OUTCOMES FROM THE AUD EDUCATION TASK FORCE: EMPOWERING AUD PROGRAMS

Lisa Lucks Mendel, Ph.D.

Janet Koehnke, Ph.D.

Christina Roup, Ph.D.

DISCLOSURES

- Lisa Lucks Mendel, Ph.D., is the CAPCSD representative to the AuD Education Task Force, the President of CAPCSD, and is employed by the University of Memphis

- Janet Koehnke, Ph.D., is the ASHA representative to the AuD Education Task Force, Vice President for Academic Affairs in Audiology of the ASHA Board of Directors, and is employed by Montclair State University

- Christina Roup, Ph.D., is the AAA representative to the AuD Education Task Force and is employed by Ohio State University

AGENDA

- A look back at the AuD Education Summit

- Creation of the AuD Education Task Force

- Task Force Recommendations to
  - University AuD Programs
  - AuD Students
  - Preceptors and Final Year of Clinical Experience (FYCE) Sites
  - Stand-Setting Bodies

- Task Force Deliverables

- Request for Your Input

TASK FORCE MEMBERS

- Elizabeth Adams (CAuDP)

- Lisa Hunter (ACAE)

- Annette Hurley (CAA)

- Janet Koehnke (ASHA)

- Lisa Lucks Mendel (CAPCSD)

- Christina Roup (AAA)

- Robert Traynor (ABA)

- Neil DiSarno (ex-officio)

AUD EDUCATION SUMMIT

- October, 2016

- All 75 academic programs participated

- Stakeholder Representatives
  - AAA
  - ABA
  - ACAE
  - CAA
  - CAPCSD
  - CAuDP
  - SAA

AUD EDUCATION SUMMIT

- Focus
  - Focused on current model of clinical education
  - Learned about alternative models from other doctoral professions
  - Identified strategies for improvement
- Outcomes
  - Need for standardization of the externship
  - Need a collective vision for audiology that will inform the evolution of audiology education
  - Consensus no to replace the final year clinical externship with a post graduation residency

AUD EDUCATION KEY ISSUES IDENTIFIED AT THE SUMMIT

1. What is the urgency of creating a national database of clinical externship sites?	76% = very or somewhat urgent 23% = not urgent 1% = not important
2. What is the urgency in standardizing the application process (including application deadlines) for clinical externship sites?	87% = very or somewhat urgent 13% = not urgent 0% = not important
3. Should we explore mandatory preceptor training (yes/no)?	54% = yes 46% = no
4. Are you in favor of exploration of a residency model or other postgraduate training (yes/no)?	34% = yes 66% = no
5. What is the urgency of moving toward a residency model or other postgraduate education?	17% = very or somewhat urgent 42% = not urgent 41% = not important
6. In keeping with a "skate-to-the-puck" metaphor, are we ready, as a profession, to plot our course for the next 10, 15, 20 years?	28% = strongly agree or agree 53% = disagree 19% = strongly disagree

AUD EDUCATION TASK FORCE CREATED

- Six Working Groups
  - 1. Vision—Future of AuD Education
  - 2. Competency-Based Student Evaluations
  - 3. Standardization for Externship
  - 4. Student Readiness
  - 5. Guidelines for AuD Clinical Training Sites
 - 6. Residency Post-Graduation

TASK FORCE REPORT

- Summary of outcomes from working groups

- Recommendations for
  - University AuD Programs
  - AuD Students
  - Preceptors and Final Year of Clinical Experience (FYCE) Sites
  - Stand-Setting Bodies

- Deliverables
  - Tiered Clinical Skills Assessment Form
  - Minimum Standard Application Form

TASK FORCE RECOMMENDATIONS TO UNIVERSITY AUD PROGRAMS

- AuD Education
  - Remain current in the basic and applied information included in the curricula
  - Infuse best practices into the clinical education of AuD students
  - Consider alternative educational and health care models
- FYCE
  - Work with university leadership to help them understand the importance and effectiveness of the processes incorporated into AuD education in order for the programs to maintain their support for key program components such as the FYCE
  - Be actively involved in and supportive of the students prior to and during the FYCE. At a minimum, FYCE preceptors should be required to submit midterm and final evaluations of student performance
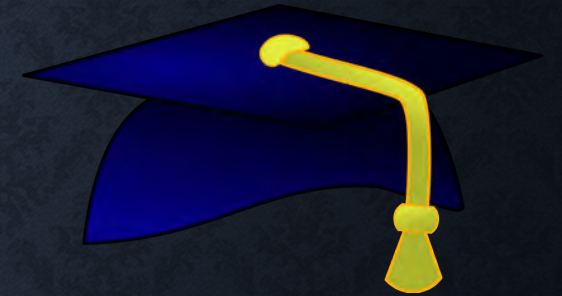
TASK FORCE RECOMMENDATIONS TO UNIVERSITY AUD PROGRAMS

- Preceptor Training
  - Encourage and support preceptors to participate in ongoing supervision training such as that offered by CAPCSD and CH-AP
  - Monitor the content of the scopes of practice published by AAA and ASHA to determine the need for changes to the program curricula

- Student Training
  - Provide basic information about preceptorship to students
  - Use the *Tiered Clinical Skills Assessment Form* to assess the competencies of students prior to beginning their FYCE.

- Pursue availability of postgraduate residency models for those individuals who wish to pursue specialized training in an area of practice

RECOMMENDATIONS FOR AUD STUDENTS

- Participate
  - Actively participate throughout the educational process, including the didactic coursework, clinical education, and FYCE.
  - Specifically, students should frequently reflect on the progression of their clinical skill development and professionalism, using a document such as the *Tiered Clinical Skills Assessment Form* or equivalent

- Lifelong Learning
  - Recognize the importance of dedication to lifelong learning, and embrace the notion that learning will not end with the conferring of the AuD degree

- Advocate
  - Commit to staying apprised of professional issues in order to appropriately advocate for the profession, future students, and patients of audiology

RECOMMENDATIONS FOR AUD STUDENTS

- FYCE & FYCE Timeline
  - Learn about the recommended FYCE timeline and application process, and ask questions of university and external preceptors regarding their timelines and responsibilities
  - Advocate for the agreed upon standardized timeline and application process with academic program faculty and with clinical supervisors/preceptors to help move the standardization of this process forward
  - Work in partnership with AuD program faculty to identify and apply for an approved FYCE that meets the educational needs of each individual student
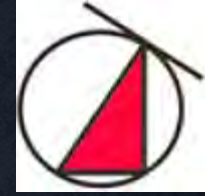- Commit to understanding the precepting/supervising process

RECOMMENDATIONS FOR PRECEPTORS AND FYCE SITES

- Training
  - Obtain specialized and ongoing training to aid in the development of appropriate clinical supervisory skills

- FYCE Timeline
  - Adhere to the recommended FYCE timeline and standard application process vetted and agreed upon by the Task Force, which included representatives across audiology professional organizations

- Feedback
  - Provide ongoing and regular informal and formal feedback to both the student and the institution/university during the FYCE.

RECOMMENDATIONS FOR STANDARDS-SETTING BODIES

- Communication
  - There should be clear communication among the student, program, and preceptor during the FYCE. At minimum, every student should receive a midterm and final grade from the preceptor. All parties should discuss these grades

- Application and Timeline
  - A centralized FYCE application is recommended. AAA's *Suggested Timeline for AuD Externships* provides a model for the process for students, academic program faculty, and FYCE sites

- Qualifications of the Preceptor
  - Preceptors should complete coursework in supervision and should maintain continuing education in this area
  - According to the 2020 Standards of the CFCC, after being awarded the CCC, individuals must *"Complete a minimum of 2 hours of professional development in the area of supervision/clinical instruction"*

Accreditation Commission for Audiology Education

Council on Academic Accreditation

CFCC

CAPCSD

AAA

ABA

ASHA

DELIVERABLES

Tiered Clinical Skills Assessment Form

Minimum Standard Application Form

TIERED CLINICAL SKILLS ASSESSMENT FORM

- Comprehensive list of practice areas that audiology students should have experience prior to their externship year
  - Assessment Skills
  - Management Skills
  - Professionalism
- Practice areas classified into 3 tiers:
  - Mastery Prior to Externship
  - More Advanced (Developing) Skills Prior to Externship
  - Advanced/Specialty Skills (unlikely to be fully established prior to externship)

TIERED CLINICAL SKILLS ASSESSMENT FORM: DEFINITIONS

Tier 1 Mastery Prior to Externship	Tier 2 More Advanced (Developing) Skills Prior to Externship	Tier 3 Advanced/Specialty Skills (unlikely to be established prior to externship)
Exposure to theory and methods in the classroom, some laboratory practice, considerable experience with real patients	Exposure to theory and methods in the classroom, some laboratory practice, moderate experience with real patients	Exposure to theory and methods in the classroom, some laboratory practice, limited experience with real patients

ASSESSMENT

Tier 1 Mastery Prior to Externship

Performs **Biological Calibration**

Performs **Case History**

Performs **Hearing Needs Assessment**

Selects and uses **Assessment Tools** for differential diagnosis based on client factors
Performs **Otoscopy**
Administers and interprets **Tympanometry**

Administers and interprets **Acoustic Reflexes**
Obtains **Air Conduction** Thresholds
Obtains **Bone Conduction** Thresholds
Masks for Air Conduction
Masks for Bone Conduction
Obtains **Speech Recognition Thresholds**
Performs and Interprets **Speech Recognition** Testing--in quiet and in noise - under earphones and in the sound field - with appropriate calibration
Masks for Speech
Obtains **Most Comfortable Loudness Levels**
Obtains **Uncomfortable Loudness Levels/Threshold of Discomfort**
Administers and interprets **Otoacoustic Emissions** (screening and diagnostic)
Performs **School-age Hearing Screening**
Performs **Occupational Hearing Screening**
Performs **Newborn Hearing Screening**
Performs **Speech and Language screenings**
Knowledge of **Cochlear Implant Candidacy**
Knowledge of **Middle Ear Implant Candidacy**
Knowledge of **ABI Candidacy**
Knowledge of **BAHA Candidacy**
Knowledge of underlying principles of **Auditory Brainstem Response** Evaluations for threshold estimation and retrocochlear evaluation
Integrates assessment results to establish type and severity of hearing loss
Exposure to working with infants/children (BOA, VRA, CPA)

Knowledge of tests for **Functional Hearing Loss**
Counsels regarding prognosis and treatment options
Makes accurate **referrals** based on assessement data (medical, other professionals, agencies, consumer organizations)

Tier 2 More Advanced (Developing) Skills Prior to Externship

Identifies individuals at risk for balance problems and falls who require further **Vestibular Assessment**
Performs basic **Vestibular Evaluation** (common tests such as low-tech or beside evaluation and VNG)

Evaluates for **BPPV--Dix Hallpike**
Performs **Auditory Brainstem Response** testing

Performs **BOA, VRA, Play Audiometry**
Performs tests for **Functional Hearing Loss**

Performs **Cochlear Implant Candidacy** assessment
Performs **Middle Ear Implant Candidacy** assessment
Performs **ABI Candidacy** assessment
Performs **BAHA Candidacy** assessment
Identifies the need for a **Tinnitus Assessment**

Tier 3 Advanced/Specialty Skills (unlikely to be established prior to externship)

Performs **Central Auditory Processing Evaluations** (behavioral and electrophysiological; selects, administers, and interprets appropriate test battery)
Performs **Evoked Potential Testing** (early/mid/late)

Performs **Advanced Vestibular Evaluation** including rotary chair, VEMPs, posturography

Determines candidacy for **Vestibular Rehabilitation**
Performs **Intraoperative Monitoring**
Identifies underserved populations and promotes **Access to Care**

MANAGEMENT

Tier 1 Mastery Prior to Externship	Tier 2 More Advanced (Developing) Skills Prior to Externship	Tier 3 Advanced/Specialty Skills (unlikely to be established prior to externship)
Communicates results and recommendations orally and in writing Makes accurate Referrals based upon assessment data (medical, other professionals, agencies, consumer organizations) Encourages Active Involvement of Patient in his or her own care **Determines need for Hearing Aids** Makes accurate Earmold Impressions Approriately **Selects Earmolds** (e.g., bore length, vent, materials) Appropriately **Selects Hearing Aids** Fits hearing aids to appropriate **Prescriptive Targets** using **Probe Microphone measures** Assesses and adjusts **Hearing Aid Features** using probe microphone (DNR, Directionality, Feedback Suppression) Effectively modifies **HA electroacoustics** based upon patient feedback Applies appropriate Quality Control measures for hearing aids and hearing assistive technologies (e.g. electroacoustic evaluation, directional microphone function) Appropriately counsels on the **Use of Hearing Aids** Effectively **Troubleshoots Hearing Aids** Assesses aided loudness (Tolerance Issues) Assesses **Aided Speech Perception** abilities Selects, administers, and scores **Subjective Hearing Aid Outcome Measures** Uses post fitting test results to appropriately **Adjust Hearing Aids** Verifies proper **Functioning of Assessment Equipment**	**Counsels children's caregivers** about communication development and modes of communication **Counsels regarding prognosis and treatment options** **Counseling** (psychosocial aspects; to enhance communicative competence) Fits and adjusts **CROS** hearing aid fittings Adjusts hearing aid **Telecoil** using test box measures Appropriately adjusts **Hearing Assistive Technologies** using probe microphone (e.g. FM and other wireless microphone systems, TV streamers, etc.) **Repairs and modifies hearing technology devices** Performs Treatment/Management of **Tinnitus** Performs **Audiologic Rehabilitation** (optimizes use of personal sensory device, communication strategies, auditory training, speechreading, visual communication systems, set therapy schedule - frequency, duration, and type of services, discharge criteria) Performs **Treatment of Infants/Children with HL** (collaborates/consults with EI, school-based personnel, other service providers regarding intervention plans (IFSP/IEP) Performs treatment of School-Aged Children with HL (addresses acoustic environment, provides direct therapy, etc.) Evaluates **Efficacy of Intervention** program/treatment services Recommends, evaluates, selects, verifies, validates, and dispenses **Remote Mic/HAT systems**	Provides recommendations for management of diagnosed APD Make recommendations for deficit-specific training for APD as well as use of assistive devices and environmental modifications Plans and performs **Vestibular Rehabilitation** Performs **Canalith Repositioning Maneuvers** Performs **Cochlear Implant** programming/counseling/evaluation of benefit/troubleshooting Performs **Middle Ear Implant** fitting/counseling/troubleshooting Performs **ABI** fitting/counseling/troubleshooting Selects and installs **Large Area Amplification Systems** **Facilitates communication development** and/or auditory learning (listening, speech, expressive, and receptive language) Plans and administers **Hearing Conservation Programs** Selects and fits **Hearing Protection Devices** Performs **Cerumen Management**

PROFESSIONALISM

Tier 1 Mastery Prior to Externship	Tier 2 More Advanced (Developing) Skills Prior to Externship	Tier 3 Advanced/Specialty Skills (unlikely to be established prior to externship)
Demonstrates Critical Thinking skills Applies research findings in provision of care (Evidence Based Practice) Uses Universal Precautions Demonstrates motivation to learn, inquisitiveness Conducts accurate Self-Assessment Demonstrates active/reflective Listening skills Seeks and willingly receives input from clinical supervisors. Collaborates with others Provides Patient/Person-Centered Care Uses Language/Language-Level appropriate for recipient (able to code-switch) Demonstrates appropriate Empathy and care/compassion Demonstrates knowledge of Ethical Practice and adheres to professional Codes of Ethics and Scope of Practice documents Conducts oneself in a Professional, ethical manner Prepares reports with appropriate Clinical Writing skills Is knowledgeable of and adheres to Federal and State Laws (e.g, HIPAA, IDEA) as well as institutional policies	Understands the role of Clinical Teaching/modeling Functions effectively as Case Manager Function effectively on an Interprofessional Team Interacts effectively with Interpreters Is Culturally Competent Understands the impact of Family Systems Advocates for patients and profession Accurately and promptly maintains Records	Measures Functional Outcomes, consumer satisfaction, efficacy, effectiveness, and efficiency of practices/programs to maintain and improve quality of audiological services Knowledgeable of Coding and Reimbursement; insurance appeals Able to Manage Technicians

MINIMUM STANDARD APPLICATION FORM

- Cover letter (one page)
- Curriculum vitae (CV) or resume
- Three references or letters of recommendations
- Rather than using free-text letters of recommendation, consider using a behavioral rating of academic, clinical, and professional skills (included on the application form)
- Transcripts, if required by individual FYCE sites

WHERE DO WE GO FROM HERE?

- Survey taken at the summit emphasized great need for a national database of clinical sites for the FYCE and standardization of the application process

- How can the Task Force encourage appropriate stakeholders to take ownership of these important issues and commit to moving forward and taking action?

- How can the Task Force report be more impactful?

- How can the Task Force ensure that the Tiered Clinical Skills Assessment Form (or comparable form) & the Minimum Standard Application Form are refined (as needed) and adopted by all programs?
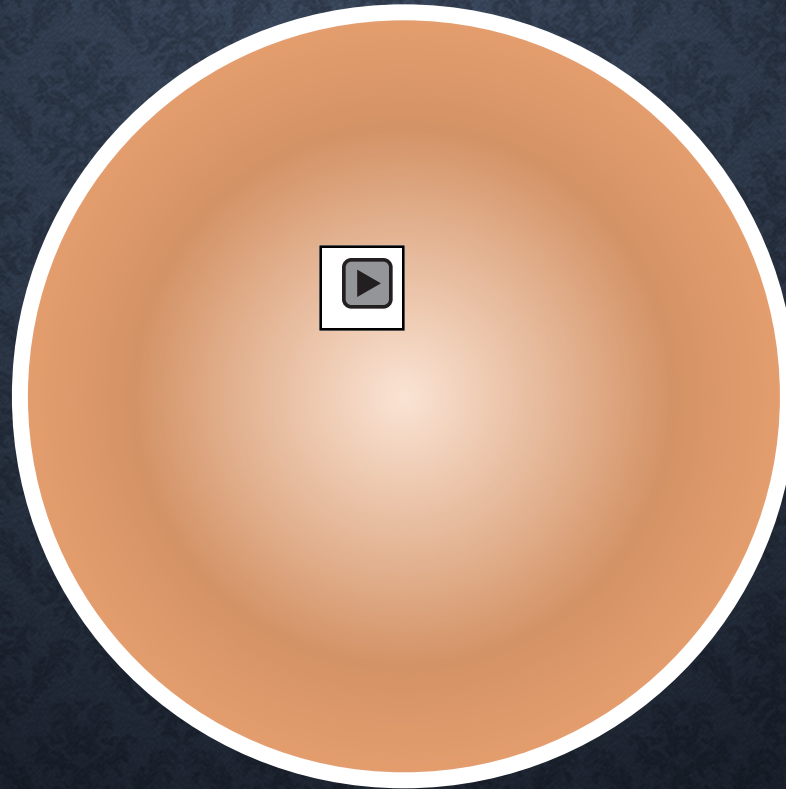
2 DISCUSSION TOPICS

1. How can the stakeholder groups work together to establish a national database of FYCE sites?
   - Who should lead the process?
   - How might the process be funded?
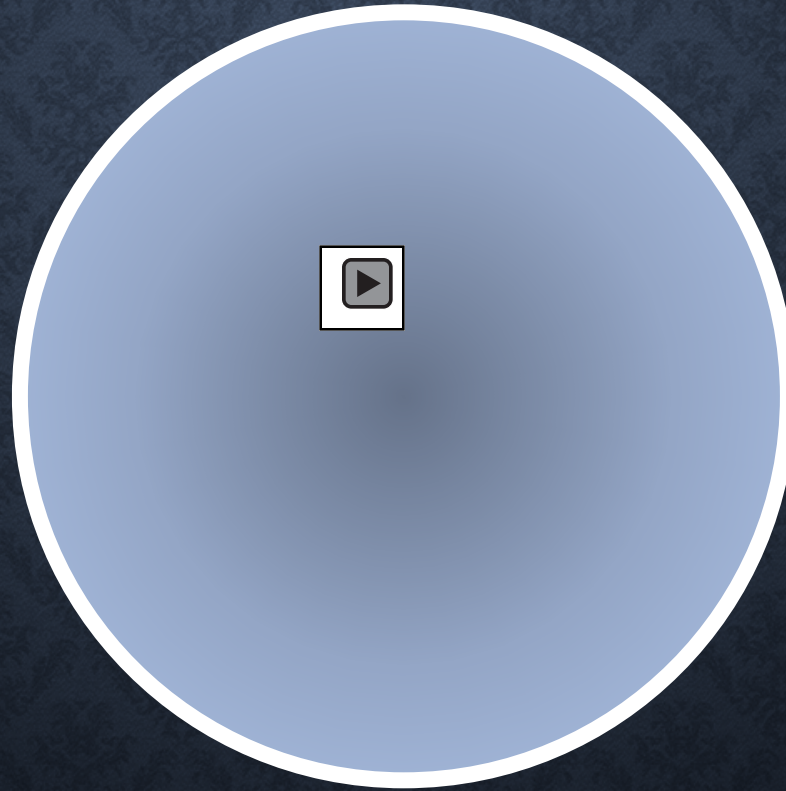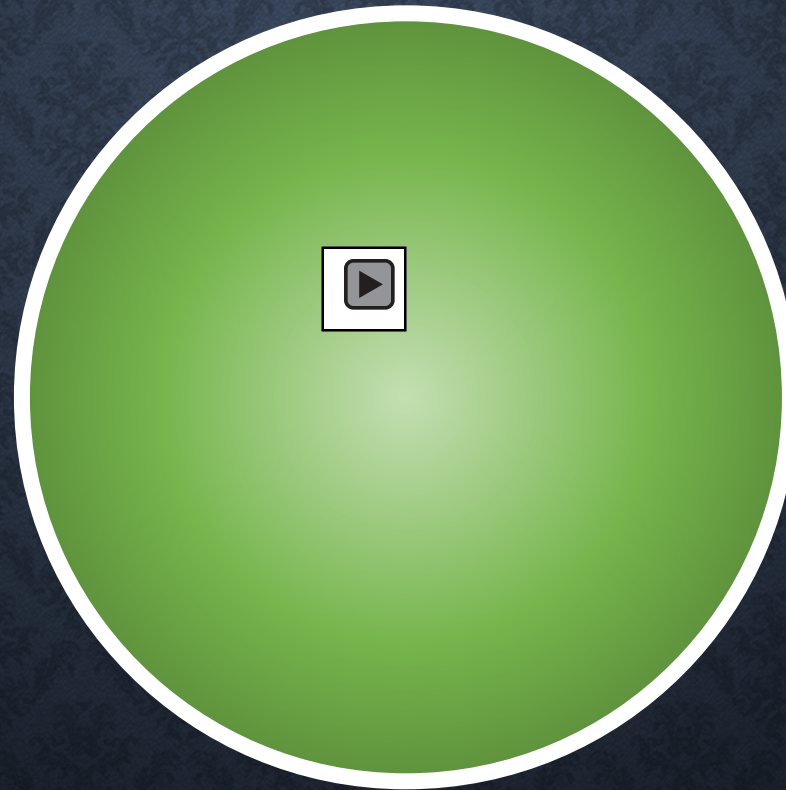
2. How can we ensure that <u>both</u> a tiered assessment and a standardized application are adopted?

DISCUSSION APPROACH: THINK-PAIR-SHARE

• **Think** – silent reflection (1 minute)

• **Pair** – pair up and share your thoughts with your neighbor

(4 minutes)

• **Share** – whole group discussion/exchange of ideas (6 minutes)

Think – Silent Reflection

How can the stakeholder groups work together to establish a national database of FYCE sites?

Who should lead the process?
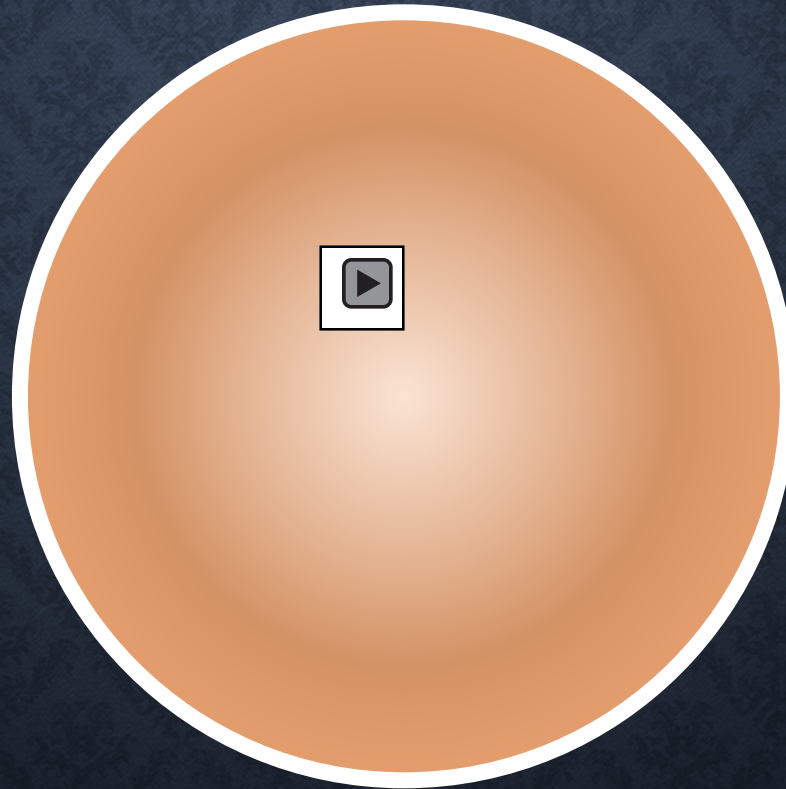
How might the process be funded?

1 minute

Group Discussion

How can the stakeholder groups work together to establish a national database of FYCE sites?

Who should lead the process?

How might the process be funded?

6 minutes

Think – Silent Reflection

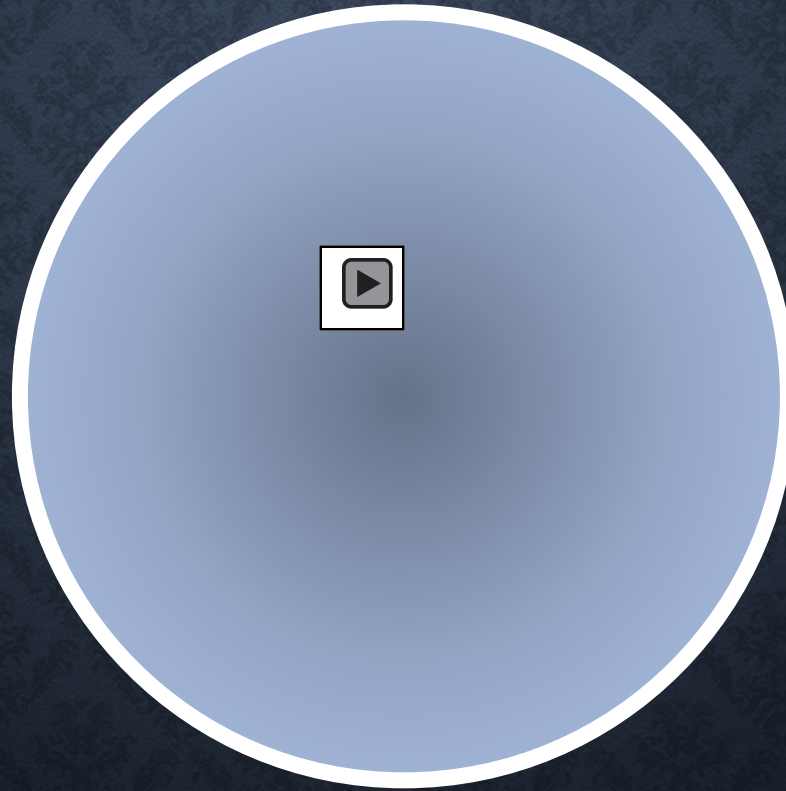How can we ensure that <u>both</u> a tiered assessment and a standardized application are adopted?

1 minute

Pair and Share

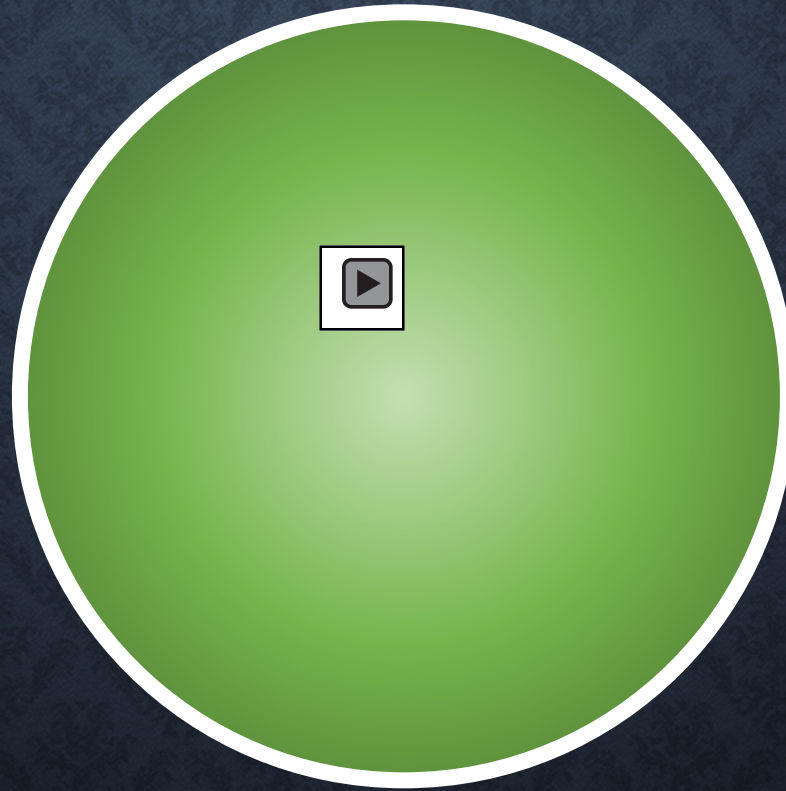How can we ensure that both a tiered assessment and a standardized application are adopted?

4 minutes

Group Discussion

How can we ensure that both a tiered assessment and a standardized application are adopted?

6 minutes