

# Audiology Is Ripe for the Next Stage of Development in AuD Education

## The 2013 Stakeholder Survey

By Lisa L. Hunter

**W**hy is it important for any health-care profession to support rigorous educational standards?

Answer: Our AuD programs are vitally important to the current health and brighter future of our profession. As such, it is critical that we recognize the influence that our academic programs play in shaping the culture and future of the profession. University faculties within our academic programs are the gatekeepers to the profession, but we all can play a part in recruiting the best and brightest. University faculty shape the skills and minds of our future colleagues and, thus, influence the culture of the profession for decades to come. Audiology will prosper to the extent that our AuD and PhD programs do well.

This article is the second of a two-part series that discusses results of the 2013 Accreditation Commission for Audiology Education (ACAE) Stakeholder Survey on Excellence in Education. In the July/August issue of *Audiology Today*, survey goals, background, and demographics were presented. The survey was designed to gather data on the perceptions of

stakeholders about how we as a profession are doing on the important job of educating AuD students and on the needs for future development in standards to promote excellence in education.

### Survey Goals

- To understand views of educators, clinicians, and students and their perceptions on the relative importance of current educational standards.
- To assess perceptions of achievement of current standards by AuD programs.
- To survey areas of gaps and need in current standards.

In this article, we delve into the views of clinicians, faculty, and students regarding the importance of standards and outcomes in different areas of AuD education and training, particularly those standards most tied to clinical practice: diagnosis, management, patient communication, and professional practice.

### Importance of Diagnosis and Management Skills

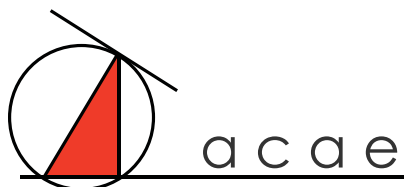
The standards most directly tied to excellent clinical practice are those having to do with a core group of 21 practice areas. These standards include triage, diagnosis,

management, and treatment of hearing and balance disorders; critical thinking skills; knowledge to prescribe, perform, and interpret hearing and balance assessment; ability to interpret, synthesize, and discuss findings; skills necessary to formulate treatment plans; cultural competency in providing assessment and management; and ability to assess outcomes and recognize limitations in diagnostic and treatment plans. Perceptions of the importance of these standards were rated by respondents.

All of the diagnosis and management standards were rated as “very or somewhat important” by more than 95 percent of respondents. It is of interest to compare the stakeholder groups in their ratings of importance. University faculty generally rated the standards as more important than clinicians and students in various settings, but the overall pattern showed strong consensus in areas such as skills needed for the diagnosis, triage, treatment and management of auditory and vestibular disorders. Critical thinking and analysis of skills were also rated as highly important.

In fact, 97 percent of respondents agreed that improved standards for clinical training are important. Specific recommendations by respondents were:

- “Fewer, better programs,”



- “Consistency in programs,”
- “High quality externship experiences,”
- “National boards such as medical school,”
- “Business experience with emphasis on private practice,” and
- “Leverage faculty with private practice experiences in training programs.”

One comment summed up the most important standards succinctly as “the ability to synthesize information across the scope of practice.”

### Achievement of Diagnosis and Management Skills

When asked to rate how well programs they are most familiar with are achieving the diagnosis and management standards, there appeared to be more differences among stakeholder groups. For example, fewer people strongly agreed or somewhat agreed that the standards are being



met. Faculty tended to perceive that the standards were met to a higher degree than some clinicians and students, particularly those who said they worked or trained in audiology clinics, private practice, and hospitals. Clinicians in ENT clinics tended to rate achievement in standards similarly to university faculty.

The standards rated as less well achieved were also those rated as less important, which indicates that the focus in programs is generally on the appropriate areas. These responses reinforce the need to measure clinical outcomes for students and to ensure rigorous standards, thus enabling students to interpret results, apply critical thinking, prescribe treatment plans, and direct patient management. It was validating that there was strong agreement among different stakeholder groups about not only the importance of these standards but also the levels of achievement and need for continual improvement in meeting outcomes.

### Importance for Communication and Professional Practice


As in the diagnosis and management standards, there was strong agreement among the various stakeholder groups about the relative importance of communication and professionalism standards, with university faculty perceiving importance slightly more strongly across all standards. Practice management, legal and public health regulations, and psychosocial dynamics were rated as very or somewhat important by more than 95 percent of respondents, while history of the profession and basic life support skills were rated as somewhat less important.

### Summary and Future Directions

This survey of perceptions of a wide range of stakeholders in audiology education overall demonstrated a high degree of agreement among faculty, clinicians, and students regarding the most important needs for education and training, as well as achievement of those same standards. There were some differences between the viewpoints of faculty and clinicians, which is not surprising given the differences in work setting, responsibilities, and familiarity with students and the realities of educating and training students to the ever-increasing demands of the health-care system we work in today.

Perceptions are of course based on inherent beliefs and subject to the individual's own experiences. As such, they are not measures of actual outcomes but, rather, statements based on collective knowledge, experience, and wisdom. Because clinical practitioners are in the best position to know what knowledge and skills are necessary to successfully engage in audiology, and because faculty are in the best position to effect change in how students are educated and trained, it is vitally important that we make efforts to bring these groups together. This would allow educators from the clinical and didactic areas to share ideas about how to more effectively achieve outcomes given limited resources and the ever-changing health-care environment.

This survey demonstrated that faculty, clinicians, and students were in strong consensus regarding the importance of standards from the bases of science and research to the application of clinical skills and effective communication. There was also strong consensus to apply rigor and measure outcomes achieved, particularly in standards most important to clinical outcomes and to critical thinking. In many comments, there was clear recognition of the need for more rigorous standards in clinical training. Students are demanding more rigorous standards in their programs for their investments, and rightly so, when considering the escalating cost of obtaining both undergraduate and graduate education.

These survey results will be used by the ACAE Standards Review Committee to update our current standards and to advocate for better achievement of standards across the entire range of practice. It is clear that audiology is ripe for the next stage of development in AuD education and that the future of our profession depends on us further developing the AuD model. The only way to success is if we join forces—faculty, clinicians, students, and Academy leaders. 

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