



Department of Communication Sciences & Disorders

Graduate Student Handbook 2019-20

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INTRODUCTION

PURPOSE OF THIS GUIDE

This guide provides students with information about the policies and procedures involved in the graduate programs of this department and should be used as a supplement to the University catalog (https://ir.uiowa.edu/registrar_catalogs/) and the Graduate College manual (<https://www.grad.uiowa.edu/academics/rules-and-deadlines/manual>).

Although we have attempted to cover departmental policies and procedures as completely as possible, some of the detailed aspects of the program undoubtedly have been omitted. Additionally, students should be aware that policies and courses listed in this manual may be modified without notice at the discretion of the faculty. Also, the application of policies to particular cases may vary with the special circumstances related to an individual student. Thus, students should seek additional information as needed from their faculty advisor, the Director of Graduate Studies, or the Department Chairperson.

GENERAL ASPECTS OF THE PROGRAM

The program in speech-language pathology and audiology at The University of Iowa has been in existence for over 50 years. At present the department offers an undergraduate program leading to a bachelor's degree in speech and hearing science. This program is designed to provide students with a broad general education and with a firm understanding of the basic processes of speech, hearing, and language. It is considered to be a preprofessional program for preparation of individuals to continue toward a graduate degree.

The graduate program is designed to prepare students for a wide variety of career opportunities in the field including (1) careers as clinicians trained to provide specialized diagnostic and remedial services to persons having speech, hearing or language handicaps in various clinical settings, such as hospitals, community clinics, school programs, etc., (2) careers as college and university teachers and researchers concerned with the study of speech, hearing and language disorders, and (3) careers as teachers and researchers concerned with the scientific study of the basic processes of speech, hearing, and language.

As stated in the University catalog, a graduate program of study can be planned to emphasize certain aspects of the field depending on the individual student's interests and career goals. It should be emphasized, however, that it is our philosophy that the field is a unified one which encompasses all areas of speech, hearing, and language and involves various types of teaching, clinical, and research activities. Thus, it is expected that the graduate program of each student will be planned to provide basic understanding of all areas of the field and will provide experiences in the various activities carried out in the field. It is hoped that all students will recognize that special opportunities provided in the program are relevant to their overall training in the field and that they take advantage of such opportunities regardless of their particular interests or specific career goals.

It also should be made clear that the time spent by a student in a university program is only one intermediate phase in their overall education and professional training. It is not

the goal of this program to graduate a finished clinician, researcher, or teacher; this program is designed to provide students with the basic knowledge, skills, and attitudes that will serve to facilitate their continued learning and professional growth as clinicians, researchers, and teachers throughout their professional careers.

ADMISSIONS

Evaluation of applications for admission to the graduate program is the responsibility of the departmental committee on admissions and appointments. The members of this committee independently evaluate each application and assign a rating based on a judgment of the applicant's overall potential for successful graduate study. This judgment is based on:

- (1) A careful review of the individual's past academic performance, which involves not only consideration of grade-point-average (GPA) but also of the pattern of grades in various subject areas,
- (2) Consideration of the nature of previous undergraduate or graduate work and the institution at which it was taken,
- (3) Scores on the General Aptitude Test of the Graduate Record Examination. These scores are required for all PhD, AuD and MA applicants, and
- (4) Letters of recommendation.

The ratings or, in some instances, the results of further evaluation and discussion by the committee serve as the basis for decisions concerning both admission and the offer of a stipend.

GRADUATE RECORD EXAMINATION

The Graduate College requires that every graduate student shall have taken the Aptitude Test of the Graduate Record Examination prior to admission or during the first semester of enrollment, however, our department strongly urges students to have taken the GRE prior to their application for admission so that the score can be used on our part of the information used to decide on admission status.

ADMISSION TO THE M.A. PROGRAM

Each year we admit approximately 25 students into the Master's program in Speech Language Pathology. Admission decisions are based on consideration of an applicant's credentials in relation to those of the other applicants in the pool. Applications for the MA program must be received by January 1 for admission the subsequent fall semester. Applicants with undergraduate GPAs of less than 3.2 and/or with GRE scores under the 50th percentile on the verbal reasoning, quantitative, or writing subtests are not likely to be accepted. It is expected that applicants for the MA program will either (1) be enrolled in a speech and hearing science undergraduate program, (2) have recently completed their undergraduate degree in speech and hearing science, (3) have completed an

undergraduate degree in a related area and the required undergraduate prerequisite coursework, or (4) have completed an undergraduate degree in a related area without completion of prerequisite coursework and understand that completion of the MA program will take 3 (rather than the typical 2) years.

More information is available at <https://clas.uiowa.edu/comsci/graduate-program/master-arts-speech-language-pathology-ma-slp-program>

Prerequisite Undergraduate Coursework

Undergraduate coursework required for graduation with an MA degree can be viewed at <https://clas.uiowa.edu/comsci/graduate-program/master-arts-speech-language-pathology-ma-slp-program#Admission>

Upon acceptance to the program, the undergraduate transcripts of each student will be reviewed by his/her advisor. Students are encouraged to bring any course syllabi they might have from related courses to these advising meetings. In cases where it is not clear if undergraduate coursework fulfills these requirements, the student will be referred to speak with the instructor of the course in question and a plan to meet these basic competencies will be established. This may require that the student take all or a portion of those undergraduate courses they are missing after they begin their MA studies. In some cases, a student may come to the University of Iowa with MA required graduate coursework that they took as an undergraduate at another institution. The decision to allow a course to meet our graduate requirements will be made by the advisor. In some cases, the decision may involve requiring the student to take the course for full or reduced credit at the University of Iowa. Approval of the course instructor and Director of the MA program is also required if the applicant took those courses at the University of Iowa more than five calendar years prior to beginning their MA studies.

ADMISSION TO THE AUD PROGRAM

The number of new admissions into the clinical doctorate program in Audiology each year is capped at a maximum of 10 students. Thus, admission decisions are based on consideration of an applicant's credentials in relation to those of the other applicants in the pool. Applications for the AuD program must be received by January 1 to be considered for admission the subsequent fall semester. Applicants with undergraduate GPAs of less than 3.2 and/or with GRE scores under the 50th percentile on the verbal reasoning, quantitative or writing subtests are not likely to be accepted. It is expected that applicants for the AuD program will either (1) be enrolled in a speech and hearing science undergraduate program, (2) have recently completed their undergraduate degree in speech and hearing science, (3) have completed an undergraduate degree in a related area and the required undergraduate prerequisite coursework, or (4) have completed an undergraduate degree in a related area without completion of prerequisite coursework and understand that completion of the AuD program may require more than 4 years.

Prerequisite Undergraduate Coursework

Undergraduate coursework required for graduation with an AuD can be viewed at <https://clas.uiowa.edu/comsci/graduate-program/aud-program-sample-curriculum>.

Upon acceptance to the program, the undergraduate transcripts of each student will be reviewed by his/her advisor. Students are encouraged to bring any course syllabi they

might have from related courses to these interviews. In cases where it is not clear if the undergraduate coursework the student has fulfills these requirements, that student will be referred to speak with the instructor of the course in question and a plan to meet these basic competencies will be established. This may require that the student take all or a portion of those undergraduate courses they are missing after they begin their doctoral studies. In some cases, a student may come to the University of Iowa with graduate level AuD coursework that they took as an undergraduate at another institution. The decision to allow that course to meet our graduate requirements will be made by the instructor of the course in question and requires the approval of the Director of AuD Studies. In some cases, the decision may involve requiring the student to take the course for full or reduced credit at the University of Iowa. In other cases, it may be possible for the student to take an additional seminar that covers the required subject matter. Approval of the course instructor and Director of the AuD program is also required if the applicant took those courses at the University of Iowa more than five calendar years prior to beginning their AuD studies.

ADMISSION TO THE PHD PROGRAM

There is no limit on the number of individuals admitted to the doctoral program. Applications are acted upon by the faculty each semester. The judgment of potential for doctoral work is based upon the same type of information as for admission to the MA or AuD programs; however, more emphasis is placed on evaluation of information concerning the applicant's aptitudes and interests in research areas. The Graduate College regulations specify a minimum GPA of 3.00 for admission with regular status to a doctoral program. GRE scores are expected to be at or above the 50th percentile in each of the verbal, quantitative, and analytic writing areas.

CONDITIONAL ADMISSION

On occasion, the committee may recommend conditional admission as provided for in the regulations of the Graduate College. That status indicates promise, but not clear evidence of the ability, for graduate study in this department. The conditional admission status provides a trial period of graduate study during which the student's performance can be evaluated. Applicants to the master's degree program generally are not admitted with this status.

The change from conditional status to regular status is required within two terms (semester or summer session) of graduate enrollment in order to continue in graduate study. The criterion for change to regular status usually includes a GPA of 3.0 for graduate credits relevant to the program of study and a judgment by the faculty that the student has demonstrated potential for success in graduate work. Other criteria may also be used; if that is the case, they must be identified to the student in writing, either by the Director of Doctoral Studies or by the student's faculty advisor. Change to regular status usually is not made until completion of two terms of work. If a student faces dismissal from the program due to not having fulfilled the specified conditions within two terms of enrollment, a written request may be made to the committee to recommend to the Graduate College that the conditional status be extended for one additional term.

READMISSION FOLLOWING PROGRAM INTERRUPTION

If a student's enrollment is interrupted for any reason so that s/he is not enrolled for three consecutive academic sessions (including the spring, summer, and fall sessions but excluding the winter session) the student must apply for readmission. The readmission application form must be used. The Graduate College will not require new letters of recommendation, a new Statement of Purpose, a written explanation of the reasons for the absence, or a plan for degree completion. However, the Department of Communications Sciences & Disorders may request any or all of these items.

FINANCIAL APPOINTMENTS

DETERMINATION OF OFFERS

Various types of assistantships and traineeships are available. PhD students are generally offered half-time assistantships, while MA and AuD students are offered quarter-time assistantships. For MA and AuD students, the offering of new assistantships is competitive and based on multiple considerations:

1. GPA within the program (i.e., academic performance)
2. Performance within the clinic
3. Skill set (e.g., does student have background coursework or skills)
4. Student work habits: Hard working, positive attitude, flexible, professional, etc.
5. Funding availability

All appointments require satisfactory performance of duties in teaching, research, or other assigned activities. The letter of appointment from the department specifies the nature of the appointment. Questions about any aspect of the appointment should be addressed to the Department Chair or the Department Administrator. Students on conditional, probationary, and professional improvement status are not eligible for financial appointments.

Stipend payments are received by the student on the first day of each month, beginning on September 1 for fall appointments and February 1 for spring appointments. Students are required to complete a direct deposit form to have their check automatically deposited. If an appointment includes the payment of tuition, such payment is normally automatic. Students may be eligible for resident status and in-state tuition depending on the source of their funding. See the Department Administrator for clarification of your status.

To be eligible for an assistantship, the student must be enrolled on a full-time basis, described as a minimum of 9 semester hours during each regular semester. After doctoral students who are on funding have completed their comprehensive examination, they must sign up for a minimum of 3 semester hours of research per semester.

CONTINUATION OF APPOINTMENTS

Continuation of appointment is dependent on two conditions: (a) availability of funds for such purposes and (b) evidence that the student is making satisfactory and reasonably rapid progress toward the degree goal. Petition for extension of financial assistance past the usual termination date (two calendar years for the MA, three for the PhD or AuD) may be made by the student and academic advisor. For PhD students, the fourth year of funding will be approved or denied at the discretion of the Department Chair. Approvals

must be based on “cause” as presented by the student. The Department Chair must bring funding requests beyond year four to the faculty for discussion and vote.

The faculty may specify other deadlines which must be met in order for financial aid to be continued. These may include dates for completion of the doctoral comprehensive examination, the doctoral pre-dissertation project, and/or the dissertation prospectus. The student will be informed of such requirements.

A student who completes the MA or AuD degree and who desires to continue in a doctoral program is considered as a “new” applicant for an assistantship as a student and is evaluated on a competitive basis with all other new applicants.

GRADUATE PROGRAMS – GENERAL INFORMATION

Included in this section is information on policies and procedures pertaining to all graduate students, regardless of the type of program which they are pursuing. Information specific to certain types of programs is presented in subsequent sections.

ADVISOR ASSIGNMENT

Before their first registration, graduate students are assigned to advisors, often on the basis of their stated interest areas. Within each area, assignments will be made which equalize faculty advising loads as much as possible. Students graduating from our undergraduate program will not necessarily continue with their undergraduate advisor in their graduate work.

The student may, and in some cases must, change advisors when appropriate. Master's students should change advisors if they change their area of interest or if a thesis advisor different from the assigned one is chosen. Doctoral students must change their advisors anytime they begin a dissertation project under the guidance of a person other than their current advisor. When a change is made, it is the student's responsibility to inform the Graduate Admissions Coordinator and faculty advisors effected by the change. Each student should plan a program of study in consultation with the advisor and a copy of this program should be placed in the student's permanent file. Subsequent changes should be made in consultation with the student's advisor and clearly indicated in the student's permanent file folder.

In addition to helping the student plan the program of study, the advisor is also available to advise and counsel the student regarding any problems related to the student's program, professional goals, etc. Students should feel free to consult with their advisor about any problems or issues which arise. In some instances, the advisor may suggest that the student talk to the Director of Graduate Studies (Chair) or another faculty member; however, the student should consult the advisor initially.

REGISTRATION

During the latter part of the fall semester, students are assigned times for early registration for the upcoming spring semester, and during the latter part of the spring semester early registration times are assigned when students may register for both the upcoming summer and fall sessions. The advisor is responsible for authorizing the student's registration. This

is done online. Students may proceed to register online at any time after meeting with their advisors and receiving approval of their plan of study for the next session.

PRE-REGISTRATION FOR PRACTICUM ENROLLMENT

Students are required to pre-register for clinical practicum. This procedure is necessary in order that the caseload needed for clinical training in any given term can be planned in advance.

PRACTICUM ENROLLMENT BY NON-DEGREE STUDENTS

Graduate students on a non-degree status (special or professional improvement) are not guaranteed the opportunity to enroll for clinical practicum. Depending on the availability of clinical caseloads and on practicum enrollments of degree students during a given term, non-degree students may be allowed to register for clinical practicum if specifically approved by the Director of Clinical Education and their faculty advisor, and the instructor of the particular practicum. Such approval will be given only in instances in which such enrollment will not affect the opportunities for practicum enrollment of students on a graduate degree status. Professional improvement students will be given priority over those on special status in regard to such practicum enrollments. The priority for clinical practicum is as follows: (1) professional MA and AuD students, (2) general MA and PhD students, (3) professional improvement students, and (4) special graduate students. Requests for registration by undergraduate students will be handled on an individual basis.

PRACTICUM REQUIREMENTS

Requirements for practicum registrations are defined by the following principles:

- a. Other activities besides those counting as supervised clinical clock hours are legitimate and usually desirable requirements for receiving academic practicum credit. Instructors should design their practicum requirements to include those types of activities that they deem important in providing adequate training in the particular practicum area.
- b. The number of clinical contact hours and the amount and type of other activities required per practicum credit hour can be expected to vary among different practicums. This is due to inter-practicum differences in the amount and type of clinical experiences deemed necessary to provide adequate training in a given area. For purposes of academic planning, however, it can generally be assumed that students will obtain a minimum of 12-15 contact hours per semester hour of registration in a practicum. It should be emphasized, however, that this guideline in no way establishes an absolute minimum or maximum requirement for any practicum.
- c. The number of clinical contact hours and the amount and type of other activities required per practicum credit hour can be expected to vary among students enrolled in the same practicum since practicum instruction should be individualized in relation to the needs and goals of specific students. Registration for externship practicums will typically be 4 SH for two eight week blocks (schools & hospitals). The Department of Communication Sciences and Disorders at the University of

Iowa uses the Typhon System (web based database) to track students' clinical experiences and contact hours. Training sessions are held each year for students new to the program.

COURSE LOADS

The maximum academic load for all graduate students is typically 15 semester hours of registration during the fall and spring semesters and 9 semester hours during the summer session (there are exceptions when a student is also registered for undergraduate courses).

PhD Students

Pre-Comps: PhD students with funding must maintain full time registration, 9 hours/semester. PhD students not on funding must maintain a full time registration only during the residency period.

Post-Comps: PhD students with funding must maintain a minimum of 3 hours of research registration after they have passed the comprehensive examination.

INCOMPLETE GRADES

The Graduate College regulations specify that the grade of "I" is to be used only when a student's work during a session cannot be completed because of illness, accident or other circumstances beyond the student's control. The department closely follows these regulations.

The Manual of Rules and Regulations of the Graduate College states the following concerning the deadlines for removal of incomplete grades:

Students who receive the mark of 'I' must remove that mark within the first session of registration after the closing date of the session for which it is given, otherwise the grade becomes an "F," the exception being that students with an "I" from the spring semester are exempt from completing the course during the succeeding summer session. Specific deadlines for the submission of student work to the faculty and for the faculty's report on Incomplete grades to the registrar will be set by the Graduate College dean for each session and printed in the academic calendar. Courses may not be repeated to remove incompletes; removal of an "I" is accomplished only through the completion of the specific work for which the mark is given.

Although the exact dates will vary each year, it should be noted that work to remove an "I" grade must be submitted to the instructor approximately one month before the end of a semester.

It is the responsibility of the student who receives an incomplete grade to submit the required work before the deadline date; it is the responsibility of the faculty member to remove the incomplete grade prior to the deadline if the work has been completed. Failure to meet these deadlines may mean that the "I" grade will become an F.

ACADEMIC PROBATION AND TERMINATION

The Graduate College policy and academic standing, probation, and dismissal of nondoctoral and doctoral graduate students can be viewed at

<https://www.grad.uiowa.edu/manual-part-1-section-iv-academic-standing-probation-anddismissal>

Additionally, this form must be completed and placed in the student's academic folder: Academic Intervention Plan-2018.docx [Academic Intervention Plan-2018.docx](#)

SPECIAL OPPORTUNITIES

In addition to courses, practicum registrations and research registrations, an attempt is made to provide other types of opportunities for students to enrich their educational experiences. It is expected that all students and faculty will take full advantage of these opportunities by attendance at all special programs. These programs include:

PROFESSIONAL SEMINAR

The period from 12:00 to 1:00 on Fridays during the academic year is scheduled for research seminars (referred to as Proseminar). An announcement of the title and an abstract of the proseminar is posted a few days prior to the meeting. Either one person presents for 45 minutes with 15 minutes of discussion or two people present with each giving a 20-minute presentation followed by 10 minutes of discussion.

Research proseminars provide an opportunity for both students and faculty to present reports of research projects that are in the initial stages of formulation, in progress, or completed. Upon completion, pre-dissertation projects must be presented at proseminar. All faculty and doctoral students are expected to present at proseminar at least once per year whether or not one has a finished research project to report. Master's and AuD students are encouraged to present, especially those who are doing a thesis. Scheduling of research seminars is the responsibility of the faculty member assigned as the Proseminar Coordinator. The coordinator will contact students and faculty about presenting at proseminar. Individuals wishing to present should contact the Proseminar Coordinator.

Attendance is required of all graduate students for their first year; PhD students are required to register each semester until they have completed their comprehensive examination. Even if a given presentation may not be in an area of specific interest to the student, the proseminars provide an opportunity to broaden interests and knowledge.

CONFERENCES AND GUEST LECTURERS

An attempt is made each year to schedule individuals who are experts in various areas to present guest lectures. At such times, the speaker generally presents one public lecture and may meet with students and faculty in specific courses, seminars, or informal meetings. In addition, scholars in related areas from other departments at The University of Iowa are invited to present guest lectures. These presentations are sometimes scheduled during the proseminar time. Suggestions from faculty members for individuals

to be invited as guest lecturers are welcome. Suggestions should be submitted in writing to the Proseminar Coordinator and should include the name(s) of the individual(s) suggested, their address(es) and professional affiliations; the content of a public lecture; courses, seminars or groups with whom they might meet; and suggested dates for such a visit.

STUDENT TRAVEL

Department Funding: The department is able to provide limited support for student travel. Requests for travel funding should be made on an Application for Graduate Student Travel form, distributed by the graduate admissions coordinator during the first week of classes in the fall semester. Priority is given to students who are to present a paper or are otherwise on the program of a conference or meeting.

Graduate & Professional Student Government Funding: GPSG provides grants to graduate and professional students to travel, conduct research or engage in a service project. More details can be found here: <https://gpsg.uiowa.edu/grants-for-students/>

Graduate Student Senate Funding: GSS provides travel funding assistance to graduate students who present their research at conferences, meetings, symposia and similar professional or academic gatherings. More details can be found here: <https://gss.grad.uiowa.edu/funding/gss-travel-funds>.

POLICY REGARDING FUNDING OF STUDENT RESEARCH

The department considers the funding of student research projects to be a high priority.

Please work with your advisor to request funding.

When notified of the availability of funds, the student should meet with the Department Administrator to work out the details for spending the money.

The following maximum amounts have been approved for student research projects and will be allocated on a first come, first served basis until the amount budgeted is exhausted.

Honors Thesis: \$100
Independent Projects by Graduate Students: \$150
MA Thesis: \$200
Capstone: \$200
PhD Pre-dissertation Projects: \$300
PhD Dissertation: \$300

THE UNIVERSITY OF IOWA NSSLHA CHAPTER

The National Student Speech Language and Hearing Association (<http://www.nsslha.org/>) is the official organization for students interested in human communication sciences and disorders. The University of Iowa Chapter of NSSLHA was chartered in 1984 and assumed the duties and responsibilities of former department student associations. NSSLHA serves as the primary vehicle for representing student opinion and organizing social and professional student events.

The University of Iowa NSSLHA Chapter abides by national association bylaws but operates autonomously on a local level. While membership in the national association is open only to undergraduate and master's students, the local chapter extends membership to doctoral students as well. National association membership is not required for doctoral students to participate in local chapter functions. In this manner NSSLHA is able to represent and serve the entire department student body.

Each year elections are held in which NSSLHA officers and student-faculty committee representatives are chosen for the following year. NSSLHA officers determine policy regarding membership dues and the organization and implementation of events for that calendar year. Department-wide events organized by the students have included the annual Holiday Party. These events provide an opportunity for students and faculty to get together and enjoy themselves in an informal atmosphere.

THE UNIVERSITY OF IOWA SAA CHAPTER

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

DOCTOR OF PHILOSOPHY (PHD) DEGREE PROGRAM

The PhD program provides for comprehensive training for the prospective scholar and researcher in speech, hearing, and language processes and their disorders. Although the program may include more intensive specialization in particular clinical problems in which the student may have special interest, the PhD is not designed as an advanced clinical degree.

PLANNING MEETING

Students are required to hold a planning meeting during the first or second session after beginning full-time study toward the PhD. The committee should consist of five faculty members chosen by the student and approved by the advisor.

The specific courses and research experiences that are included in the plan of study are chosen to meet the particular interests and background of the student. In general, however, each student should have some experience or coursework in each of the following areas: speech, hearing, language, mathematics, computers, statistics, and instrumentation. Other areas of coursework that are typically considered are neuroscience, engineering, psychology, and genetics.

ANNUAL REVIEW

A student's progress toward their degree objective will be continuously monitored. Formal review by the faculty as a whole will occur annually. The review will include

student performance in (1) coursework, (2) teaching or research assistantships, and (3) research projects. Advisors provide their advisees a written summary of their PhD review. The summary needs to be signed by the student and a copy put in their student folder.

RESEARCH REGISTRATION REQUIREMENTS

All PhD students are required to register for (CSD:5511) Introduction to Doctoral Research (1 s.h.) in the first Fall & Spring Semester.

PhD students must also register for (CSD:6515) Proseminar (0 s.h.) each semester they are in residence.

Students are required to take research registration hours (CSD:7590) in their first and second semesters of full-time doctoral study. Feedback from the instructor is required. The intent of this requirement is to ensure that each student receives early feedback regarding their research potential. Students normally continue to sign up for research registration for subsequent sessions although there is no formal requirement that research hours must be taken every semester.

PHD COMPREHENSIVE EXAMINATION

Each student pursuing the doctoral degree must be evaluated by a comprehensive examination committee as specified below. This evaluation will constitute the comprehensive examination as specified in the *Manual of Rules and Regulations of the Graduate College* (<https://www.grad.uiowa.edu/manual-part-1-section-xii-doctors-degrees>) and thus is subject to the general requirements specified for such examinations in that manual. Prior to completion of the comprehensive examination, the student, in consultation with his or her advisor, must file a Plan of Study and a Request for PhD Comprehensive Examination with the Graduate College.

Students and advisors jointly choose the five faculty members constituting the comprehensive examination committee. The advisor serves as the chair of the committee. The student is responsible for asking faculty members if they are willing to serve on their committee. The membership of all committees must be approved by the Director of Graduate Studies (Chair).

Faculty with status as an adjunct or clinical faculty member in this department may serve on the comprehensive examination committee. However, the presence of more than one adjunct or clinical professor is not allowed. Special permission from the Graduate College is required for adjunct or clinical faculty to serve on committees, and the process must be initiated two weeks prior to the due date for the Request for Doctoral Comprehensive Examination.

The specific steps for the PhD comprehensive examination are as follows:

- a. Comprehensive examinations will be taken after approximately two years of fulltime work in the doctoral program; however, it is recognized that the timing of the examinations may vary depending on the needs of individual students.

The examination may vary as much as plus or minus a year from the two-year target.

- b. When a student and their advisor decide that it is time to take the comprehensive examination, the student will meet with each member on the committee and discuss general areas to be included in the examination.
- c. The advisor will convene a meeting of the committee without the student present to develop the set of questions. The questions are to be general to the extent that there is not a one-to-one match between any committee member and question.
- d. The student is given two weeks to prepare written answers to the questions. The student is free to use all written resources, such as books or journal articles. The student may ask committee members for advice on references for particular topics, but may not ask them (or anyone else) questions about the content or their opinions on the question topics.
- e. The written responses are submitted to the advisor at least one week prior to the oral examination. The advisor ensures that copies of all questions and responses are distributed to each committee member.
- f. An oral examination is held, with questioning based on the student's written responses. The oral examination (but not the two-week writing period) must be held when classes are in session or during the final examination week.

EFFECTS OF NEGATIVE EVALUATION

An unsatisfactory report on the PhD comprehensive examination will normally terminate the student's program at the end of the current session of registration. The student will not be permitted to enroll for subsequent sessions except under the following conditions:

- a. If, prior to the beginning of registration for the next session in which the student wishes to enroll, the student declares to the Director of Graduate Studies (Chair) in writing, the intent to be re-examined, the student will be permitted to register until completion of the second evaluation. The examining committee will specify a date by which the second evaluation must occur. In accordance with the regulations of the Graduate College, the re-examination may not occur sooner than four months after the first examination and only one re-examination is permitted.
- b. An alternate program of study may be approved by the Director of Graduate Studies (Chair) which would permit the student to pursue study in a non-PhD program.

PRE-DISSERTATION PROJECT

Each doctoral student must complete a pre-dissertation research project:

1. The project should be of limited scope and should be selected and developed with a faculty advisor.

2. The project must be data-based, but the student can use existing data rather than generating new data. Generally, the rules defining what is empirical enough to be a valid procedure for a dissertation would apply.
3. It is expected that students do the project as part of CSD:7590 Research registrations, not as a part of research assistant assignments.
4. All students will be required to give a proseminar presentation based on the predissertation project.
5. The student must write a manuscript reporting the pre-dissertation project. The manuscript will be submitted to the faculty advisor of the research, usually as part of a CSD:7590 Research registration.
6. The student must have completed the pre-dissertation project and passed the comprehensive examination before a PhD dissertation prospectus will be considered. The order of completion between the pre-dissertation project and comprehensive examination is not fixed.

DISSERTATION COMMITTEE

In developing the research project that is to constitute the doctoral dissertation, the student will select a faculty member or members to serve as the dissertation advisor(s). A dissertation prospectus committee is also selected by the student with the approval of the advisor and the Director of Graduate Studies (Chair), who has the prerogative of adding members to the committee. This committee consists of at least five faculty members (including the advisor who serves as chair).

Pre-prospectus Meeting

After the initial planning of the research project has occurred, an optional pre-prospectus meeting of the student with the prospectus committee may be held. At this meeting, the student provides the committee with information about the background and rationale for the proposed project, an initial statement of the questions or hypotheses to be investigated, and the essential elements of the proposed research procedures. No written document need be provided to the committee prior to the meeting; however, it is helpful for a statement of the problem and a general outline of the proposed procedures to be available to the committee members.

The purpose of this meeting is to acquaint the committee with the nature of the developing project and, more importantly, to hear their suggestions and comments about the further development of the project. The committee then decides whether or not to give approval for the student to develop a formal prospectus for the proposed project. The committee may request that additional pre-prospectus meetings be held before the project is fully developed. These meetings are designed primarily to ensure that the student is embarking on a project that the committee feels is appropriate for a doctoral dissertation and to provide a means for the committee members to help the student develop the project.

Prospectus Meeting

Each student is required to develop a written prospectus to be presented to the prospectus committee prior to beginning the actual research project. This document generally includes material which eventually will constitute the introduction and procedures sections of the dissertation. The committee meets with the student (generally for two hours) and must approve the prospectus before the student can proceed.

Post-Comprehensive Registration

The student is required to register each semester (except summer sessions) after passing the comprehensive examination until the degree is awarded. If a student fails to register, they may not be readmitted to candidacy until they have submitted an application approved by their advisor, the Director of Graduate Studies, and the Dean of the Graduate College. All registrations should accurately reflect the amount and type of work undertaken, the use of University facilities, and the amount of consultation with the faculty. When a student's plan of study has been completed, the student may meet the continuing registration requirement by registering for (Doctoral Continuous Registration) for any semester in which the department and the student's advisor determine that the student is neither making significant use of the University facilities (excepting library privileges) nor partaking in consultation with the faculty.

Final Examination

The program for the PhD culminates in a final public oral examination in defense of the dissertation. This examination usually occurs during the period specified in the University calendar for graduate examinations during the latter part of the semester in which the student plans to receive the degree. A Request for Final Examination must be filed approximately three weeks before the scheduled examination. If the originally filed Plan of Study requires modification, an Application for Change in Plan of Study must accompany the request. See "Thesis and Dissertation" for preparation and formatting guidelines: (<https://www.grad.uiowa.edu/theses-and-dissertations>).

The final examination committee consists of at least five members of the Graduate Faculty. Ordinarily this committee will have the same members as the dissertation committee. This committee and its composition are subject to the approval of the Director of Graduate Studies (Chair) and the Dean of the Graduate College, both of whom have the prerogative of adding members to the committee.

The format for dissertation defenses will typically be as follows:

- 20-minute presentation
- 10-minute period for questions from the public
- 75 minutes of in-depth questioning from the committee (the committee chair will, at his or her discretion, decide whether to allow additional questions from the public and if so, at what time during the 75-minute period)
- 15 minutes of final deliberations for which the committee will retire to another room

Awarding of Degrees

PhD degrees will be awarded upon favorable recommendation of the final examination committee and completion of all requirements specified for the degree by the Graduate College. These include the filing of an application for the degree, completion (or modification) of the filed plan of study, and the final deposit of the

dissertation and dissertation abstract in the Graduate College along with the appropriate certificates of committee approval.

CLINICAL PROGRAMS (GENERAL INFORMATION)

New students to the clinical programs in audiology and speech-language pathology participate in an orientation to clinical work which takes place during New Student Orientation, prior to the start of the students' first semester in the program. Topics of the orientation include readiness for clinic, policies regarding the clinic schedule, essential functions, code of ethics and beginning expectations for student clinicians, review of the clinic's nondiscrimination policy, clinic dress code, social media policy, as well as clinical learning and tracking progress. Specifics are provided below.

BEGINNING EXPECTATIONS FOR GRADUATE STUDENT CLINICIANS

- *Commitment to Learning:* The ability to self-assess, self-correct and self-direct; identify needs and sources of learning; continually seek new knowledge and understanding; genuine interest in the clinic and your clients.
- *Interpersonal Skills:* The ability to interact effectively with patients, families, colleagues, other health care professionals and the community; deal effectively with cultural/ethnic diversity issues.
- *Communication Skills:* The ability to communicate effectively (speaking, body language, reading, writing, listening) for varied audiences and purposes.
- *Effective Use of Time and Resources:* The ability to obtain the maximum benefit from a minimum investment of time and resources.
- *Use of Constructive Feedback:* The ability to identify sources of and seek out feedback; to effectively use and provide feedback for improving personal interactions. Willingness to accept constructive criticism and flexibility in making changes.
- *Problem-Solving:* The ability to recognize and define problems, analyze data, develop and implement solutions, and evaluate outcomes.
- *Reliability and dependability:* Reports on time (2-3 working days), initiative in dealing with clients and familiarity with your clients' file information prior to meeting with your clinical educator
- *Professionalism:* The ability to exhibit appropriate professional conduct and to represent the profession effectively (attitude, demeanor and appearance appropriate for health care setting). Professional behavior and dress in front of clients and with our educators. Appropriate dress code requests modest coverage (i.e., no cleavage showing, no undergarments showing and no skirts 2 inches or more above the knees).
- *Critical Thinking:* The ability to question logically; identify, generate and evaluate elements of logical argument; recognize and differentiate facts, illusions, assumptions and hidden assumptions; distinguish relevant from irrelevant.
- *Patient confidentiality:* Students must comply with rules of patient confidentiality, refraining from discussing cases in any non-clinical environment.
- *Use and understanding of universal precautions:* Although universal precautions were originally intended for doctors, nurses, patients, and health

care support workers who were required to come into contact with patients or bodily fluids, these also apply to speech-language pathologists and audiologists.

ESSENTIAL FUNCTIONS FOR PROFESSIONAL EDUCATION

The accredited programs in audiology and speech-language pathology of the Department of Communication Sciences and Disorders (CSD) at the University of Iowa adhere to the standards set by the *American Speech-Language-Hearing Association* (ASHA), including a code of ethics <http://www.asha.org/policy/ET2016-00342/>. Faculty have a responsibility for the welfare of clients/patients tested, treated, or otherwise affected by students enrolled in the CSD program. Thus, it is important that individuals admitted, retained, and graduated possess the intelligence, integrity, compassion, humanitarian concern, and physical and emotional capacity necessary to practice speech-language pathology and audiology.

In order to fulfill this responsibility, the department has established a document of *essential functions* necessary for successful completion of the requirements of the program. Admission and retention decisions are based not only on satisfactory prior and ongoing academic achievement but also on non-academic factors that serve to insure that the candidate can meet the essential functions of the clinical program required for graduation. Essential functions, as distinguished from academic standards, refer to those cognitive, physical, and behavioral abilities that are necessary for satisfactory completion of all aspects of the curriculum, and the development of professional attributes required by the faculty of all students at graduation. Each student will be asked to sign the Essential Function document at the time of their first registration.

The University of Iowa and our department seek to educate a diverse group of students, recognizing that in such diversity lies excellence. Included in this group are otherwise qualified students who have disabilities. The University will provide reasonable accommodations to otherwise qualified students with properly documented disabilities who meet the minimum CSD requirements. Reasonable accommodations will be made to facilitate a student's progress in learning, performing, and satisfying the essential functions presented in this document.

A reasonable accommodation should not fundamentally alter the academic and clinical requirements of the CSD program, pose a direct threat to the health or safety of the student or others, or present an undue burden to the institution. Determining appropriate and reasonable accommodations in a professional school program is an interactive and collaborative process involving the student, the CSD program, the Students with Disabilities (SDS) Office and the General Counsel Office re: ADA compliance. This document is to be re-visited periodically with input from all involved to ensure accuracy and compliance with the law.

The Essential Functions may be viewed at: <H:\GRADS\ESSENTIAL FUNCTIONS\Essential Functions-Student Signature.pdf>

Dissemination:

Prospective (accepted to the program) graduate students in audiology and speech-language pathology will be sent the list of Essential Functions as part of the prospective student packet distributed prior to the start of graduate school. They will indicate receipt and understanding of the listing by signing their name on the Checklist that is enclosed in the prospective student packet and returning it to the Graduate Studies Admissions Secretary.

Procedure when a student does not meet one or more Essential Functions:

- Instructor identifies student as not meeting one or more Essential Functions.
- Instructor alerts student's academic advisor and department chair (if identified in academic setting) or clinic education coordinator (if identified as a part of clinical practicum).
- A conference will be held with the instructor assigned to the student, department chair/clinic education coordinator, and student's advisor to review the concern(s) with student and determine a recommended course of action. Documentation of the conference and recommended course of action will be placed in student's file.
- As needed, Students with Disabilities Service (SDS) and General Counsel will be contacted to ensure compliance with relevant laws.
- Failure to resolve concerns may lead to dismissal from program.

Accommodations for Disabilities

A student seeking academic accommodations should first register with Student Disability Services and then meet privately with the course instructor to make particular arrangements. See <https://sds.studentlife.uiowa.edu/> for more information.

CODE OF ETHICS

<https://www.asha.org/Code-of-Ethics/> (effective March 1, 2016)

<https://www.audiology.org/publications-resources/document-library/code-ethics> (effective February, 2018)

The Department of Communication Sciences and Disorders at the University of Iowa abides by the ASHA and AAA code of Ethics.

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 as society and the professions have changed. The Code of Ethics reflects what we value as professionals and establishes expectations for our scientific and clinical practice based on principles of duty, accountability, fairness, and responsibility. The ASHA Code of Ethics is intended to ensure the welfare of the consumer and to protect the reputation and integrity of the professions.

The ASHA Code of Ethics is a framework and focused guide for professionals in support of day-to-day decision making related to professional conduct. The Code is partly obligatory and disciplinary and partly aspirational and descriptive in that it defines the professional's role. The Code educates professionals in the discipline, as well as students, other professionals, and the public, regarding ethical principles and standards that direct professional conduct.

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 the American Speech-Language-Hearing Association holding the Certificate of Clinical Competence (CCC)
- a member of the Association not holding the Certificate of Clinical Competence (CCC)
- a nonmember of the Association holding the Certificate of Clinical Competence (CCC)
- an applicant for certification, or for membership and certification

By holding ASHA certification or membership, or through application for such, all individuals are automatically subject to the jurisdiction of the Board of Ethics for ethics complaint adjudication. Individuals who provide clinical services and who also desire membership in the Association must hold the CCC.

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, both human and animal; (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 is designed to provide guidance to members, applicants, and certified individuals as they make professional decisions. Because the Code is not intended to address specific situations and is not inclusive of all possible ethical dilemmas, professionals are expected to follow the written provisions and to uphold the spirit and purpose of the Code. Adherence to the Code of Ethics and its enforcement results in respect for the professions and positive outcomes for individuals 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, and they shall treat animals involved in research in a humane manner.

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 race, ethnicity, sex, gender identity/gender expression, sexual orientation, age, religion, national origin, disability, culture, language, or dialect.
- D. Individuals shall not misrepresent the credentials of aides, assistants, technicians, support personnel, students, research interns, 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, support personnel, 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 individual.
- 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, support personnel, 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 individual.
- 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 spouse, other family member, or legally authorized/appointed representative.
- I. Individuals shall enroll and include persons as participants in research or teaching demonstrations 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.
- 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 may make a reasonable statement of prognosis, but they shall not guarantee—directly or by implication—the results of any treatment or procedure.
- M. 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.
- N. Individuals who hold the Certificate of Clinical Competence shall not provide clinical services solely by correspondence, but may provide services via telepractice consistent with professional standards and state and federal regulations.
- 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 necessary to protect the welfare of the person or of the community, is legally authorized, or is otherwise required by law. P. Individuals shall protect the confidentiality of any professional or personal information about persons served professionally or participants involved in research and scholarly activities and may disclose confidential information only when doing so is necessary to protect the welfare of the person or of the community, is legally authorized, or is otherwise required by law.

- Q. Individuals shall maintain timely records and 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 whose professional practice is adversely affected by substance abuse, addiction, or other health-related conditions are impaired practitioners and shall seek professional assistance and, where appropriate, withdraw from the affected areas of practice.
- 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 a mechanism exists and, otherwise, externally.
- T. Individuals shall provide reasonable notice and information about alternatives for obtaining 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. 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 engage in the provision of clinical services consistent with current local and state laws and regulations and with ASHA certification requirements.
- C. Individuals who engage in research shall comply with all institutional, state, and federal regulations that address any aspects of research, including those that involve human participants and animals.
- D. Individuals shall enhance and refine their professional competence and expertise through engagement in lifelong learning applicable to their professional activities and skills. 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 make use of technology and instrumentation consistent with accepted professional guidelines in their areas of practice. When such technology is not available, an appropriate referral may 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

Individuals shall honor their responsibility to the public when advocating for the unmet communication and swallowing needs of 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, and scholarly contributions.
- B. Individuals shall avoid engaging in conflicts of interest whereby personal, financial, or other considerations have the potential to influence or compromise professional judgment and objectivity.
- C. Individuals shall not misrepresent research and scholarly activities, diagnostic information, services provided, results of services provided, products dispensed, or the effects of products dispensed.
- D. Individuals shall not defraud through intent, ignorance, or negligence or engage in any scheme to defraud in connection with obtaining payment, reimbursement, or grants and contracts for services provided, research conducted, or products dispensed.
- E. Individuals' statements to the public shall provide accurate and complete information about the nature and management of communication disorders, about the professions, about professional services, about products for sale, and about research and scholarly activities.
- F. Individuals' statements to the public shall adhere to prevailing professional norms and shall not contain misrepresentations when advertising, announcing, and promoting their professional services and products and when reporting research results.
- 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, when appropriate, with members of one's own profession and/or members of other professions to deliver the highest quality of care. B. Individuals shall exercise independent professional judgment in recommending and

providing professional services when an administrative mandate, referral source, or prescription prevents keeping the welfare of persons served paramount.

- C. Individuals' statements to colleagues about professional services, research results, and products 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, fraud, deceit, or misrepresentation.
- F. Applicants for certification or membership, and individuals making disclosures, shall not knowingly make false statements and shall complete all application and disclosure materials honestly and without omission.
- G. Individuals shall not engage in any form of harassment, power abuse, or sexual harassment.
- H. Individuals shall not engage in sexual activities with individuals (other than a spouse or other individual with whom a prior consensual relationship exists) over whom they exercise professional authority or power, including persons receiving services, assistants, students, or research participants.
- I. Individuals shall not knowingly allow anyone under their supervision to engage in any practice that violates the Code of Ethics.
- J. 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.
- K. 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.
- L. Individuals shall not discriminate in their relationships with colleagues, assistants, students, support personnel, and members of other professions and disciplines on the basis of race, ethnicity, sex, gender identity/gender expression, sexual orientation, age, religion, national origin, disability, culture, language, dialect, or socioeconomic status. M. Individuals with evidence that the Code of Ethics may have been violated have the responsibility to work collaboratively to resolve the situation where possible or to inform the Board of Ethics through its established procedures.
- N. 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.
- O. 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.
- P. 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.

- Q. Individuals involved in ethics complaints shall not knowingly make false statements of fact or withhold relevant facts necessary to fairly adjudicate the complaints.
- R. Individuals shall comply with local, state, and federal laws and regulations applicable to professional practice, research ethics, and the responsible conduct of research.
- S. Individuals who have been convicted; been found guilty; 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 ASHA Standards and Ethics (see Terminology for mailing address) in writing within 30 days of the conviction, plea, or finding of guilt. Individuals shall also provide a certified copy of the conviction, plea, nolo contendere record, or docket entry to ASHA Standards and Ethics within 30 days of self-reporting.
- T. Individuals who have been publicly sanctioned or denied a license or a professional credential by any professional association, professional licensing authority or board, or other professional regulatory body shall self-report by notifying ASHA Standards and Ethics (see Terminology for mailing address) in writing within 30 days of the final action or disposition. Individuals shall also provide a certified copy of the final action, sanction, or disposition to ASHA Standards and Ethics within 30 days of self-reporting.

NON DISCRIMINATION STATEMENT

Upon admission to the clinical degree programs, students are required to read and sign the non-discrimination statement at

<https://clas.uiowa.edu/comsci/sites/clas.uiowa.edu.comsci/files/nondiscriminationnotification.pdf>

NOTIFICATION TO STUDENTS RE APPLICATION OF NON-DISCRIMINATION PRINCIPLES TO PROGRAMS IN COMMUNICATION SCIENCES AND DISORDERS

The University of Iowa Communication Sciences and Disorders programs are accredited through the American Speech-Language-Hearing Association (ASHA). The ASHA Code of Ethics includes a Nondiscrimination Statement (see next page). The University of Iowa also has its own Nondiscrimination Statement as well as a Human Rights Policy that prohibits discrimination (see next page).

The Department of Communication Sciences and Disorders applies these nondiscrimination policies to its programs. Students in the Department's programs will be held to these principles. The Department's programs provide opportunities for students to work effectively with a wide range of clients and presenting problems. Graduate student clinicians in the Department will be trained to see a diversity of clients and to respond effectively to the clients' needs within the discipline. Deviation from these expectations may result in a deficiency in the KASA competency related to ethical behavior, may require training in understanding ethical issues, and/or may result in dismissal from the program. Students may present to the supervising instructor or academic advisor concerns they have about the applicability of these policies to their training. The program administrators will consider religious accommodation requests on a case-by-case basis adhering to procedures outlined in the clinic manual, taking into account all the relevant circumstances

in each case. My signature below indicates that I have read and understand this notification of nondiscrimination policies applicable to this program.

NON-DISCRIMINATION POLICIES

The ASHA Code of Ethics Nondiscrimination Statement:

Individuals shall not discriminate in the delivery of professional services or in the conduct of research and scholarly activities on the basis of race, ethnicity, sex, gender identity/gender expression, sexual orientation, age, religion, national origin, disability, culture, language, or dialect. <https://www.asha.org/code-of-ethics/>

The University of Iowa Nondiscrimination Statement:

The University of Iowa prohibits discrimination in employment, educational programs, and activities on the basis of race, creed, color, religion, national origin, age, sex, pregnancy, disability, genetic information, status as a U.S. veteran, service in the U.S. military, sexual orientation, gender identity, associational preferences, or any other classification that deprives the person of consideration as an individual. The University also affirms its commitment to providing equal opportunities and equal access to University facilities. For additional information on nondiscrimination policies, contact the Director, [Office of Equal Opportunity and Diversity](#), the University of Iowa, 202 Jessup Hall, Iowa City, IA 52242-1316, 319-335-0705 (voice), 319-335-0697 (TDD), diversity@uiowa.edu. <https://opsmanual.uiowa.edu/community-policies/nondiscrimination-statement>

The University of Iowa Human Rights Policy:

The University of Iowa brings together in common pursuit of its educational goals persons of many nations, races, and creeds. The University is guided by the precepts that in no aspect of its programs shall there be differences in the treatment of persons because of race, creed, color, religion, national origin, age, sex, pregnancy, disability, genetic information, status as a U.S. veteran, service in the U.S. military, sexual orientation, gender identity, associational preferences, or any other classification that deprives the person of consideration as an individual, and that equal opportunity and access to facilities shall be available to all. These principles are expected to be observed in the internal policies and practices of the University; specifically in the admission, housing, and education of students; in policies governing programs of extracurricular life and activities; and in the employment of faculty and staff personnel. Consistent with state and federal law, reasonable accommodations will be provided to persons with disabilities and to accommodate religious practices. The University shall work cooperatively with the community in furthering these principles. <https://opsmanual.uiowa.edu/community-policies/human-rights>

Dissemination:

Prospective (accepted to the program) graduate students in audiology and speech-language pathology will be sent the non-discrimination statement as part of the prospective student packet distributed prior to the start of graduate school. They will indicate receipt and understanding of the statement by signing their name on the document and returning it to the Graduate Studies Admissions Secretary.

Procedure when a student needs accommodations related to the Non-

Discrimination Statement

- Student can discuss their concerns with the chair of the department, clinic director, and/or director of clinical education.
- Options will be provided to the student following a discussion among the relevant faculty members.
- This may include the development of a plan to assist the student in meeting the KASA competency related to Ethics.

DRESS CODE

- No jeans, shorts, halter tops, flip flops
- Nice professional looking slacks (khakis are ok), skirts and dresses
- Men do not have to wear ties but you can if you want to.
- Sandals are acceptable in our clinic but that may not be the case in medical settings
- Make sure that you can perform the bend and stretch actions without revealing skin

POLICY RELATED TO SOCIAL MEDIA USE

Graduate student clinicians will not engage in professional interactions on social media as it relates to their clients and education. Ideally, students will not connect with clients or their families on social media during the time of their graduate studies. There are situations in which friends and acquaintances on social media may become clients in the clinic. In these circumstances, students should contact their clinical educators.

Students are directed to this link <https://www.asha.org/practice/ethics/ethical-use-of-social-media/> to learn more about the ethical use of social media.

POLICY REGARDING CLINIC SCHEDULE

It is expected that student clinicians will be available for clinical experiences and related training during the dates and times when clinic is in session per the WJSHC Clinic Calendar. This typically includes one week prior to the start of classes as well as finals week.

Students are required to be available through the end of finals week, when not taking examinations or carrying out teaching assistant or research assistant duties, to attend to the following based on your exam schedule and times when a clinical educator is available.

- Complete all documentation
- Complete all necessary follow-up appointments for your patients. This includes:
 - Insuring that all patient equipment has been delivered to patient, or scheduled to take place after the break

Extenuating circumstances resulting in a student not being available for clinical assignments during any of these times must be approved by the Director of Clinical

Education. STUDENT CHECKLIST TO BEGIN CLINIC

- Register
- Read and sign the Essential Function document

- Read and sign the Non-Discrimination Statement
- Complete EPIC training
- Complete the on-line UIHC compliance training
- Obtain the confidentiality statement to include on your email correspondences
- Documentation of 25 observation hours

THE DOCTOR OF AUDIOLOGY (AUD) DEGREE

The AuD program the University of Iowa is accredited by the Council on Academic Accreditation (CAA) (<http://www.asha.org/academic/accreditation/>). Graduates of this program meet all of the requirements for clinical certification by the American Speech-Language-Hearing Association and will be eligible for licensure in the State of Iowa.

COURSEWORK

Prerequisite undergraduate coursework required for graduation with an AuD can be viewed at <https://clas.uiowa.edu/comsci/graduate-program/aud-program-sample-curriculum>.

The specific course requirements for the AuD program can be found at <https://clas.uiowa.edu/comsci/graduate-program/aud-program-sample-curriculum>.

This program of study provides training that will allow students to function as an audiologist in any clinical environment.

CLINIC PLACEMENT AND PROGRESSION

Orientation to Clinical Practice

All first year AuD students are required to take Orientation to Audiology Clinical Practice before they begin their first practicum experience. This class provides students with hands-on, foundational knowledge needed to start clinical work. It takes place during the first few weeks of the semester. Students are notified of the dates prior to the start of the semester. Students must attend this class in order to be placed in clinic

The Wendell Johnson Speech and Hearing Center – Audiology Clinic

During the first four semesters of the clinical program, clinical training takes place in the in-house clinic. Clinical experiences focus on developing students as a professional health care provider, general diagnostics, aural (re)habilitation services including hearing aid selection, fitting and follow up care, and hearing loss prevention services.

UISAFE (Sound Awareness for Everyone)

All students in the clinical program are members of UISAFE. UISAFE is an outreach program which provides healthy hearing education and hearing screenings for the university, the local community, as well as at the county and state level. UISAFE partners with the University of Iowa School Of Music, the College of Education, The Department of Public Safety, as well as the Recreation Department to provide healthy hearing educational classes. UISAFE works with local schools, businesses, and community groups to provide hands-on healthy hearing presentations and has a presence at the local county and state fair. In addition, UISAFE provides hearing and

speech language screenings for local preschools. As a member of UISAFE, students' roles include organizing and implementing hearing loss prevention and identification activities in the community.

Audiology Clinic Management Team

Students in the clinical program are also members of our Audiology Clinic Management Team. On this team, students learn how to manage the business aspects of running an audiology clinic including professional, ethical and legal issues, accounting, marketing, compliance, billing, coding and reimbursement. They use what they learn to help carry out the management aspects of the Wendell Johnson Speech and Hearing Clinic.

Listen and Speak Up Preschool

Listen and Speak Up Preschool is a summer preschool program for children with hearing losses housed in the Wendell Johnson Speech and Hearing Center. The goal of the program is to foster the development of spoken language and listening skills in children who are deaf or hard of hearing in a preschool setting. Preschoolers participate in a combination of group and individual therapy sessions designed to enhance communication skills through the use of an auditory-oral approach to communication. Audiology student clinicians are paired with speech-language pathology student clinicians to provide care to the preschoolers. Audiology students can participate in this program to complete their pediatric aural habilitation competencies during their first or second year in the program.

Adult Aural Rehabilitation Classes and Services

Adult rehabilitative services are provided through the Wendell Johnson Speech and Hearing Center. Individuals who recently have been fitted with new amplification, or those who seek further information after using their devices for an extended period of time, and their families/friends are targeted for services. Students may provide these services in our clinic or in the community at locations such as assisted living facilities or the Iowa City Senior Center.

Clinical Placements in the Local Community

During students' second and third years in the program, they are placed in a variety of settings in the local area. At these placements they develop skills in a variety of clinical areas including general diagnostics, auditory brainstem responses testing, otoacoustic emission testing, hearing aids, cochlear implants, tinnitus assessment and management, vestibular assessment and management, and educational audiology. Opportunities provide experiences to work with individuals across the age span with diverse backgrounds, as well as those with varying abilities/disabilities. Most of these sites are within walking distance from the Wendell Johnson Speech and Hearing Clinic.

Fourth Year Externship

During the final year in the clinical program students are placed on a full-time basis at an external site. Our program has established relationships with many excellent sites across the U.S. Fourth year placements are competitive with the application process taking place your third year in the program. Students work with the Director of AuD Studies throughout the application process to insure that an appropriate site for clinical development is found. Fourth year externs continue as a student in the department and are registered for clinical coursework during their externship.

Audiology Professional Practice Series

Students participate in one of the courses in this series each semester they are in the program. These courses provide an opportunity for AuD students of all levels to come together in one class

and learn from each other on topics related to a variety of professional issues pertaining to clinical practice.

ASSESSMENT PROCEDURES

The American Speech Language and Hearing Association has established competencies students must master to be eligible for clinical certification in audiology. These competencies are outlined on a Knowledge and Skills Acquisition (KASA) form. Part of that form focuses on the didactic coursework students must receive. The other part focuses on the clinical training component.

ASSESSING DIDACTIC PROGRESS

For academic coursework, instructors will assign a letter grade to each student based on the student's academic performance in the class. These letter grades are assigned numerical values on a 4-point scale. Successful completion of the AuD program requires that each student maintain a cumulative graduate GPA of 3.0 or higher. Students who earn a grade lower than a B- for any of the courses required for graduation must work with the course instructor to develop an individual intervention plan to ensure that the student masters the material required for clinical practice as outlined on the didactic portion of the KASA form. That plan may include retaking part or all of a course during another semester, and as a result may prolong the time required for completion of the degree. Successful completion of intervention will **not** result in a change in the grade earned by the student when they originally took the course.

Per Graduate College regulations, students who fall below the 3.0 GPA requirement will have one semester to raise their overall GPA above the minimum level. If unable to do so, they will not be allowed to continue in the program.

ASSESSING CLINICAL PERFORMANCE FOR AUDIOLOGY STUDENT CLINICIANS

At the start of the graduate program, AuD students are provided with a clinical KASA form which defines the competencies and the expectations for the time frame in which clinical competencies should be acquired. At the end of each semester clinical educators review each student's progress toward attaining the skill set necessary to function as a competent audiologist. Progress is documented on a clinical KASA form. A grade of either satisfactory or unsatisfactory will be assigned based on the progress the student has made toward meeting the competencies outlined on the clinical portion of the KASA for the clinical rotations in which the student participated that semester. Details relative to how students are evaluated, graded, and (if necessary) remediated in terms of their performance of the clinical skills necessary to function as an audiologist are described below.

Satisfactory

This designation indicates that the student has demonstrated solidly competent performance appropriate for his/her academic background and clinical experience level as outlined on the Knowledge and Skills Acquisition (KASA) form.

- The student clinician is able to function effectively, with some supervisory assistance, when planning for appointments, during diagnostic and therapy sessions, and in follow through of clinical services.
- The student is effective in the application of background/academic knowledge to the clinical process.
- The student is familiar with the patient's history and/or current medical record and with diagnostic or therapeutic materials and procedures prior to each clinical session.

- Documentation is timely and thorough and requires only minor revisions pertaining to use of professional language/style. All documentation is complete.
- The student demonstrates substantial growth and change toward professional independence.
- The student recognizes clinical strengths and areas where improvement is needed, and can generate ideas of how to implement change.
- It is projected that the student clinician will continue to learn and refine clinical skills, with decreasing amounts of supervision.
- No KASA competencies are below the level expected for the student's clinical experience.

Unsatisfactory

This designation indicates marginally competent performance or poorer based on academic background and clinical experience as outlined on the KASA form.

- The student clinician demonstrates difficulty applying and executing the fundamentals of the clinical process when planning for appointments, during the diagnostic and therapy sessions, and in follow through of clinical services.
- The student does not independently apply background/academic knowledge to the clinical process.
- The student is not consistently familiar with the patient's history and/or current medical record and with diagnostic or therapeutic materials and procedures prior to each clinical session.
- Documentation is not consistently informative, thorough, and/or completed in a timely manner. It requires substantial revisions in both professional language and content.
- The student needs more than usual supervision and direction relative to academic background and clinical experience as outlined on the KASA form.
- The student may recognize only some areas in need of improvement. It is projected that the student clinician may continue to need more than the usual amount of supervision with similar patients.
- One or more KASA competencies are below the level expected for the student's clinical experience.

CLINICAL ACTION PLAN

The Clinical Action Plan (CAP) is for students who have not made sufficient progress toward meeting their competencies during a clinical practicum experience. Determination of the need for a CAP will be made by the student's clinical educator and the Director of Clinical Education - Audiology. Other clinical educators may be consulted. The CAP will be put in place immediately following the midterm of the semester in which the student is not making sufficient progress. The CAP identifies areas in need of improvement and includes specific goals which describe behaviors that need to be demonstrated for successful completion of the clinical rotation. CAPs are written by the clinical educator working with the student showing limitations in progress. The student's clinical educator will review the CAP with the student after which the student will sign the CAP indicating that the CAP was reviewed, the student was provided a copy and had the opportunity to ask questions regarding the CAP. The Director of Clinical Education may be involved in the review

of the CAP. If the student chooses not to sign the CAP, clinic activities will be terminated, and an “Unsatisfactory” grade given for the term.

Other clinical educators including, the Director of Clinical Education, may assist the primary educator by providing additional supervision during the remainder of the semester. The student will carry a typical clinical caseload and academic registration during the time a CAP is in place.

If goals are not met and sufficient progress made toward competencies by the deadline specified in the CAP, the student will receive an "Unsatisfactory" grade. A student who receives a grade of “Unsatisfactory” will not receive clinical clock hours toward ASHA or AAA certification, as well as UI credit hours toward graduation for that clinical assignment. The student will be placed on clinical probation if this is the first “Unsatisfactory” grade received for a clinical placement. Two “Unsatisfactory” grades in a student’s program will result in dismissal from the Clinical AuD program. An “Unsatisfactory” grade in the semester prior to the student’s fourth year externship may result in a decision to cancel or postpone that placement. An “Unsatisfactory” grade in the final semester of the fourth year externship will impact graduation.

CLINICAL PROBATION

If a student earns an unsatisfactory grade in Clinical Rotations in Audiology (CSD:5315) or Advanced Externship in Audiology (CSD:6316), the student is placed on clinical probation and a Clinical Intervention Plan (CIP) is established (see below). If a student achieves the goals on the CIP the following semester and receives a grade of “Satisfactory”, the student will be removed from clinical probation. The student must earn a satisfactory grade in CSD:5315 or CSD:6316 the following semester to continue in the clinical program. Withdrawal from a course (grade of W) due to poor clinical performance will be considered equivalent to an “Unsatisfactory” grade. It should be noted that students are required to pass clinical checkpoint exams each semester during their first and second years in the program to earn a satisfactory grade in CSD:5315.

An “Unsatisfactory” grade may result in an extension of the student’s program. Two “Unsatisfactory” grades in a student’s program will result in dismissal from the Clinical AuD program. An “Unsatisfactory” grade in the semester prior to the student’s fourth year externship may result in a decision to cancel or postpone that placement. An “Unsatisfactory” grade in the final semester of the fourth year externship will impact graduation.

CLINICAL INTERVENTION PLAN

The Clinical Intervention Plan (CIP) is for students who have not made sufficient progress toward meeting KASA competencies and have been placed on Clinical Probation. Determination of the need for a CIP will be made by the clinical faculty and the Director of Clinical Education - Audiology. The CIP will be put in place immediately following the semester in which a student earned a “Unsatisfactory” or “Incomplete” for his/her clinical assignment. The CIP identifies areas in need of improvement and includes specific goals which describe behaviors that need to be demonstrated for successful completion of the clinical rotation. CIPs are written by the clinical educator who worked with the student during the semester in which the student earned an unsatisfactory grade. The student’s clinical educator will review the CIP with the student after which the student will sign the CIP indicating that the CIP was reviewed, the student was provided a copy and had the opportunity to ask questions regarding the CIP. The Director of Clinical Education may be involved in the review of the CIP. If the student chooses not to sign the CIP, clinic activities will be terminated. Both the Director of Clinical Education – Audiology and the clinical educator who will be working with the student when the intervention plan is in place will review the CIP. The student will carry a typical clinical caseload and academic registration during the time a CIP is in place. If goals are not met and sufficient progress made toward competencies as described in the CIP, the student will receive an “Unsatisfactory.” A student who receives a

grade of “Unsatisfactory” will not receive clinical clock hours toward ASHA or AAA certification or UI credit hours toward graduation for that clinical assignment. Two “Unsatisfactory” grades in a student’s program will result in dismissal from the Clinical AuD program. An “Unsatisfactory” grade in the semester prior to the student’s fourth year externship may result in a decision to cancel or postpone that placement. An “Unsatisfactory” grade in the final semester of the fourth year externship will impact graduation.

Should a student not meet a KASA competency related to Ethics, a intervention plan will be implemented to assist the student in meeting this competency. The plan may include the following strategies

- Discuss the problem, assess legal and ethical issues, determine who is affected, identify options, reflect (Hamill & Friedland, 2004)
- Ethical bracketing (Kocet & Herlihy, 2014) to assist the student in self reflection
- Address value-based conflicts using the decision making model (Kocet & Herlihy, 2014)
- Guided clinical observations
- Paired intervention with clinical educator or another graduate student clinician.

RESEARCH REQUIREMENTS

All AuD students must register for both of the following courses in the Fall Semester of their first year in the AuD program:

- CSD:5510 Introduction to Research (0 s.h.)
- CSD:5515 Proseminar (0 s.h.)

FORMATIVE ASSESSMENTS

- Clinical Checkpoints each semester during the first and second years
- Review of clinical competencies at the end of each clinical experience
- Qualifying exams during the first and second years

SUMMATIVE ASSESSMENTS

- Qualifying Exam at the end of the third year
- Review of clinical competencies at the end of the third year

All AuD students must pass a qualifying examination at the end of each of the first three years of their study toward the AuD. A passing score on this examination is 80%. The purpose of this examination is to ensure that the student is making appropriate progress throughout their AuD program and that they retain the knowledge acquired in previous years. Each year students are tested on the material they have covered in classes and clinic up to that point (e.g., first year students are tested only on content covered during the first year. Second year students are tested on information from the first two years, etc.).

Students who earn a score of less than 80% on any of the three qualifying examinations will be considered to have failed the qualifying examination. If the student wishes to continue in the AuD program, he/she must submit a written declaration to the Director of Graduate Studies (Chair) requesting an opportunity to repeat the qualifying exam. This declaration must be submitted before the student is able to enroll in their next semester course work. If a request to repeat the qualifying exam is received, the qualifying exam committee will specify the date by which her repeat exam must be completed. In accord with the regulations of the Graduate College, this reexamination may occur no sooner than the beginning of the following term. *Students are allowed to retake the qualifying examination only once. A second failure will result in dismissal from the AuD program.*

All AuD students must demonstrate the clinical competencies described in the current ASHA standard in order to graduate. At the end of each clinical experience the clinical competencies that are expected for the student's level of experience and those achieved by the student are reviewed with the student by the student's clinical instructor. The Director of Clinical Education – Audiology monitors students' progress towards obtaining competencies each semester and can make adjustment to clinical assignments based on progress.

CAPSTONE REQUIREMENT

All students enrolled in the AuD program must also successfully complete and defend a "Capstone Project" prior to graduation. Options relating to this final project include:

1. A mentored research project;
2. A mentored, non-data-based project (such as setting up a hearing conservation program in the schools);
3. A term paper that critically reviews published literature addressing a specific clinical topic assigned to the student by the AuD examination committee.

Students who select options 1 or 2 must have a mentor who is affiliated with the Department of Communication Sciences and Disorders at the University of Iowa. Both tenure- and clinical-track faculty members are eligible to serve as mentors. The scope of the project and timetable for completion is determined and agreed upon by the student and mentor.

Students who select option 3 will choose a topic from a set of questions provided to them by the AuD examination committee. The AuD examination committee will be composed of no less than four faculty members from the University of Iowa and can include a combination of clinical faculty, tenured or tenure-track faculty and/or faculty with adjunct appointments. The following timetable will be used to insure the students make appropriate progress toward addressing these questions during their 4th year in the AuD program:

- Mid-December: Questions will be generated and sent to students electing option 1 above.
- Early February: Students are required to turn in a first draft of their papers to the Director of AuD Studies for dissemination to the primary readers for review.
- Mid-February: The Director of AuD Studies will send comments back to the students regarding their documents.
- Mid-March: Students will send a final version of their document back to the Director of AuD Studies.
- Prior to April 3: Faculty will vote to decide if the students have passed or failed this examination.

Students opting for options 1 or 2 will work with an advisor to identify a research topic or project that will form their capstone experience. They will be expected to conduct the research or complete the project, write a description of that work and defend their efforts to their examination committee. Finally, they will also be required to present the results of this research in a public presentation to their peers. Students must successfully pass all components of this final examination prior to graduation. Students who are enrolled in the combined AuD/PhD program will be expected to complete a research-based "capstone" project (option 1). This project will qualify as their pre-dissertation project.

Students who do not successfully complete all requirements for their capstone experience on time will be considered to have failed and will not be allowed to graduate. The student will be required to register for the following semester and successfully complete the needed requirements before their AuD degree will be granted. If the student does not complete the requirements the following semester, this intervention will continue until all requirements are completed satisfactorily.

NATIONAL EXAMINATION IN AUDIOLOGY

AuD students are required to take and pass the National Examination for professional practice in Audiology prior to the completion of their 4th year in the AuD program.

MATRICULATION

1. Shortly after the beginning of the final term of enrollment, the student and their advisor or the AuD Studies director will meet to complete a Plan of Study Summary Sheet. The Director of Clinical Education and the Program Director will complete page 4 of the ASHA Application for the Certificate of Clinical Competence in Audiology once requirements have been met by the student.

AWARDING OF DEGREES

AuD degrees are awarded upon the favorable recommendation of the examining committee, approval of the Department Chair and approval by the Graduate College. To receive a degree in any given semester, the student must have filed an Application for Graduate College Degree form for that semester. The deadline date for such filing is specified by the Registrar and is typically early in the semester. *It is the responsibility of the student to see that these and other required procedures are completed at the appropriate times.*

COMBINED AUD/PHD

The University of Iowa also offers a combined AuD/PhD degree. Individuals wishing to pursue joint doctoral degrees are required to apply initially to the AuD program and to discuss this option with their advisor. At the end of the second year of the AuD program, they will petition the faculty to change degree objectives. This will be granted if the student is making adequate progress toward the AuD and if there is a faculty member who will mentor the student. If approved by the faculty as a whole, the student and his/her mentor will form a planning committee who will help the candidate merge the two curricula efficiently. It should be possible to complete a project that will serve both as a capstone project for the AuD and as a pre-dissertation project for the PhD. Students, along with their committee members, will determine how the clinical practicum rotations will be interleaved with PhD coursework. The student will then present this program of study to the department chair, who – in consultation with the faculty - will make final decisions on a case-by-case basis about admission and funding eligibility.

For students with an undergraduate background in this field who wish to pursue work toward a combined AuD/PhD, it is estimated that completion of both the AuD and PhD degrees will take approximately 7 years.

It should be emphasized that the above policies are not intended to discourage students from longer periods of study if such study can be justified in relation to their eventual goals. Instead, they should be interpreted as guidelines for program planning and student evaluation and will be taken into account in making decisions concerning continuation of financial aid.

THE MASTER OF ARTS DEGREE IN SPEECH-LANGUAGE PATHOLOGY

The MA SLP program the University of Iowa is accredited by the Council on Academic Accreditation (see Appendix A). Graduates of this program meet all requirements for clinical certification by the American Speech-Language-Hearing Association and will be eligible for licensure in the State of Iowa.

COURSEWORK

Prerequisite undergraduate coursework required for graduation with an MA degree can be viewed at <https://clas.uiowa.edu/comsci/graduate-program/master-arts-speech-languagepathology-ma-slp-program#Admission>

The specific course requirements for the MA program can be found at <https://clas.uiowa.edu/comsci/graduate-program/master-arts-speech-language-pathology-ma-slp-program#Plan>

This program of study provides training that will allow students to function as a speech pathologist in any clinical environment.

CLINIC PLACEMENT AND PROGRESSION

Students will complete a survey prior to the beginning of the graduate program indicating their interest in specific clinical areas. The Director of Clinical Education (DCE)-SLP will use this information to create a progression for students through the clinical program. Students will be assigned to one clinical educator in their first fall semester for 2-2.5 hours per week of clinical experiences. During the spring semester of the first year, students will be placed on 2 clinical teams for 4 clinical opportunities. There may be options for extra clinical placements starting from the spring semester based on availability and student interest. Students will change teams in the summer and have two clinical educators. In the fall of their 2nd year, students will have one clinical team placement. During this time, students will have the option of completing mini-placements or other in-house clinic in areas of their interest. Students will complete their externships in their 2nd spring semester before graduation.

THESIS OPTION

All MA students have an opportunity to pursue an independent research project as a part of their MA program. Students interested in completing a thesis should speak with their academic advisor about their interest. Generally, students may speak with a number of faculty members about their research in order to identify an appropriate thesis mentor. Students should begin their thesis by the beginning of the first spring semester. Thesis students will be required to take the EBP seminar their first Fall semester and to write the EBP paper (same as non-thesis students). Thesis students will be required to take 4 credits of research (CSD:7590) over the course of their program. Because the thesis work will require a considerable time commitment, thesis students will be required to take a minimum of 8 (rather than 12) credits of menu courses.

ASSESSMENT PROCEDURES

The American Speech Language and Hearing Association has established competencies students must master if they want to be eligible for clinical certification in Speech Pathology. These competencies are outlined on a Knowledge and Skills Acquisition (KASA) form. Part of that form focuses on the didactic coursework students must receive. The other part focuses on the clinical training component.

ASSESSING DIDACTIC PROGRESS

For academic coursework, instructors for each class will assign a letter grade to each student using a 4-point scale. Successful completion of the MA program requires that each student maintain a cumulative graduate GPA of 3.0 or higher. Students who earn a grade lower than a B- for any of the courses required for graduation must work with the course instructor to develop an individual intervention plan to ensure that the student masters the material required for clinical practice as outlined on the didactic portion of the KASA form. That plan may include retaking part or all of a course during another semester, and as a result may prolong the time required for completion of the degree. Successful completion of this additional requirement will *not* result in a change in the grade earned by the student when they originally took the course.

Per Graduate College regulations, students who fall below the 3.0 GPA requirements will have one semester to raise their overall GPA above the minimum level. If they are not able to do so, they will not be allowed to continue in the program. Earning a grade below a B- during two semesters will also result in dismissal from the MA program.

ASSESSING CLINICAL PROGRESS

At the end of each semester the clinical educators will review each students' progress toward attaining the skill set necessary to function as a competent speech language pathologist. For each clinical rotation (including rotations in the in-house training clinic and at clinical externship sites) a grade of either satisfactory or unsatisfactory will be assigned based on the progress the student has made toward meeting the competencies outlined on the clinical portion of the KASA (see Appendix B). Details relative to expectations for incoming students and how students are evaluated, graded, and (if necessary) remediated in terms of their performance of the clinical skills necessary to function as a speech/language pathologist are described below.

GRADING

Each student will receive "Satisfactory" – "Unsatisfactory" grades in all clinical practicums, including in-house and external assignments. General procedures performed by the clinical educators: (To be completed in this order)

1. Clinical educators will individually complete KASAs for all student clinicians on their team.
2. All clinical educators, and the Clinic Director meet to collectively complete Section C of the KASA for all student clinicians and determine the final grade for all student clinicians. Supervisors of students in external placements will provide their feedback to the Director of Clinical Education (DCE-SLP). (The final meeting will be tentatively scheduled for Monday of Finals Week).
3. Letters communicating each student clinician's grade (e.g., S or U) will be distributed to all student clinicians no later than Monday afternoon of Finals Week.

4. All clinical supervisors will meet with each of the student clinicians on their team to provide feedback on KASA competencies in their respective areas.

If a student clinician receives an Unsatisfactory evaluation, the student clinician will meet with the Director of Clinical Education (no later than 5:00 pm on Friday of Finals Week).

All Clinical educators who have supervised a student in any given semester will collectively determine one overall grade for that semester.

A student may receive an overall grade of “Unsatisfactory” for the semester (including summers), even if the student has received satisfactory performance feedback from some supervisors. Similarly, a student may receive an overall grade of “Satisfactory” for the semester, even if the student has received unsatisfactory performance feedback from some supervisors.

An “Unsatisfactory” grade indicates that some aspect of the student’s clinical performance is inappropriate or unacceptable.

An “Unsatisfactory” grade will result in the student being placed on clinical probation.

An “Unsatisfactory” grade may result in an extension of the student’s program.

A student who receives a grade of “Unsatisfactory” will not receive clinical clock hours, or UI credit hours toward graduation and ASHA certification for that clinical assignment. Two consecutive overall “Unsatisfactory” grades in a student’s program will result in dismissal from the Clinical Master’s program.

An “Unsatisfactory” grade in the semester prior to the student’s final (externship) semester may result in a decision to cancel or postpone the student’s externships. This decision will be made by the DCE, in consultation with the clinical educators.

If a student receives an ‘Unsatisfactory’ grade during their externship, the student will not receive clinical clock hours, or UI credit hours toward graduation and ASHA certification for that clinical assignment. Efforts to find other externships will be made, if warranted.

Satisfactory

This designation indicates that the student has demonstrated solidly competent performance appropriate for their academic background and clinical experience level as outlined on the Knowledge and Skills Acquisition (KASA) form.

- The student clinician is able to function effectively, with some supervisory assistance, in planning, during the diagnostic and therapy settings, and in follow through of clinical services.
- The student is effective in the application of background/academic knowledge to the clinical process.
- The student is familiar with the client’s history and/or current file and with diagnostic or therapeutic materials and procedures prior to each clinical session.
- Reports are timely and thorough and require only minor revisions pertaining to use of professional language/style. All paperwork is complete.
- The student demonstrates substantial growth and change toward professional independence.
- The student recognizes clinical strengths and areas where improvement is needed and can generate ideas of how to implement change.

- It is projected that the student clinician will continue to learn and refine clinical skills, with decreasing amounts of supervision.
- No KASA competencies are below the level expected for the student's clinical experience.

Unsatisfactory

This designation indicates marginally competent performance or poorer based on academic background and clinical experience as outlined on the KASA form.

- The student clinician demonstrates difficulty applying and executing the fundamentals of the clinical process in planning, during the diagnostic and therapy settings, and in follow-through of clinical services.
- The student does not independently apply background/academic knowledge to the clinical process.
- The student is not consistently familiar with the client's history and/or current file and with diagnostic or therapeutic materials and procedures prior to each clinical session.
- Paperwork is not consistently timely and informative. Reports are not consistently timely and thorough and require substantial revisions in both professional language and content. Paperwork is not consistently complete.
- The student needs more than usual supervision and direction for academic background and clinical experience as outlined on the KASA form.
- The student may recognize only some of the areas in need of improvement. It is projected that the student clinician may continue to need more than the usual amount of supervision with similar clients.
- One or more KASA competencies are below level expected for the student's clinical experience.

CLINICAL ACTION PLAN

The Clinical Action Plan (CAP) is for students who have not made sufficient progress toward meeting their competencies. The CAP can be put in place at any time during the semester following a discussion between the relevant clinical educator(s), DCE (SLP) and the student. Determination of the need for a CAP will be made by the clinical educator supervising the student and the DCE. Other clinical faculty may be consulted. If a student demonstrates an area of weakness at the end of the semester that does not warrant a grade of 'Unsatisfactory', a CAP can be put into place for the following semester.

The CAP will identify areas of weakness and specific goals will be written by the supervising clinical educator, the Director of Clinical Education, and the student. This document will be reviewed, discussed and signed indicating that the information was shared and action plan was understood and agreed upon. In addition, other clinical educators may assist the primary supervisors by providing additional supervision.

Two clinical educators will supervise the student who has a Clinical Action Plan. If goals are not met and sufficient progress made toward competencies, the student will receive an "Unsatisfactory" and be placed on clinical probation.

A CAP may be created during an externship by the supervising clinician, DCE, and the student. Similar procedures to those described above will be followed, when possible.

CLINICAL PROBATION

A student can be placed on clinical probation if they receive an “Unsatisfactory” grade for clinical practicum in any semester of their program.

Once a student has been placed on clinic probation:

- The student will carry a typical clinical caseload and registration for CSD:5301 (Clinical Practicum).

If a student achieves the goals on the Clinical Intervention Plan (CIP) and receives a grade of “Satisfactory,” the student will be removed from clinical probation. If the student does not achieve the CIP goals and does not receive a grade of “Satisfactory”, the student will be dismissed from the clinical Master’s program.

- The student should understand that being placed on clinical probation may extend their program by at least one semester.
- If a student is placed on clinical probation a 2nd time during their graduate program they will be dismissed from the clinical Master’s program.

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CLINICAL INTERVENTION PLAN

A Clinical Intervention Plan (CIP) may be created for a student if they have been placed on Clinical Probation OR if they are not achieving competencies in one area (e.g., writing reports). The CIP is similar to the Clinical Action Plan in that it will identify areas of weakness and specific goals will be written by the supervising faculty member, the DCE and the student. In addition, other faculty members may assist the primary supervisors by providing additional supervision. The DCE will review the CIP with the student and a copy of the CIP will be placed in the student’s file and be given to the advisor.

Should a student not meet a KASA competency related to Ethics, an intervention plan will be implemented to assist the student in meeting this competency. The plan may include the following strategies

- Discuss the problem, assess legal and ethical issues, determine who is affected, identify options, reflect (Hamill & Friedland, 2004)
- Ethical bracketing (Kocet & Herlihy, 2014) to assist the student in self reflection
- Address value-based conflicts using the decision-making model (Kocet & Herlihy, 2014)
- Guided clinical observations
- Paired intervention with clinical educator or another graduate student clinician.

WITHDRAWAL FROM CLINICAL PRACTICUM

If a student withdraws from a clinical rotation, their graduate program will be extended by at least one semester in order to have the opportunity to complete that clinical rotation. Withdrawal from clinical practicum more than once during the graduate program will result in dismissal from the clinical Master's program.

AWARDING OF DEGREES

To receive a degree in any given semester, the student must have filed an Application for Graduate College Degree form for that semester and register for commencement in workflow (https://login.uiowa.edu/uip/auth.page?type=web_server&client_id=workflow-hris&redirect_uri=http://workflow.uiowa.edu/auth/login&response_type=code&scope=workflow.gui+workflow.api+workflow.api.gui). The deadline date for such filing is specified by the Registrar and is typically early in the semester. *It is the responsibility of the student to see that these and other required procedures are completed at the appropriate times.*

APPENDIX A

2020 Standards and Implementation Procedures for the Certificate of Clinical Competence in Speech-Language Pathology <https://www.asha.org/Certification/2020-SLP-Certification-Standards/>

Effective Date: January 1, 2020

Introduction

The Council for Clinical Certification in Audiology and Speech-Language Pathology (CFCC) is a semi-autonomous credentialing body of the American Speech-Language-Hearing Association. The charges to the CFCC are: to define the standards for clinical certification; to apply those standards in granting certification to individuals; to have final authority to withdraw certification in cases where certification has been granted on the basis of inaccurate information; and to administer the certification maintenance program.

A Practice and Curriculum Analysis of the Profession of Speech-Language Pathology was conducted in 2009 under the auspices of the Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA) and the CFCC. The survey analysis was reviewed by the CFCC, and the following standards were developed to better fit current practice models.

The 2020 standards and implementation procedures for the Certificate of Clinical Competence in Speech-Language Pathology will go into effect for all applications for certification received on or after January 1, 2020

Standard I: Degree

The applicant for certification must have a master's, doctoral, or other recognized post-baccalaureate degree.

Implementation: The Council for Clinical Certification in Audiology and Speech-Language Pathology (CFCC) has the authority to determine eligibility of all applicants for certification.

Standard II: Education Program

All graduate course work and graduate clinical experience required in speech-language pathology must have been initiated and completed in a speech-language pathology program accredited by the Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA).

Implementation: If the program of graduate study is initiated and completed in a CAA-accredited program and if the program director or official designee verifies that all knowledge and skills required at that time for application have been met, approval of the application is automatic. Individuals educated outside the United States or its territories must submit documentation that course work was completed in an institution of higher education that is regionally accredited or recognized by the appropriate regulatory authority for that country. In addition, applicants outside the United States or its territories must meet each of the standards that follow.

Standard III: Program of Study

The applicant for certification must have completed a program of study (a minimum of 36 semester credit hours at the graduate level) that includes academic course work and supervised clinical experience sufficient in depth and breadth to achieve the specified knowledge and skills outcomes stipulated in Standard IV-A through IV-G and Standard V-A through V-C.

Implementation: The minimum of 36 graduate semester credit hours must have been earned in a program that addresses the knowledge and skills pertinent to the ASHA Scope of Practice in Speech-Language Pathology.

Standard IV: Knowledge Outcomes

Standard IV-A

The applicant must have demonstrated knowledge of the biological sciences, physical sciences, statistics, and the social/behavioral sciences.

Implementation: Acceptable courses in biological sciences should emphasize a content area related to human or animal sciences (e.g., biology, human anatomy and physiology, neuroanatomy and neurophysiology, human genetics, veterinary science). Acceptable courses in physical sciences should include physics or chemistry. Acceptable courses in social/behavioral sciences should include psychology, sociology, anthropology, or public health. A stand-alone course in statistics is required. Research methodology courses in communication sciences and disorders (CSD) may not be used to satisfy the statistics requirement. A course in biological and physical sciences specifically related to CSD may not be applied for certification purposes to this category unless the course fulfills a university requirement in one of these areas.

Standard IV-B

The applicant must have demonstrated knowledge of basic human communication and swallowing processes, including the appropriate biological, neurological, acoustic, psychological, developmental, and linguistic and cultural

bases. The applicant must have demonstrated the ability to integrate information pertaining to normal and abnormal human development across the life span.

Standard IV-C

The applicant must have demonstrated knowledge of communication and swallowing disorders and differences, including the appropriate etiologies, characteristics, anatomical/physiological, acoustic, psychological, developmental, and linguistic and cultural correlates in the following areas:

- articulation
- fluency
- voice and resonance, including respiration and phonation
- receptive and expressive language (phonology, morphology, syntax, semantics, pragmatics, prelinguistic communication and paralinguistic communication) in speaking, listening, reading, writing
- hearing, including the impact on speech and language
- swallowing (oral, pharyngeal, esophageal, and related functions, including oral function for feeding, orofacial myology)
- cognitive aspects of communication (attention, memory, sequencing, problem- solving, executive functioning)
- social aspects of communication (including challenging behavior, ineffective social skills, and lack of communication opportunities)
- augmentative and alternative communication modalities

Implementation: It is expected that course work addressing the professional knowledge specified in Standard IV-C will occur primarily at the graduate level.

Standard IV-D

For each of the areas specified in Standard IV-C, the applicant must have demonstrated current knowledge of the principles and methods of prevention, assessment, and intervention for people with communication and swallowing disorders, including consideration of anatomical/physiological, psychological, developmental, and linguistic and cultural correlates.

Standard IV-E

The applicant must have demonstrated knowledge of standards of ethical conduct.

Implementation: The applicant must have demonstrated knowledge of the principles and rules of the current ASHA Code of Ethics.

Standard IV-F

The applicant must have demonstrated knowledge of processes used in research and of the integration of research principles into evidence-based clinical practice.

Implementation: The applicant must have demonstrated knowledge of the principles of basic and applied research and research design. In addition, the applicant must have

demonstrated knowledge of how to access sources of research information and have demonstrated the ability to relate research to clinical practice.

Standard IV-G

The applicant must have demonstrated knowledge of contemporary professional issues.

Implementation: The applicant must have demonstrated knowledge of professional issues that affect speech-language pathology. Issues typically include trends in professional practice, academic program accreditation standards, ASHA practice policies and guidelines, and reimbursement procedures.

Standard IV-H

The applicant must have demonstrated knowledge of entry level and advanced certifications, licensure, and other relevant professional credentials, as well as local, state, and national regulations and policies relevant to professional practice.

Standard V: Skills Outcomes

Standard V-A

The applicant must have demonstrated skills in oral and written or other forms of communication sufficient for entry into professional practice.

Implementation: The applicant must have demonstrated communication skills sufficient to achieve effective clinical and professional interaction with clients/patients and relevant others. In addition, the applicant must have demonstrated the ability to write and comprehend technical reports, diagnostic and treatment reports, treatment plans, and professional correspondence.

Standard V-B

The applicant for certification must have completed a program of study that included experiences sufficient in breadth and depth to achieve the following skills outcomes:

1. Evaluation
 - a. Conduct screening and prevention procedures (including prevention activities).
 - b. Collect case history information and integrate information from clients/patients, family, caregivers, teachers, and relevant others, including other professionals.
 - c. Select and administer appropriate evaluation procedures, such as behavioral observations, nonstandardized and standardized tests, and instrumental procedures.
 - d. Adapt evaluation procedures to meet client/patient needs.
 - e. Interpret, integrate, and synthesize all information to develop diagnoses and make appropriate recommendations for intervention.

- f. Complete administrative and reporting functions necessary to support evaluation.
- g. Refer clients/patients for appropriate services.

2. Intervention

- a. Develop setting-appropriate intervention plans with measurable and achievable goals that meet clients'/patients' needs. Collaborate with clients/patients and relevant others in the planning process.
- b. Implement intervention plans (involve clients/patients and relevant others in the intervention process).
- c. Select or develop and use appropriate materials and instrumentation for prevention and intervention.
- d. Measure and evaluate clients'/patients' performance and progress.
- e. Modify intervention plans, strategies, materials, or instrumentation as appropriate to meet the needs of clients/patients.
- f. Complete administrative and reporting functions necessary to support intervention.
- g. Identify and refer clients/patients for services as appropriate.

3. Interaction and Personal Qualities

- a. Communicate effectively, recognizing the needs, values, preferred mode of communication, and cultural/linguistic background of the client/patient, family, caregivers, and relevant others.
- b. Collaborate with other professionals in case management.
- c. Provide counseling regarding communication and swallowing disorders to clients/patients, family, caregivers, and relevant others.
- d. Adhere to the ASHA Code of Ethics and behave professionally.

Implementation: The applicant must have acquired the skills referred to in this standard applicable across the nine major areas listed in Standard IV-C. Skills may be developed and demonstrated by direct client/patient contact in clinical experiences, academic course work, labs, simulations, examinations, and completion of independent projects.

The applicant must have obtained a sufficient variety of supervised clinical experiences in different work settings and with different populations so that he or she can demonstrate skills across the ASHA Scope of Practice in Speech-Language Pathology. Supervised clinical experience is defined as clinical services (i.e., assessment/diagnosis/evaluation, screening, treatment, report writing, family/client consultation, and/or counseling) related to the management of populations that fit within the ASHA Scope of Practice in Speech-Language Pathology.

Supervisors of clinical experiences must hold a current ASHA Certificate of Clinical Competence in the appropriate area of practice during the time of supervision. The supervised activities must be within the ASHA Scope of Practice in Speech-Language Pathology to count toward certification.

Standard V-C

The applicant for certification in speech-language pathology must complete a minimum of 400 clock hours of supervised clinical experience in the practice of speech-language pathology. Twenty-five hours must be spent in clinical observation, and 375 hours must be spent in direct client/patient contact.

Implementation: Guided observation hours generally precede direct contact with clients/patients. The observation and direct client/patient contact hours must be within the ASHA Scope of Practice of Speech-Language Pathology and must be under the supervision of a qualified professional who holds current ASHA certification in the appropriate practice area. Such supervision may occur simultaneously with the student's observation or afterwards through review and approval of written reports or summaries submitted by the student. Students may use video recordings of client services for observation purposes.

Applicants should be assigned practicum only after they have acquired sufficient knowledge bases to qualify for such experience. Only direct contact with the client or the client's family in assessment, intervention, and/or counseling can be counted toward practicum. Although several students may observe a clinical session at one time, clinical practicum hours should be assigned only to the student who provides direct services to the client or client's family. Typically, only one student should be working with a given client at a time in order to count the practicum hours. In rare circumstances, it is possible for several students working as a team to receive credit for the same session, depending on the specific responsibilities each student is assigned. For example, in a diagnostic session, if one student evaluates the client and another interviews the parents, both students may receive credit for the time each spent in providing the service. However, if student A works with the client for 30 minutes and student B works with the client for the next 45 minutes, each student receives credit for only the time he/she actually provided services—that is, 30 minutes for student A and 45 minutes for student B. The applicant must maintain documentation of time spent in supervised practicum, verified by the program in accordance with Standards III and IV.

Standard V-D

At least 325 of the 400 clock hours must be completed while the applicant is engaged in graduate study in a program accredited in speech-language pathology by the Council on Academic Accreditation in Audiology and Speech-Language Pathology.

Implementation: A minimum of 325 clock hours of clinical practicum must be completed at the graduate level. At the discretion of the graduate program, hours obtained at the undergraduate level may be used to satisfy the remainder of the requirement.

Standard V-E

Supervision must be provided by individuals who hold the Certificate of Clinical Competence in the appropriate profession. The amount of direct supervision must be commensurate with the student's knowledge, skills, and experience, must not be less than 25 % of the student's total contact with each client/patient, and must take place periodically throughout the practicum. Supervision must be sufficient to ensure the welfare of the client/patient.

Implementation: Direct supervision must be in real time. A supervisor must be available to consult with a student providing clinical services to the supervisor's client. Supervision of clinical practicum is intended to provide guidance and feedback and to facilitate the student's acquisition of essential clinical skills. The 25% supervision standard is a minimum requirement and should be adjusted upward whenever the student's level of knowledge, skills, and experience warrants.

Standard V-F

Supervised practicum must include experience with client/patient populations across the life span and from culturally/linguistically diverse backgrounds. Practicum must include experience with client/patient populations with various types and severities of communication and/or related disorders, differences, and disabilities.

Implementation: The applicant must demonstrate direct client/patient clinical experiences in both assessment and intervention with both children and adults from the range of disorders and differences named in Standard IV-C.

Standard VI: Assessment

The applicant must have passed the national examination adopted by ASHA for purposes of certification in speech-language pathology.

Standard VII: Speech-Language Pathology Clinical Fellowship

The applicant must successfully complete a Speech-Language Pathology Clinical Fellowship (CF).

Implementation: The Clinical Fellowship may be initiated only after completion of all academic course work and clinical experiences required to meet the knowledge and skills delineated in Standards IV and V. The CF must have been completed under the mentorship of an individual who held the ASHA Certificate of Clinical Competence in Speech-Language Pathology (CCC-SLP) throughout the duration of the fellowship.

Standard VII-A: Clinical Fellowship Experience

The Clinical Fellowship must have consisted of clinical service activities that foster the continued growth and integration of knowledge, skills, and tasks of clinical practice in speech-language pathology consistent with ASHA's current Scope of Practice in Speech-Language Pathology. The Clinical Fellowship must have consisted of no less than 36 weeks of full-time professional experience or its part-time equivalent.

Implementation: No less than 80% of the Fellow's major responsibilities during the CF experience must have been in direct client/patient contact (e.g., assessment, diagnosis, evaluation, screening, treatment, clinical research activities, family/client consultations, recordkeeping, report writing, and/or counseling) related to the management process for individuals who exhibit communication and/or swallowing disabilities.

Full-time professional experience is defined as 35 hours per week, culminating in a minimum of 1,260 hours. Part-time experience of less than 5 hours per week will not meet the CF requirement and may not be counted toward completion of the experience. Similarly, work in excess of the 35 hours per week cannot be used to shorten the CF to less than 36 weeks.

Standard VII-B: Clinical Fellowship Mentorship

The Clinical Fellow must have received ongoing mentoring and formal evaluations by the CF mentor.

Implementation: Mentoring must have included on-site observations and other monitoring activities. These activities may have been executed by correspondence, review of video and/or audio recordings, evaluation of written reports, telephone conferences with the Fellow, and evaluations by professional colleagues with whom the Fellow works. The CF mentor and Clinical Fellow must have participated in regularly scheduled formal evaluations of the Fellow's progress during the CF experience.

Standard VII-C: Clinical Fellowship Outcomes

The Clinical Fellow must have demonstrated knowledge and skills consistent with the ability to practice independently.

Implementation: At the completion of the CF experience, the applicant will have acquired and demonstrated the ability to

- integrate and apply theoretical knowledge,
- evaluate his or her strengths and identify his or her limitations,
- refine clinical skills within the Scope of Practice in Speech-Language Pathology, ▪
apply the ASHA Code of Ethics to independent professional practice.

In addition, upon completion of the CF, the applicant must have demonstrated the ability to perform clinical activities accurately, consistently, and independently and to seek guidance as necessary.

Standard VIII: Maintenance of Certification

Certificate holders must demonstrate continued professional development for maintenance of the Certificate of Clinical Competence in Speech-Language Pathology (CCC-SLP).

Implementation: Individuals who hold the Certificate of Clinical Competence in Speech-Language Pathology (CCC-SLP) must accumulate 30 certification maintenance hours of professional development during every 3-year maintenance interval. Intervals are continuous and begin January 1 of the year following award of initial certification or reinstatement of certification. A random audit of compliance will be conducted. Accrual of professional development hours, adherence to the ASHA Code of Ethics, submission of certification maintenance compliance documentation, and payment of annual dues and/or certification fees are required for maintenance of certification.

THE UNIVERSITY OF IOWA
DEPARTMENT OF COMMUNICATION SCIENCES & DISORDERS

Student's Name: _____ Semester/Year: _____ Date: _____

Student's ID #: _____ Supervisor: _____ Practicum: _____

KASA - Standard V-B The applicant for certification must complete a program of study that includes supervised clinical experiences sufficient in breadth and depth to achieve the following skills outcomes (in addition to clinical experiences, skills may be demonstrated through successful performance on academic course work and examinations, independent projects, simulated patients, or other appropriate alternative methods):

	Fall	Spring	Summer	Fall	Spring (Out placement)	Average
1. EVALUATION						
1a. Conducts screening and prevention procedures (including prevention activities).						
1b. Collects case history information and integrates information from clients/ patients, family, caregivers, teachers, relevant others, and other professionals.						
1c. Selects appropriate evaluation procedures, such as behavioral observations, non-standardized and standardized tests, and instrumental procedures.						
<ul style="list-style-type: none"> Administers appropriate evaluation procedures, such as behavioral observations, non-standardized and standardized tests, and instrumental procedures. 						
1d. Adapt evaluation procedures to meet the needs of individuals receiving services.						
1e. Interprets, integrates, and synthesizes all information to develop diagnoses and make appropriate recommendations for intervention.						
1f. Completes administrative and reporting functions necessary to support evaluation.						
1g. Refers clients/patients for appropriate services.						
3c. Provides counseling regarding communication and swallowing disorders to clients/patients, family, caregivers, and relevant others						
2. INTERVENTION						
2a. Develops setting-appropriate intervention plans with measurable and achievable goals that meet clients'/patients' needs. Collaborates with clients/ patients and relevant others in the planning process.						
<ul style="list-style-type: none"> Displays knowledge base obtained from coursework 						
2b. Implements intervention plans (involve clients/patients and relevant others in the intervention process.)						
<ul style="list-style-type: none"> Implements multiple therapy objectives as needed. 						
2c. Selects or develops and uses appropriate materials and instrumentation for prevention and intervention.						
2d. Measures and evaluates clients'/patients' performance and progress.						
2e. Modifies intervention plans, strategies, materials, or instrumentation as appropriate to meet the needs of the clients/patients.						
<ul style="list-style-type: none"> Provides appropriate instructions. 						
<ul style="list-style-type: none"> Provides appropriate models. 						
<ul style="list-style-type: none"> Provides appropriate stimuli. 						

• Provides appropriate feedback.						
• Provides appropriate reinforcement.						
2f. Completes administrative and reporting functions necessary to support intervention.						
2g. Identifies and refers clients/patients for services as appropriate.						
3c. Provides counseling regarding communication and swallowing disorders to clients/patients, family, caregivers, and relevant others						
3. INTERACTION AND PERSONAL QUALITIES						
Interactions with Clients						
3a. Communicates effectively, recognizing the needs, values, preferred mode of communication, and cultural/linguistic background of the client/patient, family, caregivers, and relevant others. Interacts respectfully regarding differences including gender, race, ethnicity, sexual orientation, age, national origin and disability.						
3b. Manages the care of individuals receiving services to ensure an interprofessional, team-based collaborative practice.						
3d. Appropriately interprets and expresses verbal and nonverbal messages.						
• Demonstrates interest in the client's progress.						
• Demonstrates interest in the client's well-being.						
• Maintains a professional relationship with the client and/or client's family or caregivers.						
Job-Related Professional Skills						
3e. Adheres to the ASHA Code of Ethics and behaves professionally						
• Works respectfully with Clinic office staff						
• Dresses professionally.						
• Follows Universal precautions						
Meetings with Clinical Educator						
• Review of new or updated client information (e.g. files, updated testing, progress towards goals) before meetings with the Clinical Educator; demonstrates familiarity with the case.						
• Timeliness and active engagement (e.g. asking questions and sharing ideas) during weekly 1:1 or group meetings with the Clinical Educator.						
• Increased independence in exploring and seeking resources for assessment and intervention.						
• Responsive to Clinical Educator feedback.						
• Maintains a professional relationship with Clinical Educator						
Written Communication						
• Timeliness of lesson plans, soaps and final reports						
• Completeness and professionalism of lesson plans and SOAPs						
• Completeness and professionalism of final reports						

<ul style="list-style-type: none"> • Timeliness and completeness of suggested changes or edits to written documentation, including EPIC, given by the Clinical Educator. 						
<ul style="list-style-type: none"> • Timeliness in responding to emails, EPIC messages, and other communication sent by Clinical Educator. 						
<ul style="list-style-type: none"> • Manages billing accurately on EPIC 						
Self-Evaluation						
<ul style="list-style-type: none"> • Readily participates in self-reflection activities. 						
<ul style="list-style-type: none"> • Answers the question: "What went well?" 						
<ul style="list-style-type: none"> • Answers the question "What needs to change?" 						
<ul style="list-style-type: none"> • Answers the question "What's my plan to make changes?" 						
<ul style="list-style-type: none"> • As training progresses, the student's evaluations are more independent and accurate. 						
Collaboration						
<ul style="list-style-type: none"> • Independently collaborates with other professionals in case management. Shares work equally among partner student clinicians. 						
<ul style="list-style-type: none"> • When working as part of a group, actively participates in group meetings (e.g. offering ideas or potential solutions). 						
<ul style="list-style-type: none"> • When working as part of a group, shows respect to fellow group members during interactions. 						
<ul style="list-style-type: none"> • Maintains a professional relationship with staff and team members. 						

PROGRESSION OF SKILLS CODES

N/O = no opportunity

0 - Absent - Student does not have knowledge; student does not demonstrate skill, student does not recognize strengths and weaknesses, requires maximum level of supervision - modeling and repeated direction does not improve skills.

1 - Taught/Marginal - Student does not have knowledge, student demonstrates minimal skills, student does not recognize strengths and weaknesses, student requires maximum level of supervision - modeling and repeated direction results in some change.

2 - Emerging - Student is beginning to demonstrate skill, student does not recognize strengths and weaknesses but can identify both if pointed out by clinical educator after the session, requires maximum supervision, modeling and directions result in some generalization of skills.

3 - Developing - Student demonstrates skill approximately half of the time, student recognizes clinical strengths and weaknesses after the session and with the clinical educator's help can generate ideas for change, supervision is provided most of the time, usually directions without modeling.

4 - Refining - Student demonstrates independence but supervision needed at times, direction alone required to make changes, student recognizes clinical strengths and weaknesses during the session although cannot always make online changes, requires intermittent supervision in accordance with ASHA guidelines.

5 - Independent - Student is functioning essentially as the responsible professional and displays competency, student clearly recognizes clinical strengths, student engages clinical educator when s/he has questions, take initiative for most aspects of the case, requires minimal level of supervision in accordance with ASHA guidelines.

6 - Outstanding - Student functions essentially as the responsible professional and displays superior competence in providing therapy and taking initiative for all aspects of the case, student clearly recognizes strengths and weaknesses, can usually critically think through challenging aspects, would be able to perform at high levels without supervision, although receives minimal level of supervision in accordance with ASHA guidelines.

MINIMUM REQUIREMENTS BY SEMESTER

	1st Semester Fall	2nd Semester Spring	3rd Semester Summer	4th Semester Fall	5th Semester Spr (Outplacement)
Evaluation	2	3	3.5	4.5	5
Intervention	3	3.5	4	4.5	5
Interactions with clients	3.5	4	5	5	5
Job-related professional skills	3	4	5	5	5

Meetings with clinical educator	3	4	4.5	5	5
Written communication	3	4	4.5	5	5
Self-evaluation	3	4	4	5	5
Collaboration	4	4	4.5	5	5
Minimum expected average	3	3.8	4.3	4.8	5

If student has not met the minimum required competency in any area, does s/he require an action plan? Yes No

Additional Supervisor Comments

Student Comments

I certify the above record of supervised practicum is correct and the amount of supervision meets ASHA guidelines.

Mid-semester Signature: _____ Date: _____

Final Signature: _____ Date: _____

Printed Name: _____

ASHA CCC#: _____

I certify that the above record of supervised practicum is correct.

Mid- semester Signature: _____ Date: _____

Final Signature: _____ Date: _____

Printed Name: _____

APPENDIX C

2020 Standards and Implementation Procedures for the Certificate of Clinical Competence in Audiology

Effective Date: January 1, 2020

Introduction

The Council for Clinical Certification in Audiology and Speech-Language Pathology (CFCC) is a semiautonomous credentialing body of the American Speech-Language-Hearing Association. The charges to the CFCC are: to define the standards for clinical certification; to apply those standards in granting certification to individuals; to have final authority to withdraw certification in cases where certification has been granted on the basis of inaccurate information; and to administer the certification maintenance program.

A Practice and Curriculum Analysis of the Profession of Audiology was conducted in 2007 under the auspices of the Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA) and the CFCC. The survey analysis was reviewed by the CFCC, and the following standards were developed to better fit current practice models.

Citation

cite as: Council For Clinical Certification in Audiology and Speech-Language Pathology of the American Speech-Language-Hearing Association. (2012). *2012 Standards for the Certificate of Clinical Competence in Audiology*. Retrieved [date] from <http://www.asha.org/Certification/2012-Audiology-CertificationStandards/>.

The Standards for the Certificate of Clinical Competence in Audiology are shown in bold. The Council For Clinical Certification implementation procedures follow each standard.

- [Standard I—Academic Qualifications](#)
- [Standard II—Knowledge and Skills Outcomes](#)
- [Standard III—Verification of Knowledge and Skills](#)
- [Standard IV—Examination](#)
- [Standard V—Maintenance of Certification](#)

Standard I: Academic Qualifications

Applicants for certification must hold a doctoral degree in audiology from a program accredited by the CAA, a program in CAA candidacy status, or equivalent.

Implementation: Verification of the graduate degree is accomplished by submitting (a) an official transcript showing that the degree has been awarded or (b) a letter from the university registrar verifying completion of requirements for the degree. Applicants must have graduated from a program holding CAA accreditation or candidacy status in audiology throughout the period of enrollment.

Applicants from non-CAA-accredited programs (e.g., PhD programs, internationally educated, etc.) with a doctoral degree and audiology coursework will have their application evaluated by the CFCC to determine substantial equivalence to a clinical doctoral degree program accredited by the CAA. [Individuals educated outside the United States or its territories](#) must submit official transcripts and evaluations of their degrees and courses to verify equivalency. These evaluations must be conducted by [credential evaluation services agencies](#) recognized by the National Association of Credential Evaluation Services (NACES). Evaluations must (a) confirm that the degree earned is equivalent to a U.S. clinical doctoral degree, (b) show that the coursework is equivalent to a CAA-accredited clinical doctoral program, (c) include a translation of academic coursework into the American semester-hour system, and (d) indicate which courses were completed at the graduate level.

Standard II: Knowledge and Skills Outcomes

Applicants for certification must have acquired knowledge and developed skills in the professional areas of practice as identified in Standards II A–F, as verified in accordance with Standard III.

Implementation: The knowledge and skills identified in this standard, although separated into areas of practice, are not independent of each other. The competent practice of audiology requires that an audiologist be able to integrate across all areas of practice. Therefore, assessments used to verify knowledge and skills acquisition must require that the candidate for certification demonstrate integration of the knowledge and skills found in Standards II A – F below.

Standard II-A: Foundations of Practice

Applicant has demonstrated knowledge of:

- A1. Genetics, embryology and development of the auditory and vestibular systems, anatomy and physiology, neuroanatomy and neurophysiology, and pathophysiology of hearing and balance over the life span
- A2. Effects of pathogens, and pharmacologic and teratogenic agents, on the auditory and vestibular systems
- A3. Language and speech characteristics and their development for individuals with normal and impaired hearing across the life span
- A4. Principles, methods, and applications of acoustics, psychoacoustics, and speech perception, with a focus on how each is impacted by hearing impairment throughout the life span
- A5. Calibration and use of instrumentation according to manufacturers' specifications and accepted standards
- A6. Standard safety precautions and cleaning/disinfection of equipment in accordance with facility-specific policies and manufacturers' instructions to control for infectious/contagious diseases
- A7. Applications and limitations of specific audiologic assessments and interventions in the context of overall client/patient management
- A8. Implications of cultural and linguistic differences, as well as individual preferences and needs, on clinical practice and on families, caregivers, and other interested parties
- A9. Implications of biopsychosocial factors in the experience of and adjustment to auditory disorders and other chronic health conditions
- A10. Effects of hearing impairment on educational, vocational, social, and psychological function throughout the life span
- A11. Manual and visual communication systems and the use of

interpreters/transliterators/translators

A12. Effective interaction and communication with clients/patients, families, professionals, and other individuals through written, spoken, and nonverbal communication

A13. Principles of research and the application of evidence-based practice (i.e., scientific evidence, clinical expertise, and client/patient perspectives) for accurate and effective clinical decision making

A14. Assessment of diagnostic efficiency and treatment efficacy through the use of quantitative data (e.g., number of tests, standardized test results) and qualitative data (e.g., standardized outcome measures, client/patient-reported measures)

A15. Client-centered, behavioral, cognitive, and integrative theories and methods of counseling and their relevance in audiologic rehabilitation

A16. Principles and practices of client/patient/person/family-centered care, including the role and value of clients'/patients' narratives, clinician empathy, and shared decision making regarding treatment options and goals

A17. Importance, value, and role of interprofessional communication and practice in patient care

A18. The role, scope of practice, and responsibilities of audiologists and other related professionals

A19. Health care, private practice, and educational service delivery systems

A20. Management and business practices, including but not limited to cost analysis, budgeting, coding, billing and reimbursement, and patient management

A21. Advocacy for individual patient needs and for legislation beneficial to the profession and the individuals served

A22. Legal and ethical practices, including standards for professional conduct, patient rights, confidentiality, credentialing, and legislative and regulatory mandates

A23. Principles and practices of effective supervision/mentoring of students, other professionals, and support personnel

Standard II-B: Prevention and Screening

Applicant has demonstrated knowledge of and skills in:

B1. Educating the public and those at risk on prevention, potential causes, effects, and treatment of congenital and acquired auditory and vestibular disorders

B2. Establishing relationships with professionals and community groups to promote hearing wellness for all individuals across the life span

B3. Participating in programs designed to reduce the effects of noise exposure and agents that are toxic to the auditory and vestibular systems

B4. Utilizing instrument(s) (i.e. sound-level meter, dosimeter, etc.) to determine ambient noise levels and providing strategies for reducing noise and reverberation time in educational, occupational, and other settings

B5. Recognizing 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

B6. Conducting hearing screenings in accordance with established federal and state legislative and regulatory requirements

B7. Participating in occupational hearing conservation programs

B8. Performing developmentally, culturally, and linguistically appropriate hearing screening procedures across the life span

B9. Referring persons who fail the hearing screening for appropriate audiologic/medical evaluation

- B10. Identifying persons at risk for speech-language and/or cognitive disorders that may interfere with communication, health, education, and/or psychosocial function
- B11. Screening for comprehension and production of language, including the cognitive and social aspects of communication
- B12. Screening for speech production skills (e.g., articulation, fluency, resonance, and voice characteristics)
- B13. Referring persons who fail the screening for appropriate speech-language pathology consults, medical evaluation, and/or services, as appropriate
- B14. Evaluating the success of screening and prevention programs through the use of performance measures (i.e., test sensitivity, specificity, and positive predictive value)

Standard II-C: Audiologic Evaluation

Applicant has demonstrated knowledge of and skills in:

- C1. Gathering, reviewing, and evaluating information from referral sources to facilitate assessment, planning, and identification of potential etiologic factors
- C2. Obtaining a case history and client/patient narrative
- C3. Obtaining client/patient-reported and/or caregiver-reported measures to assess function
- C4. Identifying, describing, and differentiating among disorders of the peripheral and central auditory systems and the vestibular system
- C5. Providing assessments of tinnitus severity and its impact on patients' activities of daily living and quality of life
- C6. Providing assessment of tolerance problems to determine the presence of hyperacusis
- C7. Selecting, performing, and interpreting a complete immittance test battery based on patient need and other findings; tests to be considered include single probe tone tympanometry or multifrequency and multicomponent protocols, ipsilateral and contralateral acoustic reflex threshold measurements, acoustic reflex decay measurements, and Eustachian tube function
- C8. Selecting, performing, and interpreting developmentally appropriate behavioral pure-tone air and bone tests, including extended frequency range when indicated
- C9. Selecting, performing, and interpreting developmentally appropriate behavioral speech audiometry procedures to determine speech awareness threshold (SAT), speech recognition threshold (SRT), and word recognition scores (WRSs); obtaining a performance intensity function with standardized speech materials, when indicated
- C10. Evaluating basic audiologic findings and client/patient needs to determine differential diagnosis and additional procedures to be used
- C11. Selecting, performing, and interpreting physiologic and electrophysiologic test procedures, including electrocochleography, auditory brainstem response with frequency-specific air and bone conduction threshold testing, and click stimuli for neural diagnostic purposes
- C12. Selecting, performing, and interpreting otoacoustic emissions testing
- C13. Selecting, performing, and interpreting tests for nonorganic hearing loss
- C14. Selecting, performing, and interpreting vestibular testing, including electronystagmography (ENG)/videonystagmography (VNG), ocular vestibular-evoked myogenic potential (oVEMP), and cervical vestibular evoked myogenic potential (cVEMP)
- C15. Selecting, performing, and interpreting tests to evaluate central auditory processing disorder

Applicant has demonstrated knowledge of:

C16. Electrophysiologic testing, including but not limited to auditory steady-state response, auditory middle latency response, auditory late (long latency) response, and cognitive potentials (e.g., P300 response, mismatch negativity response)

C17. Posturography

C18. Rotary chair tests

C19. Video head impulse testing (vHIT)

Standard II-D: Counseling

Applicant has demonstrated knowledge of and skills in:

D1. Identifying the counseling needs of individuals with hearing impairment based on their narratives and results of client/patient and/or caregiver responses to questionnaires and validation measures

D2. Providing individual, family, and group counseling as needed based on client/patient and clinical population needs

D3. Facilitating and enhancing clients'/patients' and their families' understanding of, acceptance of, and adjustment to auditory and vestibular disorders

D4. Enhancing clients'/patients' acceptance of and adjustment to hearing aids, hearing assistive technologies, and osseointegrated and other implantable devices

D5. Addressing the specific interpersonal, psychosocial, educational, and vocational implications of hearing impairment for the client/patient, family members, and/or caregivers to enhance their well-being and quality of life

D6. Facilitating patients' acquisition of effective communication and coping skills

D7. Promoting clients'/patients' self-efficacy beliefs and promoting self-management of communication and related adjustment problems

D8. Enhancing adherence to treatment plans and optimizing treatment outcomes

D9. Monitoring and evaluating client/patient progress and modifying counseling goals and approaches, as needed

Standard II-E: Audiologic Rehabilitation Across the Life Span

Applicant has demonstrated knowledge of and skills in:

E1. Engaging clients/patients in the identification of their specific communication and adjustment difficulties by eliciting client/patient narratives and interpreting their and/or caregiver-reported measures

E2. Identifying the need for, and providing for assessment of, concomitant cognitive/developmental concerns, sensory-perceptual and motor skills, and other health/medical conditions, as well as participating in interprofessional collaboration to provide comprehensive management and monitoring of all relevant issues

E3. Responding empathically to clients'/patients' and their families' concerns regarding communication and adjustment difficulties to establish a trusting therapeutic relationship

E4. Providing assessments of family members' perception of and reactions to communication difficulties

E5. Identifying the effects of hearing problems and subsequent communication difficulties on marital dyads, family dynamics, and other interpersonal communication functioning

- E6. Engaging clients/patients (including, as appropriate, school-aged children/adolescents) and family members in shared decision making regarding treatment goals and options
- E7. Developing and implementing individualized intervention plans based on clients'/patients' preferences, abilities, communication needs and problems, and related adjustment difficulties
- E8. Selecting and fitting appropriate amplification devices and assistive technologies
- E9. Defining appropriate electroacoustic characteristics of amplification fittings based on frequency-gain characteristics, maximum output sound-pressure level, and input–output characteristics
- E10. Verifying that amplification devices meet quality control and American National Standards Institute (ANSI) standards
- E11. Conducting real-ear measurements to (a) establish audibility, comfort, and tolerance of speech and sounds in the environment and (b) verify compression, directionality, and automatic noise management performance
- E12. Incorporating sound field functional gain testing when fitting osseointegrated and other implantable devices
- E13. Conducting individual and/or group hearing aid orientations to ensure that clients/patients can use, manage, and maintain their instruments appropriately
- E14. Identifying individuals who are candidates for cochlear implantation and other implantable devices
- E15. Counseling cochlear implant candidates and their families regarding the benefits and limitations of cochlear implants to (a) identify and resolve concerns and potential misconceptions and (b) facilitate decision making regarding treatment options
- E16. Providing programming and fitting adjustments; providing postfitting counseling for cochlear implant clients/patients
- E17. Identifying the need for—and fitting—electroacoustically appropriate hearing assistive technology systems (HATS) based on clients'/patients' communication, educational, vocational, and social needs when conventional amplification is not indicated or provides limited benefit
- E18. Providing HATS for those requiring access in public and private settings or for those requiring necessary accommodation in the work setting, in accordance with federal and state regulations
- E19. Ensuring compatibility of HATS when used in conjunction with hearing aids, cochlear implants, or other devices and in different use environments
- E20. Providing or referring for consulting services in the installation and operation of multi-user systems in a variety of environments (e.g., theaters, churches, schools)
- E21. Providing auditory, visual, and auditory–visual communication training (e.g., speechreading, auditory training, listening skills) to enhance receptive communication
- E22. Counseling clients/patients regarding the audiologic significance of tinnitus and factors that cause or exacerbate tinnitus to resolve misconceptions and alleviate anxiety related to this auditory disorder
- E23. Counseling clients/patients to promote the effective use of ear-level sound generators and/or the identification and use of situationally appropriate environmental sounds to minimize their perception of tinnitus in pertinent situations
- E24. Counseling clients/patients to facilitate identification and adoption of effective coping strategies to reduce tinnitus-induced stress, concentration difficulties, and sleep disturbances
- E25. Monitoring and assessing the use of ear-level and/or environmental sound generators and the use of adaptive coping strategies to ensure treatment benefit and successful outcome(s)
- E26. Providing canalith repositioning for patients diagnosed with benign paroxysmal positional

vertigo (BPPV)

E27. Providing intervention for central and peripheral vestibular deficits

E28. Ensuring treatment benefit and satisfaction by monitoring progress and assessing treatment outcome

Standard II-F: Pediatric Audiologic (Re)habilitation

Applicant has demonstrated knowledge of and skills in:

F1. Counseling parents to facilitate their acceptance of and adjustment to a child's diagnosis of hearing impairment

F2. Counseling parents to resolve their concerns and facilitate their decision making regarding early intervention, amplification, education, and related intervention options for children with hearing impairment

F3. Educating parents regarding the potential effects of hearing impairment on speech-language, cognitive, and social-emotional development and functioning

F4. Educating parents regarding optional and optimal modes of communication; educational laws and rights, including 504s, individualized education programs (IEPs), individual family service plans (IFSPs), individual health plans; and so forth

F5. Selecting age/developmentally appropriate amplification devices and HATS to minimize auditory deprivation and maximize auditory stimulation

F6. Instructing parents and/or child(ren) regarding the daily use, care, and maintenance of amplification devices and HATS

F7. Planning and implementing parent education/support programs concerning the management of hearing impairment and subsequent communication and adjustment difficulties

F8. Providing for intervention to ensure age/developmentally appropriate speech and language development

F9. Administering self-assessment, parental, and educational assessments to monitor treatment benefit and outcome

F10. Providing ongoing support for children by participating in IEP or IFSP processes

F11. Counseling the child with hearing impairment regarding peer pressure, stigma, and other issues related to psychosocial adjustment, behavioral coping strategies, and self-advocacy skills

F12. Evaluating acoustics of classroom settings and providing recommendations for modifications

F13. Providing interprofessional consultation and/or team management with speech-language pathologists, educators, and other related professionals

Standard III: Verification of Knowledge and Skills

Applicants for certification must have completed supervised clinical experiences under an ASHA-certified audiologist who has completed at least 2 hours of professional development in the area of clinical instruction/supervision. The experiences must meet CAA standards for duration and be sufficient to demonstrate the acquisition of the knowledge and skills identified in Standard II.

Implementation: The applicant's doctoral program director or designated signatory must verify that the applicant has acquired and demonstrated all of the knowledge and skills identified in Standard II.

Clinical instructors and supervisors must have:

- current CCC-A certification,
- a minimum of 9 full-time months of clinical experience after earning the CCC-A, and
- [completed at least 2 hours of professional development](#) (2 certification maintenance hours [CMHs], or 0.2 ASHA continuing education units [ASHA CEUs]) in the area of clinical instruction/supervision.

Clinical instruction and supervision within a doctoral program must:

- be conducted for a variety of clinical training experiences (i.e., different work settings and with different populations) to validate knowledge and skills across the scope of practice in audiology;
- include oversight of clinical and administrative activities directly related to client/patient care, including direct client/patient contact, consultation, recordkeeping, and administrative duties relevant to audiology service delivery;
- be appropriate to the student's level of training, education, experience, and competence;
- include direct observation, guidance, and feedback to permit the student to (a) monitor, evaluate, and improve performance and (b) develop clinical competence; and
- be provided on site.

Any portion of the applicant's supervised clinical experience that was not completed under an audiologist meeting the requirements above can be completed post-graduation. The applicant's post-graduation clinical instructor/ supervisor must also meet the above requirements will also verify that the applicant has demonstrated and acquired the knowledge and skills for ASHA certification following completion of the required supervised clinical experience.

Applicants who apply for certification without completing a full, supervised clinical experience under a clinical instructor/supervisor who meets the requirement above within their degree program will have 24 months from their application-received date to initiate the remainder of their experience and will have 48 months from the initiation date of their post-graduation supervised clinical experience to complete the experience.

If clinical instruction and supervision are completed post-graduation, they must comply with the requirements above with the exception of on-site clinical instruction and supervision. Remote supervision or telesupervision methods may be used, provided they are permitted by the employer(s) and by local, state, and federal regulations.

The supervised clinical experience should include interprofessional education and interprofessional collaborative practice (IPE/IPP). Under the supervision of their audiologist supervisor, students'/applicants' experience should include experiences with allied health professionals who are appropriately credentialed in their area of practice to enhance the student's knowledge and skills in an interdisciplinary, team-based, comprehensive health care delivery setting.

Standard IV: Examination

The applicant must pass the national examination adopted by ASHA for purposes of certification in audiology.

Implementation: Results of the [Praxis Examination in Audiology](#) must be submitted directly to ASHA from ETS. A passing exam score must be earned no earlier than 5 years prior to the submission of the application and no later than 2 years following receipt of the application. If the applicant does not successfully pass the exam and does not report the results of the exam to ASHA within the 2-year application period, then the applicant's certification file will be closed. If the applicant passes or reports the results of the exam at a later date, then the individual will be required to reapply for certification under the standards that are in effect at that time.

Standard V: Maintenance of Certification

Individuals holding certification must demonstrate (1) continuing professional development, including 1 hour of continuing education in ethics; (2) adherence to the ASHA Code of Ethics; and (3) payment of annual dues and fees.

Implementation: Individuals who hold the CCC in Audiology (CCC-A) must accumulate and report 30 CMHs (or 3.0 ASHA CEUs) of professional development, which [must include 1 CMH \(or 0.1 ASHA CEU\) in ethics](#) during every [3-year certification maintenance interval](#). Individuals will be subject to [random audits](#) of their professional development activities.

Individuals who hold the CCC-A must adhere to the ASHA [Code of Ethics](#) ("Code"). Any violation of the Code may result in professional discipline by the ASHA Board of Ethics and/or the CFCC.

Annual payment of certification dues and/or fees is also a requirement of certification maintenance. If [certification maintenance requirements](#) are not met, certification status will become [Not Current](#), and then certification will expire. In order to regain certification, individuals must meet the reinstatement requirement that is in effect at the time they submit their reinstatement application.

APPENDIX D: Preview Survey - "UI AuD Eval of Student by Clinical Instructor"

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:	<input type="text" value="Enter a response"/>
Clinical Instructor:	<input type="text" value="Enter a response"/>
Clinical Site:	<input type="text" value="Enter a response"/>

2

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

Satisfactory – 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.

Unsatisfactory – 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

3

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.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clinical skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Professionalism	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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. **Competency absent** - Student is unable to demonstrate skill. Modeling and repeated verbal/written instruction do not result in an improvement of the skill.
2. **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. **Competency present** - 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. **Competency developed** – 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. **Competency well developed** – 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

	1 - Competency absent	2 - Competency emerging	3 - Competency present	4 - Competency developed	5 - Competency well developed
Accountability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional Comments					
<input type="text"/>					
Integrity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional Comments					
<input type="text"/>					
Concern for Individuals Served	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional Comments					
<input type="text"/>					
Cultural Competence (A8, A9, A11)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional Comments					
<input type="text"/>					
Effective Communication Skills (A12)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional Comments					
<input type="text"/>					
Clinical Reasoning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional Comments					
<input type="text"/>					
Evidence-Based Practice (A13)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	1 - Competency absent	2 - Competency emerging	3 - Competency present	4 - Competency developed	5 - Competency well developed
Additional Comments					
<input type="text"/>					
Collaborative Practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional Comments					
<input type="text"/>					
Professional Duty (A5, A6, A17)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional Comments					
<input type="text"/>					

PREVENTION AND IDENTIFICATION (Standard 3.1.3A)

	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)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional Comments					
<input type="text"/>					
Screen for tinnitus and its impact	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional Comments					
<input type="text"/>					
Screen for speech/language disorders and/or their impact (B5, B10, B11, B12, B13)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional Comments					
<input type="text"/>					
Screen for cognitive disorders and/or their impact (B10, B13)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional Comments					
<input type="text"/>					
Screen for vestibular disorders and/or their impact	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional Comments					
<input type="text"/>					
Promote prevention of hearing loss and/or its impact (B1, B2, B3, B4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

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)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional Comments <input type="text"/>					
Administer appropriate assessment measures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional Comments <input type="text"/>					
Determine contextual factors that may facilitate or impede an individual's participation in everyday life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional Comments <input type="text"/>					
Document evaluation procedures and results appropriately	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional Comments <input type="text"/>					
Interpret results appropriately (C4, C10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional Comments <input type="text"/>					

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

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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional Comments					
<input type="text"/>					
Cerumen management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional Comments					
<input type="text"/>					

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)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional Comments					
<input type="text"/>					
Masking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional Comments					
<input type="text"/>					
Conditioned play audiometry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional Comments					
<input type="text"/>					
VRA	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional Comments					
<input type="text"/>					
Speech audiometry (C9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional Comments					
<input type="text"/>					
Tests for nonorganic hearing loss (C13)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional Comments					
<input type="text"/>					

	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)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional Comments <input type="text"/>					
Central auditory processing testing (C15)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional Comments <input type="text"/>					
Assessment of challenges listeners face in real world	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional Comments <input type="text"/>					
Self-assessment measures of communication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional Comments <input type="text"/>					
Scales of communication function for communication partners	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional Comments <input type="text"/>					

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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional Comments <input type="text"/>					
Acoustic reflex thresholds and decay	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional Comments <input type="text"/>					
Eustachian tube function	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional Comments <input type="text"/>					

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)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional Comments					
<input type="text"/>					
Electrocochleography	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional Comments					
<input type="text"/>					
Auditory brainstem response for frequency specific air and bone conduction thresholds	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional Comments					
<input type="text"/>					
Auditory brainstem response for neural diagnostic purposes with click stimuli	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional Comments					
<input type="text"/>					

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)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional Comments					
<input type="text"/>					
Assess the impact of tinnitus on patient's activities of daily living and quality of life (C5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional Comments					
<input type="text"/>					

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)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional Comments <input type="text"/>					
Electronystagmography (ENG)/Videonystagmography (VNG)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional Comments <input type="text"/>					
Ocular vestibular-evoked myogenic potential (oVEMP)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional Comments <input type="text"/>					
Cervical vestibular evoked myogenic potential (cVEMP)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional Comments <input type="text"/>					

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)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional Comments <input type="text"/>					
Counsel individuals served, families, and other appropriate individuals regarding treatment options/prognosis (D1, D2, D3, D4, D5, D6, D7, D8, D9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional Comments <input type="text"/>					
Assess efficacy of interventions, monitor and summarize treatment progress and outcomes (E28)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional Comments <input type="text"/>					
Communicate results, recommendations, and progress in a culturally sensitive and age-appropriate manner (E3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional Comments <input type="text"/>					

	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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional Comments					
<input type="text"/>					
Serve as an advocate for individuals served, their families, and other appropriate individuals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional Comments					
<input type="text"/>					

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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional Comments <input type="text"/>					
Provide communication training (e.g., speechreading, auditory training, communication strategies) to enhance receptive communication (E21)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional Comments <input type="text"/>					
Provide assessment of communication partners' (family members, coworkers, others) perception of/reactions to communication difficulties and effects on relationships. (E4, E5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional Comments <input type="text"/>					
Identify effects of hearing problems and subsequent communication difficulties on interpersonal communication including impact on marital dyads, family dynamics, work relationships, etc. (E5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional Comments <input type="text"/>					

	1 - Competency absent	2 - Competency emerging	3 - Competency present	4 - Competency developed	5 - Competency well developed
Cerumen management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional Comments <input type="text"/>					
Define appropriate device parameters for the user (E9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional Comments <input type="text"/>					
Verify that amplification devices are functioning appropriately (E10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional Comments <input type="text"/>					
Conduct real-ear measurements and use patient input to set devices accurately (E11)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional Comments <input type="text"/>					
Incorporate soundfield functional gain testing when fitting osseointegrated and other implantable devices (E12)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional Comments <input type="text"/>					

	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)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional Comments <div style="border: 1px solid black; height: 30px; width: 100%;"></div>					
Use validation measures and patient input to ensure benefit is obtained	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional Comments <div style="border: 1px solid black; height: 30px; width: 100%;"></div>					

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)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional Comments <input type="text"/>					
Provide HATS for those requiring access in public, private and work settings (E18)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional Comments <input type="text"/>					
Ensure compatibility of HATS in real world environments and when used in conjunction with hearing aids, cochlear implants, or other devices (E19)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional Comments <input type="text"/>					
Provide services/make appropriate referral for use/installation of multi-user HATS (e.g., systems in theaters, churches, schools) (E20)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional Comments <input type="text"/>					

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)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional Comments					
<input type="text"/>					
Counsel cochlear implant candidates and their families regarding the benefits/limitations of cochlear implants (E15)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional Comments					
<input type="text"/>					
Provide programming, fitting adjustments, and post-fitting counseling for cochlear implant patients (E16)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional Comments					
<input type="text"/>					

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)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional Comments					
<input type="text"/>					
Provide intervention to ensure age/developmentally appropriate speech and language development (F8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional Comments					
<input type="text"/>					
Administer self-assessment, parental, and educational assessments to monitor treatment benefit and outcome (F9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional Comments					
<input type="text"/>					

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)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional Comments					
<input type="text"/>					
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)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional Comments					
<input type="text"/>					
Educate parents regarding the potential effects of hearing impairment on speech-language, cognitive and social-emotional development and functioning (F3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional Comments					
<input type="text"/>					
Educate parents regarding communication mode options, educational laws and rights (F4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional Comments					
<input type="text"/>					

	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)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional Comments <input type="text"/>					
Plan and implement parent education/support programs (F7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional Comments <input type="text"/>					
Counsel pediatric patients with hearing impairments (F11)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional Comments <input type="text"/>					

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)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional Comments <input type="text"/>					
Evaluate acoustics of classroom settings and provide recommendations for modifications (B4, F12)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional Comments <input type="text"/>					
Provide interprofessional consultation and/or team management (F13)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional Comments <input type="text"/>					

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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional Comments <input type="text"/>					
Counsel patients regarding the audiologic significance of tinnitus and factors that cause or exacerbate tinnitus (E22)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional Comments <input type="text"/>					
Counsel patients to promote the effective use of ear-level sound generators/environmental sounds to manage tinnitus (E23)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional Comments <input type="text"/>					
Counsel patients to facilitate identification and adoption of effective coping strategies (E24)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional Comments <input type="text"/>					
Monitor/assess the use of ear-level and/or environmental sound generators and the use of adaptive coping strategies (E25)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	1 - Competency absent	2 - Competency emerging	3 - Competency present	4 - Competency developed	5 - Competency well developed
Additional Comments					
<input type="text"/>					

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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)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional Comments					
<input type="text"/>					
Provide intervention for central and peripheral vestibular deficits (E27)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional Comments					
<input type="text"/>					

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/translators 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 evidence-based 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 (oVEMP)
 - Cervical vestibular evoked myogenic potential (cVEMP)

INTERVENTION TO MINIMIZE THE EFFECTS OF CHANGES IN THE AUDITORY AND VESTIBULAR 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