ACAE Program COVID-19 Response Survey Spring 2020

Reported Results
October 6, 2020

The ACAE requested that accredited and developing status programs provide updates on changes that have been made to didactic and clinical instruction in light of the COVID-19 pandemic by May 25, 2020. Results were collected for five accredited programs and three developing status programs by June 1, with one remaining developing status program reporting by July 21. Of the four developing status programs, two enrolled their first class in fall 2019, and the remaining two enrolled their first class in fall 2020.

General Question

Has anyone in your AuD program been diagnosed with COVID-19? This question was asked about Students, Faculty, On-campus clinical instructors and Off-campus clinical instructors.

    100% of programs reported no cases directly connected to the AuD programs.

ACAE Standard 21: Multiple Methods of Instruction & Evaluation

Standard 21: *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.*

Has your program moved, or is in the process of moving, classroom instruction to online?

    100% of programs said YES.

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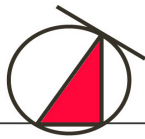If yes to question 1, please identify all the different things offered via online instruction.

Live lectures	9	100%
Guest lectures	9	100%
Quizzes/tests	9	100%
Discussion board for student participation	9	100%
Case reports/studies	9	100%
Narrated PPT presentations	8	88.9%
Required readings	8	88.9%
Written assignments	8	88.9%
Live chats	7	77.8%
Other (please specify):	7	77.8%

Other online offerings specified include:

- Student poster presentations
- Student presentations of research projects and case studies
- Simulations

If your program has instituted, or is planning, any other changes that relate to this standard, please describe here:

- All didactic and clinical instruction at the four California State University system programs will be 100% online through fall 2020, utilizing enhanced broadcast technology.
- Additional safety protocols for clinical activities have been developed and implemented.
- Implementation of desktop share programs in order to complete electrophysiology labs one-on-one with students + installation of Thinklink to create waveform labeling opportunities for students.
- Online clinical experiences.
- Online RECD Boot Camp to prepare 1st year students for 1st summer pediatric rotations utilizing YouTube videos.
- Investigate the use of Standardized Patients for 1st year clinical instruction.

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ACAE Standards 23 and 24: Clinical Environments & Populations /Clinical Experiences

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.*

Standard 24: Clinical Experiences: *The program must assure that the clinical experiences that students engage in lead to the independent practice of audiology.*

Does your program provide clinical services via teleaudiology?

Of the seven programs that have enrolled students, 6 said YES and 1 said NO.

Service offered by programs with enrolled students	Adult	Pediatric
Management of hearing loss	6	4
Counseling	6	3
Patient history	5	3
Tinnitus Services	3	2
Hearing Aid Fitting	3	2
Vestibular Assessment	2	1
Vestibular Rehabilitation	1	1
Otoscopy	1	1
Identification of hearing loss	1	1
Diagnosis of hearing loss	1	1
Cochlear Implant Programming	1	1

Identify which strategies are being used for offering teleaudiology:

Telephone appointments	6
Computer-based appointments (e.g., Zoom)	5
Online hearing testing	0
Smartphone hearing testing	0
Other (please specify):	4
Remote hearing aid modification and counseling	1
Remote care via hearing aid manufacturer software	1
Investigating on-line hearing tests, but not satisfied at this point	1
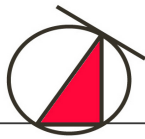
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Pilot stages of a Tele-Health program where students are involved in setting up the visit, with telephone visits with patients to assure their computer settings will allow virtual visits	1

Are students able to participate in the provision of clinical services offered via teleaudiology by your program?

Of the seven programs that have enrolled students, 4 said YES and 3 said NO.

Describe any changes to the volume of clinical services provided.

All programs reported suspension of in-person clinical appointments in March and the starting of remote care and telehealth appointments beginning in April and May, for an overall decline in the number of patients seen from the previous year.

Describe any changes to the scope of clinical services provided.
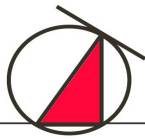
Open ended responses include:

- The scope of practice has been limited to virtual counseling, remote hearing aid programming, in-person hearing aid modification/repair and virtual follow-ups for those who were seen by our clinician before the COVID 19 pandemic.
- Vestibular services will not resume until appropriate PPE can be obtained. All other services will resume.
- Currently our scope of clinical services is greatly reduced as we are only handling emergency hearing aid problems and some tinnitus consultations via telehealth; however, we expect to re-open our face to face clinic soon.
- Most patient services requested are broken hearing aids (at this clinic HAs are the management, no CI services, etc.). Although we do Balance assessment and tx at this clinic, the request for those services is reduced at this point.
- Cannot provide ABRs VNG, VRA, and several other in person services.

Describe any changes to methods used to address how student learner objectives are being met.

Open ended responses include:

- All previous "in-person" methods have been converted to live virtual sessions.
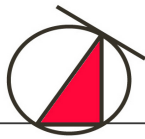
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- Didactic coursework has been moved to online and is heavily supported by the university's Office of Distance Education and eLearning in order to utilize evidence-based methods to facilitate effective learning online. We are currently hosting virtual clinics while waiting for our face to face clinics to reopen which include a combination of teleaudiology services, simulations, case studies, and virtual presentations for guest speakers and/or recorded webinars.
- We are front loading classes and curriculum content online and planning to spend more time when we return on clinical and lab instruction.
- The preceptor and audiology faculty members are utilizing CounselEAR, Simmucase and AudSimFlex to create simulations of possible audiologic cases and Au.D. students are progressing through these simulations. Guided simulation experiences, when accompanied by appropriate pre-brief and debrief sessions, allow students earn to clinical competences and limited number of hours as they complete weekly assigned activities.
- Instructional videos have been made in our clinic to demonstrate how to operate physiological measures such as OAE, ABR and ASSR and how to interpret the test results.
- Several guest speakers including audiologists, parents of CI recipients, and hearing aid representatives joined virtual meetings during the summer to share their expertise in audiology, current/contingent plans to cope with COVID 19 pandemic, hearing aid technology as well as personal experiences.
- Assignments (case studies and Otis-Virtual Patient) created/reviewed in Canvas with detailed professor commentary; weekly clinic meetings with all students via Zoom meetings.
- Still to be determined will be how to do comprehensive exams for 2nd and 3rd year students when the university implements an earlier end to the semester and sends everyone home from Thanksgiving through to January.

Identify any changes to how your program is measuring the students' clinical skills and knowledge.

| Clinical simulation to assess skills with specific procedures	7	100.0%
Preparation of oral or written case studies	6	85.7%
Written patient reports	6	85.7%
Grand rounds including case studies	5	71.4%
Virtual oral examinations to assess clinical skills and knowledge	5	71.4%

Open ended comments:

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- Our program purchased individual student licenses for all of our AuD students for Otis-Virtual Patient. To support the Otis completion, we facilitated acquisition of PC-to-Mac software needed to operate Otis, and in one case, sent a student an external hard drive to accommodate this software.
- The program quickly transitioned to simulation exercises for all students. The exercises were assigned on a weekly basis and were estimated to take between 12-15 hours to complete. Debriefing sessions are held each week with students to review simulation exercises. The program administered the Oral Clinical Comprehensive Exam in a virtual format after a thorough investigative process to ensure our method was sound and fair to all students.
- All of these methods served as measures pre-COVID and we continue to use them. We will investigate use of virtual ORAL assessment if F2F is limited in the Fall 2020 semester.
- These two - virtual oral exam and clinical simulation - MAY be added as summative evaluation experiences if the Fall semester is also a primarily virtual experience. Both have a "presence" in the competency evaluations previously described. Students already do oral and written cases, and we already have Grand Rounds - which we finished the spring semester with online (with Guest lectures).

If your program has instituted, or is planning, any other changes that relate to these standards, please describe here.

Open ended responses include:

- The following strategies to meet the learning objectives may be adopted: simulated audiometry experience, written and oral case studies, and virtual case histories (simulated).
- The program has increased its efforts regarding simulation programs. The program already used OTOSIM and virtual audiometers; the use of Baby ISAU (ABR) and Baby Carl/Adult Carl (HA) real ear and cerumen management is underway for use when students return to campus. As soon as permitted, we will assign in-clinic activities, which may initially be 1:1 or student/preceptor via Zoom (for example, HA/BAHA programming, CI programming in demo mode).
- We continue to explore all options available to us. Our college has a full-time individual responsible for simulation. She brings new opportunities to us each week and we evaluate each one.
- All a work in progress. We have all become Zoom Masters!
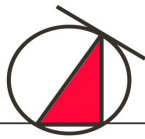
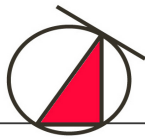# ACAE Program COVID-19 Response Survey Spring 2020

How is your program making decisions about policies and procedures related to COVID-19? Check all that apply. Includes responses from all 9 programs:

Create departmental procedures and seek approval from administration	8	88.9%
Wait for university procedures and implement	7	77.8%
Other (please specify)	3	33.4%

Responses to "Other" include:

- We are working with administrators at all levels to advocate for approvals for exemptions to current university requirements of non-human contact/remote learning to permit resumption of live-person clinical activities, both in our on-campus Hearing & Balance Clinic, as well as for our off-campus placements. We are limited at present in doing more because the university hasn't formulated the process for vetting exemption requests.

- Early, we were advised that any curricular changes would require Provost approval. We met as an audiology faculty and discussed the pros and cons of summer academic instruction - not knowing (and still don't) if summer would be a wash in terms of clinical experiences for any non-extern students. There was also an issue of financial impact to the students which we also addressed with the Provost and Registrar on a call to discuss "audiology modification" - at that time, we received permission to begin our fall semester early (6-1) with an end date in December. They understood that our hope was to have fewer fall days obligated to academic instruction and hopefully available for clinical activities. Additionally, the program has been participating in weekly Zoom meetings with individuals in the School of Medicine, Nursing, Pharmacy, Dentistry and other Allied Health Divisions to determine what the guidelines should be for returning clinical learners into clinical environments; what safety precautions (for patients, staff and students) needed to be in place; what procedures would be in place if/when students were exposed; what flexibility should programs have in place for students who were not yet ready to return to the clinical environment (a lot); what should programs do to assure campus precautions were also being observed in off-campus clinics; discussions regarding most cost effective mechanism to obtain PPE and how much would be needed for students and staff. I will add that I have been surprised and heartened by the clear concern and support for students at very high levels of the University - and the ready flexibility granted to programs. We are still right in the middle of this, so some of these things have been "decided" but have not yet been "communicated" to students. Throughout (since March), the Program Coordinator and Clinical Education

Coordinator have had online Office Hours available to any/all students. Often they have specific questions about registration, what we've heard from clinic sites, etc. but just as often, they just gather to chat with us and one another.

- Department is planning based on city, county and accreditation requirements. We work closely in conjunction with University administrators to ensure we are compliance with policies and procedures. Being a tri-city university, we work closely to make sure we are in compliance with several procedures.

ACAE Standards 29 and 32

Standard 29: Number and 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 state mission, goals and objectives of the program.*

Standard 32: Number and 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.*

Do you have any contingency planning in place to ensure smooth operations should anyone in a key position become unable to serve in his/her role?

Of the nine programs reporting, 7 said YES and 2 said NO.

If yes, please describe and address how it might impact any existing hiring freeze.

- Despite COVID 19 pandemic, we were able to hire a clinical coordinator in the beginning of summer and are currently interviewing applicants for a tenure track position in audiology who will start in Fall, 2020.
- The Chair of the Department of Communication Disorders would take over administrative matters if the AuD Program Director became unable to discharge his duties. One of our core AuD faculty would take over clinic director responsibilities in the event the current Clinic Director became unable to discharge her duties. We do
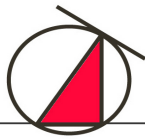
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not anticipate any hiring freeze issues, for example, we have received approval and are in process of hiring two lecturers for Fall 2020 semester.

- Our campus has currently paused faculty searches. We had an active search for an open-rank, tenure-track audiology faculty position with an active pool of candidates. Candidates have been notified of the hiring pause. We will contact candidates who are still interested once the hiring pause period has ended to continue with the interview process. We currently have two full-time faculty in audiology (one Ph.D., one Au.D.), and a qualified pool of part-time faculty including a Ph.D. faculty member. Even without this third faculty line, we have a sufficient part-time faculty pool who are qualified to teach the curriculum.
- We have identified colleagues in the community who can administer and teach for our program and we have been assured by the university administration that our program will be financially supported. The university does not currently have a hiring freeze.
- We would not be able to hire for a new position, although we have one open position that has not been frozen. We are able to utilize adjunct faculty and invite guest lecturers without any issue.
- The Area Head can assume responsibility for Program if needed; if Area Head is unable to serve, Dean or proxy will step in. Clinical Education Coordination is handled by a team so there is redundancy available.
- Faculty and staff are cross trained to fill in at any given time. We also have a pool of visiting faculty who have the skill set to fill in as needed.

ACAE Standard 7: Finances

Standard 7: *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.*

Please identify projected areas of loss revenue and plans to mitigate the effect on the program.

Loss of clinic revenue	7	77.8%
Decreased fundraising revenue	4	44.5%
Decreased enrollment revenue	4	44.5%
Loss of or hiring freeze for academic faculty	4	44.5%
Loss of off-campus preceptors	3	33.4%
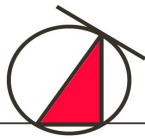
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Loss of or hiring freeze for clinical instructors	2	22.2%
Loss of revenue from CE events	1	11.1%
Other	1	11.1%
Loss of distributions from endowment funds	0	0.0%

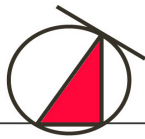Please specify plans to mitigate impact of any projected loss revenue:

Open ended responses include:

- We are very fortunate that an associated fundraising arm has offered funding to keep clinic open/clinicians paid; the use of adjuncts to teach courses that would have been taught be new hires is being investigated.
- At this time University has committed strategic reserves to bridge the funding gap arising from COVID-19 related budgetary shortfalls.
- Given the closure of our facility, a major fundraising event, centered on the opening of the facility, and coupled with a white-coat ceremony, had to be postponed (but will be re-scheduled).
- We are hopeful that our history of being recognized by our peers and the University as a program of excellence will provide a layer of protection. Although the Chancellor on a call recently said that furloughs were not being discussed at this time but they had not yet seen proposed budget figures from the state.
- In order to increase clinic revenue, we are planning to expand the scope of practice by implementing teleaudiology and pediatric audiology.
- At this time, there are no plans in place to mitigate the effects of lost revenue from the clinic. Our program does not depend on clinic revenue for operations. Several grant projects are in process and, if approved, could provide some relief for the lost clinic revenue.

ACAE Standard 8: Facilities

Standard 8: *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.*

Describe plans, if any, to address adequacy of physical resources to implement social distancing and ability to carry out pedagogical activities when shelter in place is lifted.

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All programs report plans to following all local health department guidelines for social distancing and cleaning. Some specific practices mentioned include:

- Large classes are all virtual.
- Using large classroom spaces for smaller numbers of students to accommodate social distancing.
- One-way staircases and corridor traffic patterns.
- Staggering groups of students on campus.
- Daily self-check health surveys for students and staff.

ACAE Standard 9: Equipment

Standard 9: *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.*

Describe how the program continues to provide essential training amidst restricted access to lab and clinic equipment.

Open ended responses include:

- Telehealth as previously described; simulations (AuD SIM for audiometer; vestibular simulation programs; HA programming software). Once students are allowed on campus - even if not for patients: Baby Isao, Carl AHead (baby and adult) for HA verification, cerumen management; check-offs for hands-on skills will be implemented for ABR, vestibular, and HA skills.
- We have also used simulations, video and online content where we could to supplement the curriculum.
- Clinical education is presently focused on utilization of Otis-Virtual Patient, complex case study assessment, interpretation and report writing, and individual Zoom student/professor role-playing patient counseling. In advance of restrictions continuing into Fall semester 2020, lab components of relevant classes have been rescheduled to Spring semester 2021.
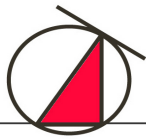
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- This has been very challenging. Nothing can replace hands-on training. We have used simulation, video, and live demonstration as much as possible. There is clearly a lack of available simulation in this area of audiology.

ACAE Standard 10: Resources

Standard 10: *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.*

Describe resources, if any, that the program has to support adaptation to online learning, telehealth, and clinical simulations.

Most of the programs reported utilizing existing Information Technology resources within their universities to assist with adapting the curriculum to online teaching and learning and to access Zoom accounts for teaching. Either discretionary funds were adequate or additional funds were approved to provide additional equipment and subscriptions required to accommodate simulations for clinical education and to support virtual teaching and learning.
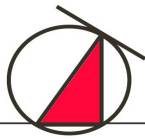
If your program has instituted, or is planning, any other changes relative to these standards, such as a freeze on purchase of clinic equipment and supplies, please describe here.

None were reported.

ACAE Standard 36: Immunizations

Standard 36: *Students must have documentation of immunizations appropriate for health care providers as determined by the institution.*

Please describe any changes instituted, or planned, in your program relative to this standard.

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No plans for changes to existing requirements for recommended immunizations were reported. One program reported waiving the requirement as long as such immunizations were unavailable locally.

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

Standard 37: *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.*

Please describe any changes instituted, or planned, in your program relative to this standard.

For most programs, any changes will be coming from their institutions as new guidelines are put forward from public health officials. Although Universal Precautions were previously covered, they will be a greater focus for the programs. Specific practices to implement the policies have been mentioned elsewhere in this report.

What plans, if any, have been developed to ensure safe access (via scheduling/infection control procedures) to labs when shelter at home restrictions are lifted?

At the time the survey was conducted, most plans were still in development. Only one reported specific plans to ensure safe access:

- Labs are restricted to four students with time in between to ensure all students have left before new students enter. Wipe down of all equipment, gloves and face masks are provided for all students and instructors. Cleaning services for the entire building occur every two hours in each area. Sinks and soap are present in every room for frequent hand washing. Students will be monitored by instructors in terms of adherence to procedures.

ACAE Standard 40: Emergency Action Plan (EAP)

Standard 40: *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*
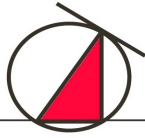
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with institution-wide safety (e.g. position statements, occupational/environmental safety office, police, fire and rescue).

<u>Please describe any changes instituted, or planned, in your program relative to this standard</u>.

> The programs report that any changes in this regard will be developed and implemented institution wide, rather than by the program. One example reported was the addition of safe distancing guidelines to emergency evacuation procedures.