



Audiology Formative Skills Assessment (AFSA)

Student:

Site:

Preceptor:

Semester/Year:

KEY

The AFSA expectations should be based on expectations for an entry-level independent practitioner. The AFSA is expected to indicate growth throughout the doctoral program.

5 – The student exhibits this skill consistently and independently. The student demonstrates confidence and proficiency while performing this skill and recognizes the need for flexibility.

4 – The student adequately demonstrates this skill most of the time with little or no instruction from a preceptor. Confidence and proficiency of this skill are emerging.

3 – The student exhibits the skill with assistance from a preceptor. Knowledge of the skill exists, however lack of experience with the skill, equipment, or methods prevent the student from independently performing the task.

2 – The student only exhibits the skill with extensive assistance from a preceptor.

1 – The student rarely or never exhibits this skill.

N/A – Not Applicable or Not Observed during current semester.

1. Professional Behavior	N/A	1	2	3	4	5
Note: All students are expected to demonstrate skills from this section consistently and independently regardless of clinical level. An evaluation less than 5 for any item may affect the clinical grade.						
a. Maintains patient confidentiality.						
b. Demonstrates good work habits (e.g. punctuality).						
c. Maintains a professional affect (including appropriate dress, appearance, pragmatic skills, etc.).						
d. Follows universal precautions regarding infectious disease for all patients.						
e. Maintains accurate records (e.g. documenting all patient contacts).						

2. Professional Communication Skills	N/A	1	2	3	4	5
a. Uses effective writing skills (reports, medical chart notations, etc.).						
b. Uses effective oral skills with patients (case history, counseling, etc.).						
c. Uses effective oral skills with health care professionals and staff.						

3. Computer/Technology Skills	N/A	1	2	3	4	5
Uses computer software effectively for data storage, analysis, and summary (e.g. Excel, SPSS, Word, NOAH).						

4. Pre-Evaluation and Foundation Skills	N/A	1	2	3	4	5
a. Recognizes and respects diversity in patients and colleagues (race, religion, culture, gender, age, etc.).						
b. Obtains a thorough case history including information from the patient, family members, caregivers, health care facilities, and educational facilities.						
c. Develops an appropriate evaluation plan prior to the screening or evaluation of each patient (chooses suitable tests based on chronological age and cognitive abilities).						
d. Displays knowledge of ASHA and AAA Code of Ethics, licensing and credentialing laws related to clinical practice, and the audiologist's scope of practice.						

5. Evaluation and Assessment Skills	N/A	1	2	3	4	5
a. Demonstrates competency in <i>performing</i> the following (with technical skill, accuracy, and appropriate speed):						
i. Otoscopic inspection						
ii. Pure-tone audiometry						
iii. Speech audiometry						
iv. Clinical masking for air and bone conduction						
v. Clinical masking for speech audiometry						
vi. Otoacoustic Emissions (DPOAE and/or TEOAE)						
vii. Acoustic immittance testing including:						
Tympanometry (SA, ECV, TW, peak pressure)						
Ipsilateral and contralateral ARTs						
viii. Electrophysiologic measures (ABR, ECochG, MLR, etc.)						
ix. Balance/Dizziness evaluation						
b. Demonstrates competency in accurately <i>interpreting</i> the following:						
i. Otoscopic inspection						
ii. Pure-tone audiometry						
iii. Speech audiometry						
iv. Clinical masking for air and bone conduction						
v. Clinical masking for speech audiometry						
vi. Otoacoustic Emissions (DPOAE and/or TEOAE)						
vii. Acoustic immittance testing including:						
Tympanometry (SA, ECV, TW, peak pressure)						
Ipsilateral and contralateral ARTs						
viii. Electrophysiologic measures (ABR, ECochG, MLR, etc.)						
ix. Balance/Dizziness evaluation						
c. Demonstrates ability to adapt test protocols to young children/persons with special needs.						

6. Counseling and interpersonal skills	N/ A	1	2	3	4	5
a. Informational Counseling						
i. Provides patient and family members (or other caregivers) with informational counseling at an appropriate level.						
ii. Provides patient and family members (or other care givers) with accurate communication, education, and vocational options.						
b. Affective Counseling						
i. Actively listens to the patient and family members and accurately <i>determines</i> counseling needs.						
ii. Effectively <i>provides</i> affective counseling based on the needs of individual patients and family members and/or provides appropriate referrals as necessary.						
iii. Demonstrates professionally appropriate interpersonal communication skills with patients.						

7. Treatment and Follow-Up Skills	N/ A	1	2	3	4	5
a. Performs cerumen management or makes a medical referral as appropriate.						
b. Demonstrates competency in analysis and synthesis of all available diagnostic information to make appropriate <i>referrals</i> (e.g. audiological, medical, educational, vocational, speech-language, psychological, genetic counseling)						
c. Demonstrates competency in analysis and synthesis of diagnostic information to suggest <i>treatment options</i> .						
d. Remains unbiased when informing patients of possible treatment, communication, educational, or vocational options.						

8. Amplification	N/ A	1	2	3	4	5
a. Demonstrates a working knowledge of hearing aid components and their function.						
b. Differentiates the characteristics of a hearing aid including make, model, serial number, and type.						
c. Performs appropriate pre-fitting test procedures including UCL, MCL, and contour testing.						
d. Identifies hearing aid candidacy based upon test results and patient history.						
e. Chooses appropriate amplification and earmold systems according to patient's communicative needs, audiometric characteristics, and the patient's personal choice.						
f. Is familiar with the psychoacoustic principles of speech processing, in quiet and in noise, monaural vs binaural.						
g. Demonstrates a working knowledge of current amplification options including conventional and programmable hearing aids, specialty amplification (CROS, Transposition), and Assistive Technology Devices (Soundfield, FM, Alerting).						
h. Performs trouble-shooting procedures for hearing aids and other amplification devices using visual, listening, and electro-acoustic analyses.						
i. Is familiar with acoustic properties of earmold characteristics, venting, filters, horns, tubing diameter, bore, and length.						
j. Conveys information regarding amplification options to the patient in a manner that is understood by the patient. (e.g. analog vs digital, multi-channel, multi-program, directional microphones, output limiting, disposable hearing aids).						
k. Uses appropriate real ear measurement protocols for adults.						
l. Performs appropriate electroacoustic evaluation of amplification systems.						
m. Uses computer software to select, program, and modify hearing aids.						
n. Demonstrates a working knowledge of behavioral hearing aid assessment procedures.						
o. Can effectively counsel the patient on the following: Care and maintenance, realistic expectations, safety issues (batteries), proper usage, listening strategies, hearing aid insurance, third party reimbursement, etc.						
p. Completes safe and accurate earmold impressions past the second bend.						
q. Is able to modify shell and earmold including repairing cracks, modifying shells, and replacing earmold tubing.						
r. Makes appropriate frequency response manipulations based on patient feedback.						
s. Demonstrates proper record keeping including patient contacts, warrantee status, repairs, serial numbers and hearing aid settings and modifications.						

Additional Comments:

Level of Clinician: _____ **Letter Grade:** _____ **Number Grade:** _____
(Weighting Factor)

Preceptor Signature: _____ **Date:** _____

Grading Guidelines

Clinic grade will reflect skill level and *other factors* related to clinical performance. Some factors (such as patient injury, violation of client confidentiality, ethical violation, poor pragmatic skills, etc.) will adversely affect the grade regardless of clinical skill. In these cases, preceptors should add narrative comments under “additional comments”. These are suggested guidelines only. Preceptors are encouraged to use their own judgment when assigning a letter grade to a student.

Clinical Level	Audiology Skills Evaluation
On Campus	Skill ratings will vary from 1 to 5. Steady progress from the beginning to the end of the semester is expected. Students will be graded based on the evaluation of excellent (A), good (B), average (C), or below average (F) in their motivation, independence with audiological testing and management, clinical problem solving, and improvement from the beginning to the end of the clinical placement.
Off Campus Rotation	Skill ratings will vary from 3 to 5. Steady progress from the beginning to the end of each semester and from the first to the last clinical rotation is expected. Students will be graded based on the evaluation of excellent (A), good (B), average (C), or below average (F) in their ability to perform the audiological skills that were required routinely during the clinical placement.
Off Campus Externship	Skill ratings will vary from 4 to 5 on individual professional skills. Refining of audiological technique from the beginning to the end of the externship is expected. Students are expected to perform autonomously by the end of the externship with preceptor consultations limited to appropriate, high-level, questions. <u>By the end of the externship</u> , the “A” student exhibits all required skills consistently and independently. The “B” student exhibits most skills consistently and independently and some skills with little instruction. The “C” student performs some skills consistently and independently and most with little instruction. The “F” student requires assistance and displays dependence on the clinical preceptor for many skills.