

## **CULTURING A CULTURE OF PROFESSIONALISM IN AUDIOLOGY**

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As audiology completes the transition to a doctoring profession, it is essential that we meet society's expectations of professionalism. Today's audiologists need to have a capacity for critical self-reflection that pervades all aspects of practice, including being present with the patient, solving problems, eliciting and transmitting information, making evidence-based decisions, performing technical skills, and defining their own values. Audiology programs have raised "the bar" in respect to broadening the curriculum to expand scientific and biological knowledge as well as theoretical and clinical education. The teaching of explicit knowledge at the AuD level has been well-incorporated. Where the programs need to expend more energy is in the field of tacit knowledge, the information usually learned through observation, good mentoring, and preceptor experiences. Simply stated, the AuD graduate needs not only to be "book smart", but needs to be global and intuitive, too.

First, let's look at the definition of doctor as defined in the Merriam-Webster dictionary. It states that a doctor is a "learned or authoritative teacher, a person who has earned one of the highest academic degrees conferred by a university." What I want to emphasize is that the dictionary definition identifies a doctor as a person, not a title. All of us have witnessed students being enamored with the title "doctor." Some are in programs just to earn the title "doctor" and get a job, but not committed to the work required to become a professional. We must change this mindset.

With the AuD degree comes the responsibility of serving patients. The value of the AuD lies in the education and the heightened level of expertise afforded by that degree. It is the learning imparted that is important. Society has the expectation that professionals will put the person they are serving first and that professionals must be moral and hold to higher standards

of behavior than non-professionals. Professionalism is an ideal to be pursued.

How do we make the ideal real? As leaders in the profession, we need to examine our own mindsets, our curricula, our mentoring interactions with students, the opportunities we provide for externships headed by strong and knowledgeable preceptors, and how we model ourselves as professionals. Additionally, the national audiology organizations must actively participate in setting the standards for this expanded view of professionalism.

Great strides have already been made in developing courses that teach more medical and technical knowledge. Academic course work focuses on the sciences including: biological/physical and behavioral/social sciences; anatomy, physiology, and psycho-acoustics; and linguistic and psycho-linguistic components of communication. Course work emphasizes hearing and balance disorders, evaluation, and rehabilitation. In order to bestow a sense of doctoral-level professionalism, we need to create intensive clinical experiences that emphasize the ability to self-monitor, to apply didactic learning into everyday practice, and to develop a curious mind that doesn't just look at the obvious. Teaching good communication and listening skills, and conveying how to anticipate the responses of patients and family members as they learn outcomes of testing and evaluation are essential to bridging the gap between being a rote audiologist and being a consummate and caring professional.

Developing the student's mind to be open to introspection and self-critique are daunting challenges in the AuD curriculum. Anaïs Nin, the famous writer and diarist, said, "We don't see things as they are, we see things as we are." Learning clinical skills and judgment is both art and science. Educators at all levels understand that it is impossible to make explicit all aspects of professional competence. It is here that dedicated preceptors are integral to "rounding out" the audiologist's education.

As of fall, 2005, it was reported that there were 69 AuD programs in the United States with an average of 16 applicants admitted per program. Medicare has more than 45 million beneficiaries and this number will drastically increase once the baby boomers enter the

Medicare system. Audiology is having a banner year. *US News and World Report* listed audiology as the #1 career for 2006. America needs audiologists. Hearing impairment currently affects about 10% of the population and is the third most common chronic health condition in the United States. One out of every three adults over 65 has a hearing loss. Hearing loss contributes to social isolation, dementia, and depression. In the aging population, more and more patients report significant issues with balance. The fear of falling leads to withdrawal from social activities, as well, and leaves the aging adult experiencing loneliness. The diagnostic investigation and the non-medical treatment of hearing and balance problems are within the scope of practice of the Doctor of Audiology. The patient seeks the services of the AuD with the assumption that the audiologist has the requisite skills to address their problem in its entirety. It is obvious that the audiologist has to be more than just “book smart.” The preceptor year, which is the year for intense clinical experience, is the opportunity for the student to hone the skills necessary for becoming a mindful practitioner\*. What then, is a mindful practitioner?

A mindful practitioner is a curious and critical thinker; a person who is an active observer of all factors, both concrete and abstract, that can lead to positive outcomes. There must be the ability to connect what is known and what has to be learned guided by strong insightful skills. There is the facility to see the world as it is rather than as one would like it to be and to set aside prejudices and prejudgment. Mindful practitioners have the awareness for identifying their own areas of incompetence and need to know when to refer patients to another professional. The accomplished professional excels at balancing the technical challenges, applying core knowledge, listening attentively, staying flexible, and knowing how to get things done. Stated simply, the mindful practitioner has a PRESENCE.

We all know how important the medical student finds clinical rotations. It is the opportunity to apply didactics to practical learning. The analogy to audiology is similar; students understand the strengths of the clinical experience. The clinical setting may, in fact, be the key opportunity to teach professionalism. If true, this underscores the need for a strong

preceptorship. The preceptors are a direct extension of university faculty. They influence and shape the way the student approaches the patient and the problem. With that said, have we, as a profession, effectively defined the preceptor process? Do we have in place the checks and balances necessary to guarantee a productive preceptorship that is one of, if not the last, learning opportunity to promote professionalism?

In 2004, the American Academy of Audiology hosted a consensus conference on Issues and Concerns Related to the 4<sup>th</sup> Year (or Preceptorship) AuD Student with the support of the Academy of Dispensing Audiologists and the Veteran's Administration. Some of the recommendations included:

1. A need to develop a national instrument to assess basic knowledge, skills, and clinical competencies of students prior to initiation of the externship.
2. A need to develop mechanisms to qualify preceptors and to improve the skills of the preceptors in educating externs.
3. A need to develop a uniform mechanism for qualifying the externship experiences available at externship sites.
4. A need for a rigorous accreditation system to achieve the vision of the clinical doctorate education model.

These points can no longer be seen as recommendations; they must become reality. The medical model already encompasses these requirements and the public holds medical schools in high regard because of the demands and accountability placed on both the training institution and the student. These combine to serve as the core foundation for graduating mindful practitioners.

I am impressed by the actions of the important players who have accepted the responsibility of transitioning us to a doctoring profession. We are an evolving profession and we are still learning and identifying the essential processes necessary to graduate students prepared to meet the multi-dimensional needs of our patients. Our professional associations,

along with the AuD programs, are establishing minimum educational standards. It is essential that professional standards be identified and secured as well. The profession has developed and implemented a strong core curriculum, but has not adequately defined the preceptorship. Preceptors need to be carefully selected based on their ability to provide quality externships for the student. This is where the student truly “meets” the patient. AuD programs placing students must have a mechanism in place that assures the preceptor is prepared to handle the multi-faceted responsibilities of this position. Conversely, the students have to be ready to act the role of the professional, to dress appropriately, and to be willing to assume their responsibilities.

We have to take better ownership of this process. If we do not, others will. The AuD student group, National Association for Future Doctors of America (NAFDA) is in the process of rating preceptors and AuD training programs to identify “the best.” Why is NAFDA doing this? One can conjecture that students are comparing curricula and externships. The concern needs to be about the criteria that are used for ranking quality. For example, a university is given a higher rating if it forgoes charging tuition during the externship year, and a preceptor is given a higher rating if a stipend is provided to the student. Are these the criteria that we, as a profession, want to see enter into the mix? Do we want programs to be rated on monetary issues? What happened to rating AuD programs based on the depth and breadth of curricula, on the faculty, on the preceptors, on the variety of clinical practicums, and so forth? We should be concerned when there is a monetary focus on the externship as one of the most important criteria. This suggests that programs are not first being examined for the quality of the program and preceptorships. Is professionalism being equated with financial gain? Financial pressure is a root cause of unprofessional behavior and depersonalized attitudes during schooling. We need to address these issues, but additionally, we need to develop a means to compare the programs that truly reflects the experience and quality of the education and the professional opportunities afforded the student.

The writing is on the wall. The tone we leaders and educators set is the message that

the AuD students will adopt. Ensuring increased exposure to quality preceptor audiologists will provide positive role models to impart professionalism by example. A natural by-product of increased faculty contact is a more satisfied and confident student professional. Professionalism is not easy to teach but it is essential to convey by the modeling we provide. We want to create independently thinking, self-aware, and competent professional audiologists. We should all be proud of our accomplishments thus far in the transition to a clinical doctoral curriculum. Many hurdles have been overcome, and the finish line is in sight. Our goal is not just to reach the finish line, but to run across it.

\*Epstein, R.M. Mindful Practice. *JAMA*. 1999; 282: 833-839.