

Council of Academic Programs in Communication Sciences and Disorders
“Clinical Education Development”

To: Michael Flahive, Monitoring VP – CAPCSD Board of Directors
From: CAPCSD Task Force on Alternative Methods of Clinical Education
Date: 3/29/13

Thank you for the opportunity to submit this resolution as a result of the work of this CAPCSD Task Force. We look forward to the CAPCSD Board’s review and consideration.

Resolution:

Whereas the Council (CAPCSD) was in part established to enhance the quality of education of its membership and to promote educational and programmatic innovation to help programs change and evolve to higher levels of excellence,^{1,2} and

Whereas the CAPCSD Task Force on Alternative Methods of Clinical Education was charged with examining current practices in clinical preparation for the purpose of developing recommendations on alternatives to traditional methods of clinical preparation, and

Whereas the Task Force has identified that the preparation of graduate education in Communication Sciences and Disorders has followed a traditional line of clinical preparation through direct patient contact since the inception of the degrees in Audiology and Speech-Language Pathology,³ and

Whereas the Task Force has found that CAPCSD member programs and medicine, nursing, dentistry, and health-related disciplines are all facing similar challenges in professional preparation, including increasing costs in degree delivery, major expansion of health care coverage under the Affordable Care Act, growth in interprofessional education expectations, and the unrelenting shortage of clinical placement sites placing an untenable demand on the traditional apprenticeship model of training,^{4,5,6,7} and

Whereas the scope of practice of Audiologists and Speech-Language Pathologists has expanded such that it is not feasible for graduate students to learn all that they will encounter in practice, and

Whereas disciplines in medicine and allied health sciences are focusing on the need to provide education that is more cost effective and efficient and focused on evidence-based competency attainment while experiencing similar discipline challenges (e.g., on-boarding requirements, cost of preparation, scope of practice),^{5,6} and

Whereas alternative clinical education methods including the use of standardized patients, grand rounds, telepractice, and simulation technologies (i.e., serious gaming, virtual patient animation, digitally enhanced mannequins, etc.) are providing health-related disciplines with a proven track record of additional educational tools to successfully improve competencies in a safe learning environment,^{5,7,8,9} and

Whereas simulation technologies (i.e., serious gaming, virtual patient animation, digitally enhanced mannequins, etc.) have proliferated as a result of increased availability of technology resources and bandwidth along with the emphasis on effective competency-based education with the growing focus on demonstrating evidence-based measurable outcomes,⁵

Therefore, it is resolved that:

I. The Council further develop graduate clinical education by advancing the acknowledgement of, investigation of, and inclusion of the broad array of alternative methods of clinical education for Audiology and Speech-Language Pathology graduate clinical preparation by:

A. CAPCSD supporting research endeavors initiated by CAPCSD member programs that provide critical information about the effectiveness of alternative clinical education methods by:

1. Providing a grant application mechanism to make available seed money for member programs to engage in evidence-based outcome research studies investigating the use of alternative methods of clinical education in the attainment and/or assessment of clinical competencies. These member programs during research investigation would be referred to as “hybrid” in that their graduate program would include a portion of clinical training via alternative methods in addition to direct client contact.

2. Requiring grant-funded degree programs to report research-based outcomes findings to the CAPCSD membership thus providing evidence documenting the efficacy of these methods.

B. By CAPCSD establishing the Clinical Education Development standing committee with the initial charge to:

1. Develop a set of “request for proposal” guidelines to be approved by the CAPCSD Board of Directors, and develop the process of reviewing and approving grant applications.

II. The Council of Academic Programs in Communication Sciences and Disorders work with the Council for Clinical Certification to ensure that this grant-funded group of “hybrid” programs, as defined above, would allow students in the program to retain their ability to qualify for certification during this period of investigation and development.

References

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5. Damassa, D. and S. Toby (2010). Simulation Technologies in Higher Education: Uses, Trends, and Implications. Educause Center for Applied Research (ECAR) Research Bulletin 3.
6. Medical Schools – AMA to fund virtual patient cases for student training. AMA MedEd Update. Retrieved from <http://www.ama-assn.org/ams/pub/meded/2013-february/2013-february-ms.shtml>

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9. Hill, A.E., B.J. Davidson, & D. G. Theodoros (2010). A review of standardized patients in clinical education: Implications for speech-language pathology programs. *International Journal of Speech-Language Pathology*, 12(3): 259–270.

Task Force on ACE – 2013 Member Roster

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