

Off to a Great Start

By Scott Griffiths

If you tell people
where to go, but not
how to get there,
you'll be amazed
at the results.

—George S. Patton



The doctor of audiology (AuD) degree was developed to support a profession with a scope of practice that had outgrown its existing educational standards. Multiple professional associations, including the American Academy of Audiology, the American Speech–Language–Hearing Association, and the Academy of Dispensing Audiologists (later renamed the Academy of Doctors of Audiology) worked to define the expanding knowledge and skills expected of competent audiologists. With a set of competencies as the desired outcome, accrediting bodies such as the Accreditation Commission for Audiology Education (ACAE) developed educational standards for AuD programs.

Our associations have come together and invested considerable effort in defining the key characteristics of the clinical immersion experience or externship that optimally will prepare students for independent practice. The most recent was in October 2016 at the Audiology Education Summit on the

clinical externship. Comparatively less attention has been devoted to the initial phases of our professional education.

ACAE seeks to promulgate best practices in audiology education through sharing the models and tools that AuD programs find effective. With particular concern for advancing the discussion of the educational experiences before the clinical immersion experience, here are examples of different clinical instruction approaches within the first year of an AuD program.

Program A is a three-year accelerated AuD program that takes advantage of online training. Incoming students complete a series of online trainings upon arrival on campus and before a one-and-a-half day “boot camp” that provides intensive practice with clinical diagnostic equipment and procedures. Students are placed in clinics one day a week where they first observe preceptors providing clinical services. Based on the mentoring clinician’s judgment, but typically in the third week of the first semester, students become

involved directly in clinical activities with patients. Also during the first three weeks, students complete audiology laboratories in which they learn diagnostic procedures and protocols.

First-year students, with more advanced AuD students, also staff a walk-in clinic scheduled for a half day every other week. This clinic provides experience in hearing aid troubleshooting, electroacoustic measures, and real-ear verification. First-year students also gain insight into clinical management decisions in monthly audiology grand rounds. A journal club provides students with guided practice in critically evaluating literature. Throughout the first year, students must demonstrate competencies verified by supervising clinicians.


Program B is a four-year program in which the first two semesters are devoted to exposing AuD students to the foundational literature and providing clinical observation and laboratory experiences. This year, Program B began using standard patients to develop and assess

mastery of the early clinical skill set. Before students can begin a clinical placement, they must pass a three-day qualifying examination covering didactic and clinical learning and practical competencies in comprehensive audiometry, hearing aid fitting, and patient counseling. The practical component addresses both demonstration of each skill and integration of the information obtained in the skill. Thus, to quote one faculty member from Program B, “The first year in the program is focused on building strong foundational skills and integrating information critical for being a successful audiologist.”

Program C is a four-year program that provides a set of weekly experiences: a full-day rotations in general clinical settings within a not-for-profit community clinic; a half-day of adult teaching clinic, where students complete comprehensive evaluations for volunteers with known

or suspected hearing loss; and a half-day of laboratory and simulation experiences. During the first six weeks of the semester, students in the general clinic transition from observation to providing diagnostic evaluations under direct supervision. By the end of the first semester, students are expected to conduct adult hearing evaluations independently.

In the second semester, students continue with clinical laboratory and simulation activities centered on hearing aids and auditory electrophysiology. The spring volunteer teaching clinic focuses on pediatric assessments, and the general clinic includes hearing aid technologies. Throughout the year, students participate in community outreach, gaining more experience with adult and pediatric testing, hearing aid troubleshooting, hearing conservation, and ear-canal management, primarily for underserved populations.

It appears that diversity in pedagogical approaches notwithstanding, all, or at least several, “roads lead to Rome.” While the approaches to the first phase of audiology education may differ, the skills mastered first are remarkably consistent among the programs. Consistently well-prepared externs ought to be one of the main goals of each AuD program. An accrediting body tells a program what it ought to achieve and then lets each program determine how it will go about meeting the standard. In this way, our profession will continue to serve our patients well. 

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	Program A (Three-Year)	Program B (Four-Year)	Program C (Four-Year)
Size of Cohort	24	12	14
Semester of First “Real” Patient	First fall week one	First summer	First fall week four
Initial Clinical Exposures	One day per week	Half to one day per week	Half day per week in volunteer hearing clinics (adult in fall and pediatric in spring)
	Half day in walk-in hearing aid clinic every other week	May have other assignments such as checking in hearing aids	One day per week in a general clinic
Grand Rounds	Monthly	None	Weekly
Earliest Skills Acquired	Comprehensive audiometry with masking	Comprehensive audiometry	Comprehensive audiometry
	Tympanometry	Tympanometry	Tympanometry and acoustic reflexes
	Hearing aid troubleshooting	Otoacoustic emissions	Otoacoustic emissions
	Real-ear and electroacoustic hearing aid measures	Hearing aid troubleshooting	
	Hearing aid orientation and purchase agreement	Patient-centered care and counseling	