



**California State University,
 Sacramento**
**Department of Communication
 Sciences and Disorders**

GRADUATE SYLLABUS & COURSE OUTLINE

Semester/Year: Fall 2023	Course: CSAD 640C: Audiology Clinic IV	Section: 05, 07
Meeting Days: Thursdays	Meeting Times: 8:00am-12:00pm (Miller)	Location: Maryjane Rees Language Speech and Hearing Center – Audiology Clinic
Instructor: Kelly Miller, Au.D.	Email: kelly.miller@csus.edu	Phone: 916-215-1024
Office Location: Folsom 2000	Office Hours/Appointments: Miller: 1200pm-1pm before clinic	

Catalogue Course Description:

CSAD 640C. Audiology Clinic IV

1 Unit

Prerequisite(s): Admission to Doctor of Audiology program; CSAD610, CSAD 620C, CSAD 630C

Corequisite(s): [CSAD 620](#)

Term Typically Offered: Fall only

Supervised clinical practice in audiology with an emphasis on developing fourth-semester clinical skills for audiologic evaluations, amplification, and aural rehabilitation primarily focused on pediatric evaluations

Place of Course in Program

This course provides supervised clinical practice for evaluating/counseling/providing hearing health care services across the lifespan.

The student clinician will be responsible for:

- Assessing patients' auditory and/or vestibular systems in terms of structure and function.
- Prescribing appropriate management and/or treatment methodologies for hearing and/or balance disorders.
- Interpreting results of case history, previous evaluations and/or referrals.
- Writing session notes to prepare for and summarize session results in the form of SOAP notes. Measurable outcomes must be documented for every client appointment.
- Submitting written reports to his/her clinical supervisor within two business days. **Two late submissions automatically drop your final Writing area clinical competency grade by one letter grade through reduction of points.**
- Meeting with all assigned patients. Once the student clinician has begun the practicum, dropping clinical practicum classes by the student clinician is prohibited except for medical reasons or extraordinary circumstances as approved by the Department.
- Evaluating performance midterm and final. Written self-reflections and ROA forms (identifying clinical strengths and areas for improvement) are to be submitted to the assigned Clinical Instructor.
- Meeting with the assigned Clinical Instructor on a once weekly basis is mandatory. The Clinical Instructor will be available to at other times also, but the weekly meeting should center on specific questions/concerns you have about assigned patients. Prepare for these weekly meetings: Have specific questions written and ready to discuss. If you are unable to keep your appointment, you must cancel prior to meeting time and reschedule with your Clinical Instructor.

Expectations specific for Dr. Miller's Rotation:

- Arrive to the clinic at least 30 minutes prior to scheduled patient time (i.e. 7:30am for a clinic start time of 8:00 am)
- Prior to clinic start time, turn on all equipment, complete biologic check, ensure all surfaces have been wiped down, restock any needed items within the booth or exam room, complete thorough chart review for each scheduled patient and complete the case history form found below.
- First draft of reports must be completed in CounselEar within 2 business days. Please print a copy of the Professional Report and check the following: student clinician, supervisor, calibration date, patient reliability, transducer, tympanometric type, and that all information from the Case History form is included in the report. You will give this copy to Dr. Miller at the beginning of the following clinic session. Revisions will be made and final reports will be submitted for any previous clinic days before moving on to report writing for the same day.
- Each student will begin assembling a Book of Knowledge, which is a binder of protocols, quick references, and any additional clinical documents. Please have a 3 inch binder with divider tabs you can label.
- Unscheduled visits will be used for labs, review of pathologies, and to work on you Book of Knowledge. This time will not be used as catch-up time for report writing.
- Use the case history form(s) below.
- Use them to help complete your report. All information on this form must be included in your report.
- Please let Dr. Miller know if there are any needed changes or additions to this form.

KM 01/2023

Case History Form

Student Clinician: _____ Date: _____

This form is to be completed by each student clinician prior to the appointment. Please review the patient intake forms, any previous chart notes or reports, booking notes, and outside documents (audio, IEP, etc) to complete this form.

Patient First Name: _____ Age: _____
Sex: _____ Preferred Pronouns: _____

Reason for visit: _____

Previous evaluation(s):
Date: _____ Location: _____
Previous findings: _____
Date: _____ Location: _____
Previous findings: _____

ENT referral name/location: _____
Findings: _____

History of otologic surgery: _____

F/u scheduled: _____

ADULTS

Amplification: (Have you ever worn hearing aids?) Y N

Initial fitting: _____ Device: _____

Side: L R AU Clinic: _____

Tinnitus: (Any ringing or noises in your ears?) Y N

Side: L R AU (worse side: _____) Date of onset:

_____ Duration of episodes:

Associated symptoms: _____

Sounds like:

Vertigo: (Any dizziness?) Y N

Date of onset: _____

Unsteadiness/Imbalance/True spinning.

If true spinning: Duration of

episodes: _____

Feels like: _____

Aural Fullness: (Any fullness or pressure in your ears?) Y N

Side: L R AU (worse side: _____) Date of

onset: _____

Duration: _____

Feels

like: _____

Any recent URI: _____

Able to pop ears: _____

Family History: (Any people/younger adults/children in your family with hearing loss?) Y N

Relationship: _____ Age of diagnosis: _____ Degree:

_____ Etiology: _____

N Y Noise Exposure: (Have you ever worked in a noisy envt. or any military/firearms/machinery/power tools?)

Number of years: _____ Type of exposure: _____

Hearing protection used: Y N

Medications:

May also ask about: seasonal allergies, migraines, etc.:

PEDIATRICS: (age dependent questions)

Was the child born on time? Y N

Was the child placed in the NICU for any reason? Y N

Reason, if applicable: _____

Family History: (Any people/younger adults/children in your family with hearing loss?) Y N

Relationship: _____ Age of diagnosis: _____ Degree:

_____ Etiology: _____

Does the child alert/respond to sounds in the home? Y N

Any vision problems? Y N

Visual problems, if applicable: _____

Is the child able to follow simple directions? Y N

Any objection to touch or afraid of physicians looking in their ears?

Y N

Number of words receptive and expressive:

Newborn Hearing Screening findings: _____ Hospital:

_____ Does the parent suspect hearing loss? Why?

_____ Is the child receiving any additional services? SLP PT OT ABA Amount and location for each: _____

Any other known diagnoses?

_____ How is the child doing in school?

_____ If known loss, is the child using an FM in school? Y N Preferential seating: Y N IEP: Y N

Testing Pediatrics:

When there is any concern for possible autism spectrum disorder, or if the child shows aversion to strangers or dislikes people touching their ears, do not touch the child and do not get into the child's personal space until AFTER attempting soundfield testing.

The key for testing pediatrics is patience on your part and realization that time is of the essence. Children have very short attention spans, so you are trying to obtain as much information in as little time as possible. You have to prioritize your testing.

Test order of frequencies for pediatrics:

1. Begin with speech awareness/discrimination testing, unless the child has been diagnosed with autism, then begin with tonal data.
2. Tonal data: (Narrow bands of noise for VRA or BOA, warble tones for CPA or conventional testing) Start at 2k, .5k, 4k, 1k Hz. For VRA and CPA: start in the soundfield.
3. Monaural data: begin with speech awareness/detection testing again.
4. Monaural data: once speech has been completed, move to ear specific tonal data. Stay with narrow bands or warble as with previous soundfield testing. Again: 2k, .5k, 4k, then 1kHz.
5. If there is a hearing loss, begin with bone conduction testing. For VRA and CPA, begin with non specific bone conduction testing first. Then if tolerated, move to masking. Start with the frequencies with the most amount of hearing loss.
6. Once those have been completed, if patient attention is still good to fair, continue to 8k then .25k if family history of HL. If middle ear pathology suspected, continue to .25k then 8k Hz. **If testing individual ears, complete testing for each ear before moving on to the next frequency.**

Note: When testing in soundfield, consider switching between narrow band or warble tones to maintain the child's attention. If losing attention, try switching to a new frequency to keep stimuli novel. You will need to go back and forth between frequencies and may need to descend presentation levels to get to threshold or your minimum response level.

Minimum presentation level for soundfield is typically 20 dB.

If a child responds at one frequency to a level of say 20 dB, when you move to the next frequency, start presentation at the same level or maybe 5 dB louder. No need to begin the next frequency back at 50 dB

unless you are losing their attention. Time is of the essence when testing children. Do not waste precious time with unnecessary presentation levels.

Below is a breakdown of test order recommendations by **developmental** age for a minimum test battery. Should any type of loss be suspected or confirmed, repeat testing until a full diagnostic battery has been completed. Note: if the child was born premature, use the adjusted age. This is current age minus the amount of time premature. So, if a premie was born at 32 weeks gestation and they are 24 months, they are 22 months adjusted age.

6-24 mo- Ask parent: can the child sit up on their own? If so:

- SAT (speech awareness threshold) in soundfield down to 20 or 25 dB (see norms)- VRA or BOA
- Warble-tones or NBN/Fresh noise down to 20 or 25 dB for 500-4000 Hz (2k, .5k, 4k, 1k Hz)- VRA or BOA
- Bone thresholds if needed (non-specific, condition to one side)- VRA or BOA
- Otoscopy
- Tympanometry
- Ipsi reflexes at 1k and 2k Hz (depending on findings and patient tolerance)
- DPOAEs- (12 frequency diagnostic if possible)- Titan is preferred equipment

24-30mo- Ask parent: can the child follow directions?

- SRT under headphones/inserts using body part identification or SDT using "put it in" task
- WIPI under headphones/inserts at 40 dB (10 word list per ear)
- Ear specific air conduction threshold (2k, .5k, 4k, 1k Hz)- CPA/VRA until attention is lost. Can then attempt additional frequencies/responses in soundfield
- Bone thresholds- if outside normal limits or if conductive component is suspected - CPA/VRA
- Otoscopy
- Tympanometry
- Ipsi reflexes at 1k and 2k (depending on findings)
- DPOAEs (12 frequency diagnostic if possible)- Titan is preferred equipment

30 mo- 4 yrs - Ask parent: can child follow directions?

- Otoscopy
- Tympanometry
- Ear specific SRT using picture pointing or pediatric Spondee words
- Ear specific PBK50 (10-15 wordlist) at 40 dB
- Ear specific thresholds for at least 500-4000 Hz (2k, .5k, 4k, 1k, then 8k, and .25k if possible)
- Bone thresholds- CPA
- Ipsi reflexes if needed
- DPOAEs (12 frequency diagnostic if possible)- Titan is preferred equipment

4-6yrs

- Otoscopy
- Tympanometry
- Ear specific SRT – pediatric Spondee words
- Ear specific PBK50 (15 wordlist) at 40 dB
- Ear specific thresholds for at least .25-8k Hz (see order above)
- Bone thresholds- CPA
- DPOAEs if comprehensive eval could not be obtained (12 frequency diagnostic)- Titan is preferred equipment
- Ipsi reflexes if needed

6 yrs and over

- Full diagnostic eval using above recommended test order. Could complete using standard adult test methods depending on patient attention.
- Consider using CPA to hold patient interest/attention longer and to make testing go faster.

To rule out “**speech delay**” and/or if **ASD** is suspected,

- SDT WNL for at least the better ear, ear specific is preferred
- Thresholds WNL for at least the better ear (.5-4k Hz minimum), ear specific is preferred
- Tympanometry WNL- (if possible given patient tolerance)
- DPOAEs present AU (pending patient tolerance, especially with ASD) - 12 frequency diagnostic using Titan preferred
- Ear specific findings are preferred but if only able to test “better ear”, findings WNL for the “better ear” are enough to rule out hearing loss as cause of speech delay in difficult to test patients.

Note test method on audiogram and in report.

Sacramento State Graduate Learning Goals (GLG)	Addressed by this course (Y/N)
Disciplinary knowledge: <i>Master, integrate, and apply disciplinary knowledge and skills to current, practical, and important contexts and situations.</i>	Y
Communication: <i>Communicate key knowledge with clarity and purpose both within the discipline and in broader contexts.</i>	Y
Critical thinking/analysis: <i>Demonstrate the ability to be creative, analytical, and critical thinkers.</i>	Y
Information literacy: <i>Demonstrate the ability to obtain, assess, and analyze information from a myriad of sources.</i>	Y
Professionalism: <i>Demonstrate an understanding of professional integrity.</i>	Y
Intercultural/Global Perspectives: <i>Demonstrate relevant knowledge and application of intercultural and/or global perspectives.</i>	Y
Research: <i>Conduct independent research resulting in an original contribution to knowledge in the focused areas of their graduate program</i>	N

Course Learning Outcomes:

GRADUATE

Mastery of each student-learning outcome listed below is indicated by a grade of B or better on each component of the corresponding measures listed in the table. Students are required to track their progress towards meeting each learning outcome and must make an appointment with the instructor for any grade equal to or less than a B. The instructor will suggest strategies to help you establish competence and knowledge in these areas.

CSAD 620C: SPECIFIC GRADUATE CLINICIAN LEARNING OUTCOMES

Upon completion of this course, students will be able to:

- Communicate effectively, orally and in written form, with patients, families, caregivers, and other health care providers
- Develop written reports for diagnosis, evaluation, and recommendations
- Diagnose, triage, treat, and manage auditory and vestibular conditions and diseases for patients across the lifespan
- Discuss findings, diagnosis, and treatment options with the client, family, and other health care providers

- Adhere to professional ethics as they relate to the practice of audiology
- Evaluate and reflect on performance in at least three sessions followed by discussion with clinical instructor

Graduate Learner Outcome	Component Indicating Competence
Assessment: 3	Audiological evaluation documentation
(Re)habilitation: 1, 4	Clinical instructor session notes
Writing: 1, 2	Written reports
Professional Practice: 5, 6	Clinical instructor session notes; Required student self-reflections; Attendance at weekly meetings

Course Requirements/Components:

Communication with clinical instructor

Students must maintain timely communication with clinical instructor. Students and supervisors should meet on a weekly basis to prepare for patient appointments, discuss cases, etc.

CALIPSO

Students are required to log all relevant clinic hours into CALIPSO. It is the student's responsibility to ensure that the clinic supervisor signs off on your hours within the semester that the clinical experience is completed.

Canvas

Canvas may be used to share relevant readings, articles, or other resources.

Clinic handbook

All students are required to adhere to the policies (e.g., use of clinical space, dress code, attendance, professional behavior, etc.) outlined in the clinic handbook. The clinic handbook can be found on the department website. Failure to do so may lead to the initiation of a PIP.

On-campus clinic

Students will complete clinic in assigned pairs, as well as individual clinic to develop independence with clinical skills.

If you are sick, stay home and do not attend class. Notify your instructor. Please self-diagnose if you are experiencing any COVID- like symptoms (fever, cough, sore throat, muscle aches, loss of smell or taste, nausea, diarrhea, or headache) or have had exposure to someone who has tested positive for COVID contact Student Health & Counseling Services (SHCS) at 916-278-6461 to receive guidance and/or medical care. The CDC provides a good source of information regarding COVID-19 and a way to self-check symptoms: <https://www.cdc.gov/coronavirus/2019-ncov/index.html>

Students must adhere to COVID-19 policies regarding mask wearing and vaccinations as described on the CSUS website. Please see <https://www.csus.edu/compliance/risk-management/coronavirus.html> and <https://www.csus.edu/return-to-campus/return-to-campus-faq.html> for more information and updates.

Clinical Grading Policy

A passing grade for clinic performance is based on the Final Clinical Competency Form. You should review this form BEFORE clinic starts so that you are aware of all items that will become part of your formative and summative assessment for this clinic. The Clinical Competency form will be completed by your clinical instructor at midterm and at final, but it is the final Clinical Competency Report on which your clinic grade is based. The Clinical Competency Form is separated into seven (7) general competency categories: Prevention, Screening, and Identification; Assessment; Audiologic (Re)habilitation; Pediatric Audiology (Re)habilitation; Counseling; Communication; and Professional Practice. Each general competency area consists of numerous individual line items.

Your grade for clinic performance is based on an average of all of the Clinical Competency Forms that your Clinical Instructor completes over all assigned sessions.

The Clinical Competency Form will be completed by your clinical instructor after each session as a form of formative assessment and feedback. The Clinical Competency Form is separated into seven general competency categories: Prevention, Screening, and Identification; Assessment; Audiologic (Re)habilitation; Pediatric Audiology (Re)habilitation; Counseling; Communication; and Professional Practice. Each general competency area consists of numerous individual items. A passing grade for each clinic is a B or higher. A passing grade is obtained by achieving a rating of 4.15 or better on the average combined score of the seven general competency categories, provided that the student achieves a minimum score of 4.15 on **all** individual competency line items on the last session. Therefore, any student receiving (a) a rating of 4.14 or less on any one (or more) specific line item on the final session or (b) an average rating of 4.14 or less across all sessions for a competency category will not pass the clinic, even if their average combined score of the seven general competency categories is a B or higher. In such cases, a grade of B- will be given for the clinic. A student may receive a passing grade in the clinic after receiving 4.14 or lower on any one (or more) specific line item on any Clinical Competency form IF the student successfully completes a Performance Improvement Plan directed by their assigned Clinical Instructor.

Note: Due to the rotation nature of this clinic, each student will only be graded by the instructor for the assigned clinic. That is, an instructor who is not assigned to you will not be assigning your grades. Please consult with the appropriate instructor for feedback on clinical performance.

SCORE	LETTER GRADE	DESCRIPTION
4.65 - 5.00	A	<u>Exceeds Performance Expectations* (Pass)</u> (Minimum assistance required) <ul style="list-style-type: none">Clinical skill/behavior well-developed, consistently demonstrated, and effectively implemented
4.50 - 4.64	A-	

		<ul style="list-style-type: none"> • Demonstrates creative problem solving • Clinical Instructor consults and provides guidance on ideas initiated by student
4.35 – 4.49	B+	<p><u>Meets Performance Expectations* (Pass)</u> (Minimum to moderate assistance required)</p> <ul style="list-style-type: none"> • Clinical skill/behavior is developed/implemented most of the time, but needs continued refinement or consistency • Student can problem solve and self-evaluate adequately in-session • Clinical Instructor acts as a collaborator to plan and suggest possible alternatives
4.15 – 4.34	B	
4.00 – 4.14	B-	<p><u>Needs Improvement in Performance</u> (Moderate assistance required)</p> <ul style="list-style-type: none"> • Inconsistently demonstrates clinical skill/behavior • Student’s efforts to modify performance result in varying degrees of success • Moderate and ongoing direction and/or support from Clinical Instructor required to perform effectively
3.85 – 3.99	C+	
3.65 – 3.84	C	
3.50 – 3.64	C-	
3.35 – 3.49	D+	<p><u>Needs Significant Improvement in Performance</u> (Maximum assistance required)</p> <ul style="list-style-type: none"> • Clinical skill/behavior is beginning to emerge, but is inconsistent or inadequate • Student is aware of need to modify behavior, but is unsure of how to do so • Maximum amount of direction and support from clinical
		<ul style="list-style-type: none"> • Supervisor required to perform effectively.
3.15 – 3.34	D	
3.00 – 3.14	D-	

1.00 – 2.99	F	<p><u>Unacceptable Performance</u> (Maximum assistance is not effective)</p> <ul style="list-style-type: none"> • Clinical skill/behavior is not evident most of the time • Student is unaware of need to modify behavior and requires ongoing direct instruction from Clinical Instructor to do so • Specific direction from Clinical Instructor does not alter unsatisfactory performance
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Au.D. Program Policies

Email: Students in the Au.D. program are required to maintain an active CSUS email address, which is linked to the student ID number. Official emails will be sent through CSUS email. Students are expected to regularly check their CSUS emails.

Policy on attendance: Students are expected to arrive in clinic on time, prepared to participate and engage in classroom activities for both in-person and synchronous/virtual interactions. Students are responsible for class content, lecture materials, assignments, announcements, and must be aware of changes in the class schedule. Your attendance is required. Students are advised that instructional faculty may include an attendance policy in courses, which may require attendance as part of the student’s course grade. These policies will be set in the syllabus.

Given the full-time, intensive nature this doctoral program, it is important that students contact instructors if they are absent or are anticipating absence, especially over an extended period of time. In the case of the latter, the Au.D. Program Director must also be notified.

Academic conduct: Students enrolled in the Au.D. program must adhere to the Department and University policies on academic misconduct. Please see the department’s policy on academic misconduct (“Policy on Student Academic and Clinical Conduct”). The following are expectations for professional behavior in the classroom:

- **Ethics:** Students must uphold the ethical standards set forth by professional bodies in the field (see Appendices C and D of the Au.D. Student Handbook).
- **Respect:** Students should demonstrate respect to their peers, instructors, and staff.

- Feedback: Students are expected to self-reflect and modify their work in response to feedback, while displaying non-defensive behavior to suggestions.
- Health: Students should maintain their personal wellness and health, attending to any needs in a timely fashion in order to support their academic and professional growth.
- Attire: Students must dress professionally. Dress Casual is the most appropriate for an Audiology Clinic setting.
- Accountability: Students are expected to be accountable, honest, and professional for their activities and communications. The general principles of ethical behavior should be applied to their coursework, evaluations, and examinations.
- Language: Students should demonstrate professional oral and written communication, including emails. Discretion and professional language should be used in all modalities, emphasizing constructive rather than reactive use.
- Scholarship: Students should take an active role in their learning, recognizing their deficiencies and seeking to correct them, as part of their commitment to lifelong learning.
- Effort: Students should collaborate and work to complete tasks and assignments on time or by the set deadline. Students are expected to follow through on all activities while maintaining professionalism and intellectual curiosity.

Additional Information

Commitment to Integrity:

As a student in this course (and at this university) you are expected to maintain high degrees of professionalism, commitment to active learning and participation in this class and also integrity in your behavior in and out of the classroom.

Sac State's Academic Honesty Policy & Procedures:

“The principles of truth and honesty are recognized as fundamental to a community of scholars and teachers. California State University, Sacramento expects that both faculty and students will honor these principles, and in so doing, will protect the integrity of academic work and student grades.” Read more about Sac State's Academic Honesty Policy & Procedures at the following

website: <https://www.csus.edu/umannual/student/stu-100.htm>

Definitions: At Sac State, “cheating is the act of obtaining or attempting to obtain credit for academic work through the use of any dishonest, deceptive, or fraudulent means.” **Plagiarism** is a form of cheating. At Sac State, “plagiarism is the use of distinctive ideas or works belonging to another person without providing adequate acknowledgement of that person’s contribution.” Source: Sacramento State University Library Note: Any form of academic dishonesty, including cheating and plagiarism, shall be reported to the [Office of Student Conduct](#).

Department Policy on Use of APA format

The Department of Communication Sciences and Disorders requires the use of the APA format and style. All students are required to reference the APA manual. All assignments are to be composed using APA format and style unless otherwise noted.

Understand When You May Drop This Course:

It is the student’s responsibility to understand when he/she need to consider disenrolling from a course. Refer to the Sac State Course Schedule for dates and deadlines for registration. After this period, a serious and compelling reason is required to drop from the course. Serious and compelling reasons include: (a) documented and significant change in work hours, leaving student unable to attend class, or (b) documented and severe physical/mental illness/injury to the student or student’s family. Under emergency/special circumstances, students may petition for an incomplete grade. An incomplete will only be assigned if there is a compelling extenuating circumstance. All incomplete course assignments must be completed by the department’s policy.

Inclusivity:

Students in this class are encouraged to be active participants in all aspects of the course, including but not limited to lectures, synchronous and asynchronous activities, discussion posts, etc. Each of us must show respect for each other, as our class represents a diversity of beliefs, backgrounds, and experiences. This enriches all of our learning experiences together. Our individual differences deepen our understanding of one another and the world around us, rather than divide us. In this class, people of all ethnicities, genders and gender identities, religions, ages, sexual orientations, disabilities, socioeconomic backgrounds, regions, and nationalities are strongly encouraged to share their rich array of perspectives and experiences. If you feel your differences may in some way isolate you from our classroom community, or if you have a specific need, please contact the instructor early in the semester. Your instructor will work with you to ensure that you become an active and engaged member of our class and community.

Equal Access:

California State University-Sacramento, Department of Communication Sciences and Disorders, seeks to provide equal access to its programs, services, and activities for people with disabilities. If you have a documented disability and verification from the Office of Services to Students with Disabilities (SSWD), and wish to discuss academic accommodations, please contact your instructor as soon as possible. It is the student's responsibility to provide documentation of disability to SSWD and meet with a SSWD counselor to request special accommodation before classes start. **Sacramento State Services to Students with Disabilities (SSWD)** offers a wide range of support services and accommodations for students in order to ensure students with disabilities have equal access and opportunity to pursue their educational goals. Working collaboratively with students, faculty, staff and administrators, SSWD provides consultation and serves as the information resource on disability related issues to the campus community. SSWD is located in Lassen Hall 1008 and can be contacted by phone at (916) 278-6955 (Voice) or (916) 278-7239 (TDD only) or via email at sswd@csus.edu.

Sacramento State is committed to ensuring an accessible learning environment where course or instructional content are usable by all students and faculty. If you believe that you require disability-related academic adjustments for this class (including pregnancy-related disabilities), please immediately contact Services for Students with Disabilities (SSWD) to discuss eligibility. A current accommodation letter from SSWD is required before any modifications, above and beyond what is otherwise available for all other students in this class will be provided. Please be advised that disability-related academic adjustments are not retroactive. SSWD is located on the first floor of Lassen Hall 1008. Phone is 916-278-6955 and e-mail is sswd@csus.edu. For a complete listing of services and current business hours visit <https://www.csus.edu/student-affairs/centers-programs/services-students-disabilities/>

Basic Needs Support

If you are experiencing challenges with food, housing, financial or other unique circumstances that are impacting your education, help is just a phone call or email away! The CARES office provides case management support for any enrolled student. Email the CARES office at cares@csus.edu to speak with a case manager about the resources available to you. Check out the [CARES website](#).

Title IX

The University requires faculty and staff to report any personal disclosures of sexual misconduct including rape, dating/domestic violence and stalking to the Title IX Coordinator. Students who do not wish to report their experience to me or the Title IX Coordinator may speak to someone confidentially by contacting Student Health and Counseling Services.

Sac State is committed to supporting students and fostering a campus environment free of sexual misconduct and gender-based discrimination. If a student chooses to disclose to a faculty or staff member an experience related to sexual misconduct which includes rape, relationship violence, or stalking, all faculty and staff are obligated to report this disclosure to the university's Title IX Coordinator. Sac State's Title IX Coordinator is Mary Lee Vance. Please email equalopportunity@csus.edu or (916) 278-5770. Upon receipt of the report, the Title IX Coordinator will contact you to inform you of your rights and options as a survivor and connect you with support resources, including resolution options for holding accountable the person who harmed you. Students who elect not to discuss their experience with the Title IX Coordinator can speak confidentially to the following confidential resources:

Student Health & Counseling Services at The WELL On Campus
Phone Number: 916-278-6461
Website: www.csus.edu/shcs

Campus Confidential Advocate – Laura Swartzen
Email: weave@csus.edu
On Campus Phone Number: 916-278-5850 (during business hours)
WEAVE 24/7 Hotline: 916-920-2952

CSUS Grading Policy

Information for students regarding grading is provided here:
<https://www.csus.edu/manual/acad/umg05150.htm>

Other Resources

- The Office of Student Affairs maintains a list of campus resources/centers: <https://www.csus.edu/center/>
- Testing Center: <https://www.csus.edu/student-affairs/centers-programs/testing-center/>
- Library: <https://library.csus.edu/> for consultation : Rachel Stark, MS, AHIP, stark@csus.edu
- Services to Students with Disabilities: <https://www.csus.edu/student-affairs/centers-programs/services-students-disabilities/>
- Student Health and Counseling Services: Your physical and mental health are important to your success as a college student. Student Health and Counseling Services (SHCS) in The WELL offers medical, counseling, and wellness services to help you get and stay healthy during your time at Sac State. SHCS offers: Primary Care medical services, including sexual and reproductive healthcare, transgender care, and immunizations; urgent care for acute illness, injuries, and urgent counseling needs; pharmacy for prescriptions and over-the-counter products; mental health counseling, including individual sessions, group counseling, support groups, mindfulness

training, and peer counseling; athletic training for sports injury rehabilitation; wellness services, including nutrition counseling, peer led health education and wellness workshops, and free safer sex supplies; violence and sexual assault support services. Most services are covered by the Health Services fee and available at no additional cost.

- Student Health and Counseling Services at The WELL: <https://www.csus.edu/student-life/health-counseling/>
- Student Academic Success and Education Equity Programs: <https://www.csus.edu/student-affairs/retention-academic-success/>
- Crisis Assistance and Resource Education Support (CARES): If you are experiencing challenges with food, housing, financial or other unique circumstances that are impacting your education, help is just a phone call or email away. The CARES office provides case management support for any enrolled student. <https://www.csus.edu/student-affairs/crisis-assistance-resource-education-support/>
- CHHS Student Success Center: <https://www.csus.edu/college/health-human-services/student-success/>
- Reading & Writing Center: <https://www.csus.edu/undergraduate-studies/writing-program/reading-writing-center.html>
- Peer & Academic Resource Center: <https://www.csus.edu/student-affairs/centers-programs/peer-academic-resource/>
- SMART Thinking (tutoring resource): <https://www.csus.edu/student-affairs/centers-programs/degrees-project/internal/documents/smarthinking.pdf>

Knowledge And Skills Acquisition (KASA) For Certification in Audiology

Scientific and Research Foundations

- The basics of communication sciences (e.g., acoustics, psychoacoustics and neurological processes of speech, language, and hearing)

Standard II-A: Foundations of Practice

- A3. Language and speech characteristics and their development for individuals with normal and impaired hearing across the life span
- A5. Calibration and use of instrumentation according to manufacturers' specifications and accepted standards
- A6. Standard safety precautions and cleaning/disinfection of equipment in accordance with facility-specific policies and manufacturers' instructions to control for infectious/contagious diseases
- A7. Applications and limitations of specific audiologic assessments and interventions in the context of overall client/patient management

- A8. Implications of cultural and linguistic differences, as well as individual preferences and needs, on clinical practice and on families, caregivers, and other interested parties
- A11. Manual and visual communication systems and the use of interpreters/transliterators/translators
- A12. Effective interaction and communication with clients/patients, families, professionals, and other individuals through written, spoken, and nonverbal communication
- A13. Principles of research and the application of evidence-based practice (i.e., scientific evidence, clinical expertise, and client/patient perspectives) for accurate and effective clinical decision making
- A15. Client-centered, behavioral, cognitive, and integrative theories and methods of counseling and their relevance in audiologic rehabilitation
- A16. Principles and practices of client/patient/person/family-centered care, including the role and value of clients'/patients' narratives, clinician empathy, and shared decision making regarding treatment options and goals
- A17. Importance, value, and role of interprofessional communication and practice in patient care
- A18. The role, scope of practice, and responsibilities of audiologists and other related professionals
- A21. Advocacy for individual patient needs and for legislation beneficial to the profession and the individuals served
- A22. Legal and ethical practices, including standards for professional conduct, patient rights, confidentiality, credentialing, and legislative and regulatory mandates
- A23. Principles and practices of effective supervision/mentoring of students, other professionals, and support personnel

Standard II-B: Prevention and Screening

- B1. Educating the public and those at risk on prevention, potential causes, effects, and treatment of congenital and acquired auditory and vestibular disorders
- B2. Establishing relationships with professionals and community groups to promote hearing wellness for all individuals across the life span
- B5. Recognizing a concern on the part of medical providers, individuals, caregivers, or other professionals about hearing and/or speech-language problems and/or identifying people at risk to determine a need for hearing screening
- B6. Conducting hearing screenings in accordance with established federal and state legislative and regulatory requirements.
- B8. Performing developmentally, culturally, and linguistically appropriate hearing screening procedures across the life span
- B9. Referring persons who fail the hearing screening for appropriate audiologic/medical evaluation

Standard II-C: Audiologic Evaluation

- C1. Gathering, reviewing, and evaluating information from referral sources to facilitate assessment, planning, and identification of potential etiologic factors
- C2. Obtaining a case history and client/patient narrative
- C3. Obtaining client/patient-reported and/or caregiver-reported measures to assess function
- C4. Identifying, describing, and differentiating among disorders of the peripheral and central auditory systems and the vestibular system
- C5. Providing assessments of tinnitus severity and its impact on patients' activities of daily living and quality of life
- C7. Selecting, performing, and interpreting a complete immittance test battery based on patient need and other findings; tests to be considered include single probe tone tympanometry or multifrequency and multicomponent protocols, ipsilateral and contralateral acoustic reflex threshold measurements, acoustic reflex decay measurements, and Eustachian tube function
- C8. Selecting, performing, and interpreting developmentally appropriate behavioral pure-tone air and bone tests, including extended frequency range when indicated
- C9. Selecting, performing, and interpreting developmentally appropriate behavioral speech audiometry procedures to determine speech awareness threshold (SAT), speech recognition threshold (SRT), and word recognition scores (WRSs); obtaining a performance intensity function with standardized speech materials, when indicated
- C10. Evaluating basic audiologic findings and client/patient needs to determine differential diagnosis and additional procedures to be used
- C11. Selecting, performing, and interpreting physiologic and electrophysiologic test procedures, including electrocochleography, auditory brainstem response with frequency-specific air and bone conduction threshold testing, and click stimuli for neural diagnostic purposes
- C12. Selecting, performing, and interpreting otoacoustic emissions testing

Standard II-D: Counseling

- D1. Identifying the counseling needs of individuals with hearing impairment based on their narratives and results of client/patient and/or caregiver responses to questionnaires and validation measures
- D2. Providing individual, family, and group counseling as needed based on client/patient and clinical population needs
- D3. Facilitating and enhancing clients'/patients' and their families' understanding of, acceptance of, and adjustment to auditory and vestibular disorders
- D4. Enhancing clients'/patients' acceptance of and adjustment to hearing aids, hearing assistive technologies, and osseointegrated and other implantable devices
- D5. Addressing the specific interpersonal, psychosocial, educational, and vocational implications of hearing impairment for the client/patient, family members, and/or caregivers to enhance their well-being and quality of life

- D6. Facilitating patients' acquisition of effective communication and coping skills
- D7. Promoting clients'/patients' self-efficacy beliefs and promoting self-management of communication and related adjustment problems
- D8. Enhancing adherence to treatment plans and optimizing treatment outcomes
- D9. Monitoring and evaluating client/patient progress and modifying counseling goals and approaches, as needed

Standard II-E: Audiologic Rehabilitation Across the Life Span

- E1. Engaging clients/patients in the identification of their specific communication and adjustment difficulties by eliciting client/patient narratives and interpreting their and/or caregiver-reported measures
- E2. Identifying the need for, and providing for assessment of, concomitant cognitive/developmental concerns, sensory-perceptual and motor skills, and other health/medical conditions, as well as participating in interprofessional collaboration to provide comprehensive management and monitoring of all relevant issues
- E3. Responding empathically to clients'/patients' and their families' concerns regarding communication and adjustment difficulties to establish a trusting therapeutic relationship
- E4. Providing assessments of family members' perception of and reactions to communication difficulties
- E5. Identifying the effects of hearing problems and subsequent communication difficulties on marital dyads, family dynamics, and other interpersonal communication functioning
- E6. Engaging clients/patients (including, as appropriate, school-aged children/adolescents) and family members in shared decision making regarding treatment goals and options
- E15. Counseling cochlear implant candidates and their families regarding the benefits and limitations of cochlear implants to (a) identify and resolve concerns and potential misconceptions and (b) facilitate decision making regarding treatment options
- E20. Providing or referring for consulting services in the installation and operation of multi-user systems in a variety of environments (e.g., theaters, churches, schools)
- E21. Providing auditory, visual, and auditory–visual communication training (e.g., speechreading, auditory training, listening skills) to enhance receptive communication
- E22. Counseling clients/patients regarding the audiologic significance of tinnitus and factors that cause or exacerbate tinnitus to resolve misconceptions and alleviate anxiety related to this auditory disorder
- E23. Counseling clients/patients to promote the effective use of ear-level sound generators and/or the identification and use of situationally appropriate environmental sounds to minimize their perception of tinnitus in pertinent situations
- E24. Counseling clients/patients to facilitate identification and adoption of effective coping strategies to reduce

tinnitus-induced stress, concentration difficulties, and sleep disturbances

- E25. Monitoring and assessing the use of ear-level and/or environmental sound generators and the use of adaptive coping strategies to ensure treatment benefit and successful outcome(s)

Standard II-F: Pediatric Audiologic (Re)habilitation

- F1. Counseling parents to facilitate their acceptance of and adjustment to a child's diagnosis of hearing impairment
- F2. Counseling parents to resolve their concerns and facilitate their decision making regarding early intervention, amplification, education, and related intervention options for children with hearing impairment
- F3. Educating parents regarding the potential effects of hearing impairment on speech-language, cognitive, and social-emotional development and functioning
- F4. Educating parents regarding optional and optimal modes of communication; educational laws and rights, including 504s, individualized education programs (IEPs), individual family service plans (IFSPs), individual health plans; and so forth
- F6. Instructing parents and/or child(ren) regarding the daily use, care, and maintenance of amplification devices and HATS
- F7. Planning and implementing parent education/support programs concerning the management of hearing impairment and subsequent communication and adjustment difficulties
- F11. Counseling the child with hearing impairment regarding peer pressure, stigma, and other issues related to psychosocial adjustment, behavioral coping strategies, and self-advocacy skills
- F13. Providing interprofessional consultation and/or team management with speech-language pathologists, educators, and other related professionals