



AUBURN UNIVERSITY

COLLEGE OF LIBERAL ARTS

Department of Speech-Language and Hearing Sciences

Audiology Clinic Manual

Auburn University Speech and Hearing Clinic

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This manual is intended for use by students who are enrolled in the residential Doctorate of Audiology (Au.D.) program at Auburn University.

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Section 1: General Information

Department of Speech-Language and Hearing Sciences Information

Vision Statement:

The Auburn University Department of Speech-Language and Hearing Sciences will distinguish itself by providing high quality academic instruction, clinical experiences, and research activities for undergraduate, graduate, and doctoral students in the allied health fields of audiology and speech-language pathology. Our graduates will distinguish themselves by providing state of the art, evidence-based clinical services to their communities, by achieving leadership positions in their professional and inter-professional organizations at local, state, regional, and/or national levels, and by sharing their Auburn traditions and standards with clinicians of the future.

Mission Statement:

Consistent with the mission statements of Auburn University and the College of Liberal Arts, the mission of the Department of Speech-Language and Hearing Sciences includes the areas of instruction, service, research, and outreach. The Department will provide high quality services to its students through academic and clinical instruction, clients through clinical services and research, professionals through continuing education and research, and the community through civic engagement. The Department will strive to provide premier training programs, with innovative approaches and state-of-the-art technology by engaging in on-going assessment, professional development, and program evaluation and modification.



Auburn University Speech and Hearing Clinic Information

The Auburn University Speech and Hearing Clinic (AUSHC) is dedicated to the following purposes:

- Serving as a teaching facility for students who are studying disorders of human communication and who intend to become audiologists and speech- language pathologists;
- Administering diagnostic and therapeutic services to hearing, speech, and/or language-impaired;
- Conducting research in the field of speech-language and hearing sciences.

The Auburn University Speech and Hearing Clinic (AUSHC) is located in the first quadrant on the first floor of the Haley Center. The clinic comprises child and adult assessment and treatment rooms, observation areas, audiology testing suites, a clinic reception area and waiting room, research laboratories, faculty offices, and a student clinician workroom (1126). It houses the undergraduate in Speech-Language and Hearing Sciences, Masters of Science in Speech Pathology, and the Doctorate of Audiology programs.

The AUSHC provides assessment and treatment services for children and adults with communication and/or hearing impairments from birth through 80+ years of age. Clients are typically referred by physicians, healthcare agencies, school professionals, private practitioners, and by self-referral.

The following audiology services are provided to adults and children:

- Auditory Processing Disorders Assessment
- Adult Aural Rehabilitation
- Assistive Listening Devices
- Cochlear Implant Candidacy Evaluations
- Cochlear Implant Mapping
- Hearing Assessment
- Hearing Aid Fitting
- Tinnitus Assessment and Rehabilitation
- Vestibular Disorders Assessment

Fees for clinical services vary and are dependent on the nature of the individual's disorder and the type of services rendered. No individual is denied services due to financial limitations. A sliding fee schedule is used to determine the cost of services when applicable.

Services are available to persons of any age, gender, ethnicity, or religious affiliation. Children under 18 years of age must have the permission of their parent(s), legal guardian(s), or responsible agency to receive services.

The AUSHC is a Medicare/Medicaid provider. A physician referral is required to provide services to patients who have Medicare/Medicaid. If a patient does not want AUSHC to file his/her Medicare/Medicaid, he/she will be required to sign an Advanced Beneficiary Notice (ABN) prior to testing.

The AUSHC follows the academic calendar for Auburn University.



State of Alabama Licensure Requirements

The Alabama Board of Examiners in Speech Pathology and Audiology requires audiologists to hold an audiology license.

To apply for an Alabama license in audiology, the following documentation is required:

- Official transcript with Au.D. degree conferred
- Documentation of completion of a clinical practicum (clock hours)
- Documentation of a passing grade on the PRAXIS
- Copy of the Clinical Fellowship Report signed by the Clinical Fellow Supervisor

OR

- A copy of a Certificate of Clinical Competency and current ASHA Membership Card

Information on state licensure requirements for other states may be found on the [ASHA website](#).

Certificate of Clinical Competency (CCC-A) Requirements

The American Speech-Language-Hearing Association (ASHA) issues Certificates of Clinical Competence to individuals who present evidence of their ability to provide independent clinical services to persons who have disorders of communication. Individuals who meet the standards specified by the Association's Council For Clinical Certification may be awarded a Certificate of Clinical Competence in Speech-Language Pathology (CCC-A).

- Individuals must meet specific requirements in academic preparation and clinical practicum and complete an externship.
- Applicants who apply for certification must successfully complete the Praxis Examination in audiology.
- Members and individuals who hold the CCC subscribe to a Code of Ethics incorporating the highest standards of integrity and ethical principles.

Please locate additional information at ASHA's website www.asha.org.



Section 2: Clinical Practicum Information

Requirements for Participation in On-Campus Clinical Practicum

Hold Harmless Agreement

In order to participate in classes and clinic in the Auburn University Doctor of Audiology program, you must sign a [hold harmless agreement](#). A copy of this agreement can be found in the Appendix of this manual.

Code of Conduct

In order to participate in classes and clinic in the Auburn University Doctor of Audiology program, you must sign a code of conduct. A copy of this agreement can be found in the Appendix of this manual.

Observation Hours

It is a requirement for ASHA certification to have a total of 25 observation hours before you begin practicum. Proof of 25 observation hours must be submitted to the Audiology Clinic Coordinator prior to working with patients in the AUSHC. These hours should represent a variety of clinical disorders, clients, and, ages and can be in speech pathology or audiology or a combination of the two disciplines. If you cannot provide proof of 25 observation hours at the undergraduate level, you will be required to observe audiology and speech pathology assessment and/or therapy until 25 hours of observation have been obtained.

Tuberculosis (TB) Skin Test

You must obtain a TB test in order to participate in practicum at the AUSHC. A negative test is valid for one year from the date of the test. A positive test will require a chest X-ray, which is valid for 3 years. You must cover the cost of this test. A copy of the test results should be submitted to the Audiology Clinic Coordinator each year, prior to seeing patients.

Background Check

You are required to complete a background check at the beginning of the Au.D. program and to submit a copy to the Audiology Clinic Coordinator. Criminal activity could result in the dismissal from the Au.D. program.

Liability Insurance

You must purchase liability insurance through Auburn University. Currently, the cost is \$30 for all 4 years of the Au.D. program. Costs are subject to change without notice. You may choose to purchase additional insurance; however, this optional insurance would not be a replacement for the required coverage through Auburn University.

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

Prior to the start of clinical practicum in the fall semester of the first year of the program, you will register as a Student User in the web-based program called CALIPSO. The audiology CALIPSO administrator will provide instructions and PIN numbers for student enrollment. There is a one-time cost for participation in CALIPSO. ASHA Clinical Practicum clock hours will be submitted, approved, calculated, and tracked in CALIPSO. Clock hours should be submitted in CALIPSO each semester, at mid-semester, and the end of semester for supervisor approval and overall tracking.

HIPAA Training

Prior to the start of clinical practicum in the fall semester of the first year of the program, you will complete mandatory HIPAA training. This training will be provided at Auburn University by one or more current department HIPAA compliance officer(s).



Essential Function for an Au.D. Student (aka Technical Standards)

The Au.D. program strives to provide students with the knowledge and skills necessary to become competent, qualified, and caring practitioners. In addition to academic and clinical requirements, you are expected to acquire behaviors and attributes, which are essential to function as a clinical audiologist. These essential standards include communication skills, observation skills, psychomotor skills, cognitive abilities, and behavioral/social skills. Prior to applying to and throughout the program, you should determine if they can meet these standards (with or without accommodations). You will be required to maintain these skills throughout the Au.D. program. Failure to meet or maintain the Technical Standards may result in action, including but not limited to dismissal from the graduate program.

Communication Skills

You must possess communication skills to:

- Communicate proficiently in both written and oral English
- Communicate professionally and intelligibly with patients, faculty, colleagues, other healthcare professionals, community groups, or professional groups
- Communicate accurately, effectively, and legibly on patient documentation, reports, and scholarly papers
- Demonstrate non-verbal communication, which is appropriate for culture sensitivity and situation

Sensory/observation Skills

You must possess sensory skills of hearing, vision, and touch to:

- Visually perceive and identify anatomical structures
- Visually perceive and identify text, numbers, tables and graphs associated with diagnostic instruments, electroacoustic devices, written information and tests
- Accurately observe patient's activity and behavior during assessment
- Accurately monitor, through visual and auditory modalities, equipment displays and controls (including hearing aids) used for assessment and treatment

Physical Skills

You must possess physical skills to:

- Sustain stamina to complete the program in audiology
- Participate in classroom activities and clinical assignments
- Complete required tasks, both in the classroom and in the clinical environment
- Manipulate equipment in a safe and effective manner
- Respond quickly to provide a safe environment for patients in emergency situations
- Access non-public transportation to clinical and academic placements

Intellectual/cognitive Abilities

You must possess cognitive abilities to:

- Comprehend, acquire, synthesize, integrate and apply a large body of written and verbal information, sufficient to meet curricular and clinical requirements
- Think critically, make sound clinical judgments, in accordance with accepted clinical standards of care, and solve complex problems
- Reflect on and evaluate academic performance and clinical skills in order to identify strengths, weaknesses, and limits of one's own knowledge and abilities
- Identify and utilize resources in order to successfully change, improve, and increase one's knowledge and skills



Behavioral/social Skills

You must possess behavioral qualities to:

- Sustain emotional health sufficient to carry out required tasks
- Behave in a professional, reliable, responsible, and respectful manner with patients, faculty, classmates, and other healthcare professionals
- Be sufficiently flexible to successfully function in changing and uncertain academic and clinical situations
- Demonstrate ability to successfully cope with emotionally, physically, or intellectually challenging and stressful situations
- Accept and act positively in response to constructive criticism
- Adhere to the [Code of Ethics of the American Speech-Language-Hearing Association](#)
- Adhere to the [Code of Ethics of the American Academy of Audiology](#)
- Adhere to the [Code of Ethics for the State of Alabama](#)
- Adhere to the [Auburn University Code of Conduct](#) and AUSHC Code of Conduct

Performance standards, as described above, must be met throughout the Au.D. program.

If concerns regarding the above mentioned skills arise, you will be notified to meet with faculty members to discuss their issues. Specific examples, in which your limitations interfered with the academic and/or clinical performance, will be provided. Resources may be suggested to you for appropriate intervention. If you fail to meet these performance and/or disciplinary standards, as determined by the majority of audiology faculty, you may be denied permission to continue in the audiology program.



Student Clinician Responsibilities

Prior to the appointment, you should:

- Check your assigned clinic time slot for a patient appointment(s). It is your responsibility to check Point and Click (PNC) for appointments up until the morning of the appointment.
- Complete a thorough review of the patient's files/records (electronic or paper) and schedule a pre-evaluation meeting with your assigned clinical supervisor prior to the appointment time. Pre-evaluation meetings should be 48 hours prior to the appointment, unless the patient is scheduled less than 48 hours prior to your assigned time slot. If a patient is scheduled within 24 hours of your assigned clinic slot, contact your supervisor to schedule a pre-evaluation meeting. Pre-evaluation may be completed via email at the discretion of the supervisor if a face-to-face meeting is not possible.
- Present to the scheduled pre-evaluation meeting with a typed plan of the appointment.
- Call to remind the patient 24 hours prior to the appointment and complete COVID screening. (see Coronavirus [Coronavirus](#) in the Appendix for more details) and check the client's (and accompanying person's) temperature.

Day of the appointment, you should:

- Dress appropriately (see [Dress](#) for more details) for the appointment and wear your name tag.
- Arrive 30 minutes prior to your time slot to ensure equipment is on and working.
- Make sure the otoscope, audiogram, and any other necessary items are in the test suite.
- Meet the patient on time in the lobby.
- Complete [Coronavirus](#) (if it was not completed on the phone).

After the appointment, you should:

- Print and label all test results with the patient's information.
- Clean the room following the procedures under [Infection](#). This may include putting away/disposing of used otoscopy specula, immittance ear tips, foam ear tips and/or electrodes; put supplies away; clean and store toys; return hearing instruments to clinic stock; wipe down chairs, patient response button, etc. In general, the test rooms and equipment should be left ready for the next patients. However, if your appointment is the last one of the day, then the student should make certain all equipment and power supply to the test booth have been turned off.
- Complete the first draft of the report and submit it to your supervision within 24 hours of the end of your appointment. This draft should be your best work and is what your clinic grade will be based on. At the supervisor's discretion, the first draft may be completed as a word document or entered directly into PNC.
- Email supervisor when you have completed the first draft and are ready for it to be reviewed.
- Place the working file folder with all your notes, working audiogram, final audiogram, other test results/paperwork, correctly addressed envelopes (if mailing copies of the report) in your supervisor's hanging file folder in the clinicians' room (HC 1128).
- Review supervisor comments on your SharePoint grade sheet when it becomes available.
- Submit weekly ASHA hours sheet.

Other expected, professional clinic behavior:

- Respond to emails from faculty in a timely manner
- Maintain patient privacy and HIPAA compliance



- Requests leave of absence from clinic at least 2 weeks in advance (see [Clinician](#) for more).

Assessment of Student Clinical Performance

The clinical professor/instructor will complete a SharePoint Evaluation of Clinical Performance form for each evaluation/session conducted by a student clinician. There are ten items on this form. A sample for can be found in the Appendix of this manual. The instructor will score each item to reflect your performance, relative to the clinician's progression in the program and the extent of supervision required.

1 = Unacceptable performance (specific direction from supervisor does not alter unsatisfactory performance);

2 = Needs improvement in performance/Maximum support (maximum amount of direction from supervisor to perform effectively; clinical skills beginning to emerge);

3 = moderately acceptable performance/Moderate support (inconsistently demonstrates clinical behavior/skill);

4 = meets performance expectations/Minimal support (demonstrates minor technical problems which do not hinder therapeutic process);

5 = exceeds performance expectations/Independent (adequately and effectively implements clinical skill/behavior).

Failure to be present at an assigned patient appointment will result in a reduction of the final grade by one letter grade. Failure to be present at two clinic assignments will result in a final grade of "F" for CMDS 8910.

Digital copies of the forms are accessible for you to review. You will receive an email when your form is available for review. You should read each form and may choose to discuss the contents with the clinical instructor, as needed. **If you have an average rating of less than 4 on any attribute, you will meet with the clinical professor/instructor to identify areas of concern, to provide further instruction and/or practice, and to remediate the skill.**

Mid-semester and end of semester meetings

Although the evaluation of clinical skills is an on-going process, your performance is more formally evaluated at mid-semester and at the final grading period. Each clinical professor/instructor, who has taught you that semester, will complete an "Evaluation of Clinical Performance" summary form at mid-semester and at the end of the semester. Your grades on the "Evaluation of Clinical Performance" forms completed for that time period are averaged.

Grades are assigned using the following scale:

- A = 5.0-4.5
- B = 4.4-4.0
- C = 3.9-3.5
- D = 3.4-3.0
- F less than 3.0

You should successfully complete six semesters of CMDS 8910 in order to proceed to the 3rd year clinical rotation. If you earn a grade of C or poorer in CMDS 8910 in the sixth semester, you may not be allowed to proceed to your planned Third Year Rotation site, which may delay your graduation.

You may withdraw from this course (with a W on the transcript) by mid-semester, but withdrawal from this class will affect your progression through the Au.D. program and delay your graduation.



Student Evaluation of Supervision and Teaching

Evaluation of clinical supervision is completed using a Qualtrics survey. This electronic survey will be emailed to by the department administrator. You should complete your evaluation without the presence of any instructor. Your responses will be returned to the department administrator, who prepares a de-identified summary of the responses and comments for each faculty member.

Questions on this survey can be seen below:

6 = Strongly Agree, 5 = Agree , 4 = Slightly Agree , 3=Slightly Disagree , 2 = Disagree
1 = Strongly Disagree , N/A = Not applicable

1. I was informed of the clinical instructor’s expectations for clinical practicum.
6 5 4 3 2 1 N/A
2. I was provided with feedback of my clinical progress at regular intervals during the semester.
6 5 4 3 2 1 N/A
3. I was prompted to think critically about best patient care/best practice.
6 5 4 3 2 1 N/A
4. I was provided an environment that supported my clinical learning.
6 5 4 3 2 1 N/A
5. Please provide additional actionable feedback related to the clinical practicum (strengths or areas of improvement).

Clinical Supervision Requirements

Clinical practicum hours must be supervised by individuals who hold a current CCC (Certificate of Clinical Competence) in the area in which the observation or practicum hours are being obtained. A **minimum** of 25% of total contact time with each client must be observed directly by the clinical supervisor; however, more or less supervision will be provided depending on which Practicum rotation is being completed.

When seeing a Medicare or Medicaid client, CMS requires 100%, in-room supervision.



Section 3: Documentation of Clinical Practicum Hours

ASHA Clock Hours Requirements

According to the [2020 Standards and Implementation Procedures for the Certificate of Clinical Competence in Audiology](#), there is no minimum number hours of supervised clinical practicum. However, the Audiology Doctoral Program at Auburn University requires that 1,820 hours of supervised clinical practicum be completed. The faculty believe that this number of hours should be sufficient to achieve the knowledge and skills outcomes required by CAA (Council of Academic Accreditation), which accredits our program. This number of practicum hours is also still required by many states' [licensure requirements](#).

Clinical practicum is defined as direct patient/client contact, consultation, record keeping, and administrative duties relevant to audiology service delivery. Time spent in clinical practicum experiences should occur throughout the graduate program.

Supervision must be sufficient to ensure the welfare of the patient and the student in accordance with the ASHA Code of Ethics. Supervision of clinical practicum must include direct observation, guidance, and feedback to permit the student to monitor, evaluate, and improve performance and to develop clinical competence. The amount of supervision must also be appropriate to the student's level of training, education, experience, and competence.

Weekly Clock Hours Sheet

To create a system of checks and balances, you will submit a [Weekly](#) which documents practicum experiences earned each week through the semester.

- The Weekly Hour Sheet is submitted by 4:00 PM Friday afternoon to the designated faculty member or graduate assistant.
- Each clinician should retain a copy of the weekly hour sheet.
- Hours submitted via weekly hour sheet will be tallied and submitted in CALIPSO at mid-semester and end of the semester. Step-by-step instructions for submitting hours in CALIPSO are available on the 8910 Canvas site each semester.



Section 4: AUSHC Guidelines, Policies, and Procedures

Privacy and Confidentiality Policies

Patient Confidentiality

You are bound to uphold ethical and legal obligations and guidelines regarding patient privacy and confidentiality. Students must always maintain professional boundaries within the school and in any assigned clinical experience. Students shall not communicate any information (via Social Media or otherwise) which would violate a clinician's ethical and legal obligations regarding patient privacy and confidentiality.

1. All records and reports concerning a client are considered confidential and will be entered in the client's electronic health records in Point and Click
2. Client records, test results, and data (e.g. case history forms, test protocols, etc.) cannot be removed from the physical area occupied by the Auburn University Speech and Hearing Clinic.
3. Letters and/or reports may be sent to agencies or individuals upon request and the signing of the Authorization Form and the Permission to Contact and Discuss Form.
4. Student clinicians can prepare reports from home, but should take care that others do not view any Personal Health Information (PHI).
5. Student clinicians are prohibited from removing videotapes and CDs from the AUSHC.
6. Any written/printed documentation (e.g., evaluation report, treatment report, test results, etc.) must be placed in the patient's chart or holding file. During the report preparation process, the patient's chart/working file must be stored in the file cabinet in the locked student clinician room (HC 1126). Patient charts/documentation, test results, etc. cannot be left in the student rooms, a test room, NSSLHA library, treatment room, observation room, or any other public location.
7. De-identified data and graphs may be taken for class assignments and report writing. See list below for proper de-identification of data
8. Any discarded written documentation/reports must be shredded. A collection box for shredding is located in the student clinician room (HC 1126).
9. When videos are used in a class for demonstration or example, the student clinician should not discuss, outside the classroom, confidential or personal information revealed in the video.
10. Clinicians must restrict conversations about patients, treatment sessions, and evaluations to the clinicians' room, the supervisor's office, the treatment room, the observation room, or the evaluation room. Clinicians are strongly advised against discussions about patients in the hallways, the lobby, the front office, or other public places. When discussing a client in the clinicians' room or in a class, the clinician should not include identifying information, such as a name, billing status, etc. When videotapes are used in a class for demonstration or example, the clinician should not discuss confidential or delicate information revealed in the video outside the classroom
11. Student clinicians must comply with the Standards for Privacy of Individually Identifiable Health Information ("Privacy Rule").
 - a. The "Privacy Rule" establishes a set of national standards for the protection of certain health information.
 - b. The U.S. Department of Health and Human Services issued the Privacy Rule to implement the requirement of the Health Insurance Portability and Accountability Act (HIPAA) of 1996.
 - c. The "Privacy Rule" protects all "individually identifiable health information" (protected health information) held or transmitted by a covered entity or its business associate, in any form or media, whether electronic, paper, or oral.

Individually identifiable health information includes many common identifiers, as indicated in the following:

- Name(s)



- All geographic subdivisions smaller than a state, including street address, city, county, zip code
- All elements of dates (except year) for dates that are directly related to an individual, including birth date, admission date, discharge date, and death date
- Telephone or fax numbers
- Email addresses
- Vehicle identifiers or license plate numbers
- Fax numbers
- Web Universal Resource Locators (URLs)
- Social security numbers
- Internet Protocol (IP) addresses
- Medical record numbers
- Biometric identifiers, including finger and voice prints
- Health plan beneficiary numbers or insurance information
- Full-face photographs and any comparable images
- Account numbers
- Certificate/license numbers

See [Confidentiality Form](#) in the Appendix for more details.

[Health Insurance Portability and Accountability Act \(HIPAA\)](#)

You are required to attend training and abide by the health-information privacy requirements of the HIPAA. Violations of the privacy requirements of HIPAA will be subject to disciplinary actions as identified by the level of the violation identified in the department's HIPAA Disciplinary Action Committee using HIPAA up to and including dismissal from the program.

[Clinical/Classroom Use of Personal Electronic Devices](#)

The use of any personal electronic devices (including but not limited to cell phones, tablets, audio recording devices, and laptop computers) during a clinical or externship experience shall be restricted to use as a health care resource, patient resource, and reference usage only. Any other uses of such personal electronic devices during a clinical or preceptorship experience without prior approval from the clinical instructor, faculty or site supervisor is strictly prohibited.

[Social Media Guidelines](#)

Social media includes but is not limited to any online or electronic platform used for interactive, open or semi-open communication of any information by and between one end-user and other end-users (e.g., blogs, Instagram, Facebook, Twitter, Snapchat, YouTube, LinkedIn, Pinterest, email or text, etc.). You are responsible and accountable for any and all content (in any format) posted, transmitted, or communicated on, by or through any social media account associated with that SLHS student. There is the potential for misinterpretation of the relationship or the potential of sharing protected information via these social media sites. Relationships such as faculty-student, student-patient, supervisor-student, and staff-student merit close consideration of the implications and the nature of the social interaction as a student in the Speech-Language and Hearing Sciences program. You are reminded that you should have no expectation of privacy on social networking sites. You must also be aware that posting certain information is illegal and may violate federal law protecting personal health information (HIPAA). Violation may expose you to criminal and civil liability.

You are expected at all times to behave in a manner consistent with the standards set forth in the ASHA Code of Ethics. If you make communications which are disparaging or critical of Auburn University, the department, AUSHC, or any students, faculty or staff, you shall be disciplined in accordance with applicable department and [Auburn University guidelines](#).

Professional communication requires that all student communication be in accordance with the department guidelines and federal HIPAA law. You are bound to uphold ethical and legal obligations and



guidelines regarding patient privacy and confidentiality. Students must always maintain professional boundaries within the Dept. and in any assigned clinical experience. Students shall not communicate any information (via social media or otherwise) which violates the ASHA Code of Ethics, State of Alabama law regarding patient privacy and federal HIPAA law.

The following is a list of examples of online behaviors that are considered violations of the social media guidelines as they reflect unprofessional behavior and may constitute disciplinary action and/or dismissal from the program:

1. It is a HIPAA violation if you mention a patient with enough information that the person might be identified, even if you avoid personal health information (PHI). This includes posting of images. The consequences for violations are severe.
2. Posting on social media the names, negative comments, or criticisms of faculty, staff or any other clinical or university personnel. Making negative comments or criticisms about the facility or what is occurring in the Speech-Language and Hearing Sciences Department, the Auburn University Speech & Hearing Clinic, or any other clinical site (off campus or fieldwork) at any time.
3. Display of vulgar language. Display of language or photographs that imply disrespect for any individual or group because of, but not limited to, age, race, gender, ethnicity or sexual orientation, Presentation of personal photographs or photographs of others that may reasonably be interpreted as condoning irresponsible use of alcohol, substance abuse or sexual promiscuity, Presentation of personal engagement in illegal activities including use of recreational drugs, Posting of potentially inflammatory or unflattering material on another individual's website, e.g. on the "wall" of that individual's Facebook site.
4. Writing defamatory or degrading remarks that target any faculty, staff or student members of the Auburn University community. Remarks may be a violation of the code of ethics and professional behaviors guideline and may result in disciplinary action.
5. Asking your faculty, clinical instructors, clinical supervisors (on or off campus), or any university or clinical site employee to "friend" you on any social media while a student in the Auburn University Speech-Language and Hearing Sciences Department. This request puts Auburn University employees and yourself in an awkward situation with personal information about each other. Individuals should make every effort to present themselves in a mature, responsible, and professional manner while using social media. Discourse should always be civil and respectful.

The following is a list of professional relationship behaviors that are considered either violation of the ASHA Code of Ethics or potentially introduce the possible of violating State of Alabama or federal HIPAA law for protection of PHI.

1. It would be inappropriate to babysit or provide care for a client under your care.
2. Dating a client would violate the ASHA Code of Ethics. It would not be permissible to date a client or a caregiver/family member of a client of the AUSHC, off-site placement, or externship placement as long as you are enrolled in the program.
3. It is not appropriate to allow family or friends who are not currently students in the CMDS program to observe client care or documentation practices in the AUSHC or off-campus sites. For example, if a student clinician accesses the clinic computer lab to complete documentation after business hours, it would not be appropriate to have a friend or family member accompany them and potentially violate patient privacy.



Infection Control Policies and Procedures

In the delivery of any health-related service, it is the health professional's responsibility to ensure the safety of all patients served. It is imperative that audiologists provide patients with diagnostic and treatment environments that are designed to minimize or eliminate the potential transmission of disease. Audiologists must be diligent in their efforts for controlling the spread of infectious disease within the context of the entire clinical setting.

Since the practice of audiology involves and requires a notable degree of patient contact, patients, and clinicians are exposed to an environment in which a variety of contaminated objects may come into direct or indirect contact with multiple patients (e.g. headphones, immittance or otoacoustic emissions probe tips, electrodes, otoscope specula, oto-lights, earmold impression syringes, probe tubes for real-ear measurement, earmolds and/or hearing aids) (American Academy of Audiology, Infection Control Task Force).

Contact transmission remains the most common means of cross-contamination and possible disease transmission (Kemp & Bankaitis, 2000). Contact transmission may occur when a clinician or the patient touches another individual or object. Removing a hearing aid from a patient's ear or accepting a hearing aid from a patient with bare hands are practices that may encourage inadvertent cross-infection via contact transmission. In the event transmission occurs, microbes naturally seek entry into the body by traditional routes including natural orifices (nose, eyes, and ears) or via the epithelial layer of the skin (Kemp, Roeser, Pearson, & Ballachanda, 1996).

The incidence of infectious diseases, such as coronavirus (COVID-19), cytomegalovirus (CMV), hepatitis B, herpes simplex, tuberculosis, influenza, and acquired immune deficiency syndrome (AIDS), are noteworthy. These diseases, in addition to other infections, are contagious and can be life-threatening. In light of the increased prevalence of infectious diseases and the expanded scopes of practice for audiology, infection control and prevention of disease transmission are important concerns for the practicing clinician.

Transmission of disease can occur through body fluids and/or air. The three major pathways for disease transmission are: (1) patient to clinician, (2) clinician to patient, and (3) patient to patient (McMillan & Willette, 1988). Pathways for transmission of microorganisms include: (1) direct contact between individuals, (2) indirect contacts through instruments, environmental surfaces, and (3) airborne contamination, such as sneezing or coughing (Ballachanda et al., 1996).

The Centers for Disease Control (CDC) have developed general infection control procedures to minimize the risk of patient acquisition of infection from transmission of an infectious agent from health-care workers to patients and from contact with contaminated devices, objects or surfaces. These procedures also protect workers from the risk of becoming infected.

The CDC recommend certain practices to prevent transmission of blood-borne pathogens. These precautions are methods of averting disease by preventing transfer of body fluids. Body fluids that may be contaminated include blood and blood products, semen, vaginal secretions, breast milk, cerebrospinal fluid, synovial fluid, amniotic fluid, pleural fluid, pericardial fluid, peritoneal fluid, mucous (ear drainage), and saliva.

Cerumen is not an infectious substance per se, until it becomes contaminated with blood or mucus (Kemp, Roeser, Pearson, & Ballachanda, 1996). Due to the potential for contamination, cerumen should always be treated as an infectious substance (Kemp et al., 1996).

Standard precautions include using hand hygiene and isolation precautions; wearing personal protective equipment; and following appropriate procedures for needle and sharps safety and disposal, medical waste disposal, and sterilization of reusable equipment. Infection control programs can include routine preventive measures (handwashing, protective barriers, and immunizations) in addition to antimicrobial



processes (cleaning, disinfection, and sterilization).

Hand Washing

Hand hygiene is the most effective way to prevent infection and is considered the first line of defense against germs. Hand hygiene is important for the safety of health care workers and the patients they treat.

- Wash hands before and after each patient.
- Wash hands immediately if there is potential contamination with blood or body fluids containing visible blood.
- Wash hands after performing procedures, such as cerumen management, earmold impressions, and handling probe tips.
- Wash hands after removing gloves.

The prescribed hand-washing procedure is as follows:

- Moisten hands completely with water and scrub vigorously with a liquid antibacterial soap.
- Lather hands and wrists
- Rub vigorously, interlacing fingers. Rinse thoroughly, allowing water to drain from fingertips to forearms.
- Repeat entire procedure and dry hands with a paper towel.
- Use paper towel to turn off the water.

If soap and water are not available, hand disinfectant can be used.

Protective barriers

Personal protective equipment includes facemasks, protective glasses, gloves, gowns, and other equipment used to provide a barrier of safety between the health care worker and the patient.

Masks can protect both the clinician and the patient from airborne micro-organisms that might enter the body through the mouth or nose, such as tuberculosis or COVID-19. Masks are required whenever you are in the clinic space, regardless of the reason. Fabric masks (either purchased or handmade) must fit snugly over mouth and nose. These masks should be washed daily. Disposable surgical masks are single use and must fit snugly over mouth and nose. Disposable masks should not be reused. You are responsible for providing your own masks.

Eye protection consists of safety type glasses or face shield. Diseases, such as COVID-19 can be transmitted through the eyes. Eye protection should be used at all times with patients. **Personal eyeglasses are not sufficient eye protection.**

Gloves should be worn when there is client contact or when handling an item, such as an earmold, earmold impression, or other item than may be contaminated with blood or body fluids. Gloves are available in the hearing aid office and each clinic room.

- Wash hands after removing gloves.
- Dispose of gloves in trash, unless contaminated with blood or other bodily fluids (e.g. vomit, urine, fecal matter).
- Gloves contaminated with blood, ear drainage, or cerumen should be placed in a small plastic bag and placed in the biohazard container in 1175.
- Other materials containing significant amounts of blood or other bloody fluids should be disposed of in impermeable bags labeled with biohazard symbol. These bags are available in the hearing aid office 1181 and also should be disposed of in the biohazard container in 1175.
- Change gloves after contact with each client.
- Do not wash or reuse gloves.

Removal and disposal of gloves should be as follows:

- Remove one glove so that it is inside-out when removed with fingertips from the other hand.



- Hold the removed glove that is inside-out in the non-gloved hand and use it to remove the remaining glove so that it is also inside-out and includes the first glove inside of it.
- Place used gloves in a plastic bag and dispose of in a covered waste can outside of the clinic room.

Remember: Face mask and eye protection are required whenever working with clients. Gloves are recommended when touching a client.

Human Bite Procedure

When human bites that break skin occur, routine medical care (including assessment of tetanus vaccination status) should be implemented as soon as possible. Such bites frequently result in infection with organisms other than HIV and HBV. Victims of bites should be evaluated for exposure to blood or other infectious body fluids.

The victim should notify the departmental safety officer as soon as possible after the incident has occurred. The safety officer will document the incident in writing, and a copy of the report will be given to the offender or legal guardian and the victim. The safety officer will advise both parties to seek appropriate medical care.

Handling of Contaminated Items

You may come into contact with consumable and non-consumable contaminated items. Consumable items include disposable gloves, specula, and foam insert ear tips. Non-consumable items include tympanometry ear tips, cerumen removal tools/specula and toys.

Disposal and decontamination of these items should be as follows:

- Consumable items that do not come in contact with body fluids, blood, cerumen contaminated with blood (fresh or dried), can be disposed of in a trashcan. Consumable items which have been in contact with body fluids should be placed in a plastic bag and disposed of in the biohazard container in 1175.
- Non-consumable items that do **not** come in contact with body fluids, blood, cerumen contaminated with blood (fresh or dried), can be placed in the yellow dirty tips container in each exam room. These items will be cleaned, disinfected, and sterilized by a hearing aid assistant. Items which **have** been in contact with body fluids should be discarded or properly decontaminated. See your clinical supervisor for more information.
- You should notify a clinical faculty member or the clinic receptionist whenever bodily fluids such as urine or vomit need to be removed and the area cleaned. The university facilities department will be notified, and they will clean the area. The area should be vacated until cleaning is completed.
- Non-essential equipment, plastic toys, surfaces, doorknobs, headphones, chairs and tables should be cleaned after each patient using the spray provided in the sanitation room (1175). This cleaner has a 10 minute wet-time, meaning that the surfaces need to remain wet for at least 10 minutes, then dried if the room is needed. Sensitive equipment, such as audiometers, tympanometers, hearing aid verification equipment, computers, etc. should not be sprayed. You should use a Clorox wipe to disinfect these items.

Injuries, Illness, or other Contagions

All students injured during CMDS sponsored activities (clinic/class) should notify their immediate supervisor and complete the AUSHC Incident Report Form as soon as possible. The form will be uploaded to the student's electronic file. The student may also opt to complete the Incident Report form on the Risk Management Website if you will seeking medical attention. This form should be completed as soon as possible after the incident has occurred. This form remains with Risk Management.

A clinician with exudative lesions or weeping dermatitis should not have direct patient contact. The



clinician should notify the clinical supervisor immediately if such conditions are present.

You should not provide clinical services, if you have a body temperature of 100.4 degrees or more, or if you have a cough, cold or other illness.

If you have a concern about a contagious condition, you should contact your clinical supervisor and the audiology clinic coordinator.



Dress Code

During university enrollment and training programs, individuals transition from a student to a professional. Part of this transition involves learning how to dress for different roles you will fill during the training program, which may include, but not limited to, coursework in AU classrooms, and clinical experiences at the Auburn University Speech & Hearing Clinic, off-campus practicum sites, schools, hospitals, workshops, and professional meetings. The manner of dress, whether intended or not, can reflect the individual's level of competence, trustworthiness, dependability, and other desirable professional attributes. In addition, although one may contend that you are a student, you are a representative of the AUSHC, the department, and Auburn University to members of the general public, the University community, and other professionals.

The AUSHC maintains high professional standards at all times. Failure to comply with any of the rules of professionalism may result in a significant lowering of your practicum grade.

While seeing clients, you should wear solid color (black, medical blue, dark grey, or navy) scrubs. Approved Auburn University Audiology t-shirts or AUSHC shirts may be worn with scrub pants instead of a traditional scrub top.

Students may opt for professional wear for clinic as long as the clothing is machine washable. Please avoid wearing items labeled as "dry clean only" or "hand wash only." If you choose to wear professional dress, you should follow the guidelines below.

Professional Dress Guidelines

- Dresses and skirts should be no more than two inches above the knee when standing.
- When working with clients, you should also consider the length of the dress when sitting or bending.
- Slacks and pants should be mid-calf length or longer.
- Denim of uniform color without rips, tears, or whiskering is permitted in the department and clinic areas; check with your supervisor about wearing denim when seeing clients.
- Leggings may be worn under appropriate length dresses/skirts but may not be worn as pants.
- Sweaters, dress tees, polo shirts, button-up shirts, and blouses should fit so that modesty is maintained.
- Tops should cover the chest and midriff even when bending to work with clients.
- Tops with spaghetti straps or a halter neck may be worn with an appropriate jacket or sweater.
- Dress shoes, dress boots, loafers, oxfords, Toms, or dress sandals should be worn in the clinic areas.
- Clean sneakers are permissible with scrubs.

When you are in the clinic space (i.e. for class, homework, pre-planning, research and assistantship duties), but not seeing clients, you will need to dress with modesty and professionalism. The following items are considered unacceptable in the clinic area at any time:

- Shorts of any kind.
- Skirts or dresses shorter than 2 inches above the knee when standing.
- Loungewear, including but not limited to athletic wear, sweatpants, yoga pants, pajamas, and work out shirts.
- Tank tops, halter tops, cut-out tops, or strapless tops (unless covered by a jacket or cardigan).
- Tops that do not cover the chest or midriff.
- Pants that reveal undergarments or body parts typically covered by undergarments.
- Worn, frayed, stained, or wrinkled clothing.
- Severely worn footwear.



Personal Hygiene

Hair should neat and clean and styled off the face and out of the eyes. When working with patients (e.g. physical assessment), hair longer than shoulder length may need to be secured.

Beards and mustaches should be clean and well groomed.

Due to allergies and sensitivities, strong cologne, perfume, or aftershave is not recommended in the clinic setting.

Nails should be well groomed, manicured and of short to medium length to facilitate patient care activities.

Jewelry and accessories should be non-distracting.

Other Guidelines

Face masks are required at all times while in the clinic space.

Eye protection (i.e. face shield or safety glasses) are required when working with clients. Prescriptive eyeglasses do **not** provide adequate eye protection.

Student ID badges should be with you at all times in order to access some clinic spaces.

Name badges should be worn at the chest pocket level when working with clients.

Enforcement Standards:

Modifications to the dress code may be made at the discretion of the faculty, depending upon the needs and activities for a particular clinic case.

Students inappropriately dressed or groomed may be dismissed from the 1100 quadrant.

Students may forfeit clinic hours earned if dress code is violated when seeing clients.

Repeated actions judged to be violations will be considered improper professional behavior and may result in disciplinary action.



Absences and Cancellations

Clinician Absence

Due to the intensity and sequence of courses and clinic placements in the Au.D. program, consistent attendance in classes and clinic is imperative.

- **If you are sick**, you must inform your clinical supervisor as soon as possible. If it is the day of your assigned appointment, you should email your professor to let them know about your absence. **NOTE: If you have a fever of 99.5 or greater, you are required to stay home from clinic to avoid exposing faculty, fellow students, and patients to your illness.**
- **If you think you have been exposed to COVID-19** (See [AUSHC](#) for more information), you must inform your clinical supervisor and the clinic coordinator as soon as possible. If it is the day of your assigned appointment, you should email your professor to let them know about your absence. You must contact the AU Medical clinic, regarding your situation. You cannot return to clinic until you have been cleared by either having a negative COVID test or completing the required quarantine. More information about returning to clinic [AUSHC](#) can be found in Section 6 of this document.
- **If you want to attend a professional conference**, you must submit a **request** to all effected academic professors and clinical supervisors in writing at least 2 weeks before the conference. Typically, a student is allowed to attend 2 conferences per academic year. If you would like to attend more than 2 events per year, you must submit a written request to the entire Au.D. faculty at least 2 weeks in advance of the anticipated absence. The faculty will review each request on an individual basis.
- **If you need to interview for off-campus placements**, try to schedule your interview at a time other than your assigned clinic appointment. However, if your site can only meet during your assigned clinic slot, you should submit a **request** to all effected academic professors and clinical supervisors in writing at least 2 weeks before the interview.
- **If you want to miss clinic for another reason** (religious event, wedding, volunteer work, etc.), you should **request** in writing to be excused at least 2 weeks before the event. It is at the discretion of the clinical faculty, whether or not your request will be approved. If your request is granted, you are required to find a replacement clinician for your assigned appointment time.

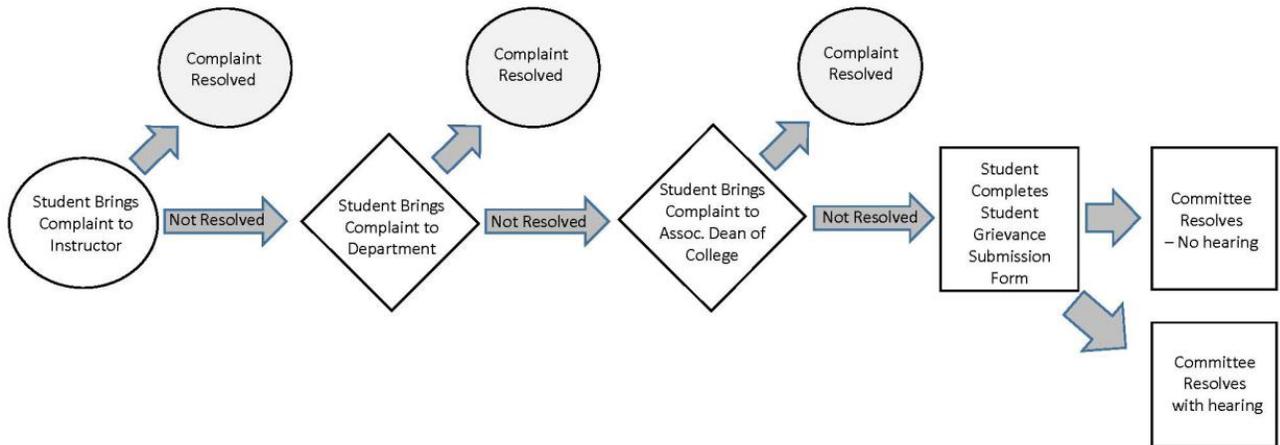
Client Cancellation

- If you suspect your supervisor will be absent from clinic, **you must contact your supervisor** to ensure you have not been assigned another clinical task in his/her absence.
- If you do not have a patient in your assigned time slot, **you are still expected to attend clinic**. This is your one-on-one learning time. You and your supervisor will make a plan for this time.
- If you call a patient to remind him/her of the appointment and he/she cancels the appointment, you should instruct clients or parents to call the AUSHC Clinic office (334) 844-9600 to cancel appointments and inform your clinical supervisor.
- In the event of inclement weather, AUSHC follows Auburn City Schools (i.e. if schools are closed, clients will be cancelled). If Auburn City schools are not in session, clinical faculty will determine if clinical sessions are cancelled.



Student Grievance Policy

There may be times when you disagree with a faculty member or clinical supervisor to the extent that action must be taken to reach a resolution. The following procedures have been established to help guide students and faculty members in such instances:



See [Auburn's website](#) for more information.

Non-discrimination Policy

Auburn University is committed to providing a working and academic environment free from discrimination and harassment and to fostering a nurturing and vibrant community founded upon the fundamental dignity and worth of all its members.

In accordance with applicable federal law, Auburn University complies with all regulations regarding unlawful discrimination against or harassment of its students. Any form of discrimination or harassment related to a student's race, color, sex, religion, national origin, age, sexual orientation, or disability (protected classes) is a violation of University policy. This policy is intended to cover any prohibited harassment of or discrimination against a student by other students, employees, or University agents. This policy also covers harassment of students by non-employees on University property or while engaged in University sponsored activities, as well as discrimination against students by University contractors.

Reporting and Resolution Procedures

Students who believe they have been discriminated against on the basis of their race, color, sex, religion, national origin, age, sexual orientation, or disability should report incidents to the Office of Affirmative Action/Equal Employment Opportunity (AA/EEO). In addition to the Office of Vice President for Student Affairs, all faculty, staff, and administrators should assist students in directing their harassment and/or discrimination complaints to the Office of AA/EEO.

The Office of AA/EEO will investigate the incident and will consult with witnesses and other appropriate University officials as necessary. Complaints will be handled on a "need to know" basis with a view toward protecting the complaining party from possible reprisal and protecting the accused from irresponsible or mistaken complaints.



Definitions

Discrimination is defined as conduct directed at a specific individual or a group of identifiable individuals that subjects the individual or group to treatment that adversely affects their employment or education because of their race, color, religion, national origin, age, disability, citizenship, veteran status or sexual orientation.

Verbal conduct is defined as oral, written, or symbolic expressions that: personally describe or is personally directed at a specific individual or group of identifiable individuals; and is not necessary to an argument for or against the substance of any political, religious, philosophical, ideological, or academic idea.

Harassment as a form of discrimination is defined as verbal or physical conduct that is directed at an individual or group because of race, color, religion, national origin, age, disability, citizenship, veteran status or sexual orientation when such conduct is sufficiently severe, pervasive or persistent so as to have the purpose or effect of interfering with an individual's or group's academic or work performance; or of creating a hostile academic or work environment. The term "harassment" includes but is not limited to: slurs, jokes, or other graphic or physical conduct relating to a student's race, color, sex, religion, national origin, age, disability, or veteran's status.

Sexual Harassment

Harassment also includes any coercive sexual behavior used to control or influence a student. It may be manifested by verbal and/or physical actions, gestures, unnecessary touching, leering at a person's body, attempts to embarrass, request for sexual favors, and physical assault.

Sexual harassment in academic settings, and in the employment arena where students are involved, is defined as unwelcome sexual advances, requests for sexual favors, and other verbal, graphic, or physical conduct of a sexual nature when:

- Submission to such conduct may be explicitly or implicitly a term or condition of a student's academic success or employment; or
- Submission to or rejection of such conduct may be used as the basis for employment or academic decisions affecting the student and the student's total educational and/or work experience; or
- Such conduct has the purpose or effect of substantially interfering with a student's employment or academic performance or creates an intimidating, hostile or offensive work or educational environment.

Students who feel that they have been sexually harassed should report their complaint to the [Division of Student Affairs](#). This office, in consultation with the Affirmative Action Office, will investigate the incident, consult with other appropriate University officials if necessary, and will resolve the complaint if possible.



Emergency Policies

The emergency notification systems on campus are in place to notify faculty, staff, and students of imminent and urgent situations that may affect the campus.

The following notification systems are in place:

- AU Alert is an emergency notification system that notifies faculty, staff, and students of critical information and situations affecting campus through the use of text messages, voice messages to multiple phone numbers, email, screen lock in on-campus computer labs and more. To get alerts on your mobile device, you can sign up at the [AU Alert website](#).
- Tone alert radios have been placed in all regularly occupied buildings on campus. The radios broadcast a warning tone and then specific information such as severe weather warnings or other emergencies on campus.
- Fire alarms are in place to notify building occupants of possible fire dangers in the building. If you hear the fire alarm, evacuate the building immediately.
- Outdoor warning sirens are in place around campus to alert people of severe weather. Once the sirens are activated, members of the campus community should seek shelter and tune to radios or television for updates and instructions. These sirens could also be used in the event of other emergencies. However, activation will still require seeking shelter from the outdoors. **NOTE: The Lee County Emergency Management Agency tests the outdoor tornado sirens every fourth Wednesday at noon.**
- NOAA weather radios are located in some buildings on campus. The NOAA weather alert radios receive information directly from the National Weather Service. This information includes current weather and also any issued watches or warning.

Severe Weather Protocol

- If you hear the weather siren or radio alerts, take shelter immediately in designated shelter locations. Sirens indicate that there is a tornado warning, and you should seek shelter immediately. Shelter locations within the clinic are clearly marked with white and green signs and are identified on building diagrams in building-specific emergency plans. **Shelter areas are located in the 1100 quadrant, near 1139 and 1147. If you are working with a client, you should take him/her with you.**
- If shelter is not available, move to the center and lowest point of your building.
- Stay away from windows and doors to prevent injury from glass or other flying objects.
- Cover your head with any heavy/bulky object to protect yourself.
- Do not go outdoors to see the storm. Trained storm spotters will be monitoring the situation.
- Report any injury/damage to the 911 dispatcher. Provide them as much information as possible to respond to the emergency.
- Once the storm has cleared, notify Public Safety & Security/Emergency Management at (334) 844-8888 of any damages or injuries.

Active Shooter Protocol

Secure your immediate area:

- Lock/barricade doors. Ideally, you should choose a room with no door window and a push button lock. These include most faculty offices in the 1100 quadrant, the 1118 student computer lab, audiology test suites 1183 and 1184, and the VNG lab. If you cannot lock the door, bar it with furniture. Try to avoid room with observation windows.
- Turn off lights, radios, and computer monitors blinds.
- Block windows.



- Keep yourself and other occupants calm, quiet, out of sight and take adequate cover/protection i.e. concrete walls, thick desks, filing cabinets (cover may protect you from bullets).
- Silence cell phones.

Un-Securing an area:

- Consider risks before un-securing rooms. Remember, the shooter will not stop until they are engaged by an outside force.
- Attempts to rescue people should only be attempted if it can be accomplished without further endangering the persons inside a secured area.
- If doubt exists for the safety of the individuals inside the room, the area should remain secured.

Contacting Authorities:

- Use Emergency 911.
- 501-3100 Auburn Police (non-emergency line).

Fire Alarm Protocol

- Exit the clinic immediately
- Dial 911 as you are exiting to ensure that proper assistance has been summoned. Do not assume the fire alarm or others will notify the fire department. If there is critical equipment or experiments that need to be stabilized or shut down, this should only be done if it can be done quickly and without risking injury.
- Notify others around you as you leave. The fire alarm is difficult to hear in some labs, faculty offices, and the student clinicians' room. If you are with a client, take the client with you. You may have to assist them in exiting by pushing them to the exit in a rolling chair.
- Close doors as you leave to minimize the spread of fire.
- Gather at the nearest designated assembly area:
 - Front of Keller Residence Hall
 - 2nd pavilion of the Tiger Transit
 - Front of Harrison School of Pharmacy Building

Unconscious Person Procedures

If you find a person who is unconscious:

- Call 911
- Send someone to get the AED from in front of the AU Bookstore
- If trained, administer CPR,



Section 5: Clinical Appointment Plans

The following plans are guidelines to help you prepare for different types of appointments you may encounter at the AUSHC. Procedures maybe added or omitted at the discretion of your supervising audiologist.

Assessment Appointments

Adult Hearing Assessments (Non-VA)

- Conduct otoscopy
- Complete tympanometry and acoustic reflexes (as needed)
- Complete air and bone conduction testing
- Obtain speech reception thresholds
- Obtain word recognition scores

VA Hearing Assessments

- Conduct otoscopy
- Complete tympanometry and acoustic reflexes
- Complete air and bone conduction testing using an ascending method
- Obtain speech reception thresholds using an ascending method
- Obtain word recognition scores with using a recorded Maryland CNC word list.

Pediatric Assessments

- Conduct otoscopy
- Complete tympanometry and acoustic reflexes (as needed)
- Complete air and bone conduction testing (using CPA, VRA, and BOA as directed by your supervisor)
- Obtain speech awareness/reception thresholds
- Obtain word recognition scores
- Complete OAEs, ABR, and/or ASSR (as needed)

Cochlear Implant Evaluations

- Unaided air and bone conduction audiogram (preferably using insert earphones)
- Tympanometry and acoustic reflexes
- Hearing aid check/verification with at least one of the three following options:
 - Listening check
 - Functional gain
 - Real-Ear verification (preferred)
- Aided speech perception testing for each ear and binaural including:
 - CNC words at 60 dB HL (1 list each ear individually)
 - AzBio in noise at +10 dB SNR (speech presented at 60 dB HL and noise presented at 50 dB HL with speech and noise in front; 1 list for each ear individually and binaurally)
- Satisfaction with Hearing Aids Questionnaire and COSI
- Provide recommendations based on results and discuss realistic expectations
- Complete the Cochlear Pre-operative candidacy form (FUN1946) for reference and device decision (Hybrid vs. Traditional)

Tinnitus Evaluations

- Complete all testing from a typical adult hearing assessment (See above)
- Complete loudness matching, pitch matching, and minimal masking level testing
- Have the patient complete at least one outcome measurement regarding his/her tinnitus



Hearing Aid Walk-in Clinic

Monday @ 10:00-11:30 am; Tuesday @ 1:00-2:30 pm; Thursday @ 1:00-2:30 pm

To minimize exposure, hearing aid walk-in services will continue to be completed curbside and would use the following protocol:

Curbside Hearing Aid Services Protocol

- The patient will call the hearing aid office staff at 334-844-9687 when he/she arrives at the designated parking spaces on Heisman Dr. behind the Auburn University Speech and Hearing Clinic (located in the Haley Center) to “check-in” and indicate the color and type of vehicle he/she is driving. Doors to the clinic will remain locked; patients will not be able to enter the clinic. Patients will be seen in the order they contact the hearing aid office.
- A clinical faculty member or student, wearing gloves, a facemask, and eye protections and carrying a tissue, will approach the patient’s vehicle to accept the hearing aid(s)/accessories on the tissue and to determine the patient’s hearing aid needs/concerns.
- The hearing aid(s)/ear mold(s)/accessories will be disinfected using Audio Wipes or Audiologist Choice disinfecting spray prior to vacuuming, listening checks, programming, etc.
- The clinical faculty member/student will return to the patient’s vehicle with the hearing aid(s)/accessories.
- The patient will listen to his/her hearing instrument(s) to ensure proper operation.
- Patient can pay invoice(s) by check or with the portable credit card machine.

Services provided during walk-in clinic:

- Hearing aid troubleshooting and minor repair (e.g. hearing aid not functioning, weak, noisy)
- Clean and vacuum hearing aids
- Replace wax guard(s)/trap(s) and dome(s)
- Replace thin tube(s) and dome(s); replace earmold tubing
- Hearing aid adjustment, reprogram
- Ear impressions for hearing aid(s), earmold(s), or musician’s earplugs
- Fit repaired/recased hearing aid(s)
- Fit earmold(s)
- Modify hearing aid shell(s) and earmold(s)
- Pair and adjust connectivity devices; instruct patient on use

Hearing Aid Demonstration

- Select appropriate technology for patient
- Put patient information and most recent audiogram in NOAH
- Program hearing aids to first fit; adjust as necessary based on the patient’s comfort and experience level

Hearing Aid Fitting/Dispensing

- Select appropriate technology for patient
- Put patient information and most recent audiogram in NOAH
- Program hearing aids to first fit; adjust as necessary based on the patient’s comfort and experience level
- Select and complete the appropriate Hearing Aid Purchase Agreement for the level of HA technology



Hearing Aid Check (HAC) Appointments

2-Week HAC

- Conduct otoscopy
- Assess patient's progress/adaptation to hearing aid fitting
- Discuss patient's likes and dislikes about hearing aid fitting
- Review hearing aid adjustment schedule
- Review and document data-logging information
- Clean and vacuum devices; replace wax guards and domes, as needed
- Make programming changes, if necessary
- Reinstruct on hearing aid use, care and maintenance, as needed

One-month HAC

- Conduct otoscopy
- Assess patient's satisfaction with hearing aid fitting (e.g. Outcome measures)
- Review hearing aid adjustment schedule
- Review and document data-logging information
- Discuss patient's options if (s)he wants to exchange or return hearing aid(s)
- Clean and vacuum devices; replace wax guards and domes, as needed
- Make programming changes, if necessary

Six-month HAC

- Conduct otoscopy
- Clean and vacuum hearing aids/earmolds
- Replace wax guards, domes and tubing (if applicable)
- Assess patient's satisfaction and use of hearing aid fitting
- Discuss any problems or concerns about hearing aid fitting
- Review and document hearing aid settings and data-logging information
- Make programming changes, if necessary; then conduct real ear measurements at new settings
- Verify hearing aid fitting using real ear measurements, if not completed at previous appointments

One-year HAC

- Conduct otoscopy
- Clean and vacuum hearing aids/earmolds
- Replace wax guards, domes and tubing (if applicable)
- Assess patient's satisfaction with hearing aid fitting
- Obtain pure tone air conduction thresholds, MCLs, and word recognition testing
- Review and document hearing aid settings and data-logging information
- Make programming changes, if necessary

Two or three-year HAC

- Conduct otoscopy
- Clean and vacuum hearing aids/earmolds
- Replace wax guards, domes and tubing (if applicable)
- Assess patient's satisfaction with hearing aid fitting
- Obtain pure tone air conduction thresholds, MCLs, and word recognition testing
- Review and document hearing aid settings and data-logging information
- Make programming changes, if necessary
- Conduct EAA at manufacturer's recommended settings
- Provide hearing aid insurance application form, if warranty is expiring



Section 6: COVID-19 Procedures

AUSHC COVID-19 Clinic Protocol

Symptomatic with suspected or confirmed COVID-19 (Either strategy could be acceptable depending on circumstances):

Symptom-based strategy

Exclude from work or clinic until:

- At least 3 days (72 hours) have passed *since recovery* defined as resolution of fever (**fever is defined as subjective fever (feeling feverish) or a measured temperature of 100.4°F (38°C) or higher**) without the use of fever-reducing medications **and** improvement in respiratory symptoms (e.g., cough, shortness of breath); **and**,
- At least 10 days have passed *since symptoms first appeared*

Test-based strategy

Exclude from work or clinic until:

- Resolution of fever** without the use of fever-reducing medications **and**
- Improvement in respiratory symptoms (e.g., cough, shortness of breath), **and**
- At least 10 days have passed since a positive test result with clearance from medical clinic to return

Asymptomatic confirmed COVID-19 (Either strategy could be acceptable depending on circumstances):

Time-based strategy

Exclude from work or clinic until:

- 10 days have passed since the date of their first positive COVID-19 diagnostic test assuming they have not subsequently developed symptoms since their positive test. If they develop symptoms, then the *symptom-based* or *test-based strategy* should be used.

Test-based strategy

Exclude from work or clinic until:

- At least 10 days have passed since a positive test result with clearance from medical clinic to return

Exposure to Person with confirmed COVID-19 (Individual who has had close contact < 6 feet for ≥15 minutes within two days of testing positive***)

Time-based strategy

- Stay home and away from clinic and other AUSHC students until 14 days after last exposure and maintain social distance (at least 6 feet) from others at all times
- Self-monitor for symptoms
- Check temperature twice a day
- Watch for fever**, cough, or shortness of breath, or other symptoms of COVID-19
- Follow protocol above if symptoms develop

Test-based strategy.

Exclude from work until:

- Negative results with clearance from medical clinic a minimum of 7 days post-exposure



Social Contact Tracing

Have faculty member or student contact people (faculty and students) they had prolonged, close contact with (**Prolonged, close contact is defined as < 6 feet for ≥ 15 minutes within two days of testing positive and/or the onset of symptoms**). **Any duration should be considered prolonged** if the exposure occurs during performance of an aerosol-generating procedure (e.g., endoscopy)

Contact clients with which the faculty member or student have had close contact and inform of risk of exposure using the following script: It has come to our attention that while you were at the clinic, that someone you were exposed to in the clinic has tested positive for COVID.

Students and faculty exposed should be vigilant and monitor for symptoms. If a cluster of students are positive, then the exposed group will be quarantined for 14 days from time of exposure.

Coronavirus Client Screening

When you call your patient to confirm to confirm his/her appointment, you should complete the [Coronavirus Screening Form](#)

Appendix: Forms

You will be required to sign forms indicating the following:

Acknowledgement of Risks Associated with Clinical Experiences

Clinical experiences for students are valuable practical learning experiences that occur in a variety of settings. It is important for students to understand and acknowledge the nature of clinical work, which is intended to provide students with various levels of hands-on experience working with a diverse client population. It is also important to acknowledge all of the risks inherent in the delivery of health-related services with notable degree of patient contact.

I, the undersigned, affirm that I have read the student clinic manual and understand the nature of clinical work involving regular engagement in on-site, in-person clinical activities.

_____ I acknowledge that there are certain risks inherent in my participation in clinical practicum, including, but not limited to, risks arising from:

- Driving to and from the clinical site;
- Participation in clinical activities at the clinical site;
- Unpredictable or violent behavior of certain client populations;
- Exposure to infectious diseases, including tuberculosis or other airborne pathogens (e.g., COVID-19), and hepatitis, HIV or other bloodborne pathogens.

_____ In the event of sickness or injury in any clinical setting to which I may be assigned, working, or attending educational instruction or activity as an Auburn University student, I realize and agree that I am responsible for any and all costs related to the provision of medical care should I become injured or ill and for any and all costs should I choose to seek or be required to seek medical diagnostic testing or treatment.

_____ I acknowledge that I have been advised that health (medical and hospitalization) and accident insurance is required by many of the clinical agencies utilized in my program and that I must maintain current insurance and carry evidence of coverage at all times. Furthermore, I understand that I am responsible for all expenses associated with sickness or injury irrespective of insurance coverage or lack thereof.

_____ I acknowledge that all risks cannot be prevented even with the implementation of appropriate safety precautions and that the risks associated with clinical work could result in my bodily injury, up to and including death, and I agree to assume those risks. I agree that it is my responsibility to understand and follow University/clinical site policies and procedures designed to identify and control risks, including safety and security procedures, infection control policies and bloodborne pathogen policies, and to obtain any immunizations that the University or practicum site may require. I represent that I am otherwise capable, with or without accommodation, to participate in clinical work.

_____ I certify that I understand and will follow safe practices as set by our state and federal government, Auburn University, the Department of Speech-Language and Hearing Sciences, and other clinical sites.

_____ I acknowledge that participation in this activity is purely voluntary, no one is forcing me to participate, and I elect to participate in spite of and in full knowledge of the inherent risks.

_____ I have fully informed myself of the contents of this affirmation by reading it before I signed it. I am legally competent to sign this affirmation and acknowledgement of risk. I assume my own responsibility of physical fitness and capability to perform the activities involved clinical experiences. I understand if I have any question as to whether a physical or medical condition would prevent my full participation in clinical work, I should approach the College of Liberal Arts Associate Dean of Academic Affairs, course faculty, or the Auburn University Office of Accessibility who will discuss possible accommodations.

AUSHC Code of Conduct

The Auburn University Speech and Hearing Clinic (“the Clinic”), its faculty, student clinicians, staff, contractors and volunteers (collectively, “Clinic Faculty and Staff”) share in a commitment to legal, ethical and professional conduct in everything we do. As Clinic Faculty and Staff, we support these commitments in our work each day, whether we care for patients, order supplies, keep records, pay bills or make decisions about the future of the organization. The Clinic’s success as a provider of healthcare services depends on us - our personal and professional integrity, our responsibility to act in good faith, and our obligation to do the right things for the right reasons. As Clinic Faculty and Staff, students and volunteers, we are responsible for supporting legal compliance in every aspect of our workplace behavior.

The Clinic Code of Conduct: The Code of Conduct is a vital part of how we achieve our mission and vision. It provides guidance to ensure that our work is accomplished in an ethical and legal manner. It emphasizes our common culture of integrity and our responsibility to operate with the highest principles and ethical business standards as we strive to care for our patients and each other with respect, honesty, compassion, teamwork and excellence.

The Code of Conduct applies to everyone at the Clinic from entry-level employees, to volunteers and contractors, to executive staff. I understand that the Code of Conduct supplements specific policies and procedures that may apply to my job. The Code of Conduct discusses the importance of:

- **Care Excellence:** providing quality, compassionate, respectful and clinically appropriate care to patients.
- **Professional Excellence:** maintaining ethical standards of healthcare and business practices.
- **Regulatory Excellence:** complying with federal and state laws, regulations and guidelines that govern the healthcare services that we provide.

To confirm that each of us understands and accepts responsibility for abiding by the Clinic’s Code of Conduct, every Clinic Faculty and Staff member, including volunteers and contractors, are required to read this Code of Conduct, and sign and return the Commitment to Compliance on the last page.

Of course, no single resource can answer every question or cover every concern we may encounter at work. We all should be guided by our own good judgment and professional pride as well. **If I have concerns about the Code of Conduct or any moral, legal or ethical issue, I understand that I can talk with the Clinic Director.**

A Shared Responsibility: Because we are in the business of providing care to others, it is critical that each of us adheres to appropriate standards of behavior. As individuals and as an organization, we are responsible to many different groups. We must act ethically and responsibly in our relations with:

- Our patients and their families
- Our colleagues and co-workers
- Nonaffiliated colleagues and customers
- Healthcare payers, including federal and state governments
- Regulators, surveyors and monitors
- Physicians
- Vendors and suppliers
- The community we serve

Any compromise in our standards could harm our patients, our coworkers and our organization. Like every healthcare organization, we must do business under very strict regulations and oversight. Fraud and abuse are serious issues. Sometimes even an innocent mistake can have significant penalties to our organization and to us. It is therefore imperative that we all know and understand our responsibilities. Clinic Faculty and Staff members participate in education and training about the Code of Conduct and the compliance responsibilities of their jobs. Supervisors and managers must consistently reinforce the Code of Conduct to make sure Clinic Faculty and Staff comply with the state and federal laws.

As we each are responsible for following the Code of Conduct in our daily work, we are also each responsible for enforcing it. This means that we are expected to report any problems we observe.

I understand that if I observe or suspect a situation that I believe may be unethical, illegal, unprofessional or wrong, or if I have any clinical, ethical or financial concern, I MUST report it to Clinic Director. I understand that I will not be disciplined for reporting a situation that I suspect to be unethical, illegal, unprofessional or wrong, regardless of whether the Clinic ultimately determines that the situation was handled properly.

Reporting a situation, even if we are uncertain about whether the situation was handled properly, will ultimately help the Clinic. By reporting the situation, we inform Clinic management of areas in which training may be required, either because the situation was not handled properly or because it is unclear how to handle the situation. Training will help the Clinic avoid future problems. Also, if the situation was not handled properly, the Clinic wants to do the right thing and correct the error. The sooner a problem is identified, the easier it is to correct without serious legal consequences. Although we may feel uncomfortable about reporting a situation, it is best for the Clinic.

Care Excellence - Our First Priority: At the Clinic, our most important job is providing quality care to our patients. This means offering compassionate support to our patients and working towards the best possible outcomes, while following all healthcare rules and regulations. We care for people who are especially vulnerable; they may have a language barrier, legal status issues, financial inabilities, physical restrictions because of illness, injury or disease, or many other vulnerabilities. It is our responsibility to respect, protect and care for them with compassion and skill.

Patients' Rights: Patients receiving healthcare services have clearly defined rights. To honor these rights, we must:

- Provide the same quality care to everyone, regardless of race, color, age, religion, national origin, gender, sexual orientation, or disability.
- Treat all patients with compassion, courtesy, professionalism and respect.
- Protect all aspects of the patient's privacy and confidentiality.
- Obtain written permission from the patient or their legal representative before releasing personal, financial or medical information to anyone outside the Clinic.
- Limit access to medical and other records only to the employees, student clinicians, physicians or other healthcare professionals who need the information to do their job.
- Respect the rights of patients to participate in decisions about their care.
- Respect the right of patients to access their medical records as requested.
- Recognize that patients have the right to consent to or refuse care.

Providing Quality Care: As employees and as an organization, our primary commitment is to provide the care, services and products necessary to help the patient reach or maintain his or her highest possible level of physical, mental and psychological well-being. To meet this standard of care, we:

- Develop interdisciplinary plans of care for patients whenever appropriate.
- Constantly assess goals to ensure that the ongoing needs of our patients are being met.
- Provide only medically necessary services and products.
- Confirm that services and products are within accepted standards of practice for the patient's condition.
- Ensure that services and products are reasonable in terms of frequency, amount and duration.
- Measure clinical outcomes and patient satisfaction to confirm that quality care goals are met.
- Provide accurate and timely clinical and financial documentation and record keeping.
- Ensure that only properly licensed and credentialed providers with the appropriate background, experience and expertise provide (and supervise as appropriate) patient care.

Gifts from Patients: Sometimes grateful patients and their families offer gifts to employees. However, accepting a gift, gratuity or tip could give the impression that we are favoring a patient or giving him or her special care. A patient with dementia might try to give away a precious heirloom without understanding what he or she is doing. Therefore, it is the Clinic's policy that Clinic Faculty and Staff, including volunteers, should refuse all personal monetary gifts, gratuities or tips from patients and return them if they are given. It is acceptable to receive food, gift baskets, flowers, etc. Monetary donations in the form

of cash, check, money order, or gift card are acceptable to the organization, but not as an individual gift to any one member of the Clinic's Staff.

Billing Practices: The Clinic is committed to ethical, honest billing practices, and we expect every Clinic Faculty and Staff member to be vigilant in maintaining these standards at all times. The Clinic will not tolerate any deliberately false or inaccurate billing. Any Clinic Faculty and Staff member who knowingly submits information that he or she knows to be false in connection with any invoice, billing or financial report, or other claim to any payer - public or private - is subject to dismissal. In addition, legal or criminal action may be taken.

Even an innocent misunderstanding, careless mistake or accidental error can have serious consequences for the Clinic. Therefore, we must always be very careful when we prepare billing documentation and follow all procedures and instructions from state or federal regulatory agencies, fiscal intermediaries and insurance carriers. For Clinic Faculty and Staff who are not directly involved in billing activities, maintaining regulatory compliance includes providing accurate, timely and complete documentation of the services provided so that claims are based on the correct information.

False or fraudulent claims may include:

- Billing for services that were not provided or costs that were not incurred.
- Duplicate billing - that is, billing for the same item or service more than once.
- Billing for items or services that are not medically necessary.
- Changing a code, or selecting an inappropriate code, to increase reimbursement.
- Providing false or misleading information to Medicare about a patient's condition or eligibility.
- Failing to identify and refund credit balances.
- Submitting bills without appropriate supporting documentation.

I understand that if I suspect or observe that false claims are being submitted, I must immediately report the situation to a supervisor.

Referrals and Kickbacks: Clinic Faculty and Staff often have close associations with other local healthcare providers and referral sources. To demonstrate ethical business practices, we must make sure that all relationships with these professionals are open, honest and legal.

The Clinic accepts patient referrals based solely on clinical needs and our ability to provide the services required by the patient. The Clinic makes referrals based solely on clinical needs. We never solicit, accept or offer kickbacks of any kind.

A kickback is an item or service of value that is received in exchange for a business decision, such as a patient referral. Kickbacks can include any item or service of value, including cash, goods, supplies, gifts, "freebies" or bribes. Accepting kickbacks is against the law, as well as prohibited by the Clinic's own policies and procedures.

* Clinic Faculty and Staff cannot request, accept, offer, or give any item or service that is intended to influence - or even appears to influence - a healthcare service paid for by any private or commercial healthcare payer, or federal or state healthcare program, including Medicare, Medicaid, Alabama Department of Rehabilitation, and the VA.

Government Investigations: It is the Clinic's policy to cooperate fully with all government investigations, surveys and evaluations. These investigations are part of the healthcare environment today, and the procedures for cooperating with these investigations can be complicated.

In complying with Clinic policy, I must not:

- Lie or make false or misleading statements to any government investigator, surveyor or evaluator.
- Destroy or alter any record or document in anticipation of a request from the government or court.
- Attempt to persuade another employee or any person to give false or misleading information to a government investigator, surveyor, or evaluator.
- Be uncooperative with any government investigator, surveyor or evaluator.

I realize that by lying or attempting to cover up any actions being investigated; I may make the ultimate

outcome worse for the Clinic. Errors may occur, and it is best to acknowledge the facts when asked, even if it is uncomfortable or embarrassing to do so.

I have received a copy of the Clinic's Code of Conduct. I understand that I have an obligation to read it, and I agree to abide by its principles. I have had the opportunity to ask any questions about any part of the Code of Conduct I did not understand, and I understand the principles in the Code. I further agree to conduct myself in an ethical, legal and responsible manner at all times.

I also agree to keep this booklet for future reference. I understand that if I have questions or concerns about its content or other Clinic policies, I will ask for clarification from the Clinic Director.

This Code of Conduct applies exclusively to the Clinic and not to Auburn University as a whole or its subsidiary organization.

Privacy Policy for Removal and Transport of PHI with Electronic Devices

The purpose of this policy is to set forth standards for the use, removal and transport of protected health information (PHI) and personal information (PI) in all forms, written, spoken, electronically recorded, or printed, within the Auburn University Speech and Hearing Clinic (AUSHC).

Responsibility of Confidentiality

I understand and agree to maintain and safeguard the confidentiality of privileged information of the Auburn University Speech and Hearing Clinic. I realize it is the responsibility of the individual at the AUSHC to provide a secure setting for PHI and PI, and that the Department of Speech-Language and Hearing Sciences, in conjunction with the AUSHC, will be responsible for maintaining ongoing training to ensure the individual is informed. Further, I understand that any unauthorized use or disclosure of information residing in the AUSHC may result in disciplinary action consistent with the policies and procedures of federal, state, and local agencies.

Portable Device Policy

PHI should never be stored on, or accessed from, an individual's personal device such as a cell phone, laptop or thumb drive. All AUSHC related reports should be completed on the clinic computers provided and within the electronic health records system. Any student found to be in breach of this policy may face disciplinary action.

My signature below indicates that I have read and understood the information in this policy.

Student Policies for Patient Confidentiality

All Clinical documentation including case history information, assessment protocols, assessment reports, progress reports and data are considered Protect Health Information (PHI) and must be treated with confidentiality.

Printed Documentation and Assessment Protocols

Any printed documentation and assessment protocols must be immediately placed in the client's folder and scanned into the electronic medical records system Point and Click (PNC). Printed material and assessment protocols must not be left in a public location.

All documentation should be shredded (if not filed). There is a secure box for all materials to be shredded in the clinicians' room.

Documentation and Electronic Medical Records

Clinicians must type all clinical documentation (assessment reports, progress notes, etc.), on their personal computers in a secure location. Students should not type clinical documentation in public venues such as The Student Center, Coffee Shops or restaurant. Clinicians may type clinical documentation in the library if they have secured a private study room. Clinical documentation may not be typed on public computers (e.g., in library) or on any device other than the clinician's personal computer.

Evaluation Reports

Clinicians must type assessment reports using the appropriate template on PNC. Evaluations must be typed on personal computers. Clinicians are **prohibited** from removing original case history forms, test forms, audiograms, tympanograms, etc., from the AUSHC. Most patient information can be accessed through PNC. Clinicians are **prohibited** from removing DVDs and audio recordings from the AUSHC. Any discarded evaluation documentation, assessment protocols and reports **must be** shredded.

Client Files

Most patient information can be accessed through PNC or the secured Clinic Shared Drive. Working files may be kept temporarily to store information related to evaluations such as assessment protocols, case history information, etc. Client names or initials may not be written on or anywhere in the file. For treatment sessions, students should maintain de-identified data (no names, initials, etc.) Data sheets should be available for review during student meetings. Clinicians **may not** have a working file for a client outside the clinic. All working files must be in your possession or locked in the file cabinet in HC 1121.

Discussions

Clinicians are advised to restrict conversations with patients, agent of patient care, or about patients, treatment sessions, and evaluations to the clinician's room, the treatment/evaluation room, the observation room, or via Zoom with your supervisor. Clinicians are strongly advised against discussions about patients, with patients or with the agent of patient care in the hallways, the lobby, the front office, or other public places. When discussing a client in the clinicians' room or in a class, the clinician should not include identifying information, such as a name, billing status, etc. When DVDs are used in a class for demonstration or example, the clinician should not discuss confidential or delicate information revealed in the video outside the classroom.

E-mail

If e-mailing any correspondence to the supervisor, no identifying information may be included. In house email communication containing any PHI should be sent using FileMover.

FAILURE TO COMPLY WITH THESE PROCEDURES WILL RESULT IN A REDUCTION OF THE STUDENT'S CLINIC GRADE.

The above policies have been explained to me and I agree to abide by these policies.

Sample Assessment of Student Performance Form

1. Pre-evaluation/planning (IV-A: 2; PS: 4)
 - a. Schedule meeting with supervisor; assume professional level of responsibility and initiative
 - b. Review records/referral; verify payment/insurance
 - c. Develop culturally sensitive, age-appropriate audiologic testing and/or rehabilitative management plan
 - d. Utilize resources
 - e. Prepare equipment/supplies/materials
2. Case history interview (IV-C: 1)
 - a. Review appropriate/relevant information
 - b. Elicit patient concerns
 - c. Ask open-ended questions
 - d. Formulate appropriate follow-up questions
 - e. Document efficacy of previous intervention
 - f. Determine patient's expectations for appointment
3. Patient Interaction (PS: 1, 2, 11)
 - a. Greet patient appropriately
 - b. Create rapport; demonstrate empathy
 - c. Elicit patient perceptions and experiences; involve patient in decision making
 - d. Display effective verbal forms of communication; utilize interpreter, if appropriate
 - e. Clearly state instructions for the patient
4. Assessment (IV-A: 1-3; IV-C: 2-17; IV-D: 1-3)
 - a. Demonstrate appropriate use of equipment; utilize instrumentation according to manufacturer's specifications
 - b. Demonstrate correct and efficient administration of tests/procedures
 - c. Determine need for cerumen removal; remove cerumen, when appropriate
 - d. Select and evaluate hearing aids, sensory aids, hearing assistive technology, alerting systems and captioning devices
 - e. Service/troubleshoot, verify and validate hearing aids, sensory aids, and hearing assistive technology
5. Test scoring/Diagnosis (IV-C: 18)
 - a. Accurately score tests
 - b. Accurately describe behavioral and electrophysiologic test results (audiogram, immittance, OAEs, ABR, VNG, etc.)
 - c. Correctly interpret test results to determine type and severity of hearing loss, audiological/vestibular diagnosis, and/or site of lesion
 - d. Correctly integrate behavioral and/or electrophysiological test findings
6. Clinical Decision Making (IV-D: 1, PS: 7; IV-F: 2)
 - a. Apply logical and appropriate test sequence as test results are acquired
 - b. Demonstrate ability to incorporate critical thinking skills during the appointment
 - c. Integrate hearing aid service/verification to address patient concerns
 - d. Utilize test results to make clinical judgments
 - e. Use evidence-based practice outcomes to ensure safe and effective audiological care
7. Intervention (IV-A: 6; IV-C: 18; IV-D: 8; PS 6)
 - a. Present individualized, audiological treatment/management plan
 - b. Recommend or dispense hearing aid and assistive devices

- c. Provide hearing aid, hearing assistive technology, and assistive sensory device orientation
 - d. Conduct auditory rehabilitation
 - e. Include customary and patient-specific recommendations
 - f. Present appropriate referral(s) to other professionals, agencies, and/or consumer organizations
 - g. Determine patient response to recommendations/referrals
8. Counseling (IV-A: 4; IV-B: 4, 5; IV-C: 19; IV-D: 6-7, 15)
- a. Interact effectively with patient, family members, caregiver, and other appropriate individuals, encourage dialogue
 - b. Clearly explain diagnostic test results and rationale of each test
 - c. Adequately describe rationale behind recommended treatment/intervention strategies
 - d. Counsel patient regarding psychosocial aspects of hearing loss/auditory dysfunction/tinnitus/vestibular dysfunction
 - e. Counsel patient regarding communication strategies, including auditory training and speechreading
 - f. Respond appropriately to questions from patient, family members, caregivers, and other appropriate individuals
9. Preparation/completion of written documentation (IV-A: 5; IV-C: 18; IV-D: 14; PS: 8)
- a. Submit documentation on time in appropriate format
 - b. Present accurate and pertinent information/data
 - c. Correctly describe test procedures
 - d. Present content in organized manner with professional writing style
 - e. Prepare grammatically correct report with no spelling errors
 - f. Present appropriate appearance of audiogram, forms, file content, envelopes, etc.
 - g. Maintain records in a manner consistent with legal and professional standards
10. Professionalism (IV-A: 6; PS: 3, 5, 9, 10, 11)
- a. Demonstrate ability to accept and discuss written and verbal feedback
 - b. Utilize feedback/guidance from clinical faculty, team members, and other professionals
 - c. Conduct oneself in professional, ethical manner
 - d. Maintain verbal, written, and electronic confidentiality
 - e. Demonstrate receptive attitude to learning; show insight into limitations and strengths
 - f. Adhere to clinic guidelines and dress code
 - g. Demonstrate flexibility, initiative, and efficient use of time

STUDENT PERFORMANCE SUMMARY FORM

Clinician: _____ Faculty: _____ Semester: _____

	Mid-semester	Second ½ semester	End of semester
Pre-evaluation and Planning			
Case History Interview			
Patient Interaction			
Assessment			
Test scoring/Diagnosis			
Clinical Decision Making			
Intervention			
Counseling			
Participation/completion of written documentation			
Professionalism			
Total Score			

Final Letter Grade: _____

Mid-term

Student: _____ Clinical Faculty: _____ Date: _____

Final

Student: _____ Clinical Faculty: _____ Date: _____

Weekly Clockhours Sheet

DOCTOR OF AUDIOLOGY
RECORD OF CLINICAL EXPERIENCES

NAME _____ WEEK OF _____

DATE	HH		MM		HH		MM		HH		MM	
	HH	MM										
FACULTY												
CHILD/ADULT												
REGULAR/SIMULATION												
EVALUATION												
Audiological Evaluation												
Auditory-Related Processing Disorder												
Electro-Physiological Assessment of Hearing												
Cerumen Management												
Tinnitus Evaluation												
Balance Assessment												
TREATMENT												
Selection, Verification, and Use of Amplification												
Selection, Verification, and Use of HAT												
Perceptual Training (Auditory and/or Visual)												
SPEECH AND LANGUAGE												
Evaluation, Screening of Speech/Language Disorders												
Treatment of Speech/Language Disorders												
TOTAL												
TOTAL HOURS FOR THE WEEK:												

*HH: # of Hours

*MM: # of Minutes

HIPAA Disciplinary Action Guideline for Violations of HIPAA by Au.D. Students

Type of Violation	Process	Corrective Action	Notification
<p>I. Inadvertent or accidental breaches of confidentiality that may or may not result in the actual disclosure of patient information</p> <p>*Example: Sending/faxing information to an incorrect address</p>	<ul style="list-style-type: none"> • *Incident Report (IR) generated clinical or academic faculty • HIPAA Compliance Officer (HCO) and Chair present IR to Student with plan for corrective action to include re-education and performance improvement plan • IR sent to HCO for tracking across student curriculum 	<ul style="list-style-type: none"> • 1st offense: Face-to-face meeting with the HCO to review relevant policy • 2nd offense: Repeat 1st offense remediation; patient encounter grade may be lowered (AuD) • 3rd offense: Repeat 1st offense remediation and Clinic grade lowered by one letter grade • 4th offense: Repeat 1st offense remediation and failure of clinic course which may result in delay of graduation. 	<ul style="list-style-type: none"> • Incident Report (IR) generated by faculty for HCO • HCO tracks across student curriculum
<p>II. Failure to follow existing policies/procedures/guidelines governing patient/client confidentiality</p> <p>*Examples: Talking about clients in areas where others might hear; failure to obtain appropriate consent to release information; failure to fulfill training requirements; leaving the clinic with PHI; emailing PHI to your supervisor or others within the clinic; inappropriate disposal of PHI</p>	<ul style="list-style-type: none"> • *Incident Report (IR) generated clinical or academic faculty • HIPAA Compliance Officer (HCO) and Chair present IR to Student with plan for corrective action to include re-education and performance improvement plan • IR sent to HCO for tracking across student curriculum 	<ul style="list-style-type: none"> • 1st offense: Face-to-face meeting with the HCO to review relevant policy; establish performance improvement plan; HIPAA training recertification; patient encounter grade may be lowered at the discretion of the clinical supervisor • 2nd offense: Repeat 1st offense remediation and Clinic grade lowered by one letter grade • 3rd offense: Repeat 1st offense remediation and failure of clinic course which may result in delay of graduation. • 4th offense: Dismissal from the graduate program 	<ul style="list-style-type: none"> • Incident Report (IR) generated by faculty for HCO • HCO tracks across student curriculum

<p>III. Intentionally accessing a patient/client's record without a need to know.</p> <p>Examples*: Accessing the record for curiosity or any other reason WITHOUT a legitimate reason to know (i.e., direct care of that patient/client) INCLUDING records of friends; family members; clients of another student; clients you have previously cared for as a student or an employee but are not caring for them now; accessing a client's PHI for another student; Asking another student to access a client's PHI; Allowing another student to see or use any information from your client SOAP notes of evaluation reports.</p>	<ul style="list-style-type: none"> • *Incident Report (IR) generated clinical or academic faculty • HIPAA Compliance Officer (HCO) and Chair present IR to Student with plan for corrective action to include re-education and performance improvement plan • IR sent to HCO for tracking across student curriculum 	<ul style="list-style-type: none"> • 1st offense: Face-to-face meeting with the HCO to review relevant policy; establish performance improvement plan; HIPAA training recertification; Clinic grade lowered by one letter grade • 2nd offense: Repeat 1st offense remediation and failure of clinic course which may result in delay of graduation. • 3rd offense: Dismissal from graduate program 	<ul style="list-style-type: none"> • HCO • Clinical Coordinator • Chair • Dean
<p>IV. Intentionally accessing and using patient information for personal use or gain or to harm another individual</p> <p>Examples*: Accessing PHI for reasons that could include obtaining PHI for recruiting clients to another clinic or for marketing for personal gain.</p>	<ul style="list-style-type: none"> • *Incident Report (IR) generated clinical or academic faculty • HIPAA Compliance Officer (HCO) and Chair present IR to Student with plan for corrective action to include re-education and performance improvement plan • IR sent to HCO for tracking across student curriculum AND Failure of clinical/Failure of course OR Dismissal from the CMDS Graduate program 	<ul style="list-style-type: none"> • 1st offense: Face-to-face meeting with the HCO to review relevant policy; establish performance improvement plan; HIPAA training recertification; Failure of clinic course which may result in delay of graduation. • 2nd offense: Dismissal from graduate program 	<ul style="list-style-type: none"> • HCO • Clinical Coordinator • Chair • Dean
<p>V. E-mailing OR posting client PHI</p>	<ul style="list-style-type: none"> • *Incident Report (IR) generated 	<ul style="list-style-type: none"> • 1st offense: Face-to-face meeting 	<ul style="list-style-type: none"> • HCO

<p>on any form of electronic device OR social media</p> <p>Examples*: Sending any form of PHI (image, information, video) or other images, information, videos taken in the clinical setting via email or text; Posting any form of PHI (image, information, video) or other images, information, videos taken in the clinical setting on any form of social media including but not limited to Facebook, LinkedIn, Twitter, Snapchat, etc.; Emailing SOAP notes or posting client PHI to any other site than Point and Click</p>	<ul style="list-style-type: none"> • AND • Failure of clinical/Failure of course OR • Removal from the CMDS Graduate program 	<p>with the HCO to review relevant policy; establish performance improvement plan; HIPAA training recertification;</p> <p>failure of clinic course which may result in delay of graduation.</p> <ul style="list-style-type: none"> • 2nd offense: Dismissal from graduate program 	<ul style="list-style-type: none"> • Clinical Coordinator • Chair • Dean
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Coronavirus Client Screening Form

Symptom check and screening questions.

Ideally, this is to be used via phone or other telecommunication method prior to setting up face to face interaction for clients or vendors who are coming into the office. You can also use this for someone who walks in, but they must be at least 6 feet from the person who is asking the questions. You should ask:

In the last 14 days have you experienced **ANY** of the following symptoms?

Cough (not related to known seasonal allergies)	Y	N
Shortness of breath	Y	N
Fever	Y	N
Unexplainable fatigue (cannot function normally, no energy)	Y	N
Loss of taste or smell	Y	N
Sore throat	Y	N
Muscle aches	Y	N
Nausea or vomiting	Y	N
Diarrhea	Y	N
Abdominal pain	Y	N
Red Eyes	Y	N

If the person has any of the above, you should postpone the interaction

Screening questions if the person answered “no” to the above questions, ask

1. Have you been suspected, tested and/or quarantined for the coronavirus/COVID-19?
 - a. If the answer is yes, ask when that was and if it is more than 14 days, proceed to the next question. If it is less than 14 days, then postpone.
2. Has a member of your household been suspected, tested and/or quarantined for the coronavirus/COVID-19?
 - a. If the answer is yes, ask when that was. If less than 14 days, please postpone.
3. Have you recently attended a large gathering of people (in the last 14 days) such as a church service, sporting event, concert, family reunion, bar/club, or casino?
 - a. If yes, when? If more than 7 days and the answers to the previous questions were no, then they can come, but will need a mask on at all times. If less than 7 days, then you should postpone.
 - b. If no, then you can schedule the face to face interaction

References:

- American Academy of Audiology. (2003). *Infection control in audiological practice*. Infection Control Task Force. <https://www.audiology.org/publications/guidelines-and-standards/infection-control-audiological-practice>
- Ballachanda, B. B., Roeser, R. J., & Kemp, R. J. (1996). Control and prevention of disease transmission in audiology practice. *American Journal of Audiology*, 5(1), 74-82. <https://doi.org/10.1044/1059-0889.0501.74>
- Kemp, R. J., & Bankaitis, A. U. (2000, June 4). *Infection control in audiology*. Audiology Online. <https://www.audiologyonline.com/articles/infection-control-in-audiology-1299>
- Kemp, R., Hayward, P., Applewhaite, G., Everitt, B., & David, A. (1996). Compliance therapy in psychotic patients: randomized controlled trial. *British Medical Journal*, 312(7027), 345-349. <https://doi.org/10.1136/bmj.312.7027.345>
- Kemp, R. J., Roeser, R. J., Pearson, D. W., & Ballachanda, B. B. (1996). *Infection control for the professions of audiology and speech language pathology*. Olathe, KS: Iles Publications.
- McMillan, M. O., & Willette, S. J. (1988). Aseptic technique: a procedure for preventing disease transmission in the practice environment. *American Speech-Language-Hearing Association*, 30(11), 35-37