Another Close Look at the 2016 Clinical Education Forum

By Martha Mundy, Gail Whitelaw, and Doris Gordon

This is the second of three articles featuring abstracts from the 2016 Clinical Education Forum that took place this past spring in Phoenix at AudiologyNOW!® 2016. In this issue, we look at two more notable abstracts, the first discussing the assessment of clinical skills at the University of North Carolina at Chapel Hill and the second looking at leadership skills as part of a curriculum in an AuD program, in particular, at The Ohio State University.

It is the intent of ACAE to showcase these abstracts and emphasize the importance for all programs to demonstrate high quality clinical education on a consistent basis. This was one of the principle purposes for beginning the conversation last spring and continuing it until this goal is reached.

As noted in the previous issue, we look forward to hearing your comments and suggestions about how this goal can be accomplished.

Assessing Clinical Skills: Preceptor, Profession, or Program Responsibility?

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The responsibility for clinical education in audiology resides not only within academic training programs, but also with clinical educators and the profession. Several individuals at this forum have described innovative formative tools used at their institutions designed to improve this shared responsibility by

- Being explicit in descriptions about targeted student behaviors
- Using simulations in advance of or in parallel with clinic assignments
- Being systematic in communications between the program and clinic.

At UNC, we have adopted a Clinical Comprehensive Exam (CCE) to supplement preceptor evaluations in verifying clinical skills. The CCE has the advantage of standardizing patient variables that students must respond to; whether the targeted skill is directly observed by faculty, demonstrated at a hands-on station, e.g., requiring knowledge of programming technologies, or a more traditional written evaluation describing a clinical case.

We consider our CCE, along with other program-specific tools, to be vitally important in the area of formative assessment. As a profession, however, we must decide whether a single summative assessment required of all AuD graduates, i.e., PRAXIS® with 120 Multiple Choice Questions/MCQs, is sufficient to confirm knowledge and competencies across the scope of practice.

Medicine and optometry have a longer history of evaluating student outcomes. In addition to two separate tests with 600 MCQs (typically taken by students in second and fourth year), medicine requires that students pass a clinical skills evaluation using standardized patients at one of five test centers. The final medical licensing requirement is a two-day assessment, with additional MCQs and computer-based patient simulations that are usually taken during the first post-graduate year. Similarly, optometry assures student knowledge and skills via a two-day exam with 500 MCQs and a later, clinical-skills evaluation.

On the United States Medical Licensing Examination FAQ Web site (www.usmle.org/frequently-asked-questions/#step2cs), the importance of having a metric separate from program-specific assessments is clearly stated:

> Step 2 CS provides the assurance that all licensed doctors have met a common standard, no matter where or when they were educated.

Whether audiology moves to create a multi-part assessment, a standardized clinical skills test, or some combination of the two, it is time to move beyond 120 MCQs as the universal benchmark for audiology education.

Truth and Dare: Building a Leadership "Culture"

Gail M. Whitelaw, PhD, Department of Speech and Hearing Science, The Ohio State University, and Leadership Education in Neurodevelopmental Disabilities (LEND) grant; Nisonger Center, The Ohio State University

Facilitating growth in the areas of clinical skills, critical thinking, and problem solving are germane in the transition from student to professional. Perhaps as important as clinical skills are those skills that will support the development of the future leadership of audiology. Just as clinical skills are shaped, leadership skills can and should also be taught as part of the AuD program.

Professional programs and organizations have incorporated leadership opportunities to empower the growth of leadership skills for both audiologists and future audiologists. A broad base of leadership skills should be a focus, including developing self-awareness, ability to negotiate, creating teams, and building consensus. Working with a specific leadership program, such as StrengthsFinder, can be supported through leadership centers on university campuses.

Programs that focus specifically on students have included the Michigan Student Leaders in Audiology Meeting (MiSLAM), Phonak University, and the LEND programs funded by Maternal and Child Health Grants. The "dare" aspect of leadership is to honestly present challenges about leading to a stronger future for the profession to our students, including developing consensus in the profession, creating a standard of care that reflects patient needs and the expertise of audiology, reconsidering the definition of "fellow," and addressing the value of a voluntary certificate for the profession.

Conclusion

Audiology education has changed significantly in the transition from MA/MS to AuD. Clinical skills development remains a critical component, however, education has a broader perspective than in the past. University programs must work to prepare the future of audiology, including providing opportunities for leadership education to students so they are well prepared to take on the roles that are required in the next steps of their careers.

Presenters at the ACAE Clinical Education Forum, April 16, AudiologyNOW! 2016 in Phoenix, Arizona. Left to right: Ian Windmill, president-elect, American Academy of Audiology; Sumit Dhar, Northwestern University; Gail Whitelaw, The Ohio State University; David Brown, Pacific University; Jay W. Hall, vice chair, ACAE; Martha Mundy, University of North Carolina; Carol Cokely, University of Texas at Dallas; Doris Gordon, executive director, ACAE; Rupa Balachandran, University of the Pacific; Peggy Nelson, CAPCSD; Barbara Cone, ASHA; Erica Friedland and Alyssa Needleman, Nova Southeastern University; Lisa Hunter, chair, ACAE; and John Coverstone, American Board of Audiology.