

We Heard from You

The 2013 Stakeholder Survey

By Lisa L. Hunter

This article is the first of a two-part series that discusses results of the 2013 Stakeholder Survey on Excellence in Education. In this overview, the survey goals, the background, and the survey demographics will be covered. Views of clinicians, faculty, and students on their knowledge of scope of practice and educational standards is highlighted. The importance of educational standards for elevating the status and quality of programs is also discussed.

The Importance of Excellence in Education

Question: Who has a stake in quality education of our next generation of audiologists?

- A. Faculty
- B. Students
- C. Audiologists
- D. Consumers
- E. Employers
- F. Third-party payers
- G. All of the above.

What did you answer, and why do you think so?

If you are reading this article, you have a stake, and so do “all of the above.” All of us have a vested interest, whether we realize it or not, in the quality of AuD programs, and the truth is that all of us should care about how education is delivered

and how outcomes are measured in AuD programs. In the words of the famous quality guru W. Edwards Deming, who revolutionized quality in the automobile and airline industries, and whose methods are now revolutionizing quality improvement in medicine: “If you do not know how to ask the right question, you discover nothing.”

Why should you care about educational outcomes?

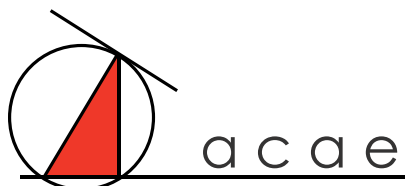
In a word, it’s about *professionalism*. For audiology to be recognized and respected as an autonomous health-care profession, graduating clinicians must be capable and confident that they can effectively direct and manage patients with hearing and balance disorders. More importantly, employers, fellow clinicians, and the public must view graduating AuD recipients as capable and competent across the entire scope of audiology practice. Current health-care trends in evidence-based practice (EBP) and outcomes-based reimbursement, the Affordable Care Act (ACA), Internet delivery of health care, telemedicine, and Web-based reviews of health-care professionals demand greater transparency, accountability, and exchange of information. These trends mean that health-care professionals must be better prepared than ever before, in order to survive and thrive under greater scrutiny and higher expectations by the public and by regulators.

In the past two decades, the AuD has become accepted as the entry-level degree in the United States

model of audiology. Although this change has dramatically altered the landscape of graduate programs, outcome data are not yet available to know whether we are achieving better results than we did under the master’s degree requirement. Since the year 2000, the number of accredited audiology programs has been reduced by nearly 50 percent, program length has doubled, and tuition and fees have more than doubled. What are we getting for these radical changes and increased financial and time investments? How do we know that graduating audiologists are able to practice independently across the scope of practice? These are the important questions for which any responsible profession must seek outcome data.

Why should you care about accreditation?

Accreditation is the process by which all educational programs, be they undergraduate or doctoral, are assessed. The purpose of graduate program accreditation for any health-care profession is to assure students that they receive quality education for their financial and time investments, and to assure the public that they are receiving services from competent professionals. A degree from an accredited health-care program, along with a passing score on a national or state exam, typically qualifies the new professional for a license to practice, although the requirements vary among different professions and in different states.



A first professional doctoral degree, such as medicine, dentistry, optometry, pharmacy, or audiology qualifies the graduating professional to practice independently without the need for supervision. Thus, the clinical training component has come under the auspices of graduate programs in audiology and is now the responsibility of the AuD program, rather than being delivered through a postgraduation apprenticeship model. Prior to the AuD model, master's programs primarily delivered classroom, or didactic, education, and the student gained independence through clinical experience in a clinical fellowship year (CFY) after graduation. This is perhaps the most important and largest change that came with the AuD degree; that is, training programs are now responsible to ensure that clinical experiences are both broad and deep enough that graduating audiologists are able to practice across the entire scope of practice.

To gather data on the perceptions of stakeholders about how, as a profession, we are doing on the important job of educating AuD students, the Accreditation Commission for Audiology Education (ACAE) designed a survey of our current education and training standards. This survey was designed to assess our current standards, and also to help identify areas of importance and needs that practicing professionals and faculty recognize in our current training programs.

Survey Goals: (1) To understand views of educators, clinicians and students. (2) To understand perceptions of the relative importance of current educational standards. (3) To assess perceptions of achievement of current standards by AuD programs. (4) To survey areas of gaps and need in current standards.

Survey Process: The survey was developed by a task force

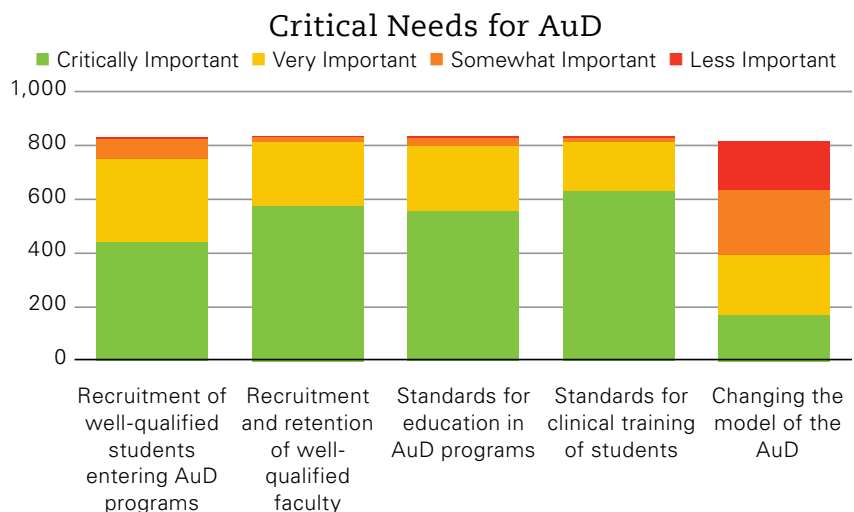
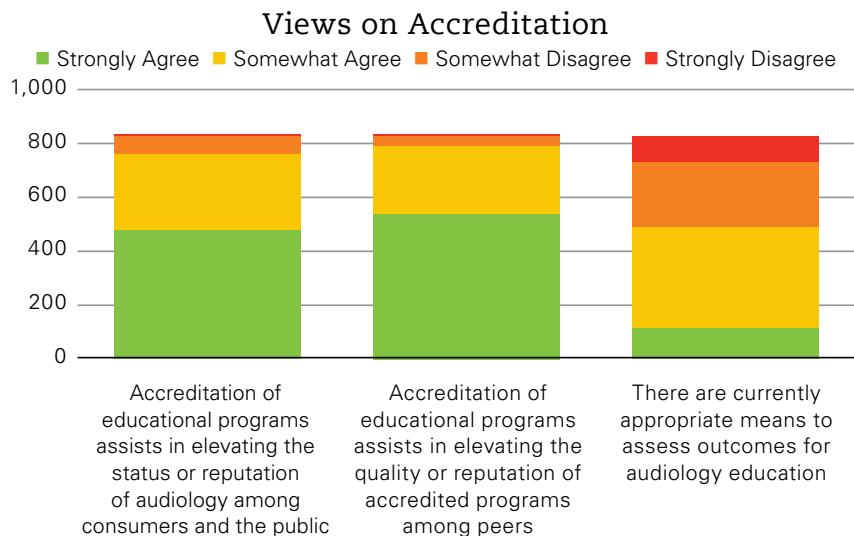
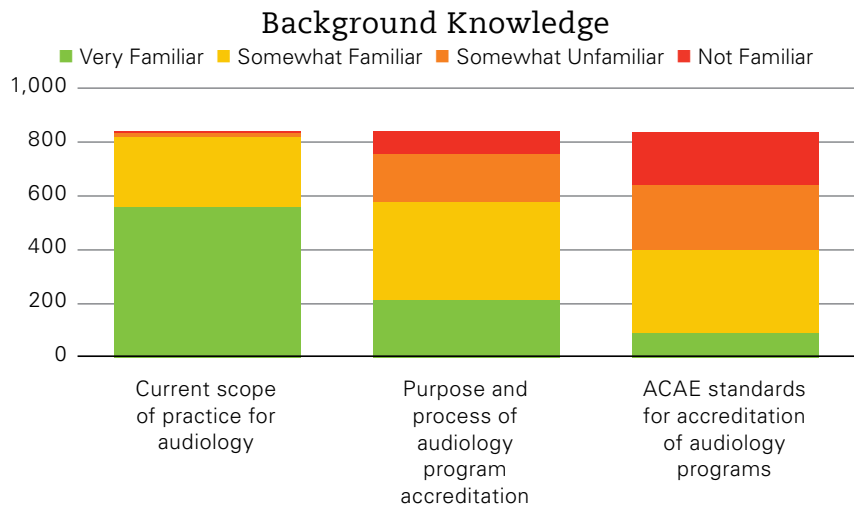


FIGURE 1. Knowledge and views on accreditation.

of ACAE, chaired by Lisa Hunter, PhD. Members of the task force included Doris Gordon (ex officio); Catherine Palmer, PhD (vice chair); Virginia Ramachandran, AuD, PhD; and Maureen Valente, PhD. The survey was sent for select peer review by audiologists nominated by the American Academy of Audiology (AAA), the Academy of Doctors of Audiology (ADA), the Council of Academic Programs in Communication Sciences and Disorders (CAPCSD), and the Student Academy of Audiology (SAA). The survey was sent electronically to all members of AAA, ADA, CAPCSD, and SAA, and was open six weeks for responses in 2012–2013.


Survey Demographics: A total of 1,021 surveys was completed from a range of practice backgrounds, including faculty (181 responses), private practice (226 responses), hospitals (126 responses), outpatient clinics (198 responses), AuD students (90 responses), primary and secondary education (35 responses), industry (44 responses), and 80 in “other.” There was a fairly even spread across ages, from 20s to 60s, with approximately half under and over age 50. By far, the largest number of responses was from audiologists holding an AuD degree, and the second highest category was PhD level, with 63 percent of the PhDs being faculty. The overwhelming majority of respondents participate in patient care (84 percent), and about half report that they precept students. Thus, the responses to this survey represented a broad cross-section of both academic and clinical settings, and represent professionals with strong investments in clinical care as well as student precepting.

Survey Results—Knowledge about Standards: Background knowledge was probed by asking about scope of practice, accreditation standards in

general, and ACAE standards specifically. Nearly all respondents reported being “very or somewhat familiar” with the scope of practice for audiology. Not surprisingly, knowledge of audiology standards was less familiar, and ACAE standards were less familiar to respondents than accreditation standards in general. More than 80 percent of respondents strongly agreed with or somewhat agreed with the statement, “Accreditation of educational programs assists in elevating both the status and quality of AuD programs,” while only about 60 percent strongly or somewhat believe we have appropriate means to assess outcomes of AuD programs.

Respondents were also asked about their perceptions of critical needs for AuD programs, and the largest number of respondents identified “recruitment and retention of well qualified faculty,” and “standards for clinical training of students” as critical needs (Figure 1). When asked, “What are the most important challenges or barriers that programs face in didactic and clinical education of excellent audiologists?” responses included “having good faculty, students, and preceptors”; “caliber of the student externship”; and “standardization of the clinical requirements among AuD programs.” When asked, “What are the most important changes that programs could make to improve didactic and clinical training of excellent audiologists?” responses included “standardization in programs”; “more audiology education at undergraduate level—more sciences”; “engage more faculty in clinical training”; “proper outcome measures at end of training”; and “more clinical diagnostic tools for student clinical experiences.”

Summary and Future Directions

This is the first survey that has been conducted of perceptions of a wide range of stakeholders in audiology education. Perceptions are of course based on inherent belief and biases, and are subject to the individual’s own experiences. As such, they are not measures of actual outcomes but, rather, are opinions based on collective knowledge, experience and wisdom. Because clinical practitioners are in the best position to know what knowledge and skills are necessary to successfully engage in audiology, surveys are a valuable tool to gauge whether we are meeting current and future needs of the profession. This survey demonstrated that faculty, clinicians, and students agreed that accreditation standards help to raise the bar for the profession. Consensus was also strong regarding the importance of standards, from the bases of science and research to the application of clinical skills and effective communication. Every health-care profession has the responsibility to regularly assess the strengths and weaknesses of its educational foundations. This essential process is needed to maintain and continuously strengthen professional integrity. 

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