

Prepared for Change

Why Competency Today Is Not Necessarily Good Enough for Tomorrow and How Accreditation Can Help

By virginia ramachandran

In December 2013, with most of the country in a deep freeze, a group of audiologists were fortunate to gather in warm and sunny Tampa, Florida, to consider the topic of “Creating the Future of Hearing Healthcare: Vision 2020.” The meeting, hosted by the Ida Institute, brought together audiologists from various facets of the profession. The diverse group of attendees shared a common realization that the profession of audiology, and hearing health care in general, is in a widespread state of change.

A common theme arising from the discussions was that of “disruptive innovation” and its role in these changes. The concept of disruptive innovations was originally described by author Clayton Christenson. Briefly, the term refers to technologies and services, designed for new sets of customers, which cause disruptions in otherwise stable markets. Overtime, the concept has evolved to focus more on the markets and their reactions to technologies, rather than on the technologies per se. In the end, the disruption can have either positive or negative results for a currently existing market, depending on the reaction of that market to the change.

Each of the groups represented described changes that create both fear and opportunity. The industry representatives described advances that would allow hearing instruments to be delivered to consumers by a variety of nontraditional methods, and the challenge of making wise decisions to promote access to such amplification technologies. The academic community is

facing changes to historic methods of instruction with the advent of distance learning and the technologies that support it. It is also facing attitudinal changes from newer generations and must accomplish goals with decreased funding at both the federal and state levels. The researchers are working with cutting-edge technologies but face steep competition for resources. The clinicians are dealing with regulatory and policy changes that have resulted in the implementation of new health-care information technologies and as yet unknown financial implications of evolving health insurance coverage. On the whole, there is a focus on increasing productivity while simultaneously improving patient care and outcomes, all in an era of decreasing reimbursement for services.

As a result of these discussions, it occurred to me that innovation and a changing landscape are certainly not new to the profession of audiology. In the words of broadcasting legend Paul Harvey, “In times like these, it helps to recall that there have always been times like these.” Evoked otoacoustic



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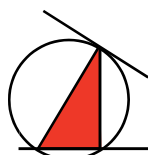
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emissions and cochlear implants were both feared as the end of the need for audiologists. It turns out that they have merely expanded our capabilities and created even greater need for our services. They have become, in fact, what are known as “sustaining innovations,” which create value for currently existing markets. Regardless of the changes, whether they be technological, service related, social, or cultural, audiologists have historically managed the challenge of transforming the innovations successfully both for their patients and themselves. It does feel, though, that the changes are coming from all directions, faster and larger than ever before.

The question that I began to ask was, “Are we preparing future audiologists to be ever more nimble and capable of adapting to a changing landscape?” This sort of preparation—the fundamental theory, knowledge, and clinical skills that can be applied to any number of future scenarios occurs during the academic training of audiologists. Postgraduate learning and credentialing, which often accompanies the advent of new technologies and services, are built on the foundation of the training that came before. The ability of future audiologists to think critically, and apply existing knowledge and skills to new innovations that will certainly

come along, must be instilled during their graduate training.

How do we ensure that our students will have access to the excellence in education that will allow them to develop the requisite

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skill sets to evolve as hearing health-care providers, graduating not only competent for today but prepared for excellence tomorrow? Individual programs will always claim to provide students with these tools, but the standards that are used to ensure performance come from accrediting bodies. The purpose of accreditation is to assure the public that students graduating from accredited programs

are competent clinicians. The accreditation process provides opportunities for programs to undergo the critical self-examination necessary for their growth.

High standards put forth by our accreditation bodies are the best means we have for ensuring that all audiology students are prepared to meet the challenges that they will encounter in the future. Programs now have options as to which accreditation standards to adopt for the field of audiology. The ACAE is the only accrediting body that is owned by the profession of audiology—the only accreditor that is focused only on the needs of audiology programs and administered only by audiologists. Who is better at understanding the current and future needs of audiologists than other audiologists?

We cannot predict the future or shield future generations from change. Nor should we wish to. We can, however, do our utmost to protect the future of our profession by maintaining academic standards that will push programs and students to excel. **A**

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