AuD Education Summit
Task Force Report

Task Force Members
Elizabeth Adams (CAuDP)
Lisa Hunter (ACAE)
Annette Hurley (CAA)
Janet Koehnke (ASHA)
Lisa Lucks Mendel (CAPCSD)
Christina Roup (AAA)
Robert Traynor (ABA)
Neil DiSarno (ex-officio)

July 2019

Executive Summary

The AuD Education Summit Task Force was established following the AuD Education Summit (hereafter, "the Summit") that ASHA hosted in October 2016. The eight-member Task Force included representatives of the American Academy of Audiology (AAA), the American Board of Audiology (ABA), the Accreditation Commission for Audiology Education (ACAE), the American Speech-Language-Hearing Association (ASHA), the Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA), the Council of Academic Programs in Communication Sciences and Disorders (CAPCSD), and the Council of Au.D. Programs (CAuDP).

The purpose of the Task Force was to liaise with six Working Groups composed of individuals who attended the Summit and volunteered to continue working to address the six areas of greatest concern identified by Summit attendees: (1) Vision for AuD Education, (2) Competency-Based Student Evaluations, (3) Standardization for Externship, (4) Student Readiness, (5) Guidelines for AuD Clinical Training Sites, and (6) Residency Post Graduation.

The six Working Groups met between September 2017 and May 2018 to discuss the areas of concern and collect data relevant to each topic. One or two Task Force members were assigned to each Working Group; they provided guidance for that group and participated in the group's conference calls.

In May 2018, each of the six Working Groups developed a summary describing their work, including concluding statements and recommendations for moving forward. The Working Groups then provided these reports to the Task Force members. In July 2018, the Task Force met at ASHA to discuss the information provided by the six Working Groups and outlined the content of this *AuD Education Task Force Summit Report,* hereafter referred to as the "Report." The Task Force members agreed that the Report would focus on recommendations to move forward toward achieving a shared vision for the education of audiologists.

The Report that follows this summary includes an overview of the outcomes of polls conducted at the Summit on key issues in AuD education, the vision of the report, and the rationale for the task force recommendations. Specific recommendations are provided for (1) University AuD Programs, (2) AuD Students, (3) Preceptors and Final Year Clinical Externship (FYCE) Sites, and (4) Standards-Setting Bodies.

This Report also includes a description of the deliverables that the Task Force is providing. These are available for immediate use and include Tiered Clinical Skills Assessment Forms (Appendices C-F) and guidelines for development of a standard FYCE application form to be used by sites that provide this portion of AuD student education. **A key Task Force recommendation** is for AuD programs, clinical preceptors, and FYCE sites to avail themselves of these tools immediately to increase the

uniformity of the processes for the application for the FYCE and the evaluation of student clinical skills during the FYCE.

Other selected recommendations described in this Report include a call for the following:

- That accreditation programs, certification programs, academic programs, and facilities that provide the FYCE experiences work together to establish a mechanism that makes application and acceptance into a site as uniform as possible.
- That regular and clear communication occur among the student, the program, and the FYCE site/preceptor regarding all aspects of the experience.
- That programs of certification verify compliance of individuals seeking certification, to ensure that educational programs provide high-quality didactic and clinical education.
- That accreditation programs and certification programs include mechanism(s) within their standards to ensure oversight of these recommendations.
- That preceptors regularly obtain specialized training to develop and maintain appropriate clinical supervisory skills.
- That FYCE sites adhere to the recommended application timelines.
- That AuD students actively participate in all aspects of their educational process and reflect on the growth of their skills using the *Tiered Clinical Skills Assessment Form* or an equivalent tool.
- That AuD students understand and accept the importance of lifelong learning, which includes remaining apprised of professional issues and advocating for the profession and for the individuals/patients whom they serve.
- That AuD program directors/chairs to work with university leaders to ensure that they understand the needs of AuD programs and support key program components (e.g., the FYCE).
- That AuD programs consider alternative models of education and health care, and that programs infuse best practices into the clinical education of AuD students.

The Task Force members and all those who served on the Working Groups—as well as the participants in the original AuD Education Summit—have a shared desire to provide the most appropriate and effective educational process as possible for all AuD students. As detailed in this Report, and as iterated above, the Task Force is providing specific recommendations for consideration by all institutions and individuals involved in this process. The Task Force realizes that we must continue this work in order to determine next steps and evaluate the likely costs and other issues that may arise as institutions plan and implement these recommendations. We understand the investment of AuD programs, students, and preceptors in this process, and we believe that the information and recommendations provided in this report represent an important step toward improving AuD education—most notably, the FYCE.

Introduction

In October 2016, ASHA hosted the AuD Education Summit (hereafter, "the Summit"), attended by representatives from all 75 academic programs as well as stakeholders from the American Academy of Audiology (AAA), the American Board of Audiology (ABA), the Accreditation Commission for Audiology Education (ACAE), the Council of Academic Programs in Communication Sciences and Disorders (CAPCSD), the Council of Au.D. Programs (CAuDP), and the Student Academy of Audiology (SAA). The Summit was initiated following the 2014 report of the Academic Affairs Board (AAB) that identified major challenges to the existing model of AuD education. Summit participants focused primarily on the current model of clinical education, learned about alternative models from other doctoral professions, and identified strategies for improvement. The need for standardization of the externship—as well as the necessity for a collective vision for audiology that would subsequently inform the evolution of future education—received significant attention. Table 1 presents the results of a poll of Summit attendees regarding key issues and strategies for improvement of the AuD educational model.

After the Summit, an ad hoc committee - the AuD Education Summit Task Force was established with the purpose of liaising with six working groups established to address the areas of greatest concern as determined by Summit attendees. The working groups focused on the following six priorities:

1. Vision—Future of AuD Education
2. Competency-Based Student Evaluations
3. Standardization for Externship
4. Student Readiness
5. Guidelines for AuD Clinical Training Sites
6. Residency Post Graduation

These liaisons provided the overall guidance for the six working groups based on the Summit recommendations, confirming the charge for each working group, providing a timeline within which the work will be completed, and posting working group notes and progress via a shared online community.

The working groups consisted of stakeholders from audiology academic programs and representative professional organizations, with more than 80 individuals participating. These volunteers met via conference calls with the goal of making recommendations for audiology that will be useful for accrediting bodies, universities, and professional organizations to make a positive change in the profession.

Table 1. Results from Summit poll on AuD education key issues.

Questions	Results
1. What is the urgency of creating a national database of clinical externship sites?	76% = *very or somewhat urgent* 23% = *not urgent* 1% = *not important*
2. What is the urgency in standardizing the application process (including application deadlines) for clinical externship sites?	87% = *very or somewhat urgent* 13% = *not urgent* 0% = *not important*
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% = *very or somewhat urgent* 42% = *not urgent* 41% = *not important*
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% = *strongly agree* or *agree* 53% = *disagree* 19% = *strongly disagree*

Vision for This Report

The Task Force's vision for this report is to present a summary of the outcomes of the individual working groups' research and discussions as well as the outcomes of the Task Force's meeting and discussion. The focus of this report is to provide recommendations (some specific and others more general) to move forward with the process of achieving the shared vision for the education of audiologists. Significant time and effort went into the individual working groups. The goal of this report is to provide the results of these groups' work in a format that is useful to others in the profession.

Task Force Recommendations

The AuD Education Summit Task Force made a series of recommendations, all of which are discussed in the subsections below.

Rationale for Recommendations

Task Force members met on July 13–14, 2018, to discuss the results from all working groups. Several common themes were identified and delineated in this report. These themes also serve as the foundation for the recommendations that follow. The Task Force recommendations reflect the spirit of the comments and responses from the key issues poll conducted at the AuD Education Summit that reflect the need for improvement in the Final Year Clinical Experience (FYCE) process. The term "FYCE" was proposed in recognition of both three- and four-year AuD programs. In addition, these recommendations reflect outcomes from the working groups.

The Task Force hopes that as more AuD programs adopt these recommendations, all stakeholders (academic and clinical faculty, preceptors, students, employers, and patients) will benefit from a consistent FYCE process. Evidence from other professions (e.g., optometry, physical therapy) demonstrates that a standardized FYCE process works. Therefore, the AuD Education Summit Task Force offers several sets of recommendations for the following important stakeholders: University AuD programs, AuD students, preceptors and FYCE sites, and standards-setting bodies.

Recommendations for University AuD Programs

The common themes identified by the task force form the basis for our recommendations with regard to university AuD programs. These include the challenges of the current clinical educational model and the associated costs to the institutions and the students, as well as the possibility of embedding clinical preceptors working for the universities in outside clinics when needed,

encouraging and supporting preceptor training, and standardizing the timeline and application process for the Final Year Clinical Experience (FYCE).

In light of the rapid and continual changes in the profession of audiology, the Task Force strongly encourages doctor of audiology (AuD) programs to remain current in the basic and applied information that is included in their curricula. An especially important consideration that is essential to maintain currency of educational programs is the consideration of alternative educational and health care models. In order to provide the best possible education to AuD students, we must expose them to the various approaches being used in health care so they are prepared to practice at the top of the profession. To achieve this goal, programs must continue to infuse best practices into the clinical education of AuD students and provide clinical experiences in a variety of healthcare settings.

The Task Force also recommends that faculty (both clinical and academic) be directly involved in and supportive of the students prior to and during the FYCE. This should include assisting students in identifying appropriate sites for this important culminating experience. Once the students have begun the FYCE, programs should provide regular student evaluations. At a minimum, FYCE preceptors should be required to submit midterm and final evaluations of student performance. The program faculty must review these evaluations *and discuss them with the student.* If there are concerns, program faculty must consult with the site preceptor for additional information, when appropriate. The importance of regular communication with *both* the site preceptors and the students—and clear, specific feedback to those students—is essential.

Another recommendation related to all clinical training of AuD students concerns the training of preceptors. Audiology doctoral programs should encourage and support preceptors' participation in ongoing training such as that offered by CAPCSD and Certificate Holder-Audiology Preceptor (CH-AP). The 2020 Council for Clinical Certification in Audiology and Speech-Language Pathology (CFCC) standards include a requirement for 2 hours of professional development in the area of supervision/preceptorship after obtaining certification and before serving as a clinical preceptor. The current requirements of the ABA do not have specific information regarding preceptor training. The Task Force strongly recommends that accrediting bodies support this need by closely monitoring the training of preceptors and developing mechanisms for enforcing such continuing education.

AuD students should receive some basic information about preceptorship. This will enable them to understand what is required should they decide to become a preceptor after obtaining employment. Additionally, it will provide the students with knowledge about what to expect from their preceptors during their clinical training. The 2017 CAA standards include a requirement for AuD students to understand supervision/preceptorship of students and other support personnel.

Similarly, the 2016 ACAE standards include a requirement for AuD students to "demonstrate an understanding of how to supervise other audiologists, staff, and students."

It is essential that AuD students learn the importance of lifelong learning to maintain their effectiveness as audiologists who are providing the highest level of patient-centered care. The following tools can be incorporated into AuD programs to stimulate learning during the program and emphasize the need to keep pace with changes in audiology as professionals:

- Incorporating case-based learning, standardized patients, and simulations
- Engaging in interprofessional education/interprofessional practice (IPE/IPP)
- Embedding clinical faculty/preceptors in outside clinics when needed
- Teaching students to work with assistants (e.g., supervising assistants)
- Providing models that demonstrate the importance of monitoring changes in hearing health care to remain highly qualified providers

The Student Readiness Working Group developed the *Tiered Clinical Skills Assessment Form* that is designed to determine the Entrustable Professional Activities (EPAs) that a student can be expected to perform at various points in their AuD program. EPAs are tools that academic programs can use to determine whether a student has achieved specific clinical competencies (see, e.g., Dhaliwal, Gupta, & Singh, 2015). The Task Force has made this Tiered Clinical Skills Assessment Form available to all AuD education programs to assess the competencies of students prior to beginning their FYCE (see Appendices C, D, E, and F). (The *Tiered Clinical Skills Assessment Form* is described in more detail in the "Deliverables" section below.) It is critical that programs use this assessment tool (or something similar) and share its content with the clinical sites where students are placed for their FYCE. Preceptors should be requested to use the form to further assess students during their FYCE. In addition, preceptors should use this tool to both communicate their expectations for the FYCE to students and indicate progress in the development of clinical skills to students.

Task Force members unanimously agree that it will be beneficial to the profession to have postgraduate residency models available for those individuals who wish to pursue specialized training in an area of practice. It is typical for other related health professions (including physical therapy, pharmacy) to have such opportunities available for individuals who wish to pursue them. The Vanderbilt University vestibular residency is an example of such a program. The Task Force conducted a survey to assess the level of interest by students and programs in post-graduate residencies. Results will be disseminated once they are available.

Recommendations for AuD Students

The Task Force recognized that students are primary stakeholders in the FYCE and cited fervent and frequent student requests for standardization of the externship process. These requests have been

provided through student representation at professional meetings and in survey data (SAA, 2015). Student feedback remained at the forefront of discussions in individual Task Force Working Group meetings and in the Task Force liaisons' discussions.

The Task Force acknowledged that students have a significant opportunity for clinical skill and professional development throughout the FYCE. As such, the Task Force considers *students' active participation throughout the educational process*, including the didactic coursework, clinical education, and the FYCE to be essential. Specifically, students should frequently reflect on the progression of their clinical skill development and professionalism, using a document such as the *Tiered Clinical Skills Assessment Form* (see Appendices C, D, E, and F) or equivalent. This self-reflection is an important component of any personal and professional growth and is particularly important during the development of clinical skills and professionalism at levels sufficient to meet clinical competency and professional practice expectations. Additionally, self-reflection should provide an opportunity for the student to advocate for self-identified needs with regard to clinical skill development, such as identifying the need for additional experiences with certain populations, test protocols, and interventions. The Task Force recognizes the importance of dedication to lifelong learning and encourages students to embrace the notion that learning will not end with the conferring of the AuD degree. Instead, the competent professional will commit to continued learning in the areas of their content specialty, changing clinical practices according to new research-based evidence and in conjunction with professional growth. In addition, students should be committed to staying apprised of professional issues in order to appropriately advocate for the profession, future students, and patients of audiology. Involvement in state and national audiology organizations at the professional level is crucial to (a) the continued growth of audiology as a profession and (b) the acknowledgment of audiologists as the most highly qualified providers of hearing health care.

Further, the Task Force strongly encourages universities and clinical sites to support students by adhering to the recommended FYCE timeline and application process. Strict adherence to the recommended timeline and application materials will result in a more positive, professional process to secure an appropriate externship placement. Additionally, students should communicate with their clinical mentors at their university by informing them if their FYCE sites are not adhering to the agreed-upon standardized timeline and application process. Such steps should help move the standardization of the FYCE timeline and application process forward.

Students are encouraged to work in partnership with AuD program faculty to identify and apply for an approved FYCE that meets the educational needs of each individual student. These specific needs may be identified through self-reflection and guidance from university program faculty. The student is strongly encouraged to develop application materials using the guidelines from the AuD Education Summit Task Force.

Finally, the Task Force encourages students to ask questions of their university and external preceptors in order to fully understand the precepting/supervising process. Understanding this process is important not only while in the educational process but also as a career audiology professional. Throughout the educational process, students should understand why and how feedback is provided during clinical skill development. Supervisory feedback is a necessary component of the learning process, helping the learner understand areas of skill development that are progressing as expected as well as those that are potentially requiring further attention and development. Students and future audiologists should also understand the responsibility to the profession to train future doctors of audiology. Clinical supervision of students is a skill that must be developed—equal in importance to other professional and clinical skills that are developed and that must be refined with practice.

Recommendations for Preceptors and FYCE Sites

Preceptors and FYCE sites were identified as important stakeholders in the clinical education and final year externship for students in AuD programs. Specifically, the Task Force recognized that supervision of students during their clinical education carries great responsibility and requires a specific skill set for effective mentorship. For this reason, the Task Force acknowledged the importance of specialized training to aid in the development of appropriate clinical supervisory skills in professionals who are involved in clinical education of students at every level of the AuD program. Council for Clinical Certification in Audiology and Speech-Language Pathology (CFCC) 2020 standards require all preceptors complete at least one supervisory training experience prior to providing clinical supervision for AuD students. Although meeting this minimum requirement is positive, the Task Force recognizes that continued development of supervisory skills is essential and ongoing preceptor training is strongly encouraged for all individuals engaging in clinical supervision of AuD students.

Task Force participants noted repeated requests for a standardized FYCE application process from students having been through the externship process. Further, the benefits of a standardized application timeline and application materials were enumerated in Task Force discussions. Therefore, the Task Force strongly urges audiologists providing final year clinical experiences to 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. Adherence to these guidelines will help ensure a more professional, equitable, and smooth process for students seeking an appropriate FYCE and may streamline the application and decision-making process for the FYCE preceptor and clinical site.

Once the student extern has begun a position at the externship site, the preceptor should provide ongoing and regular feedback during the FYCE. Informal feedback is recognized as an important component of the supervisory process; however, formal evaluation of the student's progress during

FYCE should be completed on a regular basis using a clinical skill assessment tool such as the Tiered Clinical Skills Assessment provided in the Appendix. Formal evaluation of the student extern's progress should be completed minimally at each midterm and at the end of each academic term with an opportunity for student self-reflection of their progress toward clinical and professional competency. The formal evaluation should be subsequently discussed with the student clinician. This consistent feedback is crucial to identifying and documenting areas of clinical skill development and progress toward professional clinical competency as well as those areas of clinical skill development requiring additional attention and support. The final year externship preceptor should also maintain regular communication with university program faculty during the student's FYCE in order to address and manage weaknesses and difficulties as soon as possible. The formal evaluation of the student's progress provides one means of communication with the university program; however, the university program should be contacted at any point should concerns regarding student progress arise. University program faculty can provide support when needed, and be available to discuss expectations and the specific student's progress toward professional clinical competency.

Recommendations for Standards-Setting Bodies

Accreditation programs and certification programs should include mechanism(s) within their standards to ensure oversight of the recommendations provided in this report.

Specifically, program accreditors should monitor academic program compliance with the items listed above under recommendations for University AuD programs. Accreditors should seek data that demonstrate that programs:

- Teach current, relevant course content and provide clinical experiences that emphasize best practices in pedagogy and clinical practice.
    - In particular, programs should be able to demonstrate that curricula are reviewed and updated regularly so that they are consistent with current scopes of practice and ethical standards
- Provide opportunities for students to develop knowledge and beginning level skills in preceptorship
- Provide clinical experiences that are led by individuals who have ongoing education and experiences in best practices related to supervision of student clinicians.
- Have frequent contact with students during the process of establishing the FYCE experience.
    - This includes contact with any individuals who are pertinent (e.g., legal counsel, human resources, clinical preceptors, site program directors etc.) to the student's experience.

- Have frequent contact with students and their preceptors during the FYCE to monitor progress, knowledge and skill development.
    - This includes but is not limited to assessment of knowledge and skills by the clinical site(s) at a minimum at the midway point and at the end of the FYCE.
    - Assessment should be completed using the Tiered Clinical Assessment form (See Appendices C-F) or an equivalent tool.

- Provide students with information regarding the availability of post-graduate specialty education and training opportunities as they become available.

Programs of certification should verify compliance of individuals seeking certification to ensure educational programs provide high -quality didactic and clinical education.

Specifically, programs of certification must ensure that their candidates have been educated in academically sound institutions that meet all requirements for accreditation. In particular, candidates must be able to demonstrate that their experiences in the FYCE were led by individual(s) who

- practice according to the current scope(s) of practice, in accordance with the relevant code(s) of ethics
- have completed preceptor training opportunities and who continue to seek professional development in this area
- have regular communication with the pre-service clinician's academic program and provide, at a minimum, assessment of student knowledge and skills development at the midway point and at the end of the FYCE. This assessment should be completed using the Tiered Clinical Assessment form or an equivalent tool.

Accreditation programs, certification programs, academic programs, and facilities who provide the FYCE experiences should work together to establish a mechanism that makes the student application for the FYCE and acceptance into a site as uniform as possible.

Deliverables

In addition to the recommendations stated above, two deliverables are described below that are available for stakeholders to begin to use right away. The Task Force encourages AuD programs as well as clinical preceptors and employers to implement these deliverables so that all stakeholders will benefit from a consistent FYCE process.

Deliverable #1: Tiered Clinical Skills Assessment Form

The Student Readiness Working Group developed a *Tiered Clinical Skills Assessment Form* that can be used as a guide for both university programs and clinical sites for the FYCE. The intent of this *Tiered Clinical Skills Assessment Form* is to provide a comprehensive list of practice areas in which we expect audiology students to have experience prior to their externship year. These practice areas are divided into three categories: (a) Assessment Skills (see Appendix D), (b) Management Skills (see Appendix E), and (c) Professionalism (see Appendix F). Although this list is not meant to be exhaustive, it can serve as a general guide for judging a student's level of experience and readiness for the FYCE. This list of skills was further classified based on which skills should be firmly established prior to the start of the externship experience. Thus, the practice areas were classified into three tiers:

- **Tier 1: Mastery prior to externship**
  - o Exposure to theory and methods in the classroom, some laboratory practice, considerable experience with real patients.
- **Tier 2: More advanced (developing) skills prior to externship**
  - o o Exposure to theory and methods in the classroom, some laboratory practice, moderate experience with real patients.
- **Tier 3: Advanced/specialty skills (unlikely to be fully established prior to externship)**
  - o o Exposure to theory and methods in the classroom, some laboratory practice, limited experience with real patients.

The Task Force recognizes that not all programs will be able to provide students with exactly the same experiences; as a result, there will always be some differences in readiness to allow programs flexibility in how they prepare students. Although Working Group members did not fully agree on which skills they should include in the list and in which tier each skill fits most appropriately, programs and clinical externship sites should find this *Tiered Clinical Skills Assessment Form* useful in order to achieve consistency in assessing student readiness and expectations for competence.

Deliverable #2: Minimum Standard Application Form

It is recommended that a standard application form be developed that sites could use to promote consistency. This form is intended to make it easier for the student to know what to put together for each site. The form will cover the necessary components that the student will need to prepare for their FYCE application. The most common components of applications are listed below.

1. Cover letter (one page).
2. Curriculum vitae (CV) or resume.
3. Three references or letters of recommendations.
4. Rather than using free-text letters of recommendation, consider using a behavioral rating of academic, clinical, and professional skills (included on the application form).
5. Transcripts, if required by individual FYCE sites.

Summary of Task Force Recommendations

Recommendations	Stakeholders			
	AuD Programs	**AuD Students**	**Preceptors/ FYCE sites**	**Standards setting bodies**
Commitment to and implementation of currency in basic and applied curricular content	X			X
Engagement in clinical education at all levels	X	X	X	X
Engagement in academic education at all levels	X	X		X
Engagement in preceptor education/training for *all* individuals providing clinical education experiences	X	X	X	
Use of the Tiered Clinical Assessment Form (TCAF) or an equivalent	X	X	X	X
Commitment to maintain currency in professional issues		X		
Regular communication between				
Programs and students	X	X		
Programs and clinical sites	X		X	
Students and clinical sites		X	X	
Commitment to lifelong learning and professional development		X	X	
Monitor and enhance preceptor qualifications	X		X	X
Develop and implement the requirements for consistency in the timelines involved in the application, acceptance and timelines for completing the FYCE	X		X	X

APPENDIXES

Appendix A: Working Group Membership

Appendix B: Charge of the Working Groups

Appendix C: Tiered Clinical Skills Assessment Form—Definitions

Appendix D: Tiered Clinical Skills Assessment Form—Assessment

Appendix E: Tiered Clinical Skills Assessment Form—Management

Appendix F: Tiered Clinical Skills Assessment Form—Professionalism

Appendix A: Working Group Membership

Competency of Graduates

Joan Besing, (Chair); Jeffrey DiGiovanni; Nicole Ferguson; Scott Griffiths; Mary Hudson; Michelle Kraskin (Task Force Liaison), Erin Miller; Thomas Muller; Martha Mundy (Chair) Lauren Shaffer; Anne Marie Tharpe; Robert Traynor (Task Force Liaison); Rebecca Warner Henning; and Gail Whitelaw

Guidelines for AuD Clinical Training Sites

Tammy Fredrickson; Wendy Hanks; Annette Hurley (Task Force Liaison); Sridhar Krishnamurti, Michelle Menendez; Robert Moore (Chair); Diane Niebuhr; Joseph Pellegrino; John Preece, Jennifer Simpson; Jennifer Weber; and Devon Lynn Weist

Post-Graduate Residency

Radhika Avamudhan; Julie Bierer (Chair); William Eblin; Raymond Hull; Lisa Hunter (Task Force Liaison); Blythe Kitner; Marni Martin; Tabitha Parent; and Nancy Stecker

Standardization of Externship

Elizabeth Adams (Task Force Liaison); Melina Bryan; Barbara Cone; Carolyn Garner; Amy Hartman; Colleen LePrell; Susan Naidu; Nicole Nguyen (Chair); Jonette Owen; Ayasakanta Rout; and Letitia White

Student Readiness: Training and Preparedness for Externship

Erica Friedland; Jacquelyn Georgeson; Dan Halling; Connie Howard; Lisa Lucks Mendel (Task Force Liaison); Maryrose McInerney; Naveen Nagaraj; Sarah Poissant; Lisa Rickard (Chair); Todd Ricketts; Erin Schafer; Barbara Vento; and Mary Whitaker

Vision: Visions for the Future for the Profession

Craig Champlin; Kathleen Cienkowski; Sumitrajit Dhar (Co-Chair); John Ferraro; Robert Hanyak; Ashley Harkrider; Sherri Jones (Chair); Janet Koehnke (Task Force Liaison); Jill Preminger; Vishakha Rawool; Christina Roup (Task Force Liaison); Yula Serpanos; Jennifer Smart; and Chizuko Tamaki

Appendix B: Charge of the Working Groups

Competency of Graduates

A major theme that emerged from the discussions at the AuD Education Summit in October 2016 was a desire for greater standardization of the outcomes of training and a standardized way of assessing competence. This working group will look at standardization and assessment.

Guidelines for AuD Clinical Training Sites

There was consensus regarding the value of an intensive clinical training experience, yet, the externship as it exists now suffers from tremendous variability in all of its aspects. Guidelines and standardization were considered critical for the continued existence of this component of clinical training. This working group will focus on the qualifications for clinical training sites.

Postgraduate Residency

There is a need to fully consider models of residency as an alternative to externship or as a postdoctoral training experience. This working group will assess postgraduate residency.

Standardization of Externship

Guidelines and standardization were considered critical for the continued existence of externship—a key component of clinical training. This working group will focus on the frameworks and mechanisms for standardization of the AuD externship.

Student Readiness: Training and Preparedness for Externship

This working group will look at student readiness—specifically, the externship, which is considered a critical part of AuD training. The profession should set standards for the level of competence that is needed to undertake an externship—the clinical intensive training period.

Vision: Visions for the Future for the Profession

This working group will define the vision for audiology as a profession. Where do we want to go? What do we want to focus on in the coming years? Developing a vision for the future of the profession will require thoughtful analysis of where we have been, where we are now, and where we want to be 10, 15, and 20 years from now.

Appendix C: Tiered Clinical Skills Assessment Form—Definitions

Tier 1 Mastery Prior to Externship		Tier 2 More Advanced (Developing) Skills Prior to Externship		Tier 3 Advanced/Specialty Skills (unlikely to be established prior to externship)
Exposure to theory and methods in the classroom		Exposure to theory and methods in the classroom		Exposure to theory and methods in the classroom
Some laboratory practice		Some laboratory practice		Some laboratory practice
Considerable experience with real patients		Moderate experience with real patients		Limited experience with real patients

Appendix D: Tiered Clinical Skills Assessment Form—Assessment

Tier 1 Mastery Prior to Externship		Tier 2 More Advanced (Developing) Skills Prior to Externship		Tier 3 Advanced/Specialty Skills (Unlikely To Be Established Prior to Externship)
Performs biological calibration		Identifies individuals at risk for balance problems and falls who require further vestibular assessment		Performs central auditory processing evaluations (performs behavioral and electrophysiological testing; selects, administers, and interprets appropriate test battery)
Performs case history		Performs basic vestibular evaluation (common tests such as bedside evaluation and VNG)		Performs evoked potential testing (early, mid, and late)
Performs Hearing Needs Assessment		Evaluates for BPPV—Dix Hallpike		Performs advanced vestibular evaluation, including rotary chair, VEMPs, post-urography
Selects and uses assessment tools for differential diagnosis based on client factors		Performs auditory brainstem response (ABR) testing		Determines candidacy for vestibular rehabilitation
Performs otoscopy		Performs BOA, VRA, play audiometry		Performs intraoperative monitoring
Administers and interprets tympanometry		Performs tests for functional hearing loss		Identifies underserved populations and promotes access to care
Administers and interprets acoustic reflexes		Performs cochlear implant candidacy assessment		

Tier 1 Mastery Prior to Externship		Tier 2 More Advanced (Developing) Skills Prior to Externship		Tier 3 Advanced/Specialty Skills (Unlikely To Be Established Prior to Externship)
Obtains air conduction thresholds		Performs middle ear implant candidacy assessment		
Obtains bone conduction thresholds		Performs ABI candidacy assessment		
Masks for air conduction		Performs BAHA candidacy assessment		
Masks for bone conduction		Identifies the need for a tinnitus assessment		
Obtains speech recognition thresholds				
Performs and interprets speech recognition testing--in quiet and in noise—under earphones and in the sound field, with appropriate calibration				
Masks for speech				
Obtains most comfortable loudness levels				
Obtains uncomfortable loudness levels/threshold of discomfort				
Administers and interprets otoacoustic emissions (screening and diagnostic)				
Performs school-age hearing screening				

Tier 1 Mastery Prior to Externship		Tier 2 More Advanced (Developing) Skills Prior to Externship		Tier 3 Advanced/Specialty Skills (Unlikely To Be Established Prior to Externship)
Performs occupational hearing screening				
Performs newborn hearing screening				
Performs speech and language screening				
Has knowledge of cochlear implant candidacy				
Has knowledge of middle ear implant candidacy				
Has knowledge of ABI candidacy				
Has knowledge of BAHA candidacy				
Has knowledge of the underlying principles of ABR evaluations for threshold estimation and retro-cochlear evaluation				
Integrates assessment results to establish type and severity of hearing loss				
Has had exposure to working with infants and children (BOA, VRA, CPA)				
Has knowledge of tests for functional hearing loss				

Tier 1 Mastery Prior to Externship		Tier 2 More Advanced (Developing) Skills Prior to Externship		Tier 3 Advanced/Specialty Skills (Unlikely To Be Established Prior to Externship)
Counsels patients and families regarding prognosis and treatment options				
Makes accurate referrals based on assessment data (medical, other professionals, agencies, consumer organizations)				

Appendix E: Tiered Clinical Skills Assessment Form—Management

Tier 1 Mastery prior to externship		Tier 2 More advanced (developing) skills prior to externship		Tier 3 Advanced/specialty skills (unlikely to be established prior to externship)
Communicates results and recommendations orally and in writing		Counsels children's caregivers about communication development and modes of communication		Provides recommendations for management of diagnosed APD
Makes accurate referrals based on assessment data (medical organizations, other professionals, agencies, consumer organizations)		Counsels patients/families regarding prognosis and treatment options		Make recommendations for deficit-specific training for APD as well as use of assistive devices and environmental modifications
Encourages active involvement of patient in his or her own care		Counseling (psychosocial aspects; to enhance communicative competence)		Plans and performs vestibular rehabilitation
Determines need for hearing aids		Fits and adjusts CROS hearing aid fittings		Performs canalith repositioning maneuvers
Makes accurate ear mold Impressions		Adjusts hearing aid telecoil using test box measures		Performs cochlear implant programming, counseling, evaluation of benefit, and troubleshooting
Appropriately selects ear molds (e.g., bore length, vent, materials)		Appropriately adjusts hearing assistive technologies using probe microphone (e.g., FM and other wireless microphone systems, TV streamers, etc.)		Performs middle ear implant fitting, counseling, and troubleshooting
Appropriately selects hearing aids		Repairs and modifies hearing technology devices		Performs ABI fitting, counseling, and troubleshooting

Tier 1 Mastery prior to externship		Tier 2 More advanced (developing) skills prior to externship		Tier 3 Advanced/specialty skills (unlikely to be established prior to externship)
Fits hearing aids to appropriate prescriptive targets using probe microphone measures		Performs treatment/management of tinnitus		Selects and installs large-area amplification systems
Assesses and adjusts hearing aid features using probe microphone (DNR, directionality, feedback suppression)		Performs audiologic rehabilitation (optimizes use of personal sensory device, communication strategies, auditory training, speechreading, visual communication systems, set therapy schedule—frequency, duration, and type of services, discharge criteria)		Facilitates communication development and/or auditory learning (listening, speech, expressive language, and receptive language)
Effectively modifies HA electroacoustic based on patient feedback		Performs treatment of infants/children with hearing loss (collaborates/consults with EI, school-based personnel, other service providers regarding intervention plans (IFSP/IEP)		Plans and administers hearing conservation programs
Applies appropriate quality control measures for hearing aids and hearing assistive technologies (e.g., electroacoustic evaluation, directional microphone function)		Performs treatment of school-aged children with HL (addresses acoustic environment, provides direct therapy, etc.)		Selects and fits hearing protection devices
Appropriately counsels patient on the use of hearing aids		Evaluates efficacy of intervention program and treatment services		Performs cerumen management
Effectively troubleshoots hearing aids		Recommends, evaluates, selects, verifies, validates, and dispenses remote microphone/HAT systems		

Tier 1 Mastery prior to externship		Tier 2 More advanced (developing) skills prior to externship		Tier 3 Advanced/specialty skills (unlikely to be established prior to externship)
Assesses aided loudness (tolerance issues)				
Assesses aided speech perception abilities				
Selects, administers, and scores subjective hearing aid outcome measures				
Uses post-fitting test results to appropriately adjust hearing aids				
Verifies proper functioning of assessment equipment				

.

Appendix F: Tiered Clinical Skills Assessment Form—Professionalism

Tier 1 Mastery prior to externship		Tier 2 More advanced (developing) skills prior to externship		Tier 3 Advanced/specialty skills (unlikely to be established prior to externship)
Demonstrates critical thinking skills		Understands the role of clinical teaching and modeling		Measures functional outcomes, consumer satisfaction, efficacy, effectiveness, and efficiency of practices and programs to maintain and improve quality of audiologic services
Applies research findings in provision of care (evidence-based practice)		Functions effectively as case manager		Knows about coding and reimbursement as well as insurance appeals
Uses universal precautions		Functions effectively on an interprofessional team		Is able to manage technicians
Demonstrates motivation to learn, inquisitiveness		Interacts effectively with interpreters		
Conducts accurate self-assessment		Is culturally competent		
Demonstrates active and reflective listening skills		Understands the impact of family systems		
Seeks and willingly receives input from clinical supervisors.		Advocates for patients and for the profession		
Collaborates with others		Accurately and promptly maintains records		
Provides patient- and person-centered care				

Tier 1 Mastery prior to externship		Tier 2 More advanced (developing) skills prior to externship		Tier 3 Advanced/specialty skills (unlikely to be established prior to externship)
Uses language and language level that are appropriate for the recipient (able to code-switch)				
Demonstrates appropriate empathy, care, and compassion				
Demonstrates knowledge of ethical practice and adheres to professional codes of ethics and to scope-of-practice documents				
Conducts oneself in a professional, ethical manner				
Prepares reports with appropriate clinical writing skills				
Is knowledgeable of and adheres to federal and state laws (e.g., HIPAA, IDEA) as well as institutional policies				