

Syllabus

CSD 892 Second-Year Clerkship in Audiology Including Seminar/Discussion: Enhancing Your Clinical & Leadership Skills Spring 2021

Instructors:

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Office hours: Vary with each supervisor. Please check with them.

Office hours indicate days and times when we will be in the building, but not necessarily sitting around waiting for you to drop in. To be sure that you see us when you want to, please make an appointment.

Dates: January 19, 2021 – April 29, 2021. Please note that some patient care duties (such as HA repair duty) extend through May 7. Regular clinic appointments will likely end on April 29. You are also responsible for being available for final semester meetings and paperwork until the last day of final exams, or May 7, 2021.

Course Description:

Seminar/Discussion Expectations & Outcomes:

This portion of the course consists of sessions throughout the semester to give second-year students the opportunity to learn about and discuss clinical skills, clinical teamwork, and leadership characteristics, as well as to plan (an) outreach activity(ies) for the semester. The specific skills and outcomes include:

1. The student will demonstrate knowledge of clinic policies and procedures for the UWSP Speech, Language, and Hearing Clinic.
2. The student will define the roles of the second-year student mentor and the first-year student.
3. The student will identify and discuss communication and other behaviors that lead to successful teamwork, both within the mentor/mentee pair and with other members of the clinical team (such as peers, the clinical supervisor, and clinic administrative associate).
4. The student will identify personal challenges in the student mentor role.
5. The student will reflect on personal clinical strengths and challenges.
6. The student will discuss issues related to professionalism and ethics in the field of audiology.
7. The students will demonstrate knowledge and skills in evaluating clinical skills as a mentor.
8. The student will demonstrate the ability to apply core audiological concepts in clinical scenarios.

Structure/components of biweekly discussion sections:

- Each student is responsible for selecting one unique, relevant topic and leading a discussion on that topic. See schedule for discussion dates. Each topic should be unique (i.e., different from anyone else's), and this is the responsibility of the student discussion leader.
- Each student is required to attend and participate in all of the discussions. Attendance and participation are required for a passing grade.
- Portions of each discussion will be led by the faculty supervisors and will usually cover a different topic than the student-led discussion. Participation in these faculty-led discussions is mandatory.
- Students are responsible for completing assigned readings prior to the relevant discussion.
- See the Discussion Schedule on the last page of this syllabus for dates of the seminar and specific topics for each week.

Attendance at Seminar/Discussion Meetings:

Attendance at and participation in all seminar/discussion sessions is mandatory in order to pass the course. **Unexcused absences will result in a failing grade.** We understand that there may be circumstances in which a student needs to be absent from the discussion. In this case, the student must contact the course instructor by 8:00 am (and earlier if at all possible) on the day of the discussion to discuss an excused absence. The decision whether an absence will be excused is at the discretion of the course instructors and will be made on a case-by-case basis. There may be required make-up assignments for missed classes with excused absences.

Clinical Clerkship Expectations & Learning Outcomes:

The broad objectives this semester are for you to confidently meet all of your patients' needs, and to prepare you for success in your third-year off-campus placements. Toward these goals, the specific skills and outcomes to focus on this semester include:

1. Mentoring the first-year students as they complete hearing evaluations and re-evaluations. You should closely monitor your first-year student's skills for accuracy, while also allowing them the time and space for skill development and self-correction. You should also provide helpful tips for skill development and efficiency. The faculty supervisor is ultimately responsible for helping to develop the skills of the first-year student and providing appropriate feedback to them, but this is your opportunity to practice those mentoring skills with the guidance of the faculty supervisor. **Be sure to discuss with your first-year student how/when they would like to receive feedback, e.g., in the moment versus afterward. You should point out any mistakes promptly, although depending on time constraints of the appointment, you might give them a limited opportunity (e.g., one frequency of testing) to catch the mistake themselves. Correct mistakes discreetly and tactfully.**
2. Fine-tuning your case history and counseling skills. First-year students can and should conduct a basic history and explanation of results, but you should be prepared to probe further into any necessary areas. Practice listening carefully to the patient, validating their concerns, and then using your expertise to address their concerns.
3. Efficiently conducting hearing aid consults, fittings, and follow-up appointments. You will be leading these types of appointments (or closely instructing your first-year student) for the first

half of the semester, and closely monitoring and assisting your first-year student for the second half of the semester.

4. Efficiently conducting and interpreting hearing evaluations. Although the first-year student will often be operating the equipment (and also interpreting results), you must be prepared to step in whenever necessary, and your skills in conducting and interpreting the tests, including masking, are expected to be accurate and efficient. You should also always be critically interpreting all results, and evaluating whether they are consistent with each other, what the etiology(ies) may be, whether medical referral may be needed, whether additional testing (such as speech in noise, etc.) may be indicated, etc.
5. Demonstrating successful and efficient earmold impressions on at least one ear (both ears are recommended if possible) of two different people (real patients and/or other volunteers) during the second half of the semester. In order to achieve this, you will almost certainly have to practice some earmold impressions earlier. This requirement comes at the request of off-campus supervisors to help ensure you'll be ready to go off campus.
6. Completing cerumen management while correctly following all procedures (e.g., asking the appropriate questions, setting up the light and using the tools correctly, following all sanitation procedures), preferably on at least two patients.
7. Adapting (or assisting your first-year student in adapting) evaluation and intervention procedures to patients with a diverse range of abilities and needs. For example, if your patient has different cognitive or physical abilities, you should be prepared to adapt procedures accordingly.
8. On hearing aid duty, you should be fairly independent in troubleshooting, repairing, and checking in most hearing aids. You should also be able to independently prepare HAs to be sent out for repair. You are expected to clearly and accurately complete all documentation and communication related to HA repairs and check-ins. Please ask for supervision/assistance whenever needed.
9. Accuracy and completeness in billing, documentation, and report writing. You will be the first person in line to edit your first-year student's reports and summaries (before they are sent to the supervising faculty member for editing), and you should be double-checking for accuracy (including spelling of medications, and medical or technical terms) and completeness of documentation. If there are questions about billing or coding procedures, you should be prepared to research and find answers to those questions.
10. Following evidence-based practice. Continue to review information from research and your courses to ensure you are following the recommended best practices to meet your patients' needs.
11. Conveying a confident, professional demeanor to patients. Patients should feel confident that you can meet their needs. Although you are certainly not expected to know everything, you can still confidently convey that you will find out whatever information you need to know. This may be done by looking something up, consulting with your supervisor, contacting a manufacturer, etc.

Supervision and Introductions to Patients:

Both students must introduce themselves to patients as first- and second-year students. You must also inform patients that a faculty supervisor is monitoring every appointment via video observation, and that the faculty member will introduce him/herself in person early in the appointment.

Your supervisor will be closely watching each appointment via some combination of video and in-room observation, and you may ask your supervisor for consultation at any time during the appointment. Your supervisor will also enter the room any time he/she needs to consult with you. **Do not bring a patient back or allow a patient to leave without checking in person with your supervisor!**

Code of Ethics:

All students are expected to follow the ASHA and AAA Codes of Ethics, and the links to these are posted on CANVAS.

Submitting Reports and Summaries Electronically:

Summary notes are to be written after any action related to patient care (including evaluations, hearing aid fittings, follow-ups, hearing aid repairs, phone calls, etc.).

The first draft of summaries and reports should be submitted electronically by your first-year student within 24 hours of the appointment. Temporary summaries must also be printed and placed in the file no later than 8 am the day after the appointment. Any test results (e.g., audiogram, admittance forms, CAPD results, questionnaire results, etc.) must be placed in the accordion file in the locked cabinet in HA lab #2; entire patient files are NOT to be stored in that cabinet unless you have obtained prior approval from a supervisor. You are expected to review and edit reports, summaries, and test results within the next 24 hours, and email your supervisor and first-year student once it is edited. Name the edited report/summary with the patient's last name, date of the appointment, and "ed1" at the end. For example, "smith20140906ed1." Your supervisor will add any additional edits to the report/summary electronically, save it with their initials (for example, "smith20140906ed1BH"), and email you and the first-year student. The first-year student is then responsible for making revisions, although you should continue to be copied on the email correspondence.

The supervisor will email both students once a report/summary is ready for printing. All reports/summaries should be printed and ready for mailing within one week, unless your supervisor has specifically approved an exception. In order for a supervisor to sign a report, you must bring the printed report AND the patient file to the supervisor so that the address and demographic information can be double-checked before signing. Once the report and all test results have been placed in the file, you must bring the file to the supervisor again for your hours to be approved. All hours should be approved within two weeks of the appointment, unless your supervisor has specifically approved an exception.

When writing summaries and reports, edit very carefully for accuracy and do NOT copy and paste information (even non-identifying information) from other patients' summaries or reports. This can lead to breaches of confidentiality if identifying information is not fully edited, or to inaccurate medical information if results and impressions are not fully edited. If any reports or summaries submitted to your supervisor (on the first version or any revised version submitted) **contain any information copied and pasted from previous reports, your final clinic grade will automatically be reduced by one step of a letter grade** (e.g., if your grade would have otherwise been an A-, it will be automatically reduced to a B+). Instead of copying and pasting, you are strongly encouraged to use general templates that do not contain any identifying information or specific results.

General Course Information & Expectations

ASHA Standards Covered in This Course: ****Refer to specific skills and expected levels of performance cited on the *Evaluation of Clinical Practicum in Audiology form*****

1. To develop clinical skill in effective interaction and communication with clients/patients, families, professionals, and other individuals through written, spoken, and nonverbal communication. (ASHA Stan. II-A12)
2. To develop clinical skill in the evaluation of clients with auditory, vestibular, and/or related disorders. (ASHA Stan. II-C)
3. To develop clinical skill in providing audiologic rehabilitation across the lifespan. (ASHA Stan. II-E, II-F)
4. To develop clinical skill in counseling patients. (ASHA Stan. II-D)
5. To adhere to the ASHA Code of Ethics and behave professionally. (ASHA Stan. II-A22)

Additional Documents:

In addition to this syllabus, the following required documents are available on CANVAS and CALIPSO:

1. Clinical Procedures and Practicum Manual. This document provides basic information regarding expectations in the clinic. You are responsible for knowing and following the information provided in this document.
2. Expectations for hearing aid duty
3. Dress Code
4. AAA and ASHA Codes of Ethics
5. Clock hour instructions and clock hour report form. You may use this document as a paper record of your clinical experience, to help you track the hours you should enter into Calipso.
6. Evaluation form. This is the document that will be used in Calipso to determine your practicum grade for the semester.
7. Clinical Skills Checklist

Clerkship Attendance:

You should approach your clinic assignment as your first professional job. It is your responsibility to attend and be prepared for your assigned clinic slots. If you miss clinic, it can create difficulty for the patients, front desk personnel, and the supervisors and other students who have to cover for you.

Illness

You should not attend clinic if you have a cold, fever, bad cough, influenza, or a more serious illness. See also the Covid-19 information below.

If you must miss clinic due to illness, try to arrange coverage (i.e., switch slots with another student) in advance if at all possible, and notify your supervisor and the clinic front desk (715-346-3667) of the situation ASAP. If you are unable to arrange coverage, notify your supervisor and the front desk ASAP.

Reasons other than Illness

If you must miss clinic for a reason other than your own illness, you must arrange coverage ahead of time if at all possible (i.e., switch slots with another student) and discuss this with your supervisor.

Please keep in mind that you are expected to attend your assigned clinic slot, and you should only arrange coverage if you are absolutely unable to attend. *If you *repeatedly* switch clinic slots for reasons other than documented personal illness, your clinic grade may be reduced and/or you may fail clinic.*

Clinic COVID Guidelines Spring 2021:

The UWSP clinic will supply the student with appropriate personal protective equipment (PPE) and follow infection control measures recommended by the CDC/University/Professional organizations. Students are also expected to follow the social distancing, travel and group gatherings guidelines required by UWSP Speech, Language and Hearing Clinic (and any local, state, or federal authorities) in their personal lives, in order to protect their more vulnerable patients. This has been a rapidly changing situation. The student is encouraged to contact their supervisor if any Covid-19 related questions or situations come up that are not covered here.

If you are seeing patients in person at the UWSP Speech, Language and Hearing Clinic this semester you are expected to:

- Wear a well-fitting face covering that covers your nose AND mouth when you are in the clinic areas and in the community around people other than those that reside in your immediate household.
- Wash/sanitize your hands frequently, especially before and after touching your face or face covering.
- Maintain social distancing of 6 feet
- Avoid gatherings of more than 10 people (even with masking and social distancing)
- Quarantine for 14 days if you are a close contact of someone who tests positive for COVID
- Students must NOT attend clinic if they are not feeling well, and they must follow any isolation or quarantine protocol required by the clinic and university. Please contact your supervisor if extended absences will be necessary so clinic coverage can be arranged.

Do the following after travel (outside of Central WI) or attending gatherings with people outside of those that reside in your immediate household:

- Quarantine for 14 days (even if you test negative upon return)

General

If you miss *more than one* clinic day for *any reason* and are unable to arrange coverage, you will be required to make up the time by covering at least one clinic day (possibly more days, depending on the amount of time missed) during the following interim (winter, early summer, late summer, or possibly spring break). You will receive a grade of incomplete until you make up the time.

Unexcused absences from clinic will result in a grade of “0” for your clinic session.

Clinic Meetings:

There may be occasional meetings of all graduate audiology students enrolled in practicum on Tuesdays or Thursdays at 8:00 am. The purpose of these meetings is to convey information to the group as a whole. Attendance is required. Do not schedule work or other activities that conflict with this meeting. You will be notified no later than Monday at noon if a meeting will be scheduled that week.

Academic Integrity:

All students must follow the expectations for academic integrity for the University of Wisconsin System.

(from http://docs.legis.wisconsin.gov/code/admin_code/uws/14.pdf)

Academic honesty requires that the course work (drafts, reports, examinations, papers) a student presents to an instructor honestly and accurately reflects the student's own academic efforts. UWS 14.03 defines academic misconduct as follows:

"Academic misconduct is an act in which a student: (l) Academic misconduct is an act in which a student:

- (a) seeks to claim credit for the work or efforts of another without authorization or citation;
- (b) uses unauthorized materials or fabricated data in any academic exercise;
- (c) forges or falsifies academic documents or records;
- (d) intentionally impedes or damages the academic work of others;
- (e) engages in conduct aimed at making false representation of a student's academic performance
- (f) assists other students in any of these acts."

Examples include but are not limited to: cutting and pasting text from the web without quotation marks or proper citation; paraphrasing from the web without crediting the source; using another person's ideas, words, or research and presenting it as one's own by not properly crediting the originator; using materials for assistance on examinations that are not allowed by the instructor; stealing examinations or course materials; signing another person's name to an attendance sheet; hiding a book knowing that another student needs it to prepare an assignment; collaboration that is contrary to the stated rules of the course, or tampering with a lab experiment or computer program of another student.

If academic misconduct has occurred, the student may be subject to one or more of the following penalties: an oral or written reprimand, a lower grade or a failing grade in the course, university disciplinary probation, suspension, or expulsion.

Students with Disabilities:

If you are a student with a documented disability and wish to discuss accommodations, you must contact the instructors within the first two weeks of the semester to discuss your needs.

Religious Conflicts:

In accordance with University of Wisconsin policy, any potential conflict between class requirements and religious observance must be made known to an instructor within the first week of class. The student must notify the instructor of the specific day(s) or date(s) of specific religious observances for which the student seeks relief from academic requirements.

Emergency planning and management statement:

If an emergency situation occurs or an illness is spread throughout the campus to the extent that it interferes with basic functions, the university, state, and local officials may implement "social distance teaching." This means that face-to-face instruction will be restricted. Instruction of essential courses will continue, but it will be provided via distance methods. In the event that this course is no

longer able to meet face-to-face, students will be contacted with instructions via email. You should also monitor the UWSP homepage for emergency information.

If the emergent situation is a pandemic illness such as the flu (or COVID), and classes are in session as usual, but you become sick and cannot attend class, you must contact your instructors.

Grading

Feedback:

Please see your supervisor(s) and arrange for a required weekly meeting time of 15-30 minutes. You should come to this meeting prepared to receive and discuss feedback from your supervisor, discuss clinical cases, and ask and answer questions.

Evaluation of Clinical Performance:

Your clinical performance will be evaluated in Calipso using The Evaluation of Clinical Practicum in Audiology form. There will be two evaluations of performance during the semester. The first (midterm) evaluation will occur around the 7th-8th week of clinic, or the weeks of March 1-March 8. The second and final evaluation will occur at the end of the semester.

Clinical Skills Checklist:

By the end of the semester, you must complete and have your supervisor initial each skill on the Clinical Skills Checklist form. Many, if not all, of these skills will come up with real patients, but you may use simulated patients or simulated situations if necessary.

Oral Case Examination:

There will be an oral case examination during the second half of the semester that will count as 20% of your clinic grade. Each student's exam will be approximately 20 minutes in length, and will involve questions from one or more supervisors about a hypothetical adult and/or pediatric case scenario. You will be expected to integrate information from classes and clinic for this exam.

Earned letter grades indicate the following levels of performance in this course:

Letter	Numerical	Description
A	95.51-100	The clinician is consistently exhibiting extra effort and outstanding clinical skills for his/her level of training.
A-	91.00–95.50	The clinician is exhibiting clinical skills and effort that meet expectations for his/her level of training in some areas, and exceed expectations in other areas.
B+	88.00-90.99	The clinician is exhibiting clinical skills and effort that, overall, meet expectations for his/her level of training.
B	84.00-87.99	The clinician is exhibiting clinical skills and effort that meet expectations for his/her level of training in many areas, but has a/some limited area(s) of below-standard performance that require improvement. An Improvement Plan may be considered.

B- and below	< 83.99	These are failing grades representing clinical skills and/or effort that are below expectations for the clinician's level of training. An Improvement Plan will be implemented.
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End of Semester:

Prior to receiving your final grade, all files must be completed and signed by your supervisor. If this is not accomplished by the time grades are due, you will receive an Incomplete and a grade reduction of half a letter.

Counting Clinical Clock Hours:

Be sure to count all of your clinical clock hours (see guidance below on what can count); give yourself credit for all of the work you're doing and experience you're gaining! **Even if you are likely to exceed the ASHA-required 1820 hours for the CCC-A, you must document all of your hours in case you need hours or experience beyond the CCC-A requirements** for state licensure, ABA Board Certification, or for any other credential or employment.

ASHA states, on their website that lists the CCC-A requirements (<https://www.asha.org/certification/2020-audiology-certification-standards/>), that the following activities all can be counted as clinical hours: "...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;"

Therefore, be sure to count time spent: writing reports, consulting on a case with your supervisor or other professional, preparing and planning for the care of (a) specific patient(s) (e.g., reviewing the patient's history, pre-setting a patient's hearing aids, setting up materials or a test ahead of time for a specific patient, reviewing and evaluating evidence that is directly related to deciding on a particular patient's treatment plan, etc.), and following up or coordinating a patient's care (e.g., making a phone call to the patient or to another professional about the patient's care, etc.). For administrative and consultative activities, you may only count, and your supervisor will only sign off on, a reasonable amount of time for each particular activity. A "reasonable amount of time" is at the discretion of the supervisor, and clinic director if necessary, and will be based on the amount of time that activity would take in an average clinical audiology environment.

Time that is spent on general learning or review of topics related to clinic, general review of evidence/research, general review/preparation of clinical skills, inventory, or preparation or practice for exams does not count toward your clinical hours. **Activities need to be directly related to the care of (a) patient(s) in order to count.** In addition, time that is spent with your supervisor discussing development of your clinical skills (e.g., strengths and areas for improvement) does not count toward your clinical hours.

Hours that are strictly observation cannot be counted as clinical clock hours. When more than one student is involved in patient care, each student can count the time he/she was involved in direct patient care and consultation, record keeping, and administrative duties, but a student cannot count hours during which he/she only observed.

Discussion Schedule – Spring 2021

Meeting times and locations for each week will be arranged by the faculty supervisor assigned to that week.

Week of	Student Leaders	Topic	Faculty Leader
January 19	None	Spring clinic meeting	All supervisors
February 1	Athara	Develop a plan for improving a clinical skill; Spring outreach ideas (if needed)	Dr. Craig
February 15	Alahna	Professional communication, including difficult situations	Mrs. Elliott
March 1	Hannah	Ethics cases	Dr. Veith
March 15	David	Follow up on plan for improving clinical skill	Dr. Craig
April 5	Reba	Wrap-up; reflections on mentoring; suggestions for next year	Mrs. Elliott
April 19 or 26	None	Preparing for off-campus placements and externship applications	Dr. Henning

Most meeting days/times are TBD and will be scheduled by the supervisor assigned to that week. The Jan. 19 meeting will be part of the beginning-of-semester clinic meeting.

*Schedule subject to change.

Student Leaders:

1. The student leader is assigned to bring a “problem,” learning issue, or case to discuss to one meeting. The assigned dates are listed above.
2. The student leader will formally present the issue and present some possible ideas and lead the discussion on solutions/ideas for managing the issue. The student leader must choose a unique topic for discussion. The topics listed above are for a separate discussion facilitated by the assigned faculty member.

Note: The focus will **not** be on discussing performance of any specific first year students; names will not be discussed, and the emphasis will be on discussing each issue as a general supervision issue that can arise with any student.