

ACAE Standards

Accreditation Standards for the Doctor of Audiology (Au.D.) Program

Adopted March 2016 by the
Accreditation Commission for Audiology Education (ACAE)



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ACKNOWLEDGEMENTS

The Board of Directors of the Accreditation Commission for Audiology Education (ACAЕ) wishes to thank the Standards Review Committee (SRC) of the ACAЕ for the time, dedication, and expertise they brought to the task of revising the ACAЕ Standards for 2016. Informed by data gleaned from the 2012 – 2013 Stakeholder Survey and the Practice Analysis, the result is a more precise and contemporary set of 21st Century educational Standards in audiology. The ACAЕ wishes to recognize and commend the following SRC members: Ian Windmill, PhD – Chair, Cynthia Compton-Conley, PhD, Barry Freeman, PhD, Elaine Mormer, PhD, and Jackson Roush, PhD.

The ACAЕ board also deeply appreciated the comments provided by audiology leadership, educators, practicing audiologists, students and administrators, both internal and external to the profession. The comments were constructive, current, thoughtful, and futuristic. Each statement was thoroughly examined and added significantly to the standards.

In addition, the ACAЕ board is grateful to the American Academy of Audiology (AAA) board for its support and peer review of the standards and to the American Board of Audiology (ABA) for providing the results and findings of its Practice Analysis (PA) to ACAЕ. ACAЕ reviewed the PA against its educational standards to make certain both were compatible.

PREAMBLE

The Accreditation Commission for Audiology Education (ACAE) is an independent 501 (c)(3) non-profit organization formally established in 2003 by representative members of the American Academy of Audiology (AAA) and the Academy of Dispensing Audiologists (ADA), now the Academy of Doctors of Audiology.

The mission of the ACAE is to serve the public by establishing, maintaining and applying standards to ensure the academic quality and continuous improvement of audiology education, reflecting the evolving practice of audiology.

The Doctor of Audiology (Au.D.) is the professional degree that is required for the independent and comprehensive practice of audiology. The Au.D. is a professional degree distinct from the Ph.D., which is specifically designed for researchers and educators. The Au.D. programs integrate didactic and clinical learning across a broad spectrum of audiology practices and work settings. The ACAE accreditation is designed for any program that offers an Au.D. degree. The ACAE expects programs of study and clinical experience to comply with the curriculum and experiential requirements set forth in the standards. The expectations are identical for all programs and include oversight of all didactic and clinical education throughout the curriculum.

The primary purpose of the ACAE accreditation is to recognize, reinforce and promote high quality performance in Au.D. educational programs through a rigorous verification process. This process will produce evidence that Au.D. programs have prepared graduates who are qualified to be doctoral-level and independent practicing audiologists. Graduates will be at the point-of-entry to the US and international health-care systems for the diagnosis and treatment of hearing and balance disorders.

Specifically, the professional at this level will demonstrate readiness for limited license practitioner status in the US.

Accreditation also assures communities of interest that graduates will be able to function according to the national scope of practice, as defined by the profession. In the 2016 ACAE Educational Standards, there

are added measures and expectations in the scope of practice. New and/or enhanced competency areas found in Standard # 22 include pharmacology, genetics, business/personnel management/finances, psychosocial impact of hearing impairment and balance disorders, empathy and active listening, self-advocacy skills for patients and families and health and infection control. Programs must now demonstrate how their students have a working knowledge of all competencies as well as the ability to incorporate them into practice.

The ACAE provides an efficient and user-friendly web-based process of accreditation that will be helpful to all of its constituents and communities of interest, including: institutions, their administration, faculty and students; regulatory agencies; the public; and other stakeholders. This integrated web-based system is the first of its kind in accreditation in the US.

The ACAE standards require Au.D. programs to use a system of competency-based assessments (outcome measures) to quantify a student's proficiency in stated areas related to evaluation, diagnosis, treatment and management within audiology's scope of practice. The results of these competency-based assessments will allow the programs to assist individual students and implement programmatic changes. The accreditation process is rigorous but collaborative, designed to assist programs in self-study and continuous program improvement.

The dynamic nature of contemporary health and human service delivery requires recipients of the degree in Audiology (Au.D.) to have sound knowledge, diagnostic, treatment, communication and professional skills, including management and business acumen in order to function as autonomous direct care providers. Prerequisites for entry into Au.D. programs must include basic sciences as well as a broad education in the liberal arts. Au.D. programs will graduate generalists with broad exposure and competence in the delivery of hearing and balance services. The graduates of these programs will be prepared as critical consumers of the research that serves as the foundation

for audiology practice. Further, many will be contributors to the growth and dissemination of research and knowledge related to hearing and balance, which in turn, will impact clinical practice and service delivery.

Format of Standards

The standards are divided into six segments: Eligibility, Institutional and Administrative Structure, Mission/Goals/Objectives - Planning and Evaluation, Curricular, Faculty (Didactic and Clinical) and Health and Safety. Each category consists of individual standards and all standards must be addressed to comply with the requirements of ACAE.

ELIGIBILITY STANDARDS

Standard 1: Institutional Accreditation

The sponsoring institution(s) and affiliates, if any, must be accredited by a national or regional institutional accrediting agency with recognized accrediting authority. For programs outside the United States, the ACAE will determine an alternative and equivalent external review process.

Description The program must identify any national or regional accrediting institution that accredits its University and provide evidence of this accreditation. This should include the year of the last review and the year the University will be next reviewed.

INSTITUTIONAL & ADMINISTRATIVE STRUCTURE STANDARDS

Standard 2: Governance

The governance of the institution and program must be effective, clearly assigning authority and responsibility for the formulation and implementation of policies that enable the institution and program to fulfill its mission.

2.1 The institution must be organized, and the program conducted, in such a way as to demonstrate a clear chain of command and, simultaneously, assure open communication

among administrators, faculty, students, staff and other constituencies.

2.2 The institution and program must have effective policies concerning governing issues, including but not limited to conflict of interest, due process, disclosure, non-discrimination, confidentiality of records and fiscal accountability. Faculty and students should have information on how to access these policies.

2.3 The governance structure must clearly assign authority and responsibility for the hiring, evaluation, retention and discharge of the program's director.

Description This standard refers primarily to institutional aspects of governance that have a direct impact on the program. Each institution must have clear policies relating to the chain of command and governance as related to the academic program. The chain of command refers to the administrative hierarchy of the program, through the department, school or college and then to the chief administrative officer of the university. Included within this standard is the concept of who grants the authority and responsibility for the development and enforcement of policies associated with the program. As part of these policies, the program must show how students, faculty, and the administration can communicate within this structure about issues related to the program. Statements about conflict of interest, due process, disclosure, non-discrimination, confidentiality of records and fiscal accountability are generally contained in university-wide documents. Faculty and students should be informed about how to access this information. The responsibilities as related to the administration of the program, along with the methods for evaluation of the performance of the director of the program should be in place. Such governance policies and tables of organization can be found in university, college, and specific department/program handbooks.

Standard 3: Institutional Policies, Procedures & Protocols

The institution must have effective policies, procedures and protocols in place to support its organization, student population and administration.

Description Specific documents (i.e., pertinent documents such as student, faculty, administration, staff handbooks) that contain institutional policies, procedures and protocols must be provided.

Standard 4: Structure

There must be a clear description of the administrative structure of the Au.D. program, demonstrating that it is adequate for both its size and scope. Evidence of how programmatic responsibilities are shared among the faculty and staff must be in place.

Description This Standard has three parts: a) the organization of the program, specifically, the Au.D. residential program; b) the scope of the Au.D. program, the number of faculty/staff actively engaged in the program, and whether each component is sufficient for the number of students enrolled and c) a description of how responsibilities are shared among faculty. The program must be organized with responsibilities divided appropriately among the administration, program director, and the faculty and staff. There is no specific organizational structure required. The program must be able to justify that the administrative structure and organization is sufficient for the number of students and the size of the program.

Standard 5: Public Disclosure

Programs must provide reliable information to the public on their performance on a regular basis, including student achievement. This communication to the public must take place during specific points in the academic year, but on an annual basis at least. It also must be clearly identified on the program's website or other publication for the public to easily see.

Description The ACAE provides the following six examples of compliance with this Standard. They include but are not

limited to: reporting accurate information about a program's accreditation status; reporting accurate information about graduation rates; reporting accurate information about completion rates; reporting accurate information about pass rates on national examinations; reporting accurate information about competencies that demonstrate student achievement and reporting accurate information about how the program fulfills its mission, stated goals and objectives during an academic year.

Standard 6: Program Director Experience & Qualifications

The program director must possess an appropriate doctorate to direct an educational program at the Au.D. level and have the experience and qualifications requisite for providing effective leadership for the program, faculty and students. The program must have a director with a full-time faculty appointment.

Description This standard is focused on the qualifications of the program director. The director is expected to be a member of the full-time faculty. The director must have personal, experiential and professional qualities that are appropriate to lead the program. The director is expected to have a background in audiology. The qualities of leadership, vision, and experience, are important characteristics for a director.

Standard 7: Finances

The program must possess the financial resources necessary to fulfill its mission, goals and objectives to prepare students for the independent and comprehensive practice of audiology and must use sound and generally accepted financial management procedures.

Description In order to fulfill the mission and goals of the program (Standard 17), and to assure students are trained to enter practice, the program must have sufficient financial resources at its disposal. The financial resources available are not necessarily those for the Department or School, or those budgeted from the administration, but include all resources that may be available to support the program (e.g. clinic income, grants, gifts,

endowments, etc.) During the self-study, the program should endeavor to understand the extent to which the program can or cannot accomplish its mission or meets its goals in light of the financial resources available. The program should also determine whether anticipated changes in resources would have a positive or negative impact.

Standard 8: Facilities

The teaching and patient care facilities must be adequate and appropriate to fulfill the mission, goals and curriculum objectives of the program. Classroom, laboratory, and clinical facilities must be adequate, including those on campus, off campus, and in affiliated facilities. Computer based resources must be adequate.

Description The intent of this standard is to assure that the program has the facilities adequate to prepare students to enter practice and to meet the goals of the program (Standard 17). When used in this standard, the teaching facilities are not just the physical space, but must include such items as, but not limited to, teaching technology in the classrooms and sound booths in the clinical space. If laboratories are used in the teaching program, the space must include necessary technologies to accomplish the intended use. Computer based resources refers to the availability of hardware and software used for teaching and might include those in the classrooms, clinics, labs or those available to students. It is not necessary that the program provide all these resources, only that the program has access to the facilities and resources necessary to meet the goals of preparing students to enter practice.

Standard 9: Equipment

Programs must demonstrate that students have access to and experience with up-to-date equipment, technology and supplies. Equipment, technology and supplies must be adequate and appropriate to the students' clinical experiences. Equipment and technology must be adequate and appropriate to current standards, scope of professional practice and best clinical practice.

Description Students should, over their course of study, gain experiences with state-of-the art equipment and technology in order to be able to conduct the scope of audiologic practice. It is not necessary that every student have the same experience with the same piece of equipment, only that students have similar experiences over time. The program must be able to determine that the students are gaining similar experiences, hence the need to understand the equipment and services that are available within the classroom and clinical sites. For example, the program must document the availability of the appropriate equipment and the access that students have to the equipment.

Note: Programs must identify each piece of equipment and technology used with students at internal/onsite clinics and explain the rationale behind its use. At external sites, it is the responsibility of programs to communicate with supervisors/preceptors at these sites to determine what the students will experience that will enable them to learn to conduct the scope of audiologic practice.

Standard 10: Resources

Support staff and services for the purposes of meeting the education, instructional, clinical and other scholarly goals must be adequate. Support services must include clerical or other staff, space, access to information or other technologies, research services, technological support and administrative support.

Description Beyond the curriculum and the faculty, the academic program must provide the infrastructure that assures the goals of the program and that student learning outcomes are achieved. This includes clerical and administrative support for both academic and clinical services, access to contemporary technologies for both teaching and clinical service delivery, sufficient space (e.g. classroom, clinical, lab, etc.) to support student learning, and access to information technology (e.g. computer resources, internet, software, etc.).

Standard 11: Student Support Services

The program must have student support services that are compatible with the overall mission, goals, and objectives of the curriculum. There must be adequate mentoring and career and placement services available to all students in the program. Students in the program must be informed of and have access to health services and programs provided to other students in the institution. When appropriate, there must be opportunities to participate in program governance, and students must have access to administrators of the program. Students must be provided with policies regarding academic, professional, clinical guidelines, due process procedures, and ethical conduct.

Description Beyond the clinic and the classroom, students must have the support services necessary to assure them of adequate opportunities for successful completion of the program. These services include those typically available to all students, such as career and placement services and healthcare programs. This standard also addresses the role of students in the governance of the program or in those circumstances where their participation is appropriate or necessary. Programs must demonstrate when, where and how students have access to program administration and how they participate in governance. For example, student representatives to faculty meetings, or a student advisory council, might both be examples of demonstration of participation in governance. Finally, this standard specifies that students be provided with documentation that outlines program policies regarding academic conduct, professional and clinical policies, and ethical conduct. The program must provide written expectations for ethical behaviors in the clinic, classroom, and after graduation.

Standard 12: Student Records

Records regarding student admission, enrollment, and achievement, must be maintained in a secure setting within the institution and in accordance with the Family Educational Rights and Privacy Act (FERPA) and The Health Insurance Portability and Accountability Act of

1996 (HIPAA)). Evidence of education/training in these areas, as determined by the institution, must be documented. Student profiles must be on file from the time of acceptance. An accurate and secure system of student program records must be maintained for a minimum of six years after graduation.

Description Most universities retain student records such as transcripts indefinitely. Therefore, some student records will always be available. Certain records, such as clinical experiences, may be retained with the program rather than in the main university database. These records may be important for students to access after graduation (e.g. licensure, certification, etc.).

Standard 13: Recruitment & Admissions Practices

The program must have a student recruitment process that attracts and maintains a qualified and diverse applicant pool. Criteria, policies and procedures for admission must be clearly defined, documented and made available to applicants. All application, admission and degree-granting requirements and regulations must be applied equitably to individual applicants and students regardless of age, gender, sexual preference, race, disability, religion, or national origin. The program must ensure that students who are under consideration for admission to the program are capable of meeting the demands of the curriculum and are committed to entering and practicing the audiology profession. Each program must therefore determine those pre-requisites needed for successful completion of coursework.

Description This standard has three parts. First, this standard addresses the recruitment and admission process that a program uses to attract students into the program. The recruitment process itself is important in that the process must assure that the applicants are qualified to matriculate. Students must know the criteria for admission and the process by which decisions are made.

The second part seeks assurance that there are no discriminatory practices when admitting students to the program, and that the requirements for the degree are also based on non-discriminatory practices. Typically, there are institutional statements that prohibit these types of practices and a program must be able to demonstrate that they follow the institutional guidelines in this regard.

The third part, however, notes that programs must assure that those students who are admitted, and who seek the degree, are capable of being successful. Though admission and graduation are often based on metrics such as grade point averages, GRE scores, standardized or comprehensive examinations, etc., programs can also include additional and relevant requirements in classroom and clinical practice, i.e., undergraduate pre-requisites. In addition, there should be no discrimination with regard to disability. If a student does disclose a disability and seeks accommodations, the student should be referred to the university's Disability Oversight Committee or equivalent thereof. Documentation of a disability must be obtained with a recommendation toward viable accommodations, prior to the accommodations being implemented for the student's educational program. Also note Standard #35.

All requirements must be applied fairly and consistently. It is recommended that the characteristics of those students who begin the program, but do not complete the program, be periodically evaluated to determine if there are any pre-admission criteria that could be changed to identify students not likely to succeed.

Standard 14: Student Advising

The program must have a student advising process whereby students' performance in the classroom and clinic is monitored in an ongoing manner, with associated communication and documentation.

Description Academic advising regarding a student's performance in both the classroom and clinic is a hallmark of a quality program. Students must be aware of their progress within the program, as well as the expectations of the program for

continuance and/or advancement. Advising is a process, so programs must be able to demonstrate that advising has occurred and that students understand the outcomes of the advising process.

Standard 15: Academic Program Policies

The program must publish and make available to students policies and procedures in a timely and accurate manner. These include: grading criteria, satisfactory academic progress, requirements for graduation, attendance, tuition, fees, refund policy, honors, scholarship, financial aid, and other related matters. Students must be provided with information regarding requirements for graduates' professional credentialing. All statements made about the program in promotional materials, catalogs, or other institutional publications, including web-based publications, must be accurate and up-to-date.

Description Students must be able to access the policies and procedures of the program that potentially impact their program of study, outcomes or graduation. These policies and procedures must be current and available to students, as needed.

Standard 16: Resolution Of Student Complaints

The program must have a system for receiving, adjudicating, and resolving student complaints that are documented, and the process for resolution of the complaint (Due process). It must inform students of their right to file a complaint, including filing a complaint with the accrediting agency. Programs must maintain a record of student complaints and their disposition for a period of six years after the student has left the program.

Description Standard 16 addresses the rights of students to file a written complaint with the program, department, or institution. Complaints may range from grading concerns, to peer relationships, to conflicts with instructors. Complaints may also be broader, such as concerns about access to instructional materials (e.g. library resources, teaching materials, etc.). Regardless of the issue, students

must have the opportunity to engage a fair process to address complaints. Records of the deliberations and decisions regarding complaints should be maintained for a minimum of six years after a student graduates. Only student complaints that are submitted in written form will be reviewed by the program.

MISSION/GOALS/OBJECTIVES, PLANNING & EVALUATION STANDARDS

Standard 17: Program Mission, Goals & Objectives

The program must have a current statement of its mission and the measurable goals and objectives by which it intends to prepare students for the independent and comprehensive practice of audiology.

Description This standard requires the program to have a current mission statement and measurable goals and objectives. The goals and objectives should prepare students to demonstrate outcomes (i.e., competencies) that meet the independent and comprehensive scope of practice of audiology.

Standard 18: Goals And Objectives Assessment

The program must have an ongoing method in place to evaluate and improve the extent to which it meets its goals and objectives to prepare students for the independent and comprehensive practice of audiology.

Description Standard 18 requires the program to have an ongoing method/system in place that assesses if the program's goals and objectives have been met. There are at least three ongoing components associated with this standard: a description of the methods used to review the goals and objectives, the extent to which measures taken have been met, and documentation on a regular basis of how the results of the measures used improve the program.

Standard 19: Systematic Process For Planning & Program Evaluation

The program must have a systematic process for measuring student achievement; for monitoring its overall efforts to achieve its mission, goals and objectives; for

assessing its effectiveness serving its various communities of interest; for reviewing and revising the curriculum as necessary, and, based on the results of these activities, for planning to achieve its mission in the future.

Description This standard reinforces that programs maintain a process for measuring student and overall programmatic achievements that are compatible with the program's mission, goals and objectives. These results can be measured against how effective they are within the curriculum and greater community. They can be modified and improved as necessary within the curriculum, as a means of achieving and continuing to uphold a strong mission in the future. For example, documentation is required of the processes used, which include the ongoing evaluation of student and programmatic assessments. The program must also indicate its plans to use its analyses for program improvement.

Standard 20: Program Quality

The program must be committed to attaining the highest quality in its education of students and must demonstrate the process, tools and benchmarks used to measure quality.

Description This standard purposely uses the word, 'quality', to describe expectations of student outcomes. Academic programs must define what they mean by 'quality' and demonstrate that all students meet this expectation. The standard also uses the term 'benchmark'. This indicates that the program should use indicators of quality and demonstrate the process and tools used to achieve it. For example, meetings to review student achievement (e.g., reviewing a variety of assessments), feedback from students, communities of interest, clinical experiences, employers, internal or external reviews are recommended. The program must use a systematic process that assures that there is an ongoing evaluation of the quality. It must be noted that it is insufficient to use the results of a single metric (e.g., grades, score on a national examination or employment status) as the only measure of quality.

CURRICULAR STANDARDS

Standard 21: Multiple Methods Of Instruction & Evaluation

If the program uses multiple methods of instruction and evaluation, it must explain how and the extent to which different methods of instruction and evaluation are incorporated into the curriculum, and how these methods enhance student-learning outcomes.

Description Advances in understanding learning attributes, coupled with the evolution of technologies, allow programs to incorporate different teaching methodologies. For example, these methods include use of asynchronous teaching (e.g. distance, on-line, etc.), simulation programs (simulated patients or software programs), or problem based learning. If programs use these methods, they must explain how they are incorporated into the curriculum, how outcomes are improved, and how the teaching methods are evaluated and revised.

Standard 22: Required Knowledge & Competencies

The audiology program, which includes didactic and clinical experiences, must prepare students to meet the recognized competencies for independent practice identified in this standard. The program must also ensure that the clinical experiences encompass the entire scope of practice and focus on current evidence-based practices. The program must provide evidence that each student is able to demonstrate knowledge and competency in the following areas:

Competencies

Foundation: (12 Competencies)

The student will be able to:

- 1. Explain basic cell, organ, and body systems, with special emphasis on the auditory and vestibular/balance systems and their interrelationships to the body as a whole over the lifespan, including newborns, infants, children, adolescents, adults, elderly and individuals with special needs.*
- 2. Describe the development of normal auditory and communication processes,*

including the embryology and development of the auditory/vestibular, central nervous and related systems.

3. Explain theoretical and applied principles of acoustics, psychoacoustics, non-acoustic stimuli, and electronics as applied to the normal and disordered auditory and vestibular systems.
4. Identify the various localized and systemic processes that lead to dysfunction and disease.
5. Describe the effect that disease processes can have on the body and major organ systems, with special emphasis on the auditory and vestibular systems.
6. Recognize the mechanisms of the various classes of pharmaceutical agents, their interactions, and safe, effective use for the treatment of disease and conditions affecting the ear, the auditory and vestibular systems, central nervous system and related systems.
7. Describe the structures and processes contributing to the development of auditory, vestibular and communication disorders and abnormalities.
8. Explain the impact of hearing disorders on communication for newborns, infants, children, adolescents, adults, elderly and individuals with special needs.
9. Explain and demonstrate the impact of genetics on the development and preservation of auditory function as well as the impact on the development of disorders of the auditory, vestibular, and related systems across the lifespan.
10. Explain the psychological and neurological bases for auditory and vestibular dysfunction and remediation.
11. Describe the science and methods employed, e.g., acoustical and pharmacological, for the preservation of hearing and balance disorders.
12. Critically evaluate the research foundation for hearing, balance and communication sciences.

Diagnosis and Management (14 Competencies)

The student will be able to:

1. Diagnose, triage, treat and manage auditory and vestibular/balance conditions and diseases for patients

over the lifespan, including newborns, infants, children, adolescents, adults, elderly and special needs individuals.

2. Apply audiologic diagnosis, treatment and management principles in diverse settings including, for example, private practice-based, educational and occupational/industrial environments.
3. Apply critical thinking skills to assess the patient's auditory and vestibular status.
4. Prescribe, perform and interpret clinical, laboratory and other diagnostic procedures and tests in consultation with other health professionals as may be required for proper management of the patient.
5. Interpret and synthesize the findings from the patient's history, examination and other diagnostic tests and procedures in order to identify the etiology, the pathogenesis of the condition, and the diagnosis.
6. Formulate a treatment plan and understand the implications of various treatment options.
7. Explain any relevant limitations for diagnosis and treatment and formulate a plan for consultation or referral, as appropriate.
8. Discuss the findings, diagnosis and treatment options with the patient, parent or guardian, family, other health care or service providers, as well as any modifications or consequences that may occur over the course of treatment.
9. Discuss pharmacological treatment options with the patient, parent or guardian, family or other health care or service providers as it relates to the prevention of hearing and balance disorders and, specifically, as it relates to appropriate vestibular system functions.
10. Plan and implement treatment and rehabilitation methods used for the management of auditory and vestibular disorders, including all forms of personal amplification and hearing assistance technology.
11. Present the patient with the sequence of treatment (including preventive care), estimated fees, payment arrangements, time requirements, and the patient's responsibilities for treatment. Apply the informed consent process as it relates to clinical procedures.

12. Characterize and implement evidence-based practice methods and a critical evaluation of the literature to provide optimal outcomes for diagnosis and treatment of auditory and vestibular disorders.

13. Integrate all aspects of a patient's life (development, participation, environment and culture), as identified by the International Classification of Functioning (ICF), World Health Organization (WHO) and World Health Assembly, May 2001, into the treatment management of patients with hearing and/or balance disorders (See Explanations).
14. Explain the basic concepts of probability and disease susceptibility, and the influence of genetic factors in the maintenance of health and development of disease, as it applies to patients with hearing and/or balance disorders.

Communication: (8 Competencies)

The student will be able to:

1. Communicate effectively, both orally and in written form, with patients, families, caregivers, and other healthcare and service providers.
2. Produce professional written reports on the diagnoses, evaluations and consultations encountered during clinical experiences.
3. Demonstrate empathy and active listening behaviors for patients and families.
4. Demonstrate understanding and respect for all individuals encountered in audiologic practice, regardless of disability, income, gender, sexual orientation, race, religion, culture or national origin.
5. Safeguard the privacy and confidentiality of a patient's medical record information.
6. Maintain accurate and complete up-to-date patient records, with clear and appropriate documentation of each patient encounter.
7. Advocate for patient-centered care and shared decision-making by teaching self-advocacy skills to patients and family members.
8. Model and apply the skills needed to provide effective patient/family-centered

counseling and shared decision-making when providing information, resources and evidence-based options for diagnosis and treatment.

Professional Responsibilities and Values: (17 Competencies)

The student will be able to:

1. Adhere to professional ethics as they relate to the practice of audiology.
2. Demonstrate sensitivity to the psychosocial dynamics of the doctor/patient relationship.
3. Describe social, cultural, psychological, and economic forces affecting diverse patient populations.
4. List professional, legal, public health, and public policy issues as they pertain to the various practice settings and community needs.
5. Describe and apply practice management strategies and principles that are relevant to audiology.
6. Discuss the business, personnel management, financial and reimbursement considerations necessary for operating an audiology practice.
7. Create and explain a business plan and be able to read and understand a profit and loss statement and implement an annual budget and marketing plan.
8. Demonstrate how to utilize contemporary business and technology processes in order to improve access to audiologic care, including the areas listed in P.7.
9. Describe Current Procedural Terminology (CPT), Healthcare Common Procedure Coding System (HCPCS), International Classification of Diseases (ICD-10) billing and coding as well as implications of different professional settings on reimbursement.
10. Perform basic life support skills for emergencies encountered in audiology practice.
11. Respect the unique cultures, values, roles/responsibilities, and expertise of other health professions, including the value of inter-professional education and collaboration for patient care.
12. Direct the appropriate and ethical use of audiology assistants and other staff in order to manage productivity

and effectiveness within the scope of audiologic practice.

13. Develop and apply effective leadership, writing and verbal presentation skills to advocate for one's own profession and for patients served.
14. Describe the value of life-long learning in order to stay current with changing medical, technologic and business advances.
15. Demonstrate an understanding of how to supervise other audiologists, staff and students, so as to apply this training in future practices.
16. Describe and demonstrate understanding of the role and implications of tele-audiology on patient care.
17. Explain the history of the audiology profession.

Description This standard describes the knowledge, skills and competencies that every student is expected to attain prior to graduation. Standard 22 provides a list of outcomes, but how the program reaches these goals is up to the individual program. Nonetheless, the program must demonstrate that every student attains each of the knowledge and competencies listed.

Standard 23: Clinical Environments & Populations

The program must demonstrate that students receive quality instruction in multiple clinical environments whose populations represent the scope of audiology across the lifespan.

Description Standard 23 describes the breadth of clinical experiences that students must have during their training. Programs must describe and demonstrate how the required standards for clinical education are being met at externship sites. Programs must be able to demonstrate that students not only have experience in a diversity of clinical settings and with a diversity of patient populations, but that all of the experiences have a level of quality that allows students to develop skills necessary to provide the full scope of practice.

Standard 24: Clinical Experiences

The program must assure that the clinical experiences that students engage in lead to the independent practice of audiology.

Description The goal of clinical experiences is to provide the necessary instruction to assure audiologists can act independently at graduation in any practice environment. This standard addresses the need for a program to assure that the clinical experiences available allow a student to gain the requisite skills and competencies to be able to provide those services at graduation. The program must demonstrate (e.g. measure, document, etc.) that every student has reached this goal. Externships in particular should be chosen with the expectation that a student can achieve independent practitioner status at the end of their program.

Standard 25: Student Research & Scholarly Activity

The program must demonstrate that students have knowledge of the fundamentals of research and research design, enabling them to read the professional literature and understand and critically evaluate the concepts related to evidence-based practice. The students must be critical consumers of research and be able to apply this knowledge in evidence-based practice.

Description Standard 25 requires that programs demonstrate that graduates can be consumers of research. The focus of this standard is being able to apply contemporary research to clinical practice as a key component of evidence-based practice. Programs can utilize both didactic and clinical experiences to demonstrate compliance with this standard. For example, literature reviews as part of a course assignment, case-based reviews, projects, creation of evidence-based protocols and, if the program wishes, involvement of students in conducting an actual mentored experiment, could help demonstrate compliance with this standard.

Standard 26: Integrated Learning

Programs must demonstrate the direct connections between the classroom and

the clinic, including demonstrating that there are sufficient numbers of faculty members within the program who are active in clinical practice and who provide monitored clinical education to students.

Description The term “faculty” is used broadly in this standard and is meant to identify those individuals who provide direct instruction to the students while in the clinical environment. This includes preceptors or other instructors, providing they have direct reporting relationships (e.g. academic appointments) within the program, and whose performance is measured by the program. This standard focuses on assessing direct connections between clinic and classroom, and could include indicators such as lab courses, clinician input into the curriculum, standardized patients, etc.

FACULTY (DIDACTIC & CLINICAL) STANDARDS

Standard 27: Policies & Procedures Of Faculty

There must be published policies and procedures for faculty recruitment, promotion, tenure, academic assignments, and responsibilities, sabbaticals, reporting relationships, grievances, and benefits. Programs must demonstrate that the policies and procedures are followed by the program.

Description Generally speaking, this information is often available university-wide in documents such as a “faculty handbook” or other such publications, although the department in which the program resides may also have specific policies and procedures. In addition to policies and procedures, programs must provide specific examples of the areas noted in the standard (e.g. recent faculty promotions, documentation of grievance processes followed, etc.) Published does not mean written form but can include electronic versions so long as they are accessible by the relevant stakeholders.

Standard 28: Faculty Participation In Program’s Governance

A system must be in place to facilitate faculty participation in the governance of the program and institution.

Description Faculty must have a voice in the structure and function of the academic program. In this case, the institution can be broadly interpreted to include all those levels of administration above the program level, including Department, School, College, or University levels. Participation can take many forms and does not require a direct reporting relationship.

Standard 29: Number & Qualifications Of Faculty

The number and qualifications of faculty must be sufficient to prepare students for the independent practice of audiology, across the full scope of practice, and satisfy the stated mission, goals and objectives of the program.

Description The focus of Standard 29 is on the breadth of qualifications of the faculty, with the goal of having sufficient expertise to allow students to meet the goals of the program (Standards 17 and 18). Importantly for students to become independent practitioners, they must have access to individuals who can provide the breadth and depth of knowledge and experience necessary. This standard does not specify “full-time” but rather takes the broad view that would include clinical faculty, preceptors, adjunct faculty and guest faculty. However, random or limited contact (e.g. single guest lecture by a visiting faculty) may not be sufficient to demonstrate that students have entry-level competence in a subject area. The standard requires programs to measure and document that the scope of the faculty is adequate to meet goals, and to prepare students for independent practice.

Standard 30: Maintaining & Enhancing Faculty Qualifications

The faculty must be allocated adequate time and resources to engage in activities that maintain and enhance their qualifications and continuing competency, e.g. clinical

practice, continuing education, research and scholarly activity.

Description To assure that academic programs keep abreast of contemporary audiologic practice, faculty must have sufficient time, and the necessary resources (e.g. financial support, etc.) to maintain and/or enhance their knowledge, skills and competencies. These can take many forms (e.g. maintaining a clinical practice, engaging in research, attending continuing educational programs, etc.) but the program must assure that every faculty member not only has these opportunities, but also takes advantage of them.

Standard 31: Faculty Evaluation Process

The program must implement a faculty evaluation process that establishes goals and assesses performance of each faculty member relative to the goals and mission of the academic program.

Description As in other standards, the term faculty is used broadly to include all individuals engaged in the instructional process. It does not include clinical instructors to the institution who are not employed by the institution. Standards for external preceptors are covered in Standards 32 and 33. Many institutions require an annual faculty evaluation process that includes goals, performance measures, and outcomes. It is likely that the established institutional process would suffice, however for those institutions that do not have such a process, then programs would need to establish such a process. Regardless of whether the process is established or not, there is the expectation that this process is used to improve program outcomes.

Standard 32: Number & Qualifications Of Clinical Instructors

Clinical instructors teach, educate and closely monitor students in all clinical experiences and must be qualified and licensed professionals, or be appropriately credentialed within their jurisdiction for the specialty area in which students are being educated. The program shows evidence that clinical instructors are provided with training in clinical education practices.

Programs must also be able to demonstrate ongoing monitoring of the quality of clinical instruction, and student performance at sites, specifying availability of clinical instruction via video, in person, and within a certain time frame.

Description The program must assure that all instructors who engage in student training in the clinical setting are both qualified and credentialed. Having a license or certification may not be sufficient to demonstrate qualification, and, conversely, an individual may be qualified without being credentialed. Some settings, e.g. military or government audiology settings, may not require licenses or certification, but are expected to be vetted and credentialed by the host institution. Programs are expected to provide support to clinical instructors or to monitor the methods or approach that clinical instructors use with students. Programs must demonstrate they are providing training to their clinical instructors in clinical teaching practices. Programs should demonstrate that they monitor the quantity and quality of instruction taking place at the sites.

Standard 33: Quality & Amount Of Clinical Instruction

Clinical Instructors must be available when students are being educated in clinical settings and provide assurance that the student education is in accordance with the program curriculum and all federal and state regulations. Clinical instructors must provide supervision at a level that is appropriate for student learning and patient care needs. The clinical instructor must also be available to the program for any required interaction.

Description The amount of “over-the-shoulder” supervision for a student will vary by experience, task, location, and expectations. As such, Standard 33 does not specify the exact expectations for supervision by a clinical instructor. However, clinical instructors are responsible for patient care and therefore must be available when appropriate. This standard does not address the need for “line-of-site” or “on-site” presence by a preceptor, only that the program assures

that the supervision meets programmatic expectations as well as any federal or state regulations (e.g. Medicare regulations, licensure regulations, etc.). Students must be able to access clinical instructors with questions, concerns, or matters that relate to patient care activities or any other activity the student is engaged in. Clinical instructors must be reminded that they are responsible for patient care activities and thus be accessible to patients and students on a continuous basis.

Standard 34: Relationship Between Academic Program And External Clinical Sites

The program must have a current written and mutual agreement(s) with each clinical instructor, clinical site or institution that describes the legal relationship between the program and clinical site, as well as the expected student learning outcomes, the expectations for the quality of the student experience, the responsibilities of the student, the role of the clinical instructor(s), methods of communicating regularly between the program and site, process for evaluation of the student and preceptor and/or clinical site, and process for addressing grievances. Programs must be able to demonstrate ongoing monitoring of the quality of clinical instruction provided by the clinical sites.

Description Standard 34 states the need for a written agreement between the academic program and an individual clinical instructor(s), a clinical site or the host institution. Beyond a typical affiliation agreement, the program is expected to convey the expected outcomes for student learning, the respective roles and responsibilities of the student, preceptor and program, the process for evaluating the student, and the methods for communicating between the program and clinical site. In addition, programs should be able to demonstrate that they monitor the quality of clinical instruction that occurs within clinical sites, both internal and external.

HEALTH AND SAFETY STANDARDS

Standard 35: Technical Standards

The program must demonstrate that it adheres to technical standards whenever applicable. Technical standards required for completion of the program must be clearly defined, published, approved by appropriate institutional representatives and be publicly accessible. Students must read and sign the technical standards and are required to update their signature if their health status changes. Students who require accommodation to meet the technical standards must obtain verification by the authorized institutional office as defined by sponsoring institution policy that proper accommodation has been provided for the student to meet the standard.

Description The physical and mental skills and abilities of a student are essential to fulfill the academic and clinical requirements of the program. The standards promote compliance with the Americans with Disabilities Act (ADA) and must be reviewed by institutional legal counsel.

Standard 36: Immunizations

Students must have documentation of immunizations appropriate for health care providers as determined by the institution.

Description The program must have a systematic means of documenting regularly that each student enrolled in the audiology curriculum has the requisite immunizations and tests, as determined by the health sciences, health care or equivalent divisions within the university. Given the fact that audiology students are educated to protect the health of others and, simultaneously, come into contact throughout their course of study with patients who have compromised immune systems, the procedures outlined by the program must be followed.

Standard 37: Communicable and/or Infection Control Guidelines and/or Policy

The program must demonstrate that it follows established active infection control guidelines and/or policy as determined by the institution and it must be made available to students and the public.

Description Contact, airborne and respiratory pathogen training must occur at the institution before students are placed in a potential exposure situation. This includes placement at any clinical site with relevant infection control policies, including observational experiences. Students must also have access to, and use of, proper sanitation precautions (e.g., hand washing stations, alcohol based hand rub) and personal protective equipment (e.g. gloves, mask). Students must read, sign and show understanding of the program's active infection control guidelines/ policy as described in the standard above.

Standard 38: Liability Insurance

Doctoral audiology students must have liability insurance that can be documented through policy declaration pages or another legally binding document.

Description The academic program must document that students are covered by professional liability insurance applicable to students within the health care professions. The insurance is designed to protect students from the financial harm that can occur from even a simple mistake in the delivery of treatment to patients. A professional liability insurance policy protects students in the event that the unexpected happens and a lawsuit occurs.

The program must also communicate to students that their professional liability insurance applies as long as the insured student is working under the direct supervision of a licensed audiologist, such as in a designated student program or internship.

Standard 39: Equipment Policies

The program must establish and ensure compliance with a written safety policy for all clinical sites regarding audiology equipment. The policy must include, at minimum, the manufacturer's recommendation or federal, state, or local ordinance regarding specific equipment calibrations and maintenance.

Description The program must ensure that audiology equipment at all sites is inspected, calibrated, and maintained

according to the manufacturer's recommendation, or by federal, state, or local ordinance. Also see description in standard # 9, equipment.

Standard 40: Emergency Action Plan (EAP)

All clinical sites must have a venue-specific written Emergency Action Plan (EAP) that is based on well-established national standards or institutional offices charged with institution-wide safety (e.g. position statements, occupational/environmental safety office, police, fire and rescue).

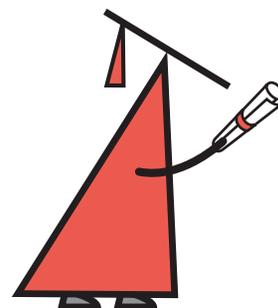
Description The plan must be reviewed with the student before they begin patient care. This means that the program must communicate with each clinical site stating that the review is mandatory for the student before beginning the clinical experience. Also, there must be ongoing EAP updates with the student, as needed.

EXPLANATIONS

1. **Must:** The word, *must*, is used in each of the standard statements and expresses an instruction or *requirement* for the program to follow in order to be in compliance. When applicable, under 'Descriptions', there is use of the word *must*. In several instances, the word, *requirement*, is used and this is synonymous with the word *must*.
2. **Adequate and Appropriate:** The terms, *adequate and appropriate*, as used in this document, are meant to refer to current standards, scope of practice, best practice doctrines or other curriculum objectives intended to prepare students for independent and comprehensive audiology practice. Example: "Equipment, technology and supplies must be *adequate and appropriate* to meet the learning objectives underpinning the student's clinical experiences".
3. **Standard 22, Competency – D. 13,** The Psycho-social Impact of Hearing Impairment and/or Balance Disorders, taken from the World Health Organization (WHO) & World Health Assembly (WHA) coordinated to publish

The International Classification Of Functioning (ICF) in May 2001.

Functioning and disability are viewed as a complex interaction between the health condition of the individual and the contextual factors of the environment as well as personal factors. The picture produced by this combination of factors and dimensions is of "the person in his or her world". The classification treats these dimensions as interactive and dynamic rather than linear or static. It allows for an assessment of the degree of disability, although it is not a measurement instrument. It is applicable to all people, whatever their health condition. The language of the ICF is neutral as to etiology, placing the emphasis on function rather than condition or disease. It also is carefully designed to be relevant across cultures as well as age groups and genders, making it highly appropriate for heterogeneous populations.



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