

**Consensus Conference on the Clinical/Professional Doctorate In  
Speech-Language Pathology  
June 21-23, 2012  
MGH Institute of Health Professions  
Boston, MA**

**Preliminary Report/Executive Summary:**

The following summary provides an initial report from the Consensus Conference held at MGH Institute of Health Professions on June 21, 22, and 23, 2012. Over 100 pages of notes from discussions and presentations and additional data will be synthesized and summarized in detail in upcoming reports and presentations. However, due to time constraints and the expressed interest by attendees, programs and professional associations (ASHA and CAPCSD) to have early preliminary information for their own purposes, the following executive summary is provided. The more granular reports will be developed in the coming months and shared with attendees of the Consensus Conference, as well as with the leadership of ASHA, CAPCSD, and the Academic Affairs Board.

This report has been developed by the conference planning committee (in alphabetical order):

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### **Venue and Purpose**

This conference was held in Boston, MA at the MGH Institute of Health Professions on June 21-23, 2012. The conference was planned by the authors of this paper in an attempt to convene academic programs and invited clinical partners in a discussion of a plan for the professional/clinical doctorate in speech-language pathology. Notice was sent to all Council of Academic Programs in Communication Sciences and Disorders (CAPCSD) program chairs; to the President, Board of Directors, and the Executive Director of the American Speech-Language-Hearing Association (ASHA); and programs who were invited to bring up to two representatives from their programs. Registrations were received by representatives of 50 academic programs. Individuals from three clinical programs and representatives from the Department of Veterans Affairs Medical Centers were also invited. ASHA sent staff representatives as well as members of the Board of Directors, including President Shelly Chabon. The President and President-Elect of CAPCSD were both in attendance, as well. A summary list of participating academic programs is attached to this report. The conference was held using a consensus group format. Thirteen groups of five to six discussants with members assigned to serve as the group facilitator, timekeeper, and recorder were used and responses to posed questions were recorded and stored. The conference utilized the facilities of the active learning classroom at MGH Institute of Health Professions. This particular room is designed for small groups and was configured specifically for the meeting.

The following presentations were included in order to provide information for the discussions:

1. Overview of the conference and clarification of purpose and desired outcomes (Golper)
2. Calibration information regarding the history, types and expansion of doctoral degrees among health professions; the drivers for considering these degrees at this time; and the plan for moving forward, if desired. (Johnson)
3. Panel presentation (moderated by Langmore) eliciting practice setting (health care and education) responses to the potential roles, concerns, and utilization of the clinical doctorate SLP in practice.
4. Preliminary results of the ASHA Academic Affairs Board Survey (McNeil)
5. Panel presentation (moderated by Johnson) describing programs in operation (University of Pittsburgh, Nova Southeastern University) as well as two programs currently under review by their respective universities (Valdosta State University, University of Cincinnati).

The remainder of the conference was spent in the discussion pods for purpose of consideration of key questions that were posed regarding the development of programs.

It should be noted that in planning this conference, the committee specifically chose to design the program to:

1. Focus on non-entry level programs;
2. Focus on the philosophical, programmatic, and foundational aspects of prospective programs;
3. Minimize focus on regulatory, accreditation, or certification issues;
4. Allow for emerging discussion on any areas that the attendees wished to pursue including those listed in items 1 to 3 above.

Appendix II contains a copy of slides that were used to frame the discussion for attendees at the opening of the conference. These points were based on agreement by the conference developers as a deliberate attempt to focus productive discussion on the issue of clinical/professional doctoral education.

Six small group discussion sessions were included in the conference. There were a total of 13 different groups of five to six members; with each group discussing similar questions. Following sessions, the groups either “reported out” the key conclusions of their group and/or the recorders’ notes were uploaded and saved for review and to provide summary comparisons.

For purposes of this PRELIMINARY summary, the major results of discussion from the small groups are presented below. More detailed analyses are planned and will be presented at future dates. The planning committee requests that if this preliminary report is shared that it be shared in its entirety so as to maintain the integrity of the information. *Note: In this preliminary summary, we are including the broad consensus and some divergent minority viewpoints only. Future publications will provide supportive detail and a rich discussion of these topics.*

<b>Topic I: The nature and type of the degree program for clinical/professional practice at the advanced level</b>
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- The predominant choice was for a degree that could be earned as an optional post-masters degree in CSD; a non-entry level degree.
  - Debate about whether the degree might be an extension of the current master’s or should be earned after a period of MS level practice only.
  - Discussion of the program as a continuation of the current MS degree
  - Discussion of 2 year and 3 year post MS models of education
  - Discussion of whether this was an “advanced practice degree,” a specialization or general degree
  - Discussion regarding inclusion of the current CF model (or a variant similar to audiology) in the degree program.
  - Discussion of multiple points of entry into the doctoral model (BA to doctoral; MS to doctoral; post MS to doctoral; post CF to doctoral)

- Discussion of the need to allow a *transitional* model for those who are practitioners now; however no credit for work experience should be given in an advanced practice degree.
- Discussion of the pros and cons of having variety across academic programs offering the degree
- **Divergent Opinions offered:** Over the course of the conference, several groups discussed the need for additional consideration of the current MS/MA degree in SLP.
  - Discussion of the need to develop a plan to replace the MS/MA model and move to doctoral entry
  - There was also discussion of examples from the field of psychology that has embraced (primarily) a PhD with clinical practice or research foci. Note: More recently the discipline of psychology has also developed a professional entry degree, the PsyD.

## Topic II: What are the critical foundational considerations for the degree?

- **General Consensus:** Core learning outcomes should consider both advanced clinical skills and knowledge AND advanced professional (leadership, supervision, etc.) content
  - Foundational content should be directed toward the development of specialty concentrations. The range of specializations and associated content can and should vary depending on the mission/resources of the particular graduate program.
  - Learning outcomes should be established without specifying instructional delivery or methods.
  - Program lengths will vary depending on the model; however most examples given by discussants focused on post-master's programs lasting 2 to 4 years.
  - Regardless of the length of the program, prior work experience should not be considered for the advanced clinical degree.
- **Areas of Divergence/Debate:**
  - Foundational content should include preparation for practitioners across settings (schools and health care)
  - Standards for the foundational content should be established and agreed upon by programs
  - Accreditation models should be explored, regardless of whether the program is offered at the entry level or at the post-certification level. Concern was expressed over the possible development of inferior educational programs if some level of standards development was not available for guidance to emerging programs.

- Creative opportunities for innovation were discussed if accreditation was not available.

**Topic III: What should the content of the program include?**

*(Note: The volume and scope of this information regarding content is extensive and is currently being summarized and analyzed for presentation in subsequent reports)*

**Topic IV: What should the designator for the degree be?**

- General Consensus: Three major degree labels were debated and discussed. The two major perspectives on degree labels were:
  - Professions specific designator: DSLP or SLPD
  - General designator, CScD (Doctor of Clinical Science

**Additional considerations that will be elaborated upon in subsequent reports:**

- Relationships with clinical sites and need for a pool of expert preceptors
- Benefit of escaping the “burden of accreditation” encourages creative options and curricula
- Risk of no standards/accreditation is exploitation of students, reduced quality, exploiting financial aid, etc.
- Need further exploration/discussion/delineation of “professional skills”
- Need to consider options for education that are not typical “knee to knee” experiences accounted for in the current “clinical hours” model used in the MS/MA programs
- Clinical partners will need to be developed so as not to cannibalize the MS/MA practicum needs
- Large clinical employers (e.g., VA) will need to be considered as potential development partners
- We need to consider the opportunities for collaborative (multi university) programs and partnerships
- Need to discuss funding for these programs in both state-supported and private universities
- Need to have “templates” based on the experience of current and planned programs as a guideline for those program interested in pursuing a clinical/professional doctorate in the future

**It is anticipated that this conversation will continue. Participants recommended the following mechanisms for this process of follow up dialogue:**

- Various professional associations should dialogue internally and with each other (e.g. CAPSCD, ASHA) with consideration to their stakeholders, the field, and persons with communicative disorders
- A discussion board on the MGH Institute's learning management system website has been opened for participants to continue to engage in discussion
- Participants expressed a desire to re-convene in one year to discuss progress
- A few attendees noted that they wanted to hear input from graduates of existing clinical doctorate programs
- Leaders of academic programs wanted to talk about the clinical doctorate with their clinical colleagues
- Some programs noted the value of establishing local consortia
- Need to expand the discussion to ASHA membership and the ASHA Schools conference via membership forums

Appendix II: Purposes

## Members of the planning committee....

- **Are not** discussing “whether or not” the clinical doctorate
- **Are not** talking about moving the discipline to an entry level doctorate;
- **Are not** pushing any single model or “agenda”;
- **Are not** here to convince you of the compelling need for a professional doctorate in SLP in your setting;
- **Are not** discussing the impact on personnel shortages (PhD, schools);
- **Are not** going to discuss licensure, practitioner credentialing or program accreditation standards;
- **Are not** setting deadlines or mandates;
- **Are not** providing “our” blueprint for any future program; and
- **Are not** trailblazers, we do not have all the answers.

## Appendix II: Purposes

### Together, we participants....

- **Are** engaging in a participatory, face-to-face forum to discuss the key issues, pros/cons, obstacles, and aspirations;
- **Are** going to identify areas of agreement and consensus in this group (curriculum; standards; degree designator/title; specialty tracks; targeted outcomes for knowledge, skills, attitudes);
- **Are** going to articulate foundational considerations, quality standards for educators interested in developing a professional doctoral program; and
- **Are** expanding the discussion on the professional doctorate to a wider audience to crystallize our own thinking on this topic and calibrate with others as we move forward.