

THE CHALLENGES OF THE 4TH YEAR EXTERNSHIP

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Introduction

With increasing numbers of AuD programs placing students at 4th Year Externships, more attention is being paid to the nature and mechanics of this requirement. While over 50 universities now offer AuD programs, requirements for and components of the 4th Year Experience have not been fully delineated. In 2003, Wilson reported the nature of the 4th Year Experience varies widely among universities and recommended that programs join together to standardize this experience. Also in 2003, the Rush University AuD Advisory Board agreed and recommended that a national conference be convened to reach “consensus regarding the AuD clinical experience year.” The Big Ten Consensus Statement Regarding the Future of Audiology Education (2003) recommended that specific guidelines be implemented for the selection of externship sites and preceptors and that outcome measures be developed for formative assessment of extern competencies. In January of 2004, the American Academy of Audiology (AAA) hosted a “consensus conference” to encourage open discussion of issues and concerns related to the AuD externship. Financially supported by AAA, the AAA Foundation, and the Veteran’s Administration, this conference was open to all audiologists and was attended by more than 115 individuals representing audiologists from 35 AuD training programs nationwide as well as audiologists from private practice,

the Veterans Administration, educational audiology, medical centers, tertiary care centers and AuD students. At that conference, we presented on issues related to the 4th Year Experience and, today, we would like to do so again – only this time we have better slides. Our presentation is organized around the topics of concern that we presented at the AAA meeting as well as some that were included in a conference summary document sent to all participants (2004). These topics are as follows:

1. Terminology used to identify the externship experience
2. Qualifications for students entering the externship
3. Standards/qualifications for preceptors
4. Standards/qualifications for externship sites
5. The relationship between the university and the externship site
6. Extern status
7. Responsibilities of the preceptor
8. Responsibilities of the AuD programs

This afternoon we will address each of these topics from our vantage points – the trenches. We hope that our efforts will make the process easier for you and ultimately result in improvement and standardization of the externship process.

Terminology Used to Identify the Externship Experience

Before we address each of the other topics, it is important that we use agreed upon, standardized terminology that precisely and clearly defines the clinical mentorship that our students embark upon in their final year. A united front will result in less confusion for our students, our patients, 3rd party payers, government bodies, and whomever else we are trying to train, assist or influence. At the AAA Consensus

Conference, it was recommended that training within the university no longer be referred to as practicum (although a substitute label has not yet been agreed upon). It was recommended that short-term clinical training outside of the university be called a “rotation” and that long-term clinical training outside the university be referred to as an “externship.”¹ It also was recommended that the term “supervisor” be replaced by “preceptor.” Terms such as “practicum”, “internship”, and “residency” were not recommended as these terms are “associated with training in other disciplines and/or at the pre-baccalaureate or post-graduate levels.” Also the 4th year experience is certainly not a Clinical Fellowship Year (CFY) because the students are not yet degreed.

Qualifications for Students Entering the Externship

An outcome of the January AAA meeting was the agreement that students should complete a majority of their academic curriculum prior to the externship and that they possess a significant amount of experience in several core areas of Audiology diagnosis and treatment, including amplification, electrophysiologic measure, audiologic rehabilitation, pediatric audiology, and screening and prevention. Additional experiences would include vestibular disorders, tinnitus management, cochlear implants, intraoperative monitoring, auditory processing disorders, and educational audiology. Although having these additional experiences is a worthy goal, we know that all students will not necessarily have the same experience in all areas prior to being placed in an externship. While some programs use qualifying examinations to assess whether or not a student demonstrates a basic level of knowledge prior to entering the

¹ It was also agreed that the externship could consist of several rotations concurrently or serially during the final year.

externship year, it was recommended that a standardized national examination be developed to assess basic knowledge, skills, and clinical competencies prior to commencement of the externship year. If this is done carefully, we think it could be ideal for several reasons: (1) It would relieve the individual programs from spending an inordinate amount of time and effort administering qualifying clinical examinations; (2) It would provide a metric for ensuring that students from all programs meet a specified level of competence before embarking upon the externship year; (3) It would serve to standardize the training level of AuD students in our country, and (4) It also could serve as a guideline for programmatic changes and improvement at the university level.

Standards/Qualifications for Preceptors

A key challenge in selecting an externship site is verification of the qualifications of the individual who will be mentoring the extern. Qualifications of the preceptor should exceed certification and licensure. Requirements for number of years of experience and previous mentoring experience, extern-to-preceptor ratio, and evidence of state licensure and continuing education need to be defined. But who should do this? Should national guidelines be developed or should that task be left to each university training program? Ongoing training is needed to improve preceptor mentoring and training skills. These programs could be offered as workshops or as on-line courses. Supervision training could be included as part of the AuD curriculum, thus fostering the development of a professional culture of mentorship for future generations.

Standards/Qualifications for Externship Sites

Externship sites should demonstrate characteristics necessary for providing the desired clinical training experience. Each site should provide documentation of its

staffing and their credentials, depth and breadth of clinical offerings, physical environment, compliance with applicable state and federal regulations, time set aside for learning, professional development, and willingness to participate with each university's process for the evaluation of extern competencies. This information must be present in the affiliation contract between the site and the AuD training program and/or disseminated in a programmatic manual describing the specific expectations.

It would appear that the ideal externship site is a facility that can provide the desired clinical experience for a student, based on that student's previous clinical experiences, interests, and expectations. The placement would be one that is equipped to provide depth and breadth in the scope of practice, consisting of simultaneous or sequential rotations through various specialties. This type of setting would be ideal for training the "master clinician", and would thus prepare the extern for a variety of career choices. This view is supported by the AAA's Consensus Conference Statement, which states, on page 5, that "an externship may consist of simultaneous or sequential rotations at multiple sites to educate the extern in contemporary clinical practices. The externship experience is intended to encompass general audiology practice (2004)." However, there always will be students who discover a passion for pediatrics, educational audiology, or another specialty early in their training. In this case, the student might best be served by a site that focuses on a particular area of expertise. This type of placement would permit the extern to refine skills at a depth not possible in multi-faceted sites. It also would serve to make the extern more marketable for certain specialties. However, it is entirely possible that students focusing too early on one specific area may not understand the implications of this choice and could become

“trapped” in that career choice. For this type of student, a good compromise might be placement in two consecutive settings, one a specialty site and the other offering a more well-rounded experience. Developing appropriate externship sites is increasingly a challenging and time-consuming process. As the number of AuD programs increase, so does the need for more placements. Many of the premier facilities in the country now advertise on a national level, resulting in competition among students from all AuD programs. In addition, externship sites that do not advertise nationally are now in the enviable position of being able to select externs from several training programs in that area. Furthermore, students do not always want to train at sites already approved by each program. Increased competition and student preference for certain sites means that training programs must continually search for new sites.

The process of making contact and evaluating each new site to determine its appropriateness is tricky business. Each university training program is asking a busy facility to invest its time, effort, and money into the training of an individual who does not yet have a degree, is not yet licensed, and will be there only a year. Site personnel must abide by university guidelines for clinical education and also must follow guidelines (and timelines) for evaluating each extern’s performance. These activities must frequently be carried out without formal recognition or compensation.

Most sites do not have a formal mentorship program like the Veterans’ Administration (VA), in which the various VA sites compete for grant monies to pay for externs. Many sites take students just because the staff love teaching and/or because they want to give back to the profession. Because they are providing this important service “for free”, it is important that training programs employ talented “ambassadors”

who can develop and maintain good working relationships with these sites. When developing new sites, the externship coordinator must be thorough in assessing each site's qualifications. Preliminary work can be done in the form of visiting a facility's website, although the quality of a website is not necessarily an indicator of the quality of the site itself. So how do we assess each site? Since our profession does not have a credentialing process for clinical education, each training program must judge the site's appropriateness for quality and quantity of available experience. An old fashioned phone call or a friendly email can be used to initiate the process. Joanne Schupbach has developed a site survey form that can be emailed, faxed or sent to each potential site to assist in determining whether the site will be able to provide the desired experiences within the desired environment (Appendix 1). Rush and Gallaudet Universities have also developed information packets that are provided to each potential site that contain the following information:

1. Training program philosophy
2. Knowledge and skill requirements for externs
3. Site guidelines
4. AuD curriculum
5. HIPAA information
6. ASHA's guidelines on supervision
7. Medicare guidelines for 100% supervision
8. Dress code
9. Guidelines on absences from clinic
10. Preceptor extern evaluation form

If the facility and the training program decide to enter into a partnership, an affiliation agreement is drawn up and signed by each party. It should be noted that many larger sites have their own affiliation agreements and prefer to use them rather than the training program's agreement. In this case, it is important that the training program have its requirements clearly reflected in the agreement. Each facility's legal counsel will assure that all involved parties' interests are met.

Site development can also begin within the AuD training programs themselves. For example, the University of Florida (UF), offers externship placements to students from other training programs. In fact, any university that has its own hospital center might be able to offer a multi-faceted externship experience. At Rush University, externship students could be provided with the opportunity to work with patients of diverse ages and cultures across a wide range of the scope of practice at a large medical center. In addition externs could be offered experiences with other specialties in Rush's Geriatric Interdisciplinary Team program as well as the opportunity to spend time in the OR observing surgeries with ENT colleagues. However, even a program without an on-site hospital might have a valuable experience to offer. For example, Gallaudet could provide externs experience in a specialty – providing diagnostic, hearing aid, assistive device, and AR therapy services for patients with more severe hearing loss, from the perspective of having expertise in working with both hearing and deaf cultures. With some creative thinking and financing, the AuD programs themselves could develop ways to mentor each other's students.

Finally, we must not exclude the possibility of international sites. Around the globe there are many great experiences just waiting for our students. Gallaudet

developed a successful relationship with Beaumont Hospital in Dublin, Ireland and is currently developing an externship affiliation in Australia. According to Tess Kirsch, Associate Director of Credentialing for Policy and Education for ASHA, “international placements can be set up under ASHA’s “Alternative CFY” plan as currently outlined under the 1993 standards. The outdated Clinical Fellowship Skills Inventory (CFSI) is still a required element for the CF Alternative. However, it is our understanding that the CFCC is looking at the (CFSI) in 2004 to assess its validity in light of the new certification standards (McMann, 2004).

Growing and Maintaining the University-Site Relationship

The relationship between the AuD program and the externship site is a collaborative partnership. Both the site and the AuD program have specific roles and responsibilities which must be clearly delineated in a written contract or affiliation agreement that defines the legal relationship between the university and the facility. During the externship year, the training program coordinator and the preceptor(s) must be in regular contact in order to properly monitor each extern’s progress. The nature and frequency of this contact should be defined in the written agreement. The preceptor must provide written evaluation of the extern at specified times during the externship and at the completion of the externship. Both the preceptor and the site coordinator must have direct access to each other throughout the externship.

Throughout this process, the extern is usually paying the university tuition and the externship site is providing the experience and the stipend to the extern. This begs the question: “What is the externship site receiving out of the relationship?” While one can say that it is the responsibility of professionals to train the next generation of

audiologists, this requires a serious commitment of time and resources. As stated previously, some sites, such as the larger training hospitals, have a tradition of mentoring students. Their employees know this when they are hired; it is simply a part of their job description. At other sites, individuals simply enjoy teaching and training future professionals. Below are samplings of positive comments we have received from preceptors/directors at various sites:

- *The students are bright, energetic, enthusiastic, and knowledgeable. When you interject this type of energy into any clinical program, the benefits are immense. The discussions of protocols and respective rationales, clinical criteria, and management strategies can provoke fresh ideas for both the 4th year extern and the supervising clinician. Beyond the wonderful interchange that can occur, the externs develop high levels of skill in several aspects of audiology. These skill sets ultimately enhance the volume and variety of patients that we see in the clinic.*
- *We love your students. We learn just as much from them as they do from us! Keep sending them.*
- *We really enjoy your students and find that they keep us on our toes. They are always asking questions that challenge us.*
- *We find the students always willing to do more. They have also been tremendous help when setting up patient databases.*

However, there are sites where this love of teaching needs to be balanced by a dose of reality. For example, there are many audiologists working in private practices and hospitals who would gladly take externs but cannot afford to pay stipends or who philosophically do not agree with providing financial compensation. If a site does not offer a stipend, how should the training programs handle this situation? Should the university encourage students to accept this otherwise extraordinary site? Should the university provide a tuition waiver and/or stipend to cover the extern's costs? Is this even realistic? If so, how long does the university do this? Should it be a temporary

effort to give the site time to develop a means for compensating future externs? Or, should university compensation be ongoing? Below are some actual scenarios experienced by the first author:

1. Two years ago a student wanted to do her externship at a well known medical center near her home town. Since this was a brand new site, it was not yet in the position of paying stipends. At the time, the university could not provide financial assistance. Nevertheless, the student took out an additional educational loan and accepted the externship. This sacrifice resulted in a tremendous experience for her and “blazed the trail” for three students who are now at the same site, with stipends.
2. This year, two hospital sites were found for two students. Again, since these were new sites, stipends were not yet available. Gallaudet reduced tuition and also used endowment monies to help fund each extern, with the understanding that each site would also agree to investigate funding opportunities. One student has accepted a position at one of the sites; the other student refused to do so, instead opting to continuing searching for a site that “pays more.” A placement has not yet been found for this student.
3. Several students have been placed at a well known clinic, each extern being paid a small stipend of \$12,000 per year. Another university recently contacted the site to see if it would accept its students. When told that the stipend would be \$12,000 for one year, the university said that it would “make up the difference” by providing each extern with another \$23,000 in stipend money.
4. When a prominent medical center was contacted about the possibility of an externship site experience, the director of the facility told the training program: *“It’s ridiculous to think that we should be paying 4th year externs when we are the ones using our time and our resources to train the university’s students. Why should the university continue to collect tuition money when we do all the work? It’s crazy!”*

These examples highlight the inequities of the system. While a site will choose the most qualified student, students and universities are being placed in the position of competing against each other. Modestly funded universities simply cannot compete against well-funded universities.

Experience in the private practice domain is an important one and role models are needed in this area. Although private practice settings are often limited in their scope of practice, obtaining experience in this setting is important. Development of these sites is often more challenging as many private practices are solo practitioners and the supervision of externs is often looked upon as too time consuming. The universities must develop a better understanding of the private practice sector and how we can establish mutually beneficial experiences.

Billing for services provided by students is an issue that is frequently discussed when developing off campus sites. Whether in a private practice, medical center, or clinic, externs are not allowed to bill for services independently. The Medicare statute states that externs must be supervised 100% line of sight for Medicare billing to occur. In essence this means that if the patient receives Medicare benefits, the externs must be supervised 100% of the time when delivering services to this patient and when billing for these services. Some potential sites are reluctant to supervise externs as they do not believe they can meet this requirement.

An important goal for our profession is to begin developing a road map for fostering a culture of mentorship throughout the profession. One way to do this is to add a training module to our current AuD programs on mentorship. This program should address the “whys” and “hows” of supervising the next generation of audiologists. Universities should also consider offering supervision training to off campus preceptors who would like to either begin the supervision process or for those who would like to improve their mentoring skills.

It also behooves the universities to ask the preceptor(s) and director at each site if they would like to have some form of recognition and/or benefit for making such an important contribution to the AuD training program. An informal survey by the authors found that some preceptors would appreciate honorary adjunct faculty appointments, whereas this was not an issue for others. Universities could also provide certain other tangible benefits to site preceptors such as tuition waivers, continuing education opportunities, text books, library privileges, payment of membership dues, email accounts, etc.

Once a university has established a relationship with a site, close contact needs to be maintained to ensure that the extern and the site preceptor are doing well and that the arrangement is working to everyone's mutual benefit. We all can point out instances where poor communication and/or support between the university and the externship site has given rise to a negative experience and has caused a site to have second thoughts about accepting more externs. This communication is also necessary for recognizing the site's commitment to the training process and to show appreciation for their tremendous efforts. Some sites also appreciate, and even require, a visit by the clinical education coordinator to discuss clinical training issues. Although this can be challenging due to time and budgetary constraints, it is necessary for a truly successful outcome.

Extern Status

Externs are not employees, nor are they Clinical Fellows. They are AuD students-in-training who are under the guidance and supervision of qualified mentors who comply with professional, ethical, and regulatory expectations. Current state

licensure laws show wide variation with some laws exempting students from licensure, while others require provisional or temporary licenses. The AAA Consensus Conference statement agreed that externs should not be licensed in any manner. Continuing work is imperative to standardize the licensing requirements to ensure that AuD externs will become fully licensed upon completion of the academic and clinical requirements for the AuD degree.

Externs should not receive salaries but may receive tuition reimbursement, stipends, traineeships, assistantships, and/or grants commonly associated with student training. The amount of compensation should be determined and based upon cost of living differences around the country. Maintaining consistency for extern compensation across sites is necessary to ensure a fair and equitable distribution of placements.

Responsibilities of the Preceptor

The preceptor is responsible for each extern's formative assessment as well as each extern's achievement of learning outcomes. The preceptor should be able to effectively collaborate with each university's clinical education coordinator when discussing training and progress. The preceptor must agree to fulfill several responsibilities, including (1) completing extern evaluations on the university's time-line, (2) teaming with the university coordinator to work effectively with students who are not achieving skills at an appropriate rate, and (3) providing suggestions for improving clinical training. Preceptors must treat externs as trainees, not employees or research assistants. The affiliation agreement between the university and site should reflect these responsibilities and other requirements.

Responsibilities of the AuD Program

Each AuD program must entrust a clinical education coordinator to manage the clinical education program. This individual, regardless of faculty or staff status, must be dedicated to the clinical education of the externs as well as maintaining a collaborative working relationship between the university training program and the externship site. In order for this person to effectively meet the clinical education responsibilities, time and resources must be allocated. In some programs, the 4th year coordinator is in charge of not only on-campus clinical education as well as off-campus rotations, but also the 4th Year Externship. In others, one person is in charge of on-campus clinical education and off-campus rotations, while another individual person handles the 4th Year Externship. With the latter arrangement, close contact between both coordinators as well as each training program's committee on graduate studies must be maintained so that each extern's progress through the various clinical experiences can be carefully monitored and appropriate decisions made regarding placements. **Responsibilities of the coordinator of the 4th Year Experience include:**

1. Maintaining current sites.
2. Developing new sites.
3. Communicating regularly with each site.
4. Visiting potential and current sites.
5. Assisting students in the application process for sites. This may include:
 - a. Maintaining a Blackboard or other website or handout that contains detailed information on each approved site.
 - b. Writing letters of recommendation.
 - c. Assisting students with their resumes and letters of intent.

- d. Assisting students with other site requirements (e.g., immunizations, liability insurance certificates, CPR, HIPAA, Corporate Compliance, orientation process).
6. Assuring that the student meets state licensing requirements.
7. Coordinating the placement of each student in a site that is best suited for that student.
8. Developing procedures designed to maintain good coordination with site preceptors.
9. Ensuring that students are receiving appropriate supervision and experience, not unrealistic expectations.
10. Developing effective tracking systems of student hours and competencies.
11. Ensuring that students are graded fairly and in a timely manner.
12. Maintaining contact with site preceptors to make sure that they are happy with the student and the process.
13. Monitoring the progress/performance of all students in multiple sites (email, phone, online chat, etc).
14. Coordinating and facilitating contracts with legal affairs departments.

Currently, in many programs, the coordinator of the externship program frequently has a full teaching or clinic load as well as other commitments such as research and committee work. University training programs must provide the coordinators with release time as well as a travel budget for completion of these responsibilities. Additional release time is necessary in the semester/quarter prior to the students going out on externship to allow the coordinator to assist students in the

application process. Site development is an ongoing process as students often desire clinical placements not on the current “approved list. “ Also given that most programs will have 10 to 12 students per year on externship, placing students either in existing sites or developing new sites consumes tremendous time. Although over time, the coordinator may spend less time developing sites, more time will be spent monitoring these sites and externs and ensuring the smooth running of the clinical education program. We believe that for any number of students placed, at least twice that many sites are needed for a variety of reasons. Some of those reasons include staff cutbacks, maternity leaves, upcoming Joint Commission on Accreditation of Healthcare Organizations (JCAHO) inspections, and practice re-location.

The challenge becomes how to efficiently and effectively meet all of the responsibilities required for coordinating clinical education. One approach that has worked very successfully at Gallaudet and Rush University is to meet with students to determine their goals for the externship. These goals are discussed in light of the student’s previous clinical experiences. Each student is referred to an internal website or manual containing a list of approved externship sites as well as links to those sites, when available. Many of the more well-known placements also have posted application requirements on their websites. Students are allowed to take responsibility to identify potential sites on their own using word of mouth, Google searches, Audiology Online, etc. All students understand that there are well-defined rules for doing this:

1. Once a potential site is identified, the student must email the coordinator and provide her with all pertinent information, including a general description of the service provided.

2. The site coordinator then contacts the site to gather more information (using the previously mentioned survey that appears in Appendix 1). At Gallaudet, in some cases the student is allowed to do this via email, provided the correspondence is reviewed by the coordinator first and a copy of all sent email correspondence is provided to the coordinator. This keeps the coordinator “in the loop” and makes the site aware of the fact that the contact was “sanctioned” by the coordinator. At Rush, all contact is made by the clinical education coordinator.
3. Before formal application can be made to the site, the coordinator and the site preceptor/director discuss the educational, financial, and legal requirements of both parties and an affiliation agreement is negotiated.

As the result of teaming between students and the coordinator, several excellent sites have been added to Gallaudet’s inventory of approved sites.

Regardless of the procedures each university decides to use, the fact remains that the establishment of qualified sites is a major undertaking. Some might say that this is an undertaking that should be handled by a national matching program, rather than by individual institution initiatives. But even a nationwide matching program will not be without its problems, many of which have been in the news lately and are addressed on medicine’s National Residency Matching Program website, <http://www.nrmp.org/>.

Miscellaneous Costs

The externship placement process involves additional costs such as fees for taking licensing and hearing aid dispensing examinations. Some sites require in-person interviews that will result in financial costs for airfare, hotel, ground transportation, and meals. While some sites will cover all or a portion of these costs, others do not. What

happens when an excellent student applies for a position but cannot afford to travel for the interview? In addition, not all students can afford to relocate due to personal and family commitments and/or the cost of relocation. These issues may affect the number of students who will stay within the local geographic area of a program for externship placement and will affect the ability to place other students on rotations.

Summary and Recommendations

The 4th Year Externship experience is a critical element of today's educational model for audiology. Under this model universities grant the AuD degree, following completion of a curriculum consisting of both classroom instruction and extensive clinical experience, to students who show that they are competent and autonomous in managing patients within our profession's scope of practice. Since a significant portion of each student's training will occur at clinical facilities not directly administered by the university, the quality and consistency of the externship experience must be well-defined and maintained. This requires all of us (AuD training programs, externship preceptors, students, and the profession as a whole) to be on the same page. To do this, we must do the following.

First, we need to speak the same language. This means we need to decide on common terminology related to clinical training that clearly identifies who we are to ourselves, to our students, and to consumers of our services. By presenting a united front, we can better address the many issues that confront us. Second, we must agree on the same goals for site selection, for preceptor qualifications and responsibilities, and for student qualifications, responsibilities, and training. National guidelines are necessary. Third, every program should fund a clinical education coordinator and

provide that person with the time and budget necessary to develop and maintain externship sites for the training program. Fourth, it is imperative that we foster a culture of mentorship throughout our profession for the survival of our 4th Year Externship programs. Fifth, we need to monitor carefully the quality of AuD programs to ensure the highest standard of education and training. Lastly, the profession should self-regulate and limit the development of new programs. Externs should be assured of a well-organized and fair system that can properly prepare them for a bright future in a profession that is universally recognizable, well-respected, autonomous, and well-compensated.

The Consensus Conference summary document ends with a call for further discussion among programs, preceptors, and students regarding academic curriculum that appropriately prepares externs for best clinical practice. We would recommend that further dialogue specifically addressing site and preceptor qualifications and the development of guidelines for these qualifications is imperative to ensure the highest level of clinical training.

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APPENDIX 1

CLINICAL EXTERNSHIP SITE SURVEY

Facility	Date
Director:	
Address	
Phone	
Fax	Email

Audiologists	ASHA #	
1		Fax OR email PDF dfile of card.
2		
3		
4		

Population Served (fill in percentage)

Percent Infants	Percent Young Children	Percent Adults	Percent Geriatrics

Services Provided (check all that apply):

- Amplification:** HAE____Dispensing____Aural Rehabilitation____
- Cochlear Implants:** Assessment____Mapping____Aural Rehabilitation____
Pediatric____Adult____
- Diagnostics:** Basic Testing____Tympanometry____AR____OAE____
- Electrophysiology:** ABR____ECOG____ENOG____Other____
- Neonatal:** Assessment(BOA)____OAE____Dispensing____
- Pediatric:** VRA____CPA____OAE____Dispensing____AR____
- Vestibular:** ENG____Rotary Chair____Posturography____
- Monitoring:** Auditory____Facial Nerve____Somatosensory____
Spinal____
Vestibular Rehabilitation____
- Educational Audiology:** Assessment____HA Checks____FM systems____
- Occupational Conservation:** Noise Measurement____Hearing Conservation____
- Practice Management:** Business/Administrative____(e.g. Database management,
Coordination of Dispensary)

Other Areas: _____

Comments: _____

APPENDIX 2

AuD EXTERNSHIP SITE REQUIREMENTS

General Information

_____ **University AuD students** will participate in a full time supervised residency to fulfill the degree requirements. For our program, full time experience is defined as at least 35 **hours per week for at least 50 weeks** and shall include experiences in direct patient care, consultation, record keeping, and other administrative duties related to audiology service delivery.

THE FOLLOWING GUIDELINES ARE NECESSARY TO ENSURE THE SUCCESS OF THE EXTERNSHIP EXPERIENCE

General Guidelines

The externship experience must provide the student with diversity in the audiology scope of practice, including clinical work in several core areas of audiology diagnosis and treatment, including amplification, electrophysiologic measure, audiologic rehabilitation, pediatric audiology, and screening and prevention. Other areas of experience may include vestibular disorders, tinnitus management, cochlear implants, intraoperative monitoring, auditory processing disorders, educational audiology, occupational conservation, and practice management. These requirements can be modified, depending upon the student's pre-externship experiences and interests. Any modification externship requirements must be approved by the externship coordinator prior to placement. Likewise, any modification of the clinical focus during the externship year must be approved (in writing) by the training program.

Supervision shall be performed by an ASHA certified audiologist and be sufficient to ensure the welfare of the patient and the student according to the Code of Ethics. The amount of supervision should be appropriate to the student's level of academic and clinical training and level of competence.

The Residency is considered to be an educational experience. While monetary compensation may be provided in the form of a traineeship, stipend, or salary, the emphasis at the site must be on student training.

A contract between the site and the University will be signed before the student begins the placement.

Site Guidelines

- Clinical education site employs two or more professional staff members.
- Clinical education site conforms to the rules of state code of business, has appropriate accreditation (JCAHO, ASHA, OSHA) and has been in business for more than 5 years
- Clinical education site has an appropriate and safe physical plant for the provision of clinical services.
- Clinical education site holds an affiliation agreement with _____ University that outlines other criteria.

Preceptor Guidelines

- Preceptor(s) hold current license/registration in the practicing state and must submit a copy of that license/registration.
- Preceptor(s) currently holds ASHA certification in the appropriate area.
- Preceptor(s) maintain an appropriate student to preceptor ratio.

- Students shall be supervised by a limited number of preceptors.
- Preceptor(s) are not related to the student.
- The majority of supervision shall be performed by an ASHA certified individual. Ideally the preceptor(s) should have a minimum of two-three years post CF experience.
- If multiple individuals supervise the student, it is the responsibility of one clinical preceptor to assemble the evaluations of performance and make the **one** necessary report to the University.
- Supervision level is recommended in the following percentages:
 - 50% for Diagnostic Assessment*
 - 25% for Treatment*
- Recommended student experience may be divided in the following manner:

<i>Direct patient work including report writing, staffing, grand rounds</i>	<i>75%</i>
<i>Administrative/management</i>	<i>20%</i>
<i>Continuing professional activities (seminars, hearing aid updates, professional organizational activities)</i>	<i>5%</i>
- All required paperwork documenting the student's progression and related activities must be submitted according to the Departmental guidelines and timelines.