

**CURRENT ISSUES IN AUDIOLOGY: REPORT ON THE COUNCIL'S FACILITATED
MEETING**

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The Council sponsored a Facilitated Meeting on October 14-15, 2005, in order to bring together major stakeholders related to the accreditation of audiology academic programs. The meeting was held in Chicago and representatives attended from AAA, ACAE, ASHA, CAA, and CAPCSD. Participants were Dennis Burrows, Stephanie Davidson, Vic Gladstone, Richard Hurtig, Angela Loavenbruck, James Mahshie, Paul Pessis, Gail Whitelaw, Ian Windmill and Amy Wohlert. The goal of the meeting was to explore the options that might lead to compliance with CAPCSD resolution 02-1 which states ...

WHEREAS, the mission statement of the Council of Academic Programs in Communication Sciences and Disorders charges the Council to "serve as an advocate for the highest standards of academic programming", and, **WHEREAS**, advocacy for the highest standards of accreditation of programs of higher education engaged in both speech-language pathology and audiology professional education, and, **WHEREAS**, the Council of Academic Accreditation, currently the only nationally recognized accreditation body for speech-language pathology and/or audiology academic programs by the Office of Education and the Council for Higher Education Accreditation (CHEA) has the flexibility to insure that the highest quality of professional education standards are maintained for both speech-language pathology and audiology, and, **WHEREAS**, the evolution of multiple accrediting entities recognized by the national Office of Education is not in the best interest of the students that institutions serve, will dilute the validity of the accreditation process and is unnecessary in protecting the public trust,

BE IT THEREFORE RESOLVED, that

1) *the Council of Academic Programs in Communication Sciences and Disorders is opposed to the recognition by either the Office of Education or CHEA of any new accreditation entities for speech-language pathology or audiology programs,*

2) *the Council of Academic Programs in Communication Sciences and Disorders will entreat the Council of Academic Accreditation to insure that all professional organizations with vested interests in the quality of professional education in either speech-language pathology or audiology are provided equitable opportunity for input to the standards review and implementation process, and the Council of Academic Programs in Communication Sciences and Disorders will exercise whatever influence and leadership opportunities it may have toward the goals articulated in 1) & 2) above.*

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The principles underlying the meeting included:

- Develop a single accreditation body
- Develop collaboration among major professional associations and current accrediting bodies
- Minimize the inevitable conflict that might result from two accrediting process
- Recognizing that the single body was likely intended to be CAA, but current situation suggests that single body for audiology may be the most attainable goal

Participants outlined the vision for audiology:

- Audiology will be a “doctoring profession”
- Technological advances will lead to a significant change in the way audiology services are provided and in the role of the audiologist
- Fewer, but larger, audiology programs; audiology programs may “split out” from speech pathology programs and from colleges of liberal arts and sciences

- Audiology and speech-language pathology programs, on the other hand, may continue to be included in departments of communication sciences and disorders
- A single designation for the audiology doctorate – the Au.D.
- Academic programs will have to be more “flexible” to meet changes in the audiology profession
- Audiology will be a “self-governing” and “independent” profession
- There may be a “reworking” of audiology education/curriculum if changes occur in the delivery of audiology services

Participants identified the stakeholder in audiology accreditation:

- **Practitioners/Audiologists:** Are the skills needed for competent audiologists being addressed by academic programs? What about the depth of skills? There will continue to be an “upward trajectory” of training for audiologists. How can preceptors be better trained and “tied into” academic programs? Can preceptors and off-campus sites be included in the accreditation of academic programs?
- **Employers:** Employers (particularly hospitals) may make use of an increased number of technicians under the supervision of a smaller number of audiologists.
- **Professional Organizations:** One view is that AAA may become the exclusive “home of audiologists.” Another view sees the continued relationship between ASHA and its member audiologists. Yet another view is that AAA and ASHA may create a “joint venture,” particularly on certain “policy issues.”
- **Students:** Accreditation is a “quality indicator”; may make certification and/or state licensure processes easier for students who finish accredited Au.D. programs; and accreditation may provide opportunities for additional resources (financial aid and support) for students.

- **Academic Programs:** Accreditation gives “leverage” to academic programs in dealing with university administrators – a way to support requests for additional resources; accreditation standards establish a framework for new programs; accreditation frequently identifies areas for improvement; and accreditation is a means of “external validation” for a program – it is important to know “what peers value.”
- **University Administrators:** Accreditation “informs resource allocation”; provides a basis for program assessment; and may satisfy requirements for regional accrediting bodies for graduate programs.
- **Regulators/State Licensing Boards:** Accreditation provides a “quality indicator.”

There was discussion regarding issues and concerns related to accreditation, both the current status and future directions:

- Accreditation is a “cumbersome” and expensive process
- Accreditation may not necessarily reflect overall quality/value of the academic program
- Accreditation offers a “partial view” of an academic program
- Consistency (or lack of consistency)
- “Volunteer labor” needed for site visits
- Lack of outcome measures for accreditation – more focus on “measuring process”
- Is the work of preceptors and off-site clinical educators being sufficiently accounted for?

The meeting participants considered the viability of two accrediting bodies in audiology:

Possible advantages

- the opportunity for choice, one set of accreditation standards may be a “better fit for a program’s mission”
- academic programs could use dual accreditation as a “marketing tool” to attract prospective students and competition may lead to a more efficient accreditation process

Disadvantages

- Possible conflicting standards and reports
- Cumbersome
- Duplicative
- Expensive
- Unclear whether this would benefit the training of audiologists.

The participants discussed, in “broad strokes,” possible solutions to the current situation:

- One option presented by group members was for CAA and ACAE to reach an agreement similar to the agreement in effect between ASHA and the National Council for Accreditation of Teacher Education (“NCATE”)/The Council for Exceptional Children (“CEC”). Under this agreement, NCATE/CEC accepts ASHA accreditation decisions and recognizes ASHA-accredited programs. As noted by some group members, this option would require that ACAE and CAA resolve the disagreement over the ASHA Cs and CAA accreditation standards.
- A second option discussed was to create an “umbrella” council or commission that might oversee two accrediting boards. One board would set and verify standards for audiology, and the other would do the same for speech-language pathology.

Current Status and What Happens Next?

- Each participant group has discussed the outcome of the meeting.
- Each has agreed to send a representative to a subsequent meeting.
- Participants will reconvene soon to explore viable options, challenges that remain, and points for future discussion.