ON-CAMPUS AUDIOLOGY CLINIC EXPECTATIONS BY LEVEL
TOWSON UNIVERSITY
DEPARTMENT OF AUDIOLOGY, SPEECH-LANGUAGE PATHOLOGY & DEAF STUDIES

Au.D. – Doctor of Audiology Program

Letter grades (A, B, C, F) are assigned based on the following criteria:

Exceeded defined expectations = “A”
Met defined expectations = “B”
Only met some expectations = “C”
Met few expectations = “F”

Level I (ACSD 690): A Level I clinician is expected to:

1. Have consistent clinical professionalism in demeanor with both patients and supervisors, specifically, but not limited to, the following:
   a. Be open and responsive to professional criticism as given by supervisor.
   b. Follow the dress code.
   c. Be timely for supervisor meetings and follow supervisor recommendations for preparation of sessions, communication with supervisor and timeliness of assignments.
   d. Be prepared for all clinical time slots, regardless of whether or not a patient is currently scheduled, including review of case history and review of diagnostic and treatment test protocols that may be required.
   e. Adhere to HIPAA regulations, state and federal law, and professional Code of Ethics (ASHA, AAA).

(**Note: Unprofessional behavior may result in a failing grade regardless of clinical skill.**)  

2. Meet all portions of FACS 1 as defined below with complete independence:
   a. Perform otoscopy accurately and consistently.
   b. Conduct pure tone testing accurately.
   c. Administer speech testing (SRT and WRS) accurately. Use CD calibration techniques and/or microphone VU monitoring, as necessary.
   d. Classify type, degree, and configuration of hearing loss accurately, as defined in Au.D. Clinic Manual.
   e. Skills for initiating case history and counseling are emerging. Basic case history (utilizing a formal probe questionnaire) without variable ability to ask appropriate follow-up questions is acceptable at this level.

3. Begin to show understanding of and begin to complete patient follow-up activities, particularly regarding the status of hearing aid related orders and related documentation. This includes ensuring that items ordered for patients will be ready in a timely manner for scheduled appointments.

Effective date: January 26, 2009
4. Meet minimum requirements for reports as defined in the clinic manual. Correct grammar, spelling, punctuation, completed forms, audiograms, etc. are expected. All files are completed and organized with appropriate documentation.

5. Seek guidance for poor writing skills, as identified by supervisor.

Level II (ACSD 745): A Level II clinician is expected to:

1. Demonstrate consistent professionalism in demeanor with both patients and supervisors, as outlined in Level I Audiology Clinic Expectations. (**Note: Unprofessional behavior may result in a failing grade regardless of clinical skill.**)

2. Demonstrate mastery of all expectations required of a Level I clinician.

3. Demonstrate all skills specified in the FACS 2 (listed below) by the end of the semester with complete independence:
   a. Administer masking accurately and appropriately
   b. Conduct and accurately interpret tympanometry
   c. Conduct and accurately interpret acoustic reflex threshold testing

4. Begin to make appropriate and comprehensive recommendations based on case history and test results

5. Demonstrate the emergence of skills from portions of the FACS 3. For scheduled hearing aid sessions and/or clinics, the level 2 student is expected to:
   a. prepare necessary hearing aid workspace and supplies or tools
   b. set-up for electroacoustic analysis and real-ear measurement
   c. gather all appropriate paperwork for hearing aid issuances, repairs, etc.

6. Demonstrate good report writing skills including accurate case history, test results and summary, with little assistance from supervisor.

7. Complete and organize all files with appropriate documentation.

8. Demonstrate independence in initiating case history, performing active listening and asking appropriate follow-up questions.

9. Demonstrate emerging independence in initiating counseling skills, both informational and affective. Students should demonstrate the ability to interact with patients on the patient’s level, answer patient questions when appropriate, and defer to supervisor for assistance when needed.

Effective date: January 26, 2009
Level III (ACSD 746): A Level III clinician is expected to:

1. Demonstrate consistent clinical professionalism in demeanor with patients and supervisors, as outlined in Level I Audiology Clinic Expectations. (**Note: Unprofessional behavior may result in a failing grade regardless of clinical skill.**)

2. Demonstrate mastery of all Level I and Level II skills.

3. Meet all portions of FACS 3 (listed below) by the end of the semester with complete independence:
   a. Conduct in-house hearing aid repair and adjustments.
   b. Identify and properly follow-up on out-of-house hearing aid repair needs, including appropriate documentation and patient recall.
   c. Conduct comprehensive hearing aid evaluations, including making appropriate recommendations for amplification based on patient needs and outcomes.
   d. Complete comprehensive hearing aid fittings, including REM and EAA as needed and patient orientation and instruction on hearing instruments and supplies.

4. Skills for the FACS 4 (e.g. special tests, OAEs and APDs) should be emerging throughout the semester, based upon exposure, but will be expected to be met with complete independence prior to going off-campus.

Level IV (ACSD 790: Audiology Clinic On-Campus Continuum): A Level IV clinician is expected to:

1. Demonstrate consistent professionalism with both patients and supervisors, as outlined in Level I Audiology Clinic Expectations. (**Note: Unprofessional behavior may result in a failing grade regardless of clinical skill.**)

2. Demonstrated mastery of all Level I, II, and III skills.

3. Meet all portions of FACS 1, 2, 3 and 4 throughout the semester with complete independence.

4. Demonstrate efficiency and accuracy in all aspects of patient management, including preparation, administration of testing and management of behavior, sensitivity to patient needs, competence in informational and affective counseling, and ability in making appropriate recommendations and conducting patient management.

Effective date: January 26, 2009