**AUDIOLOGY CLINICAL HANDBOOK**

Updated February 2020

Audiology & Speech-Language Pathology Clinic

Department of Speech and Hearing Science

University of Illinois at Urbana-Champaign



Department of Speech and Hearing Science

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Accreditation

The doctoral Au.D. education program in audiology at the University of Illinois at Urbana-Champaign is accredited by the Council on Academic Accreditation in Audiology and Speech-Language Pathology of the American Speech-Language-Hearing Association, 2200 Research Boulevard, #310, Rockville, MD 20850, 800-498-2071 or 301-296-5700.

Professional Ethics

Faculty and clinical personnel in the Department of Speech and Hearing Science adhere to the ASHA Code of Ethics and to the University of Illinois procedures. We welcome you to our clinic and invite you to learn and practice ASHA's Code of Ethics found at https://www.asha.org/Code-of-Ethics/ (**see Forms**) and the University of Illinois policy found at https://www.uillinois.edu/about/policies.

Information in This Handbook

The information contained in this handbook is for guidance on matters of interest to faculty and staff in the Department of Speech and Hearing Science at the University of Illinois at Urbana-Champaign. The handbook sometimes summarizes campus and university policies as a convenient reference tool. However, information on campus and university policies contained herein is for informational purposes only and is subject to change without notice. For the most current information, please see the official campus/university versions of these policies as posted on official web sites. These can be accessed through the Campus Policies and Procedures home page at the following URL: <https://www.uillinois.edu/about/policies>

***Please note***: The clinical programs in audiology and speech-language pathology adopted the CALIPSO program for tracking clinical experiences and records beginning January 2019 for the Au.D program class of 2022 and the MA-SLP program class of 2020. Additionally, the conversion to electronic medical records for the Audiology & Speech Language Pathology Clinics is scheduled for January 2020. Some information in this handbook is subject to change upon conversion to the electronic medical records system.

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**\*NOTE:**  ***All forms referenced in the Handbook are available in the Handbook Forms folder on Box. Throughout this document, the Handbook Forms folder will be referred to as “Forms”.***

**Section I**

**Introduction**

**AUDIOLOGY & SPEECH-LANGUAGE PATHOLOGY CLINIC**

The Audiology & Speech-Language Pathology Clinic is part of the Department of Speech and Hearing Science in the College of Applied Health Sciences at the University of Illinois at Urbana-Champaign. The purpose of the clinic is to train students to diagnose and treat communication disorders. Within the clinic, students in the Doctor of Audiology Program work with patients and their families under the direct supervision of an individual who holds a state of Illinois license to practice audiology and an American Speech-Language and Hearing Association (ASHA) Certificate of Clinical Competence in Audiology (CCC-A). The Department of Speech and Hearing Science organizational chart is shown below.

1. **Organizational Chart of Administration**



**B. Department of Speech and Hearing Science: Mission & Vision Statements**

**Mission Statement:** Enhancing communication across the lifespan by integrating research and clinical practice from the biological, behavioral, and social sciences.

**Vision Statement:**  Serve as a global leader for interdisciplinary research, education, clinical practice, and public engagement in human communication and its disabilities across the lifespan.

The research, teaching, and service programs of the Department of Speech and Hearing Science are committed to furthering understanding of the entire spectrum of communication. The undergraduate curriculum offers a broad background in the theoretical, basic, and applied aspects of biological, behavioral, linguistic, and social foundations of human communication to educate students who intend to pursue careers and/or graduate studies in many fields related to communication, health, and medicine. The graduate program focuses on research and clinical education in communication, its disabilities, and the treatment and prevention of communicative disorders. To these ends, the department:

* Educates the students of the state, nation, and world regarding the nature of communication and communication differences and disabilities;
* Investigates health, development and aging, and disability related to speech, language, deglutition, and hearing across the life span;
* Develops methods to prevent, identify, assess, and treat disabilities of human communication;
* Prepares students to investigate communication and its disabilities as scientists and instructors; and
* Prepares students to prevent and treat communicative disabilities as speech-language pathologists and audiologists.
1. **Clinical Priorities**

Students in the Department of Speech and Hearing Science Au.D. Program are expected to complete academic and clinical coursework during their enrollment at the University of Illinois at Urbana-Champaign. Due to of the number of clinical hours needed, students will need to exercise flexibility in their scheduling. Academic classes take priority during the week, including the clinic meetings. Clinic is scheduled to avoid conflict with classes. Clinic scheduling has second priority. In order for the patients to be scheduled to meet the students' needs, work schedules must be considered last, including T.A. /R.A. assignments. It is often difficult to coordinate work with clinic. Clinic scheduling is completed prior to the beginning of each semester.

**D. Clinical Practicum Privileges**

Faculty supervising students in the Audiology & Speech-Language Pathology Clinic are ethically bound to protect the welfare of the patients in the clinic. This is paramount when any decisions are made that may affect patients. This includes decisions about student participation in clinical activities. Therefore, student participation in clinical practicum is a privilege rather than a right.

All graduate students are required to review the document entitled **Supporting Student Success in SHS Professional Programs**. The document describes department and campus-wide resources to support student success and outlines the essential functions routinely performed by Audiologists. All students entering the Doctor of Audiology Program are encouraged strongly to read this document and consider their potential for participating in these essential professional functions. Students who anticipate difficulty learning in either classroom or clinical settings are encouraged to contact the Director of Graduate Studies in SHS as soon as possible, as well as seek out other campus resources, such as Disability Resources & Educational Services (DRES), as appropriate.

Clinical faculty in Audiology will meet at least twice each semester to review the clinical performance of every student enrolled in the program. If a student's overall grade point average drops below 3.0 or if the student exhibits any behavioral or performance characteristics which are determined by consensus of the faculty to be inconsistent with the standards represented on the Practicum Form for Clinical Competences /Formative Assessment **(See Section VIII),** the student will be counseled by the appropriate faculty. This counseling will inform the student that her/his privileges of participating in clinical practicum are at risk of being terminated for the reasons explained to the student. Refer to the Supervision section of this Handbook (**see Section VIII)** for further details about Intervention Plans. In some circumstances, the student's participation in clinical practicum may be terminated immediately for just cause.

**Section II**

**Clinical Facilities**

* 1. **Main Office**

The main office is located at 2001 S. Oak St, Suite B, Champaign, IL 61801. The Office Support Assistant, who handles patient telephone calls and clinic fees, is housed in the main office. If a student receives a phone message from a patient or manufacturer, the student will be sent an email or provided a message in their mailbox. The Audiology & Speech-Language Pathology Clinic is open Monday through Friday. The Office Support Assistant is available from 8:00 A.M. to 4:30 P.M.

* 1. **Faculty/Staff**

The Department Head, Administrative Aide, Business Support Specialist and Graduate Secretary are housed in the Administrative Suite on the first floor of the Speech and Hearing Building located at 901 South Sixth Street, Champaign, IL 61820. All tenure-track faculty, including the Director of Graduate Studies have offices in the Speech and Hearing Building. The Audiology & Speech-Language Pathology Clinic is located at 2001 South Oak, Suite B, Champaign, IL 61820. Clinical faculty offices are in the Motorcycle Safety Program Building located at 4 Gerty Drive, Champaign, IL 61820.

* 1. **Client/Patient Waiting Area**

The waiting area for audiology and speech-language pathology services is located in the lobby of the Clinic. Students should meet their patients in the waiting room prior to each session/appointment. Conferences should not take place in the waiting area. If important information needs to be exchanged with patients or parents, it should be discussed in the privacy of the testing rooms per the privacy policy. When greeting a patient, per privacy rules, you may greet them by their first name or title and last name, but not both.

* 1. **Clinic Rooms**

The audiology test suites are located in Rooms 1008 and 1012. The test suites are equipped with clinical audiometers, CD players and other specialized test equipment and materials. The other rooms house storage and file cabinets, an immittance bridge and screener, a hearing aid analyzer and real ear measurement unit, hearing aid repair equipment, NOAH hearing aid fitting systems, and an otoacoustic emission system.

Students are responsible for keeping all clinical rooms and the patient waiting areas presentable. This includes cleaning otoscopic specula and immittance probe tips, putting away all hearing aid supplies and removing all loose papers, etc.

The audiology test suites are ADA compliant. Test rooms and the audiology suites are large enough to accommodate wheelchairs. For those with limited mobility, ramps are available for improved accessibility of the test booths.

* 1. **Clinic Chart Room**

Audiology charts are located Room 1021. Active patient charts are kept in the top two drawers of the first filing cabinet. Inactive files are housed in Room 1021 and in a building outside of the clinic. To obtain an inactive file, request assistance from the Office Support Assistant. . Because Room 1021 contains audiology patient information, it is necessary to keep this room locked when not in use.

* 1. **Clinic Computers**

The computers for word processing are located in Rooms 1008, 1010, 1012, and 1021.See Section X, HIPAA for policies and procedures for properly maintaining confidentiality for all patient information.

* 1. **Student Office Area**

The Doctor of Audiology student offices are located in the Speech and Hearing Building located at 901 South Sixth Street, Champaign, IL 61820 and in the Motorcycle Safety Program Building located at 4 Gerty Drive, Champaign, IL 61820. Neither area can be used for preparing or completing clinical work by graduate students, as patient charts may not leave the clinic. Students have access to a computer and printer in the Motorcycle Safety Program Building and the Speech and Hearing Science Building.

* 1. **Keys**

Students will use their iCard to enter the Clinic and MRP during non-business hours. Room 1021 has a safe on the door that gives access to a key for the Chart room and student workroom. Clinical faculty will provide the safe’s code.

* 1. **Patient Master List**

A record of all audiology patients seen in the Audiology & Speech-Language Pathology Clinic is maintained in a master card file or on the Office Support Assistant’s computer. The Office Support Assistant completes the master file. When a permanent chart is made for the patient, the Office Support Assistant is the person responsible for assigning a chart number. Students are not permitted to the use the master card file.

* 1. **Patient Parking**

Patient parking is located in front of the Clinic. **Students may not park in the clinic parking area during the hours of 6 AM – 6:15 PM Monday thru Friday.**

* 1. **Building Emergency Plan**

All clinical students must familiarize themselves with the Building Emergency Plan (**See Forms)**. In case of a weather event, the NOAA weather radio will signal loudly. Please ask clinical faculty to address the notifications on the radio and await further instruction. If a student is at the clinic after hours, and the weather radio signals, press snooze once and listen to the instructions. In the case of a tornado warning, all individuals should relocate to Room 1005 in the Clinic. If you believe you might require assistance during a building evacuation, please let the Director of Clinical Education know as soon as possible so the appropriate accommodation may be included in the building emergency plan.

**Section III**

**Clinical Practicum**

The Doctor of Audiology Program is accredited by the Council on Academic Accreditation (CAA), . The program is structured to allow students to meet the Council for Clinical Certification in Audiology and Speech-Language Pathology (CFCC) Audiology standards for both academic/knowledge and clinical/performance competencies <https://www.asha.org/Certification/2020-Audiology-Certification-Standards/>). The objective of the program is to provide students with the knowledge base as well as the quantity and quality of clinical experiences that will lead them to be competent professionals.

At the end of the first year in the Au.D program, graduate students will determine if theyintend to pursue ASHA certification. It is strongly recommended that students pursue ASHA certification as one of their professional credentialing options. Other credentialing options are American Academy of Audiology (AAA**)** Board Certification, (see [boardofaudiology.org/board-certified-in-audiology](http://www.boardofaudiology.org/board-certified-in-audiology)), or state licensure only. If a student elects other credentialing options, the student will be required to sign a statement to that effect. The student will then be responsible for meeting requirements and completing related records for the other credentialing option(s).

**A. ASHA and Departmental Requirements**

The CFCC requires applicants for certification to complete a program of study that includes academic course work and diverse practicum experiences. Clinical experiences must be sufficient in depth and breadth to achieve the knowledge and skill outcomes stipulated in Standard IV of the 2020 *Standards and Implementation Procedures for the Certificate of Clinical Competence in Audiology,* [www.asha.org/Certification/2020-Audiology-Certification-Standards/](http://www.asha.org/Certification/2020-Audiology-Certification-Standards/). In addition, the curriculum should include appropriate research opportunities, consistent with the specified mission and goals of the program, and institutional expectations for doctoral programs.

Clinical practicum is defined as direct patient contact, consultation, record keeping, and administrative duties relevant to audiology service delivery. Clinical practicum experiences will occur throughout the program. The program must provide sufficient breadth and depth of opportunities for students to obtain a variety of clinical practicum experiences in different work settings, with different populations, and with appropriate resources and equipment in order to demonstrate skills across the scope of practice in audiology and that are sufficient to enter independent professional practice.

Students in clinical practicum register for the departmental course SHS 557. Credit for this course is variable, ranging from 1 to 8 hours. Students are required to provide quality services and meet the department policy for minimum performance in the clinic. Minimum performance corresponds to a letter grade of B- or above. Therefore, the clinical instructor will not sign for clinical hours for earned grades of C+ or lower; these hours will not count toward ASHA certification. In addition, participation in all practicum courses adheres to SHS Department and Graduate College policies. If minimal performance is not achieved, continuation in clinic will be according to an intervention plan as described in the handbook in Section VIII, Supervision.

1. **Criminal Background Check and Other Requirements**

The Au.D program requires practicum experiences in which students work directly with patients in the university clinic and community settings. Graduate students will be required to complete a criminal background check annually. The student will be responsible for fees associated with the background check.

The SHS departmental policy on background checks is that any convictions will be reviewed for compatibility with placement in clinical practicum. Certain convictions, such as those that are a bar to employment with a school district or are cause for denial of a professional license, may prohibit a student from participating in practicum. These convictions are fully set out in the Illinois School Code, 105 ILCS 5/10-21.9, as amended (<https://codes.findlaw.com/il/chapter-105-schools/il-st-sect-105-5-10-21-9.html>). Convictions that are grounds for denial of a professional license are set forth in Illinois Speech-Language Pathology and Audiology Practice Act 225 ILCS 110/16 (<http://www.ilga.gov/legislation/ilcs/ilcs3.asp?ActID=1325&ChapterID=24>).

In addition to the background check, some external placement sites may have other requirements that must be completed before a student is allowed to be placed at the site. These requirements may include but are not limited to immunizations, drug testing or additional training (e.g. HIPAA, CPR training/certification). The student will be responsible for fees associated with any required testing or training by an external placement site. Information about site requirements is retained on CALIPSO and is updated annually. *For Au.D class of 2020 and 2021, please ask the Audiology Clinic Coordinator for information about site requirements.*

1. **Audiology Clinic Meeting**

Au.D students will meet weekly during the semester. The day and time of these meetings change each semester and are scheduled to occur when a maximum number of students can participate. Student attendance at the meetings is mandatory. Students who are at an off-campus clinical placement will have access to the meeting through the application *Zoom*, and the *Zoom* meetings are recorded for later review as needed. Students who are unable to attend the clinic meeting due to pre-approved external practicum responsibilities are required to obtain information covered in each meeting.

1. **Submitting Schedules**

Prior to the end of each semester, students are required to complete a schedule of availability for the following semester indicating availability (and lack thereof) for participation in clinical activities. This Practicum Schedule should include information pertaining to the times courses are being taken and work assignments **(See Forms).** All forms must be up-to-date and all changes should be given to the appropriate clinical faculty as soon as they occur.

1. **Scheduling**

The clinical faculty and staff complete scheduling before the beginning of each semester. It is the responsibility of the student, clinical instructors, and the External Placement Coordinator and/or the Audiology Clinic Coordinator to ensure that each student receives a variety of clinical experiences.

1. **Clinic Assignments**

Clinical assignments are provided to the students prior to the beginning of the semester, with the exception of the first semester of enrollment. If there are questions or conflicts, the student is to see the appropriate clinical faculty or the External Placement Coordinator and/or the Audiology Clinic Coordinator immediately. The Au.D students should check their email for the schedule. Clinic beginning and ending dates, university holidays, convention dates, or other potential conflicts will be discussed during one of the initial clinic meetings. Audiology students may be required to enroll in an internal practicum (557A/B) and/or external placements (557 C, E, F, or G) every semester after the first semester in the program. Students enrolled in internal or external practicum will be told the number of credit hours to register for prior to each semester of practicum. Students should keep track of their clinic patient contact hours and experiences using CALIPSO. *Audiology Class of 2020 & 2021 should continue to use the system outlined in the Handbook for the Academic Year 2018-2019.*

1. **External Placements**

The External Placement Coordinator or the Audiology Clinic Coordinator will assign external placements and will consult with the Director of Clinical Education as needed. Some facilities may require an interview prior to approval for the placement. **Students may request a placement facility, but the final decision will be made by the External Placement Coordinator and external placement personnel.** If the student objects to an assigned placement, this should be discussed with the External Placement Coordinator. However, if changes cannot be made, or it is felt that changes should not be made, the student’s placement site for that semester will remain as scheduled. See Clinical Practicum Privileges for further information. **Refusal of any clinical placement may prolong the duration of your program.**

Information regarding external placement sites can be found in **Forms**. Additional information is on CALIPSO. To maximize experiences and take full advantage of the training opportunities at external facilities, reliable transportation is required.

Students may not cancel any assigned time block at an external placement during the semester without preapproval by the External Placement Coordinator and the supervisor at the external placement. Students enrolled at an external placement facility will be required to complete the External Placement Survey form **(See Forms)** at the end of each semester. This form will be given to the External Placement Coordinator. Students in the Class of 2020 or 2021 will use the paper form. Class of 2022 and beyond will use CALIPSO.

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Students assigned to external placements will be required to sign either a Student Clinical Practicum Form or 4th Year Student Clinical Practicum Forma **(See Forms)** prior to beginning the placement. The students will receive a copy of the contract and a copy will be placed in their graduate file in the front office.

1. **Absence/Professional Behavior Policy**

Although the majority of graduate students achieve nearly perfect attendance, some do not. Therefore, it has been necessary to develop an absence policy so that clinic patients experience consistent, quality services. This system applies to absences due to emergencies, funerals and other life events. Interviews for external placements or employment that occur at any time during the Au.D program must be scheduled on days when the student is not committed to a clinical assignment or the student will receive a Notice of Absence **(See Forms)**.

Each time a student misses an assigned in-house clinic time block or an assigned time block at an external placement site the student will receive a Notice of Absence from the appropriate supervisor **(See Forms)**. If a student receives three Notice of Absences and/or Professional Behavior Reminders **(See Forms)** for in-house or external placements in one semester, the clinic grade for either in-house clinic or for the external placement may be dropped by one letter grade. This may also trigger an intervention plan (see **Section VIII**). Missing an external placement assignment that occurs on one day would result in one Notice of Absence and/or Professional Behavior Reminder. If external placement is missed on two assigned days, this will result in the student receiving two Notice of Absence and/or Professional Behavior Reminders. For in-house clinic, a Notice of Absence and/or Professional Behavior Reminder will be given for each assigned time block. If the student were assigned to two in-house time blocks (equivalent of one whole day), he/she would receive two Notice of Absence and/or Professional Behavior Reminders.

Receiving a Notice of Absence, form does not mean that the student has demonstrated unprofessional behavior. It may be necessary for a student to miss an assigned time block or meeting due to illness, a personal emergency, a job/placement interview or a convention/ workshop/conference. This is simply a way to keep track of the number of absences that have occurred. Absence must be handled in a professional manner as outlined below. If not, the semester grade in the Professional Protocol section of the Clinical Competencies Formative Assessment will be reduced.

If an emergency/absence occurs and a student must miss an assigned clinic time block at an external placement he/she is required to contact the their external placement supervisor and then immediately contact External Placement Coordinator at the university. When possible the External Placement Coordinator should be contacted at least 12-to-24 hours prior to the clinic time slot in question. The students are required to make up missed time blocks at placement sites at the discretion of the external clinical instructor.

If the student is going to miss in-house clinic, the student should contact their immediate supervisor. At that time, the student and clinical instructor will decide if coverage is needed for the time block and if so, how the student will arrange for the coverage. When a student is absent from clinic, the student must arrange for another student to cover his/her scheduled time slot.

Students may attend one convention/workshop/conference per semester and not receive a Notice of Absence form. Additional conferences and opportunities should be discussed with the Director of Clinical Education. Students will need to plan in advance if they intend to attend a convention/workshop/conference. The student must first obtain approval from the External Placement Coordinator, then they will get approval from the external site supervisor. For in-house clinic the student will talk directly to their university in-house clinical instructor. The student will need to arrange travel plans to accommodate his/her clinical practicum (in-house and external placement) responsibilities.

Failure to follow the Absence Policy as described will result in the student receiving a Professional Behavior Reminder notice.

1. **Clinical Participants**

Undergraduates may enroll in SHS 475 (Practicum in SHS). Your clinical instructor will provide you more information as required. The opportunity to mentor undergraduates provides students with initial experiences in supervisory behavior as required by ASHA 2020 standard A23.

1. **Illinois Department of Public Health Requirements**

The Illinois Department of Public Health (IDPH) is the regulatory body of the Hearing Instrument Consumer Protection Act (225 ILCS 50). This law requires that:

Any person who performs a hearing evaluation that provides basic information from which a hearing aid is recommended or sold must be licensed as a hearing instrument dispenser or a licensed audiologist in the State of Illinois.

The State of Illinois’ policy for full-time graduate audiology students is as follows:

Full-time graduate students enrolled in a program of audiology in an accredited college or university may engage in the dispensing of hearing instruments as a part of an academic program of audiology without a license under the supervision of a licensed audiologist.

 The supervisor and the supervisor's employer shall be jointly and severally liable for any acts of the student relating to the practice of fitting or dispensing hearing instruments as defined in this Act and the rules promulgated hereunder.

The current laws and rules may be accessed at: <http://www.idfpr.com/> or

<http://www.ilga.gov/legislation/ilcs/ilcs3.asp?ActID=1305&ChapterID=24>

1. **Dress Code**

All students in the Audiology & Speech-Language Pathology Clinic are expected to dress in a manner consistent with the professional role they are assuming. Professional appearance can help promote authority and respect as a healthcare professional in training. Clothing should be neat and well maintained with regular laundering/cleaning/ironing. The clinical faculty reserve the right to request that a student change her/his clothing and/or accessories if the clinical faculty have concerns it will negatively affect patient care. Nametags must be worn at all times when providing patient care. When at an external site, students must adhere to the dress code of the site to which they are assigned. This may require purchasing additional clothing at the expense of the student (e.g. scrubs, lab coat). The guidelines for dress are as follows:

* **Hair, Earrings & Facial Jewelry:** Consider how you will be interacting with your patient when styling your hair. For example, if you are working with a young child or an individual with dementia, wearing the hair down might be tempting for the patient to pull. Additionally, if you are doing a procedure that requires gloves, will you frequently tuck your hair behind your ear? Earrings can be a distraction to young children. Facial jewelry may need to be covered at the discretion of the clinical instructor, as it may be a distraction or hazard.
* **Tops & Blouses:** Students often do not realize how much bending occurs in clinical work. Check in a mirror to ensure when you bend forward, the top does not reveal cleavage or skin and the shirt does not ride up in the back. This is especially important when working with young children or when doing tasks like assisting with headphones. The following are not allowed: sweatshirts, sleeveless or halter style shirts/dresses, graphic tees, or spaghetti strap shirts/dresses. It is recommended you keep a cardigan handy, just in case. Midriffs and see-through styles are not permitted. If you have any doubts, ask.

* **Pants, Trousers & Skirts:** Shorts are not allowed. Leggings are considered pants only when worn with a tunic style shirt/dress that is no shorter than 3 inches above the knee. Skirts and dresses should be no shorter that 2” above the knee. Consider the length of the skirt and leg positioning when sitting. No denim is allowed.
* **Shoes:** Closed-toed shoes are recommended. No flip-flops, snow boots or original Crocs.
* **Jewelry & Tattoos:** Jewelry should be conservative and safe. Do not try to draw attention to yourself; if you are questioning it, do not wear it. Your clinical instructor will ask you to cover tattoos if they are perceived to distract from patient care. A wristwatch is highly recommended, as students may not use their cellphones as a clock when delivering patient care.

* **Fingernails:** Nails should be clean, appear professional and be an appropriate length. Avoid distracting nail designs. Nail polish should not be chipped, pealing or otherwise not well kept. Fingernails are a common cause of infection in healthcare settings.
* **Perfume & Scents:** Heavy cologne/perfume should not be worn. Scented body splashes should be used in moderation. Be Scents-ible.

**If a clinical instructor requests that you change your attire, an explanation will be provided to help you understand the rationale. The professional dress guidelines are not intended to stifle expression or creativity, but to best prepare you for clinical care. If you are in the clinic during business hours, and you are not seeing patients/clients, avoid patient care spaces unless you are abiding by the dress code.**

1. **Professional Behaviors**

Developing good professional behaviors is one of the key elements to being a successful audiologist. Throughout practicum assignments, graduate students will have the opportunity to develop clinical skills in a variety of business and professional settings such as in the Audiology Clinic, schools, hospitals and other external placements. In addition to learning about the patients and evaluation procedures, students will be learning how to manage themselves as professionals. The following is a list of behaviors that are consistent with developing professional skills.

**External Sites:** Graduate students must learn the requirements of their external placement sites. The following are suggestions:

* Learn the paperwork requirements for the setting including release forms, census logs, billing sheets, insurance forms, scheduling sheets and other documentation. When filling out these forms, make sure they are completed thoroughly.
* Become familiar with the goals and missions for the site (i.e. what are the priorities for who is seen for services, what other services the setting provides).
* Become familiar with the rules and procedures of the site (e.g., parking, keys, hours, use of equipment, etc.).
* Read the latest policy and procedure manuals for the site (if available).

**Punctuality:** Graduate students should develop the good habit of being punctual:

* Keep a calendar of all appointments, meetings, and important deadlines. This calendar should be accessible to the student at all times. Information in the calendar should include the time and date, names and phone numbers of contact people.
* Timely responses to memos and email messages are crucial to good professional communication. Students should read memos and emails promptly, transfer all-important information to their calendars, and respond to anyone as needed.
* Be on time to all meetings and appointments; early is on time.
* Communicate with staff and colleagues regarding all changes in scheduling.
* All deadlines must be met. If a student is not able to meet a given deadline, she/he should contact the individuals affected (e.g. let the clinical supervisor know) and negotiate a new deadline.

**Professional Communication:** Graduate students should develop good professional communication skills:

* Check email at least once a day. Even if the student is not in the building, she/he will need to arrange a way to check his/her email.
* All correspondence that is sent out (i.e. memos, reports, letters, home assignments, etc.) should be appropriately identified with the date, graduate student’s name and title, the patient's name, the patient's clinic number, who the information is going to and any other pertinent information.
* All correspondence should convey a professional and respectful tone, whether to patients, other professionals or the community *(also see Essential Functions)*

**Preparation:** Graduate students should be prepared and follow through:

* Prepare for all meetings. Prior to meetings about a patient, familiarize yourself with the patient’s chart and prepare points to make or questions to ask.
* Learn to say "no" appropriately. Follow through on any agreement made to do something.
* Anticipate problems before they arise and when they do come up, start to problem solve possible solutions. Be prepared to discuss solutions with the clinical supervisor in an appropriate and professional manner.

**Confidentiality:** Students have access to personal information about patients. It is the student’s responsibility to maintain confidentiality as stipulated by ASHA’s code of ethics and federal law. Abide by institutional and Health Insurance and Portability Accountability Act (HIPAA) regulations that pertain to confidentiality (e.g. not giving patients' names out for research without releases, not taking patient charts off the premises, not discussing the patient in any manner in which he/she could be identified). All clinical students are required to undergo annual HIPAA training. HIPAA training will go into privacy rules and regulations in significant detail. To ensure patient providing patient care. Patient PHI, Protected Health Information, must never be saved on personal computers or flash drives. The above examples are not comprehensive. Privacy violations are extremely serious and may be associated with lowering of grades, failure to meet CFCC standards, intervention plans, termination from the program, and/or legal fines or prosecution. **(See Confidentiality Agreement in Forms)**.

**Section IV**

**Clinic Procedures**

1. **Preparation for the Evaluation**

The clinic’s Office Support Assistant maintains the appointment schedule. Graduate audiology students should check the appointments **at least two to three days prior to their scheduled time** to see what type of services are required. If special procedures are required, the student should talk to the clinical instructor one to two days in advance of the appointment. Students should read the patient’s chart and initial intake form thoroughly prior to the appointment. Students should meet with their clinical instructor if they have questions regarding the case. Students cannot change or add appointments without the approval of their clinical instructor. If a patient fails to show for an appointment, the student should make a report and place the file in the "Supervisor Signature” section in the top file drawer in Room 1021. The clinic’s Office Support Assistant should be notified. Patients may not be seen outside of scheduled clinic times without the approval of the clinical instructor.

The length of appointments varies according to the services provided. If the student needs more time for a particular patient, he/she should talk to the clinical faculty. The clinic’s Office Support Assistant will discuss initial fees with the patient when appointments are scheduled. The student will discuss fees for additional appointments with the patient.

The Clinic Office Support Assistant will schedule all necessary follow-up appointments. Only office staff and clinical faculty or instructors should schedule appointments.

No food or drinks are allowed in patient areas when clinic is in session.Water may be kept in a hydration station. Students should bring as few books, papers, backpacks, coats, purses, etc. as possible with them to clinic. Patient charts, hearing aids, etc. should not be left on the tables or counters in any clinic area.

1. **Basic Hearing Evaluation (HE) Protocol Procedures**

The basic HE protocol includes the following test procedures:

* Case history
* Otoscopic examination
* Immittance measure including:
	+ Tympanograms for both ears
	+ Ipsilateral and Contralateral acoustic reflexes
* Speech reception thresholds (SRT) in both ears via live voice or recorded speech
* Pure-tone air conduction for 1000 Hz, 2000 Hz, 3000 Hz, 4000 Hz, 6000 Hz, 8000 Hz, 250 Hz and 500 Hz in both ears with headphones or insert earphones
* UCL/LDL testing if the patient is a potential hearing aid candidate or current hearing aid user.
* Word recognition testing via CD presentation ensuring audibility at 2000 Hz; half-list may be used if appropriate.
* Roll-over screening; half-list may be used if appropriate.
* Bone conduction thresholds for 500 Hz, 1000 Hz, 2000 Hz, 3000 Hz, and 4000 Hz in both ears
* Speech-in-noise & DPOAE testing as needed

***Note:*** Masking procedures will be used with items 4, 5, 7, 8 and 9 when appropriate.

At the conclusion of the evaluation, the results and recommendations will be discussed with the clinical faculty. The student will then discuss the results and specific recommendations with the patient and family members.

1. **Hearing Screening Procedure**

As a result of various forms of marketing and advertising, patients will be seen for hearing screening appointments. Students in certain undergraduate courses are also seen at the clinic for hearing screenings. The goal of these appointments is to identify people who would benefit from a full hearing evaluation and possibly hearing aids. The screening appointments also increase community awareness for the services provided by the clinic.

**See Forms** for the following:

* Promotional Hearing Screening Procedure
* Audiology Adult Hearing Screening
* Hearing Screening Results (half sheet – to be given to the patient)
* Hearing Health Quick Test (edited)
* Familiar Sounds Audiogram
* Positive Communication Rules

Examples of the hearing screening report can be found in **Forms**.

1. **Biological Equipment Check**

A biological check is to be performed daily on all clinical equipment prior to testing. This is to be documented on the biological check sheets **(Forms**) found in each test suite. Arrive 30-40 minutes prior to the start of clinic.

1. **Location of the Patient Appointment Schedule and Charts**

The appointment schedule is managed by the clinic’s Office Support Assistant on HearForm. The appointment schedule can be viewed on the computers in Rooms 1008, 1010, and 1012 in the HearForm electronic records system.

Active patient charts are found in Room 1021. The charts will be filed behind the date of the appointment. If the chart is not available, check with the clinic’s Office Support Assistant. Charts for new patients should include the Initial Intake form **(see Forms)**.

Patient charts will be kept in Room 1021 except when actively in use. Charts may only be taken to the audiology suites or student work area. Charts may only be out for short periods of time and cannot be taken out of the building.

1. **Clinic Intake**

This form is completed by the Office Support Assistant when scheduling the appointment. The form will provide the audiologist with an overview of the reason for the appointment. **(see Forms)**

1. **Initiating the Appointment**

The patient, parent or caregiver is to complete the following forms once they have checked in at the front desk:

* Legal Release and Permission to Receive Evaluation/Treatment
* HIPPA Notice of Privacy Practice Policy
* Patient Consent for Use & Disclosure of Protected Health Information (PHI)/Receipt of Notice of Privacy Practices Written Acknowledgment
* Audiology Case History

***Note:*** First year students in their first in-house clinical rotation will complete the forms with the patient in evaluation suite; after that time, appropriate forms will be gathered by the student, given to the clinic’s Office Support Assistant, who will give it to the patient when they check in for their appointment.

The student is to meet the patient in the Audiology Clinic waiting room. Students should introduce themselves by their full names and explain that they are graduate audiology students. Clinic nametags should be worn where they can be easily seen by the patient during all clinic interactions. Patients with limited mobility should be informed that ramps are available to improve accessibility of the test booths in the Audiology Clinic. The patient and family members can be escorted to the appropriate suite. Family members should be encouraged to be present during the initial intake interview; however, it is ultimately at the discretion of the patient.

1. **Legal Release and Permission to Receive Evaluation/Therapy**

This form will be given to the patient at the front desk upon arrival. It should be signed and dated by the patient and the student prior to testing. **(see Forms)**

1. **Case History**

An audiology case history form **(see Forms)** will be given to the patient at the front desk upon arrival to the clinic. The student must be certain that the identifying information is complete: full legal name, date of birth, date the history is obtained, and occupation. If the patient has not been seen in three years or more, the student should consult with the clinical faculty member to determine whether an audiology case history form needs to be completed. The student should ask pertinent information to update the most recent history for each appointment and record this information in the report.

It is the student’s responsibility to ascertain that all pertinent information is recorded and to further question the patient and expand upon information necessary for a clearer understanding of the patient's concerns and relevant history. In the event that an item on the case history is not applicable, it should be so designated as so by N/A (not applicable).

Questions to consider for a brief update of a case history:

* What is the reason for the appointment?
* Who referred the patient?
* Previous history and results:
	+ *Medical:*medical conditions and related medications (name and dosage)
	+ *Audiometric Test:* hearing or balance tests, results and recommendations
	+ *Hearing Aid Use:* which ear, where purchased, satisfaction with the devices
	+ *Hearing History*: changes in hearing, vertigo, tinnitus, or ear fullness, pressure, pain or infection; changes in noise exposure, hearing protection use & type HPD
* Changes in hearing: sudden or gradual
* Communication difficulties
1. **Audiograms**

The identifying information at the top of the audiogram **(see Forms)** should be completed. **The audiogram should be neat, even if it necessitates recopying it.** All the information should be completed in **black** ink. Whiteout should **not** be used on the audiogram since the audiogram is a legal document. Corrections can be made by drawing one line through the error and initializing and dating the correction. Complete the audiogram in full indicating the appropriate test administered, transducer, word list length (half or full) and name of test used. (Note: When recording the masking level utilized in the non-test ear, record the highest noise level at which the correct threshold was established).

In addition, separate audiograms are used for research purposes. These audiograms are found in the file cabinet in the clinic. Familiar Sounds audiograms are also available in the file cabinet. The Familiar Sounds audiograms can be used for counselling the patient by helping the patient to visualize and understand their test results based on the intensity and frequencies at which various sounds occur in everyday life.

1. **Health Insurance Portability and Accountability Act (HIPAA) Notice of Privacy Practices Policy Form**

All patients are offered a copy of the Privacy Practices Policy form **(see Forms**) during their initial appointment. If a patient has already been seen at this facility, it should be confirmed that he/she has already received the Policy form and signed the receipt and consent noted in the section below.

1. **Patient Consent for Use and Disclosure of Protected Health Information//Receipt of Notice of Privacy Practices Written Acknowledgment Form**

Patients should be asked to sign the first section of this form so they can be contacted by mail, telephone or email. Please give them the opportunity to ask any questions regarding the document. This information is used to contact a patient about an appointment or to ask them to pick up a repaired hearing aid. (**see Forms**)

The patient should also sign the second section of the form which documents that she/he received the HIPAA Policy form. The student should note on the Audiological Quality Assurance Form that the HIPAA form was given to the patient and the receipt was signed.

1. **Consent for Disclosure of Confidential Information**

The consent form **(see Forms)** should be used when confidential information (reports, test results, hearing aid settings, etc.) is requested by the patient for their own use or if the patient requests information be sent to an outside facility or professional. All blanks on the form should be completed prior to having the patient sign the form. Be specific when indicating what is being released and for what purpose. Include the expiration date. This facility cannot send results to a requesting agency unless this form has been signed by the patient. In accordance with the referral policy, all referring parties will be sent a report unless specifically asked by the patient not to do so. The Consent for Disclosure of Confidential Information form should be completed and signed for this purpose.

1. **Log to Track Disclosure of Personal Health Information (PHI)**

This log (**see Forms)** should be completed each time PHI information is released even if it released to the patient.

1. **Fee Schedules and Billing**

The Fee Schedule for Professional Services and the Fee Schedule for Accessoriesare found in **Forms** section and are posted in the clinic. **Forms** also contains a Hearing Aid Pricing Addendum.Refer to these schedules and forms in order to determine the cost of the services offered by this facility.

Because the prices for hearing aids, hearing aid accessories, hearing aid repairs, earmolds, wireless accessories and hearing protectors are subject to change, the student must consult the appropriate fee schedule to determine current prices. Quotations for the price of a hearing aid are based on the established three-tier pricing for level of hearing aid technology.

Patient charges for services rendered must be submitted at the conclusion of the appointment. The student should complete a Superbill **(see Forms)** following each appointment specifying the service rendered, the respective cost of this service and the diagnosis code. The Superbill should be filled out completely (patient's name, address, chart number, etc.) even if there is no charge for services. The white copy goes in the patient’s chart; the yellow copy goes to the Office Support Assistant.

1. **Third Party Payment Procedures**

**In-Network Insurance:** The patient will work with the Office Support Assistant and if needed, the clinical faculty, to determine eligibility for services. Once eligibility is determined, the patient will be responsible for any associated co-pays or deductibles.

**Out-of-Network Insurance:** The following describes procedures that are followed for most health insurance companies that patients may want to use for benefits. Patients will pay for services provided and products dispensed, at the time of service, even if they are covered by an insurance company. The Audiology Clinic policy requires the patient to pay the bill in full at the time of the service. If the patient wishes to file a claim with the insurance company for reimbursement, the patient must provide this facility with the appropriate insurance forms and/or insurance card. If the patient brings an insurance form, the patient should sign the form, if required, and complete the necessary patient sections (such as, insurance number and/or group number) before leaving the form to be completed by the clinic. The applicable portions of insurance forms will be completed by this facility. The Office Support Assistant will offer to submit the claim on behalf of the patient. Reimbursement from the company will be sent directly to the patient.

1. **Patient Response Questionnaire**

The patient should be asked to complete the Patient Response Questionnaire at the conclusion of the evaluation. Ask the patient to drop the form off at the front desk. The results of these evaluations are discussed at least once per semester with the students and clinical faculty for quality assurance.

1. **Audiology Quality Assurance Forms**

There are two Audiology Quality Assurance Forms that contain checklists for the students to complete **(see Forms).** The appropriate Quality Assurance Form(s)should be completed for all patients at the conclusion of their appointment. The student should initial and date all entries.

1. **Reports**

Any patient contact (appointment, phone call, walk-in, etc.) must be documented as a Report **(see Forms).** Additional information about reports can be found in the Section V (Report Writing) of this handbook. Whiteout should **not** be used on any clinical forms or paperwork since these documents are considered legal documents.

1. **After the Appointment**

The counseling session should not begin until test results and recommendations have been discussed with the clinical faculty or instructor. Forms should be complete and ready for the clinical instructor to sign at this time. The results and recommendations are then discussed with the patient and family members. No counseling is to take place in the waiting room or other public places.

The fees for the appointment will need to be determined and the superbill to be completed. While this is being done, the patient can fill out the Patient Response Questionnaire.If another appointment is necessary, the clinic’s Office Support Assistant should be informed at checkout so the follow-up appointment can be scheduled. At checkout, patients will pay the Office Support Assistant and make any future appointments.

The patient is to be accompanied to the front desk for scheduling or payment purposes at the end of an appointment.

If the Office Support Assistant is not available, ask your clinical faculty for assistance is scheduling any follow-up appointments. The audiology graduate students should not schedule appointments.

1. **Medical Referral Policy**

A patient referred by a physician for services at the Audiology & Speech-Language Pathology Clinic should return to that physician if further medical attention is indicated. Please note that if the patient is a Medicare beneficiary and is referred by a physician for audiology services to the Audiology & Speech-Language Pathology Clinic for reasons of medical necessity, current Medicare law requires that the patient be referred to a clinic that accepts Medicare beneficiaries. The report of clinical findings will always be sent to the referring physician. It is generally preferable that an otologist provides the medical diagnosis and treatment for a disease of the ear but, of course, the patient has freedom to decide. If the audiological findings indicate a specialist in otology should be seen and the referring physician is not in that specialty, this recommendation may be made verbally to the patient and put in the recommendation section of the report to the referring physician.

If the referral source to our clinic is other than a physician and a medical referral is indicated, the patient should be referred to an otologist. Some insurance plans may require prior evaluation by the patient’s primary care physician before referral to a specialist.

A printed sheet containing the names of all physicians in the local area specializing in otolaryngology **(See Forms)** is available in the clinic’s file cabinets. If a patient asks for the name of an ear specialist, this list should be given to him/her. The following paragraph suggests one way this recommendation may be made.

*Today’s test results indicate you have a type of hearing loss that may require medical treatment. Because hearing problems of this type are often difficult to diagnose and sometimes require specialized treatment procedures, we recommend that you see an ear specialist. You may, however, want to discuss this with your family doctor. He/she may have additional recommendations.*

***Note:*** These paragraphs are provided as models. They are not meant to be read to the patient or memorized for presentation.

1. **Receipt of Records from an Outside Facility**

When medical (audiology or physician) records are received from another facility, the date of receipt is documented on as a report. The records are to be reviewed and put in the patient’s chart as indicated by Chart Organization Outline (**see Section V**).

1. **Patient Appointment Changes/Cancellations**/**Absences**

The student cannot change or add patient appointments. If a patient fails to show for an appointment, make a short report and place the file behind in the appropriate file for your clinical faculty supervisor’s signature. These colored folders are located in the top drawer of the first filing cabinet in the file room. The student should notify the Office Support Specialist if the patient fails to make the appointment.

1. **Cleaning and Care of Equipment and Facilities**

It is the responsibility of the students to leave the Audiology Suites in a clean, neat condition and to replace all equipment to proper locations following test procedures. All otolight, otoscopic, and EMI syringe tips and immittance probe tips should be cleaned and returned for re-use. Malfunctioning equipment should immediately be reported to a clinical instructor.

**SECTION V**

**AUDIOLOGICAL REPORTS**

1. **Report Writing**

The style, content and length of a report are determined by the complexity of the individual cases, type of appointment (or purpose of the report: telephone call, no show) and the clinician’s writing style. Reports need to be written for each patient appointment, pertinent telephone calls, and received medical records. All chart notations should be written in complete sentences. Abbreviations must be defined (e.g., bilaterally (AU)) in each report before they can be used independently in the remainder of the report. Report format is as follows:

**Hearing Aid Information**

* Manufacturer, model
* Receiver/Tubing
* Dome/Earmold
* Serial Numbers
* Repair warranty expiration date
* L&D expiration date

**History**

(Patient’s full name), a (age) year old (male/female), was seen for (reason for appointment).

**Hearing Evaluation** includes:

* How the patient was referred
* Case history
* Date and results of most recent testing; note if there is no previous audiometric testing
* If patient is a hearing aid user, note what type of aid(s), length of use and where the aid(s) was purchased.

**Hearing Aid Check or Hearing Aid Repair** include:

* Description of problem & length of time
* Pertinent information

**Results**

* **Hearing Evaluation** include:
	+ Otoscopy
	+ Summary of test results
	+ Audiogram & reliability
	+ Tympanometry
	+ Agreement of acoustic reflexes with audiometric findings
	+ Present/absent or reduced OAEs and their agreement with other testing
* **Hearing Aid Check or Hearing Aid Repair** include:
	+ What was done to address the problem?
	+ Was the problem resolved?
	+ If the aid is being sent in and to what manufacturer
	+ If the aid is being picked-up after repair, any adjustment and verification results

**Impressions & Recommendations**

* Summarize test results without a lot audiology jargon
* Recommendations based on test results (HAs, accessories, ENT, Speech language evaluation, preferential seating, etc…)
* How should the pt. follow up? (PRN, 2 weeks, 6 months) and for what? (audio, HAC, warranty check, etc…)

Hearing Evaluation outline and sample report are included in **Forms**.

When the patient is seen for a hearing aid orientation, an ear mold impression or ear mold fitting, a hearing protection check, or a hearing aid check, a brief report needs to be completed containing the sections pertinent to the appointment. Each report must be completed with an audiologist’s signature.

If additional patient information is obtained by telephone or personal communication from another professional involved in the case, the encounter should be properly documented in a report and signed by the student clinician and audiologist.

All reports should reflect impressions and recommendations. The information should include details that the next follow-up audiologists can find useful in working with the patient. Impressions might include such things as specific questions or concerns about services provided, financial concerns, patient opinions about recommendations made and inclination as to when he/she will follow up on such recommendations, or spouse comments and input beyond that written in the report.

***Note*:** Drafts of reports should be typed single or double-spaced and uploaded to Box for the supervisor to edit. Final versions of the report will be single-spaced.

**The rough draft reports are due 48 hours after the student has completed the testing.** The drafts of reports should betypedand uploaded to Box as noted below*.* **The chart is to be completed within one week from the appointment date so it can be sent out in a timely fashion.** All forms need to be completed neatly or be recopied to be neat and legible.

Upon completion of an evaluation, the patient’s chart is to be stored:

* In Progress. This is an “active file” in the clinic. Charts are maintained here while the report is being written.
* Box Health-Internal. This is a HIPAA protected folder on Box. Upload the report to this Box folder for your supervisor’s edits; your clinical faculty or instructor will advise on next steps until the report in approved.
* Supervisor Signature. Once the report is approved, the file should be complete. All forms should be completed and signed by the student clinician. The final copy of the report should be single-spaced, put in the patient’s chart, signed and placed behind Supervisor’s Signature dividers in the clinic. The supervisor will get the chart from the file, sign it and put it to be filed. If the report is being cc’d requiring mailing, put a second copy of the report and audiogram loose in the file (between the first and second flap) and sign the report; the supervisor will sign and give it to the Office Support Assistant. **The Office Support Assistant sends out the report and forms.**
1. **Clinic Forms**

Forms are available in clinic file cabinets and on Box. When the supply gets low, students should place one of the forms in the wooden box in the front office with a note attached for number of copies needed.

1. **Abbreviations**
* ABR – *auditory brainstem response*
* AC – *air conduction*
* AD – *right*
* appt. – *appointment*
* ART – *acoustic reflex threshold*
* AS – *left*
* AU – *bilateral*
* BC – *bone conduction*
* bilateral – *both sides*
* binaural – *both ears (specifically the brain making use of both ears)*
* cc – *carbon copy*
* cc’d – *carbon copied (sent a copy to)*
* CHL – *conductive hearing loss*
* DOB – *date of birth*
* DOS – *date of service*
* dPa – *decipascal*
* DPOAE – *distortion product otoacoustic emissions*
* Dx – *diagnosis*
* ECV – *ear canal volume*
* EM – *earmold*
* EMI – *earmold impression*
* fb – *feedback*
* HA – *hearing aid*
* HAC – *hearing aid check*
* HAD – *hearing aid dispensing*
* HAE – *hearing aid evaluation*
* HAR – *hearing aid repair*
* HE – *hearing evaluation*
* HL – *hearing loss*
* HP – hearing protection
* Hx – history
* MCL – *most comfortable level*
* NR – *no response*
* OAEs – *otoacoustic emissions*
* PI-PB – *performance intensity function for phonetically balanced monosyllables*
* PRN – *pro re nata, as needed*
* pt. – *patient*
* PTA – *pure tone average*
* Rec – *recommendations*
* SLE – *speech-language evaluation*
* SLP – *speech-language pathologist*
* SLT – *speech-language therapy*
* SNHL – *sensorineural hearing loss*
* SRT – *speech reception threshold*
* Tx – *treatment*
* tymps – *tympanograms*
* Type A – *normal tympanogram, normal pressure & compliance*
* Type B – *flat tympanogram, abnormal compliance*
* Type C – *negative pressure ≥ -150 dPa*
* UCL – *uncomfortable loudness level*
* WRS – *word recognition score*
1. **Degree of Hearing Loss**

The following standard should be used when classifying the patient’s degree of hearing loss:

* 0-25 dB HL = Normal hearing
* 26-40 dB HL = Mild hearing loss
* 41-60 dB HL = Moderate hearing loss
* 61-70 dB HL = Moderately-severe hearing loss
* 71-90 dB HL = Severe hearing loss
* 91+ dB HL = Profound hearing loss
1. **Order of the Forms in the Chart**

Audiology Patient Chart: **HE, HAE, HAD**

**The permanent patient chart contains four sections:**

|  |  |  |  |
| --- | --- | --- | --- |
| Section A: | Section B: | Section C: | Section D: |
| Front Inside | Brown Flap | Brown Flap | Back Side |
|  | facing right | facing left |  |

Sticker

C

D

B

A

***Note:* All sections are filled in the following order, with the most recent date on top.**

* **Section A**:
* Report (pg. 1 on top of pg. 2)
* Case History
* Chart notes/reports from outside facilities
* Audiology Clinic Intake form (always on bottom)
* Patient information sticker (the Office Support Assistant attach this to the chart)
* **Section B:**
	+ Clinical Audiogram (Internal & from outside facility)
	+ Immittance/DPOAE printouts
	+ Hearing screening form
	+ Hearing Health Quick test
* **Section C:**
	+ HIPAA Log (Always on top)
	+ Fee Ticket
	+ Patient Consent for Use & Disclosure of PHI
	+ Receipt of Notice of Privacy Practices Written Acknowledgement
	+ Consent for Disclosure of Confidential Information
	+ Legal Release & Permission to Receive Eval/therapy
	+ Health Insurance Documents HIPPA release forms, permission form
	+ Speech Language Screening form
	+ Any letters sent to Pt. or physician, including faxed documents
* **Section D**:
	+ Most recent Real Ear Measures (aka Speech (Always on top
	+ COSI/TELEGRAM/ Other Self-Assessment
	+ HA/EM repair/order form
	+ HA/EM Invoices
	+ HA loaner agreement
	+ HA Purchase Agreement and HAD Checklist
	+ Medical Clearance

Audiology Patient Chart: **Hearing Conservation (HC)**

**The permanent patient chart contains four sections:**

|  |  |  |  |
| --- | --- | --- | --- |
| Section A: | Section B: | Section C: | Section D: |
| Front Inside | Brown Flap | Brown Flap | Back Side |
|  | facing right | facing left |  |

Sticker

C

D

B

A

***Note:* All sections are filled in the following order, with the most recent date on top.**

* **Section A**:
	+ Report (pg. 1 on top of pg. 2)
	+ Case History
	+ Old Noise Reports
	+ Chart notes/reports from outside facilities
	+ Audiology Clinic Intake form (always on bottom)
	+ Patient information sticker (the Office Support Assistant will place this in the chart)

* **Section B:**
* Clinical Audiogram (Internal & from outside facility)
* Hearing Conservation Program Audiogram
* HC Calculation Sheet
* Immittance printouts
* Hearing screening form
* Hearing Health Quick test
* **Section C:**
* HIPAA Log (Always on top)
* HC Training Records (Most recent directly under HIPAA Log)
* Fee Ticket
* Patient Consent for Use & Disclosure of PHI
* Receipt of Notice of Privacy Practices Written Acknowledgement
* Consent for Disclosure of Confidential Information
* Legal Release & Permission to Receive Eval/therapy
* Speech Language Screening form
* Any letters sent to Pt. or physician, including faxed documents
* **Section D**:
	+ DPOAE print out
	+ Hearing Protection Device order form
	+ HPD invoice

Audiology Patient Chart: **Hearing Screening, Students**

**The permanent patient chart contains two sections:**

Sticker

B

A

***Note:* All sections are filled in the following order, with the most recent date on top.**

* **Section A**:
	+ Report (pg. 1 on top of pg. 2)
	+ Case History
	+ HIPAA Log
	+ Patient Consent for Use & Disclosure of PHI
	+ Receipt of Notice of Privacy Practices Written Acknowledgement
	+ Consent for Disclosure of Confidential Information
	+ Legal Release & Permission to Receive Eval/therapy
	+ Health Insurance Documents HIPPA release forms, permission form
	+ Any letters sent to Pt. or physician, including faxed documents
	+ Audiology Clinic Intake form (always on bottom)
	+ Patient information sticker (the Office Support Assistant will place this in the chart)
* **Section B:**
* Clinical Audiogram (Internal & from outside facility)
* Immittance/DPOAE printouts
* Hearing screening form
* Hearing Health Quick test
* Speech Language Screening form
* Fee Ticket
* Chart notes/reports from outside facilities

Section VI

Hearing Aid Procedures

1. **Hearing Aid Evaluation /Demonstrations**

The Audiology & Speech-Language Pathology Clinic may provide hearing aid demonstrations to patients as part of a full hearing evaluation that involves a hearing aid consultation. The demonstration may also be part of a separate HA Evaluationappointment. The demo allows patients briefly to experience amplified sound through demo hearing aids that have been programmed for the patient’s hearing loss. The demonstrations are included in the fee for the full HE appointment completed at the Audiology & Speech-Language Pathology Clinic, or are billed as a separate fee for a HA Evaluation /Demo appointment. If the HE was not completed at the Audiology & Speech-Language Pathology Clinic, the patient will need to bring a copy of the assessment from another facility. The hearing evaluation results will be used to program the hearing aids for demonstration. See Hearing Aid Demonstration Procedurein **Forms**. Procedures may vary depending upon the type of technology being shown to the patient; this can be discussed with the clinical instructor.

A superbill should be completed if the demo is part of a separate HA Evaluation/ Demo appointment. The superbill for an HE appointment will include the demo as part of that HE. A report should be completed for the HA Evaluation/Demo (as part of the report for either the HE appointment or the separate consult appointment).

**Orange Folder Forms:** When a consultation/demonstration is completed, HA candidates will be given an orange folder that has been pre-assembled to include the following forms:

* Audiogram of Familiar Sounds/3 Keys to Successful Treatment of Your Hearing Loss
* Hearing Aid Dispensing Policies & Procedures
* Quality of Service Guarantee
* Positive Communication Rules
* What to Expect with Your New Hearing Devices
* Reasons to Choose University of Illinois Audiology Clinic

The clinical faculty’s business card (with the Au.D student name written on it) and a brochure for the hearing aids being demonstrated/recommended may also be included in the folder.

All of the forms in the Orange Folder will be explained to the patient and significant others, according to the case needs and recommendations. The patient’s communication lifestyle and related recommendations for the level of technology, style, and features of the hearing aids are to be discussed. The pricing for the three levels of technology are found on a list in the clinic for current digital hearing aids and related accessories. Pricing is also on the Lifestyle Placemat used in the clinic (found in each test booth).

1. **Hearing Aid Candidates**

If the patient is proceeding with a hearing aid delivery and trial period, a copy of the current audiogram and, if needed, a medical clearance form are given to the patient. The patient should be scheduled for a hearing aid delivery in one-to-two weeks.

The following should be discussed with the patient at the delivery appointment:

* How the aids and ear molds are ordered
* Approximately how long it takes before the aids and ear molds arrive (about two-to-three weeks for custom products)
* Two-week and six-week check appointments throughout the six-week trial period
	+ During these appointments, the patient’s questions about hearing aid use and care can be further discussed. The hearing aids can be re-programmed if necessary. Additional on-ear aided testing may be conducted at this time. The patient should be informed that she/he should plan for one-hour appointments.
* 30-business day trial period. The aid can be returned to this facility if the patient is not satisfied with the aid. In this case, the aid will be returned to the manufacturer.

1. **Medical Clearance/Medical Waivers**

If hearing aids have been recommended and the patient meets one of the FDA “Red Flag” criteria for medical clearance, a Medical Clearance form **(see Forms)** and a copy of the audiogram must be given to the patient at the conclusion of the initial evaluation session. The medical clearance form must be completed, **signed and dated** by the patient's physician prior to the dispensing/purchase of a hearing aid.

**FDA Red Flags for Medical Clearance**

* Visible congenital or traumatic deformity of the ear
* History of active drainage from the ear in the previous 90 days
* History of sudden or rapidly progressive hearing loss within the previous 90 days
* Acute or chronic dizziness
* Unilateral hearing loss of sudden or recent onset within the previous 90 days
* Audiometric air-bone gap equal to or greater than 15 dB at 500 Hz, 1000 Hz, and 2000 Hz
* Visible evidence of significant cerumen accumulation or a foreign body in the ear canal
* Pain or discomfort in the ear.
1. **State of Illinois Recommended Hearing Aid Selection and Fitting Procedure**

The State of Illinois has specific testing procedures for hearing aid evaluation testing which must be followed. The Hearing Instrument Consumer Protection Code is accessible at <http://www.ilga.gov/commission/jcar/admincode/077/07700682sections.html>. Clinical faculty and instructors will ensure that these procedures are followed in the Audiology & Speech-Language Pathology Clinic.

**Medical Clearance:** The medical clearance, if needed, must be signed and dated within 6 months of the hearing aid dispensing appointment.

"Medical Evaluation" means *a written statement, signed by a licensed physician* *which states that the patient's hearing loss has been medically evaluated and the patient* *is* *considered a candidate for a hearing* *instrument. The medical evaluation* *must have taken place within 6 months immediately preceding the* *date of the sale of the hearing instrument to* *the prospective hearing* *instrument* *user*. (Section 4 of the Hearing Aid Consumer Protection Act) (Source:  <http://www.idph.state.il.us/rulesregs/rules-indexhome.htm>, 225 ILCS 50/4)

 The student should consult with the clinical instructor when selecting and fitting a digital hearing aid. These procedures may vary according to the different hearing aid manufacturer’s recommended fitting techniques. Recommended guidelines for hearing aid fittings may be found on the American Speech-Language-Hearing Association ([www.asha.org](http://www.asha.org)) and American Academy of Audiology ([www.audiology.org](http://www.audiology.org)) websites.

1. **Earmold Procedures**

**Making an Earmold Impression:**

* The impression material, order forms, boxes are located inthe clinic.On the Westone earmold order form, include the patient's first and last name and the student’s last or first name. Fill in address, phone, account number and billing/shipping sections of the form, as well as the product order information. When students orderear molds, they will need to consult with the clinical instructor. The specific earmold style, material and options will be determined based upon the patient and fitting needs.
* The original order formmust accompany the box with the impression. Westone provides boxes and US Postal System pre-metered labels with tracking numbers on them. Affix the mailing label to the Westone box. Place the small tracking number strip from the label on the yellow/carbon copy of the Westone order form that is placed in the patient’s file. Place a return address sticker for the clinic on the outside of the box. The box should be placed in the outgoing mail box (for stamped mail) in the main office. The impression should be mailed immediately (unless other arrangements have been made with the clinical instructor).
* The earmold order should be recorded in the order log spreadsheet on the Audiology Drive. The patient's and student's name, date of order, style and materials for the earmold, any special options ordered, and the estimated patient cost should be included. The report for the earmold impression appointment should include information regarding the earmold order (style, material, options, which ear) as well as any associated hearing aid order (make, model, any special options, which ear).

 **The patient should be charged for the earmold product(s) when the impressions are made. Patients are not charged for the impressions themselves when a custom earmold or an ITE, ITC, or CIC hearing aid are ordered.**

 **After the Custom Earmold is Received:**

* The ear molds are placed in the hearing aid cabinet in the clinic; an email will be sent to the student and clinical instructor. The student should confirm that the correct type of earmold was received as ordered.
* Prior to the hearing aid evaluation date, the student should confirm that the earmold has been received. If it has not, the clinical instructor should be consulted so the patient can be rescheduledif needed.
1. **Ordering The Hearing Aid**

Currently we order hearing aids from the following companies:

* Phonak
* GN Resound
* Oticon

The student should call the manufacturer or utilize on-line ordering to place an order for a BTE hearing aid. A hearing aid order form should be completed when ordering a custom ITEaid. The manufacturers’ toll free 800 telephone numbers and account numbers are posted in the clinic. The student will need to record the account number on all in-the-ear order forms or tell the manufacturer this number when placing a telephone call when ordering a BTE aid. The order should be completed within a time period necessary to receive the hearing aids approximately seven days prior to the HAE appointment. The student must log the order in on the order spreadsheet of the Audiology Drive for the New Hearing Aid section. All special options ordered on the hearing aid should be recorded, so orders can be checked for accuracy when the hearing aid arrives from the manufacturer. The estimated patient cost (as quoted to the patient) should be logged into the spreadsheet also. The student should include in the patient’s report hearing aids (BTE and ITE) that have been ordered.

The hearing aid companies have provided the clinic with pre-printed **Fed Ex** or **UPS** forms/labels that can be used to send impressions for custom in-the-ear product orders. Westone also has shipping labels for sending impressions for custom ear molds/earplugs. The company will pay the **US Mail, Fed Ex** or **UPS** charges for shipping to them. Students should not send any other item by express mail without first talking to the clinical instructor. If the appropriate form is not used, the clinic will be charged for the shipping.

1. **Hearing Aid Dispensing**

**Prior to Dispensing – Check-In of New Hearing Aids**

* Check in the hearing aid cabinet in the clinic to see that the correct ear molds and/or hearing aids have been received. When a hearing aid or earmold is received, the aids and/or ear molds are logged in on the Audiology Drive order spreadsheet. An email is sent to the student and clinical instructor to notify of the product arrival. The ear molds and hearing aids will be put in 1010. A card will be taped to the aid/mold box with the following identifying information:
* Audiologist/Patient Names
* Date aid received
* Appointment Date
* Fee or fees charged
* Warranty date

* It is the student***’***s responsibility to check to make sure the correct options were included with the hearing aid. This should be done as soon as the order is received.
	+ Check the serial numbers for the hearing aids with the serial numbers listed on the invoice for the hearing aid.
	+ Check all options and features of the order to determine that the order is complete.

Sometimes new hearing aids are defective and need to be returned to the manufacturer. If the student discovers a problem with a new hearing aid or order, the clinical faculty should be contacted.

* If an invoice or packing slip was received, it will be placed in the box with the hearing aid. The invoice or packing slip should be left in the hearing aid box until the check-in electroacoustic evaluations (EE) are completed. The invoice and/or packing slip are to be placed in the patient’s folder after the EEs are completed.

**Electroacoustic Evaluations *and* Listening Checks** should be performed several days before the hearing aid dispensing appointment.

* **Electroacoustic Evaluation:** The steps for programming the settings in the HAs for completing the tests below may vary per manufacturer and software.
	+ *ANSI testing* at full-on gain or manufacturer specified test measurement settings to confirm the aids are functioning according to published manufacturer specifications (use the correct ANSI standard, 2003 or 2009, and input/output curves on the Verifit 2)
	+ At autofit user settings, complete 2cc verification of any applicable features. Typically, *directional verification* should be verified. Other digital features settings (such as noise reduction, feedback suppression, wind block, etc.) should remain turned on at user settings
	+ The electroacoustic evaluation test results should be saved in the patient’s NOAH patient file, Audioscan module.
* Print outs of the HA check-in tests will be placed in the patient’s clinic file:
* ANSI test results for the FOG/test measurement setting
* Additional print outs for test box results to verify digital features (directionality and/or other features)
* **Listening Checks:**
* The hearing aids should be returned to autofit user settings along with the addition of any programs and settings anticipated for patient use prior to the HAD.
* A listening check of these programs should be completed.
* Confirm that the programs are properly set and accessible via the program switch on the aid.
* Confirm that all controls on the aids are properly set and functioning (for instance, volume control, synchronization of the volume or program switches, auto phone, telecoil, or other special features activated for a patient).

**Program the Aids:**

* Following the listening check, program the aids at the settings to be used for on-ear Speechmap testing at the HAE appointment. Consult with the clinical instructor regarding specifics for these settings per patient.
	+ Typically the HAs will be tested on the Verifit 2 for speechmapping (3 intensity levels of signal input) starting with the initial/autofit user setting. Digital features (e.g., feedback cancellation, noise reduction, wind management) will remain turned on at the settings determined by the initial software fitting parameters for the patient’s hearing loss. The microphone settings (automatic, omnidirectional or directional options) will also remain at the default user setting as determined by the software.
	+ If specific digital features are to be tested/verified during real ear measures, the user settings are typically selected for that verification, with digital features remaining activated/turned on.
	+ On-ear directional verification testing is completed at the HAD on the Verifit 2; the patient’s user setting, automatic program is used for this.
* At times, various digital features may be turned off for testing to compare the results with that feature turned on. For example, if frequency compression is to be tested/verified, the user’s automatic program will be tested first with the frequency lowering/compression turned ‘off’ and then with it turned ‘on’.

**Generate a Report for Hearing Aid Check-in**

A report should be completed and put in the patient file to document the HA check-in. A sample of the hearing aid check-in contact sheet is in the forms section (**Form** ‘HA Contact Sheet Samples’). The entry should contain:

* ANSI electroacoustic test results and interpretation
* Interpretation of the test box testing to verify any digital features (i.e., directionality or other processing features)
* Results of the listening check at user settings
* Documentation of settings programmed to the hearing aids for upcoming on-ear speechmap measures at the HAE

**Hearing Aid Dispensing Appointment**

* Complete on-ear Speechmapping for each hearing aid
* Use the Verifit 2 with Audioscan Module. The specific procedural steps may vary with the product/technology being fit. Generally, on ear measures of aided output are made to insure target approximation for soft and average speech inputs; also, verification is completed for aided maximum output levels compared to patient uncomfortable loudness levels. The directionality of the hearing aids is verified on ear as well. Additional measures may be required to verify function of other features.
* On-ear testing will typically include:
* Speechmapping at 3 intensity levels of speech (55, 65, 75 dB SPL) and MPO run at 85 dB pure-tone sweep.
* HA programming adjustments for target approximation will be done with a 65 dB SPL speech signal; adjust all three input levels in the software for initial adjustments (this will preserve compression ratios).
	+ - It is recommended that unaided UCLs be measured during the pre-fitting hearing evaluation in order to reflect discomfort levels per ear within the 500 – 4000 Hz region (or some combination of the frequencies coinciding with the configuration of the hearing loss).
	+ Verification of directionality with the on ear Verifit 2 test.
	+ Verification of frequency lowering/compression, if being used by the patient (use of the MAOF Verifit 2 procedure)
	+ Verification of any other features as needed per case (e.g. noise reduction)
	+ All test results are saved to the patient’s NOAH file, in the Audioscan module.
		- *Both graph and table displays of the results are saved.*

* Results of the on-ear testing will be explained to the patient at a basic/general level to assist the patient in understanding the benefits and functions of the Has, specifically the fitting for the patient’s trial period.

**Hearing Aid Orientation**

The Patient Hearing Aid Orientation form (**see Forms**)needs to be completed. The items listed on the Orientation form, such as program settings, controls, care of aid, etc., will be discussed with the patient and family. The patient should practice inserting and removing the hearing aids or ear molds. The patient’s questions should be addressed.

* The following items should be given to the patient at the time of the hearing aid evaluation:
* Hearing aid(s) & earmold(s)
* 1 package of batteries
* Hearing aid company’s manuals; manufacturer software user instruction sheet
* Cleaning kit/tools
* Hearing aid carrying cases
* Dry-Aid Kit
* The patient must sign the following forms:
	+ The Battery Safety Rules and Warning sheet (**Form**) if purchasing aids with non-rechargeable batteries. The patient is given the top portion of the form; the bottom portion is attached in the patient’s file.
	+ The Hearing Aid Purchase Agreement (**Form**)to be placed in the patient file.
* Billing: The patient should be billed for the HAs at the end of the HAD session. On the HAD superbill, the price of the hearing aid(s)should be recorded.
* Follow-up Appointment: Scheduling of follow-up appointments during the trial period-

The patient is scheduled for a two-week and six-week check appointment.

The trial period should not exceed the manufacturer’s return credit period. If the 30- business-day trial period must be extended, this must be discussed with the clinical instructor first. In this case, the manufacturer would need to be contacted to see if the trial period can be extended. A note in the contact sheet should be made reflecting who was spoken to at the company & the date of extension if the trial period was extended.

**Hearing Aid Dispensing Documentation**

A report needs to be completed summarizing the hearing aid evaluation fitting, test results and interpretation, user settings, patient orientation, forms completed, and follow up recommendations. A sample contact sheet outline and a completed sample report for the hearing aid evaluation can be found in **Forms**.

* Speechmap and feature verification test results will be placed in the patient’s file. The printouts will be taken from the saved test results in the Audioscan module.
* A report needs to be completed summarizing the hearing aid evaluation fitting, test results & interpretation, user settings, patient orientation, forms completed, and follow up recommendations. A sample contact sheet outline and a completed sample report for the hearing aid evaluation can be found in **Forms**.

* On the Speechmap print out:
* Patient name & chart number
* Date & Graduate Au.D student’s name
* Hearing aid make, model, serial number
* Earmold style and venting; RITE power & size, slim tube size, and dome size
* Hearing aid volume control setting used for testing (i.e. at user settings)

* Additional forms will be completed and placed in the file (in proper order according to the Order of Forms in the Chart listing [**see Section V**):
	+ Hearing Aid Purchase Agreement
	+ Battery Safety Rules & Warning (bottom portion signed by patient)
	+ Hearing Aid Orientation sheet, completed per information covered
	+ Quality Assurance form completed for the HAE appointment
1. **Appointments During the Trial Period**

The following may be completed during the trial period check appointments as applicable to the patient case and fitting:

* Subjective benefit self-assessment form (i.e. COSI inventory or others as appropriate, and as directed by clinical faculty or instructor)
	+ If not already completed at the HE or HAE, complete the COSI or other self-benefit assessment with prioritized communication situations that the patient hopes that the hearing aids will improve
* On-ear speechmap measures, if necessary to repeat for verifying adjustments to the hearing aids
* Adjustments to programming (based on patient report of use and benefit; or based upon results of any aided sound field testing completed); documentation of patient’s impression of these changes
* Fitting adjustments (earmold or hearing aid comfort factors)
* Continued HA orientation for care and use, as applicable to the needs of the patient
* Any forms related to the above procedures would be placed in the file with a superbill for the check appointment. There will be no fee.

Complete a report for each check appointment. Samples can be found in the **Forms** section.

**If the patient wishes to return the hearing aid(s)**, the patient will receive a refund of their purchase price minus $250 per ear. The hearing aid manufacturer’s *return credit form* (found in the forms file cabinet) will be completed. The dated form should be placed in the box with the hearing aid when it is returned to the manufacturer. A copy of the return credit form should be placed in the patient file. A copy of the hearing aid invoice should accompany the return form. The student should let the clinical faculty know that the aid is being returned to the manufacturer for credit. The aid should be returned to the manufacturer in one of that manufacturer’s pre-paid shipping packets. A report entry must be completed documenting the patient decision to return the hearing aids (& related accessories/supplies) and reason for return.

1. **Hearing Aid Checks**

Patients will be scheduled every 6-months to return for otoscopy, Speechmapping, visual and listening checks. A final warranty check will be scheduled approximately two months prior to warranty expiration (whether the warranty is the original warranty activated at the time of purchase or a repair warranty activated later). Warranty check appointments will be handled similar to hearing aid repair appointments (see section below), except that the patient may have no concerns or problems to report. It is recommended the hearing aid(s) be sent in to the manufacturer for an end-of- warranty check.

Services provided at the HA check appointments:

* Intake of subjective and objective information regarding the patient’s concerns with the hearing aid(s). Determine patient’s typical hearing aid use pattern (typical communication situations, program settings used, volume control changes; benefits or problems with amplification) and hearing aid care/cleaning habits (including use of Dry & Store unit)
* Cleaning of the hearing aids and ear molds (or other earpieces such as domes)
* Listening check (at user settings) and visual check of hearing aids and ear molds
* Replacement of the following as needed – BTE ear hooks, domes, earmold tubing, wax filters (or other wax guard system that is in place), microphone screens
* Electroacoustic evaluation each year during warranty period, this includes Speechmap testing and verification of directionality. Place print outs of the testing in the patient’s chart
* Program adjustments per patient request or judgment of the audiologist based on patient report of concerns, benefits, user pattern, communication lifestyle
* Counseling and re-instruction about: care and cleaning of the aids; options or features in the hearing aids and how to apply them in communication; information about communication strategies to optimize benefits with hearing aids; accessories (Bluetooth connectivity, traditional assistive devices)
* Provide options with pricing for extending the manufacturer’s original warranty (if that is still the active warranty on the HAs). Call the manufacturer prior to the appointment; verify the current warranty coverage and expiration
* If the warranty *cannot* be extended further, the patient should be informed about the ESCO option. Materials explaining this independent company’s policies are with the other clinic forms. The patient can be shown the ESCO brochure and directed to the website ([www.earserv.com](http://www.earserv.com) ); pricing for a policy varies and is listed in the brochure or on the website depending upon the make and model of the hearing aids. There are two different policies (one for repair/loss/damage and one for loss & damage only).

For initial application for ESCO insurance via paper application, the audiologist will fill in the portion of the paper application with the make/model/serial number/date of purchase/purchase price. An electroacoustic test and visual/listening check of the aid(s) to be insured must be completed for the clinical instructor to sign off on the paper application in the appropriate section to verify proper functioning of the aids. The patient will take the brochure/application, fill in the applicable sections, and send the application to ESCO along with payment. The patient may choose to apply online at www.earserv.com ; the patient will need to select a clinic location (i.e., the Department of Speech and Hearing Science Audiology & Speech-Language Pathology Clinic) where they wish to receive services should they need to file a claim on the insured hearing aid. There is no required audiologist signature or verification of condition of the hearing aid at time of application if the online application is used.

After the initial application, ESCO should contact the patient directly when renewal of coverage comes due. The university clinic does not process payment for purchase or renewal of policies for ESCO.

When repairs are needed under ESCO insurance coverage, the patient will bring the hearing aid(s) to this clinic. A claim form is completed by the patient (via paper or online at [www.earserv.com](http://www.earserv.com) ). See below in the “Hearing Aid Repair” section regarding steps for processing an ESCO repair or replacement.

Complete a report for the warranty check appointment. See sample reports in the **Forms** section (‘HA Contact Sheet Samples’).

1. **Hearing Aid Check with Hearing Evaluation**

This type of appointment is for individuals who have purchased hearing aids at this clinic. The procedures are for adjusting hearing aid settings when a patient reports decreased hearing aid benefit or increased hearing difficulty. The reported concerns indicate that there may be a change in hearing that should be assessed in order to make appropriate adjustments in the hearing aids. It may result from or be included in repair or warranty check appointments, depending upon the information reported by the patient regarding hearing concerns or problems with the hearing aids. The hearing check completed is an abbreviated hearing evaluation that includes:

* Brief update history since the last test and case history intake – changes in hearing, recent ear problems, noise exposure, symptoms (tinnitus, dizziness), general medical/health/medication status, and concerns with current hearing aids/settings
* Testing of air conduction, bone conduction, word recognition, and immittance screening. Test selection should be discussed with the clinical instructor to determine the test that will provide the type of information needed for the case.
* Hearing aid programming adjustments or repairs as needed.
* Complete report for the appointment. See sample outline and report in the **Forms** section (‘HA Contact Sheet Samples’).
1. **Hearing Aid Repairs**

When assessing a hearing aid to determine whether it should be sent for repair (walk-in or appointment), the student should do the following:

* Intake of subjective and objective information regarding the patient’s concerns with the hearing aid(s). Determine patient’s typical hearing aid use pattern (typical communication situations, program settings used, volume control changes; benefits or problems with amplification) and hearing aid care/cleaning habits (including use of Dry & Store or RENEW unit). If the case is on a drop off/walk-in basis, a phone call may need to be placed to determine information to assist in repairs.
* After cleaning the aid(s) appropriately for coupling to a listening stethoscope, do a listening check at user settings. Clean the patient's earmold and determine if a tubing change is required. Complete electroacoustic evaluation of the hearing aid at FOG test settings (& possibly at user settings for feature verification such as directional mics). For specifics see **Forms** (HA Check-In and HAE Protocol – Verifit 2’). Confer with the clinical instructor to discuss the results of these analyses. Save the test box results to the patient’s NOAH file using the Audioscan module. Print results for the patient’s clinic file.
* Determine if the hearing aid is under an original new aid warranty, a service/repair warranty, or ESCO insurance.
* Most manufacturers provide a repair, loss & damage warranty in new hearing aids for one or three years following purchase. All aids sent in for repair will be returned to the original manufacturer for repair. **If the company is not one of the companies the clinic has an open account with, discuss the repair with the clinical faculty. (See companies listed as having open accounts in the Forms section).**
* If the hearing aid is covered under ESCO insurance, the patient must fill out an ESCO claim form (paper copy or online at [www.earserv.com](http://www.earserv.com) ). If there is any doubt whether a particular hearing aid problem is covered under the patient’s policy, the audiologist should place a call to ESCO to inquire. Once the claim form is completed, it is faxed by our clinic to ESCO (or submitted online) in order to obtain an authorization number. This authorization number is then used on the repair form that is sent to the hearing aid manufacturer. The aid should not be sent for repair until an authorization number is obtained from ESCO. The ‘bill to’ agency on the hearing aid company’s repair form will be ESCO; the ‘ship to’ agency is the University Audiology Clinic. Once the aid is back from repair, check to confirm that the billing was sent to ESCO.
* If it is decided that the hearing aid should be sent for repair, the student should complete the appropriate repair forms that are available in the clinic and package the aid(s). Only the hearing aid is sent; the patient should keep the custom ear molds and any other related accessories (such as the case). Complete the following steps:
* The manufacturer's repair form should be completed. If the hearing aid is not currently under warranty, select either a one-year or a six-month warranty to go with the repair. The original repair form is enclosed with the hearing aid to be sent to the repair facility (manufacturer or repair lab).
* A photocopy or carbon copy of the repair form should be placed in the patient's folder.
* It is the responsibility of the student to prepare the aid to be sent. Adequate packing material must be used. The aid should be mailed in a shipping bag with a pre-paid label provided by the hearing aid company. The manufacturers provide pre-paid UPS or Fed Ex shipping labels that are in the clinic along with the shipping bags. Fill in all applicable sections on the shipping label. Put the shipping label on the shipping bag. There is either a second copy of the full label or a small strip on the label, both of which have the tracking number. This second copy or small strip should be put with the clinic copy of the repair form, and placed in the patient’s chart.
* The completed mailing packet should be given to the Office Support Assistant so a call can be placed to pick up the packet to be shipped. See additional information for sending hearing aids in the “Mailing Hearing Aids” section that follows.
* Make an entry in the repair section of the spreadsheet on the Audiology Drive. Include the make, model, serial number and estimated quoted patient cost along with the patient’s initials and audiologist name.
* Complete a report for the walk-in or appointment related to the repair.
* When the hearing aid is returned from repair, the student and clinical instructor will be emailed and the hearing aid (with repair invoice) will be placed in the repair section in the hearing aid cabinet in the clinic. The invoice sheet should be checked to confirm that the correct price, serial numbers, and warranty period have been given; then the invoice is placed in the patient’s clinic file. The student should perform an **electroacoustic evaluation.** If the hearing aid is working properly, the student should **program the aid to the user settings** and perform a listening check.
* A copy of the repair company’s and this facility’s post repair check-in electroacoustic evaluations should be placed in the patient's chart.
* If the hearing aid is functioning properly and after consulting with the clinical instructor, the student should contact the Office Support Assistant so the patient can be scheduled for an appointment.
* The charge/superbill should be completed in preparation for the patient pick up of

the repaired aid.

* The student should note any new warranty period dates and any change in serial numbers that occurred with the repair on the Warranty spreadsheet of the Audiology Drive and on the Hearing Aid Status Form in the patient’s file.
* Complete a report for the HA Repair check-in.

**Hearing Aid Pickup:** Patients should make an appointment to pick-up the repaired hearing aid. However, at times a patient may ask if they can pick up the hearing aid without making an appointment. This should be discussed with the clinical instructor before any such arrangement is made. If the pick-up is to occur from the front office without an appointment in the clinic, the student should take the patient’s folder, hearing aid (user setting properly set), completed billing slip and one battery to the Office Support Assistant so the patient can pick up the aid. Do not have the Office Support Assistant call the patient until the aid has been given to her/him. If the patient wants the hearing aid sent to her/him, make sure she/he realizes the fee will be billed to her/him for insured shipping and handling. See the “Mailing Hearing Aids” section for correct mailing procedures.

* Complete a report reflecting communication with the patient regarding arrangements for pick-up of a repaired aid.
* Complete a report for the HAR pick up appointment. See contact sheet sample in the **Forms** section (‘HA Contact Sheet Samples’).
* If the hearing aid is picked up from the front office without a scheduled clinic appointment, documentation of the pick-up in the patient file should be completed by the front office staff.
1. **Procedures for Use of Loaner Hearing Aids**

If a patient is in need of a loaner hearing aid for temporary use (for instance if the patient’s aid

is being sent for repair), the following procedures should be implemented. The graduate student

will:

* Select an appropriate loaner hearing aid (based upon the audiogram of the patient, patient’s current style of hearing aid, and the fitting range reflected on the spec sheet for the loaner aid). Loaner aids are indicated by green labels in the cabinet located in 1010.
* Determine if the loaner is available by looking in the drawer. If the loaner is available, complete the Hearing Aid Loaner Form.
* Have the patient sign a loaner hearing aid form (**Form**) and place this form with the hearing aid box and place in the “Loaner Out” box labeled in green.
* If the patient purchased the aid being sent for repair from this facility, there will be no weekly rental fee for use of the loaner hearing aid. If she/he purchased the aid to be repaired at a different facility, there will be a charge of $10.00 per day rental.
* Include the loaner hearing aid information in the HAR appointment report.

When the loaner hearing aid is returned, the following procedures should be implemented by the graduate student:

* Perform a visual/listening check and FOG test setting electroacoustic evaluation on the aid. Documentation of this check and the check-in EE should be in the chart of the patient who used and returned the aid (include in the contact sheet for the HA pick-up appointment).
* If the slim tubing and/or domes were used with the loaner hearing aids, the patient may keep these if these belonged to the patient originally or if the patient paid for them at the time of checkout of the loaner aid. If the patient does not want the slim tubing and/or domes, discard them in the trash.
* Have the patient sign the Hearing Aid Loaner Agreement return section.
* If there is a problem with the returned loaner aid, consult with the clinical faculty. If the loaner aid needs repair, follow the procedures outlined above in the Hearing Aid Repair Section. It should be determined if the loaner aid is under any repair warranty. If there are fees to repair the loaner hearing aid due to damage that occurred while it was on loan to the patient, confer with the clinical instructor to determine how to handle course of action and any fees that should be charged to the patient.

**M. Mailing Hearing Aids**

 All order forms, labels and packaging materials are in the clinic. To mail a hearing aid to the manufacturer for repair: **only send the aid**. Do not send cases, batteries, ear molds or accessories. The patient should keep these items. Use foam or packing material to encase the hearing aid. Place the wrapped hearing aid in a sturdy box (do not use an earmold box) so that it does not move or rattle. Use the manufacturer’s pre-paid shipping label and put the aid and paperwork in the FedEx or UPS mailing bag. The Office Support Assistant should be asked to call the shipping agency to pick up the package.

**If a repaired hearing aid is being sent to a patient (rather than picked up by the patient), the patient will be billed for the insured shipping.** This fee will be determined when the Office Support Assistant calls the shipping company to arrange for pick-up of the package. The fee should be included on the superbill with the repair cost (no tax applied to the shipping fee). The hearing aid(s) should be properly packaged for safe shipping.

**Section VII**

**HEARING CONSERVATION PROGRAM**

1. **Hearing Conservation Program Procedures**

The Department of Speech and Hearing Science has a Memorandum of Understanding (MOU) with the Hearing Conservation Program at the University of Illinois at Urbana-Champaign. The MOU assigns responsibility for providing audiological services to the Audiology &Speech-Language Pathology Clinic. Audiological services under this program include pure-tone air conduction testing on employees, OSHA calculations to classify the employees’ hearing category, fitting employees with custom hearing protection, hearing protection verification, and providing OSHA training and making appropriate recommendations. Students assist in providing these services under the supervision of clinical faculty.

For the hearing conservation program, the following procedures are completed:

* The appointments will be scheduled for 45 minutes to one hour. **The clinic Office Support Assistant will ask the employees to bring their hearing protectors to the appointment.** The employees scheduled for baseline or air conduction re-check appointments (30-days/one-month, 3-months or six-month re-checks) will be told they should have been out of noise for at least 14 hours prior to their recheck, unless they utilized hearing protectors during that time period. Employees are not required to be out of noise for 14 hours if they are being seen for their annual hearing test.
* At the appointment, a *Hearing Conservation Program Otologic History* form **(see Forms)** will be completed. The date and length of last noise exposure as well as the dB level of the noise must be filled out. Both the student and employee must sign this form. *A Consent for Disclosure of Confidential Information* form **(PTI, or Hudson)** for hearing conservation employees must also be signed by the employee at this time.
* After the forms have been completed, air conduction testing and immittance screening procedures will be performed. Air conduction testing will include the frequencies 500-8000 Hz in both ears. The frequencies used for the OSHA average calculations are 2000, 3000, and 4000 Hz. The air conduction thresholds will be recorded on an industrial audiogram threshold form (**see Forms**).The student must fill in the employee's department name and obtain the employee’s number and date of birth for the industrial audiogram. A sample completed audiogram threshold form (**see Forms**) is shown in the forms section.
* Blank and completed sample Hearing Conservation Calculation sheets (**see Forms**) can be found in the forms section. Calculation Sheet Instructions (**see Forms**) and Age Correction Values (male & female) (**see Forms**) are also included in the forms section. These sheets and the sample provided (which illustrates how to do the calculations) should be reviewed. The appropriate calculations are completed on each employee. The form used for the calculations is found in the file cabinet in the clinic. After the calculations have been performed, the employee will be placed in one of the eleven categories listed on the Industrial Hearing Conservation--Audiogram Review form **(see Forms**). Questions concerning these procedures should be addressed to the clinical faculty.
* All employees will be required to sign a Training Record form **(see Forms)** prior to their annual training session.

A report should be completed for every Hearing Conservation appointment. A sample report outline and sample reports entries (**see Forms**) for various noise appointments can be found in the forms section. These include entries for annual HE, EMI, EP check and EPF appointments.

* If the employee is being seen for the first time, earmold impressions will be completed for earplugs; these will be checked for proper insertion/removal by the employee, earplug condition, adequacy of fit, and employee report of comfort and sound attenuation in the workplace. If the employee does not use custom earplugs, whatever form of hearing protection is used at the workplace (for example, muffs, generic foam or plastic earplugs) should be checked at the annual appointment. If the employee does not bring the currently used hearing protection device to the annual HE appointment, a return hearing protector/earplug check appointment (usually for 15 minutes) will be scheduled.
* **Verification of Hearing Protection** includes obtaining soundfield thresholds for 250-8000 Hz with the patient facing the soundfield speaker. Repeat the same measurements with hearing protection properly placed. Record the results on an audiogram. Complete attenuation calculations utilizing the Attenuation Calculation Spreadsheet found in the audiology drive.
* The status of the completion of impressions for new custom plugs or the hearing protection check and attenuation will be documented in the report. If an order is placed for new custom earplugs, a copy of the Westone order form will be placed in the employee’s clinic file **(see Forms)**.
* Recommendations for follow-up for a full hearing evaluation and consultation with an otolaryngologist may be made to an employee who has some degree of asymmetry in hearing or reports certain symptoms. The following criteria apply:
	+ **If the asymmetry is 20 dB or greater at two or more frequencies**, a definite recommendation is made to complete a full HE and consult with an otolaryngologist. The frequencies may or may not be adjacent; the audiologist will determine the urgency for referral based upon the pattern of asymmetry over time and any related symptoms.
	+ **If the employee already has seen an otolaryngologist and had a full HE for the noted asymmetry and any related symptoms in the past**, and the asymmetry has been stable since that otolaryngologist consult, the referral may be the same as (b) below. This type of case also may be advised verbally at the appointment to monitor symptoms and return to the otolaryngologist if changes occur, with no letter being sent (just documentation in the file of the verbal recommendation).
	+ **If there is a new or stable asymmetry of less than 20 dB at one or more frequencies or an inconsistent minor asymmetry over time with no other ear related symptoms**, the referral to an otolaryngologist may be conditional. It will be recommended that the employee monitor for changes in the difference between ears and in general hearing status. *If* such changes occur, or if the patient experiences tinnitus (or changes in tinnitus), dizziness, or ear symptoms such as pain, pressure or fullness, then the employee should see the physician and have a full HE. (The graduate student and clinical instructor will determine the priority for referral based upon the duration and pattern of asymmetry for the case.
	+ **If there are symptoms such as significant tinnitus, dizziness, or ear problems (fullness, drainage, pain, etc.)**, refer to a physician (employee’s general doctor or an otolaryngologist) irrespective of the hearing test results. A full HE may or may not be recommended depending upon the case.

**The drafts of the reports and cover letters are due within 48 hours of the testing since this information must be approved and sent to the employee's department within 2 weeks of the initial appointment.**

1. **Hearing Conservation Program Follow-up Procedures**
* **Almost STS (Category 4), First Time STS (Category 2) or Recurrent or Persistent STS (Category 1):**
	+ Recheck within 30 days is recommended
		- Employee is sent a letter to make an appointment for the retest within 30 days of the original test when the results showed Almost STS, First Time STS, or Persistent STS. Employee was placed in one of the above categories because the results showed a change or a significant change from baseline in L/R/both ears; letter will state the need to avoid noise exposure for the 14 hour period preceding the retest appointment and/or use of effective hearing protection during any noise exposure in that 14 hour period (i.e. earplugs, earmuffs, or combination of the two)
		- Employer (department supervisor) will be sent a copy of the letter so he/she notified of the recommendation for retest and the 14-hour period prior to that retest.
	+ If upon retest within 30 days there is no STS seen:
		- Employee is seen back for annual retest & training and recommend continued use of effective hearing protection.
		- A letter will be sent to the employee stating that the retest did not show STS and recommend that the employee use effective hearing protection whenever in noise. Recommendation for the annual test and training will be reiterated.
		- A copy of the letter will be sent to the departmental supervisor.
	+ If upon retest within 30 days there is still a first time STS:
		- The category assignment will stand. The Industrial Hearing Conservation
		- Audiogram Review categories may be referenced for placing the patient in the appropriate category.
			* The audiologist will explain to the employee that the first time STS is evident. The student will again check HPD being used and contact Westone Lab, if appropriate, for suggestions for higher/better attenuating HPD or custom plugs. These custom plugs would be ordered with a follow-up fitting and check of appropriateness of fit. Prior authorization must be obtained from the appropriate supervisor before any new hearing protector device can be ordered. The student will recommend the diligent use of effective HPD (such as custom plugs, earmuffs, or plugs and muffs together in combination) whenever the employee is in noise at work. Use of both earplugs and earmuffs is strongly recommended when in higher levels of noise.
			* The employee will be seen for a three-and/or six-month recheck to monitor hearing and to check HPD status and use.
			* The employee will be seen for annual test and training (1 year from date of first test when the new category was assigned).
		- A letter will be sent to the employee stating that the STS was still evident upon retest and thus recommendations will be made as follows:
			* The student will recommend the diligent use of effective HPD (such as custom plugs, earmuffs, or a combination of these) whenever the employee is in noise at work. Use of both earplugs and earmuffs is strongly recommended when in higher levels of noise.
			* Referral for a full hearing evaluation and/or ENT consultation at the facility of choice; employee will be referred to the employer if he/she has questions about who pays for this assessment/consultation.
			* A copy of the Audiology & Speech-Language Pathology Clinic’s hearing test (i.e. regular clinic audiogram) will be sent with the letter and the employee instructed to take this to the full audiological/ENT appointment for that professional to review.
			* CC letter to Patrick Wood or successor as UIUC Safety and Compliance Officer.
		- A separate cover letter will be sent to the employee’s supervisor (departmental supervisor) along with a copy of the employee letter. The cover letter will include the following:
			* A review of the recommendations made to the employee (i.e. type of HPD to use, full HE/ENT referral, and recheck in 3 to 6 months, annual test & training)
			* A request that the supervisor monitor/enforce the completion of these recommendations.
			* CC letter to Patrick Wood, UIUC Safety and Compliance Officer.
* **Persistent STS, Stabilized STS or change of baseline:**
	+ The above steps for rechecks, HPD fitting and recommendations, and letters to patients and supervisors will be followed. It should be determined if:
		- The recommendation for full HE/ENT consultation was completed when it was first recommended following the First Time STS or Almost STS
		- If the HE/ENT consultation should be completed again due to a change in symptoms, or
		- If the full HE/ENT referral should be reiterated because the employee did not follow up on the recommendation previously at the time when First Time STS was seen.
	+ Baseline Change (Category 3 Stabilized STS). If an employee falls in Category 3, the audiologist will need to communicate with the employee, supervisor and the UIUC on-campus OSHA/Safety & Health Representative, Patrick Wood (pjwood1@illinois.edu, 217-244-2190, F & S Division of Safety and Compliance). The recommendation for changing baseline in one or both ears where category 3 is applicable will be explained in letters to these individuals. The following communications should occur (copies of all communication should be kept in the employee’s clinic file):
		- Before a letter is sent to the employee or supervisor, communication with the UIUC Occupational Safety and Health representative should be completed via email or telephone. The communication will inform the representative that a written request is being sent to her/him requesting review of the employee’s situation that has resulted in a recommendation for baseline change. Documentation of the communication will be placed in the employee’s clinic file (copy of email or description of phone communication in the contact sheet). If an email is sent, no PHI is revealed in the email.
		- A letter is sent to the campus Safety & Health representative describing the threshold shift status over time and the recommendations for changing baseline in one or both ears. In the letter, the date of the existing baseline and the date recommended for the new baseline will be stated. The new baseline test will be selected by the graduate student and the clinical instructor based upon review of hearing thresholds and the period for which they have revealed threshold shift from baseline but have stabilized. The letter will request that the representative review the information and respond in writing as to whether the baseline change is approved. At times, the representative may request additional information or records to assist her/him in the decision. See sample letter **(see Forms).**
		- A letter is sent to the employee informing her/him of the ongoing threshold shifts and the recommendation for baseline change in one or both ears. The employee is also informed that this recommendation will be reviewed by the campus Safety and Health representative. Recommendations for use of HPD are included in the letter, as is a recommendation for consultation with an otolaryngologist with completion of a full hearing evaluation. See sample letter **(see Forms).** The employee’s supervisor is sent a copy of this letter.
		- A separate letter is sent the employee’s supervisor. This letter will explain the situation regarding ongoing STS and stabilized hearing with the recommendation for baseline change in one or both ears. The letter will include additional recommendations for HPD use, ENT consultation, completion of full HE, and retest appointments. See sample letter **(see Forms).**
		- A letter of response will be received from the campus Safety and Health representative regarding baseline change approval. The letter will be placed in the employee’s file.
		- After approval of baseline change is received, the employee’s clinic file documents should reflect such. Clear notation should be made on the employee’s Industrial Audiogram to show the test date that is now the baseline for the left ear and for the right ear. An additional note should be written at the bottom of that audiogram stating the date when the baseline was changed and what prior and new baseline dates are per ear. Thereafter the new baseline will be used for calculations at recheck or annual tests.
		- The employee will be sent a letter of notification that the baseline was changed. The recommendation for recheck in three-to-six months will be included in the letter along with reiteration of the recommendations for ENT consultation, full HE and use of effective HPD. The employee’s supervisor should receive a copy of this letter. See sample letter **(see Forms)**.
		- The employee will be seen for a recheck appointment 3 to 6 months after the time of the last test appointment when the baseline change was initiated.

**Section VIII**

**Supervision**

1. **Direct Supervision Procedures**

Graduate students may be assigned to one or more clinical instructors during each semester of in-house or external placement practicum. Clinical supervisors are responsible for educating and helping to develop students’ clinical skills. Clinical supervisors are the licensed and certified individuals who are also responsible for the well-being of patients and clients.

In keeping with the Council for Clinical Certification (CFCC) standards (**see** <https://www.asha.org/Certification/2020-Audiology-Certification-Standards/>), the program provides at least 25% direct supervision of student-provided clinical diagnostic and treatment services. The clinical supervisor will determine the amount of additional supervision that is required based on factors including, but not limited to student prior clinical and classroom experience, the medical complexity of the case, and insurance regulations. External placements may have institutional policies in addition to the standards of the CFCC.

Efforts are made to assign students to clinical cases that correspond with their previous or concurrent coursework. In situations where students may be assigned to a case which they have not yet had coursework, the supervisor will provide additional supervision time and relevant readings and resources to increase students’ knowledge and skills.

1. **Grievances**

Students are encouraged to bring their concerns or complaints to faculty.  In all cases, it is best to bring concerns to the faculty member directly involved.  If that does not result in a mutually acceptable resolution, the student can bring the matter to the attention of department administrators.  Concerns regarding clinical placements or supervision should be brought to the attention of the Director of Clinical Education. Concerns regarding academic coursework should be brought to the attention of the Director of Graduate Studies.  If concerns cannot be addressed by these individuals, the next level is the Program Director and Head (see Organizational Chart on page 7 of this Handbook.) If a mutually acceptable resolution to a complaint cannot be achieved informally, students may file a formal complaint, or grievance, with either the College of Applied Health Sciences or the Graduate College following the grievance procedures of the respective units.  The grievance procedures are available on the University web site at <http://www.grad.illinois.edu/grievepolicies/principles>.

The processing of grievances are also subject to College of Applied Health Sciences and University guidelines:

<https://studentcode.illinois.edu/>; <https://www.vpaa.uillinois.edu/resources/policies/grievance_guidelines>

<https://grad.illinois.edu/gradhandbook/2/chapter9/academic-conflict>

<https://provost.illinois.edu/student-consumer-information/student-complaint-process/>

**(See also Section VIII.J Policies and Procedures for Equitable Treatment, and VIII.K Student Complaints.)**

1. **Clinical Supervisor-Student Conferences**

Each clinical instructor and student will at minimum meet at mid-term and at the end of the semester to discuss the student's strengths and weaknesses. Suggestions will be made for improvement to support clinical growth. Estimated grades will be discussed at mid-term and the final grade will be discussed at the final evaluation. Additional conferences may be held at either the student's or the clinical instructor’s request.

1. **Professional Protocol and Evaluation Procedures**

The Formative Assessment of Clinical Competencies form **(see Forms)** was designed to inform the student about their professional and clinical competence. The clinical instructor and/or student will complete the appropriate sections of the form before the conferences to determine a rating reflecting the student’s professionalism and clinical competence during this practicum. The SHS 447 Practicum Evaluation form **(see Forms)** is used to give weekly feedback to the student during practicum at the Audiology & Speech-Language Pathology Clinic.[[1]](#footnote-1)

The external placement clinical instructor and graduate student will meet at mid-term and at the end of the semester to discuss the student's progress and performance. Written feedback to the student and the department will be provided based on the Formative Assessment of Clinical Competencies.

The Doctor of Audiology Program includes clinical experiences at multiple facilities off campus. Communication regarding students’ academic and clinical progress at these facilities

is necessary throughout the program. This communication will include performance assessment, evaluation and grade information between representatives of the Department of Speech and Hearing Science and the external clinical facilities. Email, fax, telephone, US mail, and written or spoken communication may be used. Each graduate student will be given a form that explains these communications and acknowledges understanding of such.

1. **Evaluation of Clinical Instructors**

Students are invited to evaluate their practicum clinical faculty or instructor for in-house clinical practicum at the end of each semester using CALIPSO and the University of Illinois at Urbana-Champaign [Instructor & Course Evaluation System (ICES) Forms](https://citl.illinois.edu/citl-101/measurement-evaluation/teaching-evaluation/teaching-evaluations-%28ices%29) (ICES) Forms. Evaluations for external clinical instructors should be made via CALIPSO.[[2]](#footnote-2)

1. **Log of Clinical Hours**

All students must track the number of clinical clock hours they have obtained each semester as well as how much of that time was under the supervision of clinical faculty or instructors. Students will be required to submit their hours for approval in CALIPSO four times during spring and fall semester and twice during the summer semester.[[3]](#footnote-3)

1. **Intervention Plans**

**ASHA Certification requires students to:**

* Complete a graduate degree at a CAA accredited program
* Meet Pre-Service Knowledge and Skills Standards (KASA) set by ASHA for Audiologists or Speech-Language Pathologists

**Minimum Grade Point Average (GPA)**

The Graduate College at the University of Illinois at Urbana-Champaign specifies that graduate students must maintain a minimum GPA and make satisfactory progress in all other aspects of their degree programs in order to continue as students. Students in the Department of Speech and Hearing Science must maintain an overall GPA of 3.0. For information on Graduate College policies regarding academic standing, please refer to the Graduate College Handbook (**see** <https://grad.illinois.edu/gradhandbook/2/chapter3/academic-standing#programGPAs>)

**Successfully Displaying Competency in All KASA Standards**

With regard to CFCC knowledge standards in a didactic course, at-risk students are identified as being *at minimal risk* if they did not meet all knowledge standards designated for a course; and are identified as*in need of intervention*if during a semester they are failing to meet multiple knowledge standards in a course.  A student *at minimal risk* will have other courses in the curriculum where she or he can meet the standards of concern.   A student *in need of intervention* in a course will be notified by the course instructor, who will work with the student (and if needed, the student’s academic advisor and the Director of Graduate Studies) to provide opportunities during the course or elsewhere in the curriculum to meet the standards of concern.

With regard to CFCC skills standards in a clinical practicum, at-risk students are identified as being at*minimal risk* if they received a rating of "2" for any CFCC skills standards during clinical practicum; and are identified as *in need of intervention* if at mid-semester they are failing to meet any skills standards (i.e., received a rating of "1") during clinical practicum.  A formal intervention plan is not warranted for a student *at minimal risk*; however, the clinical instructor will meet with the student to discuss how to improve performance on the standard.  The clinical instructor, who will simultaneously notify the Director of Clinical Education, will notify a student in need of intervention during clinical practicum.  A formal individualized intervention plan will be then be created by the clinical instructor, the student’s academic advisor (serving as an advocate for the student), the Director of Clinical Education, the Director of Graduate Studies, and the Program Director, to guide the student in meeting the standards of concern.  Students will have 16 weeks to meet the standards, after which the student will be formally advised by the faculty who created the plan about the student’s success in meeting the standards and what, if any, further actions should be taken.

**Resolutions for students at risk will take three forms:**

* Successfully support student in completing: 1) Degree requirements, and 2) displaying competency in all standards
* Successfully completing degree requirements for academic master’s degree; counseling student out of the clinical program.
* Counseling student out of the graduate program, leaving w/out degree.

1. **Student Learning Outcomes Assessment**

Mastery of the Council for Clinical Certification standards required for the Certificate of Clinical Competence (CCC) will be assessed for each student for behaviorally defined learning outcomes at multiple points in the program. The standards are assessed in each academic course and clinical practicum. There are multiple opportunities to meet each standard across the curriculum. Various locally designed forms of qualitative and quantitative assessments will be used, e.g., examinations, research papers, abstracts, reaction papers, mini-papers, individual and group projects, evaluation and reflection, etc. The course or practicum instructor determines whether the student has met or not met each standard designated for that course. Each student’s learning outcomes are tracked via a formative assessment that is accessible to the student via Calipso. (Students in the Class of 2019-2020 and 2020-2021 started with paper formative assessment forms stored accessed electronically, and will continue with that system until graduation.) At least once per semester, students receive feedback from their academic advisor indicating the current level of competence for the learning outcomes. If additional opportunities are needed to meet any standard, a plan will be developed with the academic advisor. Faculty meet annually in the spring semester to assess overall student progress in the program and students receive feedback from their academic advisor. During the student’s final semester, the Director of Clinical Education and the Director of Graduate Studies conduct an audit to determine that an acceptable level of competence has been achieved for each behaviorally defined standard. The student must also pass the national standardized Praxis examination.

1. **Accommodations**

**Accommodating Disabilities**

The University of Illinois is committed to ensuring that qualified persons with disabilities are not denied admissions or subjected to discrimination throughout their program. Any prospective student may request accommodations for academic or clinical settings by contacting their instructors, advisors and The Division of Disability Resources & Educational Services (DRES). [DRES](http://www.disability.illinois.edu) provides supports for undergraduate and graduate students across campus. Students are encouraged to contact DRES to proactively arrange accommodations early in each semester. DRES counselors will help students in developing reasonable accommodation plans with our department for both academic coursework and practical experiences in clinical settings.

**Accommodating Personal Emergencies**

The [Student Assistance Center](http://www.odos.illinois.edu/studentassistance/) in the Office of the Dean of Students serves as the first point of contact for students requesting assistance for personal emergencies—students may drop in or make an appointment. Assistant Deans help students understand university policies and procedures, guide them in connecting to other campus resources, and support students in crisis. The Student Assistance Center can assist students with a broad range of issues that may be affecting their academic and/or clinical performance, including issues related to physical and mental health, course attendance, accessing various campus services, and options for withdrawing from the university.

**Accommodating Religious Observances**

University policy and state law require that all academic and clinical instructors reasonably accommodate conflicts and work requirements resulting from a student’s religious beliefs, observance and practices. Students are required to submit the [Request for Accommodation for Religious Observances Form (.doc)](http://odos.illinois.edu/studentAssistance/downloads/Religious_Observance_Accommodation_Request_Form.docx) to their instructors and the Office of the Dean of Students to request accommodation by the end of the second week of the course.

1. **Policies and Procedures for Equitable Treatment**

The following is the Official Notice of the Nondiscrimination Statement of the University of

Illinois at Urbana-Champaign. It can be found on the University of Illinois Office of Access and Equity Website. <https://oae.illinois.edu/discrimination-and-harrassment-prevention.html>

University complaint and grievance procedures provide employees and students with the means for the resolution of complaints that allege a violation of this Statement. Inquiries or complaints may be addressed to the Director and Assistant Chancellor, Office of Equal Opportunity and Access, 601 E. John Street, Swanlund Administration Building, (217) 333-0885, fax (217) 244-9136, TTY (217) 244-9850 or the Associate Provost and Director, Academic Human Resources, Henry Administration Building, (217) 333-6747, fax (217) 244-5584. For other University of Illinois information, contact University Directory Assistance at 333-1000.

Policies and procedures for problem solving and grievance filing on matters related to discrimination and harassment are established within the University. Vice Chancellors, deans, directors, and department heads share the responsibility for procedures within their units, subject to oversight by the Office of the Provost which has the lead responsibility for overseeing all aspects of the policy and procedures. Each college-level unit has an appointed intake specialist, and procedures take the form of informal problem-solving and formal filing of grievance, with the possibility for appeal. These policies and procedures encourage and require all to make a sincere and sustained effort to create an environment where everyone feels welcomed and valued.

1. **Student Complaints**

Students are encouraged to bring their concerns or complaints to faculty.  In all cases, it is best to bring concerns to the faculty member directly involved.  If that does not result in a mutually acceptable resolution, the student can bring the matter to the attention of department administrators.  Concerns regarding clinical placements or supervision should be brought to the attention of the Director of Clinical Education. Concerns regarding academic coursework should be brought to the attention of the Director of Graduate Studies.  If concerns cannot be addressed by these individuals, the next level is the Program Director and Head (see Organizational Chart on page 7 of this Handbook.) If a mutually acceptable resolution to a complaint cannot be achieved informally, students may file a formal complaint, or grievance, with either the College of Applied Health Sciences or the Graduate College following the grievance procedures of the respective units.  The grievance procedures are available on the University web site at <http://www.grad.illinois.edu/grievepolicies/principles>.

A complaint concerning the program's compliance with the CAA Standards may be submitted to the Council on Academic Accreditation by any student, faculty member, speech-language pathologist, audiologist, and/or member of the public. Criteria for complaints and submission requirements can be found at [caa.asha.org/?s=complaints](http://www.caa.asha.org/?s=complaints).

The Speech-Language Pathology Certification Standards and the Standards for Accreditation in Audiology and Speech-Language Pathology by the Council on Academic Accreditation may be obtained by contacting the CAA Office at ASHA, 2200 Research Boulevard, Rockville, Maryland 20850, calling ASHA’s Action Center at 1-800-498-2071, or accessing the documents on ASHA’s Web site at https://www.asha.org/certification/2020-slp-certification-standards/  and <http://asha.org/academic/accreditation>.

Comments should be submitted to this address:

# Chair, Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA)

American Speech-Language-Hearing Association

2200 Research Boulevard #310

Rockville, MD 20850

1. **Campus Student Support Services**

The University provides a variety of support services to students. There is a University web site dedicated to student support services: <http://www.grad.illinois.edu/current/health>

**Section IX**

**Professional Organizations**

* 1. **The American Speech-Language-Hearing Association (ASHA)**

ASHA is the national professional association for speech-language pathologists, audiologists, and speech-language and hearing scientists concerned with communication behavior and disorders. The Certificate of Clinical Competence in Speech-Language Pathology or Audiology is offered by ASHA. Graduate students are urged to become familiar with ASHA’s goals, its programs, and its publications (see <https://www.asha.org/>).

* 1. **The National Student Speech-Language-Hearing Association (NSSLHA)**

NSSLHA is the national organization for students interested in the study of normal and disordered communication behavior (see <https://www.nsslha.org/>). It is affiliated with ASHA. Membership is open to undergraduate and graduate students. Many universities, including the University of Illinois at Urbana-Champaign, maintain active chapters that meet regularly during the academic year. Faculty in the Department of Speech and Hearing Science serve as Advisors to the local chapter.

Our NSSLHA Chapter encourages student membership and support of its activities. Through University of Illinois Chapter programs, students will learn more about the opportunities that can result from professional training, more about the national NSSLHA Chapter, and about the workings of ASHA. Each clinical trainee is encouraged to become a member of the University of Illinois NSSLHA Chapter.

* 1. **The American Academy of Audiology (AAA)**

The American Academy of Audiology is dedicated to providing quality hearing care services through professional development, education, research, and increased public awareness of hearing and balance disorders. The American Academy of Audiology promotes quality hearing and balance care by advancing the profession of audiology through leadership, advocacy, education, public awareness, and support of research (see <https://www.audiology.org/>).

The American Academy of Audiology supports the following core values, which are aligned with the Academy’s pillars of advocacy, education, leadership, public awareness, and research. These core values are both for the Academy as an organization and for the individual members and represent the tenets that govern our professional behavior.

* 1. **The Student Academy of Audiology (SAA)**

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

The local chapter of SAA holds meetings regularly during the academic year. Faculty from the Department of Speech and Hearing Science serve as Advisors to the local chapter.

The chapter sponsors and participates in various fundraising events on campus. They may collaborate with NSSLHA for organizing events that are related to the Speech and Hearing Science department. Their goals include developing a mentoring program for Speech and Hearing Science students and spreading the awareness of the field and profession of audiology through involvement in community and campus outreach opportunities.

**Section X**

**Health Insurance Portability and Accountability Act (HIPAA)**

The Audiology & Speech-Language Pathology Clinic will comply with the regulations of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and applicable updates.

1. **Training**

The University of Illinois policy on HIPAA training can be found at <https://hipaa.uillinois.edu/training/>.

Training of clinical graduate students will occur at the beginning of the first semester of the program and subsequently will be completed annually. Students will be enrolled in the HIPAA training approved by the University of Illinois. Students will be required to upload their compliance documentation to CALIPSO by the date required by the Director of Clinical Education or Business Specialist. Training will occur as needed when new policies or protocol modifications occur.

1. **Records**

Graduate students will complete and sign forms to document the completion of HIPAA training and to acknowledge agreement to abide by security and confidentiality requirements. These forms will be uploaded by the student into their CALIPSO portal.

1. **Clinic Protocol**

The Audiology & Speech-Language Pathology Clinic guidelines for adherence to HIPAA regulations are as listed below.

* All current and new patients are given a copy the University Audiology Clinic’s *Notice of Privacy Practices* and asked to sign a *Receipt of Notice of Privacy Practices Written Acknowledgment Form* to acknowledge that they received a copy of the Speech-Language Clinic and Audiology Clinic privacy policy.
* Patient information cannot be left on answering machines/voicemail or in email messages without the patient’s consent. In order to do this a patient needs to sign and date a *Patient Consent for Use and Disclosure of Protected Health Information form.*  Within this form, the term **USE** means sharing, employment, application, utilization, examination or analysis of PHI **within the clinic**. The term **DISCLOSURE** means the release, transfer, giving access to or divulging in any other manner of PHI to anyone **outside of the clinic**.
* Before any PHI is released from the Audiology & Speech-Language Clinic’s records to an outside agency/facility/person, a patient must sign and date the *Consent for Disclosure of Confidential Information* form*.* All sections of the form must be completed thoroughly to indicate the agency/facility/person involved, the specific information (PHI) involved, and the time period for which the form is in effect. This form does not need to be completed and signed by the patient if the PHI to be released is being given to the patient herself/himself.
* For clinical reports, reports and letters:
* Students and clinical faculty or instructors will not use the patient’s name or other identifying information in the drafts of reports, reports, or letters. The draft can include names of the graduate audiologists and supervisors as well as appointment dates. The patient’s first and last initials are used to identify the patient. All other information (including patient’s clinic number, address, date of birth, hearing aid serial numbers, employee numbers, etc.) is classified as Protected Health Information (PHI) and should not be included in drafts.
* All files contain a *Log to Track Disclosures of PHI (HIPAA Log)* Any time patient information is sent from this facility or given in person to the patient, an entry must be made in the log. If a report, letter or copies of an audiogram are to be sent out or given to the patient or another agency, entries should be completed in the *Log to Track Disclosures of PHI (HIPAA Log)*. Each report or letter (with its enclosures) that is sent out or given to the patient should be entered on a separate line of the log. Information regarding the date, information being sent or given, who requested the release of information, and to whom it is being sent to or given to should be completed.
* The clinical faculty or instructor will edit student drafts of patient reports and the accompanying as needed.
* When the clinical faculty or instructor has approved the contact sheet, report, or letter, the student will complete the final document including the patient’s identifying information. The documents may then be printed and signed by the student. Letters should be printed on Department of Speech and Hearing Science letterhead. All final documentation will be placed in the patient’s chart.
* The clinical faculty or instructorwill sign the contact sheet, report or letter. She/he will also initial the *HIPAA Log* for each completed entry tracking the information to be released.
* All paper containing any patient identifiable information that is not part of the patient’s record must be shredded. Shredders are located in the room front office and in room 1010.
* Paperwork with identifying information should be placed in a folder in the student or clinical instructor’s mailbox.
* Oral communication with or about a patient should be kept private by moving to a private area or keeping voice levels low.
* Cases and patients should not be discussed in the hallway, waiting room, or any other public area.
* An approved network server is set up for the purpose of accessing, creating or editing documents relative to patient cases. This server will be accessible to Au.D and MA graduate students via individual passwords. Each graduate student will have access to the server and her/his own folder on that server. Access rights and passwords will be updated each semester by the appointed college AHS-IT consultant.
	+ - No patient data, information or documents from the server should be saved to the specific computer (department, clinic or personal) being used. Patient data should not be downloaded to any personal storage media, including hard drives, even for temporary editing or printing. Printing of documents from the server should be completed using clinic printers only.
		- While working on clinic paperwork and patient information on the server, computer screens should be turned inward so that people passing by cannot read patient information. While the server is open, the computer in use should not be left unattended. Patient information should not be left on the computer printer.
	+ In the Audiology & Speech-Language Pathology Clinic, the clinic computer screens for NOAH should not be left on or unattended for extended periods of time to prevent patient information from being viewed by others.
	+ Patient charts should only be used in private areas in the Audiology & Speech-Language Pathology Clinic. This would include clinic rooms and the student work area (if in a private area). Files should not be in public areas.
	+ The clinic email and fax sheets include a confidentiality clause at the bottom of the page. The clause states that the information is confidential, privileged and protected from disclosure. It states that if the reader has received the material in error that she/he should notify the sender immediately.
	+ If an audiology student is sending a hearing aid to a patient, the patient’s name and address will be needed on the shipping label. When giving the package to the office staff it should be placed face down so the patient information is not showing. Packages should not be left on the front counter of the office in the public area.
	+ When greeting a patient in the waiting room prior to an appointment, the patient should be called by either her/his first or last name, not by the complete name (first and last together).

**Section XI**

**INFECTION CONTROL**

The Audiology & Speech-Language Pathology Clinic will follow the Unit Exposure Control Plan as posted in **Forms.** A paper copy of the plan is located in the Audiology & Speech-Language Pathology Clinic (Room 1010).

1. **Training**

Training for graduate students and clinic personnel will be organized/presented by the Director of Clinical Education or another clinical faculty member who has completed the required training to educate students and other faculty/staff members on infection control procedures.

The initial training will occur at the beginning of the student’s first semester in the program and will be to be renewed annually. Annual retraining will occur at the beginning of each fall semester for all second and third year graduate students and clinic personnel. Annual retraining will be completed using materials provided by the University Of Illinois Division Of Safety Research Training (Bloodborne Pathogens program). Annual retraining in the policy, plan and procedures of the Audiology Clinic will also occur at the beginning of each fall semester for second and third year graduate students and clinic personnel.

Training for new policies or policy modifications will occur for all clinic personnel and Au.D graduate students as needed.

1. **Records**

Forms documenting Exposure Classification, Hepatitis B Vaccination Declination or Request, Infection Control Training (initial, annual retraining, modification), and Report of Exposure to Blood or Other Potentially Infectious Materialswill be maintained on CALIPSO. Additional forms related to the implementation and documentation needed for the Infection Control Plan are in the forms section of the handbook and include: Group Infection Control Training Record Form, New or Modified Group Infection Control Procedure Training Record Form, and Sterilant Log Sheet.

1. For the class of 2020 and 2021, the paper formative assessment is used. For 2020 and beyond, CALIPSO is used. [↑](#footnote-ref-1)
2. The class of 2020 and 2021 will use paper-based evaluations for external clinical placements. [↑](#footnote-ref-2)
3. Class of 2020 and 2021 will use the system in the 2018-2019 handbook. [↑](#footnote-ref-3)