

## **AUDIOLOGY EDUCATION SUMMIT II UPDATE**

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A forum was held at the 2006 meeting of the Council of Academic Programs in Communication Sciences and Disorders presenting an update on the Audiology Education Summit II held in Phoenix, Arizona in February, 2006. Included here is the framework of the conference that was cosponsored by the American Speech-Language-Hearing Association, the Council on Academic Accreditation, the Council of Academic Programs in Communication Sciences and Disorders, and the American Academy of Audiology. The final report is being written by members of the Summit II Advisory Committee – Dennis Burrows, Stephanie Davidson, Neil DiSarno, Neil Shepard, and Lisa Hunter. What follows are the purposes and goals of the Summit. Also included is background information, the Summit planning process, the format and design of the conference, and the topics and questions discussed at the meeting. Responses to the questions and salient discussion regarding the questions and topics will be included in the final report. The report is expected to be completed by September, 2006 and will be distributed to all conference attendees and conference sponsors.

## Executive Summary

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Through a joint initiative of the American Speech-Language-Hearing Association (ASHA), the Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA), the American Academy of Audiology (AAA), and the Council of Academic Programs in Communication Sciences and Disorders (CAPCSD), the conference “Audiology Education Summit II: Strengthening Partnerships in Clinical Education” was held on February 3-5, 2006, at the Wyndham Phoenix Hotel in Phoenix, Arizona.

This 2½-day Summit assembled academic and clinical educators from clinical doctoral programs in audiology and representatives from clinical facilities and related professional organizations. The purposes of the Summit were to 1) identify and address current and emerging issues in clinical education in clinical doctoral programs; 2) propose a set of quality indicators of clinical education that contribute to developing skilled professionals and that can be used by clinic placement sites and academic programs, and 3) to share resources and tools. The Summit was designed to allow participants to reach general levels of agreement on the characteristics of clinical doctoral programs in audiology that would optimally prepare students to become desirable, employable professionals. Although the *process* used to reach agreement was structured in advance, there was no attempt to predetermine specific conference *outcomes*.

The Summit focused on five major topic areas: Core Areas in Audiology Education, The Value and Challenges of Clinical Externships, Selection of Clinical Sites, Student Preparation Before Clinical Placements, and Student Evaluation During Clinical Placements. Individual speakers and panelists made brief presentations on each of the topic areas to provide an overview of the issue and to pose questions to the conference participants. Following each presentation, the participants divided into small breakout groups, which were predetermined to

achieve a balance of academic faculty, clinical faculty, clinical practitioners, small and large institutions, and various work settings. The groups were asked to brainstorm to list characteristics or indicators that addressed the specific predetermined questions, and to vote as to whether those characteristics or indicators were Essential, Above Essential, or Below Essential.

Conference participants were able to agree upon many of the characteristics or indicators and these are described within the full conference report along with the salient discussion that occurred during the decision making process. On many issues related to quality doctoral education in audiology, the general level of agreement among conference participants was notable.

### **Introduction**

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In light of the expanding scope of practice for the profession of audiology, the increasing need for hearing health care services, and changes in the requirements for entry into professional practice in audiology, it is critical that the audiology community examine all components of the academic and clinical education and preparation of audiologists at the doctoral level. Thus, through a joint initiative of the American Speech-Language-Hearing Association (ASHA), the Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA), and the Council of Academic Programs in Communication Sciences and Disorders (CAPCSD), the conference "Audiology Education Summit: A Collaborative Approach" (Summit) was held on February 3-5, 2006, at the Wyndham Phoenix Hotel in Phoenix, Arizona.

This 2½ day conference was designed to assemble academic and clinical educators from university clinical doctoral programs in audiology and representatives from clinical facilities and related professional organizations to identify and describe indicators of quality for clinical

doctoral education programs. It was hoped that a reasonably high level of agreement could be reached on the quality indicators.

The conference participants included 120 individuals representing approximately 64 education programs, 24 clinical sites, two student representatives, and the Summit co-sponsors. Invitations to the Summit were extended to the following groups, organizations, and facilities:

- All audiology program academic and clinical directors
- Educational audiologists in large school systems
- Major hospitals and student clinical sites
- National Council of State Boards of Examiners
- ASHA Special Interest Divisions 6 (Hearing and Hearing Disorders: Research and Diagnostics); 8 (Hearing Conservation and Occupational Audiology); 9 (Hearing and Hearing Disorders in Childhood); 10 (Issues in Higher Education); and 11 (Administration and Supervision)
- Academy of Dispensing Audiologists
- Academy of Rehabilitative Audiology
- Accreditation Commission for Audiology Education
- American Academy of Audiology
- Educational Audiology Association

### **Summit Purposes and Goals**

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The purpose of this Summit was to identify and describe indicators of quality that could be used to assist programs in developing, evaluating, and enhancing clinical doctoral education in audiology. The goals of the Summit were to provide a general summary of the issues discussed; to provide data, information, and direction sufficient to assist CAA in drafting revised standards for accreditation; and to serve as a guide for education programs in developing, evaluating, and enhancing clinical doctoral education in audiology.

## Background and Summit Planning

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At its January 2004 meeting, the ASHA Executive Board (EB) appointed an Ad Hoc Subcommittee on Audiology Education to develop a strategic initiative related to the training of students in doctoral audiology programs. The subcommittee included Neil Shepard and Stephanie Davidson from the EB, and ASHA staff members Vic Gladstone, Pam Mason, Loretta Nunez, and Patti Tice. After discussion and collaboration with the Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA), the group prepared a report to the EB and presented a resolution for ASHA to co-sponsor (with CAA) a conference on the education of audiologists. The EB passed the resolution in April 2004 to support the planning for the conference, the topics of discussion, and the outcomes for the conference, which were to be further developed by an advisory committee.

An advisory committee (Committee) was established to include three representatives each from ASHA, the CAA, AAA, and CAPCSD. Each of the named organizations identified representatives to be members of the Committee and included the following:

Dennis Burrows, Committee Chair (CAA)	Lisa Lucks Mendel (CAPCSD)
Arlene Carney (CAA)	Dianne Meyer (CAPCSD)
Stephanie Davidson (ASHA)	Craig Newman (AAA)
Neil DiSarno (CAPCSD)	Colleen O'Rourke (CAA)
Vic S. Gladstone (ASHA)	Neil Shepard (ASHA)
Lisa Hunter (AAA)	Patti Tice (ASHA staff ex officio)
Patricia Kricos (AAA)	

The final topics of discussion at the conference and the definition of the final outcomes of the conference were the responsibility of the Committee. The advisory committee had three face-to-face planning meetings and a series of conference calls in 2006 to plan the format and design of the Summit and to identify specific topics and questions to be addressed at the

conference. The ASHA National Office staff assisted in the logistics for the meetings of the advisory committee and the conference, and ASHA supported the activities by providing funding to cover expenses for the members of the Committee and by providing a meeting location for each of the three planning meetings. ASHA also provided support for the conference to include advertising and registration organization, record keeping, and the production of the conference report with the assistance of the advisory committee.

### **Summit Format and Design**

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The Committee developed an agenda for the 2½ day Summit that included invited presentations, panel discussions, small breakout sessions, and large group discussions. A professional facilitator was engaged to provide overall direction and facilitation during the entire meeting. The length of the conference allowed time for discussing designated topics and reaching general levels of agreement within small groups and plenary sessions. ASHA and AAA continuing education credits also were offered to attendees who were present for the entire conference.

The Summit opened with a session to present a broad overview of the purpose of the conference and the expected outcomes for the meeting, and to review the historical information about the various activities, discussions, and conferences that have been held since 1987 regarding the development of clinical doctoral education in audiology and to place the conference within this context.

The advisory committee had determined to limit the content of the conference to five major topic areas: Core Areas in Audiology Education, The Value and Challenges of Clinical Externships, Selection of Clinical Sites, Student Preparation Before Clinical Placements, and Student Evaluation During Clinical Placements. The committee had invited individual speakers and panelists to make brief presentations on each of the major topic areas to provide an overview of the issue and to pose questions to the group to stimulate their thinking and “whet

their appetite” for the subsequent small group breakout sessions. Following each presentation, the participants then divided into small breakout groups, which were predetermined to achieve a balance of academic faculty, clinical faculty, clinical practitioners, small and large institutions, and various work settings. The groups discussed specific questions related to the preceding invited presentation, randomly assigned to each group, which were developed by the advisory committee for each topic area. Each group was assigned a facilitator and a recorder who had received specific training the evening before the conference on the process to be followed during the breakout sessions. The decision-making process followed during the breakouts and the large group sessions is described in the following section of this report.

The conference also included an opportunity for attendees to participate in roundtable discussions at the close of the first day of the meeting during the Clinical Education Exchange: Resources and Models. This session provided a venue for participants from academic programs and clinical sites to share innovative and effective solutions to the issues and challenges of educating and mentoring audiology clinical doctoral students. Presentations were required to include content that supported the main themes or topic categories of the conference. The format for the Clinical Education Exchange was a series of three, 25 minute round table sessions conducted during a two-hour period. Each round table session included a 10-15 minute informal presentation followed by discussion with colleagues that joined that table. The roundtable session were repeated three times during the two-hour period. Attendees had the opportunity to rotate to a different table every half-hour and participate in at least three round table sessions during the entire Clinical Education Exchange. A total of 7 different topics were presented by individuals and organizations during this session which were well attended and received by the attendees.

## Decision-Making Process

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The conference was designed to achieve general levels of agreement on issues critical to clinical doctoral programs in audiology that prepare students to become desirable, employable professionals. Although the *process* used was structured in advance, there was no attempt to predetermine specific *outcomes*. The process was designed to promote and encourage general levels of agreement within defined breakout sessions and plenary sessions. The steps followed during each of the breakout sessions are described below. Approximately 1 hour was allowed for each of the breakout discussions.

### Step 1: Brainstorm

- Under the direction of a facilitator, small breakout groups (7–8 members each) brainstormed to list characteristics or indicators that addressed the specific predetermined questions. Each group named a scribe to list the characteristics on a flip-chart and a time-keeper to keep the group on schedule and complete the assignment. Facilitators were instructed to encourage participants to share *any* elements (i.e., characteristics that may be deemed as too low or too high at first glance), to indicate that there was no single correct answer to the questions posed, to encourage a range of attributes, and to keep the discussion moving.

### Step 2: Vote

- The group then categorized the identified characteristics or indicators into three “bins” (Essential, Above Essential, and Below Essential). The group voted by a show of hands which indicators fit into which bin. If all were in general or “reasonable agreement” (defined as at least a simple majority) about the indicator, the group proceeded to the next item.

### Step 3: Discuss

- The group discussed any issues that needed further clarification or a specific rationale provided for its decisions. If necessary, groups could then re-vote on those issues to place the characteristic in a different category.

Recorders for each group then listed the characteristics or indicators on a standard reporting template and captured, to the best of their ability, any rationale or salient points for the group's decisions and recorded the vote, if it was not unanimous.

### Compilation

Following the completion of each breakout session, the facilitators and recorders reviewed the notes and finalized the report for the group on that specific topic. If more than one group discussed the same question, members of the advisory committee then compiled the responses from each group and consolidated items in the categories of Essential, Above Essential, and Below Essential. If an element was identified by different groups but categorized in a different bin, this issue was highlighted and used as a point of discussion during the summary in the large group.

### Group Summary Reports

Following each of the breakout sessions, the Summit participants reconvened as a whole. One of the facilitators for each breakout group reported the results of his or her individual group's discussion. The facilitator highlighted any areas where there was not agreement. The meeting facilitator and a member of the advisory committee moderated the large group discussion after each summary report to determine if any items needed further clarification or discussion on any of the characteristics/indicators or on any of the bin designations.

## **Conference Documentation**

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An ad hoc report writing group was identified from among the members of the advisory committee to prepare the full report and includes at least one representative from each of the four sponsoring organizations (ASHA, CAA, AAA, and CAPCSD). This group, which includes Dennis Burrows (CAA), Stephanie Davidson (ASHA), Lisa Hunter (AAA) and Neil DiSarno (CAPCSD), are drafting the Summit report to ensure that the resulting documentation accurately and concisely represents the outcomes of the conference and will provide it to the full advisory

committee for final approval. A preliminary report was provided by two of the members on the Committee who represented CAPCSD at the CAPCSD conference in April 2006 in Sandestin, Florida. The final report will be disseminated to all Summit participants and to the four sponsoring organizations for use and distribution as they deem appropriate for their constituents. The expected date of completion of the final report is September, 2006.

### **Summit Presentations**

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As noted above, the advisory committee invited individual speakers and panelists to make brief presentations on each of the four major topic areas to provide an overview of the issue and to pose questions to the group to stimulate their thinking for the subsequent small group breakout sessions. In addition, advisory committee Chair, Dennis Burrows, made an opening presentation and provided background and historical information about the various activities, discussions, and conferences that have been held since 1987 regarding the development of audiology education and described the outcomes expected of the Summit. Speakers for the conference were as follows:

- Audiology Clinical Education in Context - Arlene Carney, PhD, University of Minnesota
- Clinical Education in Other Professions – Richard E. Talbott, PhD, University of South Alabama
- Core Areas in Audiology Education – Panelists included:
  - Colleen Noe, PhD, James H. Quillen VA Medical Center, Mountain Home, Tennessee and East Tennessee State University, Johnson City, Tennessee
  - Marlene Bevan, PhD, Audicare Hearing Centers, Inc.,
  - Susan Brannen, MA, Monroe 2 BOCES, Spencerport, New York
  - Paul Kileny, PhD, University of Michigan Medical School
  - Gay Ratcliff, MS, Central Florida Speech and Hearing Center, Lakeland, Florida
- The Value and Challenges of Clinical Externships – Panelists indicated above

- Selection of Clinical Sites – Harvey Abrams, PhD, VA Medical Center, Bay Pines, Florida
- Student Preparation Before Clinical Placements – Sharon Lesner, PhD, University of Akron and Northeast Ohio Aud Consortium
- Student Evaluation During Clinical Placements – Sharon Sandridge, Cleveland Clinic Foundation

### **Conference Topics and Questions**

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The participants discussed the following questions during the Summit, which had been developed by the advisory committee during its face-to-face and conference call meetings.

#### **I. Core Areas of Clinical Practice**

1. What are the core\* areas of clinical practice for graduates of a clinical doctoral program in Audiology?

#### **II. Value and Challenges of Clinical Externships**

1. What value can be gained from participating as a clinical site?
2. What are the challenges to participating as a clinical site and what are some solutions/strategies that could be used to minimize those challenges?
3. Under what circumstances, if any, should financial support (beyond loans and grants) be provided to students during externships?

#### **III. Selection of Clinical Sites**

1. What are the essential characteristics of a quality clinical site used for rotations and externships?
2. What are the essential characteristics of a quality preceptor?
3. What are the essential considerations for matching a student with a specific clinical site?

#### **IV. Student Preparation for Clinical Placements**

1. What are the essential characteristics of effective ways to sequence course work with clinical experiences?
2. What are the essential considerations for determining the sequence of clinical experiences/placements?
3. What are the essential characteristics of effective methods of measuring student readiness for clinical placements?
4. What are the essential characteristics of effective communication regarding student readiness among the academic programs, students, and clinical sites?

#### **V. Student Evaluation During Clinical Placements**

1. What are the essential characteristics of a tool(s) for evaluating student performance during rotations? externship(s)?
2. What are the essential characteristics of an effective remediation program for students having difficulty during clinical rotations/externships?
3. What are the essential characteristics of effective communication regarding student performance during the clinical placement among the university, the clinical site and the student during the rotations? Externship(s)?