DOCTOR OF AUDIOLOGY (AU.D.) PROGRAM

Preceptor Manual for Off-Campus Clinical Rotations and Externships

BALL STATE UNIVERSITY

Revisions
March 15, 2005
January 20, 2006
June 5, 2007
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David J. Coffin, Au.D., Program Director  
May 2004
Letter to Preceptors

Dear Preceptor:

We want to thank you for being an Off-Campus Clinical Rotation Preceptor for Ball State University Doctor of Audiology (Au.D.) students. Precepting can be an extremely rewarding experience for both the preceptor and the student.

We understand that your primary goal is to care for your patients. We also recognize that teaching takes time. However, many preceptors have found that teaching is an excellent way to continue their education through explanation, demonstration, and effective critiquing of the students. These experiences help to reinforce what you know, point out new research and information of which you may be unaware, and stimulate new thoughts about aspects of audiology that may have become routine.

As you read through the information in this document, you will notice that the transition to a clinical doctorate is resulting in many changes to the education of audiology students. Some changes are obvious; additional classes and increased program length just to name two. Another change is in the terminology used. Throughout this manual you will notice the title of preceptor. Preceptor is replacing the title of supervisor that has been used in communication disorders for many years. Preceptor is defined as an expert or specialist who gives practical experience and training to a student, especially in a medical field. This term better describes your role in the education process.

We want to thank you again for your support and involvement in the teaching of Au.D. students. Feel free to contact me with any questions regarding this manual or your preceptorship in general. Contact information for the faculty in our department can be found in Appendix F. The off-campus clinical rotation is an important experience for all students and we appreciate your participation in their education.

Sincerely,

David J. Coffin, Au.D.
Doctor of Audiology Program Director
Introduction

Purpose of this Manual
The intent of the Preceptor Manual is to provide a resource for strategies in precepting as well as detail regarding the role of the preceptor relative to the role of the student. Your comments regarding this manual are most welcome.

The Role of Off-Campus Clinical Rotations/Au.D. Externships
“Off-Campus Clinical Rotations” and “Au.D. Externships” refer to those educational experiences obtained by Doctor of Audiology (Au.D.) students in a setting other than the Ball State University Audiology Clinic. An off-campus clinical rotation is completed during the second and third years of a student’s program. These are typically one or two days per week for an entire semester, but may also be a four-week full-time rotation during the summer semester. The Au.D. externship is a 12-month experience to be completed during the fourth year of the program. This is the final clinical experience prior to graduation.

These rotations are essential to the education of Au.D. students as they allow for observation and participation in the practice of audiology in a variety of clinical settings while simultaneously providing different perspectives on all aspects of the field of audiology. This experience often assists students in determining the clinical setting in which they will be most successful in the future.

The goals of this preceptorship are:

- To increase the students’ understanding of the challenges and rewards of audiology so they will make informed career choices concerning these options
- To enable students to employ and refine the clinical knowledge and skills learned in their coursework by observing and practicing their application in a variety of audiologic settings
- To provide students with a models of competent, caring, experienced audiologists

Student Titles
As part of the clinical experience, students continually interact with members of the public and other professionals. This may occur while seeing patients, conferring with colleagues, or in writing through reports and letters. Proper representation is critical. Students must never intentionally or unintentionally portray themselves as audiologists or as having a degree in audiology. The Department of Speech Pathology and Audiology at Ball State University has established the following guidelines on how a student may represent themselves:

1. At no time may a student represent herself or himself as an audiologist or as having any degree that has not yet been conferred.
2. Students in the program should use the title Doctor of Audiology (Au.D.) Student when interacting with patients or signing clinic-related documents.
3. If the facility to which a student is assigned has guidelines in place on how a student may represent him or herself, the student must adhere to the facility’s guidelines if they are different than those mentioned here as long as they do not violate the first item above.

**Liability Insurance Coverage**
Ball State University’s liability policies (general liability and excess coverage) cover its students while engaged in all officially sponsored University activities. These activities include but are not limited to practicums, internships, student teaching, and work assignments under an assistantship or fellowship. Certificates of insurance verifying such coverage can be provided if requested.

**Attendance and Sick Days**
Attendance is mandatory for students participating in off-campus clinical rotations. For semester-long assignments (typically 1 or 2 days per week) students are allowed to follow the Ball State University Holiday Calendar. For full-time rotations that continue for 4 or more weeks, students are required to be onsite full time (as determined by the facility) and should observe the facility’s holiday schedule or a schedule agreed upon by the student and preceptor. Students must notify their preceptor as soon as possible if they will be absent or tardy. Students completing clinical rotations, excluding the 4th year clinical externship, must also inform the Au.D. Program Director of any absences.

Students in their externship are required to be onsite full time, typically for twelve months. The student and the preceptor should determine an acceptable amount of vacation/sick time at the beginning of the externship. During this experience, students must follow the facility’s holiday calendar and not that of the University.

**Clinic Orientation**

**Initial Contact and Meeting with Students**
Students participating in off-campus clinical rotations are matched with preceptorships in a variety of ways. The student may request a certain facility or type of facility, or they may be assigned to a facility based on clinical training needs. Students are generally asked to contact their preceptors prior to the first meeting. This brief telephone call or e-mail is for introductions, confirming the first meeting time, and establishing the schedule for the length of the rotation. Beginning and ending dates should also be confirmed.

The first meeting with a student should involve several factors that will make the preceptorship progress smoothly and allow for maximum success. It is important to discuss the expectations of both the student and the preceptor. It is also helpful to obtain an idea of what courses the student is taking or has taken, and what experiences the student may have had thus far in their education (curricular content for the Ball State University Au.D. Program may be found in Appendix A, course descriptions in Appendix B, and the student information sheet in Appendix C). It is also helpful to introduce the student to your staff and your facility, provide a profile of the practice and the community it serves, a description of office routines and methods, expectations of their
time and responsibilities, and tips on appropriate dress, name tags, etc. It may also be helpful to discuss what the students can do when not seeing patients. (For example, is studying permissible.)

**Introduction to the Staff**

Introducing the student to your staff will be much easier if you set aside some time at the beginning of the preceptorship to get to know the student. Introductory information should be shared with others who will work with the student. Some useful areas to discuss with the student include:

- Undergraduate background
- Off-campus clinical rotations completed to date
- Work experience
- Career goals (What is the area in which the student is most interested?)
- How does the student learn best?
- What does the student hope to gain from this rotation?

By introducing the student to your entire staff, the student will feel much more comfortable in her or his role at your facility. The student’s introduction can take many forms: a capsule introduction at a staff meeting, posting a snapshot of the student on a bulletin board with a short introductory note, or the more personal touch of individual introductions to key staff with whom the student will be working.

**Introduction to the Setting**

All students need to learn the floor plan, ground rules, and standard procedures for your facility. For some, this will be their first clinical rotation so they will need additional information on what is expected. The list below includes the main points to be covered. Be prepared to supplement and review the points covered in the orientation.

- Facility staff and their responsibilities
- Patient population characteristics
- Standard operating procedures for:
  - Hours
  - Appointments
  - Records, charts, reports, etc.
- Other practitioners’ special interests and skills
- Parking
- Dress code
- Any specific diagnostic or rehabilitative procedure preferences
Integrating Students into your Clinical Practice

Determining Level of Student Responsibility and Autonomy
During the preceptorship students may have varying levels responsibility in caring for patients. This is determined in part by the student’s level of clinical experience and knowledge. In other words, a student in his or her first rotation will likely observe your actions much more than a third year Au.D. student. More advanced students may want to act as observers for the first one or two sessions and then become more involved. Others may feel more comfortable observing more often, and still others may feel comfortable completing procedures from the beginning. This is why it is critical to take a few moments to determine the experience level of the student, and come to a mutual agreement as to the extent of the student’s involvement. Medicare reimbursement and supervision requirements are outlined in Appendix D.

Reviewing the Schedule
The patients on your schedule each day provide the framework for the student’s experiences and for your teaching opportunities with your student. Preceptors may begin by going over the patient schedule with their student. It is helpful to review the schedule a week in advance to help familiarize the student with the patients’ particular needs.


Teaching Approaches

Improving Communication Skills
Preceptors can help students learn effective communication techniques by modeling the use of open-ended questions, using a non-judgmental attitude and displaying empathy when interacting with patients. Preceptors can also observe students’ interactions with patients to see if these elements are present and give constructive feedback on how they could include these techniques when speaking with patients.

Improving Clinical Skills in both Typical and Marginal Students
All Au.D. students learn the process and techniques involved in a routine audiologic evaluation in their first year. Identifying discrepancies and interpreting results are skills that develop with time. However, less experienced students will appreciate the opportunity to gain experience in performing the maneuvers of more routine procedures, which will in turn build their confidence and clinical efficiency. The same is true for more advanced students. However, the areas in which more experience is necessary will need to be determined by the student and the preceptor. A useful tool in building clinical skills is to have the student describe what they are doing as they are doing it. This enables both the preceptor and the student to become aware of the student’s competence.

As a preceptor, you may be faced with a student who performs either below the expected level or above the expected level. Challenging these students appropriately can be a difficult task. It is important to guide students who perform below the expected level to take a pro-active role in their education, and to act as an encouraging resource for any questions or confusion the student may display. Time permitting, practicing techniques with the student in the absence of a patient can build confidence and comprehension without feeling rushed or intimidated by the presence of a patient. Students who perform above the expected level especially need to be challenged. Urging these students to perform procedures that may be appropriate for someone above their level, and encouraging these students to perform procedures independently is an excellent way to challenge the exceptional student. Of course, students should always receive appropriate supervision regardless of where they are on this spectrum.

Emphasizing Continuity of Care
Admittedly it is difficult to ensure that students experience continuity of care in the limited time of some off-campus clinical rotations. There are some suggestions, however. You may suggest that students follow up office visits with phone calls to check the patients’ progress. It can be helpful if efforts are made to schedule patients the student has seen in need of follow-up appointments on days when the student will be at your facility. In this way, the student experiences continuity of care with at least some patients.

Direct Observation
Direct observations by you may be somewhat awkward, but they do yield highly useful assessment and teaching material. It is ideal if you include some observations into your precepting plan – obviously more so with less experienced students. You may schedule some
specific direct observation sessions with the student. Some third party payers may require direct observation. See Appendix D for further information.

**Talking Through Procedures**

Students learn by observing and assisting in procedures, and when appropriate, by guided performance of the procedure. Do not be reluctant to ask your student to talk through a procedure in detail before he/she assists you or performs the procedure themselves on a patient. The dry-run also provides you the opportunity to expand on the basic steps with tips you have learned from experience.

**Varying the Teaching Approach**

Various clinical situations call for different teaching approaches. When time is limited, providing the student with “expert” answers is often the best approach. Questions that reveal and guide thought processes are often more satisfying for both the student and the teacher when time permits. Sensitive exploration of students’ interpretations helps them grow in self-insight and confidence. Mistakes made by the student can often provide significant insight into her or his thought process. This information can then be used to “guide” the student to the correct way of thinking. In those situations when you are as puzzled as they are, strategizing to find the answer models an essential skill and process in any diagnostic or rehabilitative field.

**Building on a Student’s Interests**

Perhaps the student will indicate a particular interest in some aspect of audiology that is a part of your clinic but outside your own interest or expertise. If the limits of the rotation allow, feel free to direct the student to others at your facility who might be better equipped to assist the student in obtaining this knowledge or experience. This can include scheduling the student to spend time with the physician seeing patients to gain a better understanding of the medical issues related to audiology. Another example is directing business or insurance related questions to the person responsible for these issues within your facility. The experience is often improved when not limited strictly to audiology.
Evaluation

Providing Feedback

Both praise and criticism are needed and appreciated. Too much of the former makes students feel not enough was expected of them and too much of the latter undermines a student’s confidence. Preceptors may ask students to critique their own performance and obtain a glimpse of the standards students set for themselves. Self-critique also puts preceptors in the position of supporting the student’s focus for change rather than trying to initiate it.

The sooner you share any concerns you have about your student’s performance, the better it is for the student and the easier it is for you. Telling a student specifically what he/she did well will ensure that the skill will be maintained and potentially developed further. In addition, noting omissions, misunderstandings, errors, or lack of knowledge is essential to your role. You will find that most students appreciate the constructive feedback.

Feedback, positive or negative serves seven major functions:

- To improve performance
- To reinforce appropriate behavior
- To redirect inappropriate behavior
- To help the student reach their goals
- To offer ongoing information about the student’s progress during the rotation
- To assist in the student’s personal/professional development
- To build the basis for your final evaluation and assessment of the student’s performance

Some components of effective feedback are:

- It should be based on mutual trust and given in a supportive environment
- It is best if given at a time when the student is able to accept it and the audiologist has time to give it the attention it deserves
- It presents specific descriptions of behavior and performance, not broad generalizations – it should be specific enough so that the student understands exactly what went well as well as how to modify future behavior
- It should focus on behaviors that can be modified
- Includes plans for developing existing and new skills
- Does not overload the student with too much information (sometimes it is best to save less important points for a future session)

Evaluating Students

It is often easiest and most effective to provide feedback to a student after you have had the opportunity to supervise and interact using different methods discussed here. It is not uncommon to find that a student responds differently to different supervision styles. Some students perform better when the preceptor is sitting next to them during the patient appointment. Others may feel intimidated with this approach and do better when the preceptor is not “looking
over their shoulder.” Students in this latter category still need direct supervision, but it is not uncommon to see a significant performance change by simply stepping back and observing from across the room or even from just outside the door. Trying different supervision styles will often give the preceptor the chance to see the student at her or his best.

In addition to helping a student grow, feedback on student performance can also be useful to the student and his/her advisor in planning future study. You may find that keeping notes throughout the rotation of your thoughts regarding the student’s performance will make the evaluation process easier. You will be provided a competency form to provide feedback regarding your opinions of the students’ performance (see Appendix E). You are encouraged to share the completed evaluation with the student. If you do not have the opportunity to do this prior to submitting the evaluation, the student will be given the opportunity to review the form at a later date.

**Note Regarding Competency Forms:**
Two versions of the competency forms can be downloaded from the following website: [https://ilocker.bsu.edu/users/dcoffin/WORLD_SHARED/](https://ilocker.bsu.edu/users/dcoffin/WORLD_SHARED/). One is in Microsoft Word which can easily be completed and e-mailed. For those without Microsoft Word, an Adobe Acrobat version can be downloaded, printed, and mailed. Both forms have the same content and should be used for all off-campus clinical rotations. Unless told otherwise, completed forms should be returned to:

Ball State University  
Dept of Speech Pathology and Audiology  
Muncie, IN 47306  
Attn: David Coffin

OR

dcoffin@bsu.edu

If e-mailed, the form should be sent from the preceptor’s e-mail address and not the student’s.

**Updates to This Manual**

This manual will periodically be reviewed and updated as needed. Every effort will be made to distribute the updated manual to all active preceptors. Updates will also be posted to [https://ilocker.bsu.edu/users/dcoffin/WORLD_SHARED/](https://ilocker.bsu.edu/users/dcoffin/WORLD_SHARED/). Suggestions to future revisions are welcome and encouraged.
**APPENDIX A – Typical Course Order**  
for Students Enrolled in the  
Ball State University Doctor of Audiology Program

The entire program is 100 credits and can typically be completed in 11 or 12 semesters. This list only includes courses within the program and does not list electives or other requirements such as the Clinical Project. Course descriptions can be found in appendix B.

<table>
<thead>
<tr>
<th>Semester</th>
<th>Courses</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>First Year - Fall</strong></td>
<td></td>
</tr>
</tbody>
</table>
Neuroanatomy & Physiology | SPAA 562 3 credits  
Hearing A & P and Disorders | SPAA 648 4  
Diagnostic Audiology | SPAA 655 3  
Clinical Practicum | SPAA 749 2 |
| **First Year - Spring** |  
Speech Perception & Hearing Aids | SPAA 656 4  
Advanced Diagnostic Audiology | SPAA 657 3  
Otoacoustic Emissions | SPAA 660 3  
American Sign Language 1 | SNLNG 551 3  
Clinical Practicum | SPAA 749 2 |
| **First Year - Summer** |  
Pediatric Audiology | SPAA 650 3  
Auditory Problems & Management in Adults | SPAA 651 3  
Clinical Practicum | SPAA 749 2 |
| **Second Year - Fall** |  
Research in SLP and Audiology | SPAA 601 3  
Evoked Potentials | SPAA 654 3  
Hearing Aids 2 | SPAA 766 3  
Clinical Practicum | SPAA 749 2 |
| **Second Year - Spring** |  
Vestibular Measures | SPAA 653 3  
Counseling | SPAA 663 1  
Clinical Practicum | SPAA 749 2 |
| **Second Year - Summer** |  
History and Issues | SPAA 664 2  
Clinical Practicum | SPAA 749 3 |
| **Third Year - Fall** |  
Industrial Audiology | SPAA 659 1  
Psychoacoustics | SPAA 652 3  
Clinical Rounds | SPAA 770 2  
Clinical Practicum | SPAA 749 2 |
| **Third Year - Spring** |  
Private Practice | SPAA 658 2  
Cochlear Implants | SPAA 661 2  
Pharmacology | SPAA 662 2  
Clinical Practicum | SPAA 749 3 |
| **Third Year - Summer** |  
Clinical Externship | SPAA 793 3 |
| **Fourth Year – Fall** |  
Clinical Externship | SPAA 793 3 |
| **Fourth Year - Spring** |  
Clinical Externship | SPAA 793 3 |
APPENDIX B – Course Descriptions
Ball State University Au.D. Program

SPAA 562 Neuroanatomy and Neurophysiology of Speech, Language, and Hearing. (3 credits) Overview of neuroanatomy and neurophysiology with a concentration on neurological mechanisms related to speech, language, and hearing.

SPAA 601 Introduction to Research in Speech Pathology and Audiology. (3 credits) Orientation to research in speech language pathology and audiology. Develops the abilities to read, evaluate, apply, and conduct research. Includes research writing style, critical reading, literature searches, research design, basic statistics, and computer applications.

SPAA 648 Hearing Anatomy, Physiology and Disorders. (4 credits) Graduate level study of the anatomy and physiology of the hearing mechanism and of conductive, sensorineural, and central hearing disorders.


SPAA 651 Auditory Problems and Management in Adults. (3 credits) Topics specific to the nature and management of auditory problems in adults. Tinnitus, cerumen management, assistive devices, adult and aural rehabilitation and hearing aid orientation, self assessment scales, consumer groups and advocacy.


SPAA 653 Measures of the Vestibular System. (3 credits) Anatomy and physiology of balance. Assessment of balance function through electronystagmography, evoked potentials, and other available measures. Diagnosis and treatment of balance disorders as related to the audiology scope of practice.

SPAA 654 Evoked Potential Testing. (3 credits) Nature, use, administration, and interpretation of evoked potentials. Relationship of evoked potentials to other diagnostic procedures.


SPAA 656 Speech Perception and Hearing Aids. (4 credits) Hearing loss and speech perception as related to amplification. Overview of hearing aids.

SPAA 657 Advanced Diagnostic Audiology. (3 credits) Site-of-lesion tests other than immittance, evoked potentials, and electronystagmography. Central auditory processing disorders: nature, diagnosis, and management.

SPAA 658 Private Practice and Related Professional Issues. (2 credits) Consideration of issues related to private practice audiology. Includes information on how the history of audiology
and hearing aid dispensing has affected the profession. Other professional issues, such as certification and licensing will be discussed.

**SPAA 659 Industrial and Other Audiologic Settings. (1 credits)** Audiologic practice in industrial and other settings.

**SPAA 660 Otoacoustic Emissions. (3 credits)** Nature, use, administration, and interpretation of otoacoustic emissions. Relationships of otoacoustic emissions to other diagnostic procedures.

**SPAA 661 Cochlear Implants. (2 credits)** Cochlear implants, including candidacy, devices, speech perception and production, aural rehabilitation, and educational implications. Includes brainstem implants.

**SPAA 662 Pharmacology for Audiologists. (2 credits)** Pharmacology as related to the practice of audiology, including ototoxic agents and inter-drug reactions.

**SPAA 663 Counseling Issues in Audiologic Practice. (1 credits)** Counseling issues related to the practice of audiology.

**SPAA 664 History and Issues of the Profession of Audiology. (2 credits)** History of the profession of audiology. Past, present, and future issues facing the profession.

**SPAA 749 Audiology Practicum. (1-4 credits)** Supervised clinical practicum in audiology on and off campus. Experience in a variety of diagnostic and rehabilitative procedures.

**SPAA 766 Hearing Aids 2. (3 credits)** Advanced course on hearing aids, including middle ear implants.

**SPAA 770 Clinical Rounds in Audiology. (2 credits)** In-depth review and analysis of a variety of clinical cases in audiology.

**SPAA 793 Audiology Externship. (3 credits)** Full-time, 12-month externship in an approved audiological facility under the joint supervision of the university audiology faculty and the externship site professional staff. Externship may be completed at one or more sites. Taken for 3 consecutive semesters.

**SNLNG 551 American Sign Language 1. (3 credits)** Introduction to sign language systems including finger spelling and American Sign Language (ASL). Development of receptive and expressive skills in sign language is emphasized.
APPENDIX C – Student Clinical Experience Information

Contact Information

Name: ____________________________  Semester/Year: ____________

Telephone numbers: ____________________________

E-mail address: ____________________________

Address: ____________________________

Previous Clinical Experiences:

1) Location: ____________________________
   Audiologic experiences obtained: ____________________________

2) Location: ____________________________
   Audiologic experiences obtained: ____________________________

3) Location: ____________________________
   Audiologic experiences obtained: ____________________________

4) Location: ____________________________
   Audiologic experiences obtained: ____________________________

5) Location: ____________________________
   Audiologic experiences obtained: ____________________________

Please attach a list of any additional experiences, or list on the back of this sheet.
APPENDIX D – Supervision Requirements and Medicare/Medicaid

ASHA’s Response to Medicare Part B Reimbursement of Student Services

Background
The Centers for Medicare & Medicaid Services (CMS) has consistently maintained that only qualified professionals may provide services under Medicare guidelines. A clarification of this policy specifically addressed student involvement with patients receiving Medicare Part B services. The purpose of this document is to suggest some strategies by which student clinical education can occur in facilities which provide Medicare Part B services and which adhere to CMS’s recent interpretation of existing policy.

[Note regarding 4th year placements: CMS considers a licensed practitioner to be a qualified professional. In states that offer provisional licensure for 4th year AuD students, having this provisional license will allow them to see Medicare patients without following the 100% supervision rule. Indiana offers provisional licensure as do other states. Fourth year preceptors in other states should familiarize themselves with state licensure laws related to this issue.]

ASHA’s Council for Clinical Certification (CFCC) and the Council for Academic Accreditation (CAA) have provided the following responses to some of the questions commonly asked by academic programs and clinical externship sites.

1. How can reimbursable services be structured to include student participation?

Based on the written clarification and dialogue with CMS personnel, Medicare Part B evaluation and treatment services must be conducted by a qualified practitioner (i.e., an individual who is licensed in the state to provide services as a speech-language pathologist or audiologist). The qualified practitioner must be clearly identifiable as the responsible professional within any session when services are delivered. The qualified practitioner (supervisor) must be present for the entire session (100% supervision). However, a student may assist in the delivery of services or participate in the delivery of services at the direction of the qualified practitioner. The student participation would occur in an interaction best described as a triad, among patient, supervisor, and student. If the student is participating in the provision of services, the supervisor must be present in the room and guiding the student in service delivery. This interpretation establishes an apprenticeship model for clinical education and is more rigorous than the requirement for “line of sight supervision” of students for reimbursement of services under Medicare Part A.

2. How may clock hours be counted?

This is a training issue that is considered under the auspices of graduate programs and ASHA accreditation and certification standards. Student clock hours can be awarded under current ASHA guidelines as long as the student is actively participating in the direct delivery of services. Even though the supervisor is directing or assisting the student, clock hours may be awarded for the entire session.

3. How can training programs encourage Medicare facilities to take students for practicum purposes?

Those responsible for placing students in practicum sites may wish to suggest to facilities that there is a critical need to ensure that a pool of adequately trained professionals be available to fill staff vacancies in the future. The only means by which students in training can become familiar with facilities providing clinical services to Medicare Part B patients is to have experience with this population under the guidance of current members of the professions. In addition, the opportunity to teach future professionals provides the practitioner with a means to increase his or
her own professional development. Finally, teaching facilities carry considerable respect within a community and may reasonably expect this recognition to result in increased caseloads. While promoting student training to facilities with Medicare Part B clients, academic program directors should also be prepared to assist supervisors in developing skills for supervision within the context of the apprenticeship model necessitated by CMS’s recent clarification of coverage of student services under Medicare Part B.
APPENDIX E – Student Competencies
Ball State University
Department of Speech Pathology and Audiology
Doctor of Audiology (Au.D.) Program

Competency Form for Off Campus Clinical Rotation/Externship

Student __________________________________________ Facility _______________________________________
Primary Preceptor (person completing this form) ___________________________________________________________

Date form completed ____________________ ☐ Midterm ☐ Final ☐ Other
Was this evaluation discussed with the student? ☐ Yes ☐ No Number of days at your facility _____

After completing this form, please assign a grade to this student for this term (A, A-, B+, etc.) _________

Please respond to the items below by using the following rating scale. Feel free to add any comments that you
would like to share. If possible, please discuss this with the student. If this is not feasible, the student will be
allowed to review your comments and ratings.

Explanation of Rating Scale

<table>
<thead>
<tr>
<th>Maximal guidance</th>
<th>Rating</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Specific direction from supervisor (e.g., role-playing, demonstration) does not alter unsatisfactory performance and/or evaluations skills; inability to make change.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Needs immediate and repeated specific direction, clarification, and demonstration from supervisor to perform competently and evaluate self/client accurately. Operates independently &lt;50% of the time.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Moderate guidance</td>
<td>3 Needs general and some specific direction from supervisor to perform competently and evaluate self/client accurately. Operates independently 50% of the time.</td>
<td></td>
</tr>
<tr>
<td>4 Demonstrates independence but needs general direction from supervisor to perform competently and evaluate self/client accurately. Operates independently 60 – 70% of the time.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Minimal guidance</td>
<td>5 Demonstrates independence by taking initiative and making changes when appropriate; displays superior competencies and evaluates self/client accurately. Operates independently 80 – 100% of the time.</td>
<td></td>
</tr>
</tbody>
</table>

GENERAL CLINICAL SKILLS

<table>
<thead>
<tr>
<th>Professional Qualities:</th>
<th>Rating 0 - 5 or N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Student is punctual and arrives prepared</td>
<td></td>
</tr>
<tr>
<td>2. Student has an appropriate professional appearance</td>
<td></td>
</tr>
<tr>
<td>3. Student appropriately and professionally interacts with patients, supervising audiologists, support staff</td>
<td></td>
</tr>
<tr>
<td>4. Student responds well to supervisor comments</td>
<td></td>
</tr>
<tr>
<td>5. Student is interested in and takes advantage of opportunities to learn new information</td>
<td></td>
</tr>
<tr>
<td>6. Student is motivated and takes advantage of opportunities to demonstrate acquired knowledge</td>
<td></td>
</tr>
<tr>
<td>7. Student demonstrates confidence in his/her abilities</td>
<td></td>
</tr>
<tr>
<td>8. Student recognizes professional abilities and limitations</td>
<td></td>
</tr>
<tr>
<td>9. Student seeks supervisory assistance when appropriate</td>
<td></td>
</tr>
<tr>
<td>10. Student understands and adheres to proper infection control procedures</td>
<td></td>
</tr>
</tbody>
</table>
### Interviewing:

1. Student begins and ends the interview appropriately
2. Student uses interpersonal skills / professional demeanor appropriate for informant
3. Questions are formed clearly and elicit appropriate information in an efficient manner
4. Student correctly determines the patient’s chief complaints
5. Student provides accurate and clinically relevant responses to comments, questions, and concerns of the patient and/or caregiver
6. Student appropriately records case history information obtained

### Management / Post-Diagnostic:

1. Student appropriately counsels patient, family, and/or other professionals concerning test results, interpretations, and implications
2. Student makes appropriate recommendations and referrals based upon case history and test results
3. Student appropriately communicates with patient, family, and/or other professionals concerning management recommendations
4. During counseling, student appropriately addresses patient’s chief complaints and/or reasons for visit
5. Student has appropriate responses to patient questions

### Documentation / Report Writing:

1. All written work (reports, letters, etc.) is completed in a timely manner according to the facility’s specifications and/or template
2. Student accurately reports all relevant information in a clear and concise manner
3. Recommendations are accurate, complete, and concise
4. Student’s written work is grammatically correct and written in a manner appropriate for the intended audience
5. Student exercises appropriate caution in making statements outside of profession or scope of practice

### Additional Comments:
### HEARING EVALUATION - ADULT

1. Student selects appropriate test battery based on case history, other available data, and facility guidelines
2. Student properly instructs patient on test protocols and procedures
3. Student properly performs otoscopy
4. Student accurately and efficiently obtains a pure tone audiogram
5. Student accurately and efficiently performs speech testing (WRS, SRT, MCL, etc.)
6. Student correctly utilizes masking when necessary
7. Student accurately and efficiently obtains acoustic immittance results
8. Student correctly interprets audiogram and speech test results
9. Student correctly interprets acoustic immittance results
10. Student accurately integrates all diagnostic information to form overall impressions of results

### HEARING EVALUATION – PEDIATRIC

1. Student selects appropriate test battery based on case history, other available data, and facility guidelines
2. Student properly instructs parent/child on test protocols and procedures
3. Student properly performs otoscopy
4. Student accurately and efficiently obtains a pure tone audiogram utilizing visual reinforcement audiometry
5. Student accurately and efficiently obtains a pure tone audiogram utilizing conditioned play audiometry
6. Student accurately and efficiently obtains speech test results (SRT, SAT, WRS, etc.) based on the communication abilities of the child
7. Student correctly utilizes masking when necessary
8. Student accurately and efficiently obtains acoustic immittance results
9. Student correctly interprets audiogram and speech test results
10. Student correctly interprets acoustic immittance results
11. Student accurately integrates all diagnostic information to form overall impressions of results

**Additional Comments:**
### HEARING INSTRUMENTS

#### Hearing Aid Evaluation:

1. Student appropriately counsels patient/significant others regarding hearing aid technology and options
2. Student recommends appropriate hearing aids based on patient needs
3. Student discusses recommendations using terminology appropriate for the audience
4. Student appropriately responds to patient questions and concerns
5. Student properly performs otoscopy on patient before and after ear impressions
6. Student takes earmold impressions appropriate for device(s) being ordered
7. Student helps patient establish realistic expectations for use of recommended devices
8. Student orders devices according to clinic and manufacturer guidelines

#### Hearing Aid Fitting:

1. Student prepares for session prior to appointment by programming / setting hearing aids
2. Student appropriately counsels patient regarding hearing instrument use / care
3. Student properly instructs patient on realistic expectations
4. Student appropriately addresses patient questions / concerns
5. Student appropriately performs verification of device performance, such as real ear measurements, functional gain, and speech testing
6. Student correctly troubleshoots issues with device (fit, frequency response, etc.)
7. Student appropriately modifies hearing aid/earmold fit
8. Student appropriately modifies programming / frequency response of devices
9. Student has knowledge of and appropriately uses computer applications and equipment related to the hearing aid fitting

#### Hearing Aid Check:

1. Student appropriately troubleshoots the device(s) to determine cause of problem
2. Student successfully develops plan of action based on patient’s complaints and analysis of the situation
3. Student properly modifies/cleans the device(s) to remediate the user’s complaints
4. Student appropriately discusses results / recommendations / implications with patient
5. Student correctly completes necessary manufacturer forms (repair, order, etc.)

#### Additional Comments:
### CERUMEN MANAGEMENT

<table>
<thead>
<tr>
<th>Rating</th>
<th>0 - 5 or N/A</th>
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</thead>
<tbody>
<tr>
<td>1.</td>
<td>Student accurately determines if cerumen management is indicated</td>
</tr>
<tr>
<td>2.</td>
<td>Student appropriately determines that no contraindications to cerumen management are present</td>
</tr>
<tr>
<td>3.</td>
<td>Student makes appropriate recommendations / referrals if cerumen management is contraindicated</td>
</tr>
<tr>
<td>4.</td>
<td>Student chooses appropriate cerumen removal technique</td>
</tr>
<tr>
<td>5.</td>
<td>Student prepares equipment appropriate for chosen method of cerumen removal</td>
</tr>
<tr>
<td>6.</td>
<td>Student appropriately advises patient of the risks associated with cerumen management</td>
</tr>
<tr>
<td>7.</td>
<td>Student correctly performs chosen method of cerumen management</td>
</tr>
<tr>
<td>8.</td>
<td>Student appropriately counsels patient about ear hygiene</td>
</tr>
<tr>
<td>9.</td>
<td>Student makes appropriate recommendations for follow-up</td>
</tr>
</tbody>
</table>

### OTOACOUSTIC EMISSIONS

<table>
<thead>
<tr>
<th>Rating</th>
<th>0 - 5 or N/A</th>
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</thead>
<tbody>
<tr>
<td>1.</td>
<td>Student selects appropriate test protocol (TEOAE, DPOAE) and equipment</td>
</tr>
<tr>
<td>2.</td>
<td>Student properly instructs patient / caregiver on test protocol and procedure</td>
</tr>
<tr>
<td>3.</td>
<td>Student accurately and efficiently performs selected tests</td>
</tr>
<tr>
<td>4.</td>
<td>Student accurately interprets test results</td>
</tr>
<tr>
<td>5.</td>
<td>Student accurately integrates all diagnostic information to form overall impressions of results</td>
</tr>
</tbody>
</table>

### AUDITORY PROCESSING EVALUATION

<table>
<thead>
<tr>
<th>Rating</th>
<th>0 - 5 or N/A</th>
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</thead>
<tbody>
<tr>
<td>1.</td>
<td>Student accurately selects appropriate APD test battery, per supervisor and/or facility protocols</td>
</tr>
<tr>
<td>2.</td>
<td>Student properly instructs patient on test protocols and procedures</td>
</tr>
<tr>
<td>3.</td>
<td>Student accurately and efficiently administers appropriate APD test battery</td>
</tr>
<tr>
<td>4.</td>
<td>Student accurately and efficiently scores APD test results</td>
</tr>
<tr>
<td>5.</td>
<td>Student accurately interprets APD test results</td>
</tr>
<tr>
<td>6.</td>
<td>Student recognizes inconsistencies within the test results</td>
</tr>
<tr>
<td>7.</td>
<td>Student modifies test protocol to address inconsistencies within the test results</td>
</tr>
<tr>
<td>8.</td>
<td>Student accurately integrates all diagnostic information to form overall impressions of results</td>
</tr>
</tbody>
</table>
### EVOKE POTENTIALS

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>1.</td>
<td>Student determines appropriate test battery and procedures based upon all available information (case history, test data, referral information, etc.)</td>
</tr>
<tr>
<td>2.</td>
<td>Student appropriately prepares room / equipment (selection of transducers, test parameters, etc.)</td>
</tr>
<tr>
<td>3.</td>
<td>Student properly instructs patient for testing</td>
</tr>
<tr>
<td>4.</td>
<td>Student properly prepares patient for testing (electrode selection, preparation, and placement)</td>
</tr>
<tr>
<td>5.</td>
<td>Student properly administers selected tests</td>
</tr>
<tr>
<td>6.</td>
<td>As needed student modifies test protocols during testing (based on results obtained, patient status, etc.)</td>
</tr>
<tr>
<td>7.</td>
<td>Student accurately integrates all diagnostic information to form overall impressions of results</td>
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</tbody>
</table>

### VESTIBULAR ASSESSMENT AND TREATMENT

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>1.</td>
<td>Student determines appropriate test battery and procedures based upon all available information (case history, test data, referral information, etc.)</td>
</tr>
<tr>
<td>2.</td>
<td>Student prepares the patient for testing, including preparing for and placing the electrodes or goggles</td>
</tr>
<tr>
<td>3.</td>
<td>Student properly instructs patient on test protocols and procedures</td>
</tr>
<tr>
<td>4.</td>
<td>Student correctly determines any contraindications to performing any subtest and makes appropriate modifications to test battery</td>
</tr>
<tr>
<td>5.</td>
<td>Student performs all subtests and obtains accurate diagnostic results</td>
</tr>
<tr>
<td>6.</td>
<td>Student recognizes the need to perform a canalith repositioning maneuver</td>
</tr>
<tr>
<td>7.</td>
<td>Student properly performs the appropriate canalith repositioning maneuver</td>
</tr>
<tr>
<td>8.</td>
<td>Student correctly recognizes inconsistencies within the test results and appropriately addresses any issues identified</td>
</tr>
<tr>
<td>9.</td>
<td>Student accurately integrates all diagnostic information to form overall impressions of results</td>
</tr>
</tbody>
</table>

**Additional Comments:**
# COCHLEAR IMPLANTS AND ACCESSORIES

## Implant Evaluation:

<table>
<thead>
<tr>
<th>Rating</th>
<th>Description</th>
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<tbody>
<tr>
<td>0 - 5</td>
<td>Student appropriately counsels patient and/or significant others regarding implant technology and options</td>
</tr>
<tr>
<td>N/A</td>
<td>2. Student determines implant candidacy based on case history, test results, and current candidacy guidelines</td>
</tr>
<tr>
<td>N/A</td>
<td>3. Student discusses recommendations using terminology appropriate for the audience</td>
</tr>
<tr>
<td>N/A</td>
<td>4. Student appropriately responds to patient questions and concerns</td>
</tr>
<tr>
<td>N/A</td>
<td>5. Student helps patient establish realistic expectations for use of recommended devices</td>
</tr>
</tbody>
</table>

## Implant Fitting and Mapping:

<table>
<thead>
<tr>
<th>Rating</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 - 5</td>
<td>1. Student appropriately counsels patient regarding device use / care</td>
</tr>
<tr>
<td>N/A</td>
<td>2. Student properly instructs patient on realistic expectations</td>
</tr>
<tr>
<td>N/A</td>
<td>3. Student appropriately addresses patient questions / concerns</td>
</tr>
<tr>
<td>N/A</td>
<td>4. Student properly maps the device</td>
</tr>
<tr>
<td>N/A</td>
<td>5. Student appropriately performs verification of device performance</td>
</tr>
</tbody>
</table>

## Follow-up, Device Check:

<table>
<thead>
<tr>
<th>Rating</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>1. Student appropriately troubleshoots the device(s) to determine cause of problem</td>
</tr>
<tr>
<td>N/A</td>
<td>2. Student successfully develops plan of action based on patient’s complaints and analysis of the situation</td>
</tr>
<tr>
<td>N/A</td>
<td>3. Student properly modifies/cleans the device to remediate the user’s complaints</td>
</tr>
<tr>
<td>N/A</td>
<td>4. Student appropriately discusses results / recommendations / implications with patient</td>
</tr>
</tbody>
</table>

## Additional Comments:
APPENDIX F – Department and Faculty Contact Information

BALL STATE UNIVERSITY
DEPARTMENT OF SPEECH PATHOLOGY AND AUDIOLOGY

**Phone numbers**
Department:  765.285.8161
Clinic:  765.285.8160
Fax:  765.285.5623

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Department Chairperson  
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