Rocking the Boat: Generating Creative Solutions to Address the Demands on Current and Future CSD Programming:

Audiology Perspective

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AuD Timeline: Universities

1990’s
No Way

2011
No Turning Back

Impossible
Maybe, but...
Grudging acceptance
Time to move up or out
No longer ‘if’ but ‘how well’
We’re in this for the long haul

AuD Timeline: Practicing Clinicians

1990’s
No Way

2011
No Turning Back

Sounds interesting, but...
What does this mean for me?
I don’t need it
How do I get mine?
I have earned (or am earning) the AuD

AuD Timeline: Patients

(Consumer Advocacy Groups)

1990’s
No Way

2011
No Turning Back

Sounds like a good idea, but...
Will I have to pay more?

AuD Timeline: Clinical Sites

1990’s
No Way

2011
No Turning Back

Maybe, but...
What are the implications?
Are they students or clinicians?
Hold on, we still have questions!

So where are we now?
GOOD

- Dedicated and motivated applicant pool (as reflected in personal statements; letters of recommendation; interviews)
- Students with genuine passion for the work
- Best Career choice (even in a bad economy)
- Earlier identification-intervention for hearing loss
- Aging but active population
- Jobs

BAD

- Students enter with a weak science background (and minimal basic science required in most graduate programs)
- Limited doctoral coursework in other areas (business/professional and independent practice)
- Lack of uniformity in how student clinicians are trained and evaluated
- Relatively low entry-level salaries considering time/cost of education
- Lack of diversity (racial-ethnic; gender; people with HL)

UGLY

- Clinical education is highly variable
- Almost any clinic that employs licensed audiologists could be a training site
- Preceptor requirements are minimal
- Lack of quality control is especially troubling with regard to 4th year externship
- One-fourth of the degree program, but academic institutions have little control once a placement is made
- There is no agreed upon timeline for 4th year externship applications/decisions
- There are significant disparities in 4th Year Experiences
- Financial disparities
- Disparities in quality/quantity of learning experiences and mentoring
- Current model can put clinical educators at risk for CMS violations
- Some AuD students are expected to find their own 4th year placements

UNCERTAIN

- "There are known knowns; things we know we know. We also know there are known unknowns; that is to say we know there are some things we do not know. But there are also unknown unknowns – the ones we don’t know we don’t know."
  - Donald Rumsfeld, 2002
- Emergence of audiometric technicians in hearing healthcare
- How many new audiologists are needed every year?
- The (rising) cost of a college degree
- Salaries (entry level and longer term)
- Reportedly a shrinking number of CCCA preceptors
  - If so, what are the implications?

What can we learn from other doctoring professions?

- Medicine (M.D.)
- Dentistry (D.D.S. or D.M.D.)
- Optometry (D.O.)
- Pharmacy (Pharm.D.)
- Physical Therapy (D.P.T.)

Similarities

- Length of time: other professional doctorates are 3-4 years post baccalaureate
- 3 years (DPT) or 4 years (MD, PharmD, OD, DDS)
- Clinical education occurs throughout the doctoral program
- Universities arrange placements with clinical sites
- Most universities use their own clinical evaluation tools (DPT is exception)
- Most do not have formal credentialing for preceptors (DPT is exception)
- Preceptors are not paid but some practicum sites receive financial compensation (Pharmacy is exception)
Differences

- There are fewer programs with larger class size
- A lot more basic science (u.g. and in the doctoral curriculum)
- Most have mandatory examinations for entry to practice
- Year-to-year expectations and progress are more clearly defined
- Relatively predictable cost
- Little or no financial compensation for students during clinical rotations. Why?
  - Shorter term rotations in specialty areas are embedded within the curriculum
- Full-time clinical residencies are post-graduate
  - i.e. the clinician is a licensed practitioner

Concerns regarding current fourth year model

- For students:
  - Costly (travel to interviews; relocation expenses; living expenses)
  - Preference may be influenced more by stipend amount or geographical considerations than by quality of the externship site or educational opportunities
  - Variability in deadlines for applications / interviews
  - For some, lack of institutional support for arranging the placement
  - Placement may be guided more by where the student can be placed than on specific needs of the student
  - The university has responsibility for the 4th year but little/no direct oversight once placement is made
  - Some fourth year sites lack preceptors with CCCA

Concerns regarding current fourth year model (continued)

- For the clinical site:
  - Concerns regarding CMS compliance and impact of supervision on productivity
  - Concerns regarding student qualities and qualifications
  - Time involved in reviewing, interviewing, and selecting 4th year students
  - Responsibility for the student's clinical education but little/no control over the student's prior educational preparation
  - Expectations not clearly defined when students are placed
- Unintended consequences
  - Some clinical sites may view the extern as an entry-level employee rather than a student (limiting range of clinical opportunities)
  - Some clinical sites have come to depend on 4th year students for maximum productivity and delivery of service
  - The fourth year consumes training hours/opportunities for students in years 1-3

Benefits of the current fourth year model

- For students:
  - Valuable learning experiences at outstanding fourth year sites
    - Especially important if clinical opportunities have been limited in years 1-3
  - Employment Opportunities
- For the university:
  - A substantial portion of the clinical education is provided outside the university
- For the clinical sites:
  - Experienced students provide additional personnel
  - A good student can increase clinical productivity
  - Many clinical preceptors report satisfaction in the mentoring process

Where do we go from here?

A few questions worth considering...

- Clinical Education Model
  - How do we ensure that our students have the personal qualities needed to function as student clinicians
  - How do we ensure that our students have the qualifications needed to function as student clinicians
  - How do we provide effective training without violating CMS regulations?
    - Should we petition CMS for change?
    - What are the chances of success?
Finding creative solutions…

- How well is the current model for clinical education working? (in years 1-3? in the 4th year?) Is there a better model?
- How do we promote greater consistency in preceptor qualifications?
- Can we exercise better quality control over our clinical sites?
- Can they exercise better quality control over us?!
- Should we try to adopt a more uniform timeline for our 4th year placements?
- Should we try to establish more uniform guidelines/policies for financial compensation?
- How do we ensure that our graduates have the necessary skills to begin the fourth year? To enter the profession?
- Should we be petitioning CMS to change its policies re: supervisory requirements? What are the chances of success?
- What if anything can we learn and apply from other doctoring professions?
- What role can CAPCSD play in any/all of the above?
- There can be no meaningful change without direct involvement of our clinical sites/preceptors

Questions for Discussion

Based on our presentations and discussions today, what, if any, changes are needed in the clinical 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?

"Change is the law of life and those who look only to the past or present are certain to miss the future."

John F. Kennedy