individuals Served	0	0	0	0	0
Additional Comments					
Cultural Competence (A8, A9, A11)	0	0	0	0	0
Additional Comments					
Effective Communication Skills (A12)	0	0	0	0	0
Additional Comments					
Clinical Reasoning Additional Comments	Ο	Ο	0	Ο	Ο
Evidence-Based Practice (A13)	0	0	0	0	0

	1 - Competency absent	2 - Competency emerging	3 - Competency present	4 - Competency developed	5 - Competency well developed
Additional Comments					
Collaborative Practice	Ο	0	0	0	0
Additional Comments					
Professional Duty (A5, A6, A17)	0	0	0	0	0
Additional Comments					

	1 - Competency absent	2 - Competency emerging	3 - Competency present	4 - Competency developed	5 - Competency well developed
Screen for the hearing loss and its impact (B5, B6, B8, B9)	0	0	0	0	0
Additional Comments					
Screen for tinnitus and its impact	0	0	0	0	Ο
Additional Comments					
Screen for speech/language disorders and/or their impact (B5, B10, B11, B12, B13)	Ο	0	0	0	Ο
Additional Comments					
Screen for cognitive disorders and/or their impact (B10, B13) Additional Comments	Ο	Ο	Ο	Ο	0
Screen for vestibular disorders and/or their impact	Ο	Ο	0	Ο	Ο
Additional Comments					
Promote prevention of hearing loss and/or its impact (B1, B2, B3, B4)	0	0	0	0	0

	1 - Competency absent	2 - Competency emerging	3 - Competency present	4 - Competency developed	5 - Competency well developed			
Additional Comments	Additional Comments							
Promote prevention of tinnitus and/or its impact (B1, B3)	0	0	0	0	0			
Additional Comments								
Promote prevention of speech/language disorders and/or their impact Additional Comments	Ο	Ο	Ο	Ο	0			
Promote prevention of vestibular disorders and/or their impact (B1)	Ο	0	0	0	Ο			
Additional Comments								
Participate in an occupational hearing conservation program (B4, B7)	Ο	Ο	Ο	0	Ο			
Additional Comments								
Administer programs related to prevention and identification (B2, B4, B14)	0	0	0	0	0			
Additional Comments								

ASSESSMENT (Standards 3.1.4A 3.1.5A 3.1.6A) GENERAL

(to be completed for clinical experiences involving **all** types of assessment)

	1 - Competency absent	2 - Competency emerging	3 - Competency present	4 - Competency developed	5 - Competency well developed
Evaluate information from appropriate sources, obtain a case history and patient narrative (C1, C2, C3)	0	0	Ο	0	Ο
Additional Comments					
Administer appropriate assessment measures	0	0	0	0	Ο
Additional Comments					
Determine contextual factors that may facilitate or impede an individual's participation in everyday life	Ο	Ο	Ο	Ο	Ο
Additional Comments					
Document evaluation procedures and results appropriately	Ο	0	0	0	Ο
Additional Comments					
Interpret results appropriately (C4, C10)	0	Ο	Ο	Ο	Ο
Additional Comments					

	1 - Competency absent	2 - Competency emerging	3 - Competency present	4 - Competency developed	5 - Competency well developed
Generate appropriate recommendations and referrals	0	0	0	0	0
Additional Comments					
Provide counseling to facilitate understanding of the disorder	0	0	0	0	0
Additional Comments					
Maintain records in a manner consistent with legal and professional standards Additional Comments	Ο	Ο	Ο	Ο	Ο
Effectively communicate results and recommendations orally and in writing	0	0	0	0	0
Additional Comments					
Assign the correct Common Procedural Terminology (CPT) code(s) and the correct International Classification of Diseases (ICD) code(s) Additional Comments	Ο	Ο	Ο	Ο	Ο

ASSESSMENT (Standards 3.1.4A 3.1.5A 3.1.6A) HEARING - General

(to be completed for all clinical experiences involving assessment of hearing)

	1 - Competency absent	2 - Competency emerging	3 - Competency present	4 - Competency developed	5 - Competency well developed	
Perform an otoscopic examination	0	0	0	0	0	
Additional Comments						
	-	-	-	-		
Cerumen management	0	0	0	0	0	
Additional Comments						

ASSESSMENT (Standards 3.1.4A 3.1.5A 3.1.6A) HEARING - Behavioral/Psychophysical Measures

(to be completed for clinical experiences involving assessment of hearing)

	1 - Competency absent	2 - Competency emerging	3 - Competency present	4 - Competency developed	5 - Competency well developed
Puretone air and bone conduction (C8)	0	0	0	0	0
Additional Comments					
Masking Additional Comments	Ο	Ο	Ο	Ο	Ο
Conditioned play audiometry	0	0	0	0	0
Additional Comments					
VRA Additional Comments	0	0	0	0	0
Speech audiometry (C9)	0	0	0	0	0
Additional Comments					
Tests for nonorganic hearing loss (C13)	Ο	0	0	Ο	0
Additional Comments					

	1 - Competency absent	2 - Competency emerging	3 - Competency present	4 - Competency developed	5 - Competency well developed
Assessment of tolerance to determine presence of hyperacusis (C6)	Ο	Ο	0	0	Ο
Additional Comments					
Central auditory processing testing (C15)	0	0	0	Ο	0
Additional Comments					
Assessment of challenges listeners face in real world	Ο	Ο	0	0	Ο
Additional Comments					
Self-assessment measures of communication	Ο	0	0	0	Ο
Additional Comments					
Scales of communication function for communication partners	Ο	0	0	0	0
Additional Comments					

ASSESSMENT (Standards 3.1.4A 3.1.5A 3.1.6A) HEARING - Immittance (C7)

(to be completed for clinical experiences involving assessment of hearing)

	1 - Competency absent	2 - Competency emerging	3 - Competency present	4 - Competency developed	5 - Competency well developed
Tympanometry	0	0	0	0	0
Additional Comments					
Acoustic reflex thresholds and decay	0	0	0	0	0
Additional Comments					
Eustachian tube function	0	0	0	0	0
Additional Comments					

ASSESSMENT (Standards 3.1.4A 3.1.5A 3.1.6A) HEARING - Physiological and Electrophysiological Measures (C11)

(to be completed for clinical experiences involving assessment of hearing)

	1 - Competency absent	2 - Competency emerging	3 - Competency present	4 - Competency developed	5 - Competency well developed
Otoacoustic emissions (C12)	Ο	0	0	0	Ο
Additional Comments					
Electrocochleography	0	0	0	0	0
Additional Comments					
Auditory brainstem response for frequency specific air and bone conduction thresholds	0	0	0	0	0
Additional Comments					
Auditory brainstem response for neural diagnostic purposes with click stimuli Additional Comments	Ο	Ο	Ο	Ο	Ο

ASSESSMENT (Standards 3.1.4A 3.1.5A 3.1.6A) TINNITUS

(to be completed for clinical experiences involving assessment of tinnitus)

	1 - Competency absent	2 - Competency emerging	3 - Competency present	4 - Competency developed	5 - Competency well developed
Perform assessment to characterize tinnitus, including severity (C5)	0	0	0	0	0
Additional Comments					
Assess the impact of tinnitus on patient's activities of daily living and quality of life (C5)	0	0	Ο	Ο	0
Additional Comments					

ASSESSMENT (Standards 3.1.4A 3.1.5A 3.1.6A) VESTIBULAR

(to be completed for clinical experiences involving assessment of vestibular disorders)

	1 - Competency absent	2 - Competency emerging	3 - Competency present	4 - Competency developed	5 - Competency well developed
Perform balance system assessment and determine the need for balance rehabilitation (C14)	0	0	0	0	0
Additional Comments					
Electronystagmography ENG)/Videonystagmography (VNG)	Ο	Ο	Ο	0	0
Additional Comments					
Ocular vestibular-evoked myogenic potential (oVEMO)	0	0	0	0	0
Additional Comments					
Cervical vestibular evoked myogenic potential (cVEMP)	0	0	0	0	0
Additional Comments					

INTERVENTION (Standard 3.1.6A) GENERAL

(to be completed for all clinical experiences involving **all** types of intervention)

	1 - Competency absent	2 - Competency emerging	3 - Competency present	4 - Competency developed	5 - Competency well developed
Develop and implement appropriate, individualized treatment plans (E1, E2, E6, E7)	Ο	0	0	0	0
Additional Comments					
Counsel individuals served, families, and other appropriate individuals regarding treatment options/prognosis (D1, D2, D3, D4, D5, D6, D7, D8, D9)	Ο	Ο	Ο	Ο	Ο
Assess efficacy of interventions, monitor and summarize treatment progress and outcomes (E28)	Ο	0	Ο	0	Ο
Additional Comments					
Communicate results, recommendations, and progress in a culturally sensitive and age- appropriate manner (E3) Additional Comments	Ο	Ο	Ο	Ο	Ο

	1 - Competency absent	2 - Competency emerging	3 - Competency present	4 - Competency developed	5 - Competency well developed
Document treatment procedures/results and maintain records in a manner consistent with legal/professional standards	Ο	Ο	Ο	0	Ο
Additional Comments					
Serve as an advocate for individuals served, their families, and other appropriate individuals	Ο	Ο	Ο	Ο	0
Additional Comments					

INTERVENTION (Standard 3.1.6A) HEARING

(to be completed for clinical experiences involving intervention for hearing disorders)

	1 - Competency absent	2 - Competency emerging	3 - Competency present	4 - Competency developed	5 - Competency well developed
Conduct audiologic (re)habilitation to maximize outcomes	0	0	0	0	0
Additional Comments					
Provide communication training (e.g., speechreading, auditory training, communication strategies) to enhance receptive communication (E21)	Ο	Ο	Ο	Ο	Ο
Provide assessment of communication partners' (family members, coworkers, others) perception of/reactions to communication difficulties and effects on relationships. (E4, E5)	0	0	0	0	Ο
Additional Comments					
Identify effects of hearing problems and subsequent communication difficulties on interpersonal communication including impact on marital dyads, family dynamics, work relationships, etc. (E5)	Ο	Ο	Ο	Ο	Ο

	1 - Competency absent	2 - Competency emerging	3 - Competency present	4 - Competency developed	5 - Competency well developed
Cerumen management	Ο	Ο	0	Ο	0
Additional Comments					

INTERVENTION (Standard 3.1.6A) HEARING AIDS

(to be completed for clinical experiences involving intervention using hearing aids)

	1 - Competency absent	2 - Competency emerging	3 - Competency present	4 - Competency developed	5 - Competency well developed
Perform hearing aid/assistive listening device/sensory aid assessment, selection and fitting (E8)	Ο	Ο	0	0	0
Additional Comments					
Define appropriate device parameters for the user (E9)	Ο	Ο	0	Ο	0
Additional Comments					
Verify that amplification devices are functioning appropriately (E10)	0	0	0	0	0
Additional Comments					
Conduct real-ear measurements and use patient input to set devices accurately (E11)	Ο	Ο	Ο	Ο	Ο
Incorporate soundfield functional gain testing when fitting osseointegrated and other implantable devices (E12)	Ο	0	0	0	0
Additional Comments					

	1 - Competency absent	2 - Competency emerging	3 - Competency present	4 - Competency developed	5 - Competency well developed
Conduct individual and/or group hearing aid, assistive listening device, and sensory aid orientations (E13) Additional Comments	0	0	0	0	Ο
Use validation measures and patient input to ensure benefit is obtained	0	0	0	0	0
Additional Comments					

INTERVENTION (Standard 3.1.6A) HEARING ASSISTIVE TECHNOLOGY

(to be completed for clinical experiences involving intervention using hearing assistive technology)

	1 - Competency absent	2 - Competency emerging	3 - Competency present	4 - Competency developed	5 - Competency well developed
Identify the need for/fit appropriate hearing assistive technology systems (HATS) (E17)	0	0	0	0	0
Additional Comments					
Provide HATS for those requiring access in public, private and work settings (E18) Additional Comments	Ο	Ο	Ο	Ο	0
Ensure compatibility of HATS in real world environments and when used in conjunction with hearing aids, cochlear implants, or other devices (E19)	Ο	0	0	0	Ο
Additional Comments					
Provide services/make appropriate referral for use/installation of multi- user HATS (e.g., systems in theaters, churches, schools) (E20) Additional Comments	0	Ο	0	Ο	0

INTERVENTION (Standard 3.1.6A) COCHLEAR IMPLANTS

(to be completed for clinical experiences involving intervention using cochlear implants)

	1 - Competency absent	2 - Competency emerging	3 - Competency present	4 - Competency developed	5 - Competency well developed
Identify individuals who are candidates for cochlear implantation and other implantable devices (E14)	0	0	0	0	0
Additional Comments					
Counsel cochlear implant candidates and their families regarding the benefits/limitations of cochlear implants (E15) Additional Comments	Ο	Ο	Ο	Ο	Ο
Provide programming, fitting adjustments, and post-fitting counseling for cochlear implant patients (E16)	0	Ο	0	0	Ο
Additional Comments					

INTERVENTION (Standard 3.1.6A) PEDIATRICS - (Re)habilitation

(to be completed for clinical experiences involving intervention pediatric patients)

	1 - Competency absent	2 - Competency emerging	3 - Competency present	4 - Competency developed	5 - Competency well developed
Select age/developmentally appropriate amplification devices and HATS (F5)	0	0	0	0	0
Additional Comments					
Provide intervention to ensure age/developmentally appropriate speech and language development (F8) Additional Comments	Ο	Ο	Ο	Ο	Ο
Administer self- assessment, parental, and educational assessments to monitor treatment benefit and outcome (F9)	0	0	0	0	0
Additional Comments					

INTERVENTION (Standard 3.1.6A) **PEDIATRICS - Counseling and Education**

(to be completed for clinical experiences involving intervention pediatric patients)

	1 - Competency absent	2 - Competency emerging	3 - Competency present	4 - Competency developed	5 - Competency well developed
Counsel parents to facilitate their acceptance of and adjustment to a child's diagnosis of hearing impairment (F1)	Ο	Ο	0	0	0
Additional Comments					
Counsel parents to resolve their concerns and facilitate their decision making regarding early intervention, amplification, education, and related intervention options for children with hearing impairment (F2)	Ο	Ο	Ο	Ο	Ο
Educate parents regarding the potential effects of hearing impairment on speech-language, cognitive and social-emotional development and functioning (F3)	Ο	Ο	Ο	Ο	Ο
Additional Comments					
Educate parents regarding	0	0	0	0	0
communication mode options, educational laws and rights (F4) Additional Comments	Ŭ	Ŭ	Ŭ	U	U

	1 - Competency absent	2 - Competency emerging	3 - Competency present	4 - Competency developed	5 - Competency well developed
Instruct parents/children regarding the daily use, care, and maintenance of amplification devices and HATS (F6)	Ο	0	0	0	0
Additional Comments					
Plan and implement parent education/support programs (F7) Additional Comments	Ο	Ο	0	Ο	0
Counsel pediatric patients with hearing impairments (F11)	0	0	0	0	0
Additional Comments					

INTERVENTION (Standard 3.1.6A) PEDIATRICS - Educational Support

(to be completed for clinical experiences involving intervention pediatric patients)

	1 - Competency absent	2 - Competency emerging	3 - Competency present	4 - Competency developed	5 - Competency well developed
Provide ongoing support for children by participating in IEP or IFSP processes (F10)	0	0	0	0	Ο
Additional Comments					
Evaluate acoustics of classroom settings and provide recommendations for modifications (B4, F12) Additional Comments	Ο	Ο	Ο	Ο	Ο
Provide interprofessional consultation and/or team management (F13)	Ο	Ο	0	0	0
Additional Comments					

INTERVENTION (Standard 3.1.6A) TINNITUS

(to be completed for clinical experiences involving intervention for tinnitus)

	1 - Competency absent	2 - Competency emerging	3 - Competency present	4 - Competency developed	5 - Competency well developed
Perform assessment of devices used to manage tinnitus	Ο	Ο	Ο	0	Ο
Additional Comments					
Counsel patients regarding the audiologic significance of tinnitus and factors that cause or exacerbate tinnitus (E22) Additional Comments	Ο	Ο	Ο	Ο	Ο
Counsel patients to promote the effective use of ear-level sound generators/environmental sounds to manage tinnitus (E23)	Ο	0	0	0	0
Additional Comments					
Counsel patients to facilitate identification and adoption of effective coping strategies (E24) Additional Comments	Ο	Ο	Ο	Ο	Ο
Monitor/assess the use of ear-level and/or environmental sound generators and the use of adaptive coping strategies (E25)	Ο	Ο	Ο	Ο	Ο

	1 - Competency absent	2 - Competency emerging	3 - Competency present	4 - Competency developed	5 - Competency well developed
Additional Comments					

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INTERVENTION (Standard 3.1.6A) VESTIBULAR

(to be completed for clinical experiences involving intervention for vestibular disorders)

	1 - Competency absent	2 - Competency emerging	3 - Competency present	4 - Competency developed	5 - Competency well developed
Provide canalith repositioning for patients diagnosed with benign paroxysmal positional vertigo (BPPV) (E26)	0	0	0	0	Ο
Additional Comments					
Provide intervention for central and peripheral vestibular deficits (E27)	Ο	Ο	Ο	Ο	Ο
Additional Comments					

The University of Iowa Department of Communication Sciences and Disorders, Au.D. Program Description of Student Clinical Competencies

Adapted from 2017 ASHA CAA Standard 3.1A and 2020 ASHA CFCC Standard II

CFCC competencies are embedded within the CAA competences and are denoted in red.

Expected time frame for competency level 4 is noted in green.

Use the descriptions provided in this document as a guide when completing student evaluations.

PROFESSIONAL PRACTICE (Standard 3.1.1A)

Accountability (Year 1/Spring Semester)

- · Practice in a manner that is consistent with the professional codes of ethics and the scope of practice documents for the profession of audiology
- · Adhere to federal, state, and institutional regulations and policies that are related to care provided by audiologists
- · Understand the professional's fiduciary responsibility for each individual served
- Understand the various models of delivery of audiologic services (e.g., hospital, private practice, education, etc.)
- · Use self-reflection to understand the effects of his or her actions and make changes accordingly
- · Understand the health care and education landscapes and how to facilitate access to services
- · Understand how to work on interprofessional teams to maintain a climate of mutual respect and shared values

Integrity (Year 1/Fall Semester)

- Use the highest level of clinical integrity with each individual served, family members, caregivers, other service providers, students, other consumers, and payers
- Understand and use best professional practices as they relate to maintenance of confidentiality for all individuals in accordance with requirements
 of the Health Insurance Portability and Accountability Act (HIPAA) and the Family Educational Rights and Privacy Act (FERPA)

Concern for Individuals Served (Year 1/Fall Semester)

- · Demonstrate genuine interest and respect for the clinic and patients
- Show evidence of care, compassion, and appropriate empathy during
- interactions with each individual served, family members, caregivers, and any others involved in care
- Encourage active involvement · of the individual in his or her own care

Cultural Competence (Year 1/Summer Semester)

- Understand the impact of his or her own set of cultural and linguistic variables on delivery of effective care (these include, but are not limited to, variables such as age, ethnicity, linguistic background, national origin, race, religion, gender, and sexual orientation) (A8)
- Understand the impact of the cultural and linguistic variables of the individuals served on delivery of effective care (these include, but are not limited to, variables such as age, ethnicity, linguistic background, national origin, race, religion, gender, and sexual orientation) (A8)
- Understand the interaction of cultural and linguistic variables between the caregivers and the individual served in order to maximize service delivery
 (A8)
- Understand the characteristics of the individuals served (e.g., age, demographics, cultural and linguistic diversity, educational history and status, medical history and status, cognitive status, physical and sensory abilities) and how they relate to clinical services (A9)
- Understand the role of manual and other communication systems and the use of sign and spoken interpreters/transliterators/translaters and assistive technology to deliver the highest quality care (A11)

Effective Communication Skills (Year 1/Summer Semester)

- Use all forms of expressive communication-including written, spoken, and nonverbal communication-to interact and communicate effectively with individuals served, family members, caregivers, professionals and any others involved in the interaction to ensure the highest quality of care is delivered in a culturally competent manner (A12)
- Communicate-with patients, families, communities, interprofessional team colleagues, and other professionals caring for individuals-in a responsive and responsible manner that supports a team approach to maximize care outcomes
- · Effectively engage infants and children
- · Use reinforcement effectively to manage behavior when working with children

Clinical Reasoning (Year 1/Summer Semester)

- · Use valid scientific and clinical evidence in decision making regarding assessment and intervention
- · Apply current knowledge, theory, and sound professional judgment in approaches to intervention and management of individuals served
- · Use clinical judgment and self-reflection to enhance clinical reasoning

Evidence-Based Practice (Year 1/Summer Semester)

- Apply evidence-based practice (i.e., scientific evidence, clinical expertise, and patient perspectives) for accurate and effective clinical decision making (A13)
- · Access sources of information to support clinical decisions regarding assessment and intervention and management
- Critically evaluate information sources and apply that information to appropriate populations.
- · Integrate evidence in the provision of audiologic services

Collaborative Practice (Year 1/Summer Semester)

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

Professional Duty (Year 1/Summer Semester)

- Conduct oneself professionally including interacting in a professional manner, demonstrating poise and a confident demeanor, dressing appropriately, taking initiative/being prepared for/following through with all aspects of patient care, being on time
- Maintain and use equipment appropriately including assuring proper calibration (A5)
- Understand and practice the principles of universal precautions to prevent the spread of infectious and contagious diseases, including consistent handwashing and consistently disinfecting clinic and patient equipment (A6)
- Understand and participate in audiology clinic management
- Understand the role of clinical teaching and clinical modeling, as well as supervision of students and other support personnel, including willingness to accept and use feedback from clinical instructors
- Engage in self-assessment to improve his or her effectiveness in the delivery of clinical services
- Understand and use the knowledge of one's own role and the roles of other professionals to appropriately assess and address the needs of the individuals and populations served
- Understand 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 (A17)
- · Understand the roles and importance of professional organizations in advocating for the rights of access to comprehensive audiologic services

IDENTIFICATION AND PREVENTION OF HEARING LOSS, TINNITUS, AND VESTIBULAR DISORDERS (Standard 3.1.3A)

General

Participate in activities that prevent the onset or minimize the impact of loss of auditory system function, loss of vestibular system function, development of tinnitus, and development of communication disorders, including the use of screening tools for functional assessment

Hearing Screening (Year 1/Summer Semester, *Year 3/Spring Semester)

- Use screening protocols, including clinically appropriate and culturally sensitive screening measures, to assess individuals across the lifespan who
 may be at risk for hearing impairment and activity limitation or participation restriction in accordance with established federal and state legislative
 and regulatory requirements. Make appropriate referrals of persons who fail hearing screenings for audiologic/medical evaluation. Apply evidencebased practice, psychometrics and principles of screening. (B6, B8, B9)
- Recognize a concern on the part of medical providers, individuals, caregivers, or other professionals about hearing and/or speech-language problems and/or identifying people at risk to determine a need for hearing screening (B5)
- Participate in occupational hearing conservation programs* (B7)

Vestibular Screening (Year 3/Spring Semester)

- Participate in activities that prevent the onset or minimize the impact of loss of vestibular system function including clinically appropriate and culturally sensitive screening measures, to assess individuals across the lifespan who may be at risk for activity limitation or participation restriction in accordance with established federal and state legislative and regulatory requirements. Make appropriate referrals of persons who fail screenings. Apply evidence-based practice, psychometrics and principles of screening.
- Participate in/administer programs designed to reduce the effects of agents that are toxic to the vestibular system. Apply evidence-based practice, psychometrics and principles of screening, and the use of outcomes measures that are valid and reliable indicators of success.

Speech/Language/Cognition Screening (Year 2/Fall Semester)

 Screen/identify/refer individuals at risk for speech and language impairments, and/or cognitive disorders and other factors affecting communication function, health, education, and/or psychosocial function using clinically appropriate and culturally sensitive screening measures including screening for comprehension and production of language, cognitive and cognitive aspects of communication, speech production skills (e.g., articulation, fluency, resonance, and voice characteristics) (B10, B11, B12, B13)

Prevention Programs (Year 2/Spring Semester, *Year 3/Spring Semester)

- Participate in/administer programs designed to reduce the effects of noise exposure, tinnitus, and agents that are toxic to the auditory system. Apply evidence-based practice, psychometrics and principles of screening, and the use of outcomes measures that are valid and reliable indicators of success. (B3, B14)
 - Educate the public and those at risk on prevention, potential causes, effects, and treatment of congenital and acquired auditory and vestibular disorders (B1)
 - Establish relationships with professionals and community groups to promote hearing wellness for all individual across the life span (B2)
 - Utilize instrument(s) (i.e. sound level meter, dosimeter, etc.) to determine ambient noise levels and provide strategies for reducing noise and reverberation time in educational, occupational, and other settings* (B4)
- Evaluate the success of screening and prevention programs through the use of performance measures (i.e., test sensitivity, specificity, and positive predictive value)

ASSESSMENT OF THE STRUCTURE AND FUNCTION OF THE AUDITORY AND VESTIBULAR SYSTEMS AND THE IMPACT OF CHANGES IN THE STRUCTURE AND FUNCTION OF THESE SYSTEMS (Standard 3.1.4A, 3.1.5A)

General (Year 1/Summer Semester, *Year 3/Spring Semester)

- Assess the structure, function and impact of changes in structure and function of the auditory and vestibular systems to identify disorders and plan for (re)habilitation using evidence-based, valid, reliable, clinically appropriate and culturally sensitive assessment measures and techniques which assess functional abilities that include activity limitation and participation restriction including the challenges listeners face in everyday communication situations*
- Evaluate information from appropriate sources, including the patients' medical records, to facilitate assessment planning and identification of
 potential etiological factors (C1, C3)
- Obtain a case history and patient narrative including obtaining appropriate information from patients and their significant others, identifying patients'
 primary concerns and additional concerns, asking questions that are clear and concise, asking appropriate follow up questions based on
 information provided (C2)
- Administer clinically/developmentally appropriate and culturally sensitive assessment measures, and functional assessment tools by choosing them based on language, age, background, cognitive and physical abilities in order to plan for intervention/rehabilitation
- · Determine contextual factors that may facilitate or impede an individual's participation in everyday life
- Document evaluation procedures and results: include appropriate content, organize information effectively, use professional language and appropriate grammar, and complete in appropriate amount of time
- Interpret results of the evaluation to establish type and severity of disorder, including identifying, describing, and differentiating among disorders of the peripheral and central auditory systems and the vestibular system, as well as to determine differential diagnosis and additional procedures to be used* (C4, C10)
- · Generate recommendations and referrals resulting from the evaluation processes
- Provide counseling in a culturally sensitive manner to facilitate understanding of the hearing loss, tinnitus, or balance disorder of the individual being served
- · Maintain records in a manner consistent with legal and professional standards
- · Communicate results and recommendations orally and in writing to the individual being served and other appropriate individual(s)
- · Engage in interprofessional practice to facilitate optimal assessment of the individual being served
- Assign the correct Common Procedural Terminology (CPT) code(s) and the correct International Classification of Diseases (ICD) code(s)
- · Apply the principles of evidence-based practice
- · Select and use outcomes measures that are valid and reliable indicators of success in assessment protocols that are used*

Hearing (Year 1/Summer Semester, *Year 3/Spring Semester)

- · Perform an otoscopic examination: use proper bracing, maintain patient comfort, make an accurate assessment
- · Remove cerumen, when appropriate*
- Perform audiologic assessment (select measures, administer tests, interpret results) using:
 - Behavioral and Psychophysical Measures
 - Puretone air and bone conduction with extended frequency when indicated (C8)
 - Masking (understand when to mask and why, use appropriate protocol) *
 - Conditioned play audiometry*
 - COR/VRA*
- Speech audiometry to determine speech awareness threshold, speech recognition threshold, and word recognition ability as well as to obtain a performance intensity function with standardized speech materials when indicated (C9)
- Tests for nonorganic hearing loss* (C13)
- Assessment of tolerance to determine presence of hyperacusis (C6)
- Central auditory processing testing* (C15)
- · Audiologic assessment using techniques that are representative of the challenges listeners may face in everyday communication situations
- · Self-assessment measures of communication function for individuals across the lifespan and the continuum of care

- · Scales of communication function for communication partners of the individual being served
- Immittance (C7)
 - Single probe tympanometry or wideband reflectance (multi-frequency and multi-component) protocols
 - Ipsilateral and contralateral acoustic reflex thresholds
 - Acoustic reflex decay
 - Eustachian tube function
- Physiological and Electrophysiological Measures* (C11)
 - Otoacoustic emissions (C12)
 - Electrocochleography
 - · Auditory brainstem response for frequency specific air and bone conduction thresholds
 - · Auditory brainstem response for neural diagnostic purposes with click stimuli

Tinnitus (Year 3/Spring Semester)

- Perform assessment to characterize tinnitus, including severity (C5)
- Assess the impact of tinnitus on patient's activities of daily living and quality of life (C5)

Vestibular (Year 3/Spring Semester)

- Perform balance system assessment and determine the need for balance rehabilitation (C14)
 - Electronystagmography ENG)/Videonystagmography (VNG)
 - Ocular vestibular-evoked myogenic potential (oVEMO)
 - Cervical vestibular evoked myogenic potential (cVEMP)

INTERVENTION TO MINIMIZE THE EFFECTS OF CHANGES IN THE AUDITORY AND VESTUBULAR SYSTEMS ON INDIVIDUALS' ABILITIES TO PARTICIPATE IN THEIR ENVIRONMENTS (3.1.6A)

General (Year 2/Fall Semester)

- Develop and implement individualized treatment plans (based on patients' preferences, abilities, communication needs and problems, and related adjustment difficulties) using appropriate data as well as culturally sensitive and age-appropriate management strategies (E7)
 - Engage patients (including, as appropriate, school-aged children/adolescents) and family members in shared decision making regarding treatment goals and options (E6)
 - Engage patients in the identification of their specific communication and adjustment difficulties by eliciting patient narratives and interpreting their and/or caregiver-reported measures (E1)
 - Identify the need and provide for assessment of concomitant cognitive/developmental concerns, sensory-perceptual and motor skills, and other health/medical conditions, as well as participate in interprofessional collaboration to provide comprehensive management and monitoring of all relevant issues (E2)
- · Counsel individuals served, families, and other appropriate individuals regarding prognosis and treatment options
 - Identify the counseling needs of individuals with hearing impairment based on their narratives and results of patient and/or caregiver responses to questionnaires and validation measures (D1)
 - Provide individual, family, and group counseling as needed based on patient and clinical population needs (D2)
 - Facilitate and enhance patients' and their families' understanding, acceptance of, and adjustment to auditory and vestibular disorders, hearing aids, hearing assistive technologies, and/or osseointegrated and other implantable devices (D3, D4)
 - Address the specific interpersonal, psychosocial, educational, and vocational implications of hearing impairment for the patient, family members, and/or caregivers to enhance their well-being and quality of life (D5)
 - Facilitate patients' acquisition of effective communication and coping skills (D6)
 - · Promote patients' self-efficacy beliefs and promote self-management of communication and related adjustment problems (D7)
 - Enhance adherence to treatment plans and optimizing treatment outcomes (D8)
 - Monitor and evaluate patient progress and modify counseling goals and approaches, as needed (D9)
 - Communicate results, recommendations, and progress in a culturally sensitive and age-appropriate manner to appropriate individual(s), as well as respond empathically to patients' and their families' concerns regarding communication and adjustment difficulties to establish a trusting therapeutic relationship (E3)
- Assess efficacy of interventions, monitor and summarize treatment progress and outcomes to ensure treatment benefit and satisfaction (E28). Select and use outcomes measures that are valid and reliable indicators of success in determining the impact of the interventions used to minimize the effects of changes in structure and function of the auditory and vestibular systems.
- Document treatment procedures and results and maintain records in a manner consistent with legal and professional standards;
- Serve as an advocate for individuals served, their families, and other appropriate individuals
- · Apply the principles of evidence-based practice

Hearing (Year 2/Fall Semester, *Year 2/Spring Semester)

- · Conduct audiologic (re)habilitation and engage in interprofessional practice to maximize outcomes for individuals served
- Provide auditory, visual, and auditory-visual communication training (e.g., speechreading, auditory training, listening skills, communication strategies) to enhance receptive communication* (E21)
- · Recommend, dispense/select and fit, as well as service appropriate amplification, prosthetic and assistive devices
- Provide assessment of family members' perception of and reactions to communication difficulties (E4)
- Identify the effects of hearing problems and subsequent communication difficulties on marital dyads, family dynamics and other interpersonal communication functioning (E5)

Hearing aids (Year 2/Fall Semester, *Year 2/Spring Semester)

- Perform hearing aid, assistive listening device, and sensory aid assessment, selection and fitting, including accurately assessing patients' communication needs and their ability to use amplification, choosing appropriate styles, technologies, features for patients, accurately conveying potential benefits and limitations of device use (E8);
- Define appropriate electroacoustic characteristics, maximum output sound-pressure level, and input-output characteristics (E9)
- Verify that amplification devices meet quality control and American National Standards Institute (ANSI) standards (E10)
- Conduct real-ear measurements and use patient input to (a) establish safety, audibility, comfort, and tolerance of speech and sounds in the environment and (b) verify compression, directionality, and automatic noise management performance (E11)
- Incorporate sound field functional gain testing when fitting osseointegrated and other implantable devices* (E12)
- Conduct individual and/or group hearing aid, assistive listening device, and sensory aid orientations, including provision an appropriate information in a manner patients can comprehend, to ensure that patients can use, manage and maintain their instruments appropriately (E13)
- · Use validation measures and patient input to ensure benefit is obtained

Hearing Assistive Technology (Year 3/Spring Semester)

- Identify the need and fit electroacoustically appropriate hearing assistive technology systems (HATS) based on patients 'communication, educational, vocational, and social needs when conventional amplification is not indicated or provides limited benefit (E17)
- Provide HATS for those requiring access in public and private settings or for those requiring necessary accommodation in the work setting, in
 accordance with federal and state regulations (E18)
- Ensure compatibility of HATS when used in conjunction with hearing aids, cochlear implants, or other devices and in different use environments (E19)
- Provide or refer for consulting services in the installation and operation of multi-user systems in a variety of environments (e.g., theaters, churches, schools) (E20)

Cochlear implants (Year 3/Spring Semester)

- Identify individuals who are candidates for cochlear implantation and other implantable devices (E14)
- Counsel cochlear implant candidates and their families regarding the benefits and limitations of cochlear implants to (a) identify and resolve concerns and potential misconceptions and (b) facilitate decision making regarding treatment options (E15)
- Provide programming and fitting adjustments, and post fitting counseling for cochlear implant patients (E16)

Pediatrics (Year 3/Spring Semester)

- · Re(habilitation)
 - Select age/developmentally appropriate amplification devices and HATS to minimize auditory deprivation and maximize auditory stimulation (F5)
 - Provide intervention to ensure age/developmentally appropriate speech and language development (F8)
 - Administer self-assessment, parental, and educational assessments to monitor treatment benefit and outcome (F9)
- Counseling and educating
 - Counsel parents to facilitate their acceptance of and adjustment to a child's diagnosis of hearing impairment (F1)
 - Counsel parents to resolve their concerns and facilitate their decision making regarding early intervention, amplification, education, and related intervention options for children with hearing impairment (F2)
 - Educate parents regarding the potential effects of hearing impairment on speech-language, cognitive and social-emotional development and functioning (F3)
 - Educate parents regarding optional and optimal modes of communication; educational laws and rights, including 504s, individualized education programs (IEPs), individual family service plans (IFSPs) individual health plans; and so forth (F4)
 - Instruct parents and/or children regarding the daily use, care, and maintenance of amplification devices and HATS (F6)
 - Plan and implement parent education/support programs concerning the management of hearing impairment and subsequent communication and adjustment difficulties (F7)
 - Counsel pediatric patients with hearing impairments regarding peer pressure, stigma, and other issues related to psychosocial adjustment, behavioral coping strategies, and self-advocacy skills (F11)
- · Educational support
 - Provide ongoing support for children by participating in EIP or IFSP processes (F10)

- Evaluate acoustics of classroom settings and provide recommendations for modifications (F12)
- Provide interprofessional consultation and/or team management with speech-language pathologists, educators, and other related professionals (F13)

Tinnitus (Year 3/Spring Semester)

- · Perform assessment of devices used to manage tinnitus
 - Counsel patients regarding the audiologic significance of tinnitus and factors that cause or exacerbate tinnitus to resolve misconceptions and alleviate anxiety related to this auditory disorder (E22)
 - Counsel patients to promote the effective use of ear-level sound generators and/or the identification and use of situationally appropriate environmental sounds to minimize their perception of tinnitus in pertinent situations (E23)
 - Counsel patients to facilitate identification and adoption of effective coping strategies to reduce tinnitus-induced stress, concentration difficulties, and sleep disturbances (E24)
 - Monitor and assess the use of ear-level and/or environmental sound generators and the use of adaptive coping strategies to ensure treatment benefit and successful outcomes (E25)

Vestibular (Year 3/Spring Semester)

• Provide canalith repositioning for patients diagnosed with benign paroxysmal positional vertigo (BPPV) (E26) Provide intervention for central and peripheral vestibula