

ALTERNATIVE EDUCATIONAL MODELS WEBINAR TRANSCRIPT

Patti Solomon-Rice

Welcome to the Next Steps 2022 Summer Webinar Series. My name is Patti Solomon-Rice and I am a member of the ASHA Ad Hoc Committee to Plan Next Steps to Redesign Entry-Level Education for Speech-Language Pathologists, which is hosting this webinar series.

We will be recording the first part of this webinar which consists of a presentation about Alternative Education Models so that others can view it asynchronously. The Next Steps website where you registered for this webinar, will host all of the Next Step webinar recordings within a couple of days after the live webinar event has taken place. The QR code on this slide will take you to the Next Steps website on www.asha.org.

We will not be enabling the chat function during the presentation, but because the primary reason for the webinar series is to gather widespread input from our stakeholders, we are of course **very** interested in your perspective. So, we have reserved more than half of each webinar to convene breakout groups which will be recorded. We have also prepared surveys, so that those attending the live webinar events, and also those who access the webinar recordings at a later point in time, can share their perspective with the committee.

During the breakouts, you will be joined by a few other attendees to discuss questions related to this webinar's topic. Each breakout group discussion will be recorded in Zoom and transcribed. Committee members will then have access to the transcript and qualitative analyses will be conducted. The breakout group recordings will not be made public and committee members will not have access to the recordings or any personally identifiable information. Only group data will be reported. There is also an email address for each webinar topic to which you can send comments and questions at any time. Those email addresses can also be found on the "Next Steps" webpage on www.asha.org. Again, the QR code shown here takes you to the Next Steps webpage.

Along with those listed on this slide, I was appointed to the Ad Hoc Committee on Next Steps to Redesign Entry-Level education for Speech-Language Pathologists in the summer of 2021. We have worked together during this past year to identify the most important topics related to Speech-Language Pathology education for which widespread stakeholder input is needed.

Members of this ad hoc committee were chosen to represent different employment settings and functions as well as to ensure bi-directional communication between the ad hoc committee and the Council for Academic Accreditation, the Council for Clinical Certification, the National Students Speech-Language Hearing Association, the Council for Academic Programs in Communication Sciences and Disorders, the Specialty Certification Boards in SLP, and from SIG 10 (Issues in Higher Education) and SIG 11 (Administration and Supervision). And we were very fortunate to have Ann Tyler serve as the committee's chair.

The ad hoc committee charge from the ASHA Board of Directors was to advance discussion and planning to redesign entry-level education for speech-language pathologists and formulate recommendations for the ASHA Board of Directors about how comprehensive input might be obtained from a large group of stakeholders to advance entry-level education for Speech Language Pathologists.

We were also charged with gathering perspectives and synthesizing data about what data, dissemination efforts, and actions are needed to make recommendations and propose a plan for advancing SLP education; what alternative models of education and changes to the current educational models that should be considered as well as how should stakeholders be engaged to obtain comprehensive input from their larger communities.

The ad hoc committee has given a great deal of attention to the questions of what competencies are needed, how should they be acquired and measured, which aspects of the current model are serving the profession and public adequately and which are not and lastly, are there changes to the current model that would address any gaps or unmet needs that had been identified.

The ad hoc committee was not charged with considering what the entry-level degree designator should be. This ad hoc committee is **not** examining, or even discussing, the degree designator for the entry-level degree in speech-language pathology, for example, master's degree versus clinical doctorate. It is not on the agenda and it is not in the charge.

Instead the ad hoc committee on Next Steps, has been highly focused on determining what is needed to adequately prepare SLPs enter the profession and how to address some of our longstanding problems such as insufficient faculty growth and capacity, the need to increase student diversity, and how we can continue to prepare students across the full scope of practice and across a wide variety of practice settings to provide services to individuals across the lifespan with an educational model that was developed more than 60 years ago.

There was a previous ad hoc committee on Graduate Education in Speech-Language Pathology which convened in 2018 that focused on the question of "*Which aspects of our current entry-level educational model are serving the profession and the public well, versus falling short in adequately preparing SLPs across practice settings?*"

In addition to identifying the areas that are serving the profession and public well and not so well, the previous ad hoc committee also gathered stakeholder input on the question of whether there *are changes to the current model of entry-level education that would address gaps or unmet needs*. Their report can be found at the URL shown here or from the QR code on this slide.

Based on the results obtained from many surveys and focus groups, the previous ad hoc committee concluded in their report that there are aspects of the current educational model that most respondents identified as challenging. These included that students are not consistently prepared, even across the Big 9, nor sufficiently prepared to enter practice across common work settings for SLPs. Also, that there is insufficient students and faculty diversity, that most undergraduate majors cannot go out in the field, yet clinical shortages are severe and that there is a significant scarcity of outplacements and supervisors. Lastly, that there is a scarcity of SLPs specializing in important clinical areas.

Additional concerns reported by the previous ad hoc committee included, trying to fit the full scope of practice across the lifespan into a two year master's Program; that the current model lacks a competency-based education framework to guide preparation and self-evaluation of one's readiness for specific areas of practice; that access to graduate education is limited due to the predominance of our “full-time residency” model; that there is an over reliance on volunteers for supervision; that there is unequal training across SLP programs, and that there is a lack sufficient faculty to teach all topic areas.

Here are some reflections from the Ad Hoc Committee Next Step Members when asked, “What Dissatisfies You About the Way Things Are Now?” One person stated, “I am concerned about the difficulty that both academic and clinical faculty have in achieving graduate student competency across our ever-expanding scope of practice.

While I believe we're successful at teaching foundational clinical skills that apply to all populations across the lifespan and across our scope of practice, we're not successful at achieving competency across the Big 9, particularly in the area of implementing evidence-based practice.”

Another individual said, “I am dissatisfied with the wide-but-shallow preparation that sends clinicians out into the field without a clearly charted path or how to deepen the areas in which that clinician actually ends up working in.”

Someone else said, “Many graduate classes, provide an overview of several methodologies and viewpoints in different areas. That often results in limited knowledge of each methodology and the lack of expertise to apply in daily practice.”

And finally, “Our ever-expanding scope of practice is making graduate education and pre-professional preparation in five to six semesters very challenging, therefore, I often ponder this thought: has our perception of entry-level changed due to this expansion of scope of practice?

If so, how have programs adapted? Has the role of the Clinical Fellowship changed in response? Could it? Should it.

There are many critical needs that are not being met, gaps, and significant challenges. These include that there is a dire need to increase the number of SLPs, student and faculty diversity, student readiness for work in diverse practice settings and with diverse populations, pathways to deepen knowledge across the full Scope of Practice. There is also a need for expanded opportunities to varied clinical experiences, to further develop critical and analytical thinking, to improve oral and written communication, to grow research literacy and adoption of evidence-based practices and to instill cultural humility, professionalism, empathy, and more.

We also need to develop a competency-based educational framework with pathways to learn, assess, and recognize or signal specific competencies, new pedagogy and curricular goals to prepare students for the future of work. These are just some of the goals on which the ad hoc committee on Next Steps, has been focusing. With your help, we hope to advance consideration about how these goals can be met. Because the scope of issues is vast and complicated, we decided to divide the problem space up into six areas and form a “working group” on each topic. These six topics can be found here.

The goal of the Next Steps webinar series is to communicate what ASHA is working on and to solicit input from stakeholders about their perceptions and to gather ideas about how entry-level education for SLPs can be improved and lifelong learning advanced. Webinar attendees and asynchronous viewers of the webinar presentations are invited to share their ideas and opinions via survey. Webinar attendees are also invited to participate in a breakout group discussion, which will be recorded and then the transcripts will be qualitatively analyzed. All survey responses and breakout discussions on the following seven (7) topics will be considered, analyzed and incorporated into the final report.

There are many aspects of the current educational model and speech language pathology that could be improved. The Ad Hoc Committee on Next Steps to Redesign Entry-Level Education for SLPs have taken a deep dive into the topics listed here and prepared a presentation for each webinar that summarizes the challenges and opportunities in each of these areas.

Each webinar starts with a presentation intended to tee up the topic, so that the stakeholder input would be gathered in a focused manner. Input is being collected in three ways for each webinar. First, for those attending the live webinar events, the breakout group discussions will be recorded, transcribed and analyzed qualitatively and with no personally identifiable information. Second, a survey has been prepared for each webinar. If you attend a live webinar event, the QR code will be provided to access the survey immediately following the event. If you watch the webinar asynchronously, the survey link will be made available on the Next Steps webpage on www.asha.org where all of the “Next Steps” information can be found. You can see a QR code for the Next Steps webpage displayed here. Lastly, there's an email address listed under each webinar topic on this slide, and they can also be found on the Next Steps webpage. You are invited to email your ideas concerns or ask questions at any time.

We hope that you will participate or watch these webinars asynchronously, most importantly, please share your perspectives and ideas on these topics with the committee. Thank you.

Barbara Jacobson

Greetings everyone. We're now going to focus on tonight's topic which is Alternative Educational Models. I'm Barb Jacobson and, along with my colleagues listed on this slide, I'm pleased to provide a short overview of some alternative educational models that this committee and the prior Ad Hoc Committee on Graduate Education and Speech-Language Pathology have explored. It is hoped that SLP education and clinical practice can be enhanced by considering and potentially implementing aspects of these models.

The prior Ad Hoc Committee on Graduate Education for Speech Language Pathologists concluded that there is a great need to re-examine the current model of entry-level education for SLPs. This is for several reasons, first there hasn't been a change in the educational model, since the master's degree became an entry level degree in 1963, although the scope of practice has changed significantly. Based on multiple surveys across the years widespread concern has been expressed that students may not be consistently prepared to enter practice, nor to deliver services across the full scope of practice across the lifespan. In 2013, **33%** of SLP master's programs reported concerns about capacity to teach across the scope of practice and in 2019, **78%** of master's programs reported being concerned about limited faculty capacity to cover the "Big Nine" curricular areas.

It is clear that students need to learn too much information and too many skills in the limited time available to consistently achieve entry-level competency across the Big Nine areas across the lifespan and across the variety of practice settings. There is also a need to provide greater depth and breadth across the scope of practice and the lifespan for entry-level practice and promoting critical thinking skills is a challenge in this educational model because we don't have enough time to provide opportunities for students to gain a deeper understanding as well as a strong base of knowledge in one or more clinical areas, which of course would be helpful to nurturing critical thinking.

There are other problems that need to be resolved, including that we need to improve students' readiness for work in diverse practice settings and with diverse populations, we need more opportunities for very clinical experiences for students, we need to develop and nurture 21st Century competencies, like critical thinking, professionalism and cultural humility. We need to decrease stress for both students and faculty, we need to strengthen the quality of services that graduates can provide we also need pathways towards clinical mastery and specialization, especially for early career professionals and transitioning clinicians. And, lastly, we need to instill lifelong learning and develop a means for external signaling and assessment of specific competencies.

Three alternative models of entry-level education were considered by the Ad Hoc Committee on Graduate Education for SLPs as having the potential to mitigate some of the challenges mentioned previously, to improve educational outcomes and perhaps reduce some of the stress that the current model is placing on many academic programs and their students.

These models were considered by 2 focus groups which were held at the 2019 CAPCSD Conference. University clinic directors and department chairs were asked to provide opinions about each of the three alternative educational models that will be briefly described tonight.

But first is the Life Span model, which is basically the current educational model, except that more than two years would be required to complete the degree in order to avail more time to teach across the full scope of practice, enable students to gain greater depth of knowledge in one or more clinical areas, and provide a greater diversity of clinical experiences. The Life Span model is one type of program and one certification for all SLPs covering the full scope of practice across the life span, only the time to degree would need to be extended beyond two years.

The Track Model consists of two tracks with separate programs for adult and pediatric populations, plus a required core curriculum that all students in all tracks would receive. Certification would no longer apply across the full scope of practice but rather by pediatric and adult subdivisions. After graduation, SLPs could become qualified to practice in the other track by completing the educational requirements and by passing a qualifying exam for that track.

The modular model would entail a reorganization of the current curriculum into modules, for example, 12 modules plus a required core curriculum that all students in all programs would receive. Programs would offer the core curriculum plus those modules that they choose, but at least as many as would be required for graduation and initial certification, say, for example, six modules. SLPs would be certified to provide services in only those areas for which they have completed the educational requirements and passed the qualifying exam. Lastly, after graduation, SLPs could expand the areas in which they are qualified to practice by completing the educational requirements and presumably by passing a qualifying exam for that module.

Options to modify the current model at four different stages have also been considered. The four stages refer to the educational timeline wherein these actions could be implemented. One, before students enter graduate programs at the pre entry level; two, during the graduate program at the entry-level; three, during the clinical fellowship and lastly, four, for after individuals who have been certified at the “post-entry-level.”

Pre-entry options include increased time devoted in Undergraduate or Post-Baccalaureate programs to clinical preparation. If a competency based framework were in place, students could proceed through portions of the curriculum at their own pace. Competency assessment or gap analysis could be useful for evaluating and focusing students on where additional education is needed to achieve entry-level competency in an area, which could result in increased efficiency for some for the same amount of time spent in Undergraduate and entry-level programs.

Options to consider doing the entry level program include, The Track or Modular Models, which would have a set of core courses to be taken by all graduate SLP students, the Lifespan model, which would include extended time added to entry-level degree programs. Self-Directed learning founded within a competency-based framework that could help to augment coursework, and there could be programs wherein students choose the areas in which they would like to become more competent and gain greater depth of knowledge. The “self-directed learning” approach would benefit from area-specific competency assessments as a way for advanced competency to be nationally understood and recognizable by employers.

Options to consider during the clinical fellowship here include, better utilization of the CF for continued learning as an ideal time for strengthening and developing additional competencies, another option is for more structure in CF experiences might be needed to help CF supervisors facilitate and support continued learning in specific areas during the Clinical Fellowship and lastly, more structure may need to be imposed as employer expectations and support for continuing education is inconsistent.

Post entry-level options include an important goal to advance lifelong learning, which is to foster motivation and recognition of advanced competency. Another option is to have pathways to specialized credentials and differentiated levels of expertise which may be helpful; employing micro and stackable credentials that add up to signal advanced levels of competency that could be helpful; also certificated and advanced credentials could help incentivize lifelong learning and Lastly, a mechanism is needed for competency assessment or to conduct a gap analysis of one’s own competencies, especially for SLPs transitioning to new practice settings and perhaps for certification maintenance.

Thank you for watching this Webinar. We would really and truly appreciate hearing from you! Please provide input on this important topic by taking the survey.