Plenary B 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 B:

Speech-Language Pathology:

- How do we leverage our strengths in order to seize these opportunities?
- What challenges face these solutions?
- What changes must occur in the factors identified in the morning session to achieve change? How should we effect those changes?
- What role will telepractice play five years from now – pick the workplace.

Propose an action plan to deal with one or more of the issues that have been raised today: what should we do first? next?

Audiology:

- Based on the presentations and discussions today what, if any, changes are needed in the education of AuD students? (please prioritize)
- What challenges will we face in bringing about these changes?
- Are there alternative models used by other professions that might be applicable to the clinical education of AuD students?
- What concrete steps can CAPCSD take as an organization to facilitate these changes?
- What steps can we take in our individual university programs to facilitate these changes?

Group 1

1) Each program needs to identify/establish what values are embedded in an UG program. Focus can vary from good general scientific liberal arts background to highly focused on admittance to grad program.

2) To improve the understanding or role and appreciation for SLPs in schools, CAPCSD can encourage/advice/highlight the responsibility of both academic and clinical faculty to make connections w/local school administrators to educate them re role and education and competencies of Masters level SLPs.
Group 2

- Having better data would be helpful:
  - # audiologists and SLPs needed
  - Is the current model of AUD training “broken”
    - All get jobs
    - Grads are well trained
    - Degree is too new
- Focus of discussion- models of AuD educ. and 4th year
  - Don't need to have a single model
  - Outcomes are imp.
  - Quality control in 4th yr.
    - Data % of sites problem
  - Also AuD technicians
- Future CAPCSD meetings
  - Look at economics and market forces that affect ACADEMIC PROGRAMS from view of economists
  - Mike’s suggestion of future changes in healthcare, CMS, business, politics that we should be planning for

Group 3
A task force is being developed by council to look at alternative education models-
- Count direct clinical hours through the use of MERLOT and Simicast.
  - Increase capacity
  - Unique clinical experiences for students

For future CASCSD meetings, bring in speakers from governmental affairs, health care, Medicaid, etc. Advocate as a group (CAPCSD, ASHA, etc.) at state and national levels on an ongoing basis. Let membership known through email blasts, etc.

Group 4
- Opportunities
- Examining the specific grad applicants to see if they got into a graduate specifics (is there a shortage)
- Those in position have recognized there is a problem and have begun to mobilize
- Change is good
- We have to be ready to make the major changes
- We need to advocate for ourselves
• (maybe a different perspective that we are not moving backward, but repackage the presentation)
• We have the responsibility to our member to change things if they are not working
• Possibly make change in rotations (length/experience)
• Learn from PTs and OTs - the aides have helped the profession - security of positions/salary
• CAPCSD - who better to collect data on education professionals than this organization
• Make decisions based on evidence
• Use of the SLPAs should relieve the problems of undergraduates who do not get into graduate schools
• Pursue funding from ASHA to collect data from students on graduate school acceptance
• Initiate a resolution on Saturday to collect data about graduates
• Involving students on evidence to get them involved
• Suggest to the task forces to make an action plan to collect data
• Nurture new leaders
• Telepractice is change; useful tool in the light of change skyping for supervising
• Technology can make what we do more efficiently

**Group 5**

**Solutions**

1) Develop a good set of videos to help develop competency in treating low incidence disorders.
2) To increase # of students rethink required research projects/CAPSTONE projects.
3) Each University should/could take 2 more students - that would increase # of overall students by 500 across the nation.
4) Increase summer offering for clinic to increase # of clock hours.
5) Clinical faculty develop contracts with facilities and take students to site-facilities pay university
6) Develop community partnerships - agree to consistently take students each semester to meet need of public.
7) Resolution to increase # of students by # of full-time clinical faculty (those who do 100% supervision)
8) Grant forum CAPCSD in 2012-13 to bigger programs that have large pop. of low incidence of clients (voice, fluency) to develop training modules/videos
9) Look at cost efficiency of current model of clinic
10) Is there a cheaper way to educate each master’s student?
11) Build mentoring skills into third semester of on-campus clinic with training.
12) Offer CEUs or courses to externship supervisors, token of appreciation/certificates
Group 6
1. What, if any, changes are needed in education of audiology students:
   --system is not helpful in doing a good job....systems for finding good preceptors, good clinical education
   --uniformity in timing of applications
   --collaboration in 4th year - with work from all stakeholders
   --minimal prerequisites for audiology in the basic sciences
   --in ideal case, more research base.....especially with AuD grads working more in universities
   --use of technology.....standardized patients, programs working together.....
   --clinical education preparation & management - not enough value in that job? Need an innovative person in that is their job....
   --more standardization in what students learn, what they do clinically (definitely before 4th, & earlier).....would give more information to sites on expectations, etc.
     *training of preceptors......national preceptor modules.....
     *problem of not all preceptors being interested in extra training...they are volunteers
     *could preceptors be adjunct, or have university privileges (taking course, library, etc.)......could work in some universities but not all....
     *issues of paying supervisors
   --students need training in supervision
     *some experiences during their program
   --some type of business model for students getting knowledge & experience in business
     *business plan that has to be presented to a banker

2. Concrete steps for CAPCSD
   --assessment instrument tools for determining skill levels; standardized profile using knowledge/skills..... E.g., what is standardized before beginning 4th year. Maybe presentations next year on this type of topic- coming to a consensus on a common form.
   --could CAPCSD have a role in science requirements (proposing certain requirements)......maybe in the UG programs....but is the debt balance vs salary going to impact requirements .... And would it keep away good applicants
Discussed:
-- issues of states allowing (or sites requiring) provisional licensure

--model also may be problem related to salary, etc (e.g., can we look at models with distance Ed, etc., to get out of school earlier).....

**Group 7**
Focus on solutions for problems in clinical education
- Annual clinical supervisors’ evening
  - Local universities share the cost and alternate the location of an annual dinner/meeting for supervisors
  - Attendees receive CEUs
  - Evening time slot allows professionals to attend without sacrificing time in their work days
- Incentives for supervisors:
  - Honorariums, access to lending library, discount courses, CEU voucher
  - Clinical Educator and Partnership Grants: University offers grants to affiliation sites who consistently take students
    - Requests for proposals sent to current affiliations and those who submit grant proposals must commit to taking students for several more semesters
    - Recipients of grant money benefit, thus university students benefit from improvements at placements
    - Also allows for pairing of research faculty with clinicians
- Initiative to Encourage scholarship of Supervision
  - CAPCSD task force to review existing literature and investigate possibility of developing competencies for supervision. Invite special interest groups 10 and 11 to participate

**Group 8**
Solution Share us working together state working together in grad applications, supervisors,

UG students: broaden the coursework of the UG curriculums Is our UG curriculum to discipline specific
decrease the number of UG that goon to grad school but increase those in our classes by having curses be required or strong electives for other degrees

Interdisciplinary collaboration: number of courses and disciplines that we can attract; special education, teacher lisc and deaf ed., content into other departments to keep more students participating, legal issues, early development, neuro courses, disability, research, ethics, global and health care

New faculty- interdisciplinary Not be afraid of moving into some of the other programs on your campus
national and across state sharing of faculty
Sharing faculty for course specialty to address the PhD shortage
interdisciplinary that are generated by the faculty "bottom up" we can do it.

ASL PSL assistant can we create a guide standard or common vocabulary and expectations of role skills. So many changes state to state some states find that those from one state work in another without "needed coursework" Expanding what ASHA has in place

Models of training of what this might look at 1 year programs 3 semester - many start as senior year  Get 100 clinical hours Option for some of the UG students states that have SLP license course 2 and practicum
ASHA to recognize SLP Aides and the requirements, involve the state license boards  add charge of 2000 dollars

Minimal standards with flexibility
Need to work with state lisc boards
Have CAPSA to look at but not a standard setting body
Excited about the Summit to allow multiple folks to come together and hear the outcome A proactive initiative

PHD shortage
Can we be flexible and create a national network of sharing.
Help with PhD recruiting: finding the summer work faculty thinking flexible Support each other across distances How to share faculty Western co-op Online instruction brief exchanges, Web site to do the match of PHD to PhD needs.
Online sharing of coursework course available to anyone across the country
Global perspective
regional consortiums

supporting the needs of CAA giving programs support of PH D sufficiency and quality to supervision to supervisors: free to all supervisors/ train them vista regularly new externships and do an assessment.
Do supervisors need additional training - no incorporate other methods - state association, part of the practicum

platforms- across campuses whole state moves to campus hybrid classes  Appeals to board of regions
Group 9

ISSUE: SLP shortages
SOLUTIONS:
A. Partner with school districts, skilled care facilities etc. that are having the shortages to come up with solutions.
EX: University of Maryland and Howard University have both successfully partnered with country school systems to provide scholarships for MS/SLP students. In return the students do practicums in those county schools and work for the school system for an agreed upon number of years (ex. 2-year scholarship paid back by 3 years working in the schools). SLPs supervising the students’ practica get free participation in workshops etc. offered by the universities for CEU credit.

B. Lateral/interdisciplinary training of graduate students.
EX: Provide specialized language/literacy courses for programs training master’s degree level special education teachers. Such a training alliance would help with some areas of shortage but not all however; it might be a better solution to shortages than having less trained SLPAs working with clients. They have a significantly higher level of education and don’t need extensive supervision by SLP who doesn’t have the time. SLP can act as consultant to the program/teacher rather than provide direct service and/or supervision.

C. Explore creative service delivery models.
EX. Intensive summer treatment programs offered by universities with carryover programs (if needed) that could be carried out by SLPAs under supervision of local SLP

D. Telepractice
It was agreed that telepractice is the wave of the future (even the present) to deal with SLP shortages in rural areas and in specialty areas. Two examples of programs in their infancy:

1. Rural Maine - Students at University of Maine will take an intensive course in teleconferencing. They will then do two semesters of practicum using teleconferencing to work with children with SL problems in rural school districts.

2. Bilingual populations - Teachers’ College/Columbia - NYC
The dept. has an existing bilingual training program. They are contracting with a school system in upstate NY to provide S/L services using the telepractice format to a group of bilingual Spanish/English students.
**Group 10**

Refer those in the “5-9” group to linguistics, ESL

Need for data:

Tapping in to CSDCAS for data - NEED number of students who aren’t getting into graduate schools, and track where they are going. It would be valuable if programs report # admitted, wait listed, etc.

Need for strong UG programs:

Need for strong UG programs, with coursework in areas like linguistics, perhaps even calculus, to better prepare students for CSD programs (or to be competitive in other domains if the students aren’t able to get in to a graduate program).

Problem – students coming in to CSD Programs without strong UG backgrounds. UG programs need to provide linguistics, human physiology, higher math/calculus, etc. to better prepare students for CSD program (or be competitive in other domains if they aren’t able to get in to a graduate program). PROGRAMS – more rigorous UG core curricula.

UG Clinical Education – tailor experiences to students – reserving clinical experiences for those students with higher GPAs, etc.

Need for marketing/promoting the sciences in our professions:

Perception that SLP is a profession of nurturers/feel good profession. This is one component of the professions. Need for marketing re: the science of communication disorders.

Departments partner with MS and HS students in science fair projects, etc. to attract these students toward the professions of SLP and AUD. May also attract more males. Bring in the Best materials – post on CAPCSDwebsite.