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INTRODUCTION

This handbook provides information about policies, procedures, rules, and facts that affect you as a graduate student in the Department of Communication Sciences and Disorders at Wichita State University. The information included here should help you in answering many questions you might have about the Department and your program of study. We hope that this Handbook will be a resource that is both effective and efficient in providing this information to you.

You will use much of the information in this handbook throughout your graduate program. The better you understand the information in this Handbook, the more you can manage your program. Your advisor, other faculty, and clinical supervisors will work with you on many of the aspects included in this Handbook, but it is critical that you are prepared to ask questions and share in the implementation of your program.

We will ask you to document that you have received a copy of this Handbook and that you have read the information included here. Please do this as soon as you can.

The intent of the Handbook is to help you become better acquainted with our Department and the various aspects of the academic and clinical programs we provide. We will do our best to keep the information in the Handbook current and relevant. Constructive feedback to that goal is always welcome. Please direct questions or suggestions to:

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College of Health Professions
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Best wishes for a successful year!
HISTORY AND MISSION

History

The Department of Communication Sciences and Disorders is one of the oldest on the Wichita State University campus. Originally established in 1934 by Dr. Martin Palmer, the Flo Brown Memorial Speech Laboratory was housed in one room on the fourth floor of Jardine Hall. That one room served as office, classroom, research laboratory and speech clinic! The program moved in 1939 as the Department of Speech Science to a building at 17th and Fairmount.

The first Master of Arts degree in speech science was granted in 1944. The first Master of Arts degree in audiology was granted in 1958 and the first AuD in 2007. The first doctoral degree was granted in 1963.

While the University was willing to support research and academic aspects of the program, it was unable to justify funding the clinical aspects of the major. In 1945, the Institute of Logopedics (defined as the scientific study and treatment of speech defects) was established to provide clinical services. The academic program was renamed to the Department of Logopedics. Both programs moved to new facilities at 2400 Jardine Drive (near 21st St. N. and Grove) in September, 1949.

In 1979, another name change occurred to become the Department of Communicative Disorders and Sciences. In 1981, the Department left the grounds of the Institute of Logopedics to take residence in the basement of Hubbard Hall. The Department became the fiscal responsibility of the University as part of the College of Education. Both clinical and academic programs were maintained in this new space.

In 1999, the clinic program moved to its current space in the Eugene M. Hughes Metropolitan Complex. Two important events occurred in 2005: The Department moved from the College of Education to the College of Health Professions and its current home in Ahlberg Hall. With that move came one more name change to the Department of Communication Sciences and Disorders, to reflect the importance of the scientific research foundations of our disciplines.

Both the Master of Arts and the Doctor of Audiology programs are accredited by the Council of Academic Accreditation of the American Speech-Language-Hearing Association.

Mission and Vision Statements

Vision: To be recognized for leadership, innovation, and excellence in communication sciences and disorders.

Mission: To prepare qualified speech-language pathologists and audiologists as scholars/practitioners who are professionally competent to practice in educational and medical settings on behalf of children and adults who have disorders of communication and related difficulties.
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OPEN FOR CLIENTS  
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GENERAL INFORMATION

Notice of Nondiscrimination

Wichita State University does not discriminate in its employment practices, educational programs or activities on the basis of age, color, disability, gender, gender expression, gender identity, genetic information, marital status, national origin, political affiliation, pregnancy, race, religion, sex, sexual orientation, or status as a veteran.

Retaliation against an individual filing or cooperating in a complaint process is also prohibited. Sexual misconduct, relationship violence and stalking are forms of sex discrimination and are prohibited under Title IX of the Education Amendments Act of 1972. Complaints or concerns related to alleged discrimination may be directed to the Director of Equal Opportunity or the Title IX Coordinator, Wichita State University, 1845 Fairmount, Wichita KS 67260-0138; telephone (316) 978-3187.

Student Code of Conduct

Wichita State University is a learning community comprised of Students, Faculty and Staff where freedom of inquiry and freedom of expression are valued. Important aspects of attending the University as a Student are having respect for the rights of others in the community, conducting oneself in a manner that is compatible with the University’s mission and taking responsibility for one’s actions. In addition to exhibiting appropriate maturity and self-control, Students, as members of the University community are expected to conduct themselves in accordance with established standards of behavior and social interaction.

To fulfill its functions of promoting and disseminating knowledge, the University has authority and responsibility for maintaining order and for taking appropriate action.

As members of the WSU community, Students should:
- Accept responsibility for personal behavior and appropriately challenge the behavior of others
- Respect individual differences
- Behave in a manner that is honest and upholds the standards of Wichita State University
- Be an engaged member of the Wichita State University community

The educational process is ideally conducted in an environment that encourages reasoned discourse, intellectual honesty, openness to constructive change and respect for the rights and responsibilities of all individuals. This Code of Conduct is designed for the promotion and protection of such an environment.

The Office of Student Conduct and Community Standards at Wichita State University (www.wichita.edu/studentconduct) promotes student learning and development and a campus culture of respect and responsibility. The complete WSU Student Code of Conduct, including the reporting and hearing processes, may be found at: http://webs.wichita.edu/inaudit/ch8_05.pdf

Students found in violation of any aspect of the Code of Conduct may be subject to dismissal from the program.

Academic Honesty Policy

Students at Wichita State University are expected to uphold high academic standards. WSU will not tolerate a lack of academic integrity. The Academic Honesty Policy allows for each college to determine outcomes for alleged violations of academic misconduct. The complete Student Academic Honesty Policy, including the appeal process, may be found at: http://webs.wichita.edu/inaudit/ch2_17.htm

1. Opportunities for learning at Wichita State University involve the students' right to express their views and to take reasoned exception to the views of faculty; to examine all questions felt to be appropriate to
a course of study; to be protected from improper disclosure or ridicule of their views and beliefs; to be
tested and assessed in a fair and impartial manner; and to be treated with dignity and respect. Students
are responsible, however, for learning the content of any course of study as outlined by their instructors,
regardless of any views or judgments privately held and for demonstrating their attainment and
performance regarding a course of study in an honest manner.

2. A standard of academic honesty, fairly applied to all students, is essential to a learning
environment. Students who compromise the integrity of the classroom are subject to disciplinary action
by their instructor, their department, their college and/or the University. Violations of classroom
standards of academic honesty include, but are not limited to:

   a. Cheating in any form, whether in formal examinations or elsewhere.
   b. Using or submitting the work of others as one's own original work without assigning proper
      credit to the source.
   c. Misrepresentation of any work done in or out of the classroom or in preparation for class.
   d. Falsification, forgery or alteration of any documents pertaining to academic records.
   e. Colluding with others in an effort to obtain a grade or credit not truly reflective of what the
      student knows or has learned.

Students violating such standards must accept the consequences and appropriately assessed penalties,
which may include reprimand, a failing grade, or suspension or dismissal from an academic program or
the University. Students accused of abridging a standard of academic honesty will be provided with
mechanisms for review and appeal of decisions regarding allegations of academic misconduct.

3. The fundamental responsibility for the maintenance of the standards of academic honesty rests with
each student. It is each student's responsibility to be familiar with University policy on academic honesty
and to uphold standards of academic honesty at all times and in all situations.

Professional and Scholarly Integrity Training Requirement

Completion of a training program in professional and scholarly integrity is a graduation requirement for all
masters and doctoral students enrolled at Wichita State University. The training, at a minimum, must cover
these four topical areas:

1. Research misconduct;
2. Publication practices and responsible authorship;
3. Conflict of interest and commitment; and
4. Ethical issues in data acquisition, management, sharing and ownership.

Programs may add additional areas of needed training. The Graduate School expects that students will complete
this training requirement by the end of their first year of graduate study at Wichita State University. The CSD
Department has elected to use CITI (Collaborative Institutional Training Initiative) training modules and/or a
course taught at WSU to comply with this requirement as listed below.

AuD students must complete the following course modules on the CITI website prior to the start of their
graduate program. AuD students are also required to complete a course, CSD 940 Advanced Selected Topics —
Scholarly Integrity, taught at WSU during the spring semester of the first year in the program.

- **Students - Class projects, Basic Course [2 modules]**
  Students in Research; Belmont Report and CITI Course Introduction

- **Social and Behavioral Responsible Conduct of Research Course [11 modules]**
  Responsible Conduct of Research (RCR) Course Introduction; Using Animal Subjects in Research
  (RCR- Basic); Research Involving Human Subjects (RCR-Basic); Authorship (RCR-Basic);
  Collaborative Research (RCR-Basic); Conflicts of Interest (RCR-Basic); Data Management (RCR-Basic);
Grievance Procedures for Graduate Students

When a dispute arises between a student and faculty member regarding a grade, academic honesty, academic freedom, mistreatment, or other matter, the student’s first responsibility is to arrange an appointment with the faculty member to discuss the issue. If mutual satisfaction is not reached in this manner, the next step is to arrange an appointment with the department chair who will work to resolve the dispute. Should the department chair be unsuccessful in attempts to mediate, a set of policies and procedures have been implemented by the Graduate School to successfully resolve such issues.

These policies have been provided below and may be found at: http://webs.wichita.edu/depttools/depttoolsmemberfiles/gradschool/grievance%20procedures.pdf

INTRODUCTION: The following statements are designed to provide guidance to graduate students in protesting an actual or supposed circumstance in which they feel they have been wronged.

LIMITATIONS: Conflicts eligible for resolution under these procedures are restricted to academic matters other than grades. Disputes about grades are resolved through the Student Court of Academic Appeals. These procedures do not include conflicts covered by other policies in the University. Grievances can be initiated for circumstances that are within one year from the time of occurrence.

STEPS IN THE PROCESS:
1. A student with a grievance should first consult with the faculty member or administrator perceived to be causing the circumstance which has resulted in the feeling of being wronged and attempt to resolve the conflict at that level.
2. Failure to resolve the conflict in the first step may lead to an appeal at the chairperson or college dean level, depending on who is perceived as causing the circumstance. If available, the student should attempt to resolve the grievance through discussions with the department chairperson, college dean, or through utilization of departmental structures such as a student affairs committee which may exist for this purpose.
3. If the student has exhausted the remedies provided in steps 1 and 2, without success, he/she should schedule a meeting with the Dean of the Graduate School or his/her designee. Grievances or appeals must be presented in writing.

ROLE OF THE GRADUATE DEAN: The Dean of the Graduate School or his/her designee receives complaints or protests and decides whether to take direct administrative action to resolve the conflict or refer the grievance to the Graduate Council. A decision of the graduate dean may be appealed to the Graduate Council. The decision of the Dean of the Graduate School on recommendations received from the Graduate Council is final.

ROLE OF THE GRADUATE COUNCIL: In addition to being the elected representative of the Graduate Faculty, the Graduate Council serves as the Committee on Exceptions in an advisory capacity to the Dean of the Graduate School. This responsibility may be discharged by the Council acting as a Committee of the Whole, through Subcommittees, or Ad Hoc Committees Consisting of selected members of the Graduate Faculty and graduate student body. Conclusions reached by the Graduate Council will be transmitted as recommendations to the Dean of the Graduate School. The Graduate Council also serves as a Committee on Appeals if the student is dissatisfied with direct administrative action taken by the graduate dean. In such cases, the judgment of the Council is final.

The Department of Communication Sciences and Disorders at WSU expects students to follow the Grievance Policies and Procedures of the CSD Department, Graduate School, and WSU. If concerns still exist, students may contact the Council on Academic Accreditation (CAA) at the ASHA Action Center [Members: 800-498-}
Family Educational Rights and Privacy Act of 1974 (FERPA)

In compliance with the “Family Educational Rights and Privacy Act of 1974” (FERPA), the following constitutes the institution’s policy on providing appropriate access to educational records, while protecting their confidentiality.

Wichita State University accords all rights under the law to students. Those rights are: 1) the right to inspect and review the student’s education records; 2) the right to request the amendment of the student’s education records to ensure that they are not inaccurate, misleading, or otherwise in violation of the student’s privacy or other rights; 3) the right to consent to disclosures of personally identifiable information contained in the student’s education records, except to the extent that FERPA authorizes disclosure without consent; 4) the right to file with the U.S. Department of Education a complaint concerning alleged failures by Wichita State University to comply with the requirements of FERPA; and 5) the right to obtain a copy of Wichita State University’s student records policy. A complete copy of the policy may be found in the Wichita State Catalog. Students will be notified of their FERPA rights by publication in the Undergraduate and Graduate Catalogs.

A complete copy of the policy, including the definition of “directory information”, may be found in the Wichita State Graduate Catalog and at: http://webs.wichita.edu/?u=registrar&p=/ferpa/. Forms are provided on the Office of the Registrar’s website for consent to disclose educational records or to prevent disclosure of directory information.

Students wishing to inspect and review educational records maintained in the Department of Communication Sciences and Disorders or the Evelyn Hendren Cassat Speech-Language-Hearing Clinic must submit a written request to the Department Chair.

Release of information forms are also available to you in the CSD Department for the purposes of communicating with non-institutional persons or organizations at various stages of the clinical track program. Examples, among others, are:

- Communication with external clinical practicum sites/supervisors
- Supervisor references to prospective employers
- Reporting your progress prior to (and after) graduation to agencies for state licensure, hearing aid dispensing licenses, and applications for certification of clinical competence.

If your file is marked as “Confidential” with the Office of the Registrar because of a prior request to prevent disclosure of your directory information, departmental release forms will not be valid until that restriction is released.

Essential Functions for Academic and Clinical Success

In order to acquire the knowledge and skills requisite to the practice of speech-language pathology and audiology to function in a broad variety of clinical situations, and to render a wide spectrum of patient care, individuals must have skills and attributes in five areas: communication, motor, intellectual-cognitive sensory-observational, and behavioral-social. These skills (endorsed by the Council of Academic Programs in Communication Sciences and Disorders, 2007) enable a student to meet graduate and professional requirements as measured by state licensure and national certification. Many of these skills can be learned and developed during the course of the graduate program through coursework and clinical experience. The starred items (*), however, are skills that are more inherent and should be present when a student begins the program.

**COMMUNICATION** – A student must possess adequate communication skills to:

- Communicate proficiently in both oral and written English language. (Language to be determined by program.)*
- Possess reading and writing skills sufficient to meet curricular and clinical demands.*
- Perceive and demonstrate appropriate non-verbal communication for culture and context.*
- Modify communication style to meet the communication needs of clients, caregivers, and other persons served.*
- Communicate professionally and intelligibly with patients, colleagues, other healthcare professionals, and community or professional groups.
- Communicate professionally, effectively, and legibly on patient documentation, reports, and scholarly papers required as a part of course work and professional practice.
- Convey information accurately with relevance and cultural sensitivity.

**MOTOR** – A student most possess adequate motor skills to:
- Sustain necessary physical activity level in required classroom and clinical activities*
- Respond quickly to provide a safe environment for clients in emergency situations including fire, choking, etc.*
- Access transportation to clinical and academic placements.*
- Participate in classroom and clinical activities for the defined workday.*
- Efficiently manipulate testing and treatment environment and materials without violation of testing protocol and with best therapeutic practice.
- Manipulate patient-utilized equipment (e.g. durable medical equipment to include AAC devices, hearing aids, etc.) in a safe manner.
- Access technology for clinical management (i.e. billing, charting, therapy programs, etc.).

**INTELLECTUAL / COGNITIVE** – A student must possess adequate intellectual and cognitive skills to:
- Comprehend, retain, integrate, synthesize, infer, evaluate and apply written and verbal information sufficient to meet curricular and clinical demands.*
- Identify significant findings from history, evaluation, and data to formulate a diagnosis and develop a treatment plan.
- Solve problems, reason, and make sound clinical judgments in patient assessment, diagnostic and therapeutic plan and implementation.
- Self evaluate, identify, and communicate limits of one’s own knowledge and skill to appropriate professional level and be able to identify and utilize resources in order to increase knowledge.
- Utilize detailed written and verbal instruction in order to make unique and independent decisions.

**SENSORY / OBSERVATIONAL** – A student must possess adequate sensory skills of vision, hearing, tactile, and smell to:
- Visually and auditorily identify normal and disordered: fluency, articulation, voice, resonance, respiration characteristics, oral and written language in the areas of semantics, pragmatics, syntax, morphology and phonology, hearing and balance disorders, swallowing cognition, social interaction related to communication.
- Identify the need for alternative modalities of communication.
- Visualize and identify anatomic structures.
- Visualize and discriminate imaging findings.
- Identify and discriminate findings on imaging studies.
- Discriminate text, numbers, tables, and graphs associated with diagnostic instruments and tests.
- Recognize when a client’s family does or does not understand the clinician’s written and or verbal communication.

**BEHAVIORAL / SOCIAL** – A student must possess adequate behavioral and social attributes to:
- Display mature empathetic and effective professional relationships by exhibiting compassion, integrity, and concern for others.*
- Recognize and show respect for individuals with disabilities and for individuals of different ages, genders, race, religions, sexual orientation, and cultural and socioeconomic backgrounds.*
- Conduct oneself in an ethical and legal manner, upholding the ASHA Code of Ethics and university and federal privacy policies.*
- Maintain general good physical and mental health and self-care in order not to jeopardize the health and safety of self and others in the academic and clinical setting.*
- Adapt to changing and demanding environments (which includes maintaining both professional demeanor and emotional health).
- Manage the use of time effectively to complete professional and technical tasks within realistic time constraints.
- Accept appropriate suggestions and constructive criticism and respond by modification of behaviors.
- Dress appropriately and professionally.

**Accommodations for Learning and/or Physical Disability**

*Reasonable* accommodation of a physical (includes psychological or psychiatric) or learning disability will be provided if the Department of Communication Sciences and Disorders is notified in writing with appropriate documentation of the disability and approval by the WSU Office of Disability Services (ODS).

If you have a physical, psychiatric/emotional, or learning disability that may impact your ability to carry out assigned course work, you are encouraged to contact ODS; Grace Wilkie Hall, room 203, (316) 978-3309 (voice/tty) (316-854-3032 videophone). CSD will review your concerns and determine, with you, what academic accommodations are necessary and appropriate for you. All information and documentation of your disability is confidential and will not be released by ODS without your written permission.

According to the WSU CSD Department, “in order to qualify for services, students must present written evidence from a qualified professional verifying their disability to the Director of ODS. All documentation received is confidential and will be kept in the Director's office. The federal definition is as follows:

“A person with a disability (handicap):
1. has a mental or physical impairment which substantially limits one or more of such person's major life activities,
2. has a record of such an impairment; or
3. is regarded as having such an impairment.

“Major life activities” includes functions such as caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working.”

ODS requires differing types of documentation based on the specific disability or disabilities. Detailed eligibility guidelines as well as documentation guidelines adopted by the Kansas Association of Higher Education and Disability are available on the ODS website ([http://webs.wichita.edu/?u=disserv&p=/servicepolicies1](http://webs.wichita.edu/?u=disserv&p=/servicepolicies1)).

Due to the nature of activities performed in many clinical settings, adequate accommodation may not be possible in all clinical or practical activities/settings for all documented disabilities and will be determined by the CSD faculty on a case-by-case basis. **It is the student's responsibility to request a consideration of accommodation by contacting WSU Office of Disability Services.**

**Office of Technology Services / WIFI Access / WSU Help Desk**

The Office of Technology Services provides technology support and services for the College of Health Professions (CHP). A quiet computer and study lab for CHP students (100 Ahlberg Hall) is staffed during hours posted online at [www.wichita.edu/ots](http://www.wichita.edu/ots). Students have access to computers, printers, a photocopier, a video player, and carrels for studying.

Wireless access on campus is available to students in most buildings on the main campus and satellite campuses, including our clinic. How to connect? Find WSU Secure in the list of available networks and click “Connect”. A window will pop up asking for your password. Enter your *myWSU* ID and password. Need assistance, go to [http://webs.wichita.edu/?u=userservices&p=/wireless/](http://webs.wichita.edu/?u=userservices&p=/wireless/) for additional details.
The WSU Technology Help Desk answers a wide range of technical questions about the use of WSU services. You can ask for assistance in person at 120 Jabara Hall, by phone at (316) 978-4357, or email helpdesk@wichita.edu. Additional details about services/hours are online at www.wichita.edu/helpdesk.

WSU Student Speech-Language-Hearing Association (WSUSSLHA)

The Department of Communication Sciences and Disorders maintains a student organization called WSUSSLHA. This organization sponsors social and other events throughout the academic year and maintains an active Facebook group page. To join WSUSSLHA, contact Dr. Karissa Marble-Flint or Terese Conrad for more information.

Graduate students are also encouraged to join the student divisions of their professional organizations.

- The American Speech-Language-Hearing Association’s (ASHA) student division is the National Student Speech Language Hearing Association (NSSLHA). National NSSLHA membership provides benefits that help students stay current on advancements in the field, enhance their academic knowledge, find internships and employment, network with other students with similar interests, and save money on products and services. See more at: www.asha.org/nsslha

- The American Academy of Audiology’s (AAA) student division is the Student Academy of Audiology (SAA). See more at: www.audiology.org/saa.

- Become a student member of the Kansas Speech-Language-Hearing Association (KSHA) at www.ksha.org. Look for information on the annual conference which is held in September.

Program and Enrollment Fees

All CSD students are assessed a fee of $15.00 per credit hour for all courses taken within the College of Health Professions.

All students who have a declared major within the Department of Communication Sciences and Disorders (CSD) are assessed a program fee in the amount of $50.00 per credit hour.

- Support maintenance, development and enhancement of clinical facilities, equipment, and research labs.
- Recruit, develop and retain high quality faculty and clinical educators.
- Support development and retention of clinical practicum opportunities in the community.
- Enhance computer software to support acquisition of data collection tools needed to meet accreditation requirements and maintain quality programs.

CSD students in the AuD program are assessed an enrollment fee in the amount of $150.00 annually in the fall semester. These fees, pro-rated across your program, are used to cover costs for the following items:

- Consumables in the Speech-Language-Hearing Clinic (e.g., copies, paper, ink, test materials)
- Clinic nametags
- Training (e.g., CPR certification, First Aid)
- CALIPSO documentation system membership and one-time student registration
- Liability insurance premium
  Students who participate in clinical practicum are required to purchase liability insurance on a yearly basis for as long as they are engaged in a practicum in the CSD program. The department contracts for group coverage which provides each enrolled student coverage in the amount of $1,000,000/$3,000,000.
- Other related items, as appropriate.
Emergency Information

Emergency Alert System

The Shocker Alert System is the quickest way on campus to transmit emergency messages. In a designated emergency, a message will be sent to email accounts or via mobile/text messaging. The service is free and students may sign up through the University website at [http://webs.wichita.edu/?u=shockeralert](http://webs.wichita.edu/?u=shockeralert). The Shocker Alert System will also advise students if the University closes due to adverse weather conditions. You can also call the inclement weather line at (316) 978-6633.

Fire, medical, or police services can be obtained via outdoor emergency telephone kiosks located around campus. Kiosks can be identified by an emergency logo and blue light source. Campus telephones are also available for emergencies. City of Wichita emergency services can be activated by dialing 911. The phone number for assistance from the WSU Police Department is 316-978-3450.

Tornado Emergency Shelter

- **Tornado WATCH:** Conditions are favorable for a tornado to develop in and close to the watch area.
- **Tornado WARNING:** A tornado has been sighted by spotters or is indicated by radar and is occurring or imminent in the warning area.
- **Weekly Siren Test:** Mondays at 12:00 PM

 **WHEN CITY SIRENS SOUND OR A TORNADO WARNING IS IN EFFECT, GO TO THE BASEMENT OF:**

- **Ahlberg Hall** via the northwest stairwell to Room 135 or
- **Advanced Education in General Dentistry (AEGD)** via the east door and stairwell. This building is located across the parking lot from the Cassat Speech-Language-Hearing Clinic.

Fire Emergency or Drill

Evacuate the building when fire alarm sounds. No exceptions!

In Ahlberg Hall, use either the northeast or southeast stairs. Assemble on the far side of the east (faculty/staff) parking lot until the all clear is sounded by an Emergency Building Coordinator (EBC).

Active Shooter

Students are encouraged to review the Armed Intruder or Active Shooter and other important information related to campus safety available online at the WSU Campus Safety homepage: [http://webs.wichita.edu/?u=emergency&p=/emergency_guide/armed_shooter/](http://webs.wichita.edu/?u=emergency&p=/emergency_guide/armed_shooter/).

Parking Permits / WSU Shuttle

Wichita State’s main campus is a permit-only parking environment on weekdays when classes are in session. WSU students, faculty, staff and visitors wishing to park on campus during the enforcement period must register online with the Shocker Parking Management System to park legally. Visit [www.wichita.edu/parking](http://www.wichita.edu/parking) for details.

The WSU Shuttle System is a free service to students, faculty, staff and visitors to WSU. It is provided as an alternative to parking on the WSU main campus. There are two shuttle routes available: The Metroplex Route and the Campus Route. Visit [www.wichita.edu/shuttle](http://www.wichita.edu/shuttle) for details.

WSU English Language Proficiency Policy for Admission and Clinical Practice

**Admission**

The Graduate School at WSU has established an English Language Proficiency policy for applicants whose native language is not English. Admission to one of the graduate programs in the Department of Communication Sciences and Disorders requires a score of 100 on the TOEFL (iBT), with a minimum of 23
on the speaking portion of the iBT, a 600 on the TOEFL (PBT), a 7.5 on the IELTS, or a 73 on the PTE. The full WSU Graduate School English Language Proficiency policy can be accessed at the following URL: http://webs.wichita.edu/?u=gradschool&p=/applicationandadmission/gradenglishproficiency/

Participation in Clinical Practice

All Master’s and AuD graduate students enrolled in Communication Sciences and Disorders Programs at WSU must demonstrate communication competence consistent with ASHA Standards. Specifically, the student must demonstrate speech and language skills in English which are sufficient to achieve effective clinical and professional interaction with clients and relevant others. In addition to issues with spoken English proficiency, this policy applies to all types of communication differences and disorders with the potential to negatively impact clinical competence.

Any student, regardless of his or her native language, who is identified by an instructor, whether academic or clinical, as having spoken or written language proficiency that does not meet the above standard, will be offered the opportunity to receive assessment and intervention through appropriate venues, which may include the Wichita State University Speech-Language-Hearing Clinic and/or the WSU Intensive English Language Center. The student will not be required to participate as a client in therapy; however, the student will be held responsible for development of communication skills sufficient to achieve effective clinical and professional interaction with clients and relevant others. Efforts will be made to assist students in arranging appropriate services/resources.

If a student has been identified as presenting a deficiency in spoken and/or written English, a decision about the appropriateness of continuation as a student clinician in the clinic will be made by the Clinic Director, Graduate Program Coordinator, and Department Chair on a case by-case basis. Students who have been identified as needing services to improve their English must be approved by the Clinic Director and Graduate Program Coordinator for admission into, or continuation of, the clinical practicum experience. (Approved by vote of the Department Faculty on February 10, 2017)

Concealed Carry Policy

The Kansas Legislature has legalized concealed carry on public university campuses. Guns must be out of view, concealed either on the body of the carrier, or backpack, purse or bag that remains under the immediate control of the carrier. Gun owners must familiarize themselves with WSU’s Concealed Carry Policy at http://webs.wichita.edu/?u=wsunews&p=/weapons_policy_documents and the Kansas Board of Regent’s policy at http://www.kansasregents.org/about/policies-by-laws-missions/board_policy_manual_2/chapter_ii_governance_state_universities_2/chapter_ii_full_text#weapons.

If you believe that there has been a violation of this policy, please contact the University Police Department at 316 978-3450.
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ACADEMIC GUIDELINES

Scope of Practice

Scope of practice documents are an official policy of the American Speech-Language-Hearing Association (ASHA) defining the breadth of practice within the professions of speech-language pathology and audiology.

The speech-language pathologist is the professional who engages in clinical services, prevention, advocacy, education, administration, and research in the areas of communication and swallowing. Audiologists provide comprehensive diagnostic and treatment/rehabilitative services for auditory, vestibular, and related impairments. These services are provided to individuals across the life span from infancy through geriatrics; to individuals from diverse language, ethnic, cultural, and socioeconomic backgrounds; and to individuals who have multiple disabilities. Given the diversity of the client population, ASHA policy requires that these activities are conducted in a manner that takes into consideration the impact of culture and linguistic exposure/acquisition and uses the best available evidence for practice to ensure optimal outcomes for persons with communication disorders.


Standards for the Certificate of Clinical Competence

The ASHA Certificate of Clinical Competence is the recognized professional credential for speech-language pathologists (CCC-SLP) and audiologists (CCC-A). The Doctor of Audiology program in the Department of Communication Sciences and Disorders at Wichita State University is designed to provide the academic and clinical experiences required to obtain ASHA certification after successful completion of the degree program.

The complete set of standards and implementation procedures for audiology are available on the ASHA website at http://www.asha.org/Certification/2012-Audiology-Certification-Standards/.

Advising and Plan of Study

In order to officially define a program of study for a graduate degree, AuD students must submit the Plan of Study Form leading to admission to candidacy. The proposed plan identifying the program major code and completion option must be on file in the Graduate School office no later than the 20th day of the fall or spring semester, or the 10th day of the eight-week summer term, during the semester of graduation. The process of filing an acceptable Plan of Study is not complete until the student has received the approved copy from the Graduate School. Failure to meet the deadline for filing an acceptable Plan of Study may result in a delay in graduation or the loss of credit planned for use in the program.

CSD students are advised upon admission to the program regarding the academic requirements that are entered on the Plan of Study Form. In addition to the prescribed curriculum, students must first select the elective coursework they will complete and have those courses approved by their advisor or the Graduate Coordinator. Submission of the Plan of Study Form can be done once those approved courses are entered, which typically occurs prior to the end of their first spring semester in the program.

All students must meet the program requirements in effect at the time the Plan of Study is officially approved. Students may make changes until the filing deadline by submitting a revised Plan of Study Form with the appropriate signatures. A blank Plan of Study form is located on the Graduate School’s website at: http://webs.wichita.edu/depttools/depttoolsmemberfiles/gradschool/PlanOfStudy-Doctoral.pdf

Students are also advised on a tentative clinical practicum sequence called the Plan of Practica. This sequence is created in consultation with your advisor, the Graduate Coordinator, and the Clinic Director. It is reviewed on a
semester basis and acts only as a guideline for clinical scheduling while in residence at the Evelyn Hendren Cassat Speech-Language-Hearing Clinic and in external practicum sites prior to educational, medical, and residency placements during the final year of each program.

**Curriculum for the Doctor of Audiology**

The Doctor of Audiology curriculum includes a minimum of 87 credit hours in the following coursework, typically completed in a three-year, full-time sequence.

**Core Courses**
- CSD 705 Counseling in Communication Disorders
- CSD 803 Introduction to Psychoacoustics
- CSD 804 Clinical Audiology I
- CSD 805 Clinical Audiology II
- CSD 806 Advanced Anatomy and Physiology of the Auditory System
- CSD 807 Acoustics and Instrumentation
- CSD 808 Otoacoustic Emissions
- CSD 851 Medical Audiology
- CSD 854 Hearing Conservation
- CSD 855 Pediatric and Educational Audiology
- CSD 860 Amplification I
- CSD 861 Amplification II
- CSD 863 Professional Seminar in Audiology
- CSD 866 Auditory Evoked Potentials
- CSD 868 Diagnosis and Management of Persons with Balance Disorders
- CSD 870 Current Topics in Amplification
- CSD 871 Current Topics in Auditory Disorders
- HP 801 Interprofessional Evidence-Based Practice
- PHS 804 Principles of Statistics in Health Sciences
- Business Elective (department approved)

**Practica (minimum 26 credits)**
- CSD 886 Clinical Practicum in Audiology
- CSD 997 Audiology Residency

**Research Project (6 credits)**
- CSD 891 Non-Thesis Research Project
- CSD 892 Presentation of Research
- Additional Elective (department approved, if necessary)

**Prerequisites / Tool Subjects (may be completed during the first year of the program)**
- American Sign Language Aural Rehabilitation
- Early Language Development
- Research Methods (e.g., CESP 701, HP 800)
- Responsible Conduct of Research (CSD 940 course plus CITI training)

**Comprehensive Examinations and Advancement to Candidacy Status**
Following two years of academic and clinical coursework, the AuD student must successfully advance to candidacy status in order to complete the final year of the program, a full-time, one-year supervised residency experience in a hospital, clinical or other audiology practice setting. To advance to candidacy, the student must meet all requirement for retention in the program (see next section) and he/she must:

1. Maintain a minimum 3.25 GPA and satisfactorily demonstrate knowledge and skills to faculty and clinical supervisors throughout the first two years of the program.
2. Complete a comprehensive, competency based examination at the conclusion of the first and second years in the program. Students performing unsatisfactorily on either examination will be reexamined on
those areas or questions that were judged as being unsatisfactory at a predetermined date and time.

Year 1: Clinical Competency Examination
Students will have the opportunity to demonstrate their early clinical competence in performing basic diagnostic auditory testing, their knowledge regarding those procedures, and interpretation of auditory assessment results. This examination is conducted either in the diagnostic testing facilities in Hubbard Hall or in the Audiology Clinic at the WSU Eugene M. Hughes Metropolitan Complex.

Year 2: Comprehensive/Qualifying Examination
A written examination that covers information from coursework and clinical experiences that students have completed during the first two years of their program. The basis for this exam is to determine if students are prepared to enter their third-year residency experience.

3. Complete a mentored research project and oral presentation during their second year.

Program Retention
Students not judged as performing satisfactorily academically, clinically, or by performance on the clinical and written comprehensive examinations will meet with the faculty and clinical supervisors of the AuD program to discuss her or his progress and review the results of the evaluations. A Plan of Remediation will be developed by the program faculty and clinical supervisors (as appropriate) during the evaluation meeting with the student. A time frame during which improvements in performance are expected will be discussed with the student. If significant improvements in performance, either on the written examination or clinical performance demonstrating improved competence are not demonstrated within a specified period of time as determined by faculty and clinical supervisors, not to exceed two semesters (including summer), then dismissal from the program will be instituted.

Grades of C+ (2.33 points per credit hour) or lower in any class or clinical experience, a GPA that drops below the required 3.25 GPA, or any unprofessional behavior including cheating, plagiarism, or other unprofessional behavior during coursework or clinical experiences during the program of study will result in an Academic Warning which will be placed in the student’s file. Two Academic Warnings will result in the student’s dismissal from the program.

Research Guidelines

Doctor of Audiology Nonthesis (Capstone) Project
Each student in the Doctor of Audiology program will complete a non-thesis research (capstone) project during the second year of their program. A minimum of three (3) credits is required. Students may opt to complete an expanded research project with the approval of the AuD Program Coordinator and the faculty member directing their research. A maximum of six (6) credit hours may be counted for the expanded project.

The Doctor of Audiology degree is a professional practitioner degree through which students are primarily prepared to work as audiologists in clinical or hospital settings upon completion of the three-plus year degree program. It is the philosophy of this Doctor of Audiology Program that not only should doctoral-level students be prepared academically through their didactic coursework and clinical practicum experiences, but also be provided the opportunity to engage in research in the various clinical aspects of this field.

The purpose of the research project is to provide Doctor of Audiology students with a hands-on experience regarding the fundamental role that research can play in the day-to-day clinical work and continuing education of audiologists. More specific purposes of the research project include (1) acquainting students with the process of formulating testable, relevant research questions and hypotheses; (2) developing a research proposal through a literature review and consultation with a project advisor, other consulting faculty, and other human and media sources as necessary; (3) requiring students to carry out the research either through a data-based study, evaluation of historical research, or development of a usable clinical methodology or media; and (4) to provide students with a forum to disseminate their research, at a minimum, by presenting their project in a formal, live presentation to fellow students and departmental faculty members.
Application for Degree Procedures and Timelines

All graduate degree candidates are required to formally file the Application for Degree and Exit Survey with the Graduate School at the beginning of their last semester in the program. The application is located under “Graduation Links” in the myWSU portal. **Fee: $15.00**

The timelines for the application for degree and all graduation requirements are posted at:  
http://webs.wichita.edu/depttools/depttoolsmemberfiles/gradschool/GraduationDeadlines.pdf

*Failure to meet posted filing deadlines will result in a delay in graduation!*

Students should compare their plan of study against their transcripts at the beginning of their final semester. Revisions to the plan of study must be submitted if there are inconsistencies and requests should be made to the instructor of any courses with incomplete grades. Notifications of the completion of graduation requirements will be sent to the Graduate School after clinical hours from the final practicum course have been submitted to the Clinic Director. Practicums that end beyond the posted deadline will most likely also have a delayed graduation date if the University has already processed student records for that semester.

Graduation Requirements

To successfully complete the AuD program, students must:

1. Earn a cumulative graduate GPA of at least 3.25 for all courses on the Plan of Study and a cumulative graduate GPA of at least 3.0 for all WSU graduate level coursework.
2. Complete a mentored research project and oral presentation during their second year.
   - Submit a copy of the presentation to the CSD Department for your student file.
3. Achieve a passing score on the Praxis II examination in Speech-Language Pathology or Audiology as determined by the State of Kansas and report the official result to the CSD Department.
   - Testing windows are scheduled on a monthly (SLP) / seasonal (AUD) basis. Plan accordingly as it can take up to 4 weeks for official results to arrive.
   - **Recipient codes:**
     - 0098 – WSU Department of CSD
     - 5031 – American Speech-Language-Hearing Association
   - **Passing score:** 170
   - An alternate comprehensive exam will be administered within the CSD Department if a student does not pass the Praxis II exam after two attempts prior to graduation. A passing score on the Praxis II exam is still required for state licensure and ASHA certification.
   - Students must complete their final practicum entirely regardless of whether or not they have earned the minimum amount of clinical hours required for ASHA certification.
5. Demonstrate competence in clinical knowledge and skills.

Commencement

Degrees are conferred at the close of the summer (July/August), fall (December), and spring (May) semesters. Commencement ceremonies are held only in December and May. Details are available online at: [www.wichita.edu/commencement](http://www.wichita.edu/commencement).

Doctoral degree candidates are eligible to participate in the commencement ceremony held in the semester during which they complete their program requirements.
Regalia for the commencement ceremony is sold at the University Bookstore, located inside the Rhatigan Student Center. The graduate hood color for the AuD program is GREEN with the University’s black and gold.

**Professional Credentialing**

**State Licensure**
The CSD Department will send a memo to the State of Kansas licensing agency listed below at the conclusion of each student’s program verifying the completion of all coursework and clinical hours. It is the student’s responsibility to complete all other application requirements for state licensure.

- Kansas Department for Aging and Disability Services (KDADS), Health Occupations Credentialing Website: [http://www.kdads.ks.gov/commissions/scc/health-occupations-credentialing](http://www.kdads.ks.gov/commissions/scc/health-occupations-credentialing)
  Contact: Wendy Davis, Licensing Administrator: (785) 296-0061  wendy.davis@ks.gov

Applying to another state? Students should consult the ASHA website ([www.asha.org/advocacy/state](http://www.asha.org/advocacy/state)) for information on the licensing requirements and contact information for all state agencies.

**State of Kansas Hearing Aid Dispenser Licensing**
Audiologists must also obtain a hearing aid dispenser license to dispense hearing aids in the State of Kansas. The CSD Department will send a memo to the agency listed below at the student’s request (send email to csd@wichita.edu) upon conclusion of the program.

- Kansas Board of Examiners in Fitting and Dispensing Hearing Instruments ([www.kbhae.com](http://www.kbhae.com))
  PO Box 464, Paola, KS 66071
  Contact: Dr. Zack Miller (913) 594-4142  FAX (913) 594-4145  zack.miller@ks.gov

A licensed audiologist employed by a publicly funded school district, a special education cooperative, or an education service center while serving preschool through high school age students so long as such organization does not sell hearing aids or accessories thereto and such person performing the fitting does not specifically charge the person fitted a fee for such services is exempt from obtaining a hearing aid dispensing license.

**Clinical Fellowship (CF) / ASHA Membership and Certification (CCC)**
Consult the ASHA website ([http://www.asha.org/certification](http://www.asha.org/certification)) for details regarding clinical fellowship and/or certification requirements for each discipline. Review the membership dues information for details about discounts for recent graduates and NSSLHA members.

Students complete all pages of the current Application for the Certificate of Clinical Competence for their discipline and send them to the CSD Department for signature. The original pages are either picked up by the student or returned to the student by mail. It is the student’s responsibility to submit the application to ASHA. The departmental signature can be requested at the conclusion of the program or near the end of a clinical fellowship experience if one is required.

**Availability of Transcripts and Diplomas**
Students may request final transcripts and diplomas from the WSU Registrar ([www.wichita.edu/transcript](http://www.wichita.edu/transcript)). Official transcripts with a degree statement (including graduation date, degree awarded, and any institutional honors earned) are available approximately one month after the semester’s last grading period has concluded. For example, transcripts may be available beginning mid-June for spring graduates or mid-August for summer graduates.

Students may request a degree verification letter from the WSU Graduate School if documentation of the degree is needed in the interim between the end of term and availability of transcripts. This letter will only be generated after all degree requirements have been met and grades in all courses listed on the Plan of Study have been finalized by the Registrar.
Other Employment Resources

GENERAL CLINIC INFORMATION

Mission Statement

To provide opportunities for graduate students to develop their clinical knowledge and skills directed by certified professional supervisors.

The clinic objectives are to:
- Provide clinical services to individuals with communicative and hearing disorders
- Provide consultative services to agencies in the community
- Provide facilities and opportunities for students to develop diagnostic and clinical skills to demonstrate competencies required for entry in the professions
- Promote the generation and dissemination of new information through clinically applicable research.

Code of Ethics

All faculty, staff and students who participate in service delivery in the WSU Evelyn Hendren Cassat Speech-Language-Hearing Clinic must follow the Code of Ethics of the American Speech-Language-Hearing Association (ASHA). You are expected to know this code and follow it in all clinical practice. Questions regarding interpretation of the Code of Ethics can be referred to clinical supervisors and faculty or to the ASHA Action Center [Members: 800-498-2071; Non-Members: 800-638-8255].

The ASHA Code of Ethics may be found at: www.asha.org/code-of-ethics

Standard Precautions

Standard Precautions were once known as "Universal Precautions." The Centers for Disease Control and Prevention (CDC) recommend certain practices for the prevention of blood-borne pathogens. Training on these guidelines is mandated annually for all individuals who are recognized as at-risk to occupational exposure for blood-borne pathogens. Students will complete these modules through clinical courses.

Standard Precautions include hand hygiene, isolation precautions, wearing personal protective equipment, following needle safety and sharps procedures and disposal, medical waste disposal, and sterilization of reusable equipment.


Background Checks / Substance Abuse Policy

Before participating in clinical practicum and/or patient care activities, all students will be required to pass a background check. Students are required to obtain the background check according to guidelines provided with their admission letter. Prior misdemeanor or felony convictions reported by the student will be reviewed on an individual basis. Verification of this background check will be sent to the affiliated facility when a student is completing an off-campus practicum experience.

It is the policy of the Evelyn Hendren Cassat Speech-Language-Hearing Clinic that no student shall report to a clinical assignment with the presence of illegal drugs or alcohol in his or her body. Suspicion of substance abuse may include: (1) observable phenomena while in the clinic, such as direct observation of the manifestations of being under the influence of a drug or alcohol; (2) abnormal conduct or erratic behavior while in the clinic or a significant deterioration in performance of clinical duties; or (3) a report of drug use provided by a reliable and credible source and independently corroborated. Any student determined to be in violation of this policy is subject to disciplinary action, which may include termination from the program, even for the first offense.
A student may appeal this decision and/or request readmission to a practicum assignment in writing to the CSD Department Chair and the Clinic Director.

Medical Clearance

Participation in clinical practicum requires that students obtain medical clearance prior to the start of any practicum course. This medical clearance includes the following:

- Proof of a negative TB test must be submitted prior to your initial practicum and annually thereafter.
- Proof of a medical physical examination must be submitted prior to your initial practicum and annually thereafter.
- Proof that all immunizations required of students enrolled in undergraduate and graduate academic/clinical programs housed within the College of Health Professions are up to date. These requirements will typically follow the guidelines from the Centers for Disease Control and Prevention (CDC) for health professionals.
- Any other requirements stipulated by the College of Health Professions or Student Health Services.

Confidentiality / HIPAA

In accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the ASHA Code of Ethics, all information concerning past and present clients is strictly confidential. The following information is considered as protected health information (PHI) and should not be distributed without permission: name of client, diagnosis, family information, date of admission, date of evaluation or treatment, street address, city, state, zip code, date of birth, phone number, social security number, medical record number, or any clinical data and reports.

Confidentiality of information about clinic clients and their families is essential. Information provided by clients or about clients from other professionals and agencies is protected by law. Clients are not to be discussed outside of appropriate clinical areas or faculty/staff offices. Written information about clients should not be left in public areas. Clinic records may not be removed from client folders. If students need to take information home for planning or reporting purposes, notes can be written as long as they do not contain identifying information.

If a client’s parent asks to see his/her child’s file, the supervisor should be contacted. The clinic must comply with the freedom of information requests but the supervisor has the right to be present to interpret the reports. Under no circumstances should a student release information either orally or in writing without the supervisor’s consent. A release of information form must be signed by the client or responsible party before reports can be transmitted to other professionals or agencies.

If e-mail will be used to send reports to supervisors, all PHI must be removed. For added security, the following disclaimer must be included in the body of the e-mail:

**IMPORTANT NOTICE:** This message is intended only for the use of the individual or entity to which it is addressed and may contain information that is privileged, confidential and exempt from disclosure under applicable law. If you have received this message in error, you are hereby notified that we do not consent to any reading, dissemination, distribution or copying of this message. If you have received this communication in error, please notify the sender immediately and destroy the transmitted information.

Presence of Students’ Children/Family Members in the Clinic

It is the policy of the SLH Clinic to discourage students from bringing their children/family members to classes and clinic sessions as well as to work/play areas in the clinic/offices. Confidentiality prohibits children from observing clinic sessions and visiting or staying in the work areas. Furthermore, the presence of children can disrupt classroom/clinic organization. The Clinic recognizes, however, that extenuating circumstances occur in
which alternative child-care arrangements cannot be made. In such events, limited permission may be granted on an individual basis through prior contact with the clinical supervisor or Clinic Director.

In some cases, a student’s children may be recruited to serve as peer models or conversation partners for various clinical groups. In this case, permission to be in the Clinic will be authorized by the clinical supervisor.

**Dress Code / Personal Grooming Policy**

The personal grooming of all student clinicians and observers must be appropriate to the professional atmosphere. Clothing should be neat and clean and should allow freedom of movement. The Clinic polos that you have purchased are considered clinic attire and should be worn when you are seeing clients. Clinic-issued nametags are to be worn on the polo when providing clinical services. It is up to the discretion of your external supervisor whether clinic polos are to be worn at external practicum sites and additional dress code regulations may be required of students while at an off-campus facility.

The following items will be considered inappropriate in the clinical setting:

- tight fitting and/or extremely revealing clothing
- shorts of any kind or excessively short skirts
- denim jeans
- sweat shirts and/or pants
- athletic tennis shoes
- excessive or strong perfume
- visible tattoos or body piercings (tongue, lip, eyebrow, etc.)
- multiple ear piercing beyond one single piercing in the ear lobe.
- non-WSU logo apparel
- flip flops
- long or artificial fingernails or excessive decorative fingernail polish
- Hair: style should be neat, clean and in good taste. Human hair colors only.
- Jewelry must be professional and discreet.
- Perfume is discouraged.

Clothes must cover all undergarments and be of a length that covers chest, stomach area and lower back at all times. Skirts must be at least knee length when the student is standing. Shirts and pants must cover cleavage, stomach, and lower back at all times, including when the student clinician is bending, stooping, or reaching. Capri pants must be below the knee. Sandals are allowed if they appear professional. Denim is allowed in skirts, vests, or jackets.

**Clinic attire** is required anytime you are in the Clinic to see clients or families. If an item is in doubt, it is suggested that you bring a change of clothes as a back-up plan. The supervisor will have final authority as to what is appropriate dress or grooming. Student clinicians may be prevented from participating in Clinic activities if it is determined that dress and/or grooming are inappropriate.

Individuals who have questions concerning the dress code/grooming policy, should contact the Clinic Director or their supervisor.
Online social networks such as Facebook and Twitter have become popular communication tools. These forums offer unique opportunities for people to interact and keep in contact, and have great potential to augment friendships and professional interactions. As professionals with a unique social obligation, speech-language pathology and audiology students as well as faculty and staff must be cognizant of the public nature of these forums and the permanent nature of postings therein. While these sites offer terrific potential to bolster communication with friends and colleagues, they are also a potential forum for lapses of professionalism and professional behavior. These sites may give the impression of privacy, but postings and other data should be considered in the public realm and freely visible by many people.

The following guidelines apply to the use of social media by CSD faculty, staff and students. Social media guidelines for WSU departments and employees are available on the Visual Identity Standards website [http://webs.wichita.edu/?u=visualstandards&p=/social_media_playbook/].

1. Interactions with clients on these sites is not acceptable. Interactions between students and faculty or clinical supervisors is strongly discouraged.

2. Postings on social network sites are subject to the same professionalism standards as any other personal interactions. The permanence and written nature of these postings make them even more subject to scrutiny than most other forms of communication. Students may be subject to disciplinary actions within the Department for comments that are either unprofessional or violate client privacy. Statements made by you on online networks will be treated as if you verbally made the statement in a public place.

3. In online social networks, the lines between public and private, personal and professional are blurred. Just by identifying yourself as a WSU student or staff member, you are creating perceptions about WSU to all you have access to your profile. Be sure that all content associated with you is consistent with your position at the school and WSU’s values and professional standards.

4. Use of these social networking sites can have legal ramifications. Comments made regarding care of clients or that portray you or a colleague in an unprofessional manner can be used in court or other disciplinary proceedings (e.g., State Licensing Boards).

5. Unprofessional postings by others on your page reflect very poorly on you. Please monitor others’ postings on your profile and work to ensure that the content would not be viewed as unprofessional. It may be useful to block postings from individuals who post unprofessional content.

6. Keep in mind that statements and photos posted on these sites are potentially viewable by future employers, and even if deleted can be recovered under certain circumstances. Be aware too, that images can be downloaded by and forwarded to others. It is not uncommon for potential employers to search for the social network profiles of potential hires, and there are many examples of people not being offered a job because of findings on social networking sites.

7. Relationships online with supervisors and faculty or other students are governed by the WSU policy against sexual harassment. Cyber stalking, requests from those who you supervise to engage in activities outside of work, and inappropriate postings to social networking sites while supervising trainees can all be considered forms of sexual harassment.

8. It is advisable that you set your privacy profile so that only those people to whom you provide access may see your personal information and photos.

9. Avoid sharing identification numbers (e.g., address, phone numbers, birthdate or other data that could be used to obtain your personal records) on your personal profile.

10. Others may post photos of you and may “tag” you in the photos. It is your responsibility to make sure that these photos are appropriate and not embarrassing or professionally compromising. It is wise to “untag” yourself from any photos as a general rule and to refrain from tagging others unless you have explicit permission to do so.

11. HIPAA regulations apply to comments made on social networking sites, and violators are subject to the same prosecution as with other HIPAA violations.

12. Online discussions of specific clients should be avoided, even if all identifying information is excluded.
It is possible that someone could recognize the client to which you are referring based on the context of your post.

13. Refrain from accessing personal social networking sites while at work or in clinical work areas.

**Attendance and Absences**

Students are to arrive at the Clinic or rotation sites a minimum of 15 minutes prior to the scheduled appointment time. All materials should be prepared and the treatment room set-up prior to the start of the session. For audiology clients, sessions are to be finished and the room vacated 5 minutes prior to the start of the next session.

Unexcused absences from the clinic or clinical rotations will not be tolerated. After any unexcused absence, the clinician must meet with the supervisor to determine appropriate disciplinary action.

Excused absences, defined as absences in which the clinical supervisor was notified prior to the client’s arrival (preferably 24 hours when possible), should occur only in emergencies such as illness. If you are ill, please do not come to clinic. When you have had a fever that is greater than 100.4 degrees, vomiting, or uncontrolled gastrointestinal issues, please do not return to clinic until you have gone 24 hours without these symptoms. Reasons that would not justify an excused absence include studying, working on class projects, working as a graduate assistant or other employment, scheduled non-emergency appointments, etc. If a situation arises that causes the clinician to need an **excused** absence:

The first course of action is to contact fellow students and try to find a “substitute clinician” (WSU clinic only, not rotations). Then, the clinician is to call his/her clinical supervisor to inform them why the clinician will not be there and who will be “filling in”.

**Mailboxes / Email**

All student are assigned a mailbox in the Clinic Records Room. Clinicians must check their mailboxes, email, and message board in the clinic on a regular basis, and are encouraged to do so frequently each day. Mailboxes should be cleaned out at the end of the semester. Clinicians are not to remove items from another clinician’s mailbox without authorization.

Students are required to use their student “@shockers wichita.edu” email account for ALL email communications with clients/guardians and clinical supervisors. Keep your personal and professional lives separate! Personal email accounts (Gmail, Yahoo, etc.) are not appropriate for clinic business.

**Student Workroom Lockers**

Students will be assigned a locker in the student workroom. Students may purchase locks to secure items in the lockers. In order to accommodate all students, two students may share one locker. Although locks may be used for security, it should be noted that valuables should be kept in one’s possession or locked in cars. Lockers must be cleaned and locks removed by the final day of each semester. Any remaining locks will be cut and items may be discarded.

**Copier Privileges**

Each CSD student with a Copier-Printer Access Code is allotted 500 black and white copies/prints and 10 color copies/prints per academic semester. When these limits are exceeded, the student access code will be disabled and any copying and printing will need to go through the Administrative Assistant. A charge of $0.05 per copy will be assessed and due upon job completion. Copier/printer usage will be actively monitored. Clinic staff will do their best to inform students if they are approaching the semester limit and students may request a usage reading at any time. Unused copying and printing amounts do not accumulate from one academic semester to the next.
iPad® Check-Out and Usage Policy

The Evelyn Hendren Cassat Speech-Language-Hearing Clinic has a set of ten (10) 32 GB iPad2 devices (with camera) available for clinical/research purposes. Students, faculty and staff in the Department of Communication Sciences and Disorders are eligible to use these iPads. Guests and other affiliated personnel are not eligible to use these iPads. Each iPad is pre-loaded with a variety of apps. The specific apps loaded on a specific iPad are identified in the black notebook found with the iPad storage case.

Students may use an iPad for two (2) hours at a time but they can only be used in the Clinic area. A longer period of time may be approved by a supervisor. iPads must be returned to the front desk when not in use. The borrower is responsible for any loss or damage to the device while it is checked out to him/her. iPads may be reserved at the front desk in the reservation binder. It is the borrower’s responsibility to be sure that a specific iPad has not been reserved before taking it for their own use.

Students will fill out an iPad Checkout Form located in the Clinic office. When returning the iPad, remove the colored iPad Checkout Form. iPads must be returned to the charging station by the close of clinic each night.

Students may NOT download apps (free or otherwise) directly onto a Clinic iPad for clinic purposes --- only the Clinical Supervisor has the authority to download an app. All apps requiring purchase MUST be installed through the University’s Information Technology Services department. Any app installed on an iPad that is not part of the Department’s preloaded and approved list is subject to be erased from the iPad at any time for any reason, and the user may lose all privileges for further iPad use. After each use of an iPad, remove any videos or pictures you have put on the device. Any video or other personal information left on the iPad may be subject to deletion at any time as well.

CSD students will be asked to sign a copy of the iPad Lending Agreement annually (see Appendix A).

Poster/Flyer Policy for University Grounds and Facilities (Sidewalk Chalk)

As you plan your clinical activities, please be aware that sidewalk chalk is not permitted on University facilities. The full policy is available at: http://webs.wichita.edu/inaudit/ch11_10.htm.

Client Files / Point and Click

Client files, prior to the installation of Point and Click Electronic Medical Records, are located in the Clinic Records Room. Files are arranged alphabetically according to the client’s last name. Since the installation of the Point and Click installation, new client files are scanned into the records system and a paper file is not generated. No client paper files may be taken out of the clinic area! Information from the files may be photocopied with all identifying information removed for clinician use. Drafts of client reports should be shredded in the clinic.

Client paper and electronic files should be kept up to date. This includes making sure all information is recorded correctly (e.g., HA info cards), phone numbers are accurate, HIPAA form signed, reports signed, clinical action page completed etc.

We transitioned to an electronic health records system called Point and Click in April 2016. Policies and procedures for using this system during clinical practicum at the Evelyn Hendren Cassat Speech-Language-Hearing Clinic have been distributed to faculty, clinical educators, and students as they became available. All new CSD speech language and audiology graduate students will receive training in using the system. Questions regarding access to/use of this system should be addressed to your clinical supervisor, the Clinic Director, or Coni Nutter.
Clinical Practicum Requirements

The primary purpose of clinical practicum is to help students become competent in the assessment and treatment of various communication disorders. For this reason, students are required to be continuously enrolled in practicum courses during their graduate work, regardless of whether they have met the ASHA clock-hour requirements in certain categories.

1. Students are required to complete clinical practicum hours in accordance with the current standards of the American Speech-Language-Hearing Association (ASHA).
2. Any new clinician who has had prior supervised clinical observation hours and/or experience at another institution must provide a copy of these clock hours during the first semester in which they enter the program. This form must be signed by a supervisor who holds the ASHA Certificate of Clinical Competence (CCC-SLP or CCC-A).
3. Although the facility has a responsibility to help students obtain clinical competencies and hours to be eligible for ASHA certification, students are responsible for keeping track of their clinical hours and informing the supervisors of any specific needs.

CALIPSO

Wichita State University uses the CALIPSO web-based application for tracking the development of knowledge and skills for each graduate student. In addition, CALIPSO allows for tracking clock hours and competencies. CALIPSO manages key aspects of clinical education designed specifically for training programs in speech-language pathology and audiology. It offers the unique feature of interactive and customized data dashboards that enable interaction between students and supervisors.

At the start of your graduate program, you will be provided with instructions on how to use the program and a PIN number to register your CALIPSO account. Your login will always be your WSU student email account address (e.g., jxsmith1@shockers.wichita.edu) and the password will be the one you generate during the registration process. Students are expected to enter both their contact information and at least one emergency contact on their CALIPSO account and to update them at the start of each semester throughout the program.

Throughout their graduate program, each student must adhere to departmental notifications and policies for keeping his/her CALIPSO account current and complete. This includes scanning in of documents into your local folder under the blue “clinical placement” link and selecting “public.” This will allow only you and your supervisors to have access to these documents from CALIPSO. Documents to be scanned by students include the Clinical Development Outline, Clinical Assistance Plans, and immunization records. Students are required to create a daily log entry in CALIPSO for every client session on the day the session is completed! Clock hours are to be submitted to each supervisor for approval twice each semester – at midterm and at the conclusion of the semester. Supervisors may request more frequent updates from students at their discretion. Forms are available in CALIPSO should students want to keep a duplicate paper record of hours for their own records. Semester clinical grades may be delayed if clock hours are not submitted and approved on time for that semester.

At the conclusion of each clinical experience, students are required to meet with their supervisor(s) to discuss the evaluation(s) that will help determine their semester clinic grade. If the student was supervised by more than one person, each supervisor will submit a separate evaluation which will be weighted based on the percentage of clock hours with that student. Students are also expected to complete a Supervisor Feedback Form at the end of each semester for every supervisor they have worked with that term. This feedback is reviewed by the Clinic Director or a designated person with administrator level access in the program prior to being sent to the supervisor. The feedback form will be anonymous to the supervisor.

All students are expected to monitor their progress regarding completion of the ASHA certification standards in place at the time they intend to apply for clinical certification. In CALIPSO, clinical competencies are tracked in the “Cumulative Evaluation” section and competencies/learning objectives obtained through academic coursework are tracked in the “KASA” section. The Cumulative Evaluation section is populated by results from supervisor evaluations submitted throughout the program; an average result of Adequate (3.0) is required in each
competency listed. Prior to graduation, students must have met the required amount of clinical clock hours, have a completed KASA, and have no flagged (orange) items on their Cumulative Evaluation. The program reserves the right to request additional information throughout the program in order to verify a student’s completion of clinical certification and state licensure requirements. Approximately one month after graduation, the students will be locked out of CALIPSO to limit access for FERPA purposes. All information that the student wants copies of, should be printed prior to being locked out.

Clinic Hours Policy

The clinic hours operate from 7:30 a.m. to 8:00 p.m. Monday through Thursday during the Fall and Spring semesters, and 8:00 a.m. to 6:00 p.m. on Fridays. This schedule changes slightly when clinic is not in session or during the summer semester. Students are not allowed to remain in the clinic outside this timeframe unless previously cleared with a faculty or clinical supervisor. In the event that arrangements are made, an employee of the clinic must be present on site during this time.
FORMATIVE & SUMMATIVE STUDENT EVALUATION & REMEDIATION FOR THE CLINICAL PRACTICUM

Student Evaluation for Clinical Performance

CSD coursework and essential functions should be considered as a baseline of required information to be permitted to participate in clinical education. Although evaluation of learning will be based on the ASHA Standards and competencies, it will not necessarily be limited to these. Exceptional performance, as indicated by the grades of A and B, will require additional independence in research, study, integration, and application by the student beyond the learning objectives. Evaluation of learning will be determined utilizing various formats (e.g., objective testing, case studies, written skills, verbal skills, small group work, data collection, and performance of clinical skills).

Students will be evaluated based on clinical standards and competencies, and on professional behaviors (e.g. Essential Functions for Academic and Clinical Success) by a binary system (e.g., met or not met). These components will be scored in CALIPSO as clinical performance evaluations at midterm and/or the end of the semester (midterm evaluations are not typically completed during the Summer semester). Evaluations will be completed by those supervising in the current clinical experience. All components of this evaluation process must be successfully completed to be eligible for graduation from the Wichita State University Doctor of Audiology Program.

Clinical Development Outline

Every new student will start the program with a Clinical Development Outline (CDO; see Appendix B and Appendix C). The student must meet the requirements of the university as well as demonstrate a set of knowledge and skills as defined by ASHA certification standards. It is possible for a student to make a passing grade in a course/practicum and still not demonstrate all of the knowledge and skills covered in the course or expected in practice. The areas of study requiring attention will be identified when a student does not meet a competency in a course or clinical experience. Goals and recommendations will be developed for the student to complete in order to demonstrate competency in the areas(s) identified. The individual who initiates the development outline will determine if the goals have been achieved in the designated time frame. A copy of the outline is distributed to the student at the beginning of the semester. The supervising clinician will keep the original of the CDO throughout the semester until it is either met or completed. At that time, it will be scanned into the local folder in CALIPSO by the student as described in the CALIPSO section above. For students who do not meet the objectives of the Clinical Development Outline, a Clinical Assistance Plan will be developed.

Clinical Standards and Competencies Grading System

WSU uses a +/- grading scale for final grades and to calculate grade point averages. In this class, grades are assigned according to the following chart. Students’ first semester in clinic is Clinical Practicum I. Students’ second semester in clinic is Clinical Practicum II, and so on. Most students will finish Clinical Practicum IV prior to enrolling in external practica, CSD 821 Educational Practicum and CSD 823 Medical Practicum. Rarely, students will have Clinical Practicum V before they enroll in eternal practica.
<table>
<thead>
<tr>
<th>Average Points Earned on Student Clinical Performance Evaluation</th>
<th>Letter Grade</th>
<th>Grade Points</th>
<th>Interpretation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Practicum I – II</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.00 - 5.00</td>
<td>A</td>
<td>4.00</td>
<td>Mastered: Skill is consistent and well developed.</td>
</tr>
<tr>
<td>3.69 - 3.99</td>
<td>A-</td>
<td>3.67</td>
<td>Competent: Skill is developed/implemented most of the time and needs continued refinement or consistency.</td>
</tr>
<tr>
<td>3.38 – 3.68</td>
<td>B+</td>
<td>3.33</td>
<td>Adequate: Skill is present and needs further development, refinement or consistency</td>
</tr>
<tr>
<td>3.07 – 3.37</td>
<td>B</td>
<td>3.00</td>
<td></td>
</tr>
<tr>
<td>2.76 – 3.06</td>
<td>B-</td>
<td>2.67</td>
<td>Emerging: Skill is emerging, but is inconsistent or inadequate</td>
</tr>
<tr>
<td>2.45 – 2.75</td>
<td>C+</td>
<td>2.33</td>
<td></td>
</tr>
<tr>
<td>2.14 – 2.44</td>
<td>C</td>
<td>2.00</td>
<td></td>
</tr>
<tr>
<td>1.83 – 2.13</td>
<td>C-</td>
<td>1.67</td>
<td></td>
</tr>
<tr>
<td>1.52 – 1.82</td>
<td>D+</td>
<td>1.33</td>
<td></td>
</tr>
<tr>
<td>1.21 – 1.51</td>
<td>D</td>
<td>1.00</td>
<td>Not Evident: Skill not evident most of the time</td>
</tr>
<tr>
<td>1.00 - 1.20</td>
<td>D-</td>
<td>0.67</td>
<td></td>
</tr>
<tr>
<td>Below 1.00</td>
<td>F</td>
<td>0.00</td>
<td></td>
</tr>
<tr>
<td>Average Points Earned on Student Clinical Performance Evaluation</td>
<td>Letter Grade</td>
<td>Grade Points</td>
<td>Interpretation</td>
</tr>
<tr>
<td>---------------------------------------------------------------</td>
<td>--------------</td>
<td>--------------</td>
<td>----------------</td>
</tr>
<tr>
<td>Clinical Practicum III – V</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.27 - 5.00</td>
<td>A</td>
<td>4.00</td>
<td>Mastered: Skill is consistent and well developed.</td>
</tr>
<tr>
<td>3.96 - 4.26</td>
<td>A-</td>
<td>3.67</td>
<td>Competent: Skill is developed/implemented most of the time and needs continued refinement or consistency.</td>
</tr>
<tr>
<td>3.65 - 3.95</td>
<td>B+</td>
<td>3.33</td>
<td>Adequate: Skill is present and needs further development, refinement or consistency</td>
</tr>
<tr>
<td>3.34 - 3.64</td>
<td>B</td>
<td>3.00</td>
<td></td>
</tr>
<tr>
<td>3.03 - 3.33</td>
<td>B-</td>
<td>2.67</td>
<td>Emerging: Skill is emerging, but is inconsistent or inadequate</td>
</tr>
<tr>
<td>2.72 - 3.02</td>
<td>C+</td>
<td>2.33</td>
<td></td>
</tr>
<tr>
<td>2.41 - 2.71</td>
<td>C</td>
<td>2.00</td>
<td></td>
</tr>
<tr>
<td>2.10 – 2.40</td>
<td>C-</td>
<td>1.67</td>
<td></td>
</tr>
<tr>
<td>1.79 – 2.09</td>
<td>D+</td>
<td>1.33</td>
<td></td>
</tr>
<tr>
<td>1.48 – 1.78</td>
<td>D</td>
<td>1.00</td>
<td>Not Evident: Skill not evident most of the time</td>
</tr>
<tr>
<td>1.17 – 1.47</td>
<td>D-</td>
<td>0.67</td>
<td></td>
</tr>
<tr>
<td>Below 1.17</td>
<td>F</td>
<td>0.00</td>
<td></td>
</tr>
</tbody>
</table>

Students will receive a numerical grade for each rotation reflecting the various components of the clinical skills, competencies, and standards. Numerical grades will be determined based on the following categories depending on level of independence from supervisor:

- Problem solving/critical thinking
- Data collection
- Ability to provide assessment
- Ability to provide written and verbal feedback to client, caregivers, and clinical educators
- Development and adjustment of treatment plans
- Ability to provide visual, verbal, physical supports for scaffolding

If there is a question regarding grade assignment, you have the right to contact the clinical supervisor or Clinic Director regarding the specific factors which may have affected your grade. If you do not agree with the grade,
an appeal with supporting rationale should be submitted in writing following the appeal process (see Clinic Appeal Policy).

Professional and Essential Function Grading System

The Program expects all audiology students to model professional behavior, in both the classroom and clinical setting. Examples of professional behaviors are listed under the Essential Functions for Academic and Clinical Success in the student handbook and could also include:

- Making a commitment to your education
- Showing up on time and ready to learn
- Demonstrating flexibility, accountability and reliability
- Being respectful of your colleagues, faculty, guest speakers, Program and University
- Being honest and ethical
- Being friendly and welcoming; exhibiting the ability to work in a team environment
- Listening and seeking to understand the perspectives of others
- Being known for your manners and courtesy
- Maintaining your personal image (See pg. 24-25 for additional information)
- Appropriately balancing time and stress management
- Developing good problem-solving skills
- Focusing on a positive outlook, adaptability, and good communication skills

A student who demonstrates unacceptable professional conduct will be required to meet with his/her clinical supervisor and/or the Clinic Director. This meeting is documented in the student’s record and constitutes a “professional warning,” which will initiate the need for a Clinical Assistance Plan. The student is informed of the professional warning and the Graduate Program Coordinator is notified.

During the Program, a student will be placed on clinical suspension as a result of receiving two professional warnings. This means that the student will be removed from clinic assignments and will be required to complete specific steps outlined in the Clinical Assistance Plan before face-to-face contact with clients can be initiated again. (This policy does not exclude other policies regarding plans or dismissal).

During the Program, a student will be considered for dismissal as a result of receiving three professional warnings. (This policy does not exclude other policies regarding dismissal).

Unsatisfactory Clinical Evaluation Requiring Initiation of Clinical Assistance Plan

A student who 1) receives an overall rotation numerical grade of “B-“ or lower, AND/OR 2) fails any of the supervising audiologist’s evaluation of professional skills (e.g., see Professional Warnings and Essential Functions for Academic and Clinical Success) will be required to meet with the Clinical Supervisor and Clinical Director. The Clinical Director may also contact the external site supervisor by phone or in person to gather additional information and insight into the situation. Actions resulting from this meeting may include any of the following:

1. Receipt of a clinical and/or professional warning.
2. Development of a Clinical Assistance Plan which may include, but is not limited to: repeating a clinical rotation, additional study in specific content areas, referral to a faculty member for review of deficit areas, referral to the WSU Counseling & Testing Center (refer to Clinical Assistance Plan section for more detail).

The student will be informed of specific goals and the plan in writing by the Clinical Director and/or Supervisor of the decision within 10 business days. A student who disagrees with a plan may initiate a formal written appeal. Note that the Clinical Assistance Plan may extend the anticipated length of program and may result in delayed graduation.
Clinical Assistance Plans

In order to successfully practice in the field of audiology, students must demonstrate superior educational/medical knowledge and critical thinking skills as well as the ability to comprehend and synthesize large quantities of new knowledge quickly and accurately. If a student is having clinical difficulties, it should be addressed promptly. Under all circumstances, it is the student’s responsibility to notify the Program of any academic problems and initiate procedures to obtain academic or other assistance. Because the SLP Clinical Practicum is charged with determining which students can apply academic knowledge into clinical practice, the assessment of each student includes assessment of overall numerical clinical grades, ability to learn and apply clinical knowledge, and the ability to professionally exhibit the Essential Functions for Academic and Clinical Success. The Clinical Assistance Plan is outlined below:

1. After an unsatisfactory evaluation has been noted, the supervising clinician(s) will inform the Clinic Director about the clinician’s clinical or professional concern. The supervising clinician(s) will contact the student clinician and arrange an individual meeting. Concerns are to be directly discussed with student and a written Clinical Assistance Plan must be developed and provided to the student within 10 business days.

2. This plan must include quantitative objectives. Qualitative objectives may also be set. The plan must be signed by all participants involved in the development of the plan. The original plan will be kept by the supervisor who initiated the plan throughout the duration of the semester. It then will be either met, or transferred to the next supervisor if the plan is continued over multiple semesters. At the end of each semester, the plan will be scanned into the student’s local file in CALIPSO. A copy of this plan will be filed in the student’s clinical file.

3. The supervising clinician(s) and student clinician will continue to meet on a determined schedule. During these meetings, they will discuss the student clinician’s progress toward achieving the objectives stated in the improvement plan.

4. As part of the process, another clinical supervisor or faculty member may take on the role of a mentor and be involved to review the Clinical Assistance Plan, observe clinical sessions and provide other assistance as requested by the primary supervising clinician(s) or student clinician. The mentoring clinician’s feedback will be available to the primary supervising clinician(s), with appropriate information forwarded to the student clinician.

5. Students on a Clinical Assistance Plan may not be placed in external practicum sites.

6. If a student earns a grade of “C+” (2.33 points per credit hour) or lower in any practicum experience, the practicum must be repeated and clinical hours obtained during that semester may not be counted toward hours required for ASHA certification.

7. Failure to meet the specified objectives in a Clinical Assistance Plan may result in additional practicum requirements or possible dismissal from the clinical practicum or program.

Student Responsibilities Regarding Clinical Assistance Plan

It is particularly important that a SLP student be capable of recognizing both strengths and weaknesses in his/her academic and clinical backgrounds, education, and training. Any student having clinical difficulty should meet with the individuals who are directing your Clinical Assistance Plan to identify problem areas and appropriate resources and/or methods of resolving them. All your efforts must be directed toward successful completion of the Clinical Assistance Plan. You should make every effort to correct any problem before it results in a low or failing grade.

Evaluation of Safety and Ethical Practice

Due to the increased level of obligation to client safety and ethical practice during clinical training, students with potential clinical or professional challenges cannot be allowed to provide care to clients, even in a supervised, educational environment. Therefore, any student not meeting minimum requirements may be subject to additional remediation, delayed graduation, or dismissal from the Program. When a Clinical Assistance Plan (CAP) is deemed appropriate, an individualized plan will be developed by the clinical supervisor and/or the
Clinic Director. The student may be required to enroll in an additional course as a part of that plan. The CAP may or may not result in delayed graduation. Where severe deficiencies exist, dismissal may be deemed appropriate.

Student Leave of Absence, Withdrawal, or Dismissal

Extended Leave of Absence
Requests for extended leave of absence or emergency leave will be considered on an individual basis. Approved extended leave of absence may result in delayed graduation. If you are on an approved leave of absence, it is your responsibility to maintain telephone contact with the Program and you are required to provide a telephone number where you can be reached during your leave of absence.

Voluntary Student Withdrawal
Any student wishing to voluntarily withdraw from the Program must submit a written request to the Graduate Program Director. A student who withdraws should not expect to be automatically readmitted at a later date. A decision on how a withdrawal will affect future matriculation in the Program will be decided by the Graduate Program Director. Students may request a leave of absence under extenuating circumstances (e.g., illness, pregnancy, military leave). In such cases, the student will be notified in writing by the Program Director as soon as faculty have had a reasonable amount of time for deliberation.

Student Dismissal
Students will be notified in writing by the Graduate Program Director if substandard clinical or professional performance, despite development of a Clinical Assistance Plan, results in dismissal (see policies on clinical and professional warnings). If dismissal occurs, students will have the right to appeal (see section on appeals on page 9).

Grounds for dismissal from the Program include—but are not limited to—the following:

- Failure to comply with Program requirements for attendance, ethical conduct, academic honesty, patient safety, academic standards, or technical standards
- A single grade of “C+” or lower on any clinical course, earned after the development of a Clinical Assistance Plan
- Academic misconduct
- Excessive academic or professional warnings regardless of individual course grades or cumulative Program GPA
- Unsatisfactory evaluation on a rotation (refer to rotation course syllabus)
- Student is deemed unsafe to provide patient care as determined by clinical supervisor/faculty
- Termination of an external rotation by the supervisor or Program faculty as the result of poor or inadequate clinical or professional performance on the part of the student
- Failing to do remedial work as outlined in the Clinical Assistance Plan within a prescribed time period or if quality of remedial work is unsatisfactory as determined by the clinical educator or director
- Abuse of controlled substances (e.g., prescription pain medications) and alcohol; use of illegal substances (e.g., marijuana, cocaine). Rotations may require random testing for these and other substances. Student compliance is required.
CLINIC PROCEDURES – AUDIOLOGY

Titles

Students will introduce themselves to patients with their first and last name and state that they are a graduate student in Audiology. They will also introduce their clinical instructor by their full name or as Dr.________ and state they are the “supervising audiologist.” Students will ensure that they do not use other titles for themselves, such as AuD candidate verbally or as e-mail signatures. Off-campus students in placements will use “Audiology Extern” or other title if suggested by their clinical instructor.

Attendance Policy

Consistent attendance in clinic is required to gain appropriate clinical skills and make adequate progress each semester. All students are therefore expected to attend each scheduled clinical session during a semester. Illness or funeral attendance are the only reasons considered acceptable for missing clinic. A doctor’s note is required if you miss more than two clinic sessions due to illness during a semester.

If you anticipate that you will miss clinic in order to attend a conference, you are required to obtain written approval from your clinical instructor(s) at the beginning of the semester. Do not make your travel plans before you obtain approval from your clinical instructor(s).

Tardiness: Students are also expected to be on time and ready for their scheduled clinical session 15 minutes before the scheduled appointment time. If a student is tardy, the clinical instructor will begin the clinic on time and the student may not be allowed to participate in the session, but may participate with the next patient. If a student is tardy more than once, the student may not be allowed to participate in that entire clinical session and the clinic grade will be lowered.

Logging Hours

Students are required to log the amount of time spent participating in each session including preparation, report writing etc. Daily clinic hours can be logged on CALIPSO. Each student is required to keep track of their hours each semester including off-campus sites and in the third year. The clinical instructor will approve the hours once they are entered by the student. This information is necessary for state licensure, ASHA Certification and graduation. It is the student’s responsibility to maintain accurate records.

No-shows/Cancellations

When a patient cancels an appointment, the receptionist will alert the clinical instructor. Absences are recorded via an encounter note in the patient’s electronic medical record. Every opportunity is given to reschedule a patient if the patient needs to cancel an appointment. In the event of a no-show, student clinicians need to be available to see walk-in patients, discuss cases, practice procedures etc.

Clinic Preparation

Student clinicians should review the clinic schedule in the electronic health record system, Point and Click (PNC) at least one week prior to the clinic. Changes may occur to the schedule, so the student should check it regularly. Students should review the patient’s electronic medical record through PNC licensed computers in the audiology workroom or the graduate student room or the patient’s paper record. Preparedness includes knowing details about the patient and why they are scheduled, a plan for the session, and questions for the supervising audiologist related to responsibilities of the student clinician during the session.

Patient Paper Charts

- Paper charts are located behind the reception desk.
- Prior to the arrival of the patient, the chart should be reviewed. The patient will complete a case history form,
designation of individuals involved in treatment/payment form, legal release and request for admission form, and HIPAA acknowledgement form upon arrival at the Clinic. Patients over the age of 65 also complete the ABN form.

- Paper charts may be taken only to the graduate student rooms, audiology workroom, and clinical instructor offices. They must be returned immediately after obtaining the needed information. **Patient charts are to never be taken out of the building or left unattended anywhere.**

**Procedures Following the Appointment**

- After the completion of an evaluation, the progression is as follows:
- Chart notes should be made **immediately** in the paper and on PNC following each appointment whenever possible so that important information is not omitted or forgotten.
- The student clinician should ensure paperwork is taken to the receptionist for scanning.
- Clinical instructor reviews chart notes/report and will alert the student clinician if edits are needed.

**Fee Payment Information**

The patient will have one of two options for payment. These include:

1. Payment of the total fee at the conclusion of appointment.
2. Payment of 100% of services and 50% of the hearing aids immediately with the remainder paid at the end of 45-day trial period.

It is the policy of the Audiology Clinic that charges to patients are submitted at the conclusion of each appointment.

**Clinic Maintenance**

The student clinician is responsible for all set-up and clean-up of the clinical areas used during a clinic slot. Refer to “Daily clinic procedures” for details on this. In addition, as a part of the on-call assignment, supplies and forms need to be checked for quantity. A checklist is provided with the on-call information.

**Walk-In Hearing Aid Clinic**

This clinic is a specialty clinic held weekly at the WSU Clinic. During this time, the clinic is open to walk-in clients who are experiencing problems or who have questions regarding their hearing aid(s). We do not perform hearing tests during this time. Each semester, a student or students will be selected to serve as on-call coordinator. This student will attend on-call weekly and is expected to be the leader/organizer during on-call clinic. First year students will be assigned to on-call on a rotating basis.

**Audiology Daily Clinic Procedures for Diagnostic / Hearing Aid Clinic**

<table>
<thead>
<tr>
<th>Morning Clinicians</th>
<th>Afternoon Clinicians</th>
</tr>
</thead>
<tbody>
<tr>
<td>Open clinical rooms and turn on equipment (if only one clinician, then one booth is sufficient).</td>
<td>Make sure all equipment needed for the afternoon is turned on and calibrated.</td>
</tr>
<tr>
<td>Check-in with your clinical supervisor.</td>
<td>Check-in with your clinical supervisor.</td>
</tr>
<tr>
<td>Perform calibration checks on equipment and initial the forms.</td>
<td></td>
</tr>
<tr>
<td>Wipe down table surface with cleaning solution.</td>
<td>Wipe down table surface with cleaning solution.</td>
</tr>
<tr>
<td>Review staffing with clinical supervisor.</td>
<td>Review staffing with clinical supervisor.</td>
</tr>
</tbody>
</table>
At conclusion of clinic slot, clean immittance tips in ultrasonic cleaner and place them out to dry on a paper towel. DO NOT LEAVE IMMITTANCE TIPS IN CLEANING SOLUTION. Make sure box that holds used tips is placed back in the booth.

Put away any tips that have already been cleaned and are dry.

Clean and straighten clinical area including toys, forms, materials, etc.

Do not turn off equipment unless your supervisor asks you to.

At conclusion of clinic slot, clean immittance tips and restock dry immittance tips back to the appropriate booth. DO NOT LEAVE IMMITTANCE TIPS IN CLEANING SOLUTION. Make sure box that holds used tips is placed back in the booth.

Clean and straighten clinical area including toys, forms, materials, etc.

Turn off equipment (making sure computers are shut down appropriately), lights and lock doors to the testing suites.

**Audiology Externship Rotations**

The purposes of externship rotations in the AuD program are to:

- Have AuD students carry over learning from the classroom and in-house clinics to a spectrum of clinical practices, clienteles, and professional settings in the community and state.
- Promote professionalism, collegiality, and interdisciplinary teamwork in AuD students by having them work at rotations with a variety of audiologists and practitioners from other disciplines.
- Enhance independence and maturity of AuD students by providing increasingly challenging clinical experiences, expectations, responsibilities, and autonomy commensurate with each student’s academic level in the AuD program.
- Prepare AuD students for both their third-year clinical residencies and their future work as audiologists.

Students are expected to complete a minimum of two externship rotations (CSD 886) during the second year of the AuD program. Typically, students begin their clinical rotations during the summer/fall semester of the second year and will complete up to three clinical rotations. Audiology faculty may delay a student’s first externship, requiring additional in-house clinic or academic preparation, if the student has not demonstrated sufficient academic and clinical skills and professional maturity in the classroom and clinic.

WSU’s AuD program is fortunate to be associated with a wide variety of externship rotations in Wichita and throughout the state. Rotations may expose students to clinical areas such as: behavioral and electrophysiological audiology, diagnostic audiology and hearing screening, pediatric and educational audiology, hearing conservation, amplification and cochlear implants, aural rehabilitation, counseling and report writing, vestibular and balance testing and treatment, and interdisciplinary teams.

**Assignment of Externship Rotations**

One audiology faculty member will direct externship rotations and assign an AuD student to a rotation site after consulting with the student, other audiology faculty, and the audiologist (preceptor) at the site in charge of the clinical training. The director will then notify the student and preceptor of the specific assignment. It is the responsibility of the student to schedule the specific days and times for their rotation by contacting the preceptor. Although measures will be taken to accommodate a student’s preferences for a rotation, students are ultimately assigned rotations in accord with the AuD training requirements of our department and of the American Speech-Language-Hearing Association. Furthermore, students are assigned to externship rotations that they are best equipped to handle based upon their previous academic and clinical preparation.

**Student Conduct and Responsibilities**

Externship sites agree to take our department’s AuD students as a service to the students, our department, our university, and the profession of audiology. Accordingly, students should view their clinical rotations not only as a requirement for their AuD, but as a privilege. AuD students are representatives of WSU and should conduct themselves in a professional manner. This means students should follow the rules, dress and behavioral codes,
and clinical protocols of the rotation site, unless they are asked to do something they consider unethical. Students may not receive remuneration for their services; though a student may occasionally work at a site (e.g., a Veteran’s Administration Medical Center) that provides funding through a traineeship grant.

If students have problems at the site, they are encouraged to sort it out first with the preceptor. If a problem escalates, the student and preceptor should contact the director of AuD rotations. On rare occasions when a problem cannot be rectified, a student may be pulled from the site. It is essential that confidentiality be maintained by all parties throughout this process.

Clock hours must be kept by the student and be approved by the assigned externship supervisor. These hours are to be entered and submitted to the preceptor according to the policy for entering clock hours in CALIPSO. Students are also expected to complete a Supervisor Feedback Form in CALIPSO at the end of each semester for every supervisor they have worked with that term.

Evaluation of Students’ Clinical Performance by External Evaluators

Students will be evaluated by their preceptor(s) through CALIPSO at midterm and at the conclusion of the externship placement. The preceptor should also meet with the student formally each time to discuss the evaluation prior to final submission. The AuD externship director will determine the student’s official grade in CSD 886 based on the student’s advancement in clinical knowledge and skills not just the external evaluations. Students and preceptors should be in regular contact with the AuD externship director should concerns arise during the semester.

Audiology Residency Requirements

The goal of the third year residency is to provide students who have advanced to candidacy with a supervised, full-time clinical experience that will lead to the competent and autonomous practice of audiology. The purpose of the residency is to provide students with a broad range of clinical experiences within a comprehensive practice in the field of audiology. The residency is a full-time commitment and may take place at a local or distant location, usually for a duration of nine-to-ten months, but will usually conclude prior to Summer graduation. The provision of stipends in the form of financial support is at the discretion of the site, and is not guaranteed. Decisions relative to the selection of sites for the residency are the ultimate responsibility of the faculty of the WSU Doctor of Audiology Program, but students are encouraged to participate in seeking out sites that are of interest to them. However, final selection and assignment of students to a specific site are the responsibility of the Program faculty.

Procedures for Establishing a Residency Placement

Before the application process begins, each student must meet with the AuD Program Coordinator to discuss residency/career goals and to verify that he/she has met the necessary requirements to advance to candidacy prior to starting the residency.

Some sites have made prior arrangements to take WSU students, while others accept applications from students nationwide. Each site has different application procedures. Some prefer to be contacted directly by students in order to apply for a residency placement. Some prefer to individually contact AuD Program Coordinator at WSU. Regardless of the site, every student is required to obtain permission from the AuD Program Coordinator before contacting any site.

It may be possible for a student to be placed at a site with which our program has yet to establish an affiliation agreement. If a student has discovered such a potential residency site that he or she would like to consider for placement, the student must first contact the WSU AuD Program Coordinator for permission to contact the site. If the site meets the program standards and requirements, then the AuD Program Coordinator, or the student with permission, will contact the site. In the end, the program faculty will determine if a formal affiliation with each site is in order.

Site Qualifications

To qualify as a Third Year Residency site, the site must ensure that it can provide an array of clinical experiences
that meet current ASHA standards for the third year residency. On-site supervisors who possess the ASHA CCC-A must be available for appropriate supervision and mentoring during the entire experience. Further, the site must provide each student with the opportunity to increase her or his level of competence, comfort, independence, and fluency in the field of audiology. However, not all residency sites are equal in all experiential respects, and so the exact extent of the areas that will be refined during the residency will vary somewhat depending upon the nature and characteristics of the residency site. Regardless of the specific placement, however, it is expected that during the residency experience, each student will have developed a clear approach to case management, comfort with basic and advanced assessment procedures, patient and family counseling, and others required of professional audiologists so that upon completion of the residency and graduation, the graduate will enter the profession of audiology as a competent audiologist who can function independently.

At the Conclusion of the Residency
At the conclusion of the residency, students are expected to demonstrate:

- The ability to conduct audiologic examination procedures appropriate for a wide range of patients through the life span;
- The ability to synthesize and integrate knowledge and skills that have been obtained thus far in their academic and clinical training;
- The ability to apply critical thinking to unique clinical problems;
- The ability to successfully administer basic diagnostic audiometric techniques conducted in a fluid manner, including special tests and masking;
- The ability to accurately interpret audiometric results;
- Possession of knowledge of electrophysiologic procedures, and experience with selected electrophysiologic tests;
- Possession of knowledge of procedures involved in patient counseling and case management, and the ability to counsel patients and family members with relative competence and comfort;
- Skill in hearing aid/assistive technology assessment, fitting and follow-up, including (a) Prescriptive methods, (b) Verification methods, and (c) Outcome measures (fitting and use).
- The ability to successfully communicate with patients as they are counseled regarding their hearing loss and their rehabilitation as a result of their hearing difficulties;
- The ability to successfully communicate with colleagues and other professionals;
- Possession of knowledge of the basic elements and practice of research.
AUDIOLOGY CLINIC MAINTENANCE

It is the responsibility of all individuals who work in the Audiology Clinic to leave the audiology suites, waiting room area and workroom in a clean, neat condition. All equipment should be replaced in the proper location following test procedures. Immittance probe tips should be placed in designated containers in order to be cleaned and returned for re-use. New batteries for otoscopes may be obtained from the inventory cabinet in the clinic hearing workroom. All otoscopes should be re-charged when they are no longer working. All equipment should be turned off at the end of the scheduled day. **Do not enter the Audiology Clinic during scheduled clinic times if you are not dressed in appropriate professional attire.**

**Malfunctioning Equipment**

If a piece of equipment is not working properly, the student clinician, together with the clinical instructor, should first troubleshoot, attempting to correct the problem.

**Start-Up**

The audiology students are responsible for start-up and shut-down of the clinic.

1. Daily biologic checks of clinical equipment:
   - Audiometers: Power
   - AC/BC frequency check (250 - 8000Hz) Attenuator check
   - Crosstalk check
   - Microphone check
   - CD/Tape players check Soundfield check
   - VRA toys check

   **IMPORTANT:** Indicate in logbook in each test booth (Daily Audiometer Calibration) and in the Daily Start-up Checklist clinic that daily biologic check was completed.

2. Ensure that a charged otoscope is placed in each test booth.
3. Ensure that clean immittance tips are available at each Immittance area (place clean and dried immittance tips from ultrasonic cleaner at each station).
4. Remove cleaned items from the ultrasonic cleaner and place them out to dry.
5. Ensure that test booths are clean and neat.
6. Ensure that specula for otoscopy are stocked in each dispenser.
7. Ensure that each test booth has a supply of audiograms.

**Shut-Down**

At the end of the scheduled clinic day, turn off all equipment including audiometers, immittance bridges, TV and lights. Replace all furniture, cords and tools in their proper place. Place all dirty immittance and tips in the ultrasonic cleaner.

**IMPORTANT:**

Each student clinician is responsible for the cleanliness and care of the test booths, waiting area, and any other patient area after each patient contact. Cleaning material are available in clinic rooms to disinfect all surfaces.

If any supplies are low, write down the item on the order sheet in the audiology lab to order.
LEGAL RELEASE FORMS

Acknowledgement of Receipt of Privacy Notice

Each patient signs this form at their first appointment in the clinic and it is **required** to be in their chart.

Legal Release and Request for Admission

Each file should contain a Legal Release and Request for Admission form. Patients sign this form at their first visit, and it is **required** to be in every patient chart prior to being evaluated in the clinic.

Designation of Individuals Involved in Treatment/Payment

Patients list spouses or other family members on this form, allowing us to discuss the case with them, release hearing aids to them etc.

Advanced Beneficiary Notice (ABN form)

This form is to be signed by all patients who are eligible for Medicare (> 65 years old).

Medical Waiver

FDA Regulations have changed and indicate that now a patient may not need a medical examination within 6 months of the date of hearing aid purchase as was the case in the past. If the patient is below the age of eighteen, by law, medical clearance from a physician must be obtained. A medical examination form preferably signed by an otolaryngologist is required before the dispensing of the hearing aid. A medical waiver cannot be signed for patients under the age of 18.
AUDIOLOGY CLINIC FORMS

Case History Form

The Audiology clinic utilizes two separate case history forms based on the age of the patient: Pediatric (0 months - 18 years) and Adult (18+ years). It is the student clinician's responsibility to ascertain that all pertinent information is recorded and to obtain more information in areas that are necessary for a clearer understanding of the patient's condition.

Legal Forms

It is the student clinician's responsibility to ascertain that the patient or parent turns in a signed Legal Release and Request for Admission form, HIPAA acknowledgement form, and ABN form if needed (patient >65 years of age). The student clinician should sign as the witness on these forms if this has not already been completed.

Audiograms

An audiogram should be completed for every patient seen for an audiological assessment. It must be completely readable and should leave no ambiguity as to results.

Word Recognition Lists

Word recognition lists are laminated in each sound booth test room. Each list clearly indicates the corresponding track number for the CD. Scoring for the lists that are ordered by difficulty can be found in each booth as well (in magnet clips above the CD player). If a hard copy (non-laminated form) is used, it should become a permanent part of the patient's record so that the nature of the speech perception errors is available for rehabilitation and counseling strategies.

Encounter Notes

Every contact made with the patient including telephone conversations should be documented. Chart notes should be made immediately following each appointment whenever possible so that important information is not omitted or forgotten. All telephone/personal consultations should be recorded and signed off by the student clinician and the clinical instructor.
These are general guidelines and flexibility is the key in terms of individualizing the test procedures and sequences for each patient

- **Case History**: Use age appropriate form- Pediatric (0 months – 18 years), or Adult (18+)
  - **Reminder**: if re-evaluation, an abbreviated or complete case history is required

- **Acoustic Immittance Measures**: per medical necessity
  - Tympanometry- obtained using positive to negative sweep
  - Ipsilateral reflexes Pulsed obtained at 500, 1000 and 2000 Hz
  - Contralateral reflexes Steady obtained at 500, 1000 and 2000 Hz If there is no response, record NR@__
    (highest level at which you tested)
    - **Reminder**: if using screener, the reflexes are not thresholds, but are fixed presentation levels
  - Acoustic Reflex Decay- Test at 500 and 1000 Hz contraterally at 10 dB SL re: ART for that frequency
    - **Do not ever exceed 110 dB and be aware of patient discomfort**

- **Speech Reception Thresholds (SRT)**
  - Begin at a comfortable listening level for the patient familiarize patient with spondees if needed, utilize descending technique to obtain threshold
  - Response criterion is 50%, i.e., 3 of 6 or 2 of 4 spondees at same level is threshold
  - **Mask if necessary**, inter-aural attenuation for speech is 50 - 60 dB with insert earphones If based on case history and immittance you feel there may be a functional component, use ascending technique and do not familiarize

- **Word Recognition/Identification**
  - Complete at an appropriate presentation level to obtain best possible score
    - If initial score is lower than expected, increase the presentation level, but be aware of UCL
    - Utilize CD for presentation of stimulus in most cases and note list used (e.g. ordered by difficulty 10, 25, 50)
    - **Mask if necessary**, inter-aural attenuation is 50 - 60 dB re: best BC threshold

- **Pure tone Air/Bone Conduction**
  - Air Conduction- Descending technique starting at an audible level
    - Frequencies: .25, .5, 1, 2, 4, 8 kHz
    - Test inter-octave frequencies (.75, 1.5, 3, 6 kHz) if there is a 20 dB or greater difference in threshold between octaves
      - **Mask if necessary**, inter-aural attenuation is 50 - 60 dB for air conduction (with inserts)
  - Bone Conduction- Descending technique starting 10-20 dB above air conduction threshold
    - Frequencies .25, .5, 1, 2, and 4kHz
    - **Mask if necessary**, inter-aural attenuation is 0 dB for bone conduction

*(NOTE: When recording the masking level utilized in the non-test ear, record the starting and ending levels or the highest noise level at which the correct threshold was established.)*

- **Other Clinical Considerations**
  - Complete Most Comfortable Loudness (MCL), Uncomfortable Loudness Levels (UCL), Quick- SIN test etc. as needed
MASKING

Masking is one of the topics that beginning AuD students have to quickly understand the concepts as well as demonstrate the ability to apply these concepts in clinic. In order to facilitate understanding, ensure learning of concepts and implementation of masking in the clinic, we suggest that you focus on being able to answer the following questions for ANY patient that you see in the clinic.

1) Do you need to mask:
2) For air conduction audiometry?
3) For speech audiometry
   a) SRT?
   b) WRS?
4) For bone conduction audiometry?

If the answer to all the above is NO, then also be able to answer:
1) Why not?
2) What if you used supra aural headphones instead of insert earphones?
3) What would you change on the audiogram such that you do need to mask?

If the answer to the above is YES:
1) Why do you need to mask?
2) What is the minimum masking level you would start with? Why?
3) At what noise level would you be in danger of overmasking?
4) Do you need to mask when bone conduction threshold is 10 dB poorer than the air conduction threshold?

Other:
Please discuss these questions with your clinical instructor and make sure you ask them any additional questions which you might have about masking concepts and clinical application.
REPORT WRITING PROCEDURES

Report writing is a very important part of being a professional. Often, a report is this Clinic’s only contact with another professional or agency. Reports must, therefore, be neat, well-written, and complete.

Typed reports are required for all audiological evaluations and hearing aid fittings. Documentation for hearing aid follow-ups and repairs are written on the clinical action page unless otherwise specified by your clinical supervisor.

Typed reports are to be submitted according to the guidelines below:

- A rough draft of the report and any letters must be submitted within 48 hours of the appointment. Rough drafts must be double spaced. They can be submitted via email or paper. If submitted by paper, they are to be placed in the clinical supervisor’s box along with the client’s file.
- All clinical paperwork (for example, audiogram, APHAB, case history, etc.) should be completed and neat and attached in the file (hole-punched).
- A final copy of the report and letters should be turned in within 48 hours of the time it is returned to the clinician with corrections. All final copies should be printed on letterhead (if a report exceeds one page the second page should not be letterhead), signed by the clinician, and placed in the client’s file. If copies are needed, these should also be included in the file with any completed envelopes.

The client’s file should be kept in the clinical supervisor’s office while a report is in transition.

Report format may vary depending on the client. Suggested appropriate headings for the reports include:

- Significant History
- Audiological Testing or Test Results
- Hearing Aid Check
- Hearing Aid Fitting
- Actions and Recommendations

Examples of reports will be provided by your Clinical Supervisor.

1) Reports are all completed in the electronic medical record; however, the individual case and the person receiving information determine the style, content, and length of a report. Individual clinical instructor’s styles will also dictate the type and nature of reports to be completed. The following report writing categories are presented to serve as guidelines for report construction:

2) Audiology Report: This report is a full and complete summary of all pertinent background information as well as a description of the audiological results obtained in the evaluation. It should be directed to the reader, which may be the patient, a referral source, or an outside agency. It must include recommendations presented to the patient following the evaluation. The appropriate audiogram and immittance form should be attached and can be accomplished by checking the box directing the reader to see the attached audiogram.

3) Hearing Aid Check/Tracking Note: The note should be thorough, yet concise. Include patient complaints/concerns, what was done in the appointment, and any recommendations that were made.

HIPAA

In order to comply with regulations from the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the following procedures will be used for the transmission of patient reports and records that are NOT in PNC:

All protected health information (PHI), including patient full name, address, date of birth, clinic number and telephone number, must not be used in the initial draft of the report, or the electronic transmission to clinical instructors and/or students.

IF writing the report in a word document and emailing it to the supervisor rather than reporting directly in the electronic health record, the student clinician writes the report using the first letter of the first name and the first 1 letter of the last name
Main Principles of Clinical Report Writing

The style of report may vary, but the importance of presenting information in an organized and thoughtful manner holds true no matter the format. Consider the following report organization:

Paragraph 1 – answer the 5 “W” questions (who, what, when, where, why) – results of the tests (what we found)
Paragraph 2 – impression (what we think)
Paragraph 3 – recommendations
– thank you (if appropriate) with solicitation of questions regarding results or recommendations
– salutation and signatures, cc: to…

Suggested Professional Vocabulary

Use professional vocabulary:
Determine instead of find
Performed instead of did
Exhibits/demonstrates instead of shows
Reported/indicated instead of said
Remember to reduce technical information on reports to non-audiologists.

SOAP Format used in Point N Click
Subjective
Objective
Assessment
Plan

Acceptable Abbreviations

Assessment terms:
- ABR Auditory Brainstem Response
- AC/BC Air/bone conduction
- AE Audiologic Evaluation
- Bil Bilateral
- BOA Behavioral Observation Audiometry
- CHL Conductive HL
- CNT Could Not Test
- DNT Did Not Test
- DPOAE Distortion Produce OAE
- HF/LF High/ Low Frequency
- HL Hearing Loss
- ME Middle Ear
- NBHS Newborn Haring Screening
- NR No Response
- OAE Otoacoustic Emissions
- OM Otitis Media
- RE/LE, R/L Right ear/Left ear
- SNHL Sensorineural HL
- SNR Signal to Noise Ratio
- TEOAE Transient OAE
- Tymps Tympanograms
- UNHS Universal Newborn Hearing Screening
- VRA Visual Reinforcement Audiometry
Amplification terms:
- BTE  Behind The Ear
- CIC  Completely In The Canal
- EAC  Electroacoustic Check
- EM   Ear Mold
- EMI  Ear Mold Impression
- HA   Hearing Aid
- HAC  Hearing Aid Check
- HAF  Hearing Aid Fitting
- HAR  Hearing Aid Repair
- ITC  In The Canal
- ITE  In The Ear
- REM  Real Ear Measurements
- RITE Receiver In The Ear

General terms:
- c/o  Complained of
- ENT  Ear, Nose, Throat Physician
- f/u  Follow Up
- PRN  As Needed (Latin: pro re nata)
- Pt   Patient
- Rec  Recommendation
- Rec’d Received
- RTC  Returned to Clinic
- TC/PC Telephone Call
- w/   With
- w/o  Without
PROCEDURES RELATED TO HEARING AIDS

Protocol for Re-assessment of Children and Adults with Hearing Aids Case history update

1. Use the shortened update case history form to get information regarding the patient’s hearing, hearing aids, general health and otologic history
2. Make sure new information is recorded in the patient chart

Assessment

1. Complete assessment protocol (see Audiology Clinic Handbook) as usual including all elements (otoscopy, immittance tests, pure tone and speech audiometry, OAE if indicated)

Hearing aid check during re-assessment appointments

1. Follow listening check protocol: sanitize hearing aids, perform listening check before you do anything, clean hearing aids as needed, change tubing if needed, perform electroacoustic check and/or listening check again
2. Perform probe microphone measurements to ensure appropriate benefit from the hearing aids; make adjustments as needed
3. Perform aided tests (functional gain with speech and tones) if desired
4. Counsel patient/parents as needed regarding outcome
5. Remind patient/parents that they may need a tubing change in 6 – 12 months
6. Document recommendations for follow-up in PNC and walk the patient out to schedule future appointments as needed.

Follow-up appointments

1. For children, a hearing re-assessment is required every year
2. For adults it can be recommended every two years
3. If you see a child for a hearing aid check and it has been more than one year since their last hearing assessment, please schedule one. NOTE: Please refer them/schedule appointment with the audiologist who fit them with their hearing aids
4. For adults, recommend a re-assessment if they have not had an assessment in more than two years

Reports

Reports are required to be written for all re-assessments

Hearing Aid Procedures

After evaluating the hearing sensitivity of a patient and talking with the patient and his/her family, the student clinician may recommend amplification to aid in communication improvement. It is critical that the student clinician work with the patient to find an amplification device that will best fit the patient's communication needs. Currently the clinic offers several hearing aid brands, and it is recommended that each student clinician become familiar with as many products as possible in order to increase his/her breadth of hearing aid fitting knowledge.

Scheduling Procedure for Further Evaluation

Scheduling for follow-up hearing aid evaluations is normally completed at the end of the audiologic assessment. Appointments for hearing aid fittings should be made approximately two weeks after the assessment. The patient should receive a completed appointment card. There must always be a clinical instructor available when a patient is scheduled for an appointment.

Hearing Aid/Earmold Orders
When a hearing aid or earmold is ordered from the manufacturer the following procedures should be implemented:

1. Hearing aid procedure
   a. For in-the-ear hearing aids, first complete a hearing aid order form (available in the forms area in the clinic or online). Package the impression(s) and hearing aid order form in the correct manufacturer box. (Ensure a copy of the order form is scanned to the patient’s electronic health record). Put the impression box with the order form in the carrier’s bag and set at the front desk to ship out.
   b. For behind-the-ear hearing aids, call the manufacturer to place the order or place order online (have manufacturer account number handy and make sure you request the appropriate color choice). Note that the order was placed in the electronic health record.
   c. When earmold arrive, they can be found in the audiology lab with the patient's chart.

2. Earmold Procedure
   a. Fill out an earmold order form. The yellow copy of the form should be scanned into the patient's file. Place the white form in the manufacturer box with the impression. Place the box in the correct carrier’s package and set at the receptionist’s desk to be shipped out.
   b. When the earmold is received from the laboratory, it can be found with the patient’s chart in the audiology lab.

Hearing Aid Fitting

1. Perform a listening and electroacoustic check on the hearing aid(s) and pre-program all programmable and digital hearing aids prior to the patient’s appointment date. Seek out your clinical instructor for assistance with this, if needed.
2. Children under the age of 18 are required to have a completed medical examination form and cannot sign a medical waiver.
3. Perform appropriate programming measures during the HAF and counsel the patient regarding the use and care of the hearing aid(s).
4. Invoices on the hearing aids should also be scanned into PNC. It includes information regarding warranties.
5. Complete charges for the services provided to the patient (HAE fee, earmolds and the cost of the hearing aids). The patient will pay 50% of the cost of the hearing aids at the fitting appointment.
6. Schedule a follow up appointment in approximately two weeks for a hearing aid check (HAC).

Hearing Aid Check (HAC)

Discuss with the patients about what they like and do not like about the hearing aids. Make any adjustments with the hearing aids at this time. Verify with REM. Schedule patient to return again before their 45 day trial period concludes.

1. Give the patient the following: Any supplies not given at the AE
2. Warranty expiration information
3. Pt will pay second 50% cost of the hearing aids and Accessories if purchased
4. Make sure that you update/correct warranty expiration dates. You may make a telephone call to the manufacturer to start the warranty date from the date the hearing aids were dispensed.

Procedures for Hearing Aid Repairs

When it is determined that a hearing aid needs to be returned to the manufacturer for repair, the student clinician should complete the following:

1. Perform a listening check and electroacoustic evaluation of the hearing aid and confer with the clinical instructor to discuss the results of these analyses.
2. Determine if the hearing aid is under new aid or service warranty.
3. If it is decided that the hearing aid should be returned for repair, the student clinician should complete the appropriate manufacturer's repair form and have it approved by the clinical instructor. If the hearing aid is >5 years old, call the manufacturer regarding cost and availability of 12 month warranty or send to Starkey All-Make repair lab. Extra cost is occurred when repairing aids over 5 years old.
4. The original form is enclosed with the hearing aid to be sent to the repair facility (manufacturer or repair lab). Include the name and phone number of the clinical instructor on the repair form so s/he can be contacted if there are questions.
5. Include the following information on the repair form:
   1. Patient name
2. The hearing aid problem
3. Whether the hearing aid is under warranty

If not under warranty, note the length of warranty requested, clinical instructor’s name and clinic phone number for contact information, and Wichita State University account number.

6. Scan the repair form into PNC in the patient’s chart.
7. Package hearing aid using mailing labels with street address
8. Place the packaged hearing aid behind the front desk.

When the repaired hearing aid is returned to WSU, the following procedures will be implemented:
1. The audiology student will:
   a. Notify the clinical instructor
   b. Place the returned aid with the patients chart in the audiology lab
2. The student clinician should then:
   a. Perform a listening check and electroacoustic evaluation of the returned hearing aid.
   b. If the returned aid is not functioning properly, the student clinician should confer with the clinical instructor about the appropriate course of action.
   c. If the aid is functioning properly, it is the responsibility of the student clinician to schedule an appointment for returning the aid to the patient as soon as possible (if an appointment has not already been scheduled) or if applicable, to have the patient pick up repaired hearing aid.
3. If there is a new repair warranty on the hearing aid, the student clinician should ensure the new warranty expiration date is updated in PNC.
4. Billing needs to be processed or verified it has been done in PNC.

General Expectations in Clinic from ALL Clinical Instructors

1. Read patient’s file ahead of time and know pertinent information in file
   a. Name
   b. Age
   c. Referring agency if applicable
   d. Reason for referral if available
   e. Prior history if available
      i. Degree, type and configuration of hearing loss
      ii. Hearing aid information if applicable
      iii. Details of most recent visit
2. Dress appropriately for clinic (See Audiology Clinic Dress Code) and address clinical instructors by last name (Dr. Kampe for example)
3. Arrive at least 15 minutes prior to scheduled clinic time
   a. Meet with clinical instructor in their office or clinic
   b. Discuss patients scheduled for the day
   c. Present your plan for each patient to your clinical instructor

Hear Now from the Starkey Foundation

Information packet can be found in the lab:
Procedures:
1. Applicant must complete Hear Now application form.
   a. This is a financial based program
   b. There is a $125 processing fee per hearing aid for the application which is refunded if the applicant is denied
   c. There is a 5 year timeline for reapplying for assistance and there is a possible 5 week processing time of applications
2. If applicant is approved and chooses us, we agree to:
   a. Waive fitting fee
   b. Waive follow-up HAC for first year
   c. We CAN charge for the initial diagnostic evaluation
3. You will need to complete pages 8 and 9 of the Hear Now application
   a. Only BTE or RIC hearing aids are options for you to choose
   b. If an earmold is needed, the impression should be mailed to Starkey
iPad® Lending Agreement

When borrowing an iPad from the Evelyn Hendren Cassat Speech-Language-Hearing Clinic, I understand and agree to the following:

1. I am responsible for the iPad as long as it is checked out to me.
2. I will not lend the iPad to anyone else, irrespective of his or her affiliation with Wichita State University.
3. I will not tamper with the iPad hardware or software.
4. I will abide by the Wichita State University Information Technology Policy (http://webs.wichita.edu/inaudit/ch19_01.htm)
5. I will immediately report any loss, damage, or malfunction of the iPad or its accessories to the SLH Clinic staff.
6. I understand that Wichita State University and SLH Clinic is not responsible for any files or personal information left on the iPad, and may erase such material at any time.
7. No customization (cosmetic or otherwise) will be done such as stickers, markers, etc. on the iPad or iPad cover or do anything to permanently alter the iPad in anyway.
8. I accept full financial responsibility for the iPad and all accessories while they are checked out to me. Need to be renumbered.

By signing below, I certify that I have read, understand, and accept all of these terms and conditions stated above.

Student Name: ________________________________

Signature: ________________________________

Date: ________________    myWSU ID: ________________

Return completed form no later than June 10, 2018, to the CSD Department office (401 Ahlberg Hall) or mail to: Department of Communication Sciences and Disorders, College of Health Professions, Wichita State University, 1845 Fairmount St., Wichita, KS 67260-0075.
The student must meet the requirements of the university as well as demonstrate a set of knowledge and skills as defined by ASHA certification standards. It is possible for a student to make a passing grade in a course/practicum and still not demonstrate all of the knowledge and skills covered in the course or expected in practice. When a student does not meet a competency in a course or clinical experience, the areas of study requiring attention will be identified and goals and recommendations will be developed for the student to complete in order to demonstrate competency in the areas(s). The individual(s) who initiate the development outline will determine if the goals have been achieved in the designated time frame. A copy of the outline is distributed to the student and scanned into their local folder in CALIPSO. If a student does not meet the qualifications of the CDO by the end of the first fall semester, a Clinical Assistance Plan will be developed and the Clinic Director and the Graduate Coordinator are notified.

Student: _______________________   Supervisor:  ________________________   Semester: ______________

Date of current Clinical Development Outline:  ____________________________________________________

Area(s) Identified (Knowledge and Skills) and Goals to be Completed (Specific and measurable)

Professionalism

The Student will achieve “met” or a score of 4.0 and above in the areas listed below by the end of the first fall semester:

- Assumes a professional level of responsibility and initiative in completing all requirements
- Demonstrates openness and responsiveness to clinical supervision and suggestions
- Displays organization and preparedness for all clinical sessions

Assessment and Rehabilitation Management

The Student will achieve a score of 3.0 or above by the end of the first fall semester in the areas listed below:

- Evaluates information and obtains a case history to facilitate assessment planning (std IV-C3)
- Performs audiological assessment using physiological, psychophysical, and self-assessment measures within a timely manner (std 3.1A)
- Develops a rehabilitative management plan that includes, when appropriate, the following: Evaluation, selection, verification, validation, and dispensing of hearing aids and educating the consumer and family/caregivers in the use of and adjustment to such technology (std IV-D2a)
Outcome

Outcome: _____ Achieved  _____ Not Met: Develop a Clinical Assistance Plan (CAP)

Updated 05/14/2018
APPENDIX C. FLOW SHEET FOR THE CLINICAL DEVELOPMENT OUTLINE (CDO) AND THE CLINICAL ASSISTANCE PLAN (CAP)

Flow Sheet for the Clinical Development Outline (CDO) and the Clinical Assistance Plan (CAP) 5/31/17

CDO created for 1st year students upon entry to graduate school and assignment of first client.

When any of the below occur at any time during graduate school:
1. Professionalism or essential function concern
2. Grade of B- in clinic
3. Goals not met on CDO

When all of the below occur:
1. CDO goals met
2. Grade of B or above in clinic
3. No professional or essential function concerns

CAP developed with new goals and increased mentoring.

No Need for CAP or revised CDO.

When all of the below occur:
1. CAP goals met
2. Grade of B- or higher earned in clinic

When any below occur:
1. Student not meeting goals outlined in CAP
2. Student obtains a C+ or lower in clinic

*Student may move forward toward completion of program without CAP

*Student may be placed on revised CAP or determined appropriate for dismissal.

*A student may be placed back on a CAP after completing one if he or she meet the requirements for initiation of a plan.
Student Handbook
Acknowledgment and Statement of Understanding

Student Name_____________________________ WSU ID ____________

I acknowledge that I have received the Student Handbook for the Doctor of Audiology program at Wichita State University.

I have read and I understand all policies and guidelines contained in the document pertaining to the academic and clinical requirements for my degree.

I have also read and understand my rights and grievance privileges as a student in this program.

Additionally, I understand that the content of this handbook is accurate and complete as possible at the time of distribution and is subject to revision/clarification by faculty, staff, and clinical supervisors at any time during student enrollment in CSD graduate programs. Students will be notified of significant changes which may affect the educational experience. A current version of the student handbook will be available on Blackboard (clinical courses) and/or CALIPSO (global folder).

Signature: __________________________________________

Date: ______________________________________________

Return completed form no later than June 10, 2018, to the CSD Department office (401 Ahlberg Hall) or mail to: Department of Communication Sciences and Disorders, College of Health Professions, Wichita State University, 1845 Fairmount St., Wichita, KS 67260-0075.