

# AU.D EDUCATION UPDATE FROM CAUDP

Sridhar Krishnamurti, Ph.D.

Professor and Program Director of Audiology

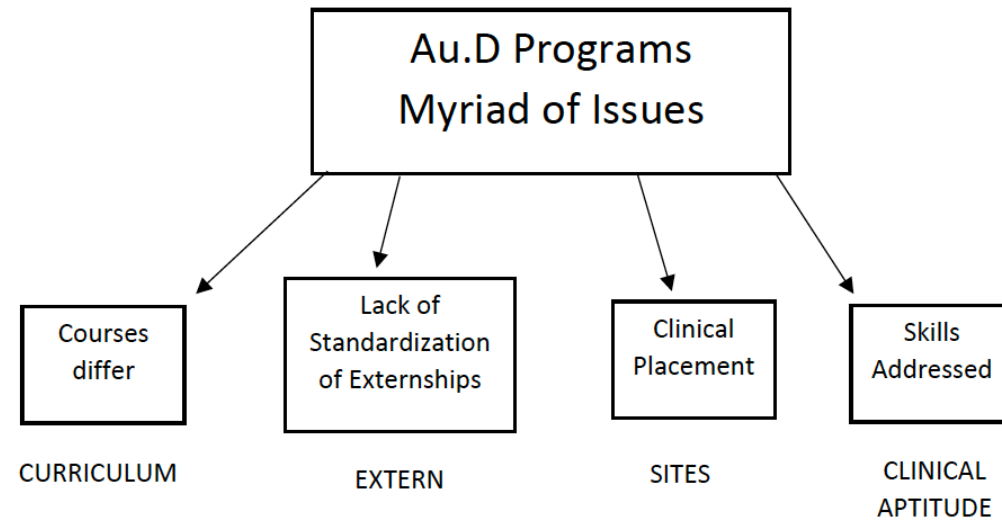
Auburn University



What are we building?

<b>Strengths</b>  <b>4 years to learn</b> <b>Quality</b> <b>Competitive pool</b> <b>Passion</b> <b>Technology</b>	<b>Opportunities</b>  <b>Aging</b> <b>Public health</b> <b>Hearing aids and cognitive decline</b> <b>Pediatric audiology</b> <b>NIHL, Balance</b>
<b>Weaknesses</b>  Lack of consensus on training Externship Quality of preceptors Autonomy reached?	<b>Threats</b>  OTCs and self programmed aids Do we validate and Verify Dependence on hearing aid industry (CI) Audiology assistants

# WE FACE A MYRIAD OF ISSUES IN AU.D EDUCATION



### **Recommendations for Preceptors and FYCE Sites**

1. Obtain specialized and ongoing training to aid in the development of appropriate clinical supervisory skills.
2. Adhere to the recommended FYCE timeline and standard application process vetted and agreed upon by the Task Force, which included representatives across Audiology professional organizations.
3. Provide ongoing and regular informal and formal feedback during the FYCE.

## **From ASHA task force, 2018**

### **Recommendations for AuD Students**

1. Actively participate throughout the educational process, including the didactic coursework, clinical education, and the FYCE. Specifically, students should frequently reflect on the progression of their clinical skill development and professionalism, using a document such as the Tiered Clinical Assessment Form or equivalent.
2. Recognize the importance of dedication to life-long learning, and embrace the notion that learning will not end with the conferring of the AuD degree.
3. Commit to staying apprised of professional issues in order to appropriately advocate for the profession, future students, and patients of Audiology.
4. Adhere to the recommended FYCE timeline and application process.
5. Advocate for the agreed upon standardized timeline and application process with academic program faculty and with clinical supervisors/preceptors to help move the standardization of this process forward.
6. Work in partnership with AuD program faculty to identify and apply for an approved FYCE that meets the educational needs of each individual student.
7. Commit to understanding the precepting/supervising process.

### **Recommendations for University AuD Programs**

1. Remain current in the basic and applied information included in the curricula.
2. Consider alternative educational and healthcare models.
3. Infuse best practices into the clinical education of AuD students.
4. Work with university leadership to help them understand the importance and effectiveness of the processes incorporated into AuD education in order for the programs to maintain their support for key program components such as the FYCE.
5. Be actively involved in and supportive of the students prior to and during the FYCE. At a minimum, FYCE preceptors should be required to submit mid-term and final evaluations of student performance.
6. Encourage and support preceptors to participate in ongoing supervision training such as that offered by CAPCSD and CHAP
7. Provide basic information about preceptorship to students.
8. Monitor the content of the scopes of practice published by the American Academy of Audiology and the American Speech-Language-Hearing Association to determine the need for changes to the program curricula.
9. Use the Tiered Clinical Skills Assessment forms provided in the Appendix to assess the competencies of students prior to beginning their FYCE.
10. Pursue availability of post-graduate residency models for those individuals who wish to pursue specialized training in an area of practice.

**Independent.** Audiologists are autonomous providers of hearing and balance services without the mandate of a referral from a physician or other health care provider. As independent professionals, audiologists collaborate with, but are not controlled or overseen by others. Audiologists are the entry portal for hearing and balance health care.

**Well-recognized and highly respected.** By virtue of our education, experience and rigorous scientific foundation, audiologists are distinguished from other providers, are recognized as experts on hearing and balance, and contribute to the knowledge/evidence base of the profession. Audiologists are sought for their services and knowledge. As highly respected professionals, audiologists are recognized by the public, the healthcare community and policy makers as valuable contributors to society and to the health and well-being of patients. Patients and other stakeholders trust our expertise, see value in our work, respect our opinions, and view us as the point of entry to the assessment and management of hearing and balance disorders. Audiologists work collaboratively with patients, families, caregivers, communities, allied health and medical professionals toward common goals of improving communication function in individuals who seek our services and to ensure the best outcomes for our patients and their families.

**Comprehensive.** The scope of practice in audiology is large and expanding. Audiologists offer comprehensive services in their specialty areas. For example, audiologists who focus on adult hearing aids offer hearing aids as part of a comprehensive auditory rehabilitation program that includes hearing aids, hearing assistance technologies, communication strategy instruction, and training. Audiologists always refer patients for comprehensive audiologic services that are needed, but not offered in their practice. For example, adults with tinnitus, children with difficulty hearing in the classroom, or individuals with normal hearing and poor speech in noise abilities all can benefit from audiology services. If an individual audiologist does not provide services in these areas, they refer these patients to an audiologist who does. All services are offered using a patient/family centered care approach that promotes shared decision making to ensure that patients follow-through with our comprehensive recommendations for management.

**Thriving.** Audiology as a profession is thriving because: 1) patients routinely seek out our hearing and balance services (as well as consumers interested in discussing their hearing needs as related to consumer hearing technologies), 2) our professional colleagues (e.g. ENTs, PTs,





We need thinkers and  
problem solvers

# ARE WE TEACHING ENOUGH??

## Courses

- Adult
- Pediatric
- Vestibular
- Hearing Aids/OTC
- Cochlear Implants
- CAPD
- Electrophysiology
- Counseling
- Professional Ethics
- Private Practice
- Hearing Conservation
- Aural Rehabilitation



## CLINICAL ROTATIONS

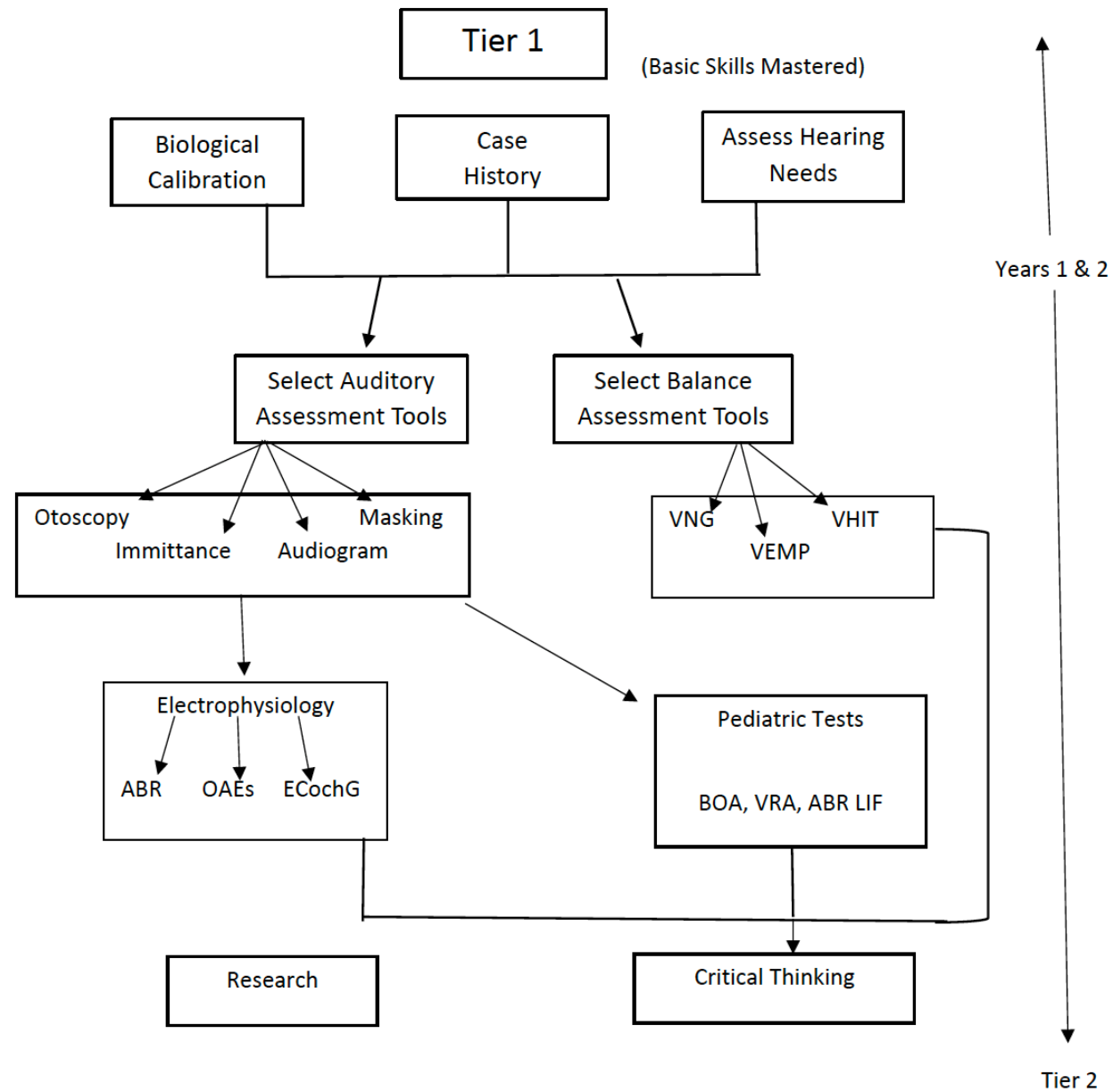
Clinical  
Placement  
Sites

- Days/week
- Areas covered
- Expectations
- Preceptors

# ARE WE BUILDING PROFESSIONAL CLINICIANS?

Clinical  
Aptitude

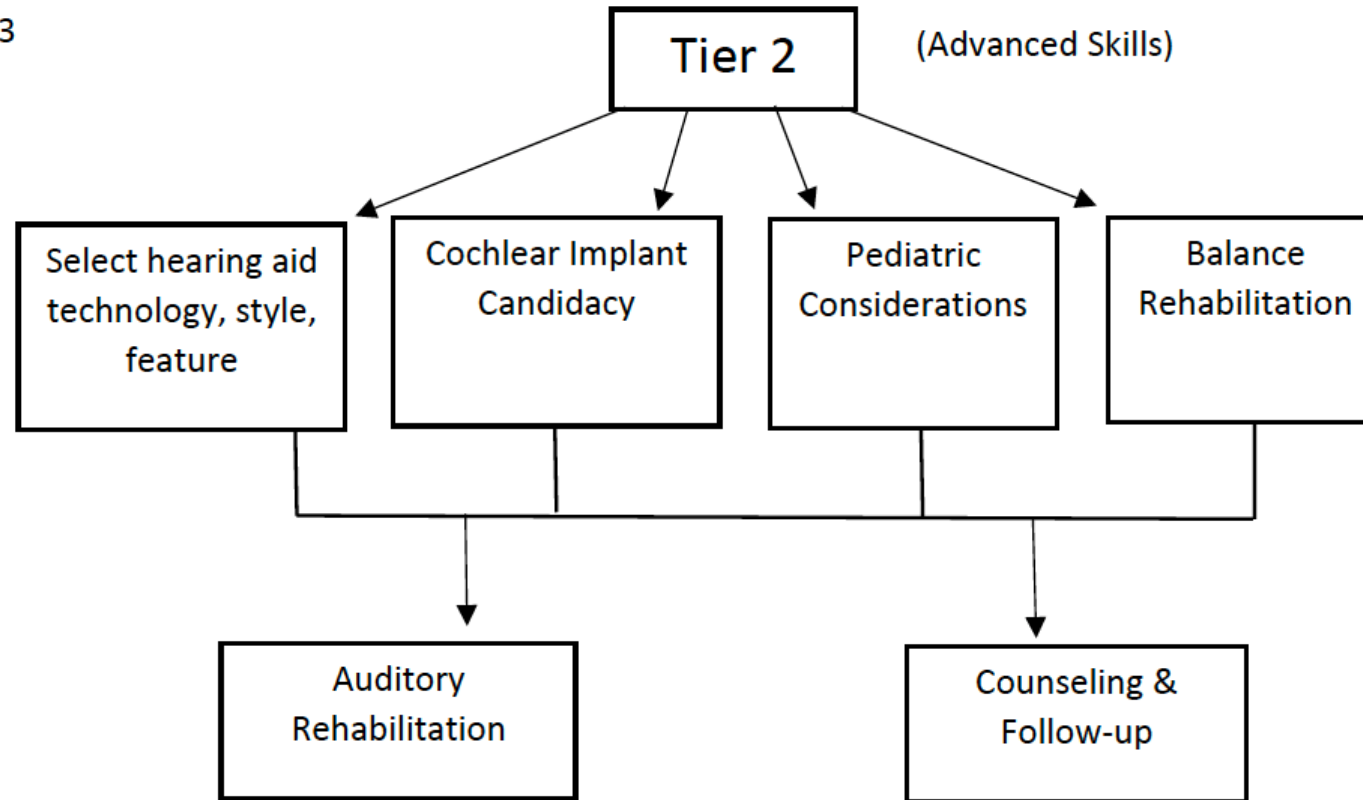
- Academic
- Clinical
- Evidence based practice
- Critical Thinking
- Ability to Adapt



## TIER I BASIC SKILLS

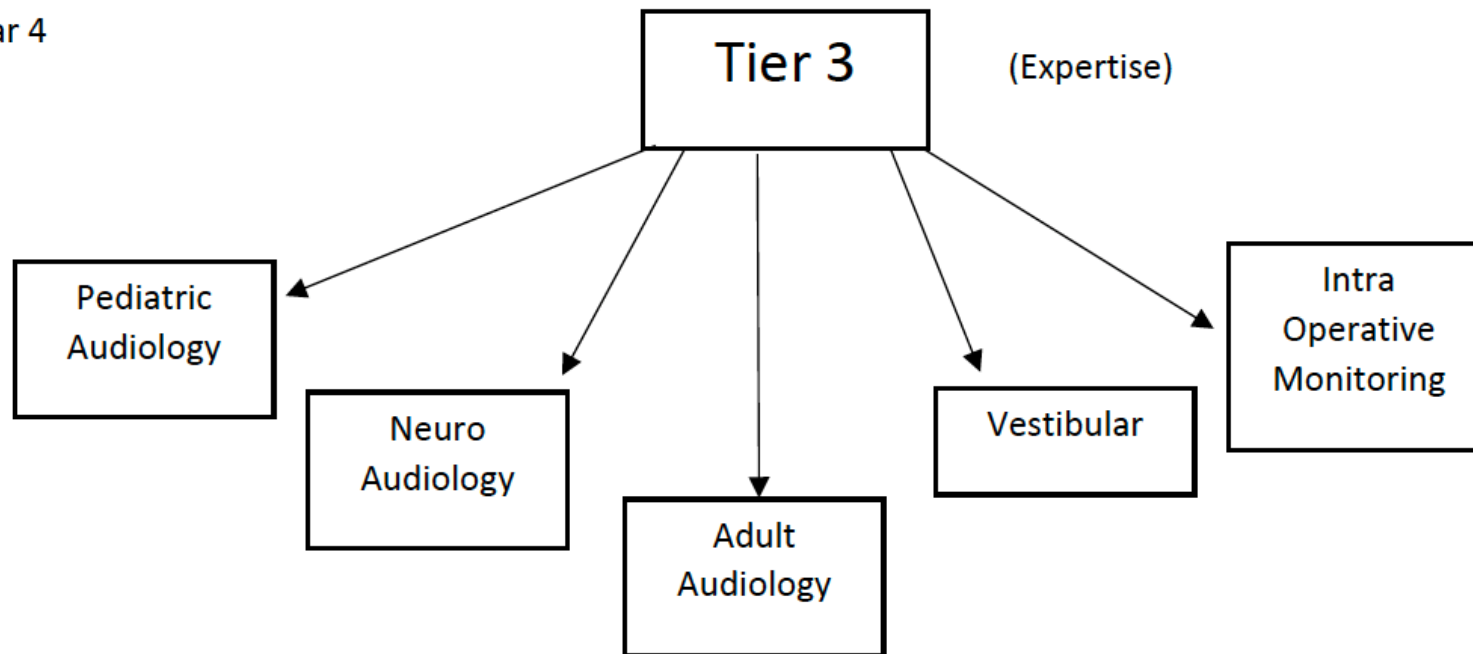
- Student X makes errors in audiometric interpretation and is unable to provide the correct masking
- Student Y communicates incorrectly with clients with supervisor in background
- Student Z lacks critical thinking to use a test battery or connect diagnosis to management
- Student A cannot summarize results in a report
- Student B is lacking in professionalism and timeliness

Year 3

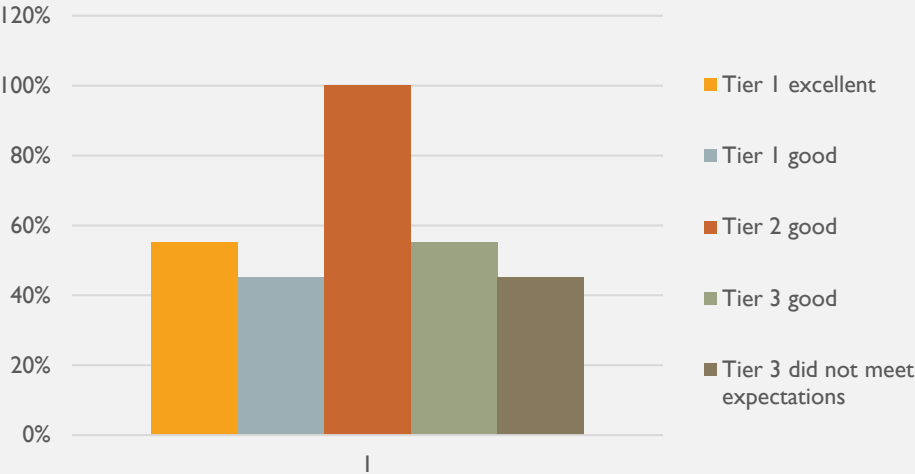




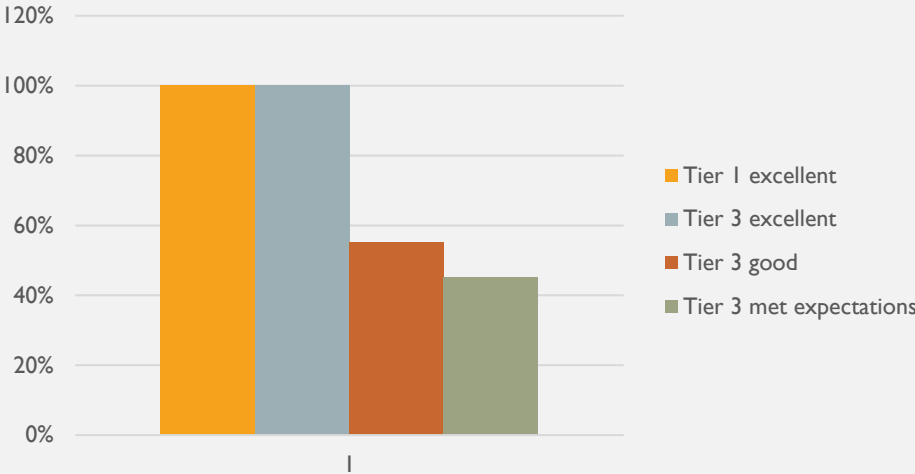
Year 4



Preceptor feedback on 3rd year students cohort



Preceptor feedback on 4th year students cohort



## MASTERY TIER 2 AND 3

- Lack of ability to perform advanced procedures
  - Pediatric testing
  - Hearing aids/cochlear implants
  - Electrophysiology
- Incorrect interpretation of results
  - Tympanometry results tied to others
  - APD
- Management
  - Protocol (Pediatric and BC aids)
  - Counseling

# THE EXTERNSHIP EXPERIENCE

Externship

- Training
- Expectations
- Preceptors
- Exposures

Issue 5. Pros/Cons of including externship within AuD

Pros	Cons
Reduce the cost of tuition to the students	Need to change the licensure laws and billing practices
Increase the probability that students (recent graduates) can get paid	Going back to a CFY model that many feel didn't work
Increase the opportunities to bill for the services provided by the students (recent graduates)	Burden and oversight falls on ASHA or ACAE?
Decrease the financial and legal burdens placed on the university programs	
Difficult for university to manage	Cost of matching



From ASHA  
Consensus  
Conference, 2016

Questions	Results
1. What is the urgency of creating a national database of clinical externship sites?	76% = <i>very or somewhat urgent</i> 23% = <i>not urgent</i> 1% = <i>not important</i>
2. What is the urgency in standardizing the application process (including application deadlines) for clinical externship sites?	87% = <i>very or somewhat urgent</i> 13% = <i>not urgent</i> 0% = <i>not important</i>
3. Should we explore mandatory preceptor training (yes/no)?	54% = yes 46% = no
4. Are you in favor of exploration of a residency model or other postgraduate training (yes/no)?	34% = yes 66% = no
5. What is the urgency of moving toward a residency model or other postgraduate education?	17% = <i>very or somewhat urgent</i> 42% = <i>not urgent</i> 41% = <i>not important</i>
6. In keeping with a “skate-to-the-puck” metaphor, are we ready, as a profession, to plot our course for the next 10, 15, 20 years?	28% = <i>strongly agree or agree</i> 53% = <i>disagree</i> 19% = <i>strongly disagree</i>

- **Support from the University/AuD faculty in externship application process:** The committee recommends dedicated faculty support for assisting students with the externship application process. Specific recommendations include:
  - vetting the clinical site to ensure that the site meets the educational requirements of the institution and will adequately prepare the student for certification (sufficient quality & quantity of experiences, experience of preceptors, expected hours of work per week, discussions of stipends/benefits/salary, available equipment, etc);
  - help students develop application materials and prepare for interviews;
  - communicate with sites when requested by the site as first point of contact; and
  - communicate with sites after site has been approved placement.
  - The committee noted that because of site specific preferences with regard to initiation of first contact, this committee makes no recommendation regarding faculty or student initiated contact.

- **Faculty Support during the externship:** The committee felt strongly that faculty should support students during the application process and during the clinical experiences of the externship. The committee makes the following specific recommendations with regard to faculty support *during* the entirety of the externship:
  - Regular communication and reporting of activities to dedicated faculty member.
  - Online class discussions
  - Semi-regular webinars (monthly, quarterly)
  - Multiple student evaluations each term (Evaluated for midterm and final each quarter/semester)
  - General email to preceptors requesting feedback, concerns
  - Regular communication with preceptors/supervisors to discuss concerns/issues
  - Remediation plans when needed

1. Ongoing and clear communication among the student, program, and preceptor during the externship.
2. Uniformity of application process between potential extern sites.
3. Centralized application.
4. Qualifications of the preceptor.
5. Certified vs. non-certified preceptors.
6. Timeline of the externship.



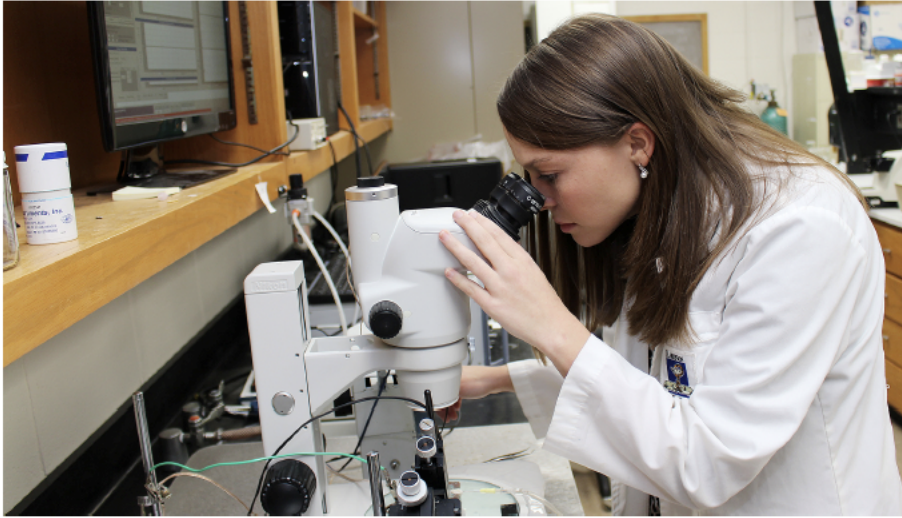
How do others view us?



# I HAVE GRADUATED AND NOW HAVE EVEN FEWER RESOURCES THAN I DID

- Infrastructure
- Staffings/Grand rounds
- I do not perform ECoG because ...
- How can I diagnose Auditory neuropathy if ...
- We don't even do VEMPs because.....
- We are better than the Masters training model because .....

# Pharm.D.-Ph.D. Program



The Pharm.D.-Ph.D. program is designed to prepare individuals for a career as clinician-scientists or to enable them to bring clinical perspectives to basic science research topics. It is anticipated that these individuals will be prepared for careers in government, the pharmaceutical industry, or academia.

Students in the program will complete the Pharm.D. degree in its entirety and earn licensure to practice Pharmacy in Alabama before transitioning into the Ph.D. phase of the program. Nonetheless, the program fosters the engagement of students in research during the Pharm.D. phase of the program and permits students to count some coursework toward both degrees. These features reduce the time to complete both degrees to approximately seven years (versus 8+ years if the degrees were pursued separately).

HSOP Pharm.D. students may apply for entry into this dual degree program after completing the first year of the Pharm.D. program. The program anticipates enrolling 1-2 students per year.

Ph.D. degree options are available in a variety of disciplines in the Department of Drug Discovery and Development and the Department of Health Outcomes Research and Policy.

Students in the program generally complete Pharm.D. coursework, Ph.D. coursework, and research experiences each summer after entering the program. Both P4 elective rotations may be used for research experiences.

To obtain the Ph.D. degree, students must complete an original research project and defend a doctoral dissertation, in addition to completing additional coursework beyond the PharmD.

Graduate assistantships are typically available to support students during the Ph.D.

# LEADERSHIP

- CREATE
- COMMUNICATE
- COLLABORATE
- BUILD TEAMS
- RAISE MONEY
- DECISION MAKERS
- LEAD BY EXAMPLE
- TRANSFORMATIONAL
- ENGAGE
- ADVOCATES