

Let's Get Engaged!

By Lisa Hunter

During this exciting summer season of graduations and weddings, I'd like to encourage you to spend a few minutes reminiscing about your college and graduate school days and the path that led to your current career. Think back to what got you to commit to a career in audiology. Was it something about a profession helping others that appealed to you? Was it the blend of medical, technical, educational, and counseling activities? Was it an inspiration sparked by someone you knew who faced hearing challenges? Or was it the answer I seem often to hear, "I was majoring in speech pathology, but knew I couldn't do speech therapy the rest of my life. I took the intro class in audiology, and I was hooked." Once you decided to "date" audiology, what ultimately wooed you to take the next step and commit to a particular graduate program? For many of us who entered the field decades ago, our choices may have been somewhat arbitrary or accidental, but hopefully serendipitous. Occasionally, our decisions were based on the "expert opinion" of one of our professors who recommended a particular graduate program. Most often, students end up taking the path of least resistance and "go local," attending the *same* program where they studied the *same* undergraduate major taught by the same faculty. While not necessarily a bad choice, this convenient model of audiology education has contributed to a somewhat parochial, insular, and dependent model of education that has not served us well in terms of professional respect, salaries, and

new ideas that come from a diverse student pool.

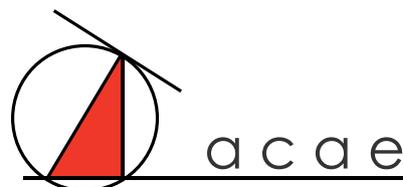
Because graduate programs in audiology vary so widely in quality, the outcomes students achieve as they launch their careers also varies widely. Many health professions have adopted more rigorous standards than audiology, and this obvious difference is apparent to savvy, well-connected students. No longer isolated in local programs and without a basis for comparison, students today are highly interconnected via social media; their attendance at AudiologyNOW! and other national meetings is increasing; and they have formed a powerful alliance through the Student Academy of Audiology (SAA).

The SAA has made a concerted effort to reach out and get engaged with ACAE. How is it that these students intuitively understand that accreditation is important to a high-quality education? They are asking us insightful questions about ensuring quality of programs, and they are expressing concern about the variability in outcomes they hear about from their fellow SAA members. These students are spending far more than previous generations to obtain their degrees, often exceeding \$80,000 dollars at the end of an eight-year undergraduate plus AuD program. Understandably, students are now demanding a reasonable return on their investment, and they want to be able to compete for the most exciting positions upon graduation.

All of us have a stake in this relationship—whether you are a student, a clinical preceptor, an educator, an industry representative, or a

consumer. Quality doctoral programs are the foundation of everything else we do and, done right, have the potential to elevate audiology and to help us achieve the respect our profession deserves, for the good of the public we serve. Taking the path of least resistance doesn't challenge an individual's educational and professional achievement, nor does it expand a program's ability to create outstanding new audiologists.

The board of ACAE has several exciting developments we are proud to communicate to you. First and foremost, on May 1, 2012, ACAE was awarded recognition by the Council on Higher Education Accreditation, known as CHEA. This recognition was awarded after years of development, beta testing through our pilot accreditation programs at Central Michigan and Washington University in St. Louis, and submission of an in-depth application and two rounds of testimony before the CHEA Board. Thus, like a quality education, this achievement took years of studying, preparation, writing, presentation, and a positive attitude. Second, in accord with ACAE's continual evolution, I was recently honored to be the next chair and to welcome four outstanding new board members: Martha Mundy, AuD; Virginia Ramachandran, AuD; Brian Taylor, AuD; and Maureen Valente, PhD. Third, ACAE is launching a new



version of our unique and innovative Web-based accreditation program, and finally, we now have four accredited programs and four more starting the self-study process.

Like a first-rate educational program, accreditation should evolve over time. ACAE cannot rest on its laurels. As we continue to innovate, we intend to help programs strive for higher standards. Our students deserve and expect no less. Accordingly, ACAE is initiating a stakeholder study of expectations about educational needs to support excellence in clinical practice. We

expect that the results of this study will provide valuable input for updating our accreditation standards. We hope that you will commit to the future of our profession by recognizing your role in strengthening our educational programs. Like a good marriage, it is a partnership, and we cannot thrive in this competitive health-care environment unless we stand together in support of our educational programs. You can contribute to the cause by asking your alma mater when they intend to seek ACAE accreditation. Accreditation is a costly endeavor, and ACAE needs

your financial support as well. A gift of just \$10 per audiologist per year, or the equivalent of an average lunch out, would make an enormous difference in our ability to raise educational standards and, thus, raise the bar for our entire profession. 

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