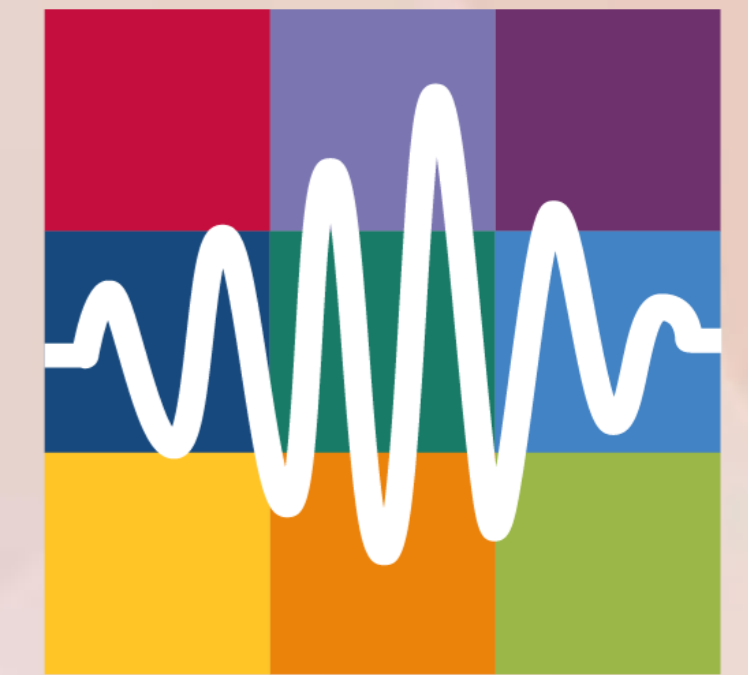




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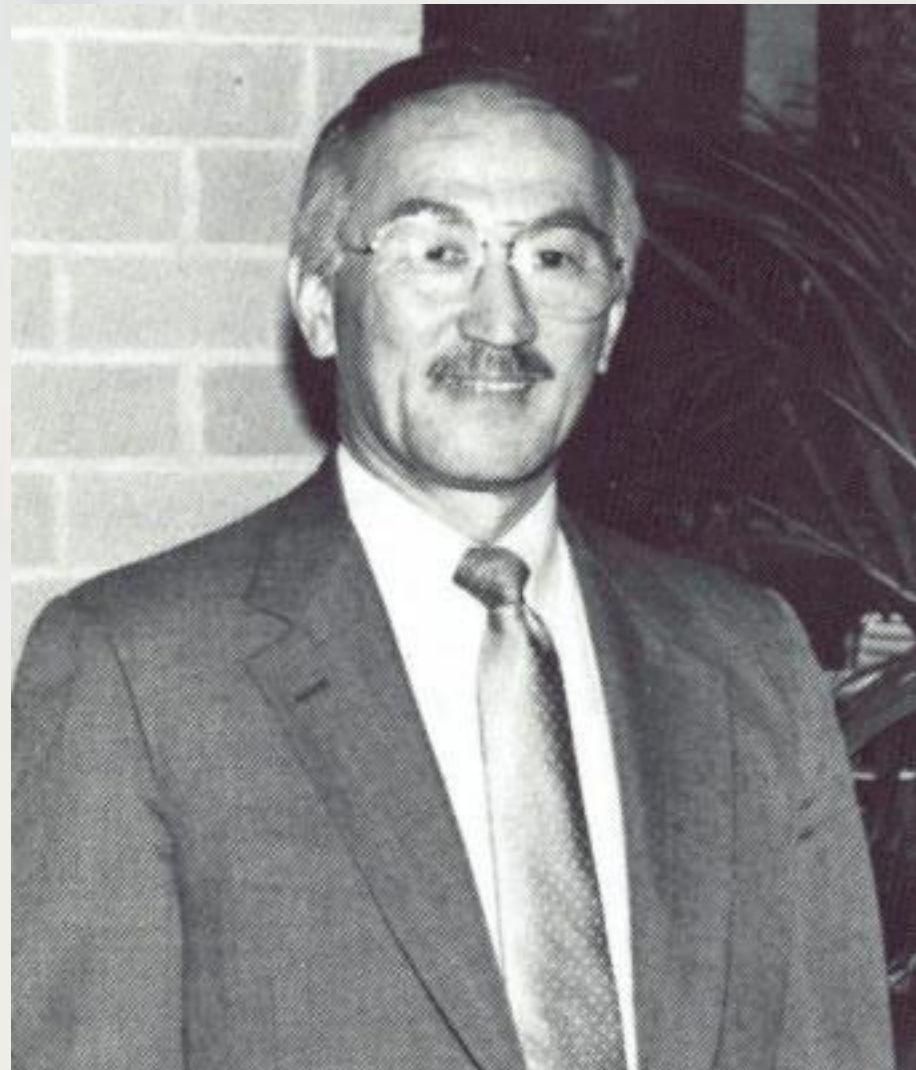
ASHAWIRE

ASHA Journals Awards



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Kawana Award for Lifetime Achievement in Publications



- Named in the memory of the late Alfred K. Kawana, former director of ASHA publications, this award acknowledges the exceptional educational, scientific, or clinical value of the awardees' scholarly contributions
- This award is reserved for outstanding researchers and scholars who have a sustained history of publication in the ASHA journals of at least 10 years



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Susan Ellis Weismer

University of Wisconsin—Madison



- Oros-Bascom Professor of Communication Sciences and Disorders and principal investigator at the Waisman Center at the University of Wisconsin—Madison.
- Focused her research on investigating the developmental course and nature of language processing in typically developing children, late-takers, children with specific language impairment, and children with autism.
- Contributed greatly to expanding what is known about the relationship between language and aspects of cognitive functioning, such as working memory capacity.
- Published in and provided editorial leadership to the ASHA journals for more than 30 years.
- The Kawana Award recognizes her exceptionally impactful and prolific scientific contributions as well as her generous service to the ASHA Journals Program.

Editor's Awards

- Each of these awards has been selected by the editor-in-chief of each journal or journal section
- The Editor's Awards are awarded annually to the authors of the most meritorious article published in the preceding year

For a list of past winners back to 1970, visit http://journals.pubs.asha.org/SS/Past_Editors_Awards_Winners.aspx

 **EDITOR'S AWARD****OPEN ACCESS**

Research Article | June 01, 2016

**Altmetric
Attention Score**

Speech Perception in Classroom Acoustics by Children With Cochlear Implants and With Typical Hearing

Author | Frank Iglehart

Editor-in-Chief | Sumit Dhar

 **EDITOR'S AWARD**

Research Article | August 01, 2016



**Altmetric
Attention Score**

 **AJSLP** AMERICAN JOURNAL OF
SPEECH-LANGUAGE PATHOLOGY

Early Expressive Language
Skills Predict Long-Term
Neurocognitive Outcomes in
Cochlear Implant Users:
Evidence from the MacArthur–Bates
Communicative Development Inventories

Authors | Irina Castellanos, David B. Pisoni,
William G. Kronenberger, and Jessica Beer

Editor-in-Chief | Krista Wilkinson

 **EDITOR'S AWARD**

Research Article | December 01, 2016



**Altmetric
Attention Score**

 **JSLHR** JOURNAL OF SPEECH, LANGUAGE,
AND HEARING RESEARCH
Speech Section

Articulatory Control in Childhood Apraxia of Speech in a Novel Word–Learning Task

Authors | Julie Case and Maria I. Grigos

Editor-in-Chief | Julie Liss

 **EDITOR'S AWARD**

Research Article | August 01, 2016



**Altmetric
Attention Score**

 **JSLHR** JOURNAL OF SPEECH, LANGUAGE,
AND HEARING RESEARCH
Language Section

What Factors Predict Who Will Have a Strong Social Network Following a Stroke?

Authors | Sarah Northcott,
Jane Marshall, and Katerina Hilari

Editor-in-Chief | Sean Redmond

 **EDITOR'S AWARD**

Research Article | December 01, 2016

**Altmetric
Attention Score** **JSLHR** JOURNAL OF SPEECH, LANGUAGE,
AND HEARING RESEARCH
Hearing Section

Experiments on Auditory-Visual Perception of Sentences by Users of Unilateral, Bimodal, and Bilateral Cochlear Implants

Authors | Michael F. Dorman, Julie Liss, Shuai Wang, Visar Berisha, Cimarron Ludwig, and Sarah Cook Natale

Editor-in-Chief | Frederick Gallun

 **EDITOR'S AWARD**

Research Article | October 01, 2016



**Altmetric
Attention Score**



LSHSS

LANGUAGE, SPEECH, AND
HEARING SERVICES IN SCHOOLS

Dose Schedule and Enhanced Conversational Recast Treatment for Children With Specific Language Impairment

Authors | *Christina N. Meyers-Denman
and Elena Plante*

Editor-in-Chief | *Shelley Gray*



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Disclosure

Mindi Anderson, PhD, ARNP, CPNP-PC, CNE, CHSE-A, ANEF

University of Central Florida

Financial disclosure:

- Grants – Gaumard; Sigma Theta Tau, Theta Epsilon Chapter Grant; UCF; Previous-Multiple; Previous Other Work – National League for Nursing / Laerdal Consultation- Scenario Development, SIRC Courses; Wolters Kluwer Health Advisory Board-VSim® for Nursing/Pediatric
- Some works may be mentioned; some products may be given as examples, not as an endorsement
- Teach at UCF – Program Coordinator for the Nursing and Healthcare Simulation Graduate Program
- Nurse Scientist – Orlando Health
- Received honorarium and expenses covered by ASHA for her presentation
- Some works may be mentioned; some products may be given as examples, not as an endorsement

Nonfinancial disclosure:

- Nothing to disclose

Disclosure
Mark DeRuiter, PhD
University of Arizona
Panelist

Financial disclosure:

- Received a waiver of his registration fee from ASHA for participating in this presentation

Nonfinancial disclosure:

- Founding editorial board member for the journal, *Teaching and Learning in Communication Sciences and Disorders*
- President of the Council of Academic Programs in Communication Sciences and Disorders

Disclosure
Carol Dudding, PhD
James Madison University
Panelist

Financial disclosure:

- Received a waiver of her registration fee from ASHA for participating in this presentation

Nonfinancial disclosure:

- Nothing to disclose

Disclosure
Rick Talbott, PhD
University of South Alabama
Panelist

Financial disclosure:

- Received a waiver of his registration fee from ASHA for participating in this presentation

Nonfinancial disclosure:

- Nothing to disclose



**Mindi Anderson, PhD, ARNP,
CPNP-PC, CNE, CHSE-A, ANEF**



Disclosures

- ✓ Paid Consultant, Grant Funds, Speaker fee (honorarium), ASHA registration fee waived
- ✓ Grants – Gaumard; Fulbright Specialist; Laerdal Foundation for Acute Medicine; Sigma Theta Tau, Theta Epsilon Chapter Grant; University of Central Florida (UCF)
- ✓ Previous Grants – Texas Higher Education Coordinating Board, Multiple; Previous Other Work - National League for Nursing (NLN)/Laerdal Consultation - Scenario Development, SIRC Courses; Wolters Kluwer Health Advisory Board-VSim® for Nursing/Pediatric
- ✓ Teach at UCF – Program Coordinator for the Nursing and Healthcare Simulation Graduate Program
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Learner Outcomes

- 1. Identify the benefits and importance of training/education in clinical supervision and why this is a critical topic.
- 2. Discuss the importance of conducting research in clinical supervision and education.
- 3. Describe different models of clinical education, including simulation and standardized patients.
- 4. Describe alternative educational modules for interprofessional practice.

BENEFITS/IMPORTANCE OF TRAINING/EDUCATION IN CLINICAL SUPERVISION

Importance of Clinical

- Essential in training
 - Application/integration of knowledge/skills to actual experiences (real-life)
 - Competent practitioners/clinicians

(“Dreaming Possibilities,” 2017; Hill et al., 2010, 2012, 2014; Williams et al., 2009; Zraick, 2012)

Current Clinical Issues/Concerns

- Site
- Preceptor/Supervisor
- Faculty
- Teaching/Skills
- Student
- Patient
- Program/Other

(Beckley, 2017; “Dreaming Possibilities,” 2017; Dzulkanain et al., 2015; Hill et al., 2010, 2014; Kristofferzon et al., 2012; Larue et al., 2015; MacBean et al., 2013; McCready et al., 2016; Moked & Drach-Zahavy, 2016; Murray & Buckley, 2017; Noss & Yeager, 2016; Picconi, 2011; Russell et al., 2016; Tharpe & Rokuson, 2010; Ward et al., 2014; Wilson et al., 2010, 2011; Zook et al., 2017; Zraick, 2012)

Overall Goal

- Desire
 - High quality clinical experiences
 - To graduate competent practitioners
 - Who can critically think/make decisions/reflect
 - Best patient/family care and outcomes

(Bressmann & Eriks-Brophy, 2012; Hill et al., 2010, 2012; Kristofferzon et al., 2012; National League for Nursing [NLN] Board of Governors, 2015; Noss & Yeager, 2016)

IMPORTANCE OF RESEARCH - CLINICAL SUPERVISION AND EDUCATION

Focus - ASHA

- Clinical supervision
- Plans to develop formalized training
- Committee work – determined knowledge/skills needed for various settings
- Targeted training - specific groups
- *ASHA focus/work, including that of McCready et al. (2016), applies to audiologists and speech-language pathologists*

(Beckley, 2017; McCready et al., 2016)

Questions - Training

- How much is required? (current suggestion 2 hours/cycle)
 - Is this enough?
- What skills are needed/mandatory?
- Best ways to teach?
 - Didactic vs. hands-on, etc.
- How can new knowledge be applied?
- Evaluation? How?

(Beckley, 2017; McCready et al., 2016)

How We Can Use Research – Clinical Supervision

- 1. Examine experiences in supervision – different points of view
- 2. Develop best models of teaching/learning for clinical supervision (and to prepare for)
- 3. Identify best methods to teach preceptors/supervisors to be successful in their role

(Russell et al., 2016)

How We Can Use Research – Clinical Supervision Continued

- 4. Determine optimal ways to support the relationship between students and preceptor/supervisor to have best student outcomes
- 5. Determine what students are doing in clinical

(Kristofferzon et al., 2012; Moked & Drach-Zahavy, 2015; Polifroni et al., 1995)

Questions - Students

- How will we know what maximizes student learning?
- What method(s) achieve the best outcomes?

(Harder, 2015)

Questions – Preceptors/Supervisors

- What makes a good preceptor/supervisor?
- How best can we train/retain preceptors/supervisors?

DIFFERENT MODELS – CLINICAL EDUCATION

Definition of Simulation

- Multiple definitions
- Several organizations have defined:
 - American Speech-Language-Hearing Association (ASHA) (n.d.)
 - International Nursing Association for Clinical Simulation and Learning (INACSL) Standards of Best Practice: SimulationSM - Glossary (INACSL Standards Committee, 2016d)
 - Society for Simulation in Healthcare (SSIH) (Lopreiato et al., 2016)

Advantages of Simulation

- What are the advantages for education?
- What are the advantages for research?

(ASHA, n.d.; Cheng et al., 2014; Donoghue et al., 2016; “Dreaming Possibilities,” 2017; Goss et al., 2015; Hill et al., 2010, 2012, 2013; Larue et al., 2015; MacBean et al., 2013; NLN Board of Governors, 2015; Picou & Tharpe, 2015; Society for Simulation in Healthcare, n.d.; Ward et al., 2015; Williams, 2006; Zraick, 2012, 2014)

Simulation Types

- Static manikin
- Role-play
- Task trainer (part, partial)
- Moderate/mid-fidelity
- High-fidelity manikin
- Virtual reality/Computer-based/
Augmented reality/Mixed reality
- Serious game
- Haptic
- Standardized/simulated patient
- Hybrid

(INACSL Standards Committee, 2016d; Lopreiato et al., 2016; NLN, n.d.;
TLE TeachLivE™, n.d.)

Different Ways to Add Simulation

- In place of lecture “flipped classroom”
- In place of some clinical (replacement)
- Use for lab
- Clinical prep (adjunct) or make-up
- Remediation
- Evaluation
- Add on – to class, clinical, lab
- Mixture of one or more

(Brame, 2013; Brien et al., 2017; “Dreaming Possibilities,” 2017; Gore et al., 2012; Harder, 2015; Hayden et al., 2014; Hill et al., 2013, 2014; Husson et al., 2013; Larue et al., 2015; MacBean et al., 2013; NLN Board of Governors, 2015; Noss & Yeager, 2016; Wilt & King, 2010; Zraick, 2012)

Speech-Language Pathology

- Evaluated use of simulation – speech-language curricula (Australia)
- Opinions – sim could be used to replace part of external placement
- Specific skills/content
- ? Decrease hours – external sites

(MacBean et al., 2013)

Certification – Speech-Language Pathology

- Able to substitute 75 hours/direct contact (clinical) (20%)
- Optional
- List of what types included and what is NOT

(ASHA, n.d.; “Dreaming Possibilities,” 2017)

Remediation

- Can use to remediate students – prior to clinical
- How about if there is a deficient skill in clinical?

(MacBean et al., 2013)

Evaluation - Objective Structured Clinical Exams (OSCEs)

- Definition of OSCE
- Proposed for speech-language pathology

(Lopreiato et al., 2016, p. 25; Zraick, 2012, 2014)

Simulation – Not Just for Students

- Can use to train instructors/preceptors/mentors in certain areas
- Literature examples
 - Prepare preceptors (orientation)
 - Difficult communication with students
 - How to coach/give feedback
 - How to foster critical thinking

(Adoryan, 2011; Murray & Buckley, 2017; Picconi, 2011; Wilson et al., 2013)

Types - Standardized/Simulated Patients

- Proposed – Audiology and Speech-Language Pathology Students
 - Teach
 - Build skills – diagnosis, clinical reasoning, interaction
 - Give feedback
 - Assess (competency)
 - Use for part of clinical time

(ASHA, n.d.; Bressmann & Eriks-Brophy, 2012; “Dreaming Possibilities,” 2017; Hill et al., 2010, 2012, 2013, 2014)

Current Status

- Limited studies of SP use - speech-language pathology and audiology
- SPs have been found to be accurate across scenarios; able to replicate performance
- Students like/value experiences; may increase competence/skills/performance (? self-report)
- They are able to reflect after
- **OPPORTUNITY!**

(Bressmann & Eriks-Brophy, 2012; Hill et al., 2010, 2012, 2013; MacBean et al., 2013; Picou & Tharpe, 2015; Tharpe & Rokuson, 2010; Wilson et al., 2010; Zraick, 2012, 2014)

Virtual

- Virtual patients
 - Example - SimuCase® (n.d.)
- Virtual reality (cave) (Williams, 2006)
- Others (Dudding et al., 2016, Kuster, 2002)

Mixed Reality

- TeachLivE™/Mursion®
- “Human in the loop”
- Includes human/artificial intelligence

(Hayes & Hughes, 2016; Mursion®, n.d.; TLE TeachLivE™, n.d.)

Current Status

- Appears to be not much research related to use – student outcomes (audiology/speech-language)
- Some in Interprofessional Education (IPE)
- **OPPORTUNITY!**

(Dudding et al., 2016)

Kirkpatrick's Model (Evaluation)

- 1. Reaction
- 2. Learning
- 3. Behavior
- 4. Results

(Adamson, 2014; Adamson et al., 2013; Boet et al., 2014; Cheng et al., 2014; INACSL Standards Committee, 2016c; Kirkpatrick, 1994)

What Can Be Measured?

- Outcomes
 - Satisfaction – do they like it?
 - Knowledge – can include more; KSAs
 - Performance (can measure something)
 - Skills
 - The so what? Improved patient outcomes, decreased cost, etc.

(Boet et al., 2014; INACSL Standards Committee, 2016c; Kardong-Edgren et al., 2010)

Translational Outcomes

- T1 – In setting (lab)
- T2 – Better practices for patients – learning transfer (patient setting)
- *T3 – Improved patient outcomes*
- *T4 – Additional effects (save \$\$)*

(Adamson et al., 2013; Donoghue et al., 2016; McGaghie, 2010; McGaghie et al., 2014)

Research

- If we don't evaluate, how will we know:
 - Where best to put simulation
 - Adjunct vs. clinical replacement vs. other (and how much of each) – best student outcomes
 - Best type of simulation for the specific objective

Research

- Need more
- Does simulation provide similar learning outcomes to clinical/placements?
- Do skills transfer to working with patients?

(MacBean et al., 2013)

Important

- Simulations must meet standards
- Resources:
 - INACSL Standards of Best Practice: SimulationSM (INACSL Standards Committee, 2016a)
 - ASPE Standards of Best Practice (SOBP) (Lewis et al., 2017)

Must Meet Requirements

- If counting for clinical
- ASHA (n.d.)
 - Must:
 - Have debriefing; doesn't count as clock hour
 - Be observed = 25% of time
 - Listed method
 - Check frequently asked questions

Get Simulation Training!

- Many places!
- Example - University of Central Florida (n.d.)

ALTERNATIVE MODELS FOR INTERPROFESSIONAL PRACTICE

Interprofessional Education (IPE) Defined

- Students (or others)
- At least two professions
- Learning occurs
- It is deliberate
- Pedagogy
- Improvement (goal) – *interprofessional collaboration*, patients

(Buring et al., 2009; Interprofessional Education Collaborative, 2016; Interprofessional Education Collaborative Expert Panel, 2011; Thistlethwaite, 2015; World Health Organization [WHO], 2010. p. 7)

IPE

- Recommended
- Opportunity
- Must work as a multidisciplinary team
- Part of being “competent”
- Many challenges/difficulties

(“Dreaming Possibilities,” 2017; MacBean et al., 2013; Ward et al., 2014; Williams et al., 2009; Zook et al., 2017)

IPE Approaches

- Didactic content – *be careful here*
- Games/team-building exercises
- Online modules
- Case studies (including unfolding)/discussions
- Simulation
- Others
 - Examples – DVD, service learning, clinical experiences/practicums
- Scaffolding of experiences

(Bridges et al., 2011; Buring et al., 2009; da Motta & Pacheco, 2014; Dudding et al., 2016; Grover et al., 2016; Interprofessional Education Collaborative Expert Panel, 2011; LeFlore et al., 2017; Pinar, 2015; Zook et al., 2017)

Simulation

- Definition of simulation-enhanced interprofessional education (or Sim-IPE)
(INACSL Standards Committee, 2016b)

Why Use Simulation for IPE?

- Can help learn/evaluate competencies
- Promotion of teamwork
- Role clarity
- Social learning
- Allows for skill practice
- Many of the same reasons we use simulation

(Pinar, 2015; Willhaus et al., 2013)

Helpful Resource for Sim-IPE


- INACSL Standards Committee (2016b, December). INACSL Standards of Best Practice: SimulationSM Simulation-enhanced interprofessional education (sim-IPE). *Clinical Simulation in Nursing*, 12(S), S34-S38. <http://dx.doi.org/10.1016/j.ecns.2016.09.011>

Virtual

- Second Life®

(Dudding et al., 2016)

Another Approach - IPE by DVD

- One study – nursing students
 - DVD simulation
 - Students reported  experiences
 - Focus group results
 - Could replace part of clinical (*caution*)
 - Others

(Williams et al., 2009)

Who Can You Partner With?

- Get creative
 - Nursing (undergrad, grad)
 - Medicine
 - Occupational Therapy
 - Physiotherapy
 - Psychology

(Dudding et al., 2016; MacBean et al., 2013; Zook et al., 2017)

What Can You Do?

- Ask for it
- Lead it
- Build it (a team)
- Champion for it/promote it
- Start it (can start small)
- Conduct it
- Evaluate it
- Research it
- Share it! (present it, publish it)

(Buring et al., 2009; Willhaus et al., 2013)

Thank You!

- Questions?

References/ Acknowledgements

- See separate list of references
- Some slides have been previously presented
- Special thank you to Drs. Lynn Williams and Richard Zraick; also Drs. Charles Hughes, Carrie Straub, and Gregory Welch (and Florida Hospital) for use of pictures; Dr. Welch is endowed by Florida Hospital

Panel Question & Answer Session

- Mindi Anderson, PhD
- Mark DeRuiter, PhD
- Carol Dudding, PhD
- Rick Talbott, PhD



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**Thank you for coming!
Enjoy the rest of the
2017 ASHA Convention**