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Accreditation Commission for Audiology Education

cap Computerized Accreditation Program

Accreditation Commission for Audiology Education
Proposed Educational Standards

2014

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Acknowledgement:

The Board of Directors of the Accreditation Commission for Audiology Education (ACAE) wishes to thank the Standards Review Committee of the ACAE for the time, dedication, and expertise they brought to the task of revising the ACAE Standards. Informed by data gleaned from the 2012/2013 ACAE Stakeholder Survey, the result is a more precise and contemporary set of 21st Century educational Standards in audiology. The ACAE wishes to recognize and commend the following Standard Review Committee members: Ian Windmill, PhD – Chair, Elaine Mormer, PhD, Jackson Roush, PhD, Barry Freeman, PhD and Cynthia Compton-Conley.

Next Steps:

- The Proposed 2013/2014 Standards will be presented to a variety of professional audiences in the spring of 2014;
- A wide distribution of the draft will be sent to members of the profession, related professional organizations and external stakeholders in late spring/early summer 2014;
- All stakeholders will be asked to comment on the Proposed Standards and to submit their comments to the ACAE by a specific date;
- The ACAE Board will review the suggestions made and determine what comments will be incorporated into the final version;
- It is anticipated that the ACAE Board will vote on the new Standards before the conclusion of 2014;
- The ACAE Board also will provide a reasonable period time for stakeholders to become familiar with the Standards followed by a date when the new Standards will go into effect.

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Preamble: May reflect Critical Future Trends in Audiology for which Academic Programs Need to Prepare Students (Stakeholder Survey)

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STANDARD 1: INSTITUTIONAL ACCREDITATION

PROPOSED CHANGES:

Needs to be more inclusive, acknowledging other national agencies.

PROPOSED NEW STANDARD:

The sponsoring institution(s) and affiliates, if any, must be accredited by a national or regional institutional accrediting agency with recognized accrediting authority. For programs outside the United States, the ACAE will determine an alternative and equivalent external review process.

PROPOSED DESCRIPTION

The program must identify any national or regional accrediting institution that accredits their University and provide evidence of this accreditation. This should include the year of the last review and the year the University will be reviewed next.

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STANDARD 2: GOVERNANCE

PROPOSED CHANGES:

Programs should actively make sure the students know that these policies exist and how to access them.

Add: *Faculty and students should have information on how to access these policies.*

PROPOSED NEW STANDARD:

The governance of the institution and program must be effective, clearly assigning authority and responsibility for the formulation and implementation of policies that enable the institution and program to fulfill its mission.

2.1 The institution must be organized, and the program conducted, in such a way as to demonstrate a clear chain of command and, simultaneously, assure open communication among administrators, faculty, students, staff and other constituencies

2.2 The institution and program must have effective policies concerning governing issues, including but not limited to conflict of interest, due process, disclosure, non-discrimination, confidentiality of records and fiscal accountability. Faculty and students should have information on how to access these policies.

2.3 The governance structure must clearly assign authority and responsibility for the hiring, evaluation, retention and discharge of the program's director.

PROPOSED NEW DESCRIPTION

This standard refers primarily to institutional aspects of governance that have a direct impact on the program. Each institution must have clear policies relating to the chain of command and governance as related to the academic program. The chain of command refers to the administrative hierarchy of the program, through the department, school or college and then to the chief administrative officer of the university. Included within this standard is the concept of who grants the authority and responsibility for the development and enforcement of policies associated with the program. As part of these policies, the program must show how students, faculty, and the administration can communicate within this structure about issues related to the program. Statements about conflict of interest, due process, disclosure, non-discrimination, confidentiality of records and fiscal accountability are generally contained in university-wide documents. Faculty and students should be informed of how to access this information. The responsibilities as related to the administration of the program, along with the methods for evaluation of performance of the director of the program should be in place.

STANDARD 3: INSTITUTIONAL POLICIES, PROCEDURES AND PROTOCOLS

PROPOSED CHANGES:

Add "Institutional" to title to differentiate from Standard 16

PROPOSED NEW STANDARD:

STANDARD 3: INSTITUTIONAL POLICIES, PROCEDURES AND PROTOCOLS

The institution must have effective policies, procedures and protocols in place to support its organization, student population and administration.

DESCRIPTION (unchanged):

This standard refers to *institutional* policies, procedures, and protocols that support the College, students, & administration. These may be found in a variety of documents within the institution, including within programmatic documents.

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STANDARD 4: STRUCTURE

PROPOSED CHANGES:

Add: "and staff" as many programs divide their responsibilities between faculty and staff.

PROPOSED NEW STANDARD:

There must be a clear description of the administrative structure of the Au.D. program, demonstrating that it is adequate for both its size and scope. Evidence of how programmatic responsibilities are shared among the faculty and staff must be in place.

PROPOSED NEW DESCRIPTION

This Standard has three parts: a) the organization of the program, specifically, the Au.D. residential program; b) the scope of the Au.D. program, the number of faculty/staff actively engaged in the program, & whether each component is sufficient for the number of students enrolled and c) a description of how responsibilities are shared among faculty. The program should be organized with responsibilities divided appropriately among the administration, program director, and the faculty and staff. There is no specific organizational structure required. The program should be able to justify that the administrative structure and organization is sufficient for the number of students and the size of the program.

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STANDARD 5: PROGRAM MISSION, GOALS AND OBJECTIVES

PROPOSED CHANGES:

Add the word “measurable” to better describe the types of objectives. This ties Standard 5 to Standard 6.

PROPOSED NEW STANDARD:

The program must have a current statement of its mission and the measurable goals and objectives by which it intends to prepare students for the independent and comprehensive practice of audiology.

PROPOSED DESCRIPTION:

This standard requires that the program have an articulated mission statement and have articulated specific goals and measurable objectives for the preparation of students to enter practice. Both of these elements should be current. The program should describe how the goals and objectives were established and how these goals and objectives relate specifically to the preparation of students to enter audiologic practice. In this regard, the goals and objectives listed should be those that relate to student learning or program improvement. Each program will have their own set of goals and objectives, however as audiology shares a common foundation, many goals may be similar across programs.

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STANDARD 6: GOALS AND OBJECTIVES ASSESSMENT

PROPOSED CHANGES:

The original standard does not indicate that ongoing evaluation and continuous improvement are expected. But the description includes what sounds like a “continuous improvement program”.

Add: an ongoing method in place to evaluate and improve the extent to which program goals and objectives are met.

PROPOSED NEW STANDARD:

The program must have an ongoing method in place to evaluate and improve the extent to which it meets its goals and objectives to prepare students for the independent and comprehensive practice of audiology.

DESCRIPTION:

In Standard 5, the program articulated goals and objectives. Standard 6 requires a program to determine if the goals and objectives have been met. The intent of this standard is to describe the methods by which the program actually reviews the goals and objectives, measures the extent to which the goals and objectives have been met, and then uses the results of the measures to improve the program. This suggests an ongoing process and therefore programs should be prepared to demonstrate a recurring assessment, measurement and improvement process.

STANDARD 7: PROGRAM DIRECTOR EXPERIENCE AND QUALIFICATIONS

PROPOSED CHANGES:

Add "program" before the word "director" in the first sentence to make standard consistent with title.

PROPOSED NEW STANDARD:

The program director must possess an appropriate doctorate to direct an educational program at the Au.D. level and have the experience and qualifications requisite for providing effective leadership for the program, faculty and students. The program must have a director with a full-time faculty appointment.

DESCRIPTION:

This standard is focused on the qualifications of the program director. The director is expected to be a member of the full-time faculty. The director should have personal, experiential and professional qualities that are appropriate to lead the program. The director is expected to have a background in audiology. The qualities of leadership, vision, and experience, are important characteristics for a director.

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STANDARD 8: FINANCES

PROPOSED CHANGES:

Change "&" to "and"

PROPOSED NEW STANDARD:

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.

DESCRIPTION:

In order to fulfill the mission and goals of the program (See Standard 5), and to assure students are trained to enter practice, the program must have sufficient financial resources at its disposal. The financial resources available are not necessarily those for the Department or School, or those budgeted from the administration, but include all resources that may be available to support the program (e.g. clinic income, grants, gifts, endowments, etc.) During the self-study, the program should endeavor to understand the extent to which the program can or cannot accomplish its mission or meets its goals in light of the financial resources available. The program should also determine whether anticipated changes in resources would have a positive or negative impact.

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STANDARD 9: FACILITIES

PROPOSED CHANGES:

None

CURRENT STANDARD

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.

DESCRIPTION:

The intent of this standard is to assure that the program has the facilities adequate to prepare students to enter practice and to meet the goals of the program (Standard 5). When used in this standard, the teaching facilities are not just the physical space, but include such items as teaching technology in the classrooms or sound booths in the clinical space. If laboratories are used in the teaching program, the space should include necessary technologies to accomplish the intended use. Computer based resources refers to the availability of hardware and software used for teaching and might include those in the classrooms, clinics, labs or those available to students. It is not necessary that the program provide all these resources, only that the program has access to the facilities and resources necessary to meet the goals of preparing students to enter practice.

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STANDARD 10: EQUIPMENT

PROPOSED CHANGES:

Add: technology

PROPOSED NEW STANDARD

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 practice and best practice documents.

PROPOSED NEW DESCRIPTION

Students should, over their course of study, gain experiences with state-of-the art equipment and technology in order to be able to conduct the scope of audiologic practice. It is not necessary that every student have the same experience with the same piece of equipment, only that students have similar experiences over time. The program should be able to determine that the students are gaining similar experiences, hence the need to understand the equipment and services that are available.

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STANDARD 11: RESOURCES

PROPOSED CHANGES:

None

CURRENT STANDARD

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.

DESCRIPTION:

Beyond the curriculum and the faculty, the academic program must provide the infrastructure that assures the goals of the program, and the student learning outcomes, are achieved. This includes clerical and administrative support for both academic and clinical services, access to contemporary technologies for both teaching and clinical service delivery, sufficient space (e.g. classroom, clinical, lab, etc.) to support student learning, and access to information technology (e.g. computer resources, internet, software, etc.).

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NOTE: The Committee proposes separating out academic advising from Standard 12 and creating a separate standard for this concept. As will be seen, the committee proposes combining Standards 14 and 15. Therefore the committee proposes that the new standard addressing advising become Standard 15.

STANDARD 12: STUDENT SUPPORT SERVICES

PROPOSED CHANGES: This the only standard where academic advising is addressed. A solid academic/clinical advising would be a hallmark of a quality program but this service does not fit in to the same category of student support as health services and career/placement services. Academic/clinical advising as a process whereby students' performance in the classroom and clinic is monitored in an ongoing process, with associated communication and documentation. Propose a separate standard for academic advising.

PROPOSED NEW STANDARD:

The program must have student support services that are compatible with the overall mission, goals, and objectives of the curriculum. There must be adequate mentoring and career and placement services available to all students in the program. Students in the program must be informed of and have access to health services and programs provided to other students in the institution. When appropriate, there must be opportunities to participate in program governance, and students must have access to administrators of the program. Students must be provided with policies regarding academic, professional, clinical guidelines, due process procedures, and ethical conduct.

PROPOSED DESCRIPTION:

Beyond the clinic and the classroom, students must have the support services necessary to assure them of adequate opportunities for successful completion of the program. These services include those services typically available to all students such as career and placement services and healthcare programs. This standard also addresses the role of students in the governance of the program in those circumstances where their participation is appropriate or necessary. Programs should demonstrate when, where and how students have access to program administration and how they participate in governance. For example, student representatives to faculty meetings, or a student advisory council, might both be examples of demonstration of participation in governance. Finally, this standard specifies that students be provided with documentation that outlines program policies regarding academic conduct, professional and clinical policies, and ethical conduct. The program should provide expectations for ethical behaviors in the clinic, classroom, and after graduation.

STANDARD 13: STUDENT RECORDS

PROPOSED CHANGES:

None

CURRENT STANDARD

Records regarding student admission, enrollment, and achievement, must be maintained in a secure setting within the institution and in accordance with the Family Educational Rights and Privacy Act (FERPA). Student profiles must be on file from the time of acceptance. An accurate and secure system of student program records must be maintained for a minimum of five years after graduation.

DESCRIPTION:

Most universities retain student records such as transcripts indefinitely. Therefore some student records will always be available. Certain records, such as clinical experiences, may be retained with the program rather than in the main university database. These records may be important for students to access after graduation (e.g. licensure, certification, etc.)

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NOTE: The committee proposes combining Standard 14 (Recruitment) and Standard 15 (Admissions). The Two standards are presented below with the proposed revision following Standard 15.

STANDARD 14: RECRUITMENT AND ADMISSION PRACTICES

PROPOSED CHANGES:

New standard

PROPOSED STANDARD

The program must have a student recruitment process that attracts and maintains a qualified applicant pool. Criteria, policies and procedures for admission must be clearly defined, documented and made available to applicants. All application, admission and degree-granting requirements and regulations must be applied equitably to individual applicants and students regardless of age, gender, sexual preference, race, disability, religion, or national origin. The program must ensure that students who are under consideration for admission to the program are capable of meeting the demands of the curriculum and are committed to entering and practicing the audiology profession. Each program must therefore determine those pre-requisites needed for successful completion of coursework.

PROPOSED DESCRIPTION:

This standard has three parts. First, this standard addresses the recruitment and admission process that a program uses to attract students into the program. The recruitment process itself is important in that the process must assure that the applicants are qualified to matriculate. Students should know the criteria for admission and the process by which decisions are made.

The second part seeks assurance that there are no discriminatory practices when admitting students to the program, and that the requirements for the degree are also based on non-discriminatory practices. Typically, there are institutional statements that prohibit these type practices and a program should be able to demonstrate that they follow the institutional guidelines in this regard.

The third part, however, notes that programs must assure that those students who are admitted, and who seek the degree, are capable of being successful. Though admission and graduation are often based on metrics such as grade point averages, GRE scores, standardized or comprehensive examinations, etc., programs can also include intellectual and physical requirements necessary to be successful in clinical practice. However, programs must also be in compliance with the Americans with Disabilities Act so careful consideration of the intellectual and physical requirements is important. Any requirements must be applied fairly and consistently. It is recommended that the characteristics of those students who begin the program, but do not complete the program, be periodically evaluated to determine if there are any pre-admission criteria that could be changed to identify students not likely to succeed.

NOTE: The Committee proposes creating a new standard for academic advising. As Standards 14 and 15 were combined, the committee proposes a new Standard 15: Student Advising.

STANDARD 15: STUDENT ADVISING

PROPOSED CHANGES:

New standard

PROPOSED NEW STANDARD:

The program must have a student advising process whereby students' performance in the classroom and clinic is monitored in an ongoing manner, with associated communication and documentation.

PROPOSED DESCRIPTION:

Academic advising regarding a student's performance in both the classroom and clinic is a hallmark of a quality program. Students should be aware of their progress within the program, as well as the expectations of the program for continuance and/or advancement. Advising is a process so programs should be able to demonstrate that advising has occurred and that students understand the outcomes of the advising process.

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STANDARD 16: ACADEMIC PROGRAM POLICIES:

PROPOSED CHANGES:

1. Change title: Academic Program Policies
2. Delete "academic achievement" - ambiguous.
3. Add the word "criteria" after "grading" in the second sentence.
4. Change 3rd sentence to: Students must be provided with information regarding requirements for professional credentialing.
5. Add: "and up-to-date" at end of standard

PROPOSED NEW STANDARD:

TITLE: STANDARD 16: ACADEMIC PROGRAM POLICIES

The program must publish and make available to students policies and procedures in a timely and accurate manner. These include: grading, satisfactory academic progress, requirements for graduation, attendance, tuition, fees, refund policy, honors, scholarship, financial aid, and other related matters. Students must be provided with information regarding requirements for graduates' professional credentialing. All statements made about the program in promotional materials, catalogs, or other institutional publications, including web-based publications, must be accurate and up-to-date.

DESCRIPTION:

Students must be able to access the policies and procedures of the program that potentially impact their program of study, outcomes or graduation. These policies and procedures must be available as updated and in a timely manner.

STANDARD 17: RESOLUTION OF STUDENT COMPLAINTS

PROPOSED CHANGES:

1. Replace "handling" with "receiving"
2. Add "and the process for resolution of the complaint (Due process)." To the end of the second sentence. Delete third sentence.
3. Add "...after the student graduates." to the end of the last sentence.

PROPOSED NEW STANDARD:

The program must have a system for receiving, adjudicating, and resolving student complaints, and the process for resolution of the complaint (Due process). It must inform students of their right to file a complaint, including filing a complaint with the accrediting agency. Programs must maintain a record of student complaints and their disposition for a period of three years after the student has left the program.

DESCRIPTION:

Standard 17 addresses the rights of students to file a complaint with the program, department, or institution. Complaints may range from grading concerns to peer relationships to conflicts with instructors. Complaints may also be broader, such as concerns about access to instructional materials (e.g. library resources, teaching materials, etc.). Regardless of the issue, students must have the opportunity to engage a fair process to address complaints. Records of the deliberations and decisions regarding complaints should be maintained for a minimum of three years after a student graduates.

STANDARD 18: SYSTEMATIC PROCESS FOR PLANNING AND PROGRAM EVALUATION

PROPOSED CHANGES:

1. Delete "planning, evaluating and" in first sentence – somewhat redundant
2. Delete: "in order to prepare student for the independent and comprehensive practice of audiology"
3. Revise "revising the curriculum as needed, based on the results of its evaluation activities; and for planning to achieve" to "revising the curriculum as necessary, and, based on the result of these processes, for planning to achieve"

PROPOSED NEW STANDARD:

The program must have a systematic process for measuring student achievement; for monitoring its overall efforts to achieve its mission, goals and objectives; for assessing its effectiveness serving its various communities of interest; for reviewing and revising the curriculum as necessary, and, based on the results of these activities, for planning to achieve its mission in the future.

DESCRIPTION:

In Standard 5, the program outlined learning goals and objectives. In Standard 6, the program described the measures it will use to determine if it met the goals. Standard 18 now asks the program to take those results, plus any results of student performance measures, and to show how the results of those measures are used to improve the program. Improvement is defined along multiple dimensions, including, but not limited to, student achievement, serving various communities, revising curriculum, or planning for the future. In other words, how does the program use the feedback from the various measurements to make change for the better.

STANDARD 19: PROGRAM QUALITY

PROPOSED CHANGES:

Change: "...work systematically to demonstrate that it has developed measurement tools for achieving this quality." To "...must demonstrate the process, tools, and benchmarks utilized to measure quality."

PROPOSED NEW STANDARD:

The program must be committed to attaining the highest quality in its education of students and must demonstrate the process, tools and benchmarks used to measure quality.

PROPOSED NEW DESCRIPTION:

This standard purposely uses the word "quality" to describe expectations for student outcomes. Academic programs have to both define quality and then demonstrate that all students meet this expectation. The standard also purposely uses the term "benchmark" to indicate that the program should be able to use some indicator of quality and then show the process and tools used to achieve this benchmark. It is insufficient to simply use the result of a single metric (e.g. grades, score on a national examination, employment status, etc.) as the only measure of quality, although these measures can be included. It is also important to have a systematic process that assures there is an ongoing evaluation of the quality. The systematic process can include such methods as meetings to review student achievement, feedback from students, communities of interest, or employers, internal or external reviews, etc.

STANDARD 20: MULTIPLE METHODS OF INSTRUCTION AND EVALUATION

PROPOSED CHANGES:

1. Delete 2nd sentence due to “may consider”

PROPOSED NEW STANDARD:

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.

DESCRIPTION:

Advances in understanding learning attributes, coupled with the evolution of technologies, allow programs to incorporate different teaching methodologies. For example, these methods include use of asynchronous teaching (e.g. distance, on-line, etc.), simulation programs (simulated patients or software programs), or problem based learning. If programs use these methods, they should explain how they are incorporated into the curriculum, how outcomes are improved, and how the teaching methods are evaluated and revised.

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STANDARD 21: REQUIRED KNOWLEDGE AND COMPETENCIES

PROPOSED CHANGES:

1. Add to Foundations:
 - a. "Explain and demonstrate the impact of genetics on the development and preservation of auditory function as well as the impact on the development of disorders of the auditory, vestibular, and related systems, **across the lifespan.**"
 - b. Explain the psychological and neurological bases for auditory and vestibular dysfunction and remediation.
 - c. Describe the science and methods, e.g. acoustical, pharmacological, etc., necessary for the prevention of hearing and balance disorders.
2. Add to Diagnosis and Management:
 - a. "Characterize and implement evidence-based practice methods to provide optimal outcomes for diagnosis and treatment of auditory and vestibular disorders."
3. Add to Communication:
 - a. "Advocate for patients needs by teaching self-advocacy skills."
 - b. "Model and apply the skills needed to provide effective patient- and family-centered counseling to provide information, resources and evidence-based options for diagnosis and treatment. "
4. Add to Professional Responsibilities and Values
 - a. "Respect the unique cultures, values, roles/responsibilities, and expertise of other health professions, including the value of inter-professional education and collaboration for patient care."
 - b. "Develop and apply effective leadership, written and verbal presentation skills to advocate for one's own profession and for patients served."
 - c. "Describe the value of life-long learning in order to stay current with changing medical, technologic and business advances."
 - d. "Direct the appropriate and ethical use of audiology assistants in order to manage productivity and effectiveness within the scope of audiologic practice."
 - e. "Demonstrate how to utilize contemporary business and technology processes in order to improve access to audiologic care."

PROPOSED NEW STANDARD:

The audiology program, which includes didactic and clinical experiences, must prepare students to meet the recognized competencies for independent practice identified in this standard. The program must also ensure that the clinical experiences encompass the entire scope of practice and focus on current evidence-based practices. The program must provide evidence that each student is able to demonstrate knowledge and competency in the following areas:

Foundation

The student will be able to:

- F.1 Explain basic cell, organ, and body systems, with special emphasis on the auditory and vestibular/balance systems and their interrelationships to the body as a whole over the lifespan, including newborns, infants, children, adolescents, adults, elderly and special needs individuals.*

- F.2 Describe the development of normal auditory and communication processes, including the embryology and development of the auditory/vestibular, central nervous and related systems.
- F.3 Explain theoretical and applied principles of acoustics, psychoacoustics, non-acoustic stimuli, and electronics as applied to the normal and disordered auditory and vestibular systems.
- F.4 Identify the various localized and systemic processes that lead to dysfunction and disease.
- F.5 Describe the effect that disease processes can have on the body and major organ systems, with special emphasis on the auditory and vestibular systems.
- F.6 Recognize the mechanisms of the various classes of pharmaceutical agents, their interactions, and safe, effective use for the treatment of disease and conditions affecting the ear, the auditory and vestibular systems, central nervous system and related systems.
- F.7 Describe the structures and processes contributing to the development of auditory, vestibular and communication disorders and abnormalities.
- F.8 Explain the impact of hearing disorders on communication for newborns, infants, children, adolescents, adults, elderly and special needs individuals.
- F.9 Explain the impact of genetics on the development and preservation of auditory function as well as the impact on the development of disorders of the auditory, vestibular, and related systems across the lifespan.
- F.10 Explain the psychological and neurological bases for auditory and vestibular dysfunction and remediation.
- F.11 Describe and administer the science and methods, e.g. acoustical, pharmacological, etc., necessary for the prevention of hearing and balance disorders.
- F.12 Critically evaluate the research foundation for hearing, balance and communication sciences.

Diagnosis and Management

The student will be able to:

- D.1 Diagnosis, triage, treat and manage auditory and vestibular/balance conditions and diseases for patients over the lifespan, including newborns, infants, children, adolescents, adults, elderly and special needs individuals.
- D.2 Apply audiologic diagnosis, treatment and management principles in diverse settings including, for example, private practice-based, educational and industrial environments.
- D.3 Apply critical thinking skills to assess the patient's auditory and vestibular status.
- D.4 Prescribe, perform and interpret clinical, laboratory and other diagnostic procedures and tests in consultation with other health professionals as may be required for proper management of the patient.
- D.5 Interpret and synthesize the findings from the patient's history, examination and other diagnostic tests and procedures in order to identify the etiology, the pathogenesis of the condition, and the diagnosis.
- D.6 Formulate a treatment plan and understand the implications of various treatment options.
- D.7 Explain the limitations of treatment in a general setting and formulate a written response for consultation or referral as appropriate.
- D.8 Discuss the findings, diagnosis and treatment options with the patient, parent or guardian, family, other health care or service providers, as well as any modifications or consequences that may occur over the course of treatment.

- D.9 *Plan and implement treatment and rehabilitation methods used for the management of auditory and vestibular disorders, including all forms of personal amplification and hearing assistance technology.*
- D.10 *Present the patient with the sequence of treatment (including preventive care), estimated fees, payment arrangements, time requirements, and the patient's responsibilities for treatment. Apply the informed consent process as it relates to clinical procedures.*
- D.11 *Characterize and implement evidence-informed practice methods to provide optimal outcomes for diagnosis and treatment of auditory and vestibular disorders.*

Communication

The student will be able to:

- C.1 *Communicate effectively, both orally and in written form, with patients, families, caregivers, and other healthcare and service providers.*
- C.2 *Demonstrate empathy for patients and families.*
- C.3 *Demonstrate understanding and respect for all individuals encountered in audiologic practice, regardless of disability, income, gender, sexual orientation, race, religion or national origin.*
- C.4 *Maintain accurate and complete up-to-date patient records in a confidential manner, with clear and appropriate documentation of each patient encounter.*
- C.5 *Advocate for patients needs by teaching self-advocacy skills.*
- C.6 *Model and apply the skills needed to provide effective patient- and family-centered counseling to provide information, resources and evidence-informed options for diagnosis and treatment.*

Professional Responsibilities and Values

The student will be able to:

- P.1 *Adhere to professional ethics as they relate to the practice of audiology.*
- P.2 *Demonstrate sensitivity to the psychosocial dynamics of the doctor/patient relationship.*
- P.3 *Describe social, psychological, and economic forces affecting diverse patient populations.*
- P.4 *List professional, legal, public health, and public policy issues as they pertain to the various practice settings and community needs.*
- P.5 *Describe and apply practice management strategies and principles that are relevant to audiology.*
- P.6 *Discuss the business, financial and reimbursement considerations necessary for operating an audiology practice.*
- P.7 *Perform basic life support skills for emergencies encountered in audiology practice.*
- P.8 *Explain the history of the audiology profession.*
- P.9 *Respect the unique cultures, values, roles/responsibilities, and expertise of other health professions, including the value of inter-professional education and collaboration for patient care.*
- P.10 *Direct the appropriate and ethical use of audiology assistants in order to manage productivity and effectiveness within the scope of audiologic practice.*
- P.11 *Demonstrate how to utilize contemporary business and technology processes in order to improve access to audiologic care.*
- P.12 *Develop and apply effective leadership, written and verbal presentation skills to advocate for one's own profession and for patients served.*
- P.13 *Describe the value of life-long learning in order to stay current with changing medical, technological and business advances.*

DESCRIPTION:

This standard describes the knowledge, skills and competences that every student is expected to attain prior to graduation. Standard 21 provides a list of outcomes, but how the program reaches these goals is up to the individual program. Nonetheless, the program must demonstrate that every student attains each of the knowledge and competencies listed.

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STANDARD 22: CLINICAL ENVIRONMENTS AND POPULATIONS

PROPOSED CHANGES:

1. Add "quality" in the first sentence.
2. Reword to simplify and to provide flexibility as practice settings evolve.
(See below)

PROPOSED NEW STANDARD:

The program must demonstrate that students receive quality instruction in multiple clinical environments whose populations represent the scope of audiology across the lifespan.

PROPOSED NEW DESCRIPTION:

Standard 22 describes the breadth of clinical experiences that students must have during their training. Programs must be able to demonstrate that students not only have experience in a diversity of clinical settings and with a diversity of patient populations, but that that all the experiences have a level of quality that allows students to develop skills necessary to provide the full scope of practice .

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STANDARD 23: CLINICAL EXPERIENCES

PROPOSED CHANGES:

1. Retitle: Clinical Experiences

PROPOSED NEW STANDARD:

STANDARD 23: CLINICAL EXPERIENCES

The program must assure that the clinical experiences that students engage in lead to the independent practice of audiology

DESCRIPTION:

The goal of clinical experiences is to provide the necessary instruction to assure audiologists can act independently at graduation in any practice environment. This standard addresses the need for a program to assure that the clinical experiences available allow a student to gain the requisite skills and competencies to be able to provide those services at graduation. The program must demonstrate (e.g. measure, document, etc.) that every student has reached this goal. Externships in particular should be chosen with the expectation that a student can achieve independent practitioner status at the end of their program.

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STANDARD 24: STUDENT RESEARCH AND SCHOLARLY ACTIVITY

PROPOSED CHANGES:

1. Delete second sentence: *The program must also demonstrate that students have cultivated the skill of being able to understand and critique research and recognize that this ability is essential to the practice audiology.* Redundant.

PROPOSED NEW STANDARD:

The program must demonstrate that students have knowledge of the fundamentals of research, enabling them to read the professional literature and understand and critically evaluate the concepts related to evidence-based practice. The students must be critical consumers of research and be able to apply this knowledge in evidence-based practice.

DESCRIPTION

Standard 24 requires that programs demonstrate that graduates can be consumers of research. The focus of this standard is being able to apply contemporary research to clinical practice as a key component of evidence-based practice. Programs can utilize both didactic and clinical experiences to demonstrate compliance with this standard. For example, literature reviews as part of a course assignment, case-based reviews, projects, creation of evidence-based protocols, etc., could help to demonstrate compliance with this standard. This standard also does not advocate for or against the completion of a research project, although this may be one mechanism used by a program to meet this standard. A research project by itself, however, is not demonstration of meeting this standard.

STANDARD 25: POLICIES AND PROCEDURES OF FACULTY

PROPOSED CHANGES:

1. Add sentence: *Programs should demonstrate that the program follows the policies and procedures.*

PROPOSED NEW STANDARD:

There must be published policies and procedures for faculty recruitment, promotion, tenure, academic assignments, and responsibilities, sabbaticals, reporting relationships, grievances, and benefits. Programs should demonstrate that the policies and procedures are followed by the program.

DESCRIPTION:

Generally speaking, this information is often available university-wide in documents such as a "faculty handbook" or other such publications, although the department in which the program resides may also have specific policies and procedures. In addition to policies and procedures, programs should provide specific examples of the areas noted in the standard (e.g. recent faculty promotions, documentation of grievance process followed, etc.) Published does not mean written form but can include electronic versions so long as they are accessible by the relevant stakeholders.

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STANDARD 26: PARTICIPATION IN PROGRAM'S GOVERNANCE BY FACULTY

PROPOSED CHANGES:

None

CURRENT STANDARD

A system must be in place to facilitate faculty participation in the governance of the program and institution.

DESCRIPTION:

Faculty must have a voice in the structure and function of the academic program. In this case, the institution can be broadly interpreted to include all those levels of administration above the program level, including Department, School, College, or University levels. Participation can take many forms and does not require a direct reporting relationship. For example, input to a faculty senate might via a representative in another department within a School.

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STANDARD 27: NUMBER AND QUALIFICATIONS OF FACULTY

PROPOSED CHANGES:

Remove: comprehensive

Add: across the scope of practice

PROPOSED NEW STANDARD:

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 stated mission, goals and objectives of the program

DESCRIPTION:

The focus of Standard 27 is on the breadth of qualifications of the faculty, with the goal of having sufficient expertise to allow students to meet the goals of the program (Standards 5/6). Importantly for students to become independent practitioners, they must have access to individuals who can provide the breadth and depth of knowledge and experience necessary. This standard does not specify "full-time" but rather takes the broad view that would include clinical faculty, preceptors, adjunct faculty and guest faculty. However, random or limited contact (e.g. single guest lecture by a visiting faculty) may not be sufficient to demonstrate that students have exposure of mastery of a subject area. The standard requires programs to measure and document that the scope of the faculty is adequate to meet goals, and to prepare students for independent practice.

STANDARD 28: MAINTAINING AND ENHANCING QUALIFICATIONS OF FACULTY

PROPOSED CHANGES:

None

CURRENT STANDARD

The faculty must be allocated adequate time and resources to engage in activities that maintain and enhance their qualifications and continuing competency, e.g. clinical practice, continuing education, research and scholarly activity.

DESCRIPTION:

To assure that academic programs keep abreast of contemporary audiologic practice, faculty must have sufficient time, and the necessary resources (e.g. financial support, etc.) to maintain and/or enhance their knowledge, skills and competencies. These can take many forms (e.g. maintaining a clinical practice, engaging in research, attending continuing educational programs, etc.) but the program must assure that every faculty member not only has these opportunities, but also takes advantage of them.

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STANDARD 29: EVALUATION PROCESS OF FACULTY

PROPOSED CHANGES:

1. Add: "...relative to the goals and mission of the academic program", This is to assure that a review process does not focus on areas that may be unrelated or tangential to the academic program.
2. Change "preceptors" to "clinical instructors" in the description

PROPOSED NEW STANDARD:

The program must implement a faculty evaluation process that establishes goals and assesses performance of each faculty member relative to the goals and mission of the academic program.

PROPOSED NEW DESCRIPTION

As in other standards, the term faculty is used broadly to include all individuals engaged in the instructional process. It does not include clinical instructors to the institution who are not employed by the institution. Standards for external preceptors are covered in Standards 31 and 32. Many institutions require an annual faculty evaluation process that includes goals, performance measures, and outcomes. It is likely that the established institutional process would suffice, however for those institutions that do not have such a process, then programs would need to establish such a process. Regardless of whether the process is established or not, there is the expectation that this process is used to improve program outcomes.

STANDARD 30: INTEGRATED LEARNING

PROPOSED CHANGES:

Change Title: Integrated Learning

Add: "Programs must demonstrate the direct connections between the classroom and clinic."

PROPOSED NEW STANDARD:

STANDARD 30: INTEGRATED LEARNING

Programs must demonstrate the direct connections between the classroom and the clinic, including demonstrating that there are sufficient number of faculty members within the program who are active in clinical practice and who provide monitored clinical education to students.

PROPOSED NEW DESCRIPTION:

The term "faculty" is used broadly in this standard and is meant to identify those individuals who provide direct instruction to the students while in the clinical environment. This includes preceptors or other instructors, providing they have direct reporting relationships (e.g. academic appointments) within the program, and whose performance is measured by the program. This standard focuses on assessing direct connections between clinic and classroom, and could include indicators such as lab courses, clinician input into the curriculum, standardized patients, etc.

STANDARD 31: NUMBER AND QUALIFICATIONS OF CLINICAL INSTRUCTORS

PROPOSED CHANGES:

Change Title: STANDARD 31: NUMBER AND QUALIFICATIONS OF CLINICAL INSTRUCTORS

Add: The program shows evidence that clinical instructors are provided with training in clinical education practices.

Add: Programs should also be able to demonstrate ongoing monitoring of the quality of clinical instruction, and student performance at sites.

PROPOSED NEW STANDARD

STANDARD 31: 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 should also be able to demonstrate ongoing monitoring of the quality of clinical instruction, and student performance at sites.

PROPOSED NEW DESCRIPTION

It is up to the program to assure that all instructors that engage in student training in the clinical setting are both qualified and credentialed. Having a license or certification may not be sufficient to demonstrate qualification, and, conversely, an individual may be qualified without being credentialed. Some settings, e.g. military or government audiology settings, may not require licenses or certification, but are expected to otherwise be vetted and credentialed by the host institution. Programs are expected to provide support to clinical instructors or to monitor the methods or approach that clinical instructors use with students. Programs need to demonstrate they are providing training to their clinical instructors in clinical teaching practices. Programs should demonstrate that they monitor the instruction taking place at the sites, beyond simply counting of hours, and that students are benefiting from that instruction.

STANDARD 32: QUALITY AND AMOUNT OF CLINICAL INSTRUCTION

PROPOSED CHANGES:

TITLE CHANGE: QUALITY AND AMOUNT OF CLINICAL INSTRUCTION

Change: "preceptors" to "Clinical instructors"

Add: Clinical instructors should provide supervision at a level that is appropriate for student learning and patient care needs.

PROPOSED NEW STANDARD:

STANDARD 32: QUALITY AND AMOUNT OF CLINICAL INSTRUCTION

Clinical Instructors must be available when students are being educated in clinical settings and provide assurance that the student education is in accordance with the program curriculum and all federal and state regulations. Clinical instructors should provide supervision at a level that is appropriate for student learning and patient care needs. The clinical instructor must also be available to the program for any required interaction.

PROPOSED NEW DESCRIPTION

The amount of "over-the-shoulder" supervision for a student will vary by experience, task, location, and expectations. As such, Standard 32 does not specify the exact expectations for supervision by a clinical instructor. However, clinical instructors are responsible for patient care and therefore must be available when appropriate. This standard does not address the need for "line-of-site" or "on-site" presence by a preceptor, only that the program assures that the supervision meets programmatic expectations as well as any federal or state regulations (e.g. Medicare regulations, licensure regulations, etc.). Students should be able to access clinical instructors with questions, concerns, or matters that relate to patient care activities or any other activity the student is engaged in. Clinical instructors should be reminded that they are responsible for patient care activities and thus be accessible to patients and students on a continuous basis.

STANDARD 33: RELATIONSHIP BETWEEN ACADEMIC PROGRAM AND EXTERNAL CLINICAL SITES

PROPOSED CHANGES:

1. Change title to: "Relationship between academic program and external clinical sites"
2. Change "preceptors" to "clinical instructors"
3. Expand to include description of expectations for student outcomes, responsibilities of students, expected role of preceptors, communicating between program and clinical sites, and addressing grievances.
4. Add: Programs must be able to demonstrate ongoing monitoring of the quality of clinical instruction provided by the clinical sites.

PROPOSED NEW STANDARD:

STANDARD 33: RELATIONSHIP BETWEEN ACADEMIC PROGRAM AND EXTERNAL CLINICAL SITES

The program must have a current written and mutual agreement(s) with each clinical instructor, clinical site or institution that describes the legal relationship between the program and clinical site, as well as the expected student learning outcomes, the expectations for the quality of the student experience, the responsibilities of the student, the role of the clinical instructor(s), methods of communicating between the program and site, process for evaluation of the student and preceptor and/or clinical site, and process for addressing grievances. Programs must be able to demonstrate ongoing monitoring of the quality of clinical instruction provided by the clinical sites.

PROPOSED NEW DESCRIPTION

Standard 33 states the need for a written agreement between the academic program and an individual clinical instructor(s), a clinical site or the host institution. Beyond a typical affiliation agreement, the program is expected to convey the expected outcomes for student learning, the respective roles and responsibilities of the student, preceptor and program, the process for evaluating the student, and the methods for communicating between the program and clinical site. In addition, programs should be able to demonstrate that they monitor the quality of clinical instruction that occurs within clinical sites, both internal and external.

PROPOSED NEW STANDARD

STANDARD 34: PUBLIC DISCLOSURE:

Programs must provide reliable information to the public on their performance on a regular basis, including student achievement. This communication to the public must take place during specific points in the academic year, but on an annual basis at least. It also must be clearly identified on the program's website or other publication for the public to easily see.

PROPOSED NEW DESCRIPTION

Examples of compliance with this policy are the following:

- reporting accurate information about a program's accreditation status;
- reporting accurate information about graduation rates;
- reporting accurate information about completion rates;
- reporting accurate information about pass rates on national examinations;
- reporting accurate information about competencies that demonstrate student achievement;
- reporting accurate information about how the program fulfills its mission, stated goals and objectives during an academic year

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