

Life is Grand!

“Tegrating”

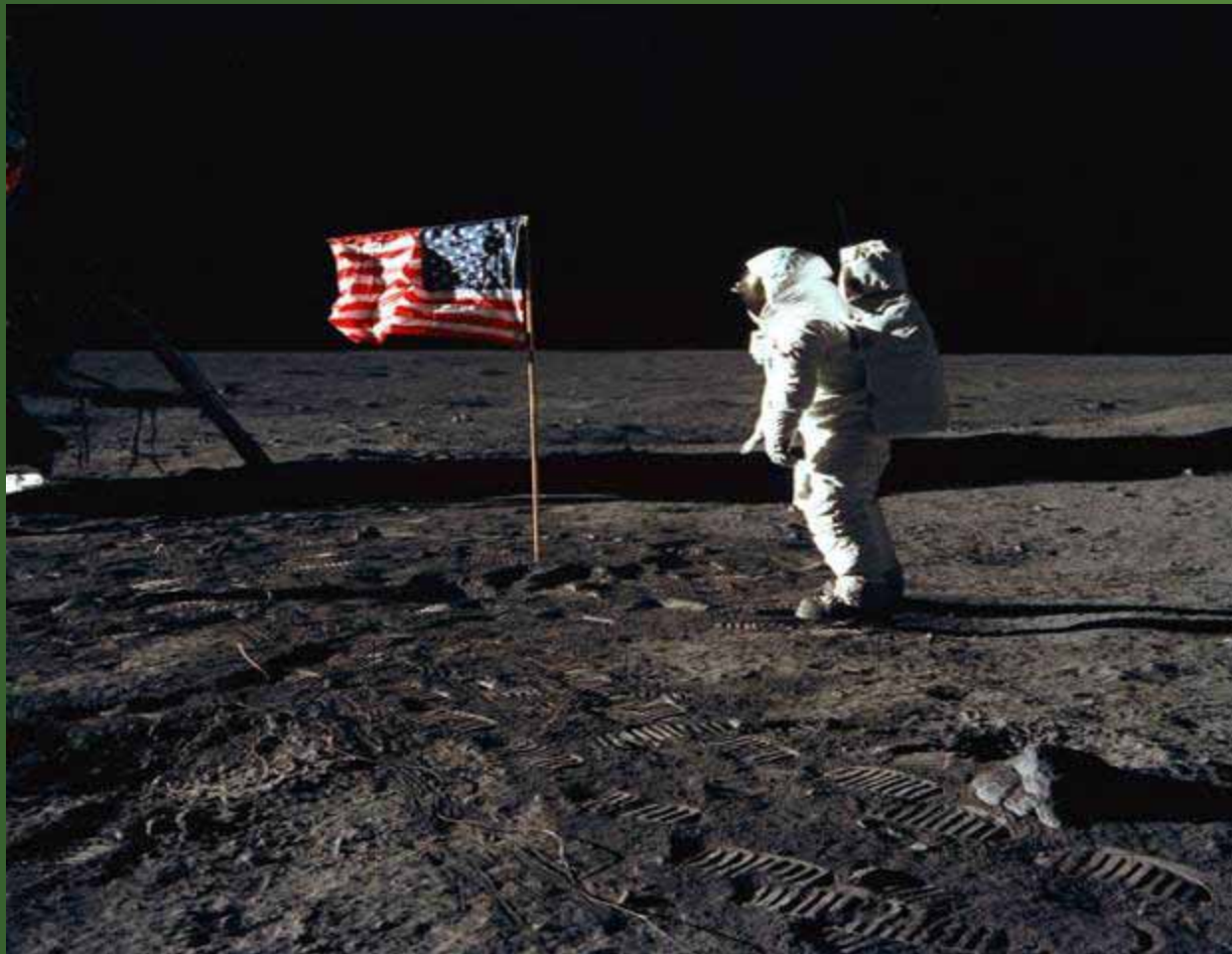
Educating Speech-
Language Pathologists
2020 Vision

Baby Steps



ANRMEB Alamy Images

Giant Steps



Servant Leaders to Transformational Leaders

James MacGregor Burns

“Transformation leadership provides alterations so comprehensive and pervasive that new cultures and new value systems take the place of old.”

*Educating Future
Professionals:*

*Challenges and Solutions
for Academia*

*Blueprint for
a New Academic Agenda*

*A compilation of articles
inspired by the December 1994
ASHA Colloquy*



AMERICAN
SPEECH-LANGUAGE
HEARING
ASSOCIATION

Identified By Academic Colloquy Working Groups Ranking of Issues:

Ellen C. Fagan, MS
American Speech-Language-Hearing Association

Fourteen issues were identified by the working groups. The following is a listing of how the issues were ranked by the entire colloquy followed by number of votes each issue received.

1. Develop flexibility in accreditation standards which will encourage programs to be innovative and creative in meeting changes in the workplace and in higher education.
(31)
2. Improve instruction. All levels and stages of instruction should be competency-based, integrated, and should be relevant to current needs in the work place. To improved cost-effectiveness, technology must be infused throughout the curriculum, regardless of the instructional environment, including classroom, laboratory, and practicum sites.
(28)

3. Position faculty for a changing world. Educate faculty about internal and external factors affecting the future of academia and the profession. (27)
4. Develop and evaluate models of education. (26)
5. Redefine practicum so that it is readiness- and competency-driven. (24)
6. Develop flexibility in certification (develop standards which encourage/allow programs to be creative in meeting changes in the workplace and higher education environments). (20)
7. Recruit minority and non-traditional students.
ASHA's Long Range Strategic Plan addresses the need to increase the number of minorities within the professions to mirror the percentages of minorities within the U.S. population. With the changing face of the U.S., more non-traditional students will be entering our programs. (16)
8. Invigorate research base of the profession(s). (14)
9. Encourage and promote flexible program models that create quality speech-language pathology and audiology practitioners and scholars. (12)
10. Establish competencies for entry into clinical practice across the practice continuum.
(12)
11. Maintain clinical contact in the real world: Involvement
There is a need to make individuals in academic settings aware in a continuously updated fashion, of news, trends, and futures which have impact on higher education and/or professional preparation in audiology and/or speech-language pathology.

Maintain clinical contact in the real world: Information

In order to manage change effectively, it is important that faculty members maintain contact within the clinical environment outside the university to be

aware of the factors affecting our field in assessment, services delivery and outcome measures. (2)

12. **Involve faculty in the legislative process: Marketing and advocacy**
In order to manage change effectively, it is important for faculty to become involved in the legislative process, in marketing, and in advocacy for their program, facilities, students and the population needing their services
13. **Decrease faculty shortages. (3)**
14. **Address recruitment/shortage of doctoral students. (2)**

Action Steps

Eight action steps were proposed to accomplish the general goal of improving instruction:

1. Explore the use of case- and problem-based learning.
2. Promote the use of interactive technologies for various instructional experiences.
3. Develop instructional packages that address issues ranging from specific tasks to complete courses.
4. Conduct a search for innovative instructional models and materials across disciplines.
5. Establish a national clearinghouse for innovative instructional models and materials.
6. Identify/promote more cost-effective models of supervision, such as sequential, layered, team and distance supervision.
7. Develop a national data base relative to the efficacy of alternate practicum experiences through interactive technologies as an alternative to face-to-face supervision.
8. Develop functional outcome measures of classroom instruction, supervision, and curriculum relative to competencies of graduate.

Resources

Development of case based learning could be assigned to the ASHA Academic Affairs Board and/or Special Interest Division #11 who could collect, analyze and disseminate information. The development of interactive technologies and instructional packages would necessitate the identification/use of experts in the subject matter and access to technology, and the support of future program committees for the annual Convention as well as the ASHA Scientific and Professional Programs Board. The ASHA Continuing Education Board, with collaboration with the Council of Supervisors in Speech-Language Pathology and Audiology could establish a clearinghouse of innovative instructional models and materials for supervision and instruction.

Group # 1 Group Name: FACULTY DEVELOPMENT ISSUES

Issue #1 Improve instruction.

All levels and stages of instruction should be competency based, integrated, and should be relevant to current needs in the work place. To improve cost-effectiveness, technology must be infused throughout the curriculum, regardless of the instructional environment, including classroom, laboratory, and practicum sites.

Barriers:

Cost of technology and the development of instructional materials.
Current certification and accreditation standards may not support the use of innovative instructional approaches.
Lack of administrative and financial support for faculty and staff to integrate new technology into their instruction.
Traditional instructional approaches dichotomize classroom and clinic teaching.
Resistance to change by individuals.
There is a lack of data to support the effectiveness of either traditional or alternate models of instruction.
There is a lack of formal preparation in instructional effectiveness for individuals who provide instruction.

Solutions:

WHAT	WHO	WHEN	RESOURCES NEEDED	OTHER
1. Explore use of case-based and problem-based learning.	Academic Affairs Board Special Interest Division #11	1/1/96	Personnel to collect, analyze and disseminate information-(volunteers, staff).	
2. Promote use of interactive technologies for various instructional experiences (i.e., levels and types).	Experts in subject matter and access to the technology	1/1/96, ongoing	Support of convention program committee and Scientific and Professional Programs Board for 1995, 1996 and 1997 technology programs	

WHAT	WHO	WHEN	RESOURCES NEEDED	OTHER
3. Develop instructional packages that address issues ranging from specific tasks to complete courses.	Experts in subject matter and the technology; coordinating committee of the Vice President for Research and Technology.	6/1/95	Consider RFP development (\$100,000) of two instructional packages - one emphasizing speech-language pathology and one emphasizing audiology.	Explore external funding
4. Conduct search for innovative instructional models and materials across disciplines.	National Office staff	6/1/95	Personnel to collect, analyze, and disseminate information -(volunteers, staff)	
5. Establish national clearing house for innovative instructional models and materials.	Continuing Education Board, National Office staff, Computer Users in Speech and Hearing	1/1/96		
6. Identify and promote more cost-effective models of supervision, such as sequential, layered, team, distance supervision.	CSSPA, Special Interest Division #11	1/1/96, on-going	Support of Council on Professional Standards	Support of Council on Professional Ethics

Research on Pedagogy

Journals of Interest in Pedagogy

Journals of Interest and Websites

- Academic Medicine: Journal of the Association of American Medical Colleges
- www.academicmedicine.org
- Advances in Health Sciences Education
- <http://www.springer.com/west/home/education?SGWID=4-40406-70-35542695-0>
- Advances in Physiology Education
- www.advan.physiology.org/
- American Journal of Pharmaceutical Education
- www.ajpe.org/
- Annual Review of Nursing Education
- http://www.springerpub.com/prod.aspx?prod_id=24461
- BMC Medical Education
- <http://www.biomedcentral.com/bmcmededuc/>
- Contemporary Issues in Medical Education
- <http://www.aamc.org/data/aib/cime/vol3no5.pdf>
- Journal for Nurses in Staff Development
- www.jnsdonline.com/

Journal List (continued)

- Journal of Continuing Education in Nursing
- www.jcenonline.com/
- Journal of Dental Education
- www.jdentaled.org/
- Journal of Educational Technology Systems
- [http://www.baywood.com/Journals/PreviewJournals.asp?Id=0047- 2395](http://www.baywood.com/Journals/PreviewJournals.asp?Id=0047-2395)
- Journal of Nursing Education
- www.journalofnursingeducation.com/
- Journal of Professional Nursing
- www.aacn.nche.edu/Publications/jpn.htm
- Journal of Teacher Education
- www.jte.sagepub.com/
- Journal of Veterinary Science
- www.vetsci.org/
- Medical Education
- www.blackwellpublishing.com/journal.asp?ref=0308-0110

Journal List (continued)

- Medical Education Online
- www.med-ed-online.org/
- Medical Teacher
- www.medicalteacher.org/
- Nurse Education Today
- www.intl.elsevierhealth.com/journals/nedt/
- Nurse Educator
- www.nurseeducatoronline.com/
- Post Graduate Medical Journal
- www.pmj.bmj.com/
- Review of Educational Research
- <http://ojs.era.net/journals/index.php/rer>
- Review of Research in Nursing Education
- www.nursing.jbpub.com/catalog/0887376711/
- Teaching and Learning in Medicine
- www.siumed.edu/tlm/
- Virtual Mentor
- www.virtualmentor.org/

**Medicine and other
Health Sciences have
paved the way in clinical
education.**

**Educating SLP's-No need
to re-invent the wheel.
Move to new levels of
education of speech-
language pathologists**

Successes Educating SLP's/Aud's

- Integrating
- Technology
- Teaching
- ----->

■ Tegrating

Information Systems and Technology

History

Remember the 1970's

- Multimillion dollar mainframes in our Academic Computing Centers

The 1980's

- Personal computers
- Radio Shack
- Local Area Networks

The 1990's

- Smaller, less expensive desktops and laptops
- Wide area network

The 2000's

- Affordable multimedia workstation that can manipulate sound and pictures (still and motion)
- Digital storage with increasing capacity
- World Wide networks
- Communication across the globe
- Intranets – highly specialized, internally organized information system

The 2000's (continued)

- Rapid voice and data communication (football game on your cell phone)

The 2000's (continued)

- Interactivity of television equipment
- Cable TV companies providing Internet access at amazing speed
- Cell phone and wireless communication advances
- PDA's

The 2000's (continued)

- Availability of data to individual
 - Web MD
- Shared development of information
 - Wikipedia
- Personal sharing of information
 - Facebook, MySpace

The Future

- Practice – more information available to the public, more services by telepractice, fully integrated video and audio patient records

Education

- Development of the infrastructure for interactive video
- Voice and data communications will provide opportunities for universities without walls

Challenges

- Shrinking pipeline of qualified faculty
- Budget constraints in Colleges and Universities
- New standards for certification
- Variety of learning styles of students

Opportunities

- Technology – the marvelous new technologies integrated into education
- Evidence-based practices for education in the medical fields
- Technologically sophisticated students

Health Professionals

- Are there lessons to learn as we envision the future of education of SLP's
 - SLP/Aud
 - PT
 - OT
 - Medicine
 - Vet Medicine
 - Dentistry



SPY STORY
A TALE OF POISON, POLITICS
AND REVENGE

THE YEAR'S BEST
PICTURES
HIGHS, LOWS & HEAD BUTTS



TIME



**How
To Build a
Student
For the
21st Century**

BY CLAUDIA WALLIS
& SONJA STEPTOE

IN THIS MEDIA-DRENCHED
ERA OF **BLOGS** AND
PODCASTS, GOOGLE
SEARCHES AND INSTANT
MESSAGES, YOUNG PEOPLE
NEED TO ACQUIRE A NEW
SET OF **LITERACY** SKILLS
THAT ALLOWS THEM TO
LOCATE INFORMATION, SORT
THROUGH IT QUICKLY AND,
MOST IMPORTANT,
DETERMINE WHICH SOURCES
ARE **RELIABLE** AND WHICH
ONES AREN'T

Best Careers 2007

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Speech-Language Therapist: Executive Summary

By Marty Nemko

Posted 12/18/06

Imagine the embarrassment of being a stutterer. Or the frustration of speaking so unclearly that people can't understand you. Speech therapists try to help. Typical clients are people who are hearing impaired, autistic, brain injured, stroke victims, or mentally disabled, as well as ordinary people who have speech impairments. Speech therapists may work with infants in their homes, children in school, and elders in hospitals and nursing homes. Progress is often slow, but this career has many advantages: You work with patients one-on-one, in a pleasant environment, and the work hours are regular and not overly long. Plus the job market is expected to remain strong, especially if you speak Spanish.

Related Links

[Best Careers 2007](#)
[More from Careers](#)
[More from Money & Business](#)

Median Salary

\$58,475. [More specific salary data](#), provided by salary.com

Training

In most states, a master's degree in speech-language pathology is the standard credential required for licensing. The American Speech-Language-Hearing Association publishes a complete [list of accredited schools](#), plus guidance for choosing one and gaining admission.

Other Resources

Department of Labor profile: [Speech-Language Therapist](#)

[Speech-language-therapy.com](#)

[American Speech-Language-Hearing Association](#)

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[Speech-Language Therapist: A Day in the Life](#)

[Expert Opinion: Lemmietta McNelly](#)

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Audiologist: Executive Summary

By Marty Nemko

Posted 12/18/06

One-on-one helping careers are among the most pleasant. And this one offers the promise that over your career, the tools to help patients will get better and better. Already, today's computer-controlled hearing aids are more effective and enjoyable than traditional ones. America's most famous user: Bill Clinton. Another plus for this profession is that you'll often get out of the office. You might spend part of your day in a hospital clinic, part in a school, and part at a hearing aid store. If you're bright and ambitious, you might even be on a research team developing the next generation of hearing aids.

Yet another advantage is that audiology is an under-the-radar career—few people consider it, so competition isn't as keen as it should be. You'd think demand for audiologists would be rapidly increasing, with all the aging boomers and the increased special-education testing of children. But increasingly, lower-salaried ear technicians do much of what audiologists do. So job growth in this small profession (10,000 people nationwide) is expected to be just average. The education requirement isn't, however: Increasingly, a doctor of audiology degree is required.

Related Links

[Best Careers 2007](#)

[More from Careers](#)

[More from Money & Business](#)

Median Salary

\$62,112. [More specific salary data](#), provided by salary.com

Training

The [American Speech-Language Hearing Association](#) lists accredited doctoral programs accepting students.

U.S. News ranks [audiology training programs](#) (fee applies).

Other Resources

Department of Labor profile: [Audiologist](#)

[www.audiologynet.com](#)

Introduction to Audiology, 9th Edition by Frederick Martin

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[Audiologist: A Day in the Life](#)

[Expert Opinion: Pamela Mason](#)

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Occupational Therapist: Executive Summary

By Marty Nemko
Posted 12/18/06

We take for granted our ability to button a shirt, use a computer, or drive a car. But many people—injured adults, children born with disabilities, elders beset by aging—cannot assume those skills. The occupational therapist helps such people live as fully and independently as possible. Thirty percent of OTs work in schools helping, for example, autistic kids learn how to interact with other children. The majority of OTs work in hospitals or visit patients in their homes.

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More from Money & Business

Most older adults wish to remain in their homes as long as possible, so OTs often help elders avoid long-term-care facilities. An OT might recommend a robot that can climb stairs to retrieve needed items, or help develop workarounds that enable stroke patients to feed themselves, or suggest memory aids and computer programs to help an Alzheimer's patient. This is a challenging career that's best for creative, practical people who find satisfaction in small successes.

<p>Median Salary \$60,855. More specific salary data, provided by salary.com</p> <p>Training <i>U.S. News</i> ranks graduate programs in occupational therapy (fee based). The American Occupational Therapy Association lists training programs and their accreditation status.</p> <p>Other Resources Department of Labor profile: Occupational Therapist American Occupational Therapy Association</p>
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The Chronicle Review

<http://chronicle.com/weekly/v52/i46/46b01201.htm>

From the issue dated July 21, 2006

A Clinical Look at Clinical Doctorates

By WILLIAM L. SILER and DIANE SMITH RANDOLPH

Universities complain about clinical doctorates, arguing that degrees like doctor of pharmacy represent little more than degree creep and are not equivalent to, say, the Ph.D. or M.D. But few institutions have done much more than complain, instead coming to rely on the revenues clinical programs bring them — especially given that many students in those programs pay tuition over a longer period than do students earning bachelor's or master's degrees in the same fields. And clinical doctorates have become increasingly established over time.

The doctor-of-pharmacy degree, created in 1950, has served as a model for clinical doctorates in other fields. The American Council on Education began its justification for the new degree with the fact that the body of pharmacological knowledge was expanding, and mastering it required enough credit hours to merit a doctorate. The ACE also noted that pharmacists were practicing in new settings such as retail chains like Walgreens, and dealing with new diagnoses and new drugs. Finally, the council argued that pharmacology's status among other health-care professions required that its practitioners be called "Doctor."

Since 1950 other professions have created or considered clinical doctorates, such as doctors of audiology, nursing, occupational therapy, and physical therapy. Most of the professions use arguments like those for the pharmacists, with some recent additions: that the clinical doctorate will help practitioners work without requiring referrals by physicians, and it will allow them to charge more for their services.

Those new arguments are intriguing because they suggest that it is the degree, rather than the profession, that commands respect and recognition. In fact, clinical doctorates have so far had little effect on status, compensation, or reimbursement. There is even mounting evidence that the pharmacy doctorate, for example, has led to growing job dissatisfaction as the expectations of new practitioners clash with the realities of American health care — like the fact that insurance companies pay for the kind of service provided, rather than the educational level of the provider.

Some professional organizations have pushed for clinical doctorates even though their members oppose the degrees, on the basis that the doctorates are good for the professions. Established practitioners with only a bachelor's degree may oppose the introduction of a clinical doctorate because they feel their experience makes them more qualified than a new graduate with a higher degree.

One response to objections from practitioners is a transitional degree, which awards them a doctorate for taking a few courses after having worked in the field with the required bachelor's or master's degree. Because transitional degrees are given to people who are already licensed professionals, accrediting bodies generally feel that reviewing the degrees is outside their scope; thus the degrees are seldom

History of Clinical Doctorates

American Council on Education Justification

- Expanding body of knowledge
- New practice settings
- Elevation of status in healthcare profession

OT and PT Justifications

- Desire to practice without physician referral
- Charging for more services

Professional Organizations Justification

- Raise the status of the profession

Universities Justification

- Increase enrollment
- Increase tuition

Threats of the Clinical Doctorate

- Reduction in research
- Inflation of faculty credentials
- Reduction in number of graduates while there needs to be an increase
- Fewer minorities as students and practicing professionals

Tegrating

**Integrating Technology
into
Teaching**

Tegrating

Across the Curriculum

Integrating in Clinical Education

- Research specific to SLP
- Development of materials – simulation exercises

Ride the Wave of Technology

Ride the Wave of Technology

- Web platforms to encourage collaboration – social networks
 - Facebook
- Multimedia formats

Geoffrey Norm's Seminal Review of Clinical Education

- Clinical Reasoning is a consequence of an extensive and multidimensional knowledge base
- Acquisition of expertise comes from deliberate practice with multiple examples accumulated by feedback

Practice-Practice-Practice

- Evidence-based practice

- Simulation – feedback
- Real patient observation – feedback
- Real patient evaluation - feedback

Case Method of Teaching

**Communication Sciences
and Disorders
&
Pedagogy**

Health Sciences & Pedagogy

**Speech-Language
Pathology
&
Pedagogy**

Health Sciences Pedagogy

- Medicine
- Nursing
- Physical Therapist
- Psychology
- Occupational Therapist
- Optometry
- Journals, annual conferences, research grant opportunities

20th Century Technology Access

- Radio – 36 years for 50 million people
- Television – 24 years for 50 million people

21st Century Technology Access

- World Wide Web – 4 years for 50 million people

Thomas Friedman

- The World is Flat: A Brief History of the 21st Century
 - Rapid developments in information and communication technologies have erased national borders and empowered individuals.

SLP's – Be Transformational

- Leaders – Opportunity to turn our challenges into greater opportunities
- Enhance collaboration
- Use technology

It Is Our Time

- Students are ready
- Universities are changing
- Technology is cost effective

Teaching with Technology

- <http://www.asha.org/members/phd-faculty-research/teaching-technology>

Responding to the Changing Needs of SLP and Audiology Students in the 21st Century

- <http://www.asha.org/about/credentialing/changing.htm>