

THE NEW STANDARDS: IMPACT ON THE AUDIOLOGY CURRICULUM

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Introduction

My role in this group is to talk with you about the process that we are going through at Ohio State to revise our program to meet the new audiology standards. Our program is a bit different from Teri's program. First, we aren't nearly as far along as her program is! But, perhaps more importantly, Teri's program chose to implement the standards via an Au.D. program. I will be talking with you from the perspective of using a Ph.D. program as a vehicle to implement the new standards.

Initial Decisions

The first decision a program needs to make is the type of doctoral program that will be offered (e.g., Ph.D., Au.D, Ed.D., etc). At Ohio State, we decided to implement the new standards by creating a clinical track within our existing Ph.D. program. We did this for both practical and philosophical reasons. The practical reason is that it was our most expedient option. Ph.D. programs at Ohio State are quite flexible, so we did not need to go through the headache of getting a new degree program approved by our college, by academic affairs, and by the Board of Regents for our State. Philosophically, a clinical track in the Ph.D. program was a good option for our faculty. As a group, we tend to believe the Ph.D. is robust enough to accommodate the new standards without compromising either research training or clinical education. Finally, we don't believe our current decision precludes us from moving from the MA/Ph.D. program that we have now to an Au.D./Ph.D. program in the future.

We see several advantages to implementing the new standards in a Ph.D. program. First, the program can be implemented relatively quickly in departments, such as ours, with existing Ph.D. programs. Second, students will graduate with a well-recognized and well-respected degree. Finally, and perhaps most importantly for this group, students graduating with a Ph.D. will be prepared

to take academic positions, thereby easing the shortage of individuals available to fill faculty vacancies across the country.

Naturally, there are disadvantages as well. First, Ph.D. programs require a longer time commitment on the part of the students than do Au.D. programs. Our program is designed to be completed in about five years. Most Au.D. programs can be completed in four years or less. Second, a perception exists, on the part of some, that students cannot receive adequate clinical and research training in a combined program. Many of the students that we have spoken with over the past several months have stated that they have been told (by other students, by practicing clinicians, by faculty advisors at other universities, etc.) that they will not be well prepared clinically in a Ph.D. program. We do not believe this to be the case in our program, but the perception is still out there. It is certainly the case that the faculty need to carefully balance and integrate academic, clinical, and research experiences if the program is to be successful.

I should also mention that at Ohio State we are continuing our M.A. program and our “traditional” Ph.D. program. We decided to keep the M.A. program in place because students entering our program over the next few years will complete an M.A. before the new standards are mandated. Because of this, and because Ohio licensure laws have not changed, many students are still asking to be admitted for an M.A. only. Naturally, we decided to keep our “traditional” Ph.D. program in place because it serves practicing clinicians returning to school and it serves the speech and hearing science students who are not interested in clinical certification.

Program Framework

Year One

- Courses focus on introductory clinical issues and the scientific underpinnings of the discipline
- Didactic classroom activity
- Laboratory experiences

- Practicum experiences are closely supervised and include observations of experienced clinicians

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Year Two

- Courses focus on more advanced clinical issues
- Increased emphasis on off-site practicum
- Ph.D. students begin research practicum
- M.A. awarded for state licensure purposes

The first two years of the program are similar to our previous M.A. program, but there are some differences. First, additional coursework is included. We have added the equivalent of 9 semester hours of academic and laboratory coursework. This has been offset by a decrease in practicum hours in years one and two. Previously, students completing our M.A. program graduated with about 500 practicum hours. We anticipate that students continuing on into the Ph.D. program will accrue between 300 and 400 practicum hours in their first two years. Another difference is the addition of curricular tracks (scientific bases, assessment, rehabilitation, special populations, and research) during year one and year two. The development of tracks allows for future flexibility, aids in formative assessment, and, to use Jay's terminology, makes the curriculum more cyclical, contextualized, and synthetic. A final difference is the introduction of a research track, including a "research practicum," in lieu of a thesis in year two. The research track in year two consists of two in-department research classes and a "research practicum" with faculty mentors. During the research practicum, students will be expected to develop a prospectus and gain human subjects approval for the clinical research project that is completed in year three.

Year Three

- A 9-12 month experience at an approved clinical site(s)
- Supervised by Ph.D.-level supervisors
- Obtain advanced clinical experience

- Complete a clinical research project
- Meet Ohio Professional Experience Year (PEY) requirements

Year three consists of a 9-12 month “full-time” clinical/research experience at an approved clinical site. Students will obtain advanced clinical experience under the supervision of Ph.D.-level supervisors. Additionally they will complete a clinical research project comparable in scope to a thesis. The expected culmination of the research project is a project ready for presentation at an academic or clinical meeting and, optionally, a manuscript ready for publication. The clinical and research practica completed in year two prepare the students for their experiences in year three.

Year Four

- Statistics sequence
- Coursework in selected “minor” area
- Seminars in Department
- Preparation for candidacy exam, including development of dissertation prospectus
- Candidacy Exam

Year Five

- Seminars in Department
- Dissertation
- Final Oral Exam

Years four and five look more like a traditional Ph.D. program. Year four consists of additional coursework in statistics, a minor area outside of communication disorders (e.g., hospital administration, preventive medicine, neuroscience, genetics, education, etc.), and specialized courses in audiology (e.g., tinnitus, vestibular rehabilitation, aging, deafness, etc.). A candidacy exam

is completed at the end of year four. Year five consists primarily of dissertation research and a final oral exam.

Formative Assessment

Making the early decisions and putting together a framework was the easy part—and that scares me, because it took us a couple of years to get that accomplished! Now, we are at the hard part—that is actually coming up with a plan to document that students possess the knowledge and skills outlined in Standard VI. What needs to be done (and this is the point where we are right now) is to insure that each of the required knowledge and skill areas has a “home” in the curriculum—preferably in multiple places. Faculty will then develop and administer assessments to measure student outcomes in designated areas. These might take the form of written exams, “practical” exams associated with the laboratory components of courses, papers, or other types of projects. The documentation of assessment results will be recorded and tracked centrally.

We view this process as an opportunity to improve our assessment practices and, in turn, student achievement. Frankly, we have become frustrated with the “disconnect” between student performance in courses and practicum and our comprehensive exams. Students would seemingly do well in courses, but they had difficulty integrating material for the comprehensive exams—at least in the way that we are asking them. They seem to be good students. They get glowing reports from their employers and they do well on the PRAXIS exam; yet they didn’t perform up to our expectations on comps. We came to the conclusion that they hadn’t been given the opportunity to practice integration across courses often enough. The new formative assessment practices, where information is assessed in a cyclical and contextualized manner, should aid the students in integrating material.

Summative Assessment

For the time being, we have chosen to use the PRAXIS as our method of summative assessment. This is practical for the students, because they need to take it for certification and licensure purposes. Additionally, because it is taken by students across the country, the test allows us to compare our students' performance with the performance of students across the country. Finally, because we are so busy working on our formative assessments, we can't face designing a summative assessment!

Challenges

One challenge is faculty time. This is a very time-intensive process. Faculty need to distribute knowledge and skill areas, design assessments, develop tracking mechanisms, and advise students on their progress. A second challenge is academic freedom. Some faculty members are philosophically opposed to this degree of control over their courses. For this to work well, everyone has to be on the same page, which can be difficult when working with faculty!

Fiscal concerns are also a challenge to this process. The new standards require more faculty to teach courses and more supervisors to supervise practicum. At Ohio State, we are adding adjunct faculty positions to help with additional coursework and our clinical/research placements. Student funding also becomes an issue. Ohio State has had a long history of fully funding doctoral students. We initially applied that mindset to our post-B.A. program, but have quickly discovered that it poses a number of problems (e.g., more students; funding students for 5 years rather than 3-4; students aren't on campus in year 3). We have learned to specifically warn students that funding in year 3 is not guaranteed.

Summary

Rather than get tired when I think about all the work that we still have to do, I like to be positive. So ...

- Determine the type of doctoral degree which will work best for your program;
- Put together a framework that works for your particular program;
- Determine your method for dividing the knowledge and skills areas;
- Design assessment tools and develop a plan for tracking student progress;
- Consider this a wonderful opportunity to rethink and improve the way that we are educating our students!