

# Tomorrow's Standards Today

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## ACAE's 2016 Standards Today

In March 2016, the ACAE Board of Directors approved the new 2016 educational standards. The approval was a result of four years of intensive work of study, refinement, modification, and development.

Beginning in 2012, the ACAE Standard Review Committee and Board of Directors engaged in a stakeholder survey, a comprehensive review of the current standards, and a wide distribution of the current standards to educators, to practicing audiologists, and to other external communities of interest. Combined input from each group led to the development of standards that are timely, up-to-date, and futuristic. Over the next decade, adherence to these standards will provide a high-level of quality and consistency among ACAE accredited programs.

and competency among its graduates. The importance of such educational rigor within the profession cannot be over-emphasized or stressed enough, as frequently noted in articles and white papers over recent years.

The new educational standards include enhanced competencies in areas such as pharmacology, genetics, business/personnel management, and counseling. In addition, a new category in the educational standards entitled "Health and Safety Standards" addresses topics such as technical standards, immunizations, communicable and/or infectious disease policies, liability insurance, equipment policies, and emergency action plans.

Programs will need to demonstrate that students have a working knowledge of all competencies, as

well as an ability to incorporate them into clinical practice. Persons earning a doctor of audiology (AuD) degree from ACAE-accredited institutions will acquire the fund of knowledge and professional skills that enable them to function as autonomous direct-care providers. The educational standards become effective in March 2017. Doctor of audiology programs have one year to review the new educational standards and to adjust to them. Prior to March 2017, ACAE-accredited programs may undergo re-accreditation, in accordance with the 2005 educational standards. Programs seeking ACAE accreditation between now and March 2017 can elect to submit applications in accordance with the 2005 educational standards or the new 2017 standards.

## Tomorrow

The new educational standards were developed with the goal of ensuring that doctor of audiology students in ACAE-accredited programs acquire the knowledge and skills necessary for independent practice of audiology now and in years to come. Although none of us can predict the future, we can make three assumptions with confidence. First, most students entering AuD programs in 2016–2017 will not enter the work force until 2020. At the very least, today's AuD students must graduate with the knowledge and skills expected of audiologists five years from now. Second, audiology


practice is increasingly complex and clinically challenging. Techniques and technologies audiologists apply in the identification, diagnosis, and rehabilitation of hearing loss are constantly expanding and evolving. Also, knowledge of topics like genetics and pharmacology is essential. Furthermore, audiologists are responsible for the assessment and management of pediatric and adult patients with a diverse collection of related disorders, such as auditory processing deficits, balance/vestibular disorders, tinnitus, and disorders of decreased sound tolerance.

Finally, we are beginning to witness a major disruption in the delivery of hearing health care, and particularly systems for hearing aid fitting and sales. Students in AuD programs today must be adequately prepared to meet unprecedented challenges in the practice of audiology tomorrow. The overall objective of the updated educational standards is to assist ACAE-accredited programs in the preparation of audiologists that have the knowledge, skill, and competencies required to successfully compete in a new audiology world.

## Beyond Tomorrow

Building upon the foundation of the AuD degree, developed over the past 10 years, and looking ahead to the demands of tomorrow's health-care realities, we must ensure that our graduates are prepared to deliver positive outcomes for their patients. The realities we all face are greater demands from the aging population, pressures to decrease cost while increasing outcomes, and advances in technology (implantables, hearables, and pharmaceuticals). These three areas (access, cost, and technology) present both a challenge and an opportunity that could be harnessed to produce a tremendously positive wave of change in our programs and our graduates. We cannot afford to cling to older methods of educating students in the one-to-one apprentice approach with outdated tools and methods. This changing world requires educators to change as well. New approaches to simulated patients and technology, real-world practical exams, use of audiological assistants, and partnerships with clinics and industry will help us to not only keep pace, but fundamentally improve our practice to stay ahead of demographic and technology changes.

Audiologists are specialty professionals dedicated to hearing and balance habilitation and rehabilitation, in partnership with physicians and other health-care professionals. Our responsibility to our patients as doctors of audiology is to provide quality outcomes at the highest levels and scope of our practice. The limited

license practitioner, or LLP model, includes a wide range of non-physician health-care providers who are in independent practice. To fully embrace the LLP model, audiologists must know and use best evidence, appropriately supervise assistants to augment professional care at lower cost, and utilize new technologies and measurement scales to achieve better outcomes. The principles of LLP practice, outcomes-based education, leadership development, and evidence-based care are all contained within the new ACAE standards. These standards were developed with the widest range of research and input in the history of audiology education, and will serve as a roadmap for programs and the profession well into the next decade. We look forward to working with current and candidate programs to put these standards into action and thus, to promote the highest caliber of clinical education in audiology. 

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