

It's Time to Rethink Clinical Education in Audiology

By Doris Gordon, Lisa L. Hunter, and James W. Hall III

Over the past 15 years since the doctor of audiology (AuD) degree was adopted nationally, it has become clear that many systemic problems with the externship model exist and need to be urgently addressed. For example, in the stakeholder survey conducted by ACAE in 2013–2014, students, faculty, and clinicians all reported large gaps between classroom and clinical training. The externship is too often inadequately supervised and lacking in quality and breadth of experiences.

A survey of 64 AuD programs, undertaken by the American Academy of Audiology (Academy) Education Committee in 2009, revealed deficits in academic training to prepare students for clinical experiences.

Faculty identified areas in which expertise was lacking for many areas of practice including cochlear implants, vestibular assessments and rehabilitation, business, tinnitus and hearing conservation, medical audiology, pharmacology and others. Many issues related to the

fourth-year externships were identified, yet the majority of faculty advised retaining the fourth-year clinical year prior to graduation.

All students of audiology need to master high levels of clinical integration and best practice during their entry-level education. Clinical education must be consistent in programs across the United States and equal in quality to its counterpart, didactic education. Now, massive changes are taking place in education, health-care models and technology, and also student tuition, that audiology must be prepared to embrace. Attempting to “catch-up” and fix the education model of the past will not work for these fundamental shifts in health-care delivery and university education.

For improvements to occur, current models should be examined with regard to future needs. A critical outcome would be to determine organized steps on how to create clear pathways for future education and training needs.

ACAE maintained from its start in 2003, that the didactic and clinical aspects of audiology education must be integrated seamlessly and consistently throughout AuD programs. The clinical aspect of education is at least 25 percent of the curriculum. It is the responsibility of the entire education community to assure that this portion of the curriculum is well-organized, designed, and implemented by the university programs partnering with clinical sites. Integrated learning should be a commitment made to students at the beginning of their educational career as well as to

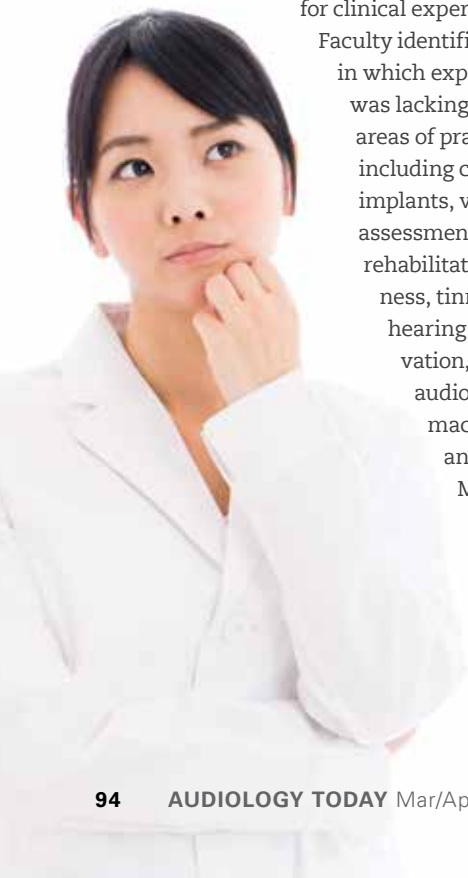
the profession, keeping the end goal in mind that competent graduates would be ready to begin professional practice across the scope of audiology.

A solution that has been incubating for the past few years is the development of a program that would review clinical sites for externships. A task force was created in 2016 to study this possibility in depth. Coordinated externship reviewing would be an opportunity to organize a national system that offers consistent clinical experiences. Although not necessarily the same, these clinical experiences would give students similar, quality exposures covering areas across the scope of practice.

This is a consistent theme running through ACAE's 2016 standards that states, “Accreditation assures communities of interest that graduates will be able to function according to the national scope of practice, as defined by the profession.” It clearly means that knowledge, skill, and ability must be thoroughly integrated into a clinical doctoral degree encompassed within the university program and its clinical affiliates.

With these ideas in mind, the task force proposed four fundamental purposes for this program as follows:

1. To review clinical sites used in clinical education for the purpose of promoting excellence in clinical externship experiences.
2. To support the need for evidence-based outcomes measures in audiology.



3. To promote training of clinical preceptors.
4. To provide an infrastructure for the application and evaluation process of clinical externs from AuD programs.

If all of these purposes were met, there would be an AuD degree that meshed the didactic and clinical aspects of education. Graduating students would be prepared to practice audiology in today's health-care environment. Simultaneously, academic programs would be in compliance with the 2016 ACAE standards stating "...programs must now demonstrate how their students have a working knowledge of all competencies as well as the ability to incorporate them into practice".


A second part of the solution is a common application process for students. Once clinical sites are reviewed, students could apply to different sites. Some of the benefits would include the efficiencies related to finding a site, the assurance that each site would have undergone a review and evaluation appropriate for training/educating students and the ability for students to keep track of their clinical education, including resume, record of clinical experiences, student essay, transcripts and recommendation forms. The realization of this organized effort would also be keenly appreciated by university program faculty, administrators and clinical preceptors.

The ability to streamline clinical education is an important step in strengthening the AuD and the profession. Stay tuned to hear about new developments in coming months. 🎧

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Erratum

In the January/February 2017 issue of *Audiology Today*, page 80, we apologize for the accidentally repeated and out of place text in the first column. The electronic version has been corrected and can be accessed online at www.audiology.org/publications-resources/audiology-today.



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