

ISSUE 1: *The New Standards: A Tutorial*

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MOVING TOWARD THE NEW STANDARDS

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This is an exciting time to be working in the professions of speech-language pathology and audiology. Our toolboxes are bursting with technological innovations and improved understanding of communication processes and impairments. The scopes of practice of both professions have expanded to include areas of expertise that seem beyond the imagination of practitioners who were in the mainstream at the time that many of participants in this meeting were in training.

Today, speech-language pathologists and audiologists routinely assume responsibility for management of individuals who either would not have received treatment or who would have been treated by other personnel in the 1980s and 1990s. Hearing aids are being dispensed with increased precision to infants identified as the result of universal newborn hearing screening programs. Cochlear implants provided to children who are one year of age promise to change the rules of the game, and audiologists are assuming leadership roles in the diagnosis and treatment of balance disorders. Speech-language pathologists with expertise in dysphagia determine the course of hospitalization and treatment of their patients. Individuals working in the schools are confronted with children with multiple handicaps who would have been in residential facilities a decade ago, and modern imaging procedures are helping us understand the neurobiological basis for stuttering, dysarthria and language disorders.

Personnel in academic institutions are in virtually the same happy situation. Our educational toolboxes are bursting with new technology. We have new understanding of cognitive processes related to learning, new models of educational processes and new responsibilities. The technology has turned our libraries into nodes in electronic networks rather than depositories for paper. It has given us the power to exchange information over long distances with an immediacy that rivals face to face meetings, and has allowed us to prepare slide presentations with unprecedented clarity (and a few gizmos). College and University Teaching Centers are helping faculty to define learning outcomes and construct educational experiences that address those outcomes.

All of us, in private or public sectors, now are called upon to respond to evolving educational standards that demand accountability in shifting scenarios. Today, the academic programs are faced with accommodation of new certification standards that will take effect in 2005 and 2007 for speech-language pathologists and audiologists, respectively. Both sets of standards specify input or process requirements in four areas:

1. Minimum number of academic credit hours;
2. The proportion of hours that may be earned at the undergraduate or graduate level;
3. The level (master's or doctoral) of the degree that should be awarded;
and
4. The duration and nature of practical clinical experience that must be part of the applicant's portfolio.

However, the essence of the new standards and accompanying accreditation requirements is to be found in outcome measures. Coursework and the details of practical experiences remain unspecified. Rather educational programs must insure that applicants for certification have become competent to enter the profession that they have chosen.

In responding to my assignment to provide an historical perspective regarding the development of the new standards, it occurred to me that the articulation of standards might be best viewed in the mirrors provided by two major documents:

1. Darley, et al. (1963). *Graduate Education in Speech Pathology and Audiology*. Washington, DC: ASHA. (The Highland Park Conference).
2. Reese, N., & Snopce, T. (Eds.). (1983). *Proceedings of the 1983 National Conference on Undergraduate, Graduate and Continuing Education, ASHA Reports, No. 13*.

My review of these documents convinces me that academic and professional leaders called upon their peers to move in the direction that we have taken several times over the past 40 years. Sometimes, taking a few minutes to look backward helps us to peer into the future.

The keynote speaker at Highland Park was Bryce L. Crawford, then Dean of the Graduate College at the University of Minnesota. Dean Crawford offered the opinion that the least desirable way to certify an individual was on the basis of the academic degree and the most desirable way to do so was on the basis of individual examination. He spoke enthusiastically about the advisability of lack of structure for advanced training and recalled that the University of Minnesota had awarded at least one doctoral degree to a student who never took a course at the University! The outcomes of the Conference included resolutions that:

- Stipulated the minimum level of training should be the master's level;
- Stated that a year of required internship (externship) should be completed as part of or upon completion of graduate education; and
- Recommended that ASHA initiate consideration of the nature, requirements, and name of a professional (clinical) degree.

Resolutions supporting a clinical doctorate were not supported. However, the formation of consortia involving exchanges of faculty and students between

institutions was encouraged. Prior to the Highland Park Conference, there were two levels of ASHA Certification - Basic and Advanced. Part of the legacy from the Conference was the adoption of a single level of certification and the requirement of a master's degree as part of the credential for certification.

Between the 1960s and 1980s there were many debates about professional education of speech-language pathologists and audiologists inside and outside of the ASHA structure. One that has been preserved is captured in a summary of a conference of Big-Ten University Programs discussing issues related to creation of a professional doctorate in 1976. D. C. Spriestersbach (1976), then Dean of the Graduate College at the University of Iowa, called for "academics" to recognize that their work constituted a profession and to recognize the need for advanced professional training for persons who delivered professional services of other types. Spriestersbach quoted John Henry Cardinal Newman who argued one side of the debate in an essay on *Knowledge Viewed in Relation to Professional Skills* and criticized "great men" who thought that education should produce some definite work that could be weighed and measured. Spriestersbach then took the opposing view in his usual clear way of communicating. The report of the Big-Ten Conference did not include resolutions or action statements but the participants reviewed issues related to changes in health care delivery, the history of professional education in psychology and in optometry, and curricular issues.

The 1983 Conference on Undergraduate and Graduate Education addressed 10 issues ranging from undergraduate education to technological literacy of graduates, continuing education for professionals and specialty training. Germane to our interests is Moll's presentation on the content and objectives of graduate education. He listed five specific objectives of graduate education designed to prepare our students to embark on professional careers:

1. Understanding of basic processes of human communication.

2. Understanding of the nature of disorders, with particular reference to the area of specialization (audiology or speech-language pathology).
3. Understanding of principles of assessment, treatment, and prevention of those disorders.
4. Ability to apply those principles to assessment and treatment.
5. Development of skills that will foster continued assessment, expansion, and adaptation of knowledge and skills.

Moll offered observations for academic programs that might be paraphrased as:

- The focus should be on what is to be learned and whether it has been learned.
- Hours in classroom, laboratory or clinic should not be submitted to some minimum tally toward "learning." Avoid reference to a specified number of clock hours distributed by disorder, age, and so forth.
- Integrate the classroom and clinic experiences.

His suggestions are entirely consistent with the standards that have been adopted by ASHA in the past few years.

The playing field regarding standards has been impacted by demands for academic accountability that focus on outcome measures. As Frattali (1998) noted, attention to outcomes as a measure of quality of a service has been documented for nearly 150 years in medicine, particularly hospital practices. The "modern" era of *continuous quality improvement* began in the 1980s. Frattali states that Donabedian (1980) is credited for employing the terms *structure, process and outcomes* to assess and monitor health care. At about the same time, Deming (1982) introduced a 14-point model of management principles that was embraced by industry and filtered into educational institutions. A key element in the Deming model involved creating high quality from the ground up, rather than catching problems at the end of the production line. As Rassi (1998) has reviewed, educational programs throughout their history have employed some sort of outcome measurement. The measurement usually has taken the

form of examining the performance of students on standardized tests, performance of students in individual courses, demonstration of skills acquired in practicum, comprehensive examinations required for graduate degrees, exit interviews, employer questionnaires, and alumni questionnaires. These are summative assessments that are useful in determining the characteristics of program graduates. Deming's philosophy translates to developing formative assessments for both students and teachers so that the quality of the instruction and learning can improve from the ground up.

The new certification standards and accreditation requirements that are about to take effect have been framed, in large measure, by national trends to ask professionals to demonstrate their effectiveness and efficiency. The standards for certification in speech-language pathology and those for audiology were produced as the result of completion of several steps.

1. **Skills Validation Study.** The objectives of the skills validation study were to determine the critical knowledge and skills needed to practice, where they were acquired, and where they should have been acquired. Educational Testing Service was commissioned by ASHA to conduct the study, which involved the following:
 - a. **Creation of expert panels to review subject matter.** The individuals on the panels were selected to represent the breadth of the professions and charged with determining the performance domain that a newly certified practitioner should possess. The list of skills and statements regarding knowledge became the part of a job analysis survey.
 - b. **Job Analysis Survey** was developed by ETS and distributed to representative samples of practitioners, clinical fellowship supervisors, and educators. The respondents were asked to make three judgements for each knowledge and skill:
 - 1) The importance of the clinical activity or the knowledge;

- 2) Where the clinical activities are learned by newly certified individuals; and
 - 3) Where the clinical activities and knowledge areas should be learned.
2. **Review of Practice Specific Literature.** Included in this review were statements of scope of practice, position papers, publications of related professional organizations, resolutions of the ASHA Legislative Council, and recommendations of ad hoc committees that had been created to study relevant issues.
 3. **Review of External Factors.** Included in these reviews were considerations of what futurists like to call "PESTS" - Political, Economic, Social, and Technical factors that will impact on the professions. These translate to demographics, changes in education and health care systems, state licensure, financing, estimates of future job descriptions, and consumer input.
 4. **Review of National Examination.** This included consideration of the performance of applicants as well as content and form of the examination.
 5. **Widespread Peer Review.** This involved solicitation of input from ASHA membership, ASHA Committees and Boards, academic programs, related professional organizations and, in the case of speech-language pathology, state licensure boards.

The Council on Professional Standards completed work on the basic Audiology standards in 1997. Standard VI was added in 1999. Work on the Speech-Language Pathology standards was completed in 2000. The standards are organized according to the following items:

<u>Speech-Language Pathology</u>	<u>Audiology</u>
I. Degree and number of academic credit hours	I. Degree and number of academic credit hours.
II. Properties of the institution awarding the degree	II. Properties of the institution awarding the degree.
III. Knowledge outcomes.	III. Program of study.
IV. Skills outcomes.	IV. Knowledge and skills outcomes.
V. Assessment of the applicant's knowledge and skills.	V. Assessment of applicant's knowledge and skills.
VI. Clinical fellowship (speech-language pathology).	VI. Maintenance of certification.
VII. Maintenance of certification.	

There are many parallels between the two sets of standards. The most significant differences are three: (1) SLP students can begin their study in non-accredited programs at the undergraduate level, Audiology students begin at the post-baccalaureate level and study must be initiated and completed in an accredited program; (2) SLP programs must provide 400 hours of supervised practicum experience, Audiology programs must provide a one-year FTE practicum experience; and (3) beginning in 2012, the Audiology programs must award a doctoral level degree.

These new certification standards are coupled with new accreditation standards that focus on demonstration of capacity to train, rather than curriculum content. The participants in the Highland Park Conference, the 1983 Conference and in many other debates are seeing their predictions come true. This is a period of great opportunity for educational programs! We have new knowledge, new tools and new challenges that are occurring coincidentally with parallel occurrences for the professions that we support. We were in a similar position

before, nearly 40 years ago, and it is time to set a course for the next leg of the cruise.

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