

SLP Education Summit

The Subject Is Change:
Creating a Vision
For the Future Education
Of Speech-Language Pathologists

Choose Your Metaphor

Updating the Flight
Plan



Checking on
Progress in the
Kitchen

Caveats

- Offers not an archive, but a preliminary overview for pragmatic purposes
- Provides selective, not comprehensive overview
- Reflects “just in time” effort of objective outsider, not professional insider
- Invites your commentary, both in your group discussions and in the “open mic” session Sunday morning
- Leaves some issues open (note question marks)
- Hey! Whaddaya expect in 15 minutes, anyway?

Question A

What are the historical, current and emerging contexts, challenges, and opportunities for consideration as we prepare the future SLP?

Completing the Picture

Are there contexts, challenges, or opportunities that have been **undervalued, overlooked, or ignored**—but should not be?

Perhaps reinterpreted as “which contexts, challenges or opportunities are most critical in the view of participants?”

Contexts, Challenges, Opportunities (1)

- Academic issues: tension between needs of profession and priorities of academic institutions
 - Rigid curricular structures vs. increasing need for innovation and flexibility in SLP preparation
 - Seat-time standards → competency based learning
 - Ph.D. shortage limits program growth
 - Teaching loads weigh against research, but research increasingly critical (1) to tenure (2) to NCLB expectations (3) to the growth of the profession
 - Impetus toward professional doctorates in some disciplines may influence research base (degree creep)
 - No clearly recognized models for effective baccalaureate and master's programs

Contexts, Challenges, Opportunities (2)

- Assessment issues
 - Outcomes measures not sufficiently explicit
 - Standards, expectations continue to evolve
 - Federal expectations likely to increase pressure on accreditors, could prompt creation of governmental approach
 - Appropriate role for ASHA in defining standards?
- Access issues
 - Practicum sites limited
 - Has discipline defined itself so as to create unintended selectivity?
 - Is dramatic gender shift a reason for concern?

Contexts, Challenges, Opportunities (3)

- Student issues
 - Complacency, pragmatism
 - Discouraged by debt
 - Present unprecedented remediation needs, especially with regard to interpersonal skills
 - More receptive to “training” than to growth in critical thinking skills
 - Increasing diversity, an opportunity and a challenge
 - Issues particular to international students

Contexts, Challenges, Opportunities (4)

- Financial issues
 - Time, money constrain reform, progress
 - Medicaid and other reimbursement issues
 - Financial pressure on practicum sites
 - Compensation in profession may discourage students from graduate study

Contexts, Challenges, Opportunities (5)

- Practice issues
 - Increasing diversity of patient base
 - Aging an increasing priority: demanding “boomers”
 - More receptive to “training” than to growth in critical thinking skills
 - Increasing diversity, an opportunity and a challenge
 - Ideal of “research-based practice” challenging to achieve
 - Engagement with / support from community increasingly vital

Defining Significance & Taking the Pulse

Considering all of the historical and current contexts that you believe to be important, which do you regard as **most influential** in having determined the present state of preparation of speech pathology professionals?

From your perspective within your professional setting, which of all of the emerging contexts, challenges, and opportunities influencing the preparation of speech pathology professions for the future do you believe to be the **most significant at present**? Which is likely to become the **most influential within the near term**?

Highly Influential Factors (1)

- Ph.D. shortage could be exacerbated by move to clinical doctorate, might be ameliorated by encouraging direct master's-to-doctorate programs
- Growth in scope of practice
- Students present unprecedented challenges
- Growth of distance education
- Variance in state thresholds (some still hire BS SLPs)

Highly Influential Factors (2)

- Inconsistent interface between baccalaureate and master's programs—curriculum should be “continuum”
- Shortfalls in state funding prompt tuition increases, further reducing access
- Students (the “me” generation) may present problematical work ethic
- Profession must tell a more compelling “story”
- Preparation of specialists vs. preparation of generalists

Highly Influential Factors (3)

- Possibility of more efficient, effective clinical training through sophisticated simulators
- Challenge of recruiting: begin in high schools, stress breadth of opportunities, emphasize service role, leverage free sources
- Competition with allied health programs that produce “complete” practitioners on day of graduation

Question B

Given our understanding of the evolving profession, how should we define the ideal SLP of the future?

“How do we unravel
all that we are?”

Two Observations

- “There is no ‘one animal.’”
- “No one can be ‘all things to all sites.’”

Defining Values, Present and Future

- Envisioning the “ideal SLP” of the future is difficult, given the unreliability of most available predictors
- It is possible to define values that (a) offer a reminder of the complexity of important roles and (b) should enable an SLP to adapt effectively to the future
- There are a few competencies likely to become increasingly important

The SLP of 20???: Difficult to Predict

- Emerging or ascendant disciplines, e.g., neuropharmacology, behavioral genetics, brain physiology breakthroughs, biotechnology
- Technological and therapeutic advances, e.g., cochlear implants, auditory verbal therapy
- Shifts in accreditation practice
- Federal reimbursement policies
- Evolving relationships with allied disciplines
- Educational conventions (e.g., the two-year master's program)
- Skills differentiation (those needed by an effective PhD are not the same as those needed by an effective clinician and those needed by a schools-based SLP differ in some ways from those required by a clinician)

Some Impediments

- “In the past students entered the field ‘to help people.’ Some students enter the field today because there are a lot of jobs.”
- Many (not all) students today feel “entitled.”
- Many (not all) students have a poor work ethic.
- Some new SLP’s ask employers, “what are you going to do for me?”

Issues in Identifying Potential SLPs

- Current methods overemphasize testing, do not identify meaningful capacities and impediments. Interviews preferable.
- Recommendation forms should inquire into intellectual curiosity, teamwork ability, etc.
- Hypothetical cases would enable applicants to demonstrate (or not) important skills and aptitudes.
- Admissions processes should incorporate weighted matrices that test for important interpersonal/emotional qualities.

Useful Distinctions?

- **Attitudes:** students should present on entry
- **Knowledge:** provided through training
- **Skills:** graduates and professionals should present continuing growth

The SLP Now

- Adaptable self-learner
- Capable in both the art and the science of speech pathology
- Manages complexity effectively
- Effective supervisor
- Committed to a career, not a job

Building On the Present (Knowledge Competencies)

- ❖ Neuroanatomy and neurophysiology
- ❖ Cognition
- ❖ Physiology
- ❖ Motor systems
- ❖ Linguistic systems
- ❖ Acoustic aspects
- ❖ Basic science
- ❖ Phonology
- ❖ Receptive and expressive language
- ❖ Social language
- ❖ Hearing
- ❖ CCI
- ❖ Adult neurology / swallowing

Building On the Present (General Qualities)

- ❖ Teachable (commitment to CE)
- ❖ Strong ethics
- ❖ Sense of humor, balance
- ❖ Good communication skills
- ❖ Capable technologically
 - ❖ Aware
 - ❖ Critical
 - ❖ Confident
 - ❖ Resourceful
- ❖ Conversant with good business practice

Building On the Present (General Qualities, Continued)

- ❖ Curiosity
- ❖ Entrepreneurship
- ❖ Empathy
- ❖ Social consciousness
- ❖ Civility
- ❖ Objectivity
- ❖ Analytic ability
- ❖ Patience
- ❖ Advocacy for profession, engagement with public policy issues

Competencies Growing In Importance

- Gerontology
- Second language
- Sensitive to other cultures
- Awareness of other disciplines and inclination to partnerships
- Global awareness
- Embrace of mobility, personal and that of patients

Question C

- How can we prepare the ideal SLP of the future?
 - What current educational elements and practices should continue?
 - What reforms should be considered?
 - In what ways might a 20?? program differ from a typical current program?

Sustained Educational Elements

- Ensure delivery of essential theoretical base but emphasize practice, i.e., maintain balance of course work and clinical experiences
- Ideal remains “master’s level generalists,” and the master’s degree continues as entry-level credential (which enables graduates to continue learning)
- Experience in teamwork, collaboration

Best (or Good) Practices, Now and In the Future

- Case study approach offers practical, experiential, lasting learning
- Emphasize development of critical thinking skills by giving students substantial, meaningful challenges
- Continue development of “common floor” as evidence accumulates to support standardized expectations—but avoid pushing policy ahead of evidence base
- Seek integration of content in program

Best (or Good) Practices, Now and In the Future (2)

- Strive for the 5 C's
 - **Coherence**: the program expresses a clear sense of educational priorities
 - **Continuity**: there is a carefully conceived relationship between baccalaureate and master's-level study
 - **Common learning**: students in different sections have some assurance that they will cover comparable issues
 - **Competence-based**: emphasis falls of documented knowledge and abilities, not on "hours"
 - **Community consciousness**: program builds ethic of community engagement
- Create an environment which invites questions

Best (or Good) Practices, Now and In the Future (3)

- Bring “the clinic into the classroom, the classroom into the clinic”
- Clinical teaching provides “learning by doing *with guidance*”

Impediments

- “I train as I was trained, teach as I was taught.”
- Academic freedom = idiosyncratic content in some courses.
- “Professional creep”: a discipline evolving by accretion.
- Faculty and the professionals they teach should “know everything.”
- Increasing constraints on access to observation sites.

Educational Elements Under Scrutiny

- “Disorders” courses taught to undergraduates? “Teach the basics and enable students to generalize.”
- Should the clinical fellowship year remain?
The 400 hours of practicum?
- KASA

Caveats

- Be realistic about what a two-year program can accomplish
- Share the strength to admit a lack of competence
- Perhaps attention should be given at some point to the “essential elements in a faculty member”
- Large scope of practice should prompt critical scrutiny of further opportunities for expansion

Reforms Worth Considering

Reform need not be—and should not be—judgmental.

- Modify SLP preparation at bachelor's level to emphasize linguistics, sciences, second language acquisition, other liberal education values
 - *“The bachelor's program should create critical, curious learners.”*
- Demonstrate greater sensitivity to different styles of learning both in curricular structure and in teaching approaches
- Continue movement from “get your hours” to “develop your competencies”

Reforms Worth Considering (2)

- Make better use of academic resources in allied disciplines
- Promote sharing of resources among CSD programs
- Expand reliance on distance learning
- Embed EBP in clinical experience
- Create two tiers of certification to address pressing needs, especially in schools

Reforms Worth Considering (3)

- Create more focus in language, more connections to literacy
- Place greater emphasis on cognitive science
- Expand attention to brain imaging
- Introduce students earlier to clinical experience
- Instead of “silo approach,” integrate the Big 9 across the curriculum, making learning expectations (scientific inquiry, creativity, etc.) transparent to students

Reforms Worth Considering (4)

- Be more intentional about teaching dispositions and attitudes by infusing such teaching within academic and clinical elements of program

The Program of the Future

- Longer in duration? Basic entry-level competencies + selected specialty?
- Addressing different clinical populations?
- New technologies and procedures (e.g., facial transplants) requiring new therapeutic approaches
- Clinical doctorate?
- More flexible?
- Greater reliance on technology, esp. simulators/simulations
- Less didactic

The Program of the Future (2)

- Teaches students financial bases of service delivery (value of services, cost of providing service) including regulations/ reimbursement issues
- Admissions processes are more flexible in response to an increasingly diverse pool of applicants
- Conducting assessment by alternate means
- Dynamic international recruitment
- Students, faculty, practitioners embrace diversity knowledgably and appreciatively

Question D

- What are possible models for educating future SLPs?
- Do current models offer guidance?
- If you were to conceive from scratch the ideal SLP program, how would it differ from the program of today?

An Emerging Consensus?

Evolutionary Reform,
Not Radical Change

Consensus Ingredients ?

- Master's degree should remain conventional point of entry to profession
- SLPD *might* become an option for those seeking recognition as a specialist
- Closer alignment of master's program with baccalaureate desirable
- Baccalaureate program merits priority attention
 - Should offer broad foundation
 - Should not emphasize study of disorders
 - Clinical experience useful, but difficult to achieve
 - Baccalaureate should not be back-loaded to bear the burden of expanded SLP practice base

Consensus Ingredients ?

- Clinical doctorate, perhaps inevitable, a post-master's option? Possible BS→SLPD access in some instances?
- Educational continuum should offer expanded flexibility, provide choices, encourage diversity
- The CFY retains potential, needs attention
 - Simulation should offer preparation
 - Employer should share educational obligation
 - University should expand educational authority
- Offer multiple entry points to profession

A Potpourri of Options

- A** Make access more flexible, especially for non-traditional students. Admit students with documented competences in language, math, science, etc., to master's program, the entry level for the profession.
- B** Stress broad liberal arts preparation for pre-SLP undergraduates. Within the master's program, soften the silo walls of the academic and clinical components.

A Potpourri of Options

C Pre-requisite: broad liberal arts preparation, with strong sciences, second language, human communication.

Requisite: entry-level master's, with emphasis on interpersonal skills and critical thinking

Post-requisite: clinical doctorate (two years beyond master's) for potential specialists.

A Potpourri of Options

- D** Begin with pre-professional BS/BA leading directly to SLPD *or* create 3+2 program enabling students to count first year of MS as final year of baccalaureate (see chart below).
- E** A continuum of career-paths, beginning with AA degree SLP assistants (see chart below).

A Potpourri of Options

- F** Entry-level master's elements should emphasize clinical experience of increasing complexity within interdisciplinary context. SLPD a potential option for all fields of practice. Develop multiple entry points to encourage increased diversity.
- G** De-emphasize study of disorders within SLP bachelor's, but recognize value of BS/BA. Master's should remain entry-level program but direct BS/BA→SLPD path worth consideration.

A Potpourri of Options

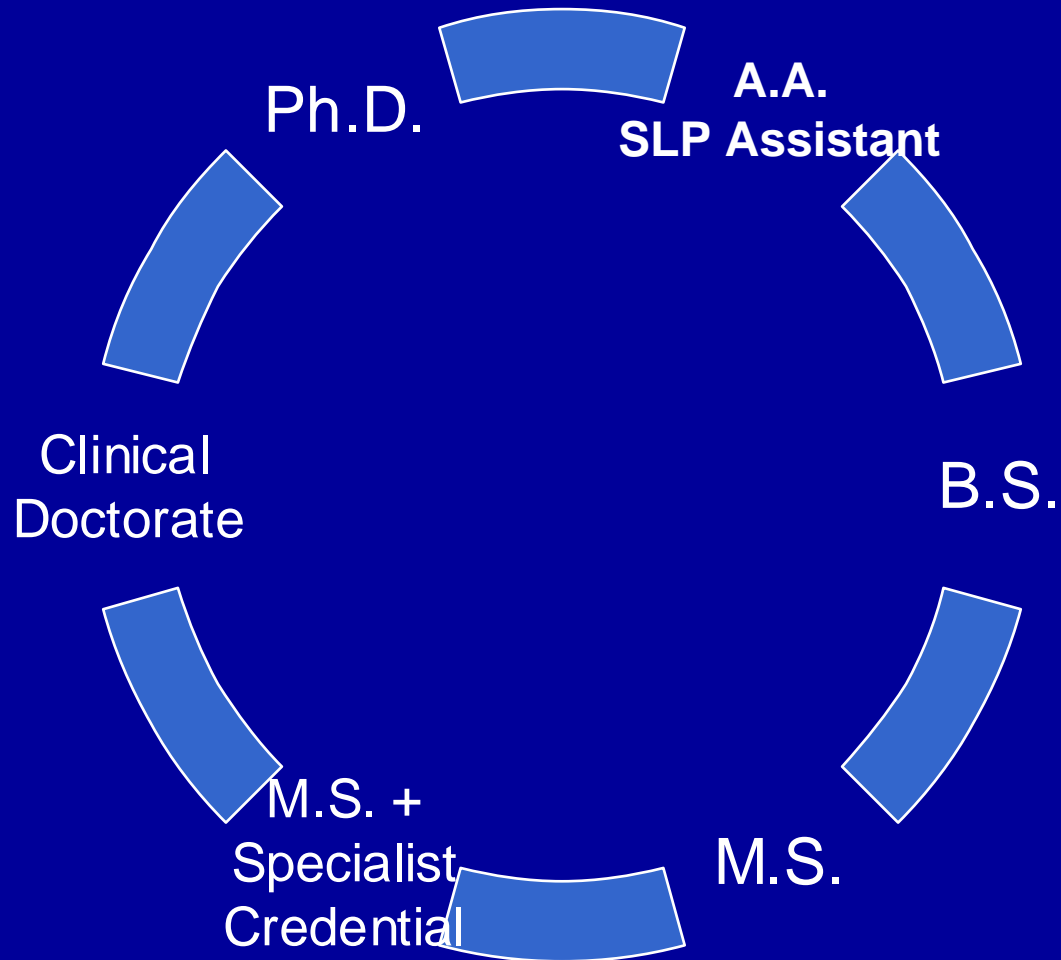
H Competencies arise from continuum of education: technological awareness, cultural sensitivity, written and oral expression, etc. Study of normal and disordered communications should be integrated. Clinicians should “tell their stories.” Programs should offer opportunities for service learning.



Foundational Elements ?



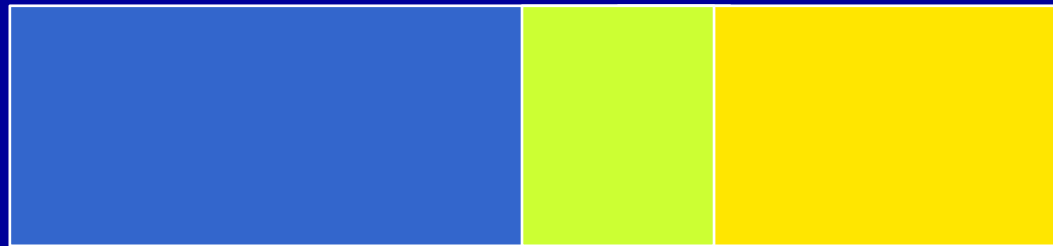
A Continuum of Degrees ?



A Possible Acceleration ?

UNDERGRADUATE 1-3

MASTERS 2-3



UNDERGRADUATE 4 /
MASTERS 1

Allows students to enter the field after three “exploratory” years. (Students would take the bachelor’s degree following the first year of master’s study.) Criteria would change to allow admission of students during the first year following the first three years at the baccalaureate level.

Throughout the Continuum

- Interdisciplinary perspectives
- Commitment to service delivery models
- Resourceful use of technology
- Emphasis on interpersonal skills
- Clinical experience: “learning by doing—
with guidance”
 - Virtual simulations
 - Mentored teams
 - Interdisciplinary sites

Throughout the Continuum (2)

- Interactive learning experiences (e.g., case studies, simulations)
- Closer integration of academic with clinical elements
- Students led into community engagement
- Expanded use of DL
- Commitment to evidence-based practice

Other Operational Reforms ?

- Rethink links to semester system in favor of short courses/clinical experiences, interim courses/clinical experiences
- Enable students to meet some requirements at their own pace through individualized programmed learning

Possible Next Steps ?

- List proposed action initiatives
- Graph according to (a) significance of implementation and (b) difficulty of implementation
- Consider moving forward with actions likely to prove significant but not too difficult
- Consider further those likely to prove significant despite likely difficulty

Rather Difficult

Not Too Difficult

Highly
Significant

CONSIDER
FURTHER

UNDERTAKE

Not Highly
Significant

FORGET IT!

WHEN YOU HAVE
THE TIME AND
THE INCLINATION

Thank You

**And a Louisiana merci mille fois
from your facilitator.**