

Program Accreditation and Quality Improvement in AuD Education

By Martha R. Mundy

Quality is never an accident; it is always the result of high intention, sincere effort, intelligent direction and skillful execution; it represents the wise choice of many alternatives.

—William A. Foster

Doesn't everyone involved in the education of audiology students have an interest in assuring that we do our very best to prepare competent professionals who will be a credit to our programs and the patients we serve?

Exactly how do we do that? Against what standard do programs measure their growth and improvement?

Accrediting agencies can be helpful partners when embarking on this frank assessment. As mentioned previously in the ACAE Corner (Church, 2011), although the accreditation process is often viewed with dread, it doesn't need to be. When programs can partner with an accreditation agency whose site visit team includes audiologists involved

in AuD academic and clinical education, the outcome can be satisfying and rewarding. This brief article will describe one example of a change we have implemented at the University of North Carolina (UNC) at Chapel Hill in the area of program evaluation and improvement as a result of the ACAE accreditation process.

From Master's to AuD

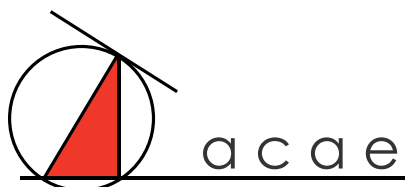
Following 30 years of audiology education culminating in a master's degree, in the fall of 2002, the first cohort of AuD students began their four-year course of study at UNC. The approval process for offering a new doctoral degree is not speedy or assured in our state. Requesting approval to plan generated the first round of discussions regarding curricular content, what modifications would be made to existing courses, and what content should be carved out and expanded into separate courses. There were UNC-specific considerations such as whether this degree program would be managed

from within the graduate school as the master's degree had been, or whether the AuD was more appropriately offered within the school of medicine.

The termination of the master's degree and subsequent expansion in semester credit hours for the AuD required a hard look at the number of faculty available to teach. The expectation and responsibility of the university to assure clinical competence within the degree program required a similar close look at the availability of clinical resources for students throughout their program of study. Some of these issues have been resolved, for example, the AuD at UNC is managed within the school of medicine. Other issues require ongoing evaluation, e.g., balance and quality in academic and clinical experiences. When the first cohort of students began, the faculty recognized that there would need to be something more than our familiar course evaluations and end-of-semester clinical practicum evaluations.

Valuing Student Feedback

Course evaluations on university campuses are nothing new and at best can be informative for instructors who act on specific trends to improve course content or delivery. At worst, they can be a meaningless exercise if students are not assured



of their value to the program. In our 10 years of AuD education, various types of course evaluations have been employed—pencil/paper bubble sheets with options for comments, anonymous survey questions, and online numeric ratings to questions with optional comments. Regardless of the format, students are assured of the anonymity of their responses and most faculty find specific comments to be the most helpful aspect of student course evaluation. Although course-specific feedback is important, it doesn't tap into students' perceptions about the program as a whole. At the completion of spring semester annually, AuD students at UNC are asked to respond anonymously to these questions:

- What are your thoughts (positive or negative) about the academic portion of your program?
- What are your thoughts (positive or negative) about clinical experiences during your program?
- Are there courses or clinics you felt were unnecessary?
- Was there content or clinical experience you felt you needed that was unavailable?
- What are your thoughts about the cohesiveness of the program—did the academic and clinical components seem to work together?
- Are there ways the faculty could be more helpful?
- Are there any areas you see as especially problematic? If so, what are they?
- What do you perceive as the program's greatest strength?
- Do you have any other comments/observations that you want to share?

There is a generous time window within which students respond to these questions, and they are encouraged to be specific in areas of criticism and praise. As a result of student feedback in conjunction with faculty discussion, new courses

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have been created, the sequence has been altered bringing more balance without negatively impacting clinic placements. The value of clinical activities in certain placements has been affirmed. Some ongoing challenges have been identified, for example, student reluctance to be candid in clinic and preceptor evaluations in spite of assurance of anonymity. Perhaps, however, the most important aspect of this feedback is that students know they will be asked and that changes have been made based upon this feedback. They recognize that the information they have to share is important and they can be agents of change within their own program.

Other Feedback: Program Evaluation

Obtaining program feedback is not a new concept. Surveys of graduates and employers are commonly suggested by accrediting agencies. Fellow educators are aware, however, of the difficulty in obtaining that information. Querying the employer and having employer contact information is dependent upon having up-to-date contact information for the graduate. In some instances, employer feedback may be inappropriate if that individual is unfamiliar with the work or with audiology competencies.

Affirmation and Recommendations

The information we obtain by systematically requesting program feedback from students was viewed positively by the ACAE site visit team. We knew this feedback to be valuable, we knew it was fairly easy to obtain, and we knew we had it in abundance. What we lacked in breadth, we knew we had in depth with the student


group of stakeholders. A suggestion that emerged from the ACAE review was that, in addition to former students and employers, we cast a broader net—soliciting feedback from colleagues associated with our program, including adjunct instructors, clinical preceptors, and audiologists not affiliated with our program who could be viewed as representatives of the profession at large. The reviewers acknowledged the challenges associated with obtaining this information but encouraged us to take a long view that extended beyond the dates of the site visit. Since implementing that recommendation we have been more successful in obtaining feedback from graduates (100 percent most recently, perhaps related to our history of soliciting feedback from this group throughout their course of study). The response rate from employers remains a challenge, both in the relatively low response rate and few specific suggestions for program improvement. Most importantly, we are now receiving valuable feedback from a broader spectrum of stakeholders and view this as a positive outcome of ACAE accreditation.

Accreditation and Stakeholders

Evaluating the quality of an audiology program is both an internal process that involves students, adjunct faculty, and preceptors, and an external process involving accreditors, educators, preceptors, employers, and graduates. Responses from these inquiries are validating current practices and generating recommendations for improvement. According to the Database of Accredited Postsecondary Institutions and Programs (Department of Education, 2012), “The goal of accreditation is to ensure

that education provided by institutions of higher education meets acceptable levels of quality.”

In the ACAE process, identifying a broader range of stakeholders and creating lines of communication to capture their perspectives was considered part of an essential process that should not be limited to a single point in time separated by many years.

As stated in the introductory quote, “Quality is never an accident...; it represents the wise choice of many alternatives.” The ACAE review was demanding and time-consuming, but it resulted in several specific recommendations including the one highlighted here. Moreover, the process created the feeling of a continuing partnership based on mutual interest in ongoing quality improvement. 

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References

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