

# **Hearts for Hearing Audiology Fourth Year Externship (Pediatric/CI)**

## **PLACEMENT SITE:**

Hearts for Hearing is a private, non-profit audiology and auditory-verbal therapy (AVT) center for children with hearing loss. Our team consists of audiologists and speech language pathologists, certified in auditory-verbal techniques. The audiologists provide diagnostic and treatment services to patients of all ages, whereas the AV therapists focus primarily on children.

## **GOALS:**

The purpose of this training program is to provide extensive experience in the field of clinical audiology, with a particular emphasis on pediatrics and cochlear implants. At the completion of the program, the individual should be comfortable performing all aspects of diagnostic testing (ABR, OAE, CPA, VRA, etc), make appropriate treatment and technology recommendations, and be confident with their ability to program hearing aids, digital RM systems, and cochlear implant devices. In addition, the individual will learn how to collaboratively work with a team of professionals to provide the best possible outcomes for the patient.

## **RESPONSIBILITIES:**

Responsibilities will include otoscopy; acoustic immittance testing; comprehensive audiometric testing using a variety of testing techniques (BOA, VRA, CPA); electrophysiologic testing (ABR and OAE testing); hearing aid selection, fitting, and verification using real ear measurements; cochlear implant candidacy evaluation, programming, and verification; digital RM system evaluation, fitting, and verification; counseling parents and patients; interdisciplinary collaboration. Direct supervision will be provided by a team of experienced audiologists who hold their Certificates of Clinical Competency in Audiology.

## **QUALIFICATIONS:**

Interested individuals should be highly motivated, self-directed, and possess a strong interest in working with hearing impaired children. Exceptional academic, communication and interpersonal skills are needed.



## **Hearts for Hearing Audiology Fourth Year Internship Application Procedure**

**All material listed below are to be compiled by the applicant and mailed or emailed to the attention of:**

Mila Duke, Au.D., CCC-A  
Hearts for Hearing  
11500 N. Portland Ave  
Oklahoma City, OK 73120  
[mduke@heartsforhearing.org](mailto:mduke@heartsforhearing.org)

1. Application form (attached)
2. Copy of current resume or Curriculum Vitae
3. Copies of undergraduate and graduate college transcripts (Unofficial or official)
4. Three professional reference letters in sealed and signed envelopes or emailed directly from individual completing reference
5. One Essential Knowledge and Skills Checklist completed by the most current graduate clinical supervisor. Checklist must be mailed in a sealed and signed envelope or emailed directly from supervisor
6. Completed reference waiver (signed or unsigned) form must accompany all reference letters and Essential Knowledge and Skills Checklist

**If selected as an extern at Hearts for Hearing the following must be provided prior to first day of clinic:**

1. Documentation of personal or university provided malpractice coverage
2. Documentation of CPR certification

**Questions may be directed to Mila Duke, Au.D., CCC-A at  
[Mduke@Heartsforhearing.org](mailto:Mduke@Heartsforhearing.org)**

**ALL MATERIALS MUST BE POSTMARKED ON OR BEFORE  
OCTOBER 15, 2019 TO BE CONSIDERED FOR A POSITION.**



## Hearts for Hearing Audiology Clinical Rotation Clinical Experience

The extern will have the opportunity to observe, participate, and perform the following as a part of a clinical rotation at Hearts for Hearing.

1. **Cochlear implant (CI) sessions:** The extern will participate in all aspects of the cochlear implant process: CI evaluation, CI initial activation, CI routine mapping (behavioral measures, physiologic measures, NRT/NRI, electrically evoked stapedial reflex testing), and CI troubleshooting. Hearts for Hearing audiologists work with Advanced Bionics, Cochlear, and MED-EL devices for children and adults.
2. **Pediatric (and adult) hearing aid fittings:** Children are fit with hearing aids as soon as a hearing loss is confirmed. The extern will experience the struggles and rewards of fitting a very young infant with hearing aids, along with gaining ample experience with fitting hearing aids using real ear verification measures.
3. **Diagnostic Auditory Brainstem Response testing:** Non-sedate and sedated ABR testing is provided by the audiologists at Hearts for Hearing. Sedated is done at a local hospital, under anesthesia, while non-sedate ABR testing is done in our clinic. The extern will have the opportunity to participate in non-sedate ABR testing.
4. **Comprehensive pediatric behavioral testing:** At Hearts for Hearing, an initial visit involves both an audiologist and an Auditory-Verbal therapist. The AVT will often assist in the booth to ensure maximization of time with the child and obtain as much information as possible. Possible speech-language concerns are addressed and a speech and language evaluation may be recommended. The extern will observe this interaction and be able to perform initial intake visits.
5. **Observation of Auditory-Verbal therapy:** The audiology team works closely with the auditory-verbal therapists to maximize a patient's potential. In order to gain basic knowledge of auditory-verbal strategies and parent coaching techniques, the extern will observe at least one AV therapy or listening therapy session with 4 different populations: infants, toddlers, elementary, and adult.
6. **Participation with hearing screenings:** At Hearts for Hearing, we perform hearing screenings for various programs in the Oklahoma City area. The extern will participate and assist with the hearing screenings.
7. **Research:** The extern may have the opportunity to help collect data for research projects conducted at the clinic.



**Hearts for Hearing**  
Audiology Fourth Year Externship  
Application

**Applicant's name:** \_\_\_\_\_

**Phone number:** \_\_\_\_\_

**Mailing address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Graduate School:** \_\_\_\_\_

**Anticipated graduation date:** \_\_\_\_\_

**Undergraduate program and degree:** \_\_\_\_\_

**Please complete the following questions using no more than 150 words/question.**

1. Give a brief description of your clinical experiences thus far.



**2. Why are you considering an externship at Hearts for Hearing?**

**3. What areas of audiology appeal most to you?**

**4. What are your career goals after graduation?**



**Hearts for Hearing**  
Audiology Fourth Year Externship  
Agreement

I verify that I can meet the expectations outlined as a part of a clinical internship at Hearts for Hearing, for these dates \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature



## **Professional Reference Waiver**

**Applicant's Name:** \_\_\_\_\_

**Applicant's University:** \_\_\_\_\_

**Name of Professional Referral:** \_\_\_\_\_

**Applicants**, please complete this form and provide a completed copy to each professional writing a letter of recommendation and/or Essential Knowledge and Checklist form.

When completed and returned to us, the letters of reference and Essential Skill and Knowledge Checklist submitted by your professors/supervisors will be used in the selection process. The completed forms will be accessible to you if you accept a position at Hearts for Hearing (Family Educational Rights and Privacy Act of 1974). We request, but do not require, that you waive your right of access in order to facilitate a candid appraisal. If you choose to waive your right of access, please sign below.

**Signature of applicant:** \_\_\_\_\_

**Referring professionals**, please return this completed form with your letter of recommendation and/or Essential Knowledge and Skills Checklist form.

Email to: [mduke@heartsforhearing.org](mailto:mduke@heartsforhearing.org)

Mail: Mila Duke, AuD., CCC-A  
11500 N. Portland Ave  
Oklahoma City, Ok 73120



# Hearts for Hearing

## Audiology Fourth Year Externship

### Essential Knowledge and Skills Checklist

Applicant's Name: \_\_\_\_\_

Applicant's University: \_\_\_\_\_

**Below is a list of skills expected of an applicant prior to being considered for a fourth year externship at Hearts for Hearing. Please rate the applicant's ability to perform these tasks, using the following system.**

**M = Mastered: the applicant can complete on his or her own**

**S = Supervision Needed: the applicant needs direct supervision**

**A = Assistance Needed: the applicant has minimal experience in this area and will need assistance**

1. Perform comprehensive audiograms on children (BOA, CPA, VRA) and adults \_\_\_\_\_
2. Take earmold impressions on infants, children, and adults \_\_\_\_\_
3. Conduct and interpret acoustic immittance measures \_\_\_\_\_
4. Perform basic hearing aid troubleshooting \_\_\_\_\_
5. Perform troubleshooting on FM systems (personal and soundfield) \_\_\_\_\_
6. Perform real ear verification measures (REM and RECD) \_\_\_\_\_
7. Perform DPOAE and/or TEOAE testing \_\_\_\_\_
8. Perform and interpret ABR testing (click, bone conduction, and tone burst) \_\_\_\_\_
9. Perform cochlear implant mapping for Cochlear devices \_\_\_\_\_
10. Perform cochlear implant mapping for Advanced Bionics devices \_\_\_\_\_
11. Perform cochlear implant mapping for MED-EL devices \_\_\_\_\_



12. Please briefly describe your experience with the applicant regarding his or her clinic skills and knowledge.

13. Please briefly describe the applicant's demeanor with families/patients and counseling abilities.

14. What would you say are this applicant's clinical strengths?

15. What would you say are this applicant's clinical weaknesses?



Clinical Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

Name (please print) \_\_\_\_\_

Title \_\_\_\_\_

Affiliation \_\_\_\_\_

Email \_\_\_\_\_

**Please complete and return this Essential Knowledge and Skills Checklist in an envelope with your signature across the seal. You may return the checklist directly to the applicant, mail the checklist directly to the address below, or email the completed checklist to Mila Duke ([mduke@heartsforhearing.org](mailto:mduke@heartsforhearing.org)). Please include the Professional Waiver Form that should be completed by the applicant with your completed checklist.**

Mila Duke, Au.D., CCC-A  
Hearts for Hearing  
11500 N Portland Ave  
Oklahoma City, OK 73120  
(405) 548-4300  
[mduke@heartsforhearing.org](mailto:mduke@heartsforhearing.org)