

**PROCEEDINGS
OF THE EIGHTEENTH ANNUAL
CONFERENCE
ON
GRADUATE EDUCATION**

**Restructure III
Charting Our Future**

**Council of Graduate Programs
in
Communication Sciences and Disorders**

1997

**COUNCIL OF GRADUATE PROGRAMS
IN
COMMUNICATION SCIENCES AND DISORDERS**

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Restructure III: Charting Our Future

Savannah, Georgia
April 5-8, 1997

Edited by
Cheryl M. Scott, Chair, Publications Committee
Rodger Dalson
Richard McGuire
David Sorenson

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Proceedings of the Eighteenth Annual Conference on Graduate Education

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PREFACE

The Eighteenth Annual Conference on Graduate Education, sponsored by the Council of Graduate Programs in Communication Sciences and Disorders (CGPCSD) was held in Savannah, Georgia on April 5-8, 1997.

The conference continued with the theme of restructuring and change established at the two previous meetings. The 1995 conference pointed to a myriad of challenges and problems facing education programs in communication sciences and disorders. Solutions were sought at the 1996 conference by examining innovative models and stimulating creative thinking. In 1997, participants were invited to again look into the future, think creatively, and take control of the future with long range planning. Three major issues were addressed:

- The educational continuum, from associate degrees through postdoctoral training
- The future of the Council itself
- Models of clinical preparation

Whereas the format for previous conferences was several presentations on each issue followed by break-away small group discussion, the 1997 conference was configured differently. Each issue featured one longer presentation, followed by a discussion session for all participants, and concluding with the small group discussions. These proceedings contain not only the issue papers, but summaries of major points that came forward in the large and small group discussions.

Two topics -- diversity and the liberal arts in undergraduate curricula -- were featured in panel presentations. The popular workshop for chairs was held once more and designed around participant-generated topics and questions. At a time when academics seem to be under attack on several fronts, one workshop reminded participants about the many positive and unique aspects of the academic life. Update topics included presentations on accreditation standards, association governance, and the organization and purpose of the American Academy of Audiology.

The Proceedings also contain draft minutes from the Corporate Business Meeting held in conjunction with the conference. The record includes resolutions brought before the group. Participants voted to forward nine resolutions to member programs.

This publication is mailed to CGPCSD members and conference participants without charge and is a record of the conference.

The Publication Committee: Cheryl M. Scott, Chair; Richard McGuire, Rodger Dalston, David Sorenson

CONFERENCE PROGRAM

Council of Graduate Programs in
Communication Sciences and Disorders

Eighteenth Annual Conference on Graduate Education
Restructure III: Charting Our Future

April 5-8, 1997
Savannah, Georgia

Conference Program Committee
Kim Wilcox, Chair
Elaine McNiece, Assistant Chair
Rosalind Scudder, Executive Board Liaison
Mary Ambroe, Ex-Officio

Saturday, April 5

Workshops

Chairs: New and Used

Nicholas Bankson, John Ferraro

Dialogue for Diversity

Elaine McNiece, Facilitator

Joe Melcher

Maurice Mendel

H. Donell Lewis

The Glories of Being a Professor

Ray Kent

Implementing a Broad Liberal Arts Curriculum

Peter Alfonso

John M. Hanley

Jeri A. Logemann

James F. Nass

Kim A. Wilcox

Sunday, April 6

Welcome and Opening Remarks

Kim Wilcox, Conference Chair

Presidential Address

Maurice Mendel, CGPCSD President

Issue I: The Educational Continuum: A.A., B.A., M.A., Ph.D., Post-Doctoral

Fred Minifie

Large Group Discussion

Janie von Wolfseck

Small Group Discussion

Issue II: The Future of the Council of Graduate Programs in Communication Sciences and Disorders

Rosalind Scudder

Large Group Discussion

John M. Hanley

Small Group Discussion

Monday, April 7

Issue III: Models for Clinical Preparation

John Bernthal

Large Group Discussion

Wayne Secord

Small Group Discussion

Banquet and Reception

Tuesday, April 8

Updates

ASHA Ad Hoc Committee on the Governance Restructure Proposal

John Bernthal

**Council on Academic Accreditation in Audiology and
Speech-Language Pathology**

Nicholas Bankson

The American Academy of Audiology

Carol Flexor

Providing Speech-Language Services to Latino Clients

Michael Flahive

Business Meeting and Plenary Session

Maurice Mendel

Short Course: Teaching and Modeling Current Clinical Practice

Robert M. Augustine, Roberta A. Krebs, Kenneth E. Wolf

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Presidential Address

Maurice I. Mendel, Ph.D.
The University of Memphis

“He was tall, about fifty, with darkly handsome, almost sinister features: a neatly trimmed mustache, hair turning silver at the temples, and eyes so black they were like the tinted windows of a sleek limousine – he could see out, but you couldn’t see in.” John Berendt, *Midnight in the Garden of Good and Evil*.

Good morning, and welcome to the 18th Annual Conference of the Council of Graduate Programs in Communication Sciences and Disorders in Savannah, Georgia. I know that many of you, like me, feel that this ought to be a Thursday morning. However, I want to congratulate the Program Committee: Kim Wilcox, Chair; Elaine McNiece, Assistant Chair; Ro Scudder, Executive Board Liaison; and Mary Ambroe, Ex-Officio, on not only changing our usual calendar of days, but also on preparing and organizing the topics, issues, and presentations before us. They have engaged an outstanding group of speakers, discussion group leaders, presenters, and recorders for the meeting. Whether you are a long-standing member of the Council, or a first-timer this year, I believe you will find the program to be intriguing, challenging, and most importantly, relevant -- to those of us engaged in academic activities. I would like to extend a particular word of welcome to additional faculty from member programs who are with us at the meeting. Several programs have two or three representatives at this meeting.

Before I talk about Council activities of this past year, I would like to acknowledge the outstanding Executive Board with whom I have had the privilege of working: President-Elect, Rosalind Scudder; Past President, Barbara Shadden; Secretary, Ann Smit; Treasurer, Dennis Nash; Chair, Information Exchange Committee, Linda Petrosino, Chair, Professional Development and Advocacy Committee, Danielle Ripich; Chair, Publications Committee, Cheryl Scott; and Past-President during my first term on the Executive Board, John Ferraro. I also want to acknowledge my phone, fax, and e-mail partner, Mary Ambroe, with Executive Administrative Services, whose contributions go well beyond that we could reasonably expect, and to thank Morgan Downey, who is here with us at the conference, and who continues to provide excellent counsel to our organization.

I want to acknowledge a number of guests who will be with us during the conference, and apologize in advance to those whom I omit. Those present include several representatives from the ASHA Executive Board: Charlena Seymour, ASHA President; John Bernthal, Vice President for Quality of Service; Nancy Creaghead, Vice President for Professional Practices in Speech-Language Pathology; and Donna Geffner, Vice President for Academic Affairs. Representatives from the ASHA National Office include, Fred Spahr, Executive Director; Vic Gladstone, Associate Director for Audiology; Diane Paul-Brown, Director of Speech-Language Pathology; and Linda Tsantis, Director, Academic Affairs. I would particularly like to recognize the NSSLHA representative, Dawn Marie Henke. Others in attendance include Barbara Johnson, President, Council of Supervisors in Speech-Language Pathology and Audiology, and Daniel

Tullos, representing the National Association of Pre-Professional Programs. Joining us Tuesday morning will be Carol Flexer, Past-President of AAA. Special thanks to our corporate sponsors, and specifically to Dr. and Mrs. Sadanad Singh from the Singular Publishing Group, and Mr. Wayne Gressett, of the Psychological Corp.

Now, I would like to highlight activities and accomplishments of this past year. This has continued to be a year of growth for the Council. At this time last year, our membership stood at 201 programs. We currently have 209 of the 240 Graduate programs in Communication Sciences and Disorders as members of the Council. Duquesne University is the newest graduate program, and I would like to recognize it's representative, Mikael Kimmelman. I hope that in the very near future, they will be our 210th member program. This represents 87% of the graduate programs, or a 2% increase in membership since last year. Our growth contributes to the perception of increased visibility, and that this group represents our collective interests. As you look around this room, our continued growth is self-evident. This is the largest conference in our history. Here are some of the activities of the past year:

1996 Resolutions

After the 1996 conference, seven resolutions were distributed to member programs through mail ballot and were passed.

Resolution 96-1 directed the Council to establish a Working Group on Undergraduate Education. As reported at the December meeting, members have been appointed. The report of the Working Group was included in your registration packet.

Resolution 96-2 directed the Executive Board to consider revising the mission and by-laws of the organization to include a broader membership consistent with the continuum of preparation, and to consider revising the name of the organization to reflect changes in membership and mission. This issue will be explored in Ro Scudder's presentation of Issue II this afternoon.

Resolution 96-3 directed the Executive Board to urge the ASHA Legislative Council to rescind LC 10-95, changing the name of ASHA. A resolution to this effect was sent to ASHA, and as you know, the name change was defeated in November.

Resolution 96-4 dealt with the concern about the diminishing role of science in graduate curricula. As directed, correspondence was sent to the Council on Academic Accreditation of ASHA urging that standards be adopted by which accredited programs demonstrate substantial commitment to the development, integration and dissemination

of new knowledge relating to the understanding and/or management of human communication disorders.

Resolutions 96-5 and 96-6 dealt with the proposed ASHA Restructure plan. As reported, the Executive Board of the Council established itself as a Working Group to monitor and provide input to the ASHA Committee on revised governance structure. Gloria Kellum and John Bernthal

reported on the plan at our November Business Meeting, and John will be present Tuesday to provide a further update of activities since the ASHA Convention.

Resolution 96-7 directed the Council, through its HomePage, to participate in ASHA's call for nominations for the Legislative Council and Executive Board. The Nominations Committee of the Council will develop a list of nominees for open ASHA EB positions after soliciting input from the membership.

Resolution 96-8 directed the Council to establish a Working Group on Research Needs. As reported at the December meeting, members have been appointed. The report of the Working Group is available at the meeting.

Committees and Working Groups

Reports from each Working Group will be provided at appropriate points throughout this conference. The Executive Board sunsetted the Working Group on Personnel Shortages and the Working Group on the Professional Doctorate at its summer 1996 meeting, since the charge to these groups had been completed.

The Reputational Survey of Research-Doctoral Programs has not been completed. At the January Executive Board meeting, we agreed that the Council would send a letter to the 60 doctoral programs with a sample survey and the projected costs of participating in the survey. It was determined that if half or more of the programs then indicated a wish to participate, the Council would facilitate the process, which was to be budgetarily self-sufficient.

Technology Update

I would like to focus on the development of the Council HomePage for the next few moments, because I believe we have made tremendous progress in this area, and it is now developed to the point that further changes can be incorporated in a relatively brief time.

Council HomePage

As I reported at the December meeting, the HomePage (Figure 1) was registered and became operational in the Summer, 1996. As we have reported, the address is:
<http://www.cgpcsd.org>.

In September, both the Status Report and the Directory were mailed, and simultaneously, posted on the HomePage. New in the Directory this year were the addition of an Admissions

Contact person for each program, the e-mail address for the Program Director and the Admissions Contact person, and a listing of the Web Site for the program. The e-mail address or the Web Site can be linked directly from the HomePage. An interesting recent suggestion is the addition of Clinic Directors names and e-mail addresses to facilitate communication among those interested in clinical issues. An interesting feature of the Directory is the fact that the printed version is created and mailed in the Fall. This document is then static for the following year. The Directory on the HomePage can be up-dated and changed on an on-going basis throughout the year. This information can be as current as you tell us of changes. Another feature of the HomePage is the Council Forum. This feature is designed as a discussion group, and is available by subscription at no charge to any faculty members who are interested. Directions for subscribing are included at the site.

Academic Positions

More recently, in February, 1997, the facility for posting Academic Positions was added to our HomePage (Figure 2). Programs can post listings of available Faculty and Clinic Supervisory positions, Post-doctoral and Sabbatical positions, and departmental or university-wide administrative positions. In addition, individuals interested in any of these three types of positions can post under the Position Sought category. We believe this to be a valuable resource for doctoral students as they near the end of their studies and begin looking for positions. We are anxious to publicize the existence of this resource, and to encourage its use.

As you can see from the recent timeline, the HomePage is a process in development. Suggestions for additional options, or modifications in current postings, are welcome.

Interactions with Other Associations

As I reported at our December meeting, a mini Board to Board meeting with the ASHA Executive Board was held at this conference last April, continued with a meeting in Washington in July, and will continue at this meeting. Examples of on-going interactions with ASHA include the joint development of a current Guide to Graduate Education. This joint activity is proceeding with an initial posting of the Guide on both the ASHA and Council HomePages, to be followed by a print edition. This activity is to be followed by the joint development of a current Guide to Doctoral Education. Linda Tsantis, Director, Academic Affairs in the National Office is with us here at the conference. If you have ideas or suggestions, please see her during the meeting. Two members of our Executive Board, Ro Scudder and myself, served this year on the nominating committee for the Council on Academic Accreditation. Nominations for the Board will be announced in the very near future. We are also engaged in dialogue with ASHA on the appointment of a joint Task Force charged to deal with the doctoral shortages that are of such concern to us all. If you have ideas or suggestions on this issue, please see Donna Geffner, Vice President for Academic Affairs, during the meeting.

In January of this year, a mini Board to Board meeting was held with officers of the American Academy of Audiology. This represents the opening of what we hope will be an on-

going dialogue with the AAA. An outgrowth of that meeting will be the Update on AAA to be given by Carol Flexer on Tuesday.

IDEA Reauthorization

The Council of Graduate Programs continues to work closely with Morgan Downey, and the Chair of the Professional Development and Advocacy Committee, Danielle Ripich, to monitor the rapidly changing status of the reauthorization of IDEA.

The Council of the Future

As President-Elect Ro Scudder will tell us this afternoon, the future of the Council of Graduate Programs is filled with opportunities for change and growth. Albert Einstein said, “I never think of the future. It comes soon enough.” I do not believe this would be a good approach for us to adopt. I am sure that Ro’s presentation will stimulate lively discussion and, hopefully, will lead to resolutions and positive activities for the future.

In closing, I would simply like to state how much I have enjoyed being your President this year. It has been an honor and a pleasure to serve the Council in this capacity. I hope you enjoy the conference.

Issue I
The Educational Continuum: A.A., B.A., M.A., Ph.D., Postdoctoral

**Preparing Personnel for Varied Roles
in Communication Sciences and Disorders**

Fred D. Minifie, Ph.D.
University of Washington

In 1857 Flaubert said, "Human speech is like a cracked kettle on which we tape crude rhythms for bears to dance to, while we long to make music that will melt the stars." Only time will tell whether the stumbling remarks of which I feel compelled to divest myself this morning will provide a rhythm to which you can dance, or whether they will lift your thoughts to the heavens. If they do, hopefully the ideas will have a little less fuzziness than Hale Bopp. The topic of an educational continuum is so broad as to be daunting. You may be seeking answers that I do not have. However, it may be useful to raise a series of questions to help us think through the issues.

I have a certain amount of trepidation in accepting an invitation to speak before the Council of Graduate Programs in Communication Sciences and Disorders. To be sure it is always a great pleasure to be among friends, compare perspectives with colleagues who understand the demands of departmental administration, and share ideas relating to the educational preparation of persons who wish to enter the professions of speech-language pathology and audiology. When I look out across this audience I see many familiar faces of colleagues who have struggled mightily with university administrators in an effort to maintain a high standard of excellence in educational preparation in our academic discipline of communication sciences and disorders. It is important for those of us in this audience to remind ourselves the Council of Graduate Programs in Communication Sciences and Disorders is composed of those "leaders of our discipline" who have taken on the very special mantles of responsibility for educating the persons needed to assure the future of the discipline and the professions. Talks presented to this audience have the psychological duality of sharing ideas among friends and colleagues while maintaining an unyielding commitment to the highest ideals in preparing persons for service in our discipline. We bring to our deliberations the unique perspectives of those who are committed to graduate education in our discipline. Annually, we come to the meeting of the Council with great anticipation because we have come to understand the significant role played by the Council -- that issues discussed by this Council help forge the standards for the discipline and are instrumental in upgrading the quality of educational preparation in our field.

Perhaps it is appropriate at the outset of this conference to be mindful of the special role played by the Council. This is an independent organization comprised of representatives of the members of the academy from our home institutions. We are not a subsidiary organization of the professions or of the national professional organization. I want to express my unflinching support of the American Speech-Language-Hearing Association and the directions it is taking under the current leadership. But ASHA and the Council each have their own roles to play. They each

have a different mission. I like to think that this Council works independently-together with the professions and with ASHA. The prevailing spirit of cooperation with these groups is driven by common interests. Creation of this independent Council has provided a venue for the exchange of information useful in educational preparation in the discipline of Communication Sciences and Disorders. The existence of this Council underscores the importance of educational preparation programs within the discipline and within the professions. When this Council speaks with a unified voice it carries the full strength of the members of the academy who are committed to graduate preparation for this discipline and for the professions. We saw this attested last evening through the excellent list of achievements presented by Council President Maurice Mendel. I have two simple messages at this point: Do not underestimate the power that you have, and do not trivialize nor abuse that power.

This is where the trepidation part becomes a reality. I was happy to accept Kim Wilcox's kind invitation to speak to the Council because I am concerned about how our discipline will respond to the cries for an educational continuum. But I want to present the ideas in such a manner as to provide a platform for an unbiased discussion of critical issues related to this topic.

One Entry-Level Standard: The Good and the Bad

It was not very long after I accepted the invitation to speak at this meeting that I received in the mail a cheery letter from Eugene Cooper describing his forthcoming retirement and move to Florida. Gene indicated that he was not going to be in attendance at this meeting, and noted his delight at the fact that I would be speaking on this topic, that is so near and dear to Gene's heart. Perhaps no other person in the history of the Council has been a stronger advocate of the development of a continuum of educational program modules, ranging from special training for technicians to modules for clinical specialists. He has believed that "one size does not fit all" when educating practitioners for our professions. Not surprisingly, Gene included reprints of two recent talks he presented on the topic (a blatant attempt to massage my thinking prior to this meeting). Now, you must understand something of the history of my interaction with Gene Cooper. In more than 20 years of delightful and sometimes hilarious interactions, Gene and I seldom agreed on matters of great pith and moment. We have often laughed that we agree with each other's perspective 100 percent -- about 20 percent of the time. We both understand that "when two people always agree, one of them isn't thinking." We have maintained a profound respect for the other person's opinion. So it was with this sense of respect, that I read with interest a copy of a talk he presented at Nova Southeastern University in December of 1995. I loved it -- it was reasonably factual, thought provoking, but best of all, some parts of it really infuriated me!

In his paper, Gene accurately traced the chronology of the development of the American Speech Language Hearing Association and its establishment and maintenance of professional standards programs. Two of the themes discussed in that paper may help us establish an agenda for our discussions on the pros and cons of educational continua. First, he believes that the predominant, *de facto*, standards for professional practice are not set by a national association, but rather by significant players in the marketplace (State Departments of Education, HMOs, health insurance companies, etc.). Second, he argues that our educational institutions should

establish a continuum of educational program modules that would allow us to prepare persons for varied clinical roles as assistants, speech aides, master's level speech-language pathologists, audiologists, doctoral level practitioners and specialists. He believes that it is unrealistic to continue to train persons only as masters-level practitioners. Furthermore, he believes that we need to be responsive to the demands of the marketplace, so that the qualifications of our students match the requirements established by the major employers of our students. Should we?

Perhaps this is an appropriate juncture to ask what we are trying to accomplish in our educational preparation programs. Why are we here? Maybe we should ask what the major forces are that have colored the nature of our educational missions, individually and collectively. Should we be preparing students for more than one level of clinical practice? In his historical review, Cooper saw the establishment of the CCCs as a national standard for clinical practice, as the defining moment in the history of the Association -- a moment that placed our standards programs at odds with the demands of the marketplace. Three fourths of the speech-language pathologists in the 1960s worked within the public schools where the vast majority of state departments of education maintained bachelor's degree entry standards for our practitioners. Thus, he argued, the "real" standards were being established by the marketplace, not by the professional association.

Begrudgingly, I thought, Dr. Cooper acknowledged the success of ASHA's efforts to establish the certificates of clinical competence as the acceptable national standard for practice in SLP and audiology. ASHA's success in getting the CCCs included in governmental regulations and governmental publications was a giant step forward in the development of uniform standards for the practice of the professions. The paradoxical result of that success is worthy of note. The implementation of national regulations for the practice of speech-language pathology and audiology, and the subsequent influences of licensure, federal legislative mandates, and qualified provider stipulations, have left many school systems unable to comply with national standards due to the exigencies attendant to the under-funding of education. The practical reality has been that many school systems, driven by economic hardship, have creatively subverted the intent of the "qualified provider" legislation, by hiring less qualified providers of services traditionally assumed by SLPs. For example, they have hired speech aides and teacher's assistants. Many school systems have believed that such decisions have been their only recourse, given their budgetary constraints. Many of the aides had limited education and limited experience in our discipline. Do any of you in this room believe that the quality of services provided by those speech aides and teacher's assistants are comparable in quality to services that could be provided by fully certified SLPs? How frequently do you think the aides are restricted to tasks for which they are fully qualified? How often do you think they are supervised?

But "wait a minute" you say, those departments of education established practices that are at variance with national law. That is obviously true, but it is significant that many state departments of education feel that they are empowered to decide what qualifications are necessary for their employees. Perhaps you were attracted as was I to the article published in the March 11, 1997 issue of the ASHA Leader, describing the action taken by the North Carolina Supreme Court affirming the authority of the North Carolina Board of Examiners for Speech and Language Pathologists and Audiologists to set the professional standards for SLPs in the schools. That

Supreme Court decision upholds a North Carolina Court of Appeals ruling that the department of instruction and board of education do not have the power to determine personnel standards for school-based SLPs. (Dr. Cooper, there is a new day dawning.) We may be on the verge of seeing significant strides taken in implementing the nationally mandated qualified provider status in the hiring of master's-level SLPs within the public school systems of this country.

Sunset laws have brought similarly exasperating experiences to licensing boards. The practice of major health care providers to hire certified SLPs and audiologists and then assign to them assistants and aides who have been hired to handle much of the caseload, circumvents the intent of national standards for professional practice. Decisions such as these, borne from economic considerations, rather than from concerns about the quality of patient care, raise important issues about the strength of our national standards programs.

I think that one of Gene Cooper's concerns has been that our reliance upon the assumption of a single national standard for practice in the professions of speech-language pathology and audiology, the CCCs, has so driven our educational programs that we have only attempted to educate students for one level of professional practice -- that being the level of education provided in our master's degree programs. His belief is that the realities of the marketplace are such that there are opportunities for different levels of practice, that require different types of educational preparation, and that our educational preparation programs should be responsive to those needs. Furthermore, he believes that the national association's standards programs should be structured in such a manner that they can support a continuum of educational training missions that are designed to prepare practitioners for varied levels of clinical practice. While I support the concept of broadening of our training missions (if Cooper was in attendance at this meeting, he would be jumping up on down and waiving his arms at this point), I take a different perspective about broadening of our training missions. One point of departure that I have with the argument presented by Cooper is that he places so much emphasis on the setting of standards by the marketplace, or the community. He supports the notion that the continuum of educational missions should accommodate the needs articulated by the community. Our national standard resulted from deep-seated convictions about the educational preparation and clinical experience needed to provide services to persons with communication disorders. They were driven by a concern for the patient. I am bothered that his proposal for an educational continuum does not appear to reflect these concerns of the patient. Nor is the proposal designed on the basis of critical input by training program faculty regarding what they believe to be the essential educational experiences needed for different types of clinical practice. That is, the educational continuum appears to be dictated by the demands of the marketplace, rather than a continuum developed through careful forethought by training program faculty. It is a scary thought to me, to assume that our training programs should develop new educational modules every time a group of HMO directors, or superintendents education, come up with a new cost savings measure that will allow them to provide clinical services to communicatively disordered populations, with less expensive personnel. I think it should be the other way around. As educational preparation programs, we should design a continuum of educational programs that reflect the standards of preparation we believe necessary for different levels of clinical practice. It is time for the members of the academy to reassert their strength in determining appropriate educational standards for our discipline and for the professions for which we prepare students. We cannot

continue to bend passively in the winds of change coming from the marketplace or those from the national professional association.

David Prins reflected on the impact of the professional association's certification programs on the discipline of Communication Sciences and Disorders in a talk entitled "The Discipline - Whence, Whither, and Whether" presented at the 1996 ASHA Convention in Seattle (Prins, 1996).

The extraordinary efforts of the Association in recent years to market the profession...in the face of virtually no effort to market the discipline...giving evidence that we have lost sight of the fundamentals... the necessary academic foundation. Over the years, chiefly as a consequence of clinical certification requirements, the profession has come to define the academic discipline, when it should be the other way around. Now it is crucial for the survival of the discipline to correct this anomaly and redefine, by and within academia, speech and hearing science as a field of study.

It is essential that we, the directors of graduate programs in Communication Sciences and Disorders, take a proactive role in the development of educational standards for the discipline, and in defining the number and types of educational modules that should be included in our training programs.

Educational Programs: The Present and the Future

I may be getting a little off task by focusing so much on a continuum of educational modules for preparation of personnel for clinical practice. Lets look at the topic that I was asked to address. The abstract for this talk reads as follows:

Many would argue that we presently have too many undergraduate students, too many M.A. applicants, too few doctoral applicants, and virtually no postdocs. Most students see their undergraduate preparation as an entry to a clinical graduate program, with little or no interest in other options. The potential addition of junior college curricula for speech-language pathology and audiology assistants in the next few years will likely exacerbate this problem with even more students looking for a predefined employment option upon completion of their degree, whether A.A. or B.A. This is an important time for us to review our responsibilities for academic and professional preparation and to begin shaping the future of education in communication arts and sciences.

To my lights that abstract hits a lot of hot buttons for those of us who have labored to develop educational programs in Communication Sciences and Disorders. It should cause us to ask some questions about our educational programs. Why does our department exist? Are we meeting our responsibility within the scope of the mission of our college or university? What is the nature of our professional education and training program? What should it be? Are we appropriately educating students for the realities of employment? Should we offer educational programs designed to train teacher's assistants and speech aides? If so, what should be included

within the scope of such programs? Should we continue to educate students for master's level entry into the professions of speech-language pathology and audiology? Should our academic programs be designed to educate personnel for different levels of professional practice? Do we believe that persons preparing for certain areas of practice, like medical speech-language pathology and medical audiology, should be educated to a point where the granting of a clinical doctorate is justified? Should my university be offering specialized clinical education for persons wishing specialty credentials? Who should determine what types of clinical educational programs we should offer at our university? The marketplace? The national professional association? Federal or state law? Our program's faculty? The Council of Graduate Programs in Communication Sciences and Disorders? Should we be focused solely on clinical education? What other options should we be addressing in our educational programs? Should we be educating the large numbers of undergraduates that are showing up on our doorsteps? This question is particularly important, since we are aware that many of these students will not gain admission into clinical training programs at the master's level? Are we producing enough doctoral students? Enough researchers? What role should post-doctoral education play in our discipline?

Obviously, we do not have sufficient time to address each of these questions during our meeting in Savannah, but perhaps it would be helpful to focus on a few of them. For many years we have discussed and debated the credentials needed for clinical practice in speech language pathology and audiology. Is it fair to say that, across all of our educational programs, we have strong agreement on the necessity of requiring at least a master's level of educational preparation for clinical practice in our professions? That fundamental posture has virtually defined the nature of undergraduate education within the discipline. It has caused many undergraduate education programs to emphasize course work on the basic and applied sciences underlying the study of communication disorders. This has been true of many baccalaureate-only degree programs as well as those undergraduate programs found in universities with graduate programs in our discipline. These undergraduate programs often define themselves as "feeder" programs that prepare students for entry into graduate programs (either within their institution or at other institutions) where they will complete a professional preparation sequence that will qualify them for clinical certification.

Should we view undergraduate education in our discipline only as preprofessional education? The wonderful workshop on undergraduate education presented last evening advocated for a broad education in the liberalizing arts and sciences. I want to join the chorus supporting the perspectives elegantly articulated by Irving Hochberg, in the talk he presented to this Council at last year's meeting in San Diego. His talk was entitled, "Building a strong foundation in communication sciences and disorders."

If the undergraduate curriculum is conceived as a field of study unconstrained by any precursive relation to graduate professional education, its curriculum may be determined to reflect its own educational mission. (Hochberg, 1996, p. 49)

First and foremost, undergraduate curricula in communication sciences and disorders should be deprofessionalized. The study of the discipline should be freed from any clinical

tracking continuum that influences its educational objectives, determines the nature of its coursework or prescribes its intellectual activities. The body of theory and research that informs the discipline should constitute a course of study that may be pursued for its own sake irrespective of whether one wishes to continue in communication sciences and disorders or any other discipline. (Hochberg, 1996, p. 49)

Disengaging the study of communication sciences and disorders from its coupling to professional education allows the reshaping of undergraduate study of the discipline into an intellectual climate in which educational objectives are self-determined, scholarship reigns supreme and academic achievement is its own reward. (Hochberg, 1996, p. 49)

Now, here is a completely different perspective. Should speech aides be trained in bachelors degree programs? Would the nature of the undergraduate education programs in our discipline change if they were conceived as vehicles for the preparation of individuals for employment as clinical aides, or as teacher's or clinical assistants? Can we provide sufficient education in an undergraduate program that will enable the graduates to work effectively as clinical assistants? What is the appropriate array of educational experiences needed to prepare students for employment as clinical aides and assistants? Is there a viable market for such individuals?

What should be the nature of our undergraduate curricular programs? Should they be aprofessional, preprofessional, professional, or should we allow program modules of each type to flourish so students will have a choice of directions?

Since I assume that master's level educational programs in our discipline are primarily used to educate persons for clinical practice, I do not see the necessity of provoking yet another review of such programs. Perhaps it is sufficient to ask the question, are we satisfied with traditional master's level preparation for practice in speech-language pathology and audiology? Is it possible to identify several different training modules at the master's level? If so, what are they? How do they differ from the traditional model of training in this field?

This would be an appropriate juncture to raise issues about specialty training for specialty credentials, and for the development of clinical training programs at the doctoral level. How can a graduate training program decide whether it has sufficient instructional personnel and whether it has access to a sufficiently large patient population to justify offering a specialized clinical education and training module? Perhaps the members of this council ought to discuss what they consider to be the essential ingredients for specialized clinical education. Guidelines developed by this Council and/or by ASHA's Council on Academic Accreditation should be very helpful to university programs contemplating the development of such programs. Lets not do as the inventor of an engine did. He said, "lets start her up and see why she don't work." From the point of view of an academic program, what do you think should be required before a training program should be allowed to develop a specialized clinical training mission that would qualify practitioners for specialty credentials?

In this light, perhaps it is time for this council to address seriously the problems associated

with the AuD. For a variety of reasons, the Legislative Council of ASHA was goaded into premature action when it approved the AuD as the preferred degree for the clinical practice of audiology. I am deeply troubled by the consequences of that action. We put the cart way in front of the horse. I am particularly troubled by the earned entitlement program and the "granting of AuD degrees" by the Audiology Foundation of America. Their honorary "degrees" are fraudulent and are making a sham out of the integrity of doctoral education in our field. As members of the academy who have responsibility for leadership in our discipline, it is time to show a little backbone and repudiate the fraudulent practices of those who would undermine the integrity of our academic mission. We are the guardians of the integrity of our academy. Therefore, I recommend that the Council of Graduate Programs in Communication Sciences and Disorders issue a statement articulating its position with regard to the qualifications for bona fide doctoral degrees offered in our discipline. My colleagues, if we do not act, I fear we are in jeopardy of becoming the laughing stock of the professional academy. How can any academic discipline, be it scientific or professional, take our practitioners seriously if they know that they can be granted fraudulent degrees, awarded by misguided colleagues who are pandering to the lowest level of human greed?

Now, before you prepare the slings and arrows for use during the discussion, let me indicate that I have no quarrel with those institutions that have attempted to develop appropriate doctoral-level clinical education programs to prepare persons for entry into clinical practice in audiology. I have no trouble with such programs offering an AuD degree. If we believe that doctoral level entry for clinical practice is needed in audiology, then we should develop training modules to meet that need. My personal belief is that the degree title is problematic. Many universities will continue to rely on conventional degree titles. It matters not to me whether we list the degree as AuD or Ph.D. There two things that we should question: (1) Is it a *bona fide* degree offered through a graduate school in an accredited university, and (2) Is there an appropriate program of study leading to the development of the clinical credentials needed for the practice of audiology?

I believe this Council should recommend that the Legislative Council rescind it's previous resolution, until such time that a sufficient number of doctoral-level audiologists are being educated to merit such a position by the national professional association. The reason for such a recommendation is our awareness of the small number of educational institutions offering such degrees, the small number of doctoral students enrolled in such programs, and the length of time required to create and implement a sufficient number of AuD training programs to meet the needs.

Now lets talk about doctoral and postdoctoral education, another issue about which I get exercised. As mentioned by Ray Kent in his workshop last evening, the numbers of doctoral students enrolled in our graduate programs has been diminishing for several decades. It is also true that we have been losing many basic scientists from the membership roles of ASHA. Should we be concerned about those patterns? You bet we should!

We have developed what can only be described as a crisis in our discipline. We may have already lost the critical numbers of doctoral level faculty needed for the replenishment of the professoriate in our discipline. If so, the future of the discipline is imperiled. We simply will not be able to educate the numbers of new practitioners needed to meet the rising demand for

services. Or, we may have to water down the quality of our educational programs.

We may also have lost the scientific critical mass needed to assure control of the knowledge base for our discipline. Some of you may feel that there is no need to worry, that the research will get done -- if not by us, then by some related discipline. I want to share with you the thoughts of some of your colleagues on this topic. In the same paper cited above, Eugene Cooper (1995) had this to say:

I am not here to decry the 'erosion' of our discipline's research base through the lack of emphasis on research in our practitioner educational programs. I do not think there is an erosion in our research base. There is, in my view, a virtual explosion rather than an erosion in the amount of research being done that is relevant to our discipline. Most of it just is not being done by us. I think it is past time that we should be beating our breasts over the cries of alarm from a few elitists among our colleagues who would force our practitioner educational programs in making the production of basic research a primary goal rather than the education of practitioners. They mistakenly interpret our educational programs' focusing on practitioner education rather than research as a sign of decay. I think not. Rather, I applaud our efforts at educating practitioners to be discriminating consumers of the applied and basic research being done by the increasing number of cross-disciplinary investigators in research centers throughout the country. The research skills needed by our practitioners are related primarily to providing treatment efficacy data. Thus, while I am sympathetic to the continuing need to educate researchers in our discipline, my focus...is on educating practitioners for tomorrow.

An alternative perspective was presented by Robert L. Ringel, in his paper "Science in its Proper Place," presented at 1996 ASHA Convention in Seattle (Ringel, 1996).

For our professional fields of study, the development and support of persons who engage everyday in the challenge of creating new insights is simply the 'sine qua non' of our existence. We cannot delegate to others the responsibility for answering questions which are unique and critical to understanding normal and disordered communication. As a relatively young discipline the respect we have gained from the larger scientific community is remarkable. We have earned this high status because we have taken seriously the obligation to be a primary source of new knowledge. We cannot allow ourselves to become petitioners for the research favors of others. We have understood from the very beginning that the ability to control our own research agenda, the willingness to prepare our own fields' future scientists along with accepting the commitment to document and disseminate our findings through our own prestigious journals is essential if we are to be worthy of a place among the other fields of science. Is this important? You bet it is!

It should not be lost on us that Bob's perspective comes from several years of service in university administration at Purdue University, where he presently serves as Vice President for Academic Affairs and Provost.

Our colleague David Prins, a former Associate Dean of Sciences at the University

Washington, said it this way in his paper "The Discipline - Whence, Whither, and Whether" presented at last year's ASHA convention (Prins, 1996).

The question is not whether science [in communication sciences and disorders] is being done...it clearly is...for example in the disciplines of psychology, psycholinguistics, cognitive and neuroscience, and computer science, to name a few. The question is, rather, whether our discipline is a principal player in the game.

You may well ask, 'If the science is being done by other disciplines, why should we be concerned if we are becoming only peripheral players, less identified with core questions, and less involved in the mainstream of this work?' It is a good question and I will try briefly to answer it.

If we are not somehow fundamental to the knowledge base of speech and hearing science, if we lack what I will call 'centrality,' to the field of study, I believe there will be two unfortunate outcomes:

- The future of our discipline at research universities will be threatened...particularly as we enter the era of academic institution downsizing.
- The foundation for, and the quality of, the clinical enterprise will deteriorate. Clinical education and clinical research will become more and more isolated from (and thus less and less relevant to) the processes, normal and abnormal, that govern human behavior, and more specifically, speech and hearing.

What I glean from these important statements is that our discipline is in trouble. Most other scientific disciplines that were studied by Ringel and Prins, and discussed in their thoughtful papers, have an overabundance of persons being educated at the doctoral level. Why is there a doctoral glut in most other disciplines and we are not educating a sufficient number of doctoral students to replenish the professoriate in our discipline? It is time for serious reappraisal of those portions of the educational continuum that deal with doctoral and postdoctoral education. The Council should be alarmed by this trend and seek immediate remedial solutions. We must engage in extraordinary efforts to enlarge those portions of our educational continuum that educate scholars for academic and research careers. We cannot continue to throw most of our resources toward the education of master's level practitioners while we gradually die as a discipline. It is time to strengthen doctoral education programs, to recruit faculty capable of providing doctoral level education, to serve as mentors and preceptors for the research activities of predoctoral and postdoctoral fellows.

I suggest that the Professional Development and Advocacy Committee of this Council seek audience with James Snow and NIDCD and with the directors of other National Institutes of Health, the U.S. Department of Education, NSF, etc. to explore the development of training mechanisms designed to increase the numbers and quality of doctoral and postdoctoral trainees entering the discipline of Communication Sciences and Disorders. Beyond that, we must take extraordinary steps within our own institutions to develop these program missions. May I ask,

how many of the institutions represented in this room have applied for and received Institutional National Research Service Awards to train predoctoral and postdoctoral research fellows in the Speech and Hearing Sciences? Herein may lie the problem. We have to take the initiative if we want to accomplish our task. Nothing comes easily.

I trust that the bellicose nature of my remarks will have angered some of you. If so, I will have accomplished my task. The problem of deciding how we are going to deal with the educational continuum in our respective programs is very important to the future of the discipline and of the Council.

I have beat upon my cracked kettle for the time allowed. I do not know whether you have felt like dancing with the bears. I am confident that my message did not have the lilt needed to melt the stars. I have challenged you to think seriously about the educational continuum in our discipline. But more importantly, I hope that I have inflamed your passion for our discipline and have moved you to action. Thank you for your kindness.

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Issue I: Summary, Large Group Discussion

Janie von Wolfseck, Ph.D.
Fontbonne College

The following is a summary of the comments expressed by respondents to Issue I on the educational continuum. Comments focused on three topics.

1. Broadening the undergraduate education experience to promote continuation through the doctoral level.

There was support for the intertwining of our profession with the discipline. We need a research component in our educational programs to enhance the tie of the profession to the discipline, so that students/clinicians have the ability to analyze, consume research and conduct treatment efficacy studies. We need to generate research interest and experiences at the undergraduate level. Students can be interested in conducting research if they are introduced to it early, have a mentor, and/or are encouraged to present at a state or national conference. Financial support for student research projects is available through the ASHA Foundation. The NSSLHA journal would be a good vehicle for encouraging research interest if faculty publish in this journal.

2. Recognizing economic and other influences that mitigate against promoting doctoral education.

There is an apparent disparity between a student's ideal goal and the reality of his/her employment potential. Salaries were cited as a factor in discouraging students from entering a "pure" research based doctoral program. Salary discrepancies make academic employment less than appealing. Furthermore, students from underserved populations may become discouraged from entering the field if lengthy and costly educational demands for practice (i.e., entry level doctoral degrees) are expected. Students no longer aspire to be college professors, particularly since the lifestyle, tenure struggles, post-tenure review, and salaries make this career choice less desirable.

University administrators and the Department of Education see undergraduate programs as providing the support for costly M.A. level programs. Often there is competition between M.A. level and doctoral level programs for financial support. Therefore, it is difficult to start new doctoral level programs.

Some respondents stated that the issue is not starting up new doctoral level programs, but rather addressing these concerns within the current programs. The burden rests upon us. We need to figure out how to support what we are doing with educational programs within the realities of the current times.

3. Suggestions for promoting the science and research base of the discipline.

The Council's Professional Development Committee is exploring funding for doctoral education through federal agencies (e.g., the National Institutes of Health). There is a need to go beyond our traditional scope of research to encompass other disciplines (i.e., biology, molecular biology, and physics) in our doctoral education and in our efforts to obtain external funding. We need to develop science courses that will attract students from other disciplines so that we may recruit them into the field. Involvement in student science fairs may help promote and recruit interested and scientifically inclined students.

We need to develop bonds between the researcher and clinician so that a "clinician-researcher" model can be created. We need to generate mentoring relationships between academic researchers and clinicians (student clinicians). In developing new models or initiatives, we must be cognizant of the realities of our present times.

Issue I: Summary, Small Group Discussion

Barbara Johnson, Ph.D.
Pan American University

The following is a list of topics that were common to several of the small discussion groups.

1. Speech-Language Assistants

Differences between the associate and bachelor's degrees were discussed.

The training of technicians versus clinicians was discussed. There is a need for vocational versus clinical experiences. A job-related curriculum is different.

Several different views on appropriate institutions for training technicians surfaced:

- Junior colleges could be the best option because the separation between the two types of programs is clear. The M.A. level professional could be involved in teaching. We may be able to target those whose career choice is the SLP assistant level. This may reduce the strain on our programs.
- Existing programs may be the best option for the training of SLP assistants due to the quality of the faculty and the educational experience of these programs.

Concerns related to SLP assistant training included:

- Practicum for training will drain already scarce resources.
- Technicians will be training technicians.
- Quality of care

There was discussion of state models for educational standards and licensure laws related to SLP assistants.

Educational programming is needed for M.A. level students and current SLPs in supervisory roles.

Similarities in the role of SLP assistants to assistants in occupational therapy and physical therapy careers and training were discussed.

2. Undergraduate education

Funding is needed for experimental programs.

There is a need to examine models for undergraduate education in CSD.

3. Graduate admissions

There were requests that programs publish the criteria used for selection such as the weight given to various factors including GPA, GRE, references, etc.

There was concern that competitiveness of graduate admission has led or may lead to inflated undergraduate grade point averages.

There is a perceived discrepancy between grades and actual potential for clinical skills and interpersonal communication.

4. M.A. level education

There is a need for academic preparation and practicum in service delivery models other than the traditional one-on-one model.

SLP requirements may become more realistic as audiology requirements do.

There is concern regarding reliance on volunteer supervision of practica. We need to identify potential rewards that can be provided to volunteer supervisors.

5. Upgrading bachelor's level service providers (clinicians) to M.A. level

Topics included:

- Distance learning pros and cons
- Acquisition of supervised clinical clock hours
- Quality of supervised practicum experience

6. AuD degree

A resolution was generated opposing the AuD as the entry level into the profession with a call for maintaining the master's degree as the entry level.

Not all audiologists want the AuD as the entry level; rather, a few individuals have been very vocal and proactive.

There was concern that AuD has not been proven the most effective means of ensuring quality service delivery to the consumer.

A resolution was generated condemning earned entitlement. The Council should be

proactive in communicating this condemnation of earned entitlement to state licensure boards and the AFS.

If the AuD is required, existing programs would have many problems.

ASHA should enact standards with educational programs defining the training.

7. Doctoral programs

Program issues include:

- Lack of support for research and for new and existing Ph.D. programs
- Difficulties junior faculty face getting research programs established
- Possible cooperative programs and distance learning
- Partnerships between M.A. level and doctoral level programs

Student recruitment suggestions:

- Inform undergraduate students of graduate programs and shortage of doctoral graduates.
- Mentor undergraduate and graduate students toward doctoral preparation.
- Address shortage by getting students interested in research early.
- Encourage students to go directly to a doctoral program following their M.A.; include the Clinical Fellowship in the doctoral experience.
- Students may be enticed to academia if faculty are more vocal about the rewards of teaching and scholarly work as members of the academy.

Other issues related to doctoral programs included:

- There is a need to study the impact of issues on enrollment -- residency requirements, distance learning, accessibility.
- Some SLPs and audiologists pursue doctoral study in other areas that they consider more practical (e.g., educational administration, special education).
- The professorate lacks recognition and is prone to misperceptions by legislators, administrators, and the public in general.

8. Research

There is a need to emphasize research in the discipline.

We should promote our own research.

9. Employment in the professions

The market must be considered in program planning.

Employer concerns can best be addressed by placing a greater emphasis on critical thinking skills, clinical decision making, and writing skills.

Personnel shortages appear to be limited to the public schools.

SLPs may be replaced by assistants in schools and in HMOs.

10. Public information

Articulate roles of SLPs and audiologists.

Demonstrate manpower needs.

Illustrate economic and salary requirements.

Issue II

The Future of the Council of Graduate Programs in Communication Sciences and Disorders

Rosalind R. Scudder, Ph.D.
Wichita State University

When I volunteered to present this issue last summer it seemed like a swell idea. As the seasons changed and cold weather set in, I felt a chill that was more than Kansas weather-induced. What had I volunteered to do? I'm not a futurist; in fact I kind of like things as they are. Furthermore, what could I offer as a crystal-ball view? More importantly, what could I present that would provoke vigorous discussion? After lengthy reflection (procrastination, some would say) I decided I could present a more complete picture of the future of the Council if I began with its past and a review of our present before proceeding to the future. I think we will find some interesting information in that journey. With apologies to Charles Dickens, let us visit....

The Ghost of Council Past

With awareness that there are those of you in the audience who have lived this history, I will begin with the first recorded history I could find: the Proceedings of the First Annual Conference of the National Council of Graduate Programs in Speech and Language Pathology and Audiology. It was held May 1-3, 1980, in St. Louis, MO. The conference was attended by representatives of 68 of the Council's 107 member institutions. The Proceedings were sent to the directors of all 231 graduate programs in the United States. The officers at that time were: Parley Newman, President; Don Counihan, President-Elect; James Nation, Secretary-Treasurer; and Eugene Cooper, Past-President. Bruce Pierce was Chair of the Information Exchange Committee; John O'Neill, Chair of the Professional Advocacy Committee; and Janis Costello, Chair of the Professional Development Committee. John Saxman was Chair of the Conference Planning Committee, with George Newberry serving as Chair of the Local Arrangements Committee.

The conference program looked familiar. There were three issues presented, break out group discussions of the issues, a banquet, and a plenary session. The conference issues were: Program Management and Perspectives presented by Joel Stark; Professional Organizations and Standards by Jerome Alpiner, and Governmental Regulations and Funding by Don Counihan.

Much work had transpired before this culmination in a first conference. According to Gene Cooper's introduction to the 1980 Proceedings, in 1971 the Council of Regional Representatives of Graduate Programs in Speech-Language Pathology and Audiology was formed by program directors with the assistance of individuals from the ASHA National Office. Meeting in 1972, this group elected Charlotte G. Wells as Council Chairperson. Cooper (1980,

Introduction) noted that:

In 1973 it was recommended that the Council be broadened in scope and open its membership to all graduate institutions; and consequently, the Council of Directors of Graduate Programs was formed in 1974 in Las Vegas at a meeting of graduate program directors from throughout the nation. Charlotte Wells was again elected chairperson, and a steering committee composed of Kenneth L. Perrin, Bruce R. Pierce, and Wayne L. Thurman was formed.

The constitution was developed by a second steering committee and adopted at the 1977 annual meeting in Chicago. At that meeting the existing steering committee was charged with selecting a slate of candidates for Council offices and with conducting a nationwide mail ballot of program directors as identified through ASHA records. In addition, the elected officers were charged with establishing an ad hoc advisory board to assist in the initial development of what was then the "National Council of Graduate Programs in Speech and Language Pathology and Audiology". The mail balloting was completed in March 1978, and Eugene B. Cooper was elected President; Parley Newman, President-Elect; and Keith Graham, Secretary-Treasurer. John O'Neill and Joel Stark served with the elected officers as members of the ad hoc advisory board which completed the Council's first Executive Board with the appointments of Bruce Pierce, Tom Giolas, and John Saxman as chairmen of the Council's three standing committees.

Parley Newman delivered a Keynote Address at that first conference in which he shared his enthusiasm and optimism that the conference would be stimulating and that all would leave with a higher sense of common purpose and with broader, deeper, and richer perspectives. He stated that one reason for his excited optimism was the creation of the Council as a mechanism whereby all could work together to make a major contribution to the direction of the discipline. He stated an oft-repeated phrase of many of us today when he said, "After all, college and university programs are the well-springs of the profession. We prepare and provide its members. With few exceptions, our faculties contain the highest concentrations of talent, and they are the major contributors to research and publications. The formation of this Council could prove to be the most significant organizational development in the profession since the founding of ASHA " (Newman, 1980).

Other information I gleaned from reading the proceedings included annual dues of \$200 and a proposed budget for 1981-82 of almost \$33,000 in revenue with projected expenses of \$29,350. The largest budget item was \$4,463.00 for the Task Force on Accreditation. A few of the resolutions from that first conference included: (a) RESOLVED, that, in addition to its other concerns, the promotion of research and the advancement of knowledge in the profession become an integral part of the mission of the Council; (b) RESOLVED, that the Council form a committee to study the requirements as defined in the current ETB accreditation process and the procedures governing the interaction of the training program with ETB; and (c) RESOLVED, that the Council Executive Board continue to pursue optimum means for interfacing with Federal funding agencies. These three resolutions passed unanimously.

Other conference proceedings provided interesting reading and revealing glimpses into the

Council's past. During the second annual conference Thomas Johnson summarized issues and concerns raised in the discussions following a presentation by Hal Luper on program management. One of the five major headings was research issues, and Johnson reported the following recommendation: "That the Executive Board constitute a Committee on Research, the purpose of which will be to study the role of research in the training of doctoral, master's, and undergraduate students and in the daily activities of speech-language pathology and audiology faculty. Eventually, this committee could suggest recommendations for the improvement of research education within our academic programs" (Johnson, 1981).

S. Richard Silverman was the conference banquet speaker at the third annual conference. In a forward to the Proceedings, Bruce Pierce wrote that Dr. Silverman noted "that the present emphasis upon managerial approaches to education and cost-effectiveness has subtracted from our scholarly and collegial concerns for the educational needs of students. The larger educational and even economic benefits of these approaches are open to question" (Pierce, 1982).

During the fourth annual conference in 1983, representatives of MA Programs and PhD programs presented a summary of informal discussions by the two groups. They noted that "scientists were pulling away from ASHA" (Danhauer, 1983).

Lest you are beginning to fear I am going to cover each conference proceeding to the present, I will stop the reminiscing now; but it is rather fascinating that the issues change yet they remain the same. I recommend that if they are available to you, take some time to read back through the Council's history as recorded in the proceedings of the annual conferences. It is a rewarding journey.

Who Are We Today?

A review of the present Council Mission Statement (adopted in 1993) reveals an organization "committed to enhancing the quality of all aspects of graduate education in communication sciences and disorders" (Council of Graduate Programs in Communication Sciences and Disorders, 1996). The organization represents administrators and faculties of master's doctoral, and post-doctoral programs in audiology, speech-language pathology, and speech-language and/or hearing sciences. The purposes of the Council include "advancing the goals and effectiveness of graduate education programs, including the promotion of research and the definition of educational standards; facilitating the exchange of scholarly and professional information; and fostering initiatives to enhance the preparation of students in ways that are congruous with public needs."

Many would agree that the Council has fulfilled Parley Newman's dream articulated in 1979 and the Council is presently a mechanism whereby all work together to make a major contribution to the direction of the discipline and professions. A list of Council accomplishments is long. Highlights of recent years include the direction we have provided to ASHA and our effectiveness in changing accreditation. The CAA Board has a wider representation of persons in academe thanks to Council efforts. The PDA Committee has led members on effective visits to

Washington, not only on the hill, but with the Department of Education and the National Institutes for Health, NIDCD. Regular Status Reports and the Council's web site keep members more informed than ever before. There is an increased respect for the Council's work by ASHA, AAA, and other groups. Our annual conference continues to provide a meeting forum for ideas, issues, discussions, and networking.

Are there some areas of discontent? I believe so, but I also think they are concerns that we can solve. We have talked in meetings about opening our membership to represent the continuum of education from undergraduate through post-doctoral. Members have questioned the composition of the executive board and have likened it to "a good old boys club" (or lately, a good old girls club)! At times, some members have felt disenfranchised or that the issues discussed at Council meetings did not pertain to the problems they were facing back home. One respondent mentioned that it is her impression that we all spend a lot of time "turf protecting" and may not enter into regular dialogue with some members. You can add to this list. The time is right for a discussion of the future of the Council.

The Future of the Council

Because my crystal ball works less than perfectly, and because I did not feel adequate to discuss the Council's future without some collaboration with wiser minds, I sent a questionnaire to several Council members and ASHA officers. Thank you to those of you who freely and generously gave me your thoughts and opinions. You will hear your voices in what follows.

The organization of my remarks will follow the outline of the questions I asked with a concluding recommendation. The questions were as follows:

- What should the Council of the future look like?
- Who should comprise its membership?
- Should it have administrative divisions by type of school (e.g. 2-year, undergraduate only, M.A., doctoral, etc.)?
- What activities should it undertake?
- Is the current executive board structure effective?
- Are the working groups an effective way to deal with emergent issues?
- What should be the relationship between ASHA and the Council, between AAA and the Council, between RPOs and the Council?
- Does the twice/yearly corporate business meeting schedule meet the needs of member programs?
- Is the annual conference worthwhile in its present format or would you suggest changes?

Council Mission/Future

Asking what the Council should look like in the future implies that we are in need of change. Some respondents to the questionnaire questioned this need and replied that the current

structure and activities seem just fine. Some felt that the Council must continue to serve an advocacy role. Some saw the Council as a larger organization of academics and researchers in the future. Many spoke to the need to retain our ability to all get together and talk about important issues. We need to stay flexible enough to include a number of perspectives and types of programs. The Council's mission/future, then, is pictured in many ways as it is today.

Membership

One of the more controversial of issues about the future of the Council is that of membership. There are basically two schools of thought about our membership: keep it the same and expand it. There are some compelling arguments on both sides.

Proponents for keeping the Graduate Council limited to graduate program membership are quite eloquent in their arguments. It is the only forum where we the constituency can network and discuss issues of common concern. The relative smallness of the group has allowed us to focus on emerging and relevant issues. We have evolved to where we are today because we have been very focused on graduate education.

A concern was expressed that we have enough disparity at the graduate level involving problems specific to M.A. degree programs and to doctoral programs; and in the future we will be dealing with clinical doctorates in both audiology and speech-language programs. We will also more than likely be dealing with program closings and other issues. An expansion of membership was viewed as a problem of allocation of existing resources.

Proponents for membership expansion were also quite persuasive in their remarks. The most frequent suggestion was to expand our membership to undergraduate-only programs (who have not indicated a strong desire to be included, to my knowledge). Other membership expansion suggestions included the Council of Supervisors in Speech-Language Pathology and Audiology, the Directors of university-based speech and hearing centers (who have expressed interest in working more closely with the Council), speech assistant programs, and/or university administrators such as Deans and Academic Vice Presidents. The Council could be renamed the Council of Educational Programs in Communication Sciences and Disorders or the Council of Supervisors, Faculty, Administrators, and Directors connected with Educational Programs in Communication Sciences and Disorders (CSFADEPCSD!!!). One suggestion was for expansion into some sort of umbrella organization that covers undergraduates, speech-language assistants, and others. We could then provide a single voice/advocacy for education and a format for dealing with different constituencies than we now have. At the same time however, the writer appreciated the history, visibility, and recognition that the Council has achieved, and admitted that membership expansion has the potential to "water down" what we have worked so hard to accomplish.

A second alternative to adding membership by adding other organizations is to include other groups (Clinic Directors, for example) in the annual conference and/or in a resource directory. Proponents of keeping our membership as it is offered ideas for including others in non-member but participatory roles. Many mentioned continuing to encourage program

faculty/supervisor representation at the annual conference. We have to acknowledge that we have not been overly successful at doing so in the past with the one exception early in the Council's history. This year's 30 attendees in the roles of second person from a member institution is a move in the right direction, however. In fact, one respondent mentioned that this disassociation of the Council from the other faculty members is one of our biggest problems. With our growing "web presence" we may be able to increase communication aimed at faculty members through monthly broadcast E-mail messages or web site communications that change regularly. Finally, we need to look at the feasibility of having an Associate Member status to include not only other groups in our discipline but members from related disciplines such as linguistics, neuroscience, etc., the research community, and other related groups.

Administrative Divisions

The issue of administrative divisions is moot in the minds of many if we keep the Council membership for graduate programs only. In fact, there is strong sentiment to not "divide" us. There may be other ways of representing different interests or emphases, but the majority sentiment was not to separate Council administration and affairs by level at this point. A few opinions did emerge that would indicate that we cannot overlook this issue in further planning of our future, however.

Ideas were presented such as study groups for M.A. and doctoral programs, or perhaps divisions depending on institutional focus (research institutions/teaching institutions, rural/urban, etc. It was also suggested that we consider some form of restructure where there is representation at different levels of educational preparation, but not restricted to type of school. A structure might exist in which the divisions are based on the level of preparation, but to make certain that the several specializations are also represented (SLP, Aud, and Speech, Language and Hearing Sciences) as well as professional career settings (academicians, researchers, and clinicians). This plan would be best worked out by a restructure committee.

Activities

Suggested activities underscored the perception that the Council of the future will be totally committed to informational technology. It should sponsor conferences to upgrade research and technological skills for academics. The Council may consider producing and marketing interactive products for on-line teaching in the speech-language-hearing sciences. One respondent suggested that the Council of the future will be even more separate from ASHA because the ASHA of the future will be all professional members. Another activity that might be pursued by the Council in the future will be to act as a credentialing body and accredit academic programs for their academic merit, although the accreditation will be voluntary. A final suggestion was that the Council publish a journal directed at educational, administrative, supervisory and other clinical articles.

Executive Board Structure

The first comment that struck me personally was the one stating that we need wider representation on EB. The respondent went on to comment that s/he was not sure why those on the EB are on now and what they represent. A more detailed plan for the expansion of the Executive Board was to change the structure to include representation of levels, for example, a board member at large for M.A. programs and one for PhD programs. We could possibly eliminate some of the current EB positions such as Information Exchange and Publications to make room for the new at-large positions. An alternative plan would be to enlarge the board to include the officers, the chairs of the three committees and two or three members at large.

A current board member stated that our present administrative structure of EB and administrative services is overworked and perhaps inefficient. Our administrative structure has not changed in almost 20 years. The President in particular bears an extremely heavy workload; we should look for ways to distribute this more evenly across members of the EB.

The effectiveness of the current board structure was addressed by an opinion that was mixed in its review. Effectiveness was seen in that the board has taken on a number of crucial issues and addressed some major concerns, and has provided the leadership necessary to bring the Council to where it is now. Concern was noted that the board will require some additional members to reflect the issues of a wider constituency in the future.

Working Groups

Responses to the question about the effectiveness of the working groups ranged along a continuum from “very effective” to “a need for change.” One opinion was that the working groups are less than effective as a mechanism for handling issues. Members of the working groups are not privy to a lot of information and thinking of EB; while EB needs fresh and independently arrived-at ideas, what it sometimes gets from the working groups are the results of a few hurried E-mails and phone calls as the deadline for “reporting-in” approaches. Perhaps the Executive Board needs to devote more time to the working group issues themselves. One or more EB members in concert with some at-large council members who had agreed before hand to devote the necessary time could form a working group with a definite agenda. Council-supported working group meetings may be required.

While there was some acknowledgment that working groups will only be as effective as the leadership and the requirement for accountability from the EB, there were several suggestions that we consider the establishment of several standing committees. One respondent stated that the Council has reached the level of maturity to begin this consideration. One virtue of an organization that includes standing committees is that they reflect its permanence and stature, and issues that arise over time can be delegated to one or another committee, without the necessity of forming yet another working group or task force. A second virtue is that such committees can identify issues and concerns because of their constancy and continuity with the organization. Two such standing committees were suggested: Committee on Science and Research and Committee on the Continuum of Educational Preparation.

There was a suggestion that we limit the number of working groups per year to two -- these being in concert with more long-range issues and planning. For the issues with a shorter time frame, perhaps our new “level” EB representative could form an EB working group to handle. We need to accomplish a substantive review of working group topics on an ongoing basis at EB meetings and avoid the situation where EB gets a working group report at the EB meeting the day before a corporate business meeting.

Relationships with RPOs

There was widespread agreement that our relationship with ASHA should be one of mutual cooperation, collaboration, and information sharing. The question remained, however, about which other RPOs we should establish relationships with, and how those relationships should be fostered.

Meeting Schedule and Conference

We seem to be satisfied with the corporate business meeting schedule, and for many, the conference is worthwhile in its current format. Ideas for the conference included the need for topic areas to be presented more by “outside” experts and resource persons than by in-house members. That might provide a broader perspective and bring new skills to the current members. To keep us from complacency, perhaps a consideration of other formats for the conference is warranted.

Other Suggestions

We need a review of communication sciences and disorders programs relative to their administrative home, for example, School of Education, College of Arts & Sciences, College of Allied Health, Independent College, etc. Many of the issues we consider, such as research training, are considered very differently across those different colleges. A review of programs by administrative priorities may be helpful in our internal communication as well as help us make the map fit the territory.

We may also consider including administrators -- Deans, Academic Vice Presidents, and other university administrators. Such inclusion can be helpful in providing them with greater knowledge about the discipline, but it would also be helpful to get their perspective. Many of our own members have gone on to become administrators. Those people can form the basis of this new membership.

The Council ought to take a more proactive stance on issues facing all aspects of the discipline and professions. As we have been urged to do, the Council should undertake a mission and a series of objectives that would cover the entire educational spectrum -- from undergraduate, graduate, doctoral and postdoctoral education. We need to view education as a sequence of experiences, each of which has its short-term goals, but that these experiences are further refined,

amplified, and elaborated by subsequent educational experiences. The Council should embrace the “continuum of education” and its attendant issues.

On a final note, one respondent wrote that our discipline needs revitalization as we enter the 21st century, and that we must begin to build partnerships with related academic and research communities if we are to remain a viable discipline at the forefront of scholarship and academic preparation. We must recognize that we have always been a multi-disciplinary field of study, from inception. With the advances in technology and the information highway, we must be part of the mainstream of thought so that we can make contributions to other disciplines, as well as take contributions from other discipline -- there has to be reciprocity across fields of study.

Summary and Recommendations

Responses to the questionnaire, and Council discussions (formal and informal) lead to the conclusion that some changes are needed, but that they must be carefully considered and that we not make changes just for the sake of change. To promote discussion, I decided to share with you my vision of the Council of the future and invite you to build a better model.

We must remain the voice for the highest quality provision of services. We are the guardians of graduate education and of the academy. I recommend that we remain a Council of Graduate Programs, and that we truly represent the continuum of education. We should continue our efforts to include other organizations in our conference programs and in our directory listings.

I recommend an expansion of the Executive Board from the current 8 members to 10 members, with the addition of 2 at-large members. Those members could be: (a) a representative of M.A. programs and (b) a representative of Ph.D. programs.

I also believe that it is time to revisit the mission and objectives of the Council and that, along with revisions, we have a 5-year strategic plan. A standing committee should be appointed to develop this plan for presentation to the Council membership.

Finally, wearing my former treasurer’s hat, I recommend consideration of a dues increase to support these expanded programs. Perhaps you will feel that these recommendations do not fit John Saxman’s admonition earlier today that we “do something different.” If so, please draft a different model for the future Council.

Thank you for listening to my ruminations about the future of the Council. What has become even clearer to me is what the Council has been, is, and will be -- a powerful voice for the academy. I have also realized how much I count on the Council to address issues pertinent to our work and our future as a discipline. I know that many of you feel the same as I about the Council. We can agree to disagree, but know that we have important work to do as we begin the discussions and work toward our continuing excellent future together.

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Issue II: Summary, Large Group Discussion

John M. Hanley, Ph.D.
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The review of Issue II by Rosalind Scutter presented a theme of change in addition to a long-standing focus on several basic issues related to graduate education. In particular, Scutter suggested that our future will hold continued reevaluation of our mission, the composition and structure of the Executive Board of the Council, the composition of our membership, and the continuity or connectivity between undergraduate, master's, doctoral and post-doctoral study.

The large group discussion which followed Scutter's presentation provided many comments from individual members addressing a variety of issues pertaining to the Council's future. One individual suggested that our future should be characterized by a change from the Council's historic "reactive" theme (responding to issues/policies and regulations spawned by other organizations) to a "proactive" body (structuring change from our own agenda. Several suggestions for change regarding the Council's structure were presented. One member suggested that undergraduate programs should be included as members of the Council, and all "doctoral" programs included and represented on an expanded Executive Board. Another member suggested the Council should be renamed "The Council of Educational Programs in Communication Sciences and Disorders" to reflect inclusion of undergraduate programs. Another related suggestion proposed that we consider becoming "...a Council of Communication Sciences," thus deemphasizing a focus on disorders and implying a reconsideration of the Council's mission.

One member, questioning the rules of membership, suggested that she was registered as an "accompanying person" because she was no longer a director of a member program. Such classification does not send a "welcoming message" to faculty members of programs who want to participate in the Council's activities. In response to this concern, a member of the Executive Board clarified the Council's intent by noting that "programs, not individuals" are the members of the Council. Thus, all faculty should feel welcome as representatives of their programs. Another individual commented that the Council is not a "Club for Chairs" as evidenced by the composition of the current Executive Board.

There was one suggestion which appeared to be strongly supported by others, that the Council should develop a "five year strategic plan" which would address the re-evaluation of the Council's mission, the structure and composition of the Executive Board, membership in the Council, and the continuity of undergraduate, master's, doctoral and postdoctoral education.

Issue II: Summary, Small Group Discussion

Judith Page, Ph.D.
University of Kentucky

The following is a list of topics covered by respondents in several sessions of the small discussion groups.

1. Inclusion of undergraduate-only programs in the CGPCSD

Pros:

- Allows the CGPCSD to address the continuum of education within the professions
- Provides for a larger, more unified voice in support of education issues
- Emphasizes the importance of undergraduate programs as the foundation for graduate education

Cons:

- Addition of undergraduate-only programs may significantly alter the emphasis or direction of the CGPCSD
 - Focus of the CGPCSD may be diluted
 - Increasing size of the organization and the annual conference may cause the group to lose some of the current “intimacy” that fosters the development of new chairs
 - Possible threat to identity of National Association of Preprofessional Programs (NAPP)
 - Dues for CGPCSD may be prohibitive for many undergraduate-only programs

Implementation issues:

- Majority of groups reported supporting fully-franchised membership for undergraduate-only programs
- Should SLP-Assistant programs be somehow involved in/with the CGPCSD?
- Need to revise name and mission of CGPCSD
- Are NAPP and CSSPA interested in some affiliation with CGPCSD?

2. Expansion of the Executive Board

There is no perceived need to expand the size of the board at this time:

- “A small number of good people can best represent the CGPCSD.”
- “Trying to get representation is not the way to get business done.”
- “If it’s not broken, don’t fix it.”

The inclusion of undergraduate-only programs may be a reason to change board in the future.

Some questioned whether we really want to be categorical in our governance.

3. Strategic plan

There is a need to review Strategic Plan and revise, if appropriate.

The Strategic Plan should be a 2-year plan, rather than a 5-year plan, because issues affecting the CGPCSD are changing so rapidly.

The Strategic Plan can be reviewed annually before the spring meeting and a report made to the membership about accomplishments and future directions.

Issues recommended for inclusion in Strategic Plan were:

- Increasing number of doctoral students
- Providing a leadership role in promoting collaborative partnerships between doctoral and master's programs (e.g., distance learning, sharing resources, student recruitment efforts, use of technology, increased research productivity, regional groupings)

Topic 4: Broader faculty representation at the annual meeting

The encouragement of broader faculty participation is viewed as a departmental, not CGPCSD, responsibility.

We need to emphasize that membership is institutional, not individual.

Documents mailed to directors should encourage them to share information with all faculty.

The convention registration form should be revised so that additional participants from a single institution need not register as an "accompanying person".

The following topics were unique to one or two discussion groups:

5. Dues increase

No current need has been established.

Increasing the number of programs via expansion to undergraduate-only programs would increase revenue without raising dues.

Any dues increase should be initiative-based.

6. Doctoral shortage and the CGPCSD's response to this problem

CGPCSD can provide information on trends in doctoral education.

We need strategies to improve public perceptions of higher education faculty.

There is a need for strategies to improve student's perceptions of higher education faculty and higher education as a possible career choice.

Issue III: Models for Clinical Preparation

John Bernthal, Ph.D.
University of Nebraska - Lincoln

The Clinical Practicum Continuum

1. At what point in the program should clinical practicum begin?

There are suggestions in the clinical education literature that one should begin professional training quite early in the professional education sequence. For example, in some medical schools clinical experiences begin the first semester the student is enrolled -- with case presentations, interviewing patients, and other "basic" tasks. Likewise, during the past decade, many Colleges of Education have adopted a similar model beginning with a series of school practicum experiences early in the program and ending with a culminating student teaching experience and/or a year-long teacher induction program.

When clinical practica begin should reflect the philosophy of the program. If the program is a preprofessional program, then clinical practicum, or at least clinical observation, might be a part of the preprofessional program at the undergraduate level. On the other hand, if the program has a strong liberal arts focus rather than a preprofessional emphasis, practicum may not be consistent with the liberal art focus. A third option in the field is an integrated seamless professional program that begins at the undergraduate level and continues at the graduate level. In such a model, clinical practicum experience should begin in the undergraduate years when the professional program is initiated. There are models where the professional education program begins in the senior year. There are some programs where the undergraduate senior year is similar to the first year of a typical graduate program with only one additional year of graduate study to meet the master's degree and the practicum requirements for the CCC.

When the undergraduate program is part of the professional program, an undergraduate practicum experience may be appropriate. The reality is that fewer and fewer clinical practicum experiences occur at the undergraduate level even when the undergraduate program is a preprofessional one. The most common practice is that the only clinical exposure at the undergraduate level is the observation hours required for the CCC. In some programs students may have an additional opportunity to assist a graduate clinician while in others they may get a bona fide clinical experience with selected clients.

My program's decision to delete the undergraduate clinical practicum requirement, some years ago, was as much a pragmatic one as a philosophical one, although some argued that our undergraduate program was a liberal arts program rather

than a preprofessional program. We thought we needed to increase the number of master's students because of shortages of master's level clinicians in the state's schools. As a result,

students no longer have the opportunity to participate in clinical practicum. I would suspect that other programs have made similar decisions. It will be interesting to see how faculties in preprofessional programs will respond when the large pool of potential graduate students declines. As the department chair, I continue to receive criticism from people in the field, students, and some faculty who think this decision was a mistake. They point out that students really do not have a sense of the field until their first clinical experience and this should occur at the undergraduate level. In addition, a crucial piece of information concerning clinical aptitude used in the selection of master's students is no longer available. However, the fact remains that if professional education does not occur at the undergraduate level, students have more opportunities to take more liberal arts courses, which should make better professionals in the long run.

2. What should be the relationship between course work and the initial clinical practicum experience in a given disorder area?

The obvious answer is a close collaboration between what is taught in class and what takes place in the clinic. There are several considerations programs must address in dealing with the relationship between course and clinical practicum. First of all, the CCC requirements state that the student should have the appropriate course work for a clinical practicum experience. There are several ways of assuring that course work and practicum are coordinated. Traditionally, most course work in a disorder area occurs prior to practicum experiences in the area. Another model is to have clinic experiences concurrently with course work in a given disorder area. There are programs where a fluency or voice practicum is taken concurrently with the appropriate course work. This practice requires that the fluency course be offered three times during the year with relatively small numbers in each course and a fairly large expenditure of resources with high supervision demands as students lack basic knowledge for the practicum, especially at the beginning of the term. Another model is one that is primarily used in language and phonological disorders, where both an introductory and advanced course is offered. An introductory course is offered at the undergraduate level with a practicum experience in the area prior to an advanced course at the graduate level. The idea is that the student has enough information for practice with selected clients prior to the advanced course. Students with practicum experience in a disorders area bring a lot to advanced courses in those areas. We have all had the experience of students who enroll in graduate programs after working in the field and how much such students add to graduate classes with their questions and ability to synthesize and apply new information.

3. What is the most effective way for university programs to provide the initial clinical practicum experience?

There are various approaches currently being employed. Some of these include:

- A traditional university clinic
- An affiliated community clinic

Use of multiple community agencies
Faculty private practice/medical school model
University service contracts

A Traditional University Clinic: The traditional university clinic, in a nonmedical setting, is frequently subsidized by the university and provides a strong support system for students' clinical education. Many faculty in communication sciences and disorders programs feel that this sort of environment is the ideal place for the initial clinical experience. The audiology and speech-language clinics at many universities are where students obtained their first clinical experience and, in some cases, where they obtained much of their clinical practicum. These on-site placements allow the faculty and staff to have direct influence and control over the students' clinical learning and, together with certain requirements for our standards program, are a major reason for such clinics to exist. Supervision can be highly structured, occur much more frequently, and students can be carefully scaffolded and supported while clinical competence and professional skills are attained. The supportive environment of university clinics precedes placements outside the university where there typically is much less time for supervision and more demand for independent skills.

In the early years of the profession, such university clinics were staffed by faculty members who also served as supervisors, clinical classroom instructors, researchers, and program administrators. More recently, many faculty members have increased research expectations and consequently many faculty members who have research requirements have relinquished their supervisory roles to master's level clinicians. In the last decade, there has been discussion about this retreat of doctoral faculty from the clinic. Arguments for re-examination of this practice include: (1) master's level clinicians have less extensive preparation and less depth and breadth of knowledge for clinical instruction; (2) there is a need to blend research and clinical practice; (3) doctoral level instructors/researchers need consistent clinic experience in order to be effective in their classroom teaching and address many important research questions (Rassi & McElroy, 1992). Others argue that faculty teachers/researchers do not need to be directly involved with service delivery and, in fact, may be ill-equipped to supervise students in terms of current clinical practice. Furthermore, when involved in clinical activity, some doctoral faculty do not demonstrate the level of commitment of persons with full time supervisory responsibilities.

Regardless of the staffing pattern, the traditional university clinic has some advantages over other clinics for the initial practicum experience. These include:

1. The university clinic provides a strong support system.
2. Clinical education is a high priority.
3. Experiences are frequently designed to meet individual student needs.
4. The on-site clinic may provide the best integration of academic preparation with clinical practicum.
5. Research and technology are frequently integrated into the clinic experience.
6. University programs often run special clinics and frequently provide family support groups.
7. Fees are usually on a sliding scale based on ability to pay (Culatta & Goldberg, 1996).

Problems connected with university clinics include:

1. Frequently the university schedule dictates the clinic schedule. When the university is not in session, the clinic may not be operating. Clinic hours and daily schedules may be dictated by course schedules and not always reflect the needs of clients.
2. Client diversity may be limited; in fact, some university clinics are overloaded with ESL clients or some other group.
3. Student needs may dictate clinical policies. For example, if students are short fluency, voice, or aural rehabilitation hours, those clients will be a priority for the clinic.
4. Procedures may not reflect the work place. For example, assessment procedures and report writing requirements may not reflect what takes place in non-university clinics.
5. The paperwork required in a university clinic usually is much more complete and lengthy than in a regular free-standing clinic and often justified as part of more thorough understanding prior to off-site placement.
6. Diagnosis and treatment may not always reflect client needs and sometimes may reflect student needs.
7. Treatment and diagnosis practices may be financially inconsistent with other for-profit or non-profit clinics as university clinics are typically subsidized by the university.
8. Accountability may be limited because of the nature of the financial arrangements.
9. Supervisors may not be working clinicians and may not reflect current practice.
10. Continuity in the therapeutic relationship is a problem because of the changing student clinicians.

In short, there are few empirical data relative to the value of university clinics. It is noteworthy that, with a few exceptions, the colleges of education which formerly had on-campus lab schools associated with teacher education programs have for the most part phased out these facilities. Instead, these programs have partnering arrangements with schools out in the community and try to do their practicum on-site. Social work, engineering, and architecture are professions that historically have not maintained in-house practicum facilities, but rather have used externships and other methods for the applied portion of their education.

Affiliated Community Clinic: The arguments for this model include a competitive fee schedule (in order to stay in business); policies that reflect the real work place; potentially less cost to the university; practicing clinicians provide supervision; personnel may have a commitment to the university; and clinical programs that have the potential to be integrated with the curriculum. Some affiliated clinics are within the institution. For example, there are programs in medical schools, such as Massachusetts General Hospital, Rush Presbyterian, Vanderbilt, Northwestern, and Iowa University Laboratory Schools with in-house institutional affiliations for some of their clinical practicum. One of the disadvantages of these community clinics is the potential for less student support.

Use of Multiple Community Agencies: Some university programs send their students to several community agencies. The first 25 hours are supervised by a university employee with an academic appointment or sometimes by a community person employed by the university. Such

arrangements may require the involvement of several agencies in the initial clinical experience. Once the experience is completed, students may be assigned to staff in the community agencies. Some possible problems of this model are continuity for the client, need for coordination with university, and willingness for agencies to have non-staff involved in patient care.

Faculty Private Practice/Medical School Model: Some university clinics allow faculty to provide private practice either on-site at the university clinic or off-site at their own private practices. These are similar to practices at some medical and dental schools. Medical and dental schools frequently have faculty who see patients and involve students while working with patients in these facilities.

University Service Contracts: In this model, the university has contracts to provide services to particular agencies, such as schools, Head Starts, and senior citizen centers. University personnel contract to provide services to these agencies and practicum students are included in the delivery of the services.

The advantages and disadvantages of each of these are fairly self-evident. You may wish to discuss these models in more detail in your discussion groups.

4. Should a year of entry level internship (e.g., a clinical fellowship) be a part of the clinical practicum experience prior to independent practice?

The position of this Council has been that the clinical fellowship is not the best arrangement. On two occasions this group has recommended to the ASHA Standards Council that the Clinical Fellowship (CF) be deleted. The proposed audiology entry level requirements for the professional doctorate do not include a CF but do require considerably more practicum as part of the program of study. The current proposal for the professional doctorate in audiology includes a practicum requirement of approximately 2,000+ hours which would be the equivalent of a year-long clinical externship. How did the Standards Council arrive at this number or for that matter the 350 hours and CF? Do we know if more is better?

Anderson (1988) suggested that most of the problems surrounding the CF are related to matters of supervision, its quantity, its quality, and its availability. McCready, Runyan, Farmer, Rassi, Ringwalt, and Ulrich (1989) indicated in a survey of CF supervisors that there were a number of problems including the fact that many CF supervisors were not well informed about the CF or about supervision. They made the following recommendations based on their survey:

1. More research, publications, and presentations regarding the CF should be done at the local, state, regional, and national level.
2. CF supervisors should have training in the supervisory process. This can be done through formal course work and/or continuing education.
3. Supervisors should be aware of, and actively participate in, supervision organizations such as CSSPA (Council of Supervisors in Speech-Language Pathology and Audiology).
4. Supervision organizations such as CSSPA should increase their efforts in

information dissemination and recruitment.

5. Every supervisor and supervisee should have a copy of the (ASHA) *Membership and Certification Handbook* (1990a).
6. Every supervisor and supervisee should have a copy of ASHA's 13 tasks and 81 competencies of supervision (ASHA, 1985). (McCready et al, 1989, p. 16).

My own view is that the CF relationship should be one based more on a mentoring relationship rather than a supervisor/supervisee relationship, as the CF individual is hopefully at a point on the supervision continuum where he/she is able to do the reflection necessary for self-analysis and self-evaluation.

The CF perhaps has been debated as much as anything in the CCC requirements and has managed to survive in spite of the many criticisms. Other professions that have internships include engineering, psychology, architecture, and medicine. Many education colleges now have induction years. All of these professions require an internship or fellowship year and some kind of summative evaluation of the interns' work. These professions all rely on judgments of veteran professionals to establish whether a candidate is ready for independent practice. In the case of engineering and architecture, the individual is also required to list and describe the activities that the person has been involved with to insure a diversity of experiences has occurred. Interestingly, in the case of architecture no indication of whether the work was acceptable is required. In the case of psychology, medicine, and education it is typical for formative evaluations. These are informal, regular interactions between the mentor and the intern or fellow. In medicine there is frequently a formal evaluation at regular intervals. In the case of architecture and psychology, one has to do the internship year in accredited programs. In the case of education, the last 10 years as a result of the Holmes Group, the Renaissance Group, Network for Education Renewal, and other groups, teaching professionals have frequently been placed in professional development schools which have a close affiliation with the university. The idea is that such professional development schools are consistent with current practice and research in the field. In theory, professional development schools provide exemplary education for pre-service teachers, support the professional development of experienced teachers, and have a collaborative research function.

Supervision

It has long been recognized that one of the keys to any good practicum situation is the quality of the supervision. The role of supervisors has long been recognized in our field as well as others as critical for clinical development of professionals. Supervision is a process that implies that there is a continuum in which development and application of skills is a shared responsibility between the supervisor and the supervisee (Casey, Smith, & Ulrich, 1988). Anderson described a continuum of supervision consisting of evaluations/feedback, a transitional stage, and finally self-supervision. Establishment of feedback occurs when the supervisee lacks the clinical skills to prepare for effective clinical interactions, is unable to problem solve, and/or is passive and is directed by another professional. Supervision style initially is directive with an active supervisor style while the supervisee takes a more passive role. This sort of style may lead to a sort of

cloning where the behavior is modeled and the supervisor tells the supervisee basically what to do. In the transition phase, a more collaborative style develops with the intent of dynamic problem solving process where both the supervisor and the supervisee work together. The supervisory role is less direct and the supervisee assumes a more active role. In the final stage, the supervisee has the ability to self-analyze their behavior accurately and change it based on this analysis.

In spite of the fact that the literature in Communication Sciences and Disorders historically has pointed out the importance of supervisory process, we do not know much about it. Van Riper (1965) defined caring as a critical factor. Kleffner, in the 1960s, suggested that supervision should continue beyond the CF. In the 1970s there were conference proceedings and several books published on the subject. Papers on clinical supervision appeared in Language, Speech, and Hearing Services in the Schools. In addition, there were standards and guidelines developed by a committee on supervision formed by the ASHA Executive Board. In the 1980s and 1990s, interest continued. There were several dissertations written on the subject, and additional articles appeared in all ASHA journals. Jean Anderson's book *The Supervisory Process in Speech-Language Pathology and Audiology* was published in 1988. A special interest division (SID) on administration and supervision has been formed and the Council of Supervisors in Speech-Language Pathology and Audiology has held five national conferences on supervision. Finally, in 1996, an ASHA ad hoc committee developed a call for more research on the topic of clinical supervision and planned to develop a couple of RFPs to conduct additional studies on clinical supervision. The reality is that we need more research into effective supervision models, supervision styles, and the most effective ways to move our students toward self-evaluation and independence.

Alternative Types of Clinical Education

Syder (1996) reported because of the difficulty finding extern placements due to cuts in the medical programs in England, actors assumed roles of clients. This was thought to be a successful way to teach certain generic clinic skills. Simulations with computers seems like another way to develop certain kinds of generic skills. The whole notion of clinical observation should be examined. Is it actually better to have edited tapes or computer software that a student could interact with rather than do the sorts of live observations required by many university programs? Does an observation requirement even make sense? Should the undergraduate observation experiences be only strong guided observations with supervisors on-site to explain what is happening?

The audiology standards under consideration for the CCC-A should stimulate some creative thinking about how to achieve mastery of competencies and outcome measures. A review of those proposed standards will reveal that there are very few numbers in the requirements. There are no lists of types of clients, the number of adults, the number of diagnostics for adults, or the number of child diagnostics. As a result, it is incumbent upon the institution to measure the competencies of students and demonstrate student outcomes that they purport to produce in the educational program. This is a very different way to assess educational training in our field and one that should be interesting to follow should these proposed audiology standards be implemented for the field.

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Issue III: Summary, Small Group Discussion

R. Jane Lieberman, Ph.D.
Appalachian State University

The following is a list of topics that were common to several of the small discussion groups.

1. Competency based education

Explore the meaning of competency-based education.

There are questions of definition and of measurement.

Study the use of competencies in determining performance in practicum and readiness for off-campus placements.

Encourage the CGPCSD to establish a working group to explore alternative models to counting clock hours as a required component of clinical certification, including the development of clinical competencies (e.g., knowledge, skills, and values) to be achieved during graduate study and the design of outcome studies to measure the success of these alternative measures.

Encourage the CGPCSD to establish a working group to develop predictors of clinical competence to be used during the admissions process.

2. Observation experience

There is a need for a redefinition of the observation experience.

Develop a set of observational competencies.

Use prepackaged observational materials.

Expand the required number of observation hours.

- Include observations of normal development across the lifespan
- Observe master clinicians rather than students
- Observe professionals in allied disciplines

3. Role of practicum in educational programs

Is the major purpose of practicum to prepare clinicians or serve clients?

Should practicum clientele be broad-based or limited to community demand?

Does the structure of practicum limit students to a narrow view of client care or allow a view of client care from intake to dismissal?

We should explore what the consumer wants re: client care.

We need to incorporate new service delivery models such as collaboration into practicum experience.

Encourage the CGPCSD to develop more forums of exchange in which the programs may share “what they are doing” relative to significant program issues such as paid practicum, supervision models, clinic fees, observation requirements.

What is the impact of distance learning on clinical education?

4. Education in supervision

There is a need for academic preparation and guided experiences in supervision during master’s program.

Prepare graduate students to work with speech-language assistants.

Prepare off-campus supervisors to work with graduate students.

5. The clinical education continuum

Reconsider and clarify appropriate academic and clinical experiences .

- Speech-language pathology assistants
- Preservice speech-language pathologists
- Inservice speech-language pathologists

Emphasize the expanding scope of practice and the inability of educational programs to “include it all”.

Should we prepare generalists or specialists?

Consider returning to a 30 semester hour graduate degree focusing on the achievement of core competencies followed by continuing education to obtain competencies in specialization(s).

6. Issues in measurement of clinical competence

Give attention to “Secord’s Savannah Seven”.

- Context
- Authenticity
- Multiple intervention agents
- Collaborative partnerships
- Diversity
- Transdisciplinary assessment and intervention
- Intervention across the lifespan

Encourage the ASHA to commission a study of the knowledge, skills and values of master clinicians.

7. Topics for future CGPCSD conferences

Encourage the CGPCSD to consider the following topics for future conferences:

- *Successful University Clinics: Taking the horse's pulse instead of assuming the horse is dead.* Description of model programs, contractual relationships with community agencies, supervisory models, and the impact of managed care.
- *Teaching the teachers: Is there a life after lecture?* Alternative instructional strategies such as problem-based learning, the case method, role playing, cooperative learning, microtherapy, and journal writing.
- *Teaching with technology: The future is now.* Computer assisted instruction, simulations, games, e-mail, and notes conferencing in instruction.
- *Clinical supervision: More than good intentions.* A scientific approach to supervision, including research-based practices in CSD and related disciplines. Discuss future research needs. Invited members of SID 11 and CSSPA to participate.

Dialogue for Diversity

Introduction

Elaine McNiece, Ed.D.
University of Central Arkansas

Diversity is about how “us” and “them” are defined and how such distinctions impact upon human life. The differences are manifold -- indeed, they include all possible groupings of individuals by characteristics they share or do not share. At its core, the discussion of diversity in higher education calls upon us to revisit questions about the skills and sensitivities needed for constructive relations among people who are different, the principles that define a just and democratic society, and the variety of knowledge that is important for scholars both to seek and to teach. The gift that diversity gives us is the insistent invitation to ask hard questions about what we mean by education, how we teach, which persons should be included as faculty, students, and clients, and finally, what we are accomplishing in our programs in communication sciences and disorders.

In professional fields the impetus for engaging diversity is likely to be different from other academic disciplines because many standards and requirements come largely from outside the academy -- from the profession itself, from accrediting and licensing agencies and professional fields where minorities have been pervasively underrepresented. Diversity requires that more minority professionals be trained and that **all** professionals learn to become more adept in serving an ever more diverse society. The ability of graduates from programs in communication sciences and disorders to function in a society of diverse ethnicities and subtle cultural differences is basic to the adequacy of their education.

An important contribution to the twenty-first century will be to demonstrate that people of different races, gender, color, ethnicity, religion, national origin, sexual orientation, disability status, and age, can retain their uniqueness while living and working together toward goals upon which individual and collective success depend. Higher education will need to devise new terms for inclusiveness and provide means for both individual opportunity and assertions of group identity.

Today’s panel members come from diverse institutions: urban/rural, predominately white/historically black, undergraduate only/primarily graduate, public/private. They all have in common participation on national professional boards and panels dealing with multicultural education. The panel will discuss the pragmatic side of diversity issues. Colleges and universities must connect the learning of students with the world in which they will live. Imagine your institution and program in 2005 or 2010 as a learning community that values diversity and is diverse, one that questions oppression and privilege and practices respect for all differences, one that deals with the special needs of particular groups while seeking approaches that contribute to everyone’s success and to overall productivity.

A beginning point may be recognition at a personal level of attitudes and behaviors related to diversity. Unless individuals recognize their own biases such as homophobia or racism they will not be able to change. Change must occur at a personal level before we can expect change on the institutional or societal level.

What are the practical strategies for changing the faculty and students in your program into a community that is more aware of the causes of bias that separate us and one which resists barriers to equal opportunity. What would need to change in policies, curriculum, clinical practicum requirements, faculty and student recruitment and retention efforts? What programs would need to be put in place? What must you do to create an environment where no one is advantaged or disadvantaged, an environment where “we is everyone.” The panel participants will address these issues and questions from their perspectives.

Dialogue for Diversity

Joe A. Melcher, Ph.D.
Xavier University

During my 27 years as a program director I feel that I have always been a member of, or an advocate for, "minority" concerns. First, being employed by an Historically Black Institution I felt both a need and a responsibility to advocate for my African American students. Second, as a director of an undergraduate-only program I felt the need and obligation to advocate for such programs. As an audiologist I have always felt outnumbered by the speech-language pathologists. Today, I feel a need and an obligation to advocate for myself and all of the other Lesbians, Bisexuals, and Gays, but particularly for those who are still unable to advocate for themselves. It has only been within the past two and a half years that I have been able to speak publicly to the issues of diversity as it relates to LesBiGays. I must give thanks to many of my gay brothers and sisters who have had the courage to be open about their sexual orientation long before I did, and to many heterosexual allies who have offered their encouragement and support.

You may be wondering how this topic is relevant at this conference or how this topic affects you and your graduate program. I hope that in my brief remarks, and particularly during the discussion period, that I can help you see the relevance and how these issues affect your program in terms of providing clinical services to clients, providing a realistic education for your students, and providing a safe and comfortable work environment for your faculty and staff. In order to do that I will discuss the concepts of oppression, homophobia, and heterosexism and how these affect both heterosexuals and homosexuals. During the discussion I hope to offer some ideas and suggest behaviors that can be used to counteract these negative concepts.

For many -- and I refer to those who experience it -- the terms oppression, homophobia, and heterosexism are synonymous. However, it must be noted that there are real differences among the various "isms" such as racism, sexism, ableism, etc. I would like to quote a passage from Blumenfeld and Raymond's (1993) book, *Looking at Gay and Lesbian Life*.

There are as many names for the varieties of discrimination as there are minority groups. This in no way means to suggest that all groups experience the forms of discrimination similarly. The experiences of victims of racism, for example, are not identical to those who suffer the effects of homophobia. The many strands of discrimination, however, run parallel and at points intersect. All involve negative prejudgments whose purpose is to maintain control or power over others. Discrimination can be the result of a deliberate, conscious act: or it may be unconscious and unintentional, yet have discriminatory results nonetheless. (p. 223).

Oppression

I would like to share with you a comparison developed by Suzanne Pharr (1988, as cited

in Thompson, 1990). All of the groups listed on the right have power and privilege. Those on the left are relatively unempowered, have little or no privilege, and are frequently oppressed.

Unempowered / No Privilege

Women
Poor
People of Color
Jews, Moslems, Atheists
Lesbian, Gay, Bisexual People
People with Disabilities
Workers
Children
Self-Educated

Power and Privilege

Men
Rich
White People
Christians
Heterosexual People
Able-bodied People
Owners and Managers
Adults
Formally Educated

I doubt that I have to draw the specific parallels, because for most of you the comparisons will be obvious. But let me share with you a somewhat unsettling self-discovery. As I reviewed the list on the right I easily could have been assigned to at least seven if not eight of the nine characteristics, the exception would be Heterosexual. However, when I looked at the lists as a whole, I emotionally identified more with the characteristics on the left, even though I only "qualified" for one. Somehow the one overriding characteristic "Gay" seemed to identify me more than anything else. As I reflected on this discovery I thought about how others in the left column must feel, particularly if they are identified by more than one of those characteristics. For example, how oppressed an adolescent, unemployed, African American lesbian must feel. It is not easy for the various "oppressed" individuals to identify with others who are not in their own group. Many advocates of the oppressed feel that all groups must band together for the benefit of each and every other group.

Homophobia

Next, I would like to define and describe homophobia. Brian McNaught (1993) who wrote *Gay Issues in the Workplace* defines homophobia "as the fear and hatred of homosexuality in ourselves and in others" (p. 54). Audre Lorde (1984) describes it as "the fear of feelings of love for members of one's own sex and therefore the hatred of those feelings in others" (p. 45).

How do you recognize homophobia in yourself and others? Blumenfeld (1993) provides examples of four types of homophobia. The first is personal homophobia -- a "prejudice based on a personal belief that lesbian, gay, and bisexual people are sinful, immoral, sick, inferior to heterosexuals, or incomplete women and men" (section 3, p. 41). Even homosexuals experience homophobia. For example, I have been guilty of this internalized personal homophobia when I feel uncomfortable seeing drag queens acting flamboyant in public. I have to remind myself that if it were not for individuals like them fighting for gay rights I probably would not be standing in front of you today talking about this issue.

A second type of homophobia is interpersonal. "Interpersonal homophobia is individual behavior based on personal homophobia. This hatred or dislike may be expressed by name-calling, telling 'jokes', verbal and physical harassment, and other individual acts of discrimination" (Blumenfeld, 1993, section 3, p. 41). When you hear of someone "rolling a queer" or "bashing a fag" this is an example of interpersonal homophobia. However, the behavior does not have to be violent. It could be abandoning a gay child, or it can be as subtle as avoiding a gay co-worker.

"Institutional homophobia refers to the many ways in which government, businesses, churches, and other institutions or organizations discriminate against people on the basis of sexual orientation. Institutional homophobia is also called heterosexism" (Blumenfeld, 1993, section 3, p. 42). An example is the administration of a university refusing to change its policy of inviting "you and your spouse" to the annual faculty dinner. Another example is a state legislature passing a law that forbids LesBiGay high school students from meeting on school property.

A final type is cultural. "Cultural homophobia refers to social standards and norms which dictate that being heterosexual is better or more moral than being lesbian, gay, or bisexual, and that everyone is or should be heterosexual. Cultural homophobia is also called heterosexism" (Blumenfeld, 1993, section 3, p. 42) This behavior is exhibited on a daily basis in most of the media. When was the last time you saw an advertisement with two men in a passionate embrace? And do you remember all of the publicity about the Roseanne show when there was to be a kiss between her and Mariel Hemingway? I must admit that during the past couple of years there have been several gay and lesbian characters introduced to television series. Many of these characters are still stereotyped and rarely if ever have you seen any affection being displayed between them.

Homophobia hurts not only LesBiGays, but heterosexuals as well. How does homophobia hurt heterosexuals? Blumenfeld (1993, Appendix A-14) enumerated the following ways:

Homophobia inhibits the ability of heterosexuals to form close, intimate relationships with members of their own sex, for fear of being perceived as gay, lesbian, or bisexual.

Homophobia restricts communication with a significant percentage of the population.

Homophobia locks people into rigid gender-based roles that inhibit creativity and self expression.

Homophobia is often used to stigmatize heterosexuals: those perceived or labeled by others to be gay, lesbian, or bisexual; children of gay, lesbian, or bisexual parents; parents of gay, lesbian, or bisexual children; and friends of gay men, lesbians, and bisexuals.

Homophobic conditioning compromises the integrity of heterosexual people by pressuring them to treat others badly -- actions that are contrary to their basic humanity.

Homophobia, combined with sex-phobia, results in the invisibility or erasure of gay, lesbian, and bisexual lives and sexuality in school-based sex education discussions, keeping vital information from students. Such erasure can kill people in the age of AIDS.

Homophobia is one cause of premature sexual involvement, which increases the chances of teen pregnancy and the spread of sexually transmitted diseases. Young people, of all sexual identities, are often pressured to become heterosexually active to prove to themselves and others that they are "normal".

Homophobia prevents some gay, lesbian, and bisexual people from developing an authentic self identify and adds to the pressure to marry, which in turn places undue stress and often times trauma on themselves as well as their heterosexual spouses, and their children.

Homophobia (along with racism, sexism, classism, sex-phobia, and so forth) discourages a unified and effective governmental and societal response to AIDS, which has far-reaching implications.

Homophobia prevents heterosexuals from accepting the benefits and gifts offered by the gay, lesbian, and bisexual communities; theoretical insights, social visions and options, contributions in the arts and culture, in religion, to family life, and to other sectors of society.

Homophobia inhibits appreciation of other types of diversity, making it unsafe for everyone because each person has unique traits not considered mainstream or dominant. We are all diminished when any one of us is demeaned.

Heterosexism

As noted above, heterosexism may be considered a type of homophobia. Heterosexism is the belief that everyone is heterosexual or ought to be. It is this behavior by the majority that keeps LesBiGays in the closet. When I asked some of my LesBiGay colleagues to give me some of their concerns to share with you I received the following reply from Jerry Friedman, a long time advocate for Gay Rights and for persons with HIV/AIDS. He expressed it so eloquently that, with his permission, I quote the following explanation of the many levels of heterosexism ((Friedman, personal communication, Feb. 1997):

When people continue to be able to assume that everyone is straight except for people who fit their ill-conceived stereotypes, then it is impossible to challenge any of their homophobia.

Their homophobia then makes them unable/unwilling to see/hear any mention of anything related to LesBiGay issues as anything but weird, sick, and perverted.

This sets up a double standard where straight folks are able to talk about all kinds of things (spouses, dates, kids, weddings, divorces, flirting, etc.) in very neutral terms where the exact same conversation for a LesBiGay person sets off major fireworks.

The stress of being 'found out' or 'put-on-the-spot' and judged makes daily conversation, interaction, and relating to others, etc. very difficult for LesBiGay people and takes a heavy toll on their emotional and psychological self. This leads to lower achievement, poorer job performance, higher levels of dysfunction (e.g., alcoholism), and frightening high levels of suicide attempts (gay adolescents are three times more likely to attempt suicide than straight kids).

The combination of heterosexism and homophobia also promotes the high levels of violence that we see against LesBiGays (e.g., the bombing in Atlanta).

The circle is complete when this violence and hatred make people feel insecure about being visibly identified as a LesBiGay person.

So a key ingredient is identifying and challenging the numerous and complex ways in which straight people are given privilege through the double standards of heterosexism. There has to be visible LesBiGay presence in curriculum, staff, conversations, television programs, commercials, billboards, etc. Until it is as normal to see two men holding hands and kissing on a television commercial about toothpaste as it is for a man and a woman, homophobia will continue to flourish. In this regard, LesBiGays are worlds behind racial/ethnic minorities in becoming part of the mainstream of society.

You have just heard some of the effects of homophobia and heterosexism that LesBiGays suffer on a daily basis, but let me also remind you of how they also: (a) do not get hired, (b) get fired, (c) do not get raises, (d) get dismissed from graduate school, (e) are not allowed to visit dying partners, (f) are not entitled to partner health insurance and death benefits, (g) are not allowed to discuss their partners in a therapy session (either as a client or as a therapist), (h) do not get promoted or granted tenure, (i) do not get graduate fellowships, (j) are refused treatment because they have AIDS, (k) are refused therapy because they are transsexuals, and the list goes on. To underscore the pervasive nature of homophobia and heterosexism, Sherrill and Hardesty (1994) noted:

A 1990 survey of 128 four-year colleges and universities, conducted by USA Today and People for the American Way, shows that, of the colleges reporting acts of intolerance on their campuses, sexual orientation, more than race or ethnicity, accounted for the intolerance. (p. 5)

I have presented these concepts to you because it is important and necessary for all of us to recognize homophobia and heterosexism for what it is before we can really begin to discuss how to change and/or stop it. As program directors it is our responsibility to help educate university administrators, faculty, staff, and students about these issues. There are numerous ways for each of us as individuals to make a difference. It could be by stating your objections to a "fag" joke; it could be by changing the wording of your social function invitation from "you and your spouse" to "you and your guest", it could be by having a local LesBiGay speaker address your students on these issues; it could be by changing the wording on your patient history form.

I'm sure that you can probably think of many ways to address these issues in courses and in daily activities. However, be prepared to be challenged, and even threatened. Just remember that as long as one person is demeaned for being different we are all lessened.

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Dialogue for Diversity

Maurice I. Mendel, Ph.D.
University of Memphis

It is a pleasure to have this opportunity to discuss some of the diversity issues that we have grappled with at my university. By way of introduction, I'd like to explain that I have been at my current university for about nine years. The University is located in a community that is over 50% African American. At the time of my arrival, the clinical population served reflected the demographics of the community. The faculty contained one African American clinical supervisor, no African American doctoral faculty, and no African American master's students. There were a small number of African American doctoral students. The major focus of my brief discussion will be to describe some of the changes that have taken place in these intervening years with respect to diversity.

A summary of accomplishments of these past few years would include the fact that we have obtained two Personnel Preparation grants from the US Office of Special Education and Rehabilitation Services (OSERS) to support African American master's students, and two Leadership grants from the OSERS to support doctoral and post-doctoral students with an interest in multicultural issues in communication disorders. What this summary does not begin to indicate is the efforts that went into these activities, and the tremendous amount of learning, on the part of faculty and students, that has occurred. There have been some notable successes, some less than total successes, struggles with many difficult issues, and a tremendous amount of learning.

Within months of receiving our first Personnel Preparation grant in 1989, we lost our single African American clinical supervisor. We found ourselves as a group of European American doctoral faculty and clinical supervisors who were actively recruiting African American master's students. In a paper describing these events (Hillard, Tronolone, Mendel, Manning, & Taylor, 1994), we characterized the experience of moving our department "from a primarily mono-cultural 'village' of European American students and faculty to a 'global village,' changed in diversity by the arrival of several African American students." In order to learn more about each other, the students and faculty began meeting as a group that evolved into our FASCE (Faculty and Student Cultural Exchange) group. Since the primary goal of the group was intercultural understanding, it quickly became apparent that no one was an "expert", in that each person could best describe his/her own experiences and perspectives. I think it is fair to say that we all, faculty and students alike, learned a great deal from this experience. The FASCE group enjoyed a 5 or 6 year life cycle, and then gradually ceased to be seen as critical. The untimely death of Sallie Hillard in 1993 no doubt contributed to this process.

A brief summary of the Master's level OSERS grant is that between 1989 and 1995, we were able to recruit 16 African American students to the master's program. Thirteen of those students graduated from our program. When our OSERS grant support ended in 1995, we were successful in convincing our University to continue student funding at the same level as had been

included in the grant. This is one of the achievements of the past few years of which I am most proud. Four African American students have been recruited in this manner, with the first two graduating in May, 1997, and the other two finishing the first year of the master's program in May, 1997. Two additional students have been recruited with University funding to begin the program in August, 1997.

A brief summary of the first OSERS Leadership grant is that between 1991 and 1996, we were able to recruit 9 doctoral students to our program, and 9 post-doctoral fellows to a special summer program. While the major focus of the Leadership grant was to recruit doctoral students with an interest in multicultural issues in communication disorders, 5 of the 9 students are African American. Four of the students have completed the doctoral program, and 3 of the 4 are currently employed in university settings. Many of the summer post-doctoral fellows are faculty at Historically Black Colleges and Universities. We received funding for a second OSERS Leadership grant in 1996, and are currently recruiting doctoral and post-doctoral fellows for that program. With OSERS Leadership grant funding, we have been able to hire an African American doctoral faculty member into a new position that was originally grant funded, and which has subsequently been assumed by the University as a regular tenure-track position. In addition, this grant has allowed us to establish the Biennial Memphis Research Symposium which was held originally in 1994. A summary of the first Symposium was published by Kamhi, Pollock, and Harris, *Communication Development and Disorders in African American Children: Research, Assessment and Intervention*, in 1996. The second Symposium was held in 1996, and the third is being planned for 1998.

The preceding summary of activities associated with our OSERS grants highlights many of the accomplishments. It does not begin to describe efforts leading to these accomplishments. A partial list of issues that we have addressed since 1989, and in some cases continue to address to this day, include challenges associated with recruiting and retaining students, standardized admissions test scores, providing additional support for "some" but not "all" students, variations in learning styles among students, and recognizing and accommodating individual differences among students, to list but a few.

Underlying our approach to many of the issues associated with diversity has been a belief in the Asset model proposed by Blake and colleagues (1990). This model stems from a framework of respect for, and appreciation of, cultural similarities and differences. In an article titled "The Challenge of Diversity," Blake, Saufley, Porter, and Melodia (1990) proposed "...a shift away from traditional teaching modes and perspective, from viewing student diversity as a problem to be solved, to looking at it as a resource to be utilized. In other words, the faculty must learn to access the assets (of minority students) ...rather than to reshape their deficits (differences) to fit the image of the academy" (p. 241). I believe there is much to be gained from this approach. It is my belief that it has enriched our program in ways that are beyond measurement. I recommend it with enthusiasm.

As I indicated at the beginning of this session, I have been dealing with diversity issues at my current university for about nine years. I think the important message with which I would like to close is the fact that, while we have had some areas of success and some areas of less than total

success, one of the things that I have learned is that none of this happens quickly. Some issues with which we began dealing nine years ago have been resolved in the intervening years, while some are still unresolved. I believe the unresolved issues continue to present challenges for the future. A paramount factor remains perseverance.

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Dialogue for Diversity

H. Donell Lewis, Ph.D.
North Carolina Central University

I am appreciative of the opportunity to dialogue with you this evening about an issue that is near and dear to me and one which I hope is near and dear to you. Of course that is perhaps already evidenced by your presence here at this session.

I chair the graduate communication sciences and disorders department at North Carolina Central University -- an historically and predominately black university, where 95% of the more than 6000 students are African American. Of interest, close to 50% of the students in our graduate program are white. I tell you this because, if you think you have issues of diversity for which you do not have answers, try spending a day with me.

When I was first asked to participate on this panel, I thought "oh boy, here we go again". But then I remembered all the comments and dialogue we had in San Diego last year and the tremendous degree of interest and seriousness surrounding our approach to this issue of diversity -- what it means, how we control it, and what it portends for us in the future. It became clear to me that this group has to be in constant dialogue about diversity, and what better group to lead this dialogue than the chairs and directors of the more than 300 communication sciences and disorders programs throughout the U.S.

You are by the very nature of your positions, agents of change for your institutions and for the thousands of young people who look to you as role models and mentors.

We are always uncomfortable with issues that not only impact us professionally, but those that also affect us personally, and particularly on a moral level. When I say this issue is near and dear to me, I mean that I live with this issue on a daily basis. As you can rather easily discern, I am African American. I rarely have a day which does not include several professional and or personal reminders that I am a minority person in what I believe to be an increasingly race conscious America.

We live in America and therefore it is impossible to think that we can exist without being impacted by the increasing degree of racial polarization, racial hostilities, and other overt and covert acts of discrimination. In preparing for today, I reviewed our most recent Council survey, and even dusted off and revisited Lorraine Cole's 1985 paper entitled "Minority Brain Drain in Speech-Language Pathology and Audiology" (Cole, 1985). After my review, I concluded that you have all read and analyzed these data. The statistics are not markedly different and the trends have not drastically changed. Even the barriers so eloquently delineated in Lorraine's paper are not any different today in 1997 than they were in 1985 when she studied them. I decided that we don't need more studies and statistics, but we do need more dialogue and a resolve to try and shed our individual biases and hangups about race and what really matters.

I did not come here today to talk at you, but to implore you to return to your institutions and lead discussions about diversity with your faculties and your students. We have been talking about diversity or the lack of diversity in this field for years, and yet not a whole lot has really changed. The climate for minority students and faculty continues to be less than desirable in many places and downright hostile in others. The barriers identified in Cole's paper in 1985 are to a great extent the barriers which still exist today:

- Financial constraints
- Professional viability
- Credentialing requirements
- Foreign language use
- Decline in minority programs
- Minority faculty

My suggestion is that the Council create a task force much like what ASHA did in the 1980's to address issues of diversity. The goal of this group should encompass a revisit of the barriers which continue to prevent greater participation by minorities in this profession. We are collectively the single most powerful group for effecting change in this arena. We shape the collective policies and attitudes in communication sciences and disorders departments across the country. Let's move beyond dialogue to action before we enter the next millennium. Our goal should and has to be to provide leadership to this profession on this ultimately important issue.

Dialogue for Diversity

Summary, Elaine McNiece

The panel members have given us a number of important issues to consider. Barriers to expanding diversity within academe continue to exist and the climate for some faculty and students may be less than desirable. Several strategies for removing these barriers have been presented by the panel members and participants. I would like to thank each of you for your input.

Panel members are interested in assessing the campus experiences and experiences as members of specific groups that members of the Council of Graduate Programs in Communication Sciences and Disorders have had with diversity. We would also like to know Council members' attitudes and actions relative to diversity. A *Diversity Survey* is included in each registration packet. We are asking that each conference registrant complete the survey and return it to the registration table.

The survey, or some modification, may be used as a tool in your own programs to focus the same attention for your faculty and students on the issues of personal privilege and bias that the panel members have raised in their comments tonight.

A copy of the *Diversity Survey* follows. Forty-six attendees returned completed surveys and a summary of the results follows the blank survey form. The results confirm that we must continue to devise new strategies for insuring inclusiveness for all groups and for removing barriers to equal opportunity.

The Glories of Being a Professor

Ray D. Kent, Ph.D.
University of Wisconsin-Madison

I am a professor. To be more precise, I am a full professor. Full of what is open to some speculation, I suppose. But as long as I am composing the words, I shall define the terms. The word full does not mean complete. A professor is never complete. He or she may be finished, but never complete. To me, the word full in full professor signifies a certain maturation in trying to live the life of the mind. That, to me, is what being a professor is all about -- to live the life of the mind. The purpose of the university is to prescribe the life of the mind (Anderson, 1993). I use the word university to include the various institutions of higher learning represented in the membership of the Council of Graduate Programs in Communication Sciences and Disorders.

I was asked to address the subject, "The Glories of Being a Professor." I am happy to tell you that this talk is not a work of fiction. I sincerely believe that there are glories in the life of an academic. I also believe that it is good for us to count these glories now and then, both to reassure ourselves and to encourage those who would follow after us. We in the professoriate have a rich heritage and a privileged life. It is important that we fulfil our professional lives not merely for individual satisfaction but also as part of a tradition that defines higher education.

It is not easy to explain what a professor does. My own university has not succeeded in telling the citizens of the state what it is we do. For that matter, it is rarely understood by those outside the university what it is a university does. The skepticism about universities was captured in Jane Smiley's novel *Moo*. She wrote:

It was well known among the legislators that the faculty as a whole was determined to undermine the moral and commercial well-being of the state, and that supporting a large and nationally famous university with state monies was exactly analogous to raising a nest of vipers in your own bed. (Smiley, 1995, p. 19)

I do not know how closely this description fits reality, but it does make professors sound very important. In my own state, it is said that legislators do not want it known if faculty visit their state offices. So, I suppose, we are at least somewhat unsavory, if not absolutely villainous.

One reason it is difficult for many of those outside the university to understand what professors do, is that professorial roles are largely unlike what other people do for a living. This difference in roles is important to appreciate the special qualities of an academic life. Professors have a duty and privilege given to very few.

The rare privilege of academic life was described by Thomas H. Huxley in 1902. The following quotation, amended only slightly to free his text of an exclusively masculine orientation,

helps to define part of the glory of academic life:

In a country like this, where most [people] have to carve out their own fortunes and devote themselves early to the practical affairs of life, comparatively few can hope to pursue their studies up to, still less beyond, the age of [adulthood]. But it is of vital importance to the welfare of the community that those who are relieved from the need of making a livelihood, and, still, more those who are stirred by the divine impulses of intellectual thirst or artistic genius, should be enabled to devote themselves to the higher service of their kind, as centres of intelligence, interpreters of Nature, or creators of new forms of beauty. And it is the function of a university to furnish such individuals with the means of becoming that which it is their privilege and duty to be. (Huxley, 1902, p. 205)

The glories of being a professor are many. The list that I offer is highly prejudiced by my own experiences and there is no doubt whatever that many of you could add to the list. With this acknowledgment of incompleteness, allow me to glorify a way of life. The glories are discussed in the categories of teaching, research and scholarship, advising and mentoring, university governance, and collegiality.

Teaching: Setting a Good Table

In his book *The Abundant Life*, Benjamin Ide Wheeler (1926) had this to say about the modern university (again, I have taken license to make the text inclusive of both genders):

A modern university is rather a poor mechanism for giving anything to a student which [s/he] does not reach for. Indeed, it is a question whether the student ever really gets anything [s/he] does not take. A university sets a pretty good table, but does not guarantee either an appetite or a digestion. The education which a [person] gets which will really count must involve a change in himself [or herself], -- in [one's] character and being. A university has at its disposal no alchemy by which brass can be turned to gold. The gilt form of education wears out very soon and is worse than nothing. The university constitutes for the student an opportunity of entering in and making the most possible out of himself [or herself]. (Wheeler, 1926, p. 187)

The wording may be archaic, but the basic idea that Wheeler expresses lives to this day. We who proclaim the "modern university" may very well say in chorus: "The university constitutes for its students an opportunity of entering in and making the most possible of themselves." We as professors show the way. That is high privilege and a serious undertaking.

Guarding the Archives of Knowledge

We guard the accumulated knowledge of our disciplines jealously, as if all acquired knowledge were ours alone to defend. This is an important role, for culture has entrusted us to define contemporary wisdom in the various disciplines that comprise a university. We, more than

any other group, protect the knowledge that has been won by research and scholarship. The word professor is synonymous in our culture with one who is learned. It can also connote eccentricity, but that may only reflect the uncommon role of the academician in our society.

But our guardianship has an unusual twist. For we are not guarding an impregnable museum of ideas, but rather a dynamic and changing body of knowledge. If we sense a clever attack from the students in our charge, or from our academic colleagues, we can quickly become accomplices in the assault on the received wisdom. We will even open doors that might encourage the attack. Should the attack be successful, we rejoice in it and now defend the newly won wisdom. Our allegiance is not to any particular piece of wisdom but rather to the pursuit of wisdom.

What Do We Teach?

"What do you teach?" we are often asked. I usually reply that I teach in the Department of Communicative Disorders and then prepare myself to amplify this response, by explaining what communicative disorders is all about. If I happen to mention something that resonates in the other person's experience, such as stuttering, or deafness, or cleft palate, then my questioner nods knowingly and typically says, "Oh, that must be interesting," or, much worse, simply "Oh." Of late, though, I realize that I have been putting it wrong. What I should have been saying is, "I teach students how to think." For that is what all professors really should be doing in the first place. Of course, we instruct in a particular body of knowledge, but the objective is to teach students how to think, at least in a particular discipline, and, even better, across disciplines.

When all is said and done, it is really the thinking that matters. If I succeed only in imparting some information, I have done little more than what could be done with a few lines of print, some pixels displayed on a computer monitor, or some unwinding of the spools on a tape recorder. But if I prompt THINKING, that is something else again. This is a high calling. If we succeed, then our students leave the university with a kind of preparation that qualifies them to participate in a democratic society and to work as independent professionals.

They Who Can Do, They Who Cannot Need to Learn How

One of nastiest things ever said about the craft of teaching is "They who can do, they who cannot teach." This little saying has such a seductive ring to it that some people actually seem to believe it. But it fails as an aphorism. And its frequent repetition is a hollow clanging. The truth really is, "They who can do, they who cannot need to learn how." In fact, teaching may be the supreme test of one's competence. Passing our skill and expertise to another is very nearly the definition of civilization.

There are many ways to teach, and we sometimes forget that we teach by example as much as by the words of a lecture. Our best students often learn from us even when we did not consciously try to teach. Rather, we were simply living the life of the mind. Good students observe the model of scholarship and the dedication to learning that we possess.

A little story might help to make the point of how teaching can be done by example. A mother of a little girl came down with a bad cold. The little girl did her best to fulfil the role of nurse, by fluffing the pillow, filling the water glass by the bed, and fetching blankets as needed. Then, quite to the mother's surprise, the little girl showed up at the bedside with a cup of hot tea. The mother drank the tea and enjoyed it thoroughly. Then she asked her daughter how she had managed to brew such a good cup of tea when she had never done it before. "Well, Mommy," the girl replied, "I watched you many times when you made tea, and I did the same things. After I got the water to boil, I poured it over the tea leaves, and let it steep for a while. Then I strained it. But I couldn't find your tea strainer, so I used a fly swatter instead." The mother could barely gasp, "You used what?" Sensing her mother's dismay, the little girl hastened to add, "Don't worry, Mommy, I didn't use the NEW flyswatter -- I used the OLD one."

Hygienic issues aside, this little story proves the value of observational learning. It also demonstrates innovative thinking. If you cannot find a tea strainer, use the concept of straining to find a reasonable facsimile. Within her domains of knowledge, the little girl succeeded admirably. We hope our students do as well, even if we have to drink some questionable tea now and then.

Best Practices

The term best practices may have a distinct clinical ring to it, especially in this day of managed care and demands for data on clinical outcome, but my intended use of the term is broader. In fact, I quote a political scientist who defined best practice for applied fields as diverse as medicine, forestry, city planning, accountancy, and agriculture. The political scientist, Charles W. Anderson wrote: "In such applied fields, the stipulation of best practice, the definition of the normative culture of the profession, the certification of practitioners, are functions performed through close, deliberative collaboration between academics and professionals" (Anderson, 1993, p. 155). Our own discipline and profession make a good example of how academics and professionals stipulate the best practice. This is an important responsibility that the university has across the various disciplines, but it has an especially sharp definition in disciplines with a clinical component. At the risk of being a bit political, I would hope that this responsibility is carefully considered in any attempt to reorganize the structure of the American Speech-Language-Hearing Association. The balance between academics and practitioners must be struck carefully. Both have a stake in defining best practice, the normative culture of the profession, and the certification of practitioners.

Behind the Veil

As professors, we live a life of standing before students and delivering knowledge. There is a bit of loneliness in this effort, for the professor stands as one before many. The novelist Richard Powers (1995) wrote, "Every career has an exclusive corner on loneliness. The loneliness of writing is that you baffle your friends and change the lives of strangers." (p. 241).

The loneliness of teaching is that when we teach we rarely know exactly what influence we may have. The student who sits in the front row and nods wide-eyed assent to our every breath of wisdom may forget the whole lesson at the end of the bell. But the student who hunkers

in the back of the room and assumes an indifferent expression during the entire lecture may be the one who shows up at the professor's office door several days later to announce an epiphany. The roots of glory are not always grounded in splendor. Teaching can have humble roots, but the blossoms can be splendid.

Research and Scholarship

But teaching is not the only glory. The professor's quiver can hold a variety of arrows. These can add spice, and, on occasion, may even eclipse teaching as a major activity.

The "Big Two" for most professors are teaching and research. We are evaluated primarily for our efforts in these two areas. Research and scholarship are intrinsic to the role of professor. As bromidic as it may sound, advancing knowledge is the keystone to our profession. It is not enough to teach what you know. We need to prepare to teach what is not yet known.

One of my colleagues whom I have known for some 30 years remarks to me from time to time that we as professors are unusually fortunate in being able to study, to keep learning, to devote our time to acquiring knowledge. He regards this as a privilege accorded to few, and he is absolutely right. To anyone who delights in the pursuit of knowledge for its own sake, a position as professor is a vocation without rival. Thomas H. Huxley, quoted earlier, recognized the rare privilege of a university life. It is easy to take it for granted, but we should take care not to. Some academicians miss the glory and sense only a kind of estrangement from society at large. Jensen (1995) described their predicament as follows: "The world of scholarship, the often revered 'life of the mind,' is a life that is wholly available to only a very few, and in the United States it is a life that runs counter to the culture and to both the needs and talents of the vast majority of our citizens" (p. 10). The academy is not for everyone, but for those suited to it, it is a sphere of freedom. Just because an academic life is not a popular choice does not mean that our society can function without those who choose it.

There are some who criticize higher education because of what they perceive as a professorial preoccupation with research. But, in fact, research will inevitably be a part of the life of the mind. Although some professors may appear to pursue their research to the exclusion of other activities such as teaching, I am convinced that the great majority consider research as a complement and buttress to their teaching. Moreover, some even see research and teaching as interwoven to the degree that weakening one necessarily weakens the other.

We who teach in clinical departments must strive to unite two aspects of our knowledge that always seem to be under tension to be pulled apart. I refer to science and clinical practice. We have an urgent responsibility to keep them in a single harness. Departments with a clinical mission may well agree with the conclusion of a conference on clinical psychology:

They [the conferees] went on record as viewing science and practice as two facets of the same fundamental entity, declaring that a systematic search for truth can occur in a clinical setting as readily as in a laboratory. The premise leads to the conclusion that training

necessarily involves an ongoing, continuous integration of science and practice and that where such integration is achieved, the relative proportions in which the two aspects are present in any particular training program are of secondary importance. (Hoch, Ross, & Winder, 1966 p. 75)

Sage Counsel -- Advising and Mentoring

One of the confrontations for which it is impossible ever to be fully prepared is the advising session, especially if you draw the lot that puts you in the uncertain position of advising whomever undergraduate student seeks an answer to life during a block of time when you sit in the advising office. It is not enough preparation to know curriculum and requirements, for the advisor really needs the wisdom of Solomon. The faculty advisor, however unprepared he or she may feel for this role, is one of the most important personal faces of the university. Sitting across the desk from a student, the advisor is real-life evidence that the institution known as a university cares about the individual lives of those who live within it. This is face-to-face talk, sometimes about critical decisions.

I think that dedicated advising is extremely important, and advising done well is a glory of the academic life. Much of what transpires may be routine, but there are times of life-changing significance. Regarding the latter, I think that Emily Dickinson wrote what could be an advisor's credo:

If I can stop one heart from breaking,
I shall not live in vain:
If I can ease one life the aching,
Or cool one pain,
Or help the fainting robin
Unto his nest again,
I shall not live in vain.

For all its importance, helping fainting robins will not be mentioned in a curriculum vita.

Many of us also are mentors, especially to graduate students but sometimes also to undergraduates. Because of its individualized nature, mentoring is an intense interaction between the mentor and mentee. The mentor has several roles, including **advisor** (sharing the benefits of their own career experience), **supporter** (offering emotional and moral encouragement the student), **tutor** (evaluating the student's performance and suggesting ways of improvement), **master** (demonstrating the best practices), and **model** (living the life of the mind) (Graduate Council of the University of Arizona). The mentoring role is a kind of intellectual parenthood in the best sense of the word. We seek not control over a student's mind, but a commitment to guide the student on the road to intellectual maturity, independence, and reward. The multidimensional nature of mentoring makes it one of the most enriching human interactions.

University Governance: Herding Cats and Changing Lightbulbs

It has been said, with much justification, that chairing a department in a university is like herding cats. Cats do not herd well, and neither do most members of a faculty. Administrators who like to herd probably will not be happy in university life. The herd mentality is alien to the spirit of the university. Of course, it can be frustrating at times to use the powers of thoughtful persuasion to get things done. But that approach is at the heart of a life of the mind. Faculty are not sheep, and if they were, the university would be the poorer for it. It is sometimes difficult to honor recalcitrance and independent thinking in our colleagues. But, after all, one definition of a faculty member is "one who thinks otherwise."

It is also said that universities are bound with inertia and that professors are loathe to change. As the joke goes, how many full professors does it take to change a lightbulb? The answer: 12 -- one to screw in the new bulb and the other 11 to talk about how good the old one was. How many associate professors are needed for the job? Only 3 -- one to blame the burnt-out bulb on the carelessness of inexperienced assistant professors, one to blame the spent bulb on the lack of preventive maintenance by negligent full professors, and one to ask the department secretary where the light bulbs are. And how many assistant professors are needed? Well, my research indicates that it takes just 2 -- one to determine if this task might help in promotion to tenure, and one other to recruit a graduate student with technical skills.

Some inertia is inevitable and essential. Universities must take care not to abandon the lessons of the past. Scholars have a responsibility to preserve the knowledge and the ideas of their predecessors. It is not a slavish tie to the past, but rather the sincere continuity of intellectual heritage. We scholars must have a humble recognition of the earnest efforts of those who cleared the path so that we could walk as far as we have. Universities, perhaps more than any other of our institutions, honor the past even as they grapple with the present. The resulting tension is at times difficult, as can be seen in a spate of books dealing with fundamental questions about the nature of a liberal education (Bloom, 1987; Levine, 1996; Reading, 1996). The fact that professors are scholars makes them responsible not just to their own understanding of things, but also to the history of thought. Major changes in pedagogy should be undertaken cautiously, both out of respect for educational tradition and concern that students not be short-changed through a whimsical adoption of novelty.

Universities do change. The earliest American universities adhered to the classical tradition focused on the study of Latin, Greek, natural philosophy, moral philosophy, and logic. Of course, the sixties brought about major change. I refer not to the 1960s, but the 1860s. In 1869, Charles William Eliot became president of Harvard University. He introduced the elective system, which permitted students to select their own courses. This idea, revolutionary in the time of its introduction, has been nearly universally adopted in modern universities. This was a fundamental change in the philosophy of higher education. At its extreme, this idea can lead to an educational "supermarket" in which students pick and choose courses according to their own idiosyncratic desires. Those who decry this extreme typically believe that professors are in a good position to recommend to the student a nutritious balance of courses. I dare say this is the conviction that most of us share.

One century later, the 1960s delivered a new tension to higher education. Inspired partly by the anti-war movement and a deep questioning of authority of any kind, many young adults demanded relevance and self-determination. In response, many universities liberalized their curricula, invited students to participate in some aspects of university governance, and overthrew some time-honored academic traditions. University campuses became a focus of national attention, and, regrettably, a battle ground on which blood was spilled. The 1960s were difficult times in many respects, but higher education survived this tumult and the threats of reprisal-minded politicians.

In quoting sterling academicians such as Thomas H. Huxley and Benjamin Ide Wheeler, I changed their texts to recognize a fundamental change in the composition of our universities: men and women as students and as professors. In many colleges and universities today, women students outnumber men. The inclusion of women has revitalized our universities and is helping to reshape our society, however slow the process may seem. Of course, for those of us in communicative disorders, women are the majority of our students. We cannot pretend that sexism has been eliminated, but we can take some satisfaction that higher education is assuming an ever-increasing role in preparing young men and women for the responsibilities of citizenship and for their vocations.

As a final comment on university governance, I recall some advice that was given to those newly appointed to chair their departments. The advice was: A chair should have gray hair and hemorrhoids. Why gray hair? The gray hair lends a wise, distinguished, experienced look. Why hemorrhoids? They help to make the department chair look concerned.

Collegiality

The term "community of scholars" might sound like something from a brochure intended to recruit students or new faculty. But it is more than a cliché, more than an abstract notion, more than a vague reference. Although faculty tend to be independent thinkers, most do not think or work in isolation. For most, isolation is contrary to intellectual growth. In my experience, professors like the company of one another. Collegiality extends beyond the campus of any given university. Many academics maintain professional contacts with colleagues throughout the country and the world. The affiliations that academics forge among themselves is essential to the promotion of ideas and to progress in higher education. This meeting of this Council is one example of the need that we feel to meet with one another, to exchange information, and to fulfil our responsibilities.

Facing the Storm

It would be disingenuous to ignore the storm of words that have been written about the current state of higher education. I refer specifically to books with titles such as *Profscam*:

Professors and the Demise of Higher Education, The Closing of the American Mind: How Higher Education has Failed Democracy and Impoverished the Souls of Today's Students, The University in Ruins and, my favorite title, *Will Teach for Food*. These do not sound like glorious descriptions of our universities. Imagine a university motto that reads: "We fail democracy and impoverish souls." I will not pretend that the issues raised in these books are trivial or wrong-headed. They are a serious examination of higher education in the United States, and we as professors should not ignore the criticisms leveled against us.

Criticism also comes from within, and this criticism can be particularly biting. Jensen (1995) explained why: "Complaints about academic life ... are apt to seem unusually powerful because so many critics are so articulate. The very rhetorical skills that lead individuals to the academy enable them to attack it with often extraordinary verbal power" (Jensen, 1995, p. 9). I suppose most of us know colleagues in our own departments or in other departments who are expert with verbal condemnations of almost anything they see.

It is important to remember while reading these criticisms that one reason for the agitation is that so much is expected of our universities. Where much is expected, there is likelihood of some disappointment. Certainly, published and spoken criticisms of our universities should not be cavalierly dismissed, but I think that they often fall short of giving a good appraisal of our universities. There is a strong tendency to emphasize the negative and conveniently forget the positive. We continue to have one of the best university systems in the world. Approximately 65% of high school graduates go on to colleges or universities. This rate of matriculation is the highest in our history, and, I suspect, higher than in any other nation. Anderson (1993) reminds us that there have been considerable accomplishments in higher education:

As an enterprise, the American university is, of course, a remarkable success story. There is a constantly increasing demand for its product. The industry has been innovative, constantly developing more diversified and convenient services tailored for different markets, needs, and expectations. Next to the home, higher education is one of the most expensive elements in the family budget, but most reckon the investment well worth the cost. Many incur great debts and defer other satisfactions to obtain these services. In a consumer society, this is one of the most valued goods. (Anderson, 1993, p. 9)

Students continue to throng to our doors, and even though many may grumble about the cost of higher education, our universities stand as a emblem of our national faith in a better future through learning and discovery. Perhaps I have a biased sample, but I have noted an increase in the number of undergraduate students who express an interest in an academic career. Although relatively few may actually realize this ambition, it is encouraging to see that they are drawn to the life of the mind.

In addition, our graduate and professional schools are heavily enrolled with students from Europe, the Middle East, Asia, South America, Africa, and other parts of the world. If an export tax were levied on the knowledge that leaves our country, the balance of trade would quickly be reversed in our favor. I heard of one CEO of a high-technology firm who observed that one of the greatest strengths of our nation is its system of higher education.

It should be recognized that the discipline of communicative disorders in the United States has an international influence. Students from many nations have attended our graduate programs and are now at work in their own countries. What we do today in our nation carries international influence, and it would not be at all surprising if the development of this discipline and profession throughout the world is heavily influenced by the model in the United States.

Conclusion

It is not a fiction to say that professors can live a glory-filled life. It is no exaggeration to say that we have been given unusual privilege and exceptional duty. It can be a life that has extraordinary influence on our peers, our students, and on society. Few people who have not labored in academia can have any real understanding of this life. The life of the mind is earned only through long apprenticeship and continuing effort. But the fruit of this discipline and sacrifice is one of humankind's greatest accomplishments.

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Implementing a Broad Liberal Arts Curriculum

Institutional Perspectives

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Overview

The motivation for this workshop stems from the excellent presentation by Hochberg (1996) on the significance of a broad liberal arts and sciences undergraduate curriculum in the education of the professions' service delivery providers and its scientists. Hochberg discussed why it should be done. Our aim today is to discuss how it can be done. I asked four colleagues with experiences in this area to join me. First, I will discuss implementation issues from institutional, that is, university and academic, perspectives. Second, Jeri Logemann will discuss these issues from professional perspectives. Next, Jim Naas, Mick Hanley, and Kim Wilcox will discuss their experiences in developing and implementing undergraduate curricula at Baccalaureate, Master's, Doctoral, and Research 1 institutions.

Hochberg (1996) presented eloquent arguments in favor of developing the undergraduate curriculum as a "laboratory science". Because there is insufficient time to properly reiterate all of Hochberg's points, I mention only two, which, in my view are among the most critical. First, the scientific foundations of the discipline are best nurtured at the undergraduate level -- at the time when the attitudes and motivation for advanced study of the discipline are being shaped. Second, the undergraduate curriculum should be "deprofessionalized". Hochberg argues; "Disengaging the study of communication sciences and disorders from its coupling to professional education allows the reshaping of undergraduate study of the discipline into an intellectual climate in which educational objectives are self-determined, scholarship reigns supreme and academic achievement is its own reward" (p. 49). Related arguments in support of the scientific basis of the discipline, which represent the impetus for curriculum reform, can be found in Alfonso (1996), the NIDCD working group report on the research training needs of graduate programs (NIDCD, 1994), and the ASHA Research and Scientific Committee report on research education in communication sciences and disorders (ASHA, 1994). I encourage all who are contemplating implementing an undergraduate liberal arts curriculum to begin by studying these references.

Institutional Motivations for the Liberal Arts and Sciences Undergraduate Curriculum

What are the critical institutional issues that bear on curriculum reform in favor of a broad liberal arts and sciences orientation? My view is that universities are facing the same accountability and fiscal issues that the health care industry has experienced in the past decade, which of course have led to national health care reform. Universities are lagging about five years

in both experiences and resolutions but in my view the road to health care reform provides meaningful insights as to what the future bears for the academy. In today's climate, accountability and fiscal pressures are generating new budgetary policies. These policies, in turn, are reshaping institutional mission statements and operational frameworks. While all universities are reacting in one form or another, a few are embracing a revolutionary budgetary system called Responsibility Center Management (RCM). (For a thorough treatment of RCM systems see Whalen, 1991). RCM systems and variants share most of the following attributes:

- *A concept of ownership* that creates positive incentives
- A practical system of *accountability* attuned to performance, opportunity, and institutional values and goals
- *Transparency* of process and outcome
- *Clarity* with respect to responsibilities
- *Adaptability* to opportunity, exigency, and altered conditions
- *Strategic capacity* to allow for steady progress toward carefully chosen institutional goals
- *Simplicity*

To illustrate, one implication of the "concept of ownership" is that while RCM systems provide departments ("centers" in RCM jargon) with a transparent mechanism to alter operational procedures -- for example, undergraduate curriculum revision, only those alterations that meet institutional criteria for targeted outcomes and are in line with accountability and fiscal realities would be supported.

Criteria that address accountability and are common to RCM and related budget reform systems include centrality, cost, quality, and inclusivity:

Centrality

- Non-major IU's
- Cross-listed courses
- Jointly appointed faculty
- General education requirements (e.g., natural science and technology, social and behavioral sciences, composition, quantitative reasoning)

Cost

- Cost per IU
- Number of IU's generated
- Course demand
- Demand for major/minor

Quality

Inclusivity

The main point I wish to make here is that, depending on the department's campus context, many departments would more likely achieve these criteria with a liberal arts and sciences curriculum than with a preprofessional curriculum. Time permits only a brief discussion of two of these four criteria -- centrality and cost.

A common measure of accountability is centrality, which, although elusive to define, is measured often as the number of nonmajor instructional units (IU's) enrolled in department courses. Another common index of centrality is the number of course offerings that meet institutional and state general education requirements. That we are doing a poor job in both these areas is indicated by a recent survey by Alveras (see Alfonso, Alveras, Heinze, Johnson, Seaver, & Williams, 1997), who showed that only 53 percent of Communication Sciences and Disorders departments offer minors in the discipline. Minors are of course one way to generate non-major IU's. Even worse, the same survey revealed that only 5% of Communication Sciences and Disorders departments offer general education courses. My assertion is that a deprofessionalized curriculum would be more appealing to outside majors, more relevant in regard to fulfilling general education requirements, and would be, in general, more conducive to the centrality criterion than would the preprofessional curriculum in many institutional environments.

Like centrality, the cost criterion is evaluated in various ways, but a common index is cost per IU or some variation. Currently, many of us are riding high on the crest of large undergraduate and Master's enrollments, but there is no reason to believe that the cyclic variation in enrollments that we experienced in the past will not return. Further, CSD programs are expensive to operate primarily because clinic expenditures are not offset by tuition revenue generated by clinic practicum. Here, too, we would be much better off with a wider and more stable base of undergraduate students that would be afforded by a broad liberal arts perspective.

Is a Liberal Arts and Sciences Undergraduate Curriculum Possible for Everyone?

A number of times now I have used the wiggle phrases "campus context" and "institutional environment" to infer that invigorated accountability schemes and novel budget reform systems will differentially drive liberal arts and sciences or preprofessional undergraduate curricula in large part as a function of local circumstance. It is no small issue with respect to the argument that departments should establish a liberal arts and sciences undergraduate curriculum that we are often described as a multifaceted discipline. The unintended consequence of this is that CSD departments reside in a wide variety of colleges and schools, many of which have distinct missions and associated issues. Figure 1 shows the magnitude of the institutional diversity in which our programs are found. To generate the data shown in Figure 1, I collapsed college/school/division affiliations for CSD programs into seven categories, using an ASHA list of 213 accredited programs plus several pending applications. I have included as Appendix I a listing of college titles for each of the college categories shown in Figure 1. The Allied Health category, for example, includes 25 different college titles such as health sciences, human development, public health, and nursing. Returning to Figure 1, note first that seven college categories emerged, ranging from Fine Arts, to Medicine, to Education. Perhaps more important than the large institutional diversity shown here

is the inevitable diversity in the perception of local university administrators in regard to their views of the undergraduate curriculum. What are the Provosts' and Deans' perceptions of the discipline's undergraduate curricula in regard to liberal arts and science versus the preprofessional orientation? Second, note that Liberal Arts and Sciences is the most prevalent category but represents only 32 percent of the 213 departments. And finally, three college categories, namely Liberal Arts and Sciences, Education, and Allied Health represent 82 % of the 213 programs.

What are the consequences of such institutional diversity, not only to undergraduate curriculum reform, but to the broader issue of enhancing the support of the scientific basis of the discipline? I am not aware of any research on this topic, but my guess is that the consequences are worth knowing. I propose the Council begin a study of these issues with special consideration of the following four questions:

1) Does college affiliation matter with respect to emerging accountability and fiscal pressures?

My view is that college affiliation does not matter, but emerging accountability and fiscal pressures will probably lead to some level of curriculum reform. Departments may be better served by instituting curriculum reform before local pressures dictate reform. A liberal arts and science curriculum could better address accountability and fiscal issues than the preprofessional orientation.

2) Does college affiliation matter with respect to reforming existing preprofessional undergraduate curricula to broader-based liberal arts and science curricula?

The degree to which college affiliation influences a department's ability to reform an existing preprofessional undergraduate curriculum most likely depends on the local perceptions of the discipline. In particular, we need to poll the Provosts and Deans of various college to determine their perceptions of the discipline. Regardless of college affiliation, department's should be able to move toward Hochberg's notion of the undergraduate curriculum as a "laboratory science". The critical issue should be the support of the discipline's scientific base rather than the name of the curriculum.

3) Do certain college affiliations better support Communication Sciences and Disorders departments than others?

Anecdotal accounts suggest that some college affiliations provide better support for Communication Sciences and Disorders departments than others, but, to my knowledge, there are no data to support this contention. The Council should seek to determine the college categories where our most successful departments reside. In particular, do Liberal Arts and Sciences colleges provide better support compared to other college categories? Alternatively, it may be that local perceptions, particularly the views of Provosts and Deans, influence the support of the discipline to a greater degree than college category.

4) Does institutional classification (i.e., research university, doctoral university, Master's comprehensive university, baccalaureate liberal arts college) affect the nature of the undergraduate curriculum?

My guess is that institutional classification does not affect in a significant way the degree to which CSD departments can support a liberal arts and sciences curriculum. But again, it is probably the case that this has not been determined in a formal way. I am not aware of any significant reason why an identical undergraduate liberal arts and sciences curriculum can not exist simultaneously at a four-year baccalaureate college and a research university.

Conclusions

I conclude with two points. First, my response to the question "Is a liberal arts and sciences undergraduate curriculum possible for everyone?" is a qualified *yes*. I think it is probably the case that local perceptions, that is, the perceptions of leading faculty, Deans, and Provosts, outweigh the significance of college affiliation. This is not to suggest that perceptions are easy to deal with but rather a statement in support of the argument that college affiliation should not determine the degree to which the undergraduate curriculum can sustain and support the scientific bases of the discipline. In fact, I argue that emerging accountability and fiscal issues provide another and nondiscipline related reason why we should deprofessionalize the undergraduate curriculum.

Second, I end by returning to one last point made by Hochberg (1996) when he emphasized the responsibility of the academy in preserving, supporting, and sustaining the knowledge base of the discipline. We seem to need to remind ourselves periodically that it is us, as members of the academy, who are ultimately responsible -- not the colleges in which our departments live nor the national association to which many of us belong, but rather you and me. I suggest that we get on with it, here and now, and urge the Council to study these and other issues related to undergraduate education.

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Appendix I. Named Units by College Category

Allied Health
Allied Health
Allied Health Professions
Allied Health Sciences
Applied Life Studies
Biological and Allied Health
Health
Health and Applied Sciences
Health and Human Development
Health and Human Performance
Health and Human Services
Health and Social Work
Health and Public Affairs
Health Related Professions
Health Professions
Health Science
Health Science and Human Performance
Human Development
Human Potential and Performance
Human Sciences and Services
Nursing and Allied Health
Nursing and Applied Health Sciences
Nursing and Health Services
Public and Allied Health
Public and Applied Sciences
Public Health

Communication
Audiology and Speech Pathology
Communication
Communication and Education
Communication and Health and Human Services
Communication and Fine Arts
Communication and Theatre
Communication Arts and Sciences
Communication Disorders
Communication, Journalism, & Performing Arts
Speech

Education
Academic Affairs
Advanced Education

Applied Sciences and Education
Education
Education and Allied Professions
Education and Clinical Studies
Education and Behavioral Sciences
Education and Human Services
Education and Human Services Professions
Education and Psychology
Education, Health, and Human Services
Education, Health, Nursing, and Arts Professions
Educational Studies
Human Resources and Education
Psychology and Education
Special Education
Teachers College

Fine Arts
Fine and Applied Arts
Fine and Professional Arts
Fine Arts and Communications
Fine Arts and Humanities

Liberal Arts and Sciences
Arts
Arts and Humanities
Arts and Sciences
Arts, Humanities, and Behavioral Sciences
Arts, Letters, and Sciences
Humanities and Fine Arts
Humanities, Fine Arts, and Communication
Letters and Sciences
Liberal Arts
Liberal Arts and Sciences
Sciences and Humanities
Sciences, Mathematics, and Technology

Medicine
Medicine

Professional Studies
Human Development Professions
Professional and Public Affairs
Professional Studies

Social Science

Behavioral and Social Sciences
Humanities and Social Sciences
Social Science
Social and Behavioral Sciences
Social and Natural Sciences

Other
The College
College of the Pacific
Graduate Division
Graduate Studies

Implementing a Broad Liberal Arts Curriculum

Master's Programs

John M. Hanley, Ph.D.
Western Michigan University

The history of our discipline and professions is very short when compared with other disciplines focused on health and allied health sciences. As we are well aware, the large majority of our pathfinding forefathers initiated the seminal work of the discipline from a broad liberal arts perspective. Many of these individuals preceded us by only one generation. With a healthy basis in the laboratory sciences and a set of experiences studying cultures and literature from analytic/critical models of learning and thinking, our founders developed our scientific and knowledge base. Similarly, the same historical foundation promoted the healthy development of clinical models and therapy approaches, some of which are still useful today. Graduate master's programs found significant benefits from the rich liberal arts experiences students received at the undergraduate level. Presently many programs are admitting students who have been very "professionalized" at the undergraduate level. They have had broad exposure to courses focused upon a variety of communication disorders. However, they frequently lack the basic knowledge base, experiences and attitudes which are natural outcomes of a thorough liberal arts education.

Members of the Council of Graduate Programs in Communication Sciences and Disorders (CGPCSD) are becoming increasingly concerned about the over-professionalization of our discipline at the undergraduate level, mainly because the healthy liberal arts experience has been eroded in the process. These concerns are reflected in a recent paper developed by Hochberg (1996). Hochberg suggested that the dilution of healthy laboratory based undergraduate, liberal arts experiences has severely damaged our discipline. Hochberg implied that the survival of the discipline is in jeopardy and suggested that we must consider deprofessionalization of undergraduate curricula as a means of reestablishing the health of the discipline.

As we have moved through the final half of the twentieth century, undergraduate curricula have become increasingly "loaded" with professional coursework. Today, our students have very few opportunities to elect coursework which promotes learning about basic sciences, cultures and literature in a healthy fashion. Our students are now required to absorb a tremendous amount of information about an increasing variety of disorders and technologies used to treat those disorders. As these students progress toward the Master's degree, however, it becomes increasingly apparent that a very large number of students have not sufficiently developed basic skills of critical thinking and problem solving. What are the desirable experiences and competencies these students might be missing? Students should enter their professional education at the graduate level with a basic appreciation of the discipline and its history as well as the ability to:

- analyze issues and problems in a critical way
- review processes and procedures in a critical way

- apply problem solving logic to better understand scientific and professional issues
- integrate information in a meaningful way
- enjoy the process of learning

I would argue that a large number of students are receiving graduate degrees from our programs without having developed these competencies, perceptions, and abilities. I posit that over-professionalization of curricula is a core phenomenon related to this failure.

The process of over-professionalization of curricula has been gradual and has involved a combination of (a) internal forces and attitudes of the individual institutions, (b) external forces stemming from the professional organization, its regulatory standards, and its accreditation process, and (c) demands of the consumer/community for changes in the scope of professional practice to adapt to the ever-changing demographics of health care.

Curricula of individual programs have expanded to include coursework and practica experiences pertaining to augmentative communication, aging, dysphagia, interoperative monitoring, to name a few topics. To accomplish such an expansion, experiences with the liberal arts at the undergraduate level often have been squeezed out of the curriculum. Even those liberal arts courses which remain as a required part of the undergraduate experience appear to be focused more and more on content rather than process. That is, courses frequently require students to expend a tremendous amount of energy on gathering information rather than on honing problem solving and critical thinking skills. For example, our university has set in place some very impressive looking general education requirements. Coursework is required in four proficiency areas: college level writing, baccalaureate level writing (an upper division intensive writing course), college level mathematics and quantitative reasoning, and a fourth proficiency selected from curricula in writing, computer sciences, critical thinking, sign language, etc. While this is an impressive set of proficiencies on paper, the outcomes from these course experiences are not so impressive. Students entering graduate programs frequently have not gained these proficiencies even though the coursework has been completed. This reality, commonly experienced in many of our educational programs, suggests that a weakening of the liberal arts foundation is not only departmental but also institutional in nature.

The future of the discipline is dependent on the enrichment of our scientific base. It is likely over-professionalization of the curriculum will decrease the pool of scientists whose skills are most appropriately based on strong experiences in the laboratory sciences and mathematics. The future of the profession is also at risk. The most qualified clinicians are not only proficient with therapy activities and technologies but are also excellent problem solvers and critical thinkers. They are knowledgeable about cultures, history, politics, economics, and religion. Those with a strong liberal arts background are more likely to understand communication problems in the context of the human social experience.

Hochberg has developed a significant number of supporters who believe that deprofessionalization of the curricula in our various institutions is needed. To undertake such a process, the Council of Graduate Programs in Communication Sciences and Disorders (CGPCSD) must be committed, in a very unified way, to this task. After careful study and

discussion, alternatives must be discovered and debated. "Deprofessionalized" models must be developed and tested. It may be that a variety of alternative models might be developed to fit the unique characteristics of our individual programs. Institutions without masters or doctoral programs will face different challenges, possibly because of differing missions or philosophical orientations, than the masters or masters/doctoral programs. It may be that some programs will ultimately abandon their preprofessional undergraduate programs and replace them with a traditional liberal arts baccalaureate. Other programs may choose to maintain the professional undergraduate program in an altered, deprofessionalized form. A modification of the combined undergraduate and graduate programs might also be worth consideration.

As we continue to address this issue, we must always be cognizant of the economic, institutional, and political ramifications of our efforts. Institutions which consider deprofessionalization of their curricula may do so for purely philosophical or economic reasons. The CGPCSD, through careful deliberation and study of this issue, has the capacity to instigate a very important change in the educational missions and standards of our member institutions. This will occur only if the commitment is significant.

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Implementing a Broad Liberal Arts Curriculum

Undergraduate Education in the Discipline and/or the Profession

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Northwestern University

My comments regarding undergraduate education in the discipline of communication sciences and disorders and/or the professions of speech-language pathology and audiology represent my views having served as chair of an undergraduate and a graduate program, and currently as director of a clinical service employing a number of master's level clinicians and as an educator of working clinicians in the continuing education format. All of these experiences have led me to see a number of needs and confusions within the profession which, I believe, stem in part from undergraduate education as we now provide it in both the discipline and the profession. I would like to clarify what I mean by education in the discipline and education in the professions.

The current undergraduate education committee for the Council of Graduate Programs in Communication Sciences and Disorders has defined undergraduate education in the discipline as follows:

An educational program designed to provide students with information on the discipline of human communication and an introduction to its disorders with minimal or no coursework included to obtain clinical certification, state licensure or licensure by a State Board of Education.

Coursework would focus on the discipline, not the professions, and would include: anatomy and physiology of the upper aero-digestive tract and hearing mechanism; basic mathematical and scientific theory applicable to research in the discipline; physics and acoustics principles involved in speech and hearing; basic psychological principles of human interaction; normal developmental characteristics of speech and hearing; normal processes of swallowing and predictable variations depending upon food being swallowed and voluntary control; anatomy and physiology of the central nervous system and all other areas of basic science knowledge. This information could then be applied to clinical problem solving or to basic science problem solving within or outside the discipline. Graduates from such a program may go into a number of fields, e.g., psychology, medicine, and dentistry.

By way of contrast, undergraduate education in the professions is defined as:

Provision of the necessary coursework to move into graduate education to become a speech-language pathologist or audiologist.

Coursework would include anatomy and physiology of normal speech, hearing, and swallowing; speech acoustics; phonetics; normal development of speech and language; introductory courses in disorders of speech and hearing; courses in psychology; ethics and ethical behavior broadly

defined in all contexts; courses in education needed for school certification and ASHA certification; and coursework in problem solving. The courses in basic sciences would be utilized in understanding clinical techniques and in problem solving of clinical problems (e.g., What speech and/or swallowing changes would you expect when the hyoid bone is removed?).

In a sense these two definitions present at least a partial dichotomy in undergraduate education. The focus of this panel, a liberal arts undergraduate education, is essentially the first model -- an undergraduate degree in the discipline. I have been asked to provide the profession's view of such an undergraduate degree.

In order to look at the needs of the profession in relation to a liberal arts undergraduate education, one needs to look at the products of our educational program as they enter the profession, that is, the master's graduates who have met the coursework requirements and have passed the CCC examination but need the CFY to complete their certification. What does the profession need in that graduate and what portion of that information is the responsibility, or can be, of undergraduate education? Talking with numerous employers and serving as a clinical employer myself, I believe we need the following:

- a clinician with a sound knowledge of and the ability to apply basic science information to their clinical work. This includes the ability to understand the "whys" of the clinical techniques they utilize and to discuss these in a way which can be understood by the school principal or the physician;
- a clinician with the ability to use basic science and clinical information to problem solve;
- a clinician with the ability to examine a patient's chart and identify the critical pieces of information needed in order to understand the nature of the patient's communicative disorders and identify how and where to collect any additional information in order to select optimal assessment and treatment procedures.

The third item clearly includes information from various disorder areas regarding the exact nature of the communication disorders associated with particular diagnoses, the diagnostic and treatment methodologies that are appropriate for the diagnosis, and the criteria for recommending treatment versus no treatment. This latter information clearly comes from graduate courses. The ability to problem solve, to utilize information to solve clinical problems and to understand the sources of information as well as the scientific principles and research underlying the various procedures to be used in assessment and treatment, I believe, is a part of a liberal arts undergraduate education. Unfortunately, I do not believe education in problem solving is routinely a part of a liberal arts education, nor is application of basic science information to clinical problem solving, but it can and should be a part of all of the scientific coursework related to communication sciences and disorders. Too often we are teaching basic science coursework as if it is something to be memorized and forgotten rather than made so prominent and useful that students understand these are tools to be utilized every day in the assessment and treatment of an

individual with a communication disorder.

The liberal arts education can provide problem solving and basic science information in a way that students can use it in their day-to-day work. For example, in all courses students should be asked problem solving questions such as, "What changes in speech, swallowing or respiration would you expect if a patient had their hyoid bone removed?" or "What changes in respiration, swallowing and speech production would you expect if the patient had the tenth cranial nerve on the right cut as it exits the brainstem?" I would challenge you to ask these questions of your graduating seniors and of your first year master's students. You may be surprised to learn, as some of my colleagues have, that students not only cannot answer the questions from their existing knowledge base but often are unclear about where to go to get the information or, more importantly, how to use the information they already have to answer the question. I have repeatedly heard experienced clinicians make comments such as, "The average master's graduate does not know their cranial nerves" or "The master's students do not know anatomy and physiology." I also hear that "Students can not problem-solve" and "Students can not use information they have to solve a clinical problem or to make assessment and treatment decisions."

In my introductory one-day workshop on evaluation and treatment of swallowing disorders, I frequently get written comments on evaluations, such as, "I wish I had reviewed the anatomy before I came" or "I wish I knew my anatomy better." Students and working clinicians are usually aware of their knowledge base deficits, as are their employers and potential employers. This feedback from students, clinicians, and employers is an indication that we are not teaching critically needed information in such a way that students continue to use it as they progress through their graduate programs.

For the most part, speech-language pathologists employing other speech-language pathologists in a clinical setting do not want to hire technicians. That is, they do not want to hire someone who knows a range of techniques provided in a text or lecture, but does not know why and when to apply them appropriately. The foundation for the thinking clinician is the undergraduate program which presents all of the essential "basic science" ingredients including physics, biology, mathematics, phonetics, psychology and human interaction, linguistics, neurology, anatomy, physiology, acoustics, and acoustic phonetics. These are the building blocks upon which students can then understand the clinical techniques and their rationales. If the profession wanted technicians, we could educate them in a four-year professional degree. I do not believe clinicians and employers want technicians. As one employer said to me very recently, "Why can't our new graduates from master's programs **think**, use the information from anatomy and physiology, and problem-solve their patients?"

I believe we have an opportunity to provide the type of education in a liberal arts undergraduate program which would include coursework specific to problem solving and application of basic science information to problem solving in the senior year. This kind of educational approach in a liberal arts program would provide the student with a strong background to enter a number of different fields including psychology, linguistics, neurobiology, medicine, and dentistry as well as communication sciences and disorders. The profession is looking for clinicians who can use that basic science information in their thought process as they

evaluate and treat communicatively disordered patients. We have a challenge ahead of us as we look at undergraduate education. I believe that the liberal arts approach can provide the needed facts and practice in the thought processes needed to educate thinking clinicians.

Implementing a Broad Liberal Arts Curriculum

Of Cows and Liberal Education

James F. Nass, Ph.D.

Brescia College

In her book *Speech Pathology and Audiology: Iowa Origins of a Profession* (1975), Dorothy Moeller writes:

The level of scholarship demanded in those days may be inferred from the workings of a loosely defined Plan... It was a program devised ... to encourage superior students to range widely in the University, to make scholarly explorations in areas that interested them, and to study in depth and seek some mastery in selected areas that they may choose from the wider field. Each student worked closely with his committee. Examinations were rigorous, and the entire enterprise was demanding in the extreme. The students ... had great privilege and great responsibility. (pp. 16-17)

The "plan" that Moeller (1975) writes about was in effect in the early 1920's at the University of Iowa. It was a plan that championed education across the university curriculum. Esoteric departmental lines were blurred. There was a clear, present commitment to learning -- not simply to the acquisition of what we euphemistically refer to as "knowledges and skills".

What has transpired in the past 75 years to bring us to a reconsideration of fundamental education? How did it happen that we have largely abandoned the disciplinary laboratory in the name of "professionalism" throughout the educational continuum?

It is my pleasure to address this topic because I have made a 25 year commitment to undergraduate education. In addition to that credential, let me add that I am from Kentucky. When it comes to education in Kentucky, we are an interesting people -- often too poor to paint, and usually too proud to whitewash. In the Commonwealth of Kentucky, we tend to practice a sort of thoughtful reductionism. That is, after we finish pondering a problem, we tend to reduce it to a form that even outlanders can understand. It is with a nod to that art that I share my thoughts.

From my back yard, I have come to an understanding about cows. Cows, I have observed, like to eat. They typically start eating in a well-intentioned fashion. Soon they are attracted by an especially succulent tuft of grass. Shortly thereafter they spy another and amble off after it. Then comes another, and another, and yet one more. Before too long, the next attractive tuft is on the other side of a break in the fence, and suddenly the cow is lost.

It seems to me that is what may have happened, indeed is happening, to us. What tufts of grass have we ambled after in the past 75 years? Some of them have been very real. These

include the increasing economic pressures by college and university administrators far more likely to have an MBA than a degree in arts and sciences, or letters and literature. The evolution of professional endeavors has led to an attitude of "retrofix". For example, as our professions have developed procedures for multisystem analyses of dysphagia, or the refinement of intraoperative monitoring skills, the clamor for preparation has led us down the cowpath of course and standards proliferation.

Course and standards proliferation likely lead to informed acquaintance at best. Only rarely do they lead to a critical appraisal. They are tufts of grass.

Hochberg's (1996) thoughtful paper provides an interesting framework for introspection. In some respects, his call for a reinvention of the undergraduate curriculum in communication sciences and disorders as a laboratory science reflects more optimism than is warranted. Such a fundamental change would demand a new and invigorated emphasis on process rather than product. Hochberg (1996) calls for a "deprofessionalization" of the undergraduate curriculum, and urges us to "... assert our resolve that nothing less than bold, courageous, and imaginative action for substantive change will do" (p. 54). His examination of variables is nearly, but not quite, complete.

Today's undergraduate student is not the same as the undergraduate who walked onto our campuses 30 years ago. That variable is too often overlooked. The student who entered the academic community through the 1960's came with, or perhaps to, a realization that she/he needed to know how to learn. That attitude is a far cry from the pattern that seems to prevail today. Simply put, the traditional-aged undergraduates of today do not want us to show them how to learn. They want to be told what they need to know. As a result, we tend to lead them to tufts of grass.

In a recent issue of The Chronicle of Higher Education, Halpern (1997) asserts that "student's personal notions of how the world works influence what they learn in every academic discipline" (p. B-5). All of us who have had traditional and nontraditional-aged students sitting side by side in the same classroom have insight into Halpern's observation. The latter, far more often than the former, more quickly come to engage in the process of discernment. Today's novice academics, the ones whose program we want to change in fundamental ways, must themselves be ready and willing to change in fundamental ways. It is a variable to be accounted for. As Halpern (1997) writes:

Demand is increasing for a new type of employee... They need to be able to carry out multistep operations, manipulate abstract symbols and ideas, acquire new information efficiently, and remain flexible enough to recognize new paradigms. If we fail to address the fact that too many students leave our classrooms unable to transfer principles and understanding to new domains of knowledge, we will

create a work force for tomorrow that is superbly prepared only for yesterday's problems. (p. B-5).

How does the implementation of a broad liberal arts curriculum figure in this discussion? First, the term "liberal arts" is far too often an academic shorthand for "liberal arts and sciences" (Steltenpohl, Shipton, & Villines, 1989). That understanding meshes nicely with Hochberg's (1996) heuristic possibilities.

The call is made for a revised philosophy. That call is, in part, based on an understanding that "preprofessional" undergraduate programs may be somewhat restrictive as they seek to prepare undergraduate students for graduate professional education. The notion is advanced that programs thus conceived may be curriculum-bound. Such a definition may be too closely tied to the current concept of what a professional is. I would suggest that the majority of preprofessional programs that exist in colleges and universities without associated graduate programs are less likely to be curriculum-bound. These programs often flourish in a fundamentally liberal education environment. These institutions typically demonstrate an understanding that the purpose of the liberal studies lies not in their specific content, but in their stimulus to the individual student's powers of reason, judgment, and imagination (Steltenpohl et al., 1989). That understanding should undergird the preprofessional component.

Furthermore, the notion of "disengaging the study of communication sciences and disorders from its coupling to professional education.." (Hochberg, 1996, p. 49), if implemented, would demand a fundamental reversal of traditional faculty commitment to graduate education. That is, the most heralded teachers would need to commit to undergraduate instruction. Imagine that. The best might just be teaching the malleable.

So what to do? It is of no small importance that we have a common understanding that these types of discussions are of importance to our discipline. Nevertheless, we must also understand that substantive, meaningful change only rarely emanates from the proceedings of meetings and conferences. Rather, the origins of educational action are in the collective conscience of academicians.

Let's not chase any more tufts of grass, and let's check our boots before we seek that collective conscience. We are in this together.

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Implementing a Broad Liberal Arts Curriculum

Doctoral Programs

Kim A. Wilcox, Ph.D.
University of Kansas

My task is to speak on the process of broadening communication sciences and disorders curricula from the perspective of a doctoral degree-granting department. Last year at this meeting, I described some of the efforts underway at the University of Kansas to diversify our undergraduate offerings and better integrate our coursework into the rest of the University. I would like to provide an update on that effort.

First, however, I will offer a few general comments. To begin, we should recognize that the distinction between undergraduate only, terminal M.A., and doctoral programs is only one means of organizing ourselves and that this categorization captures some, but not all of the important distinctions that are pertinent to this discussion. As we all know, administrative unit (liberal arts, allied health, education), institutional size, institutional type (private vs. public) and many other factors are just as important to our identities and to our historic roles within our institution as is the highest degree that we confer. Furthermore, in general, we all share as many similarities as differences. For example, I am constantly amazed by the homogeneity of curricula across speech and hearing programs.

That said, there are some aspects of doctoral programs that are unique and important to this discussion.

1. Doctoral programs often have more flexibility due to a reduced reliance on undergraduate instructional units.

Doctoral programs garner their institutional prestige largely from their research programs. If the unit can document research success (especially in terms of outside funding), then the program will likely be valued by the institution. This is not to say that undergraduate enrollments are not important. Indeed, many of the universities that are moving to the Responsibility Center Management (RCM) model, described by Alfonso at the start of this session, are large, Research I institutions. At these schools, however, student credit hours are just one of several measures of success and centrality, while at many smaller schools they are the primary metric. This diversity of applicable measures of excellence provides doctoral programs with more flexibility to change philosophies and curricula than is available to many smaller schools. This increased flexibility also brings with it a responsibility to assume a leadership role in curricular change.

2. Competition within the undergraduate curriculum is often harder at large universities.

All institutions are rife with politics and especially when the curriculum is at stake. However, at larger institutions, there are more "mouths at the trough" when considering required courses, or even acceptable electives. It can also be extremely difficult to forge alliances with sufficient size and strength to make major inroads in curricular decisions.

3. Doctoral student recruitment needs

We are all feeling the shortage of qualified Ph.D. graduates, but the doctoral programs bear the brunt of the criticism for this shortage. They are also at the forefront of efforts to increase the number of doctoral candidates studying in the field. Moreover, for many programs candidates with a strong clinical or administrative interest have less appeal than do candidates with clear research/academic goals. This is due to several factors, including: (a) pressure from other programs to produce future professors, not clinicians, (b) the need for fully engaged student-scientists in labs, and (c) expectations of training grant sponsors that graduates will go on to research and teaching careers.

4. Doctoral student training needs (especially research supervision)

On its face, this is a "no-brainer" -- doctoral programs are unique because they have doctoral training needs. However, one point is worthy of mention. One important skill needed by future scientists is the ability to both conduct and to direct research. Without undergraduate (and master's degree) students who are actively involved in research, there is no one for the doctoral students to supervise. This is different from our traditional perspective; we need doctoral students to supervise all of the undergraduate and master's students interested in clinical work.

Last year I suggested the following broad educational goals for various degree programs and an associated list of strategies for moving the B.A. curriculum toward this goal.

<u>Degree</u>	<u>Educational Goal</u>
Ph.D.	Scientists, Academicians
M.A. and Clinical Doctorate	Clinicians
B.A.	Educated and Informed Citizens
	<ul style="list-style-type: none">• A basic knowledge in communication sciences and disorders• Production of candidates for graduate study<ul style="list-style-type: none">• Only some students should be candidates• They should be candidates for study in many fields

Undergraduate Curricular Strategies

1. Reduce importance of "tools" in formulating courses/curricula.
2. **Assume** that we offer courses that are of value to others on campus and act accordingly. (For a list of specific course initiatives at KU, see last year's Proceedings).
3. Change the way that we characterize the discipline in class.

After several years of discussion of the undergraduate curriculum, we have made only limited progress on putting the B.A. goals into practice. Our undergraduate program is still quite traditional in terms of its preprofessional character. In particular, we have made little progress in moving our courses from "tools" oriented to conceptually driven experiences. Phonetic transcription dominates the phonetics course, pure tone audiometry dominates the audiology course, and so forth. The continuation of preprofessional coursework that is dominated by the acquisition of preprofessional skills has prevented us from moving very far in making our courses required by other majors, but this remains one of our goals. It is important to note that although much of our curriculum has a preprofessional look to it, our graduates only minimally meet the SLP Assistant guidelines recently approved by ASHA, so it is not a "highly professionalized" curriculum by most standards.

We have also had some success, since last year. Notably our genetics of communication disorders course is now a regular part of the Human Biology (pre-med) program at KU. Also, with the help of a major NSF curriculum improvement grant, our phonetics curriculum is being redesigned in collaboration with the Linguistics Department and we will begin a series of new, and newly revised, courses in the fall. Similarly, we have had some success in changing individual course depictions of the field (i.e., better balance between clinic and research, more emphasis on conceptual underpinnings that bridge across topics and courses), but we still have far to go.

Why do we continue to struggle? It is not for lack of effort. We have been at the task for approximately three years and most parties are supportive of the goals. Certainly the usual culprits are at work among the faculty, including strong personal attachments to individual courses. But at this point, I am convinced that the greatest impediment to progress is our own self-perceptions. We continue to think profession-first and discipline-second. Before we can create a better balance between clinical, scientific, and conceptual issues in our courses, we need to broaden our views of ourselves and our units. I am uncertain how best to move forward in this area, except to note that, in our experience, the process is an extremely slow one.

I will close with one example of how we view ourselves. Our primary identity continues to be (and probably should be) with ASHA, but we must remember that we are individual, not institutional, members of ASHA. While ASHA offers accreditation, our programs are actually members of other groups, the Council of Graduate Programs among them. An analogy at the institutional level is that KU is accredited by the North Central Association but seldom identifies

itself as an NCA school. It is in fact a member of the American Association of Universities. It is the AAU that KU recognizes as formative to its philosophies and its aspirations. ASHA will continue to play a primary role in determining who we are and what we do. However, as long as all of our thinking is dominated by a clinical accreditation process we will struggle to move our undergraduate programs beyond the preprofessional stage.

Council on Academic Accreditation in Audiology and Speech-Language Pathology

Nicholas W. Bankson, Ph.D., Chair

During the 1997-98 academic year the Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA) has been engaged in the following major activities in addition to its ongoing review of programs for accreditation, reaccreditation, or accreditation candidacy:

The CAA application for recognition of its accreditation program by the Council on Postsecondary Accreditation (CORPA) was approved for a 5-year renewal. This constitutes an official endorsement by a major recognition body of the accreditation program that is sponsored by the American Speech-Language-Hearing Association.

The site visitor selection and training process has been completely reorganized. The site visitor cadre has been trimmed from 175 to 50 in an effort to have a better prepared, more highly calibrated site visitor group. Two-week site visitor training workshops are scheduled in Rockville, Maryland for 25 individuals in each workshop.

The board has begun to review the desirability, feasibility, and a specific process for recognition of educational programs that prepare Speech-Language Pathology Assistants (SLPA's).

The major activity of the CAA since its inception in 1996 has been the revision of accreditation standards for graduate entry-level programs in speech-language pathology and audiology. This effort was initiated in response to the ASHA/CGPCSD ad hoc joint task force report and the report of the ESB-CAA transition team. In late summer of 1996, the first version of proposed new standards was sent out for widespread peer review. Many responses were received through this process. During the winter of 1997, the CAA reviewed all suggestions and developed a second set of proposed standards. Recently these standards were mailed for another widespread peer review, and we have asked that they be returned by May 26, 1997.

The accompanying document to this paper reflects the latest version of our proposed standards, with the first page contrasting some characteristics of the current and proposed standards. Basically the two sets of standards are highly similar, with more changes reflected in guidelines. The new standards and guidelines reflect an effort to be less specific, less prescriptive, and more outcomes-oriented. Such an effort is in keeping with national accreditation trends, specific suggestions from CORPA, and guidelines suggested by the ad hoc joint committee and the transition team. Moving to outcomes-oriented standards is something many accrediting groups are working toward at this time.

One of the major changes in the standards relates to the issue of prescribing a minimal

number of faculty in programs. Our current standards do this; the proposed standards do not. This issue has generated much discussion. In the end the board felt it was difficult to decide on specific minimal numbers. Instead, the new standards emphasize the importance of a sufficient core of full time doctoral level faculty to handle the administration, curricula, and content of a program. The burden of proof to document such will be up to the program. Number of faculty will be but one of the variables that will need to be reviewed to establish program quality. Accreditation reviewers will need to look for the triangulation of data as they seek to determine whether or not a program meets particular standards.

Your ongoing input and support regarding standards development, implementation, and improvement is solicited.

The American Academy of Audiology

Carol Flexer, Ph.D., Immediate Past President

Thank you for inviting the American Academy of Audiology to present information about our organization, goals, and activities. The AAA is pleased to have an open and ongoing dialogue with the Council of Graduate Programs in Communication Sciences and Disorders.

Purpose and Structure of AAA

The American Academy of Audiology (AAA) was founded in 1988. The Mission Statement establishes that "The American Academy of Audiology is a professional organization of individuals dedicated to providing quality hearing care to the public. We enhance the ability of our members to achieve career and practice objectives through professional development, education, research, and increased public awareness of hearing disorders and audiologic services".

Currently, AAA has approximately 6000 members. The leadership consists of a 12 member Board of Directors; three officers and nine board members-at-large, all elected by the membership. The President is Barry Freeman, President-elect is Deborah Hayes, and the Immediate Past President is Carol Flexer. Board Members at-large are; Sharon Fujikawa, Dennis Van Vliet, and Ian Windmill (terms ending June 30, 1997); John Greer Clark, Robert G. Glaser, Cheryl DeConde Johnson (terms ending June 30, 1998); and Angela Loavenbruck, Patricia McCarthy, and Terrey Oliver Penn (terms ending June 30, 1999).

The standing committees of AAA are: Allied Organization Liaison, Awards and Honors, Education (includes the Council on Professional Education), Finance, Government Affairs, Meetings, Membership, Nominations, Professional Practices, Publications, Public Relations, Research, and The Ethical Practices Board. Task Forces are constituted as needed.

Some of the 1996-1997 objectives for each committee are as follows:

Allied Organization Liaison Committee: Update State Affiliate Handbook; add 5 more state affiliates; establish a network to exchange legislative and professional regulation; and develop audiology-related presentations for allied organizations' conferences and programs.

Awards and Honors Committee: Select recipients for AAA's 1997 Annual Convention; and publish accomplishments of recipients in the Convention Program. The 1997 award recipients are: Gerald A. Studebaker, Ph.D., James F. Jerger Career Award for Research in Audiology; Frederick N. Martin, Ph.D., Career Award in Hearing; William Rintelman, Ph.D., Career Award in Hearing; James W. Hall, III, Ph.D., 1997 Editor's Award, Journal of The American Academy of Audiology (JAAA).

Education Committee: Develop high quality Continuing Education (CE) programs for 1997-1998; complete a strategic plan for distance learning; complete a plan for mandatory CEUs; and establish a relationship with the International Association for Continuing Education and Training (IACET) Board of Directors and other professional organizations.

Since the AAA CEU program was established one year ago, 1700 people have joined the AAA CEU Registry, and AAA has approved for CEUs approximately 100 programs occurring at over 250 locations. These CEUs are given under the guidelines of the International Association for Continuing Education and Training (IACET). AAA is now in the process of upgrading its status with IACET, from Sponsor to Certified Provider. In addition, Sharon Fujikawa has been invited to run for the IACET Board of Directors. The first awards for continuing education (called the AAA Scholar) will be given at the Ft. Lauderdale convention to individuals who have achieved 5 CEUs (50 hours of education) within a two-year period. The CEU AAA Scholar awards are renewable every two years. There has been a special emphasis this year on establishing distance learning opportunities for CEUs. AAA has approved several journals for CEUs and has established CEUs in its own journal (JAAA). In cooperation with the Veteran's Administration, AAA has been marketing an excellent CD that allows for interactive learning.

Council on Professional Education: This Council has completed work on proposed AuD standards and competencies; these have been published in Audiology Today. They are also developing a strategic plan to establish more post-baccalaureate AuD programs.

Finance Committee: Develop and maintain a balanced budget; increase reserves by \$50,000; monitor AAA reserves and investments; and commit additional short term investments to long term investments.

Government Affairs Committee: Pass HR 176 (the bill that would permit Federal Employees to have direct access to audiologic care); assist all states in passing licensure laws that have a current professional audiology scope of practice; monitor and respond to all federal legislative activities that affect audiology; work with HCFA and HCPAC Committees to have audiologists recognized and defined as independent providers and to discourage cutbacks in direct reimbursement for audiology services; develop a strategic plan to respond to changes in health care delivery throughout the country, e.g., managed care; change SOC/SIC codes to recognize audiology as an autonomous provider of hearing health care; and generate an additional \$10,000 in Audiology PAC contributions.

Meetings Committee: San Diego has been proposed as the convention site for the 2001 Convention; Michael Dennis will Chair the 1999 Convention in Miami; and the convention planning process has been restructured and streamlined.

Membership Committee: Increase membership by 10%; conduct one major membership drive during the summer of 1997; complete and publish a student handbook on the profession of

audiology; develop membership categories for international audiologists; and produce a successful Global Village at convention.

In 1996, the membership of the AAA increased by 9% to an all-time high of 6,320.

Nominations Committee: The 1997 election was successfully completed. Academy members elected Sharon Fujikawa as President-elect, and David Fabry, Michael Marion, and Yvonne Sininger as members-at-large -- Class of 2000.

Professional Practices Committee: The committee currently is comprised of four task forces, each addressing specific issues related to the clinical practice of audiology. They are: the Task Force on Early Identification; the Task Force on Practice Standards; the Task Force on Screening; and the Task Force on Vestibular Issues. The Task Force on Practice Standards currently is organizing a National Audiology Consensus Conference on audiology practice standards.

Publications Committee: This committee implements the publication review process that organizes and reviews all AAA published materials.

Marketing Committee: The primary objective of this committee is to develop a plan to make appropriate publics aware of the role of audiology in the delivery of hearing health care services. AAA has committed its resources and personnel to solidify the concept that audiologists are the recognized, autonomous providers of hearing health care.

Research: Develop and publish a summary of ongoing research; continue development of funding plans for doctoral activities; continue program for developing young researchers; monitor American National Standards Institute (ANSI) activities affecting the practice of audiology; and develop a plan for investigating the impact of digital interference on amplification systems.

AAA Research Awards were made at the AAA Annual Convention in Ft. Lauderdale to three new investigators as part of the 1997 Research Awards Program. Selection was based on application merit and review procedures following the NIH Review process.

Ethical Practices Board: In coordination with the Board of Directors, this Board enforces the AAA's Code of Ethics and proposes to the AAA Board ethical standards for the Academy and its membership.

Task Force on Electronic Communications: Develop consumer database for Web Page; expand graphic presentations on the Web Page; provide direct and unlimited access to the net for the membership; and keep the Web Page updated with current Academy activities.

These AAA Committees and Task Forces allow AAA to function in a comprehensive fashion on behalf of the profession of audiology and the publics that we serve.

The Autonomy of Audiology

A dominant theme for AAA has been the attainment of professional autonomy for audiology. Those of us in the profession of audiology, like those in most professions, spend a great deal of time internally analyzing our focus, education, and general worth. Such necessary but isolated introspection may cause us to overlook the fact that all occupations in the U.S. economy exist in relation to each other. Audiology is not an island; audiology is one piece of the entire fabric of careers in this country.

Although it is not widely known, the U.S. Department of Labor has extrinsically classified, coded and grouped audiology with professions believed to be similar. This extrinsic classification powerfully influences legislative and economic resources, as well as student recruitment. Perhaps most important, this extrinsic grouping provides a tangible framework for understanding the definition of professional autonomy.

The *Occupational Outlook Handbook*, compiled by the United States Department of Labor, Bureau of Labor Statistics (1996), is the most widely used listing of all occupational groupings in the U.S. economy. The Handbook describes 250 occupations in detail -- covering approximately 104 million jobs, or 85% of all jobs in the nation. Groupings include occupations that are believed to reflect similar features.

It is critical to note that Audiology in this publication is grouped in the Health Assessment and Treating Occupations category. The inclusive listing of professions in that grouping identifies dietitians and nutritionists, occupational therapists, pharmacists, physical therapists, physician assistants, recreational therapists, registered nurses, respiratory therapists, and speech-language pathologists and audiologists. These professions are grouped together because they are believed to be similar. Further, note the baccalaureate level of education required and the professional designators (often a certificate) used by each occupation in this grouping, with the exception of speech-language pathology and audiology. Because AAA recognizes how critical this extrinsic classification is to our professional viability, the Academy has petitioned the Department of Labor to obtain a separate occupational listing for audiology, independent of speech-language pathology.

There is another grouping in the *Occupational Outlook Handbook* that is very important to us: the Health Diagnosing Occupations Category. The inclusive listing of professions in that category identifies chiropractors, dentists, optometrists, physicians, podiatrists, and veterinarians. Note that all have a professional degree (e.g., DC, DDS, OD, MD) as their entry level credential, and a license in all 50 states is required for practice. Audiology is not listed there yet, but that is where audiology must be to be fully autonomous. AAA is petitioning the Department of Labor to have the profession of audiology included in this category.

It is interesting to note that psychologists, whose professional preparation programs often

have been compared to audiology's programs, are listed in the Social Scientists and Urban Planners section of the Handbook. Clearly, audiology does not belong in that grouping. Hearing instrument specialists are coded in the general grouping of Marketing and Sales Occupations -- subcategory sales representative, scientific and related products and services. As a retail sales person, the entire focus of a hearing instrument specialist's occupation is the sale of hearing aids. There is nothing wrong with that, but that is not who audiologists are. Audiologists manage total hearing care. Everything that an audiologist does, including the sale of hearing aids, is done in order to manage hearing care.

What audiology has been, and how audiology continues to be extrinsically recognized, identified, and grouped within the general classification of U.S. occupations is as a profession of employees, typically in a supportive capacity, and under the identifier of speech-language pathology. Once audiologists recognize how the profession is being classified, then what is happening is very understandable. For example, audiologists often complain that physicians have been giving audiology services away in this environment of managed care. As audiology currently is grouped, the perception is that audiology is theirs to give away. Orthopedists do not "give away" the services of podiatrists, and ophthalmologists do not "give away" the services of optometrists; they are not theirs to give away. Audiologists are concerned about multiskilling. As long as audiology remains in the grouping of Health Assessment and Treating Occupations, we are vulnerable to our skills being diffused and our identity being blurred.

If autonomy is defined as being self-governing, financially independent, and completely responsible for the inclusive delivery of services, then the culture of audiology must be different. To be fully autonomous, audiology must move to the Health Diagnosing Occupations grouping. "Fee for service" lives there, limited licensed practitioner lives there, direct entry and independent billing for audiologic services live there, and autonomy lives there. More importantly, from the Health Diagnosing Occupations grouping, audiologists have the possibility of reaching and serving the more than 28 million Americans who experience hearing problems.

The American Academy of Audiology is committed completely to achieving autonomy for the profession of audiology. AAA has the vision for audiology that leads the profession to inclusion in the autonomous category of Health Diagnosing professions. The AuD, and the enhanced quality of education and professionalism carried by that degree, must be the credential and identifier of audiology. The AuD and the level of education denoted by that professional degree, are critical features that will make audiology eligible to be in the Health Diagnosing category. The AuD must be an earned degree in order for audiology to claim its place in that grouping. The license, in all 50 states and the District of Columbia must be our credential for professional practice.

AAA is committed to full professional responsibility for audiologic services. AAA is committed to the goal that every person in this country will have direct access to quality audiologic services. The stronger and more autonomous audiology is as a profession and the stronger our research base, the better audiologists can serve persons with hearing impairment.

I wish to extend the American Academy of Audiology's sincere appreciation to all members of the Council of Graduate Programs in Communication Sciences and Disorders for your dedicated education of audiology students -- our future. AAA looks forward to continued opportunities to work together.

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Honors and Awards

Audrey Eisen, Ph.D., Chair, Honors and Awards Committee, Hofstra University
Charles E. Speaks, Ph.D., University of Minnesota
Noma B. Anderson, Ph.D., Howard University

Award of Appreciation presented by Audrey Eisen

The first award to be presented this evening is the **Award of Appreciation**. This award is designed to recognize significant contributions to the Council or to the discipline and the professions it serves.

Cheryl Scott

Our first honoree has made significant contributions to the profession and to the Council. She began her career as a speech-language pathologist in the public schools, worked as a private practitioner after earning her Ph.D., and subsequently joined a southcentral university in 1972 as Assistant Professor. She has been Professor at that university since 1989, where she has also served as Department Head, Diagnostic Coordinator, and Clinical Supervisor. Since 1989 she has directed the department's Language Literacy Clinic, a specialized clinic for students with language based academic difficulties. As a researcher she has made significant contributions to the study of language and literacy in the domain of school children's written and spoken discourse.

The recipient of this award has been a member or chair of a variety of her state's Speech-Language-Hearing Association committees. She served as president of that body and in 1985 received Honors of her state Association. She is a Fellow of ASHA, has been a member and chair of several of ASHA's convention program committees, and an editorial consultant for a number of its professional journals.

Our honoree has served the Council in a variety of capacities. She is currently Chair of the Publications Committee and a member of the Executive Board, and she has been on a variety of committees and task forces, including Long Range Planning and inclusion of Undergraduate-Only Programs.

Some years ago she spent a part of a sabbatical in Australia. Skills that she developed there were how to bottle-feed an orphaned "Joey" (a baby kangaroo).

The recipient of this award is a gentle person, an effective administrator, clinician, and researcher. Her most recent triumph, of which she is extremely proud, is completion of the New York Marathon in the Fall of 1995.

On behalf of the Council, I am delighted and honored to present the Award of Appreciation to **Dr. Cheryl M. Scott** of Oklahoma State University.

Honors presented by Charles Speaks

The second and final award to be presented this evening is that of the **Honors of the Council of Graduate Programs in Communication Sciences and Disorders**. It is the highest honor the Council can bestow, and in our history it has been awarded only ten times.

Fred D. Minifie

Our recipient obtained the B.A. degree from a small college in Oregon, and the M.A. and Ph.D. degrees from the University of Iowa. He began his academic career in 1963 at a major midwestern university where he rose through the ranks from Assistant Professor to Professor in the span of six years. Two years later, with little left to accomplish in the midwest, he was appointed as Professor at another major research university, this time on the west coast, where he also served an 11-year term as Department Chair.

His scholarly research and teaching has been supported by grants from the National Institute for Dental Research, the National Institute of Neurological, Communicative Disorders, and Stroke, the National Institute of Child Health and Human Development, the U.S. Department of Education, and the National Institute on Deafness and Other Communication Disorders.

His publications and scientific presentations have spanned the gamut of the discipline, from perstimulatory adaptation, intensive differential sensitivity thresholds, frequency and severity of stuttering, reliability of seven language measures, deep articulation testing, measurements of vocal fold motion, the use of ultrasound in evaluation of speech impairments, acoustic cues in fricatives, EMG electrodes for the diaphragm, evaluation of voice disorders, coarticulation in speech production models, treatment efficacy, the nature of process and the nature of things, and comments on the AuD degree program. Who among us has amassed such a diverse scholarly reputation? In his recent writing, the common themes seem to be, "where have we been," "where should we be going," and "why is it taking us so long to get there?"

His tireless efforts within the American Speech-Language-Hearing Association and our Council, among other professional and scientific organizations, have shaped the discipline of communication sciences and disorders and the professions of speech-language pathology and audiology for their journey into the 21st century. Within the Council, he has served as member and Chair of the Professional Development and Advocacy Committee and as a member of the Executive Board.

Within ASHA, he has served as member and Chair of 30 committees and boards, as a Legislative Councilor (three terms), and as Vice President for Education and Scientific Affairs.

The scholarly and professional service accomplishments of our recipient have not gone unrecognized. He is a Fellow of ASHA and an Honorary Life Member of the Wisconsin Speech and Hearing Association. He has received the Distinguished Alumni Award from the University

of Iowa, Honors of the American Speech-Language-Hearing Association, the Award for Distinguished Contributions from the Council of Graduate Programs in Communication Sciences and Disorders, and three ASHA awards for Scientific Exhibits.

He has served as President of the Wisconsin Speech-Language-Hearing Association, President of the American Speech and Hearing Foundation, President of the American Speech-Language-Hearing Association, and President of the Council of Graduate Programs in Communication Sciences and Disorders.

Our recipient has been an extremely effective administrator, an outstanding teacher, and, of course, a gourmet of the highest order. Of singular importance, his keen sense of history, his probing intellect and wisdom, his perspicacious vision of the future, and his eloquence in persuasion have not only helped shape the state of our discipline and professions for more than three decades, but will continue to cast an influence for decades to come.

On behalf of the Council, it is my privilege, honor, and joy to present the Honors of the Council to our 8th President, **Dr. Fred D. Minifie** of the University of Washington.

Chairs: New and Used

Nicholas W. Bankson, Ph.D., James Madison University
John A. Ferraro, Ph.D., University of Kansas Medical Center

The format for this year's installment of our workshop involved soliciting questions from attendees through Conference mailings and our new CGPCSD Internet web site. Questions received prior to the Conference were presented for group discussion at the Workshop. Several questions were submitted, and the issues involved tended to fall under one of four general categories: faculty-chair relationships, money, power struggles, and administration.

The questions are listed below, followed by a summary of the suggestions of the presenters and group discussants.

Faculty-Chair Relationships

I. How does the chair respond when faculty want to implement programs/initiatives that are going to be difficult to defend to the central administration? An example is cutting enrollments when central administration is pushing for increased enrollments. Another example is developing an AuD program in light of the Audiology Foundation of America (AFA) earned entitlement certificate.

As program head it is important to be convinced of a proposal's merits before you take it to the Dean. Your own credibility with the Dean is to some extent based on the nature of the topics you choose to discuss and defend. This, in turn, can strengthen or weaken your (and the department's) position with the Dean.

In the event that you feel you must present a faculty proposal to the Dean that you don't support personally, it is important to lay out the rationale for bringing the proposal forward. You should, nevertheless, be honest with the Dean about where you stand and why.

In terms of enrollments, the rationale for cutting, maintaining the status quo, or expanding need to be clear. The consequences of doing each also need to be discussed. If enrollments are to be expanded, several factors need to be considered. These include accreditation status, quality of the program, ability to deliver the clinical practicum component of the program in an appropriate amount of time, faculty numbers and needs including meeting supervision needs, and impact on faculty scholarly productivity.

In terms of the AuD, remember that in all likelihood the Dean is going to rely upon the information you provide and your perceptions of what is going to occur and what the institution should do. Honesty about the whole situation is wise, including a delineation of the current risks involved in mounting such a degree program. Often, the primary obstacle to implementing new programs such as the AuD lies in the reluctance of the faculty and students to accept the rationale for the need of such a degree. This reluctance has been exacerbated by the recent action of the AFA in awarding certificates for the AuD via earned entitlement. The AFA actions also have the potential to discourage higher administration from considering the development of an AuD program in particular.

Remember it is all right to disagree with faculty and vice versa. Compromises may need to be made on both sides. Open and honest dialogue will hopefully be engaged in at all levels so that the best decisions may be made. If this occurs, it is unlikely that the chair and faculty cannot reach consensus before approaching higher administration.

2. How is "collegiality" considered in the granting of promotion/tenure, or even merit increases? What about the case of a productive faculty member who is extremely difficult to work with?

Regarding merit increases, collegiality can be included by delineating the contributions that fall in this category. For example, taking on advising tasks when someone is absent or negligent, advising the NSSLHA chapter, spending time helping other faculty with instrumentation problems, etc. These tasks are often not assigned workload responsibilities but contribute immeasurably to the quality of life within a department.

In terms of tenure and promotion, it often is the case that the more traditional productivity measures of teaching skill, scholarly productivity, and service contributions are the driving forces. Collegiality can help, but is often a secondary player (whether we like it or not). In those instances where individuals are extremely difficult, one can only hope that behavioral weaknesses have been pointed out at an earlier point in their employment at the university, with suggestions for improvement made and documented along the line. In the absence of resolving the behavioral concerns that have been expressed, one will have laid the groundwork for not supporting the candidate for a long-term appointment at the institution. The difficulty herein lies in the subjectivity of collegiality, and the legal ramifications which can result from this if pursued beyond the departmental level.

3. How does the chair respond when promising young faculty are being courted by other universities. Do counter offers have a negative impact on departmental relations and/or create future problems with faculty constantly looking for the leverage offer?

Being courted by another university is evidence that the faculty member has achieved a

certain degree of success, and should be looked upon favorably in some circumstances.

The chair should take advantage of every opportunity to reward productive faculty and provide an environment for them that would be difficult to duplicate elsewhere. Finding the dollars for a last-minute "counter offer" may backfire.

Sometimes it is wise to encourage a faculty member to be receptive to the courtship of other universities so that they can see how good they have it where they are.

Faculty constantly looking for the leverage offer may be successful once, but usually no more than this. Depending on the availability of dollars, leverage offers can certainly have a detrimental effect on departmental relations. However, the value of certain faculty versus others to the well-being of the overall program may supersede this concern. It may be the case that a leverage offer for one faculty may work to the subsequent advantage of others in the department if salary adjustments are made in the institution.

Money

I. How are chairs handling the issue of start-up costs for new faculty, given that costs are considerably higher than they used to be? Also, if start-up costs are provided for new faculty, does this create morale problems among existing faculty?

Higher administrators are often interested in cost/benefit ratios when it comes to fronting start-up costs. Careful review of previous history and future potential of applicants is necessary to justify what may seem expensive for a given institution. The mission of the institution and department will also play into this discussion.

Looking for funds from a variety of sources -- certainly beyond the department or even the school/college -- may be helpful. This would include the Dean of the graduate school in addition to the Dean of the school within which the department resides. Departmental equipment funds from more than one year may be allocated, foundation and clinic funds may be used, and alumni contributions may be a source. Sharing of equipment within or across departments may be helpful. Obviously, an important strategy for some sources is to "sell" the idea and need for a new laboratory/research direction in lay terms. The chair may be better at doing this than the principal investigator.

Start-up equipment costs may range from money for a PC to several hundred thousand dollars. In 1997 it is not uncommon for new doctorates to expect from \$35000 to \$50000 in equipment money. In fact, one should be suspicious of the wisdom and potential productivity of any applicant for a faculty position who disregards the need for start-up costs.

Faculty need to be educated about the rationale for certain start-up allocations, just as does the Dean. Relating potential benefits to the needs and goals of the department may

help to sell everyone on the benefits of certain people getting monies that others did not necessarily get upon arrival, and in some instances since their arrival. It must also be recognized that certain types of scholarship require a larger investment in equipment than others.

2. How do chairs deal with the issue of publication costs for faculty (e.g. reprints, graphics charges), especially when faculty receive a "royalty" for this work?

Many programs do not pay for reprints. Sometimes individuals pay for them out of their grants. Some programs take the attitude that with copy machines so readily available, it is not necessary to distribute reprints. Some programs have sufficient discretionary funds to do this as part of the public relations efforts of the department.

Most programs do not pay for graphics when such materials are going to appear in something from which the author will derive royalties. Such activity is viewed as a cost related to the product and often publishers will "front" the money from future royalties.

3. How can we make the process of interviewing new faculty more efficient/cost-effective? Has anyone used distance learning facilities to help with this?

Having candidates stay over on a Saturday night can reduce travel costs. Travel arrangements made by a department administrative assistant can be less costly than arrangements made by the candidate.

Telephone interviews ahead of time may increase effectiveness of early reviews and abbreviate the short list.

Interactive compressed video may offer a cost-effective option for screening applicants. Such technology has not been widely utilized for this purpose thus far.

Power Struggles

1. When the program that you are directing is part of a larger department, how do you become a more powerful administrator within the confines of this relationship?

It is very hard to deal with a difficult (i.e., "burnt-out", poor teacher or researcher or clinician;, "prima donna", etc.) faculty person when the Chair/Dean is disinterested or even used as a refuge for this individual. Indeed, the primary source of support should be the

Chair/Dean in these situations. Documentation is a key aspect for this issue. Power struggles between the Director and Chair/Dean work to the disadvantage of all involved.

2. How can chairs deal with faculty who refuse to teach a course or direct a student research project because it is not in their particular area of expertise?

If a faculty member is reticent to teach a particular course, it may be helpful to begin talking with that individual well ahead of when you may want them to teach the course. The earlier the better (more than a year can be helpful). This involves future planning on the part of the chair so that needs are anticipated if at all possible. Ample time to prepare may counter some of the resistance.

Faculty need to understand the rationale and departmental needs underlying a course request or assignment. Take the time to review teaching loads carefully as well as existing and needed areas of expertise in the department.

Encouraging an individual to "buy out" of particular courses through external funding may be another approach.

In terms of directing research projects, it is often unwise to insist that faculty direct research out of their area of expertise. It is more appropriate to educate students about the research possibilities that exist within the faculty. It may be the case that students have selected the wrong program if they insist on doing research in an area not covered by the faculty. Professionals in the local community may be available to assist with research projects. In addition, opportunities for sharing research expertise among different universities should be pursued.

Administration

1. What are some strategies for handling the transition from one department head to another, especially as related to the maintenance of ongoing administrative projects when the new chair is from the outside?

Leaving written instructions regarding certain critical items is helpful. Complementing this with a secretary who is familiar with deadlines and procedures is also helpful.

Arranging ahead of time for course scheduling, teaching assignments, and part-time faculty hiring may be useful to someone not familiar with a program. Making certain that things are taken care of for the more immediate deadlines after the new person arrives is helpful and provides for continuity of leadership.

Being accessible by phone and/or E-mail can be helpful to the new person.

Remember that one has to let go, and that no one is irreplaceable.

2. How can chairs respond to administrative pressure to accept more students once the Dean learns that the 6:1 ratio is no longer applicable?

Although no ratio is prescribed, the current accreditation standard (2.6) does indicate that "the program must ensure that the instructional staff is sufficient in number to achieve the mission, goals and objectives of the program." Ways to determine whether this is being met include:

Students must be supervised according to ASHA CCC standards, i.e., a minimum of 25% supervision for treatment and 50% diagnostics, with supervision geared to needs of students.

Students must be able to complete a program in a reasonable length of time.

Excessive reliance on ancillary, adjunct, or part-time faculty will not meet this standard.

Faculty must have sufficient time for scholarly and creative activities plus participation in service-related activities consistent with the institutional mission.

Students must have adequate advising and exposure to full-time faculty.

Curriculum must be state of the art with sufficient breadth and depth of coverage to insure program quality.

3. And finally, this year's favorite question (as selected by the presenters): How does one step down from an administrative position when no one else is willing to take it, or those who are would not do the job well?

We repeat, remember that one has to let go, and that no one is irreplaceable.