Plenary A Breakout Group Summary

These comments are presented as submitted by the group recorders and have not been edited in the interest of preserving the content.

Groups were asked to consider the following questions during the breakout groups after Plenary A:

Speech-Language Pathology:
- Are these weaknesses and threats real? Why?
- How are they affecting you in your institution? your state? Your region?
- **Other points to discuss:*
  - What responsibility do educational programs have to monitor and react to workplace needs / expectations expressed by clinical training sites?
  - What evidence is there, if any, to ensure effectiveness and efficiency of current educational practices? Consider both clinical and academic preparation.
  - Age-old question - what responsibility do educational programs have to those students who have enrolled and completed undergraduate preparation but are not successful in graduate admission?
  - What responsibility do educational programs have to explore optional service delivery models for use in various workplaces?
  - What action(s) have been undertaken to examine different approaches to preparation of graduates? What evidence is there that the current practices are, in fact, optimally effective and efficient? Consider both clinical and academic preparation.

Audiology:
- Are these weaknesses and threats real? Why?
- How are they affecting you in your institution? Your state? Your region?
- **Other points to discuss:*
  - What responsibility do educational programs have to monitor and react to expectations and needs expressed by clinical training sites?
  - Is undergraduate education sufficient for entry into an audiology program: are admissions requirements sufficient for doctoral-level education?
  - What evidence is there, if any, to ensure effectiveness and efficiency of current educational practices? Consider both clinical and academic preparation.
  - What action(s) have been undertaken to examine different approaches to preparation of graduates?
  - Age-old question - what responsibility do educational programs have to those students who have enrolled and completed undergraduate preparation but are not successful in graduate admission?
Group 1

1) SLPAs
   a. Who prepares them?
   b. How does SLPA program fit w/bachelors program?
2) Personnel Shortage
   a. Conditions and wages are concerns in schools
   b. School psychologists and others are taking over in SLP areas
3) Is field too large?
   a. Should we prepare generalists or specialists?
   b. Are certification requirements still appropriate?
4) Supervision
   a. How to provide enough practicum experiences?
   b. Is university clinic still a good option?
5) ASHA membership
   a. Potential loss of ASHA’s advocacy role as well as potential supervisors
6) Attitude shift needed regarding preparation at end of academic training
7) Responsibility to UG students
   a. Career center involvement
   b. Identify value in UG program in Human Communication not just for SLP track

Group 2

1) • Demand for SLPs in schools
   • Audiology model needs to be revised
   • Biggest threat is audiology depends on dispensing a product, not on devices
   • SLP & AUD both face problem of having enough supervisors in the field to take our
     students. In both areas we are turning clinical education over to individuals who do not
     have a commitment to the university.
   • Loss in state funding has had a significant impact on programs- no way to finance
     initiatives.
2) • Another major threat is decrease in research audiologists. Challenge to recruit students
   into PhD programs in Audiology.
   • Need to consider supervisor certificate that individuals could earn.
   • Is the undergrad curriculum sufficient to prepare students for graduate school?
   • Need to recruit undergrads into Audiology from other majors (e.g. biology, pre-med)
3) • Audiology programs are seeing strong applicants to programs; and increase in #’s of
   applicants.
• We need to address the shortages of SLPs to meet the demands of schools and state boards of education.
• Need to track undergrads so we know where they are ending up. Ratio of # of applicants to # of admits not a good metric.
• Do we need to use “professional school” model- start audiology at the beginning of undergrad education?

4)
• Trends in some states to move to 3 yr. undergrad degrees in liberal arts and sciences.
• Another threat- the debt load our students carry when they graduate. States are seeing higher default rates on student loans.
• Another threat- distribution of AuD Programs- e.g. only 1 in CA at this time.

**Group 3**

All agreed we need to be responsive to the workforce needs and be proactive about finding solutions for personnel shortage in both school and health care setting.
• More open to collaborating with other professionals- can no longer maintain turf.
• Look at different training models in order to take more students.
• Better advocacy by all
• Group supervision approaches
• Credentialing opportunities
• Telepractice
• Increase in SLPAs

**Barriers:**
• Funding
• Medicaid billing
• State legislature (Mississippi) is granting BA license by 2013
• Programs will have input

**Group 4**

Developmental Therapists looking for certification of S/L
Ohio- threats- size of the UG program
• Highly qualified who can’t get into grad school
• Moving 3 year window that expects increases

Possible structuring of the University level merging with other departments
• Must look at this as an opportunity
• Huge labor/conflict during the process/change
• Hoping to streamline administrative work must educate people making the decisions

Elimination of programs!
Michigan State only a graduate program

Finances- not a threat but often driving the decision (always under economic limitations)
Undergrad- students not in grad school
- Meyers Briggs list of skills that UG are proficient in other areas
- Concern that Medicaid will not be paying for AuD services
- Need data where the shortages
- Need data whether there are shortages for audiologists
- Local difficulties in placement of aud students
- Licensure does not assure quality either!
- Concern for the # of hours required for certification
  - Whether 400 clinical hours assures quality either!

EBS
- How well prepared do our students need to be?
  - We will never be able to increase our numbers
  - Does 400 hours mean that they are polished? Thinking that we need to have a polished product.
  - We want life long learners/good thinkers
- Pushing evidenced practice to cover all areas/all areas
- Looking to specializations in our field
- Threat of clinical doctorate to clinicians in health-care setting (in relation to reimbursement with OT/PT services)
- Threat of clinical doctorate to clinicians in health-care settings (in relation to reimbursement with OT/PT services)
- In comparison some states are allowing services to be provided with the BA/BS (Indiana employing SLPAs supervised by SLPs)

SLPAs differences in cert. vs. licensure inconsistencies
- May affect licensing issues in school-based vs. medical based
- MO uses “implementers” SLPAs
- Need data on assistant/implementers
- Need data on who is not getting into graduate school (hoping to get into from CSD CAS)
- Need to get away from thinking that our degrees are going to get the student into grad schools
- Undiscovered ground- we are afraid to go there
- Don’t want to water down our services/tend to isolate ourselves
- Need the consensus on requirements (although actually established by ASHA in 1990)
- We have so many
- Be able to recruit the suggestion that “we are an expense program”
  - Have to educate provost/dean/other administration
- Other problem is faculty hiring (3 yrs to fill 1 position)
• Salary levels are so low at the university level in comparison to private sector/public schools

**Group 5**

UG Education
• UG programs need to weed out students who aren’t a good match
• Need larger UG programs to support G program
• Poor UG are the ones taking the alternative
• What should UG be prepared to do? Should clinic be part of UG again?
• Work ethic of students

External Influences
• SACS concern about adjunct/PT
• CAA, DOE, University -> influence program
• Healthcare legislation
• Lack of comm. between Univ. and DOE

Clinical Issues
• Need to find resources (space, personnel) to help with clinical needs if increase # of students
• # of applicants is influenced ability to provide clinical supervision
• Who does Univ. allow to do clinical supervision?
• What is the best model of service delivery to give students experiences?

More With Less
• Morale of program
• Fatigue
• Pressure to increase funding- research, clinic revenue

Poor dept/college leadership affects attitude

**Group 6**

1. Look at models of other healthcare.... OT, PT, pharmacy
   200 students in pharmacy

Models - pharmacy pays supervisors in the hospitals.... may be more expensive but ensures quality

How do we change the model? To have adequate training with a new model?
- Address that there is definitely a market- there are data to say there is (AAA presentation by Ian Windmill).
There are jobs - just harder to find 4th year
- model to divide 4th year training, not all at one place (but does that allow independent practice?)
- University setting up the externs, build clinical facilities

-but with other models, are there more extern sites available (more grads).....is there a way for us to "own" the extern experience....e.g., grant to build clinical setting in VA; developing programs with hospitals, schools).....
We are limited by equipment & space compared to other models - e.g., OT & PT..... We have to look at things differently....
Virtual training, tele health, etc.....

What population would have to be to expand - problem of the number of patients compared to other fields....discussion on possible expansion of the patient base...

-what is the true number of qualified applicants? Have more applicants , but many have applied to multiple programs..... We are having more quality?

2. Responsibilities to monitor & react to needs expressed by clinical training sites....
We have complete responsibilities- but how do we follow through with this?

We need to provide supervision training to our preceptorship..... What do students know, what are they expected to learn , etc...
Can offer CEUs..... E.g., even with 4th year sites.....professional organizations to offer such training

3. UG education sufficient?
No - predominance are SLP courses.......some courses are important- science, hearing science.....experiences are that it can be a disadvantage to have UG in SLP..... Recruit from other UG (e.g., medical school, health sciences, etc.)....1st year of curriculum will address knowledge areas....
-other programs have added research courses into UG curriculum (2 "extra" courses for those going audiology)
-but has to include something to get them to know the field - coursework or shadowing- to let them know this is what they want to do

4. What evidence of effectiveness and efficiency of educational practices?
Do have the expectations - what a good student/ graduate is..... And really no way to measure this....
We are lacking in measures.....
How do we differentiate the very good students?

Some programs : Formative assessments- academic & clinical formative assessments at the end of every year..... Have to pass before moving on to next year....

But are we testing their clinical decision-making in the way we should? Would have to address in formative assessments (in terms of actual patients)....
5. CCC requirements....  
Students can choose, but some programs make students sign a form recognizing that they cannot obtain CCC.  
But burden is on university to make sure all groups met the standards of whichever credential the student chooses.

Discussed accreditation standards......  
Too expensive, confusing, work fora small profession to have 2 accrediting agencies.

**Group 7**

Major problems identified:
- We as professionals do not advocate enough for ourselves
- Clinical Education  
  - Clinical educators are primarily volunteers  
  - Clinical educators lack training  
  - Lack of evidence/analysis to support formal training for supervisors (as well as lack of evidence to support faculty teaching practices and program options/configurations-we don't "check" ourselves
- Undergraduate programs  
  - Do they need to adapt?  
  - The use of Bachelor’s level people is of particular concern due to the violations of the guidelines that have been put in place
- Graduate Programs feel pressured to fit all the coursework into two years  
  - 5 vs. 6 semesters

**Group 8**

Success story: Arizona State- state decided that BA could be speech technician and work in the schools Arizona State offer to BA SLP aides to enrolled them in master program while aides schools give 1 day off a week to participate and night classes. started 5 years ago. AU receives $200,000 a year from state and admits 8 people a year. Student must stay in schools. Clock hours in summer for adult hours. - need for alternative clock hours (enroll 45 PEP students)  
Challenge in summer practicums to get all adult hours because these students can't go off site till summer  
Discussion of the hours for graduate who are going into school because they were using state funds to go to school and specialize in schools

SUMMARY State pressure to move speech aides into master ASHA certified program may come with funding but has created challenges in the academic but mostly in clinical challenges has been (summer medical practicums- adult hours)  
number of students need practicum and finding sites and supervisors

2. Utah state - outreach brings 25 every two year They also have Adult hour concern: Send to smaller rural hours Summer clinic: skilled nursing facilities

SOME SOLUTIONS
e-learning for clinical; Use of aviators, video to, revisit the 400-hour requirement model.
Pay people to take new clinicians
form off campus medical partnerships
shorter rotations with adult medical?
Training dollars from state to support increased faculty
More programs adding program fees $600 dollars a semester and added financial aid for those that can’t pay the additional fee
Explore how the Programs that don’t have a clinic on campus handle

NEW SOLUTION TO PURSUE Re-calibrating external sites Way for clinic director across states to meet outcome partnerships - guidelines allow clinical skills to be developed at stages in clinical skills and external sites. CONSIDER OTHER DISCIPLINES MODEL BUT STATE AND SCHOOL UNITED IN THE ENDEAVOR

ISSUE CHALLENGE of off campus sites AND REDUCED NUMBER
medicare CONFLICT need in supervision to increase independence reimbursement - line of site and loss external supervision sites.

ISSUE UNDERGRADUATES more undergraduates than places in graduate programs

SOLUTION Develop back up plan, related fields ESL teachers, SLP aide adding additional year, A to Z of what you can do with a BA (GET AND SHARE)

IS IT A PROBLEM? BA students 1000 go to premed, PSY, law.. and don’t get in
IS UG DEGREE VALUABLE!
Discipline focus study value of having the background vs grad level is professional application.
Manage expectations differently
*** "Why do we feel that we have to"

***"we are enablers" we want people to succeed. not successful grad what is the "rehab plan"
I quarter action plan out the door.

Administration pressure for UG into master and grad rehab to graduate. Need to nip in bud earlier

UG those that don’t get in you see their potential to be SLP’s We need to be concerned about the subset that don’t get in and are strong students. Applicant pool

SOLUTION to share with neighboring programs that need graduate students
Student alternate entry into program to expand number of students into service and increase faculty line

Changes to the application process to make it more transparent apply to a number of programs and number of students being turned away.
Students apply to up to 10 programs
Utah State programs collaborating in graduation TO SUPPORT STUDENTS ACCEPTED IN STATE - ALL PROGRAMS SHARE AND TALK ABOUT APPLICANTS

CHALLENGE Increasing number of non traditional students that are "place bound". (tied to
Who are we accepting into our graduate school many looking for:
1/3 from the undergrad program, 1/3 post back and 1/3 other university or out of state.
In small programs the imp of diversity of students
With shortage new demands on programs to (sometimes by the state - the demand is that you take instate student and create student that will take jobs within the state. pressure to take student from "rural areas" and find a way to have them complete the program. New needs add pressure - bilingual students

SOLUTION
Conscious of what we need in our state
In application process looking at other issue other than GPA, GRE, to accept a student

CHALLENGES Do we need to change what we teach? Our scope of practice increasing when pressure is to have more and turn around faster

SOLUTIONS
A-Z list of what you can do with BA degree These are the things you can do with a BA degree.
Ask for A-Z
QUESTION
Is our undergrad degree broad enough? -
SOLUTION change to a generalist degree health care prereq to composite - more course that are useful in other areas.
Does the college you are under impact the BA College of Ed Human sciences,

CHALLENGE= SUPERVISORS
Can we use other supervisor who are not CCC. Excellent CFCC- change in standards Why 400
Why CCC ASHA certification non negotiable Have supervisor but not in those hours
CAA - proof that you have check that supervisor is ASHA CCC
Alternative education models

Group 9

PLENARY ISSUE A: CONCERNS

CONCERN: Are our qualified UG students not getting into MS/SLP programs?
DISCUSSION: It’s unclear if our qualified UG students are having difficulty getting into ANY graduate program. It may be that these students are limited by only wanting to stay in state, by financial considerations etc.

CONCERN: Are we responsible for getting all of our undergraduates into graduate programs?
DISCUSSION: The general consensus of the group was that it is the responsibility of the program advisors to be explicit with students about their chances of getting into an MS/SLP program. Also, students should be advised about options of other career paths and/or graduate education that utilize the knowledge base in our UG major.
CONCERN: Is there too much emphasis on disorders in the UG curriculum and not enough emphasis on basic science?

DISCUSSION: UG programs vary in this regard. Concern was that in some institutions the faculty teaching UG courses see their expertise in clinical aspects not basic science. Need to have focus on basic science/math.

CONCERN: Is there really an SLP shortage or is it really a distribution issue?
DISCUSSION: Certain locales as well as work environments that pay well and treat employees well have no difficulty hiring SLPs. We need to problem solve with places experiencing shortages to together (university programs and work places) to come to solutions.

CONCERN: We don’t have the faculty to increase the size of the MS/SLP program.
DISCUSSION: Participants agreed that the clinical education was a major part of this problem however; all resources (e.g. space, supplies etc.) are constraints to increasing student numbers.

Group 10

-competencies
  • we need skill sets
  • everything is inter-related

-trying to create aud/PhD combined programs and making a curriculum work

-clinical education being a bottleneck-expanding capacity in clinical education
  • hard to do to provide them all the experiences they need in-house or waiting for the 4th year

-need to have some kind of way to train preceptors, coordinating it across the country and we should all agree on some basic training goals.

-some model programs for summative and formative evaluations, but not completely prescriptive
  • 4th year global education
  • students finding own 4th year
    o Model of externship-no one makes contact about externs once they are at their placements
    o Need to send a list of expectations to sites. Need more standardized tools.

-we need to think differently for training purposes
  • using simulators or virtual patients.
  • Some people are using applied theaters and using actors with these situations.
    o Helps theater departments too.

-large undergrad enrollment, but smaller grad program
• get flack for graduating large undergrad classes because won't fit in grad class.
• Looking at other career paths?
• Compatible programs?
• Help students be aware of other programs they can go into during undergrad

-shrinking supply of certified audiologists.
• According to ASHA's figures very few are dropping their C's (98%)
  o Need to look at graduates and tracking how many obtaining C's.
  o Need to look at actual facts before making decisions.
  o Some clinical placements are not getting their C's which is a problem because they may limit a training area for a student, i.e., vestibular sites.
  o May want to look at number of licensed audiologists vs. those holding certification.
  o The attrition rate of audiologists is high at about 41%.
    ▪ Did the audit change that?
    ▪ Early career mentorship?
• programs make a choice to get hours from someone who does not have C's, but concerned sending a different message to students because the total hours still have to be under someone with c's. So can't count hours
  o having alternate ways to recognize that someone has experience in a way other than c's.

-CMS-huge problem because it keeps changing, hard to keep up

-continuum of education, weakest undergrad program of any allied health programs.

- online clinical education and working with HIPAA

**Group 11**

**THREAT: STUDENTS IN THE “5-9” GROUP**

UG programs are training students to be an SLP; specific end product
• need to better prepare students for a variety of professions
• are there jobs other than SLPA that bachelor’s-trained grads can do?
• is sending students to SLPA careers a threat to UG programs if the only other option is SLPA?
• will an increase in SLPAs threaten the jobs of SLPs?

**QUESTION**
Can ASHA/institutions track data re: students who don’t get in to Master’s programs?
Regional/national data would be helpful in approaching solutions (collecting numbers, seeing where students are heading)

**COMMENTS**
• need to think of those not admitted to grad schools as a different group of students/future employees rather than those who are “less” than those admitted to grad programs.
• people don’t understand the purpose of education – if they don’t get in to grad school, have we failed them?

RESPONSIBILITY OF TRAINING INSTITUTIONS
Weigh in on academic/clinical requirements for parapros/SLPAs. Many teacher prep programs not teaching about language development, literacy, etc.

Advising for UG students to talk about

THREATS: THE WORK PLACE
We seem to be the responder. To meet the mandated needs to serve children in the schools, schools may take control and hire BA-level students who have no clinical experience.

Low pay for MA degree; need to have a sustainable wage. Is this why we have few males in our graduate programs?

QUESTION
School administrators don’t pay professionals a wage SLPs want to work for – is that the problem of the academic programs?

RESPONSIBILITY OF TRAINING INSTITUTIONS
Weigh in on academic/clinical requirements for parapros/SLPAs. Many teacher prep programs not teaching about language development, literacy, etc.

THREATS: THE GRADUATE ADMISSIONS PROCESS
Some students look good on paper and aren’t successful graduate students; others are not initially admitted turn out to be successful (if reconsidered).

CSDCAS – generic references sent to all; before CSDCAS writers could write a different letter for a specific program. As a result, those with a red flag are automatically viewed by all and perhaps rejected by all. It would be good to allow letter writers to add specific components related to program characteristics that would be the best fit for a particular student (i.e. program size, focus, etc).

QUESTIONS
Are we getting better students or grade/GPA inflation? Recent GRE scores in SLP are up from years past; more in line with applicants in other health professions; verbal is up dramatically in some programs.

THREATS: ENSURING QUALITY CLINICAL INSTRUCTION/EDUCATION/SUPERVISION
Difficulty finding placements

Lack of training of clinical educators
There’s a move to per deim work – how can we entice professionals to want to supervise in their limited work time?

Medical sites – if not M’Care pts, SLP supervisors are seeing a client at the same time that student is working with another client.

COMMENTS
• US vs other English-speaking countries. UG educational model in US – it is an efficient way to educate (4 years waiting for grad)?
• The key to ensuring quality is through externship supervisors and university coordinators.

RESPONSIBILITY OF INSTITUTIONS
• Need to require that students have minimal knowledge in the clinical education/supervisory process, infused in multiple courses/ways – clinical interactions/role modeling, so students understand the supervisory process.

• Change the way we do initial clinical training – focusing less on one-on-one (supervisor on the other side of the observation window) with more engagement.

• Consider mentoring teams of clinical instructor, 2nd yr student and 1st yr student (in grad program). Students provide service in the schools as part of mentoring team, replacing SLPAs (i.e. school didn’t renew SLPA contracts, and team met a need for the school and provided students an externship opportunity)

What some programs are doing:
Iowa – online courses for those who don’t get in to grad school
Missouri – discussions with State Dept re: SLPAs
What is the “it” factor for graduate admissions?
Illinois – NU - pressure to grow the program – academic class size (larger than 50, more sections) is more of an issue than growing the clinic. Trying to sort out SLPA
Looking at UG program – generalist or specialist focus?
N. Dakota and Illinois have some good training programs for SLPAs
If SLP is committed to training SLPA, system works best.
5-9 students – more aggressive in counseling students out of major.