

# Competency-Based Education Webinar

## TRANSCRIPT

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### **Kendrea Garand**

Welcome to the Next Steps 2022 Summer Webinar Series. Again, my name is Kendrea Garand, 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 and that consists of a presentation about Competency Based Education, so that others can do 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 took place.

The QR code on this Slide, will take you to the Next Steps Website on [www.asha.org](http://www.asha.org). We will not be enabling the chat function during this presentation, but because the primary reason for this webinar series is to gather widespread input from stakeholders, we are of course very interested in your perspective.

So we have reserved more than half of each webinar to convene in breakout groups which will be recorded. We have also prepared surveys, so that, for those not attending the live webinar events and for those who can access the webinar recordings at a later time can share their perspectives with the committee.

During the breakout you'll 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 transcripts and qualitative analysis 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 identifying 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 Web Page found on [www.asha.org](http://www.asha.org), again the QR code shown here takes you to the Next Steps web page.

Along with those listed on this slide, I was appointed to the Ad Hoc Committee on Next Steps to Redesign Entry-Level Education for SLPs in the summer of 2021. We have worked together during this past year to identify the most important topics related to SLP 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 insure Bi-Directional communication between the Ad Hoc Committee and the Council for Academic Accreditation, the Council for Clinical Certification, the National Student's Speech Language-Hearing Association, the Council for Academic Programs in

Communication Sciences and Disorders, the Specialty Certification Boards in Speech Language Pathology, and from SIG 10 (Issues in Higher Education) and SIG 11 (Administration and Supervision). We are very fortunate to have Dr. Ann Tyler serve as the Committee's Chair.

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

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 model should be considered and 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. Are there changes to the current model that would address any gaps or unmet needs that have been identified?

Now the Ad Hoc Committee is not charged with considering what the entry level designator degree should be. So, the ad hoc committee is NOT examining or even discussing the degree designator for the entry level degree in Speech Language Pathology (i.e., Master's Degree versus Clinical Doctorate.) It's not on the Agenda and It's not in our Charge. Instead, the Ad Hoc Committee on Next Steps, has been highly focused on determining what is needed to adequately prepare speech language pathologists to enter the profession. And how to address some of our longstanding problems such as insufficient faculty growth and capacity, the need to increase students' 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 sixty (60) years ago.

There was a previous ad hoc committee on graduate education and 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, to adequately prepare speech language pathologists across practice settings.”

In addition to identifying areas that are serving the profession and the public well and not so well, the previous Ad Hoc Committee also gathered relevant 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.

These preliminary results were 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 were not consistently prepared even across the Big 9, nor are they sufficiently prepared to enter practice across common work settings for speech language pathologists. There is insufficient students and faculty diversity. That most undergraduate majors cannot go on in the field, yet clinical shortages remain severe. That there's a significant scarcity of outplacement and supervisors and that there is also scarcity of speech language pathologist specializing in very 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 2-year Master's Program. That the current model lacks a competency based educational framework to guide preparation and self-evaluation of one's own readiness for specific areas of practice. That access to graduate education is limited due to the predominance of our “full time residency” model but there's an over reliance on volunteers for supervision. There's an unequal training across speech language pathology programs, and that there's a lack of sufficient faculty to teach all topic areas.

Here are some reflections from Ad Hoc Committee members on Next Steps when asked, “What dissatisfies you about the way things are now?” For example, one member 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 are successful at teaching foundational clinical skills that apply to all populations across the lifespan and across our scope of practice, we are not successful at achieving competency across the big nine, particularly in the area of implementing evidence-based practice.”

Another member stated, “I’m dissatisfied with the wide-but-shallow preparation that sends clinicians out into the field without a clearly charted path for how to deepen the areas in which that clinician actually ends up working in. Another stated, “Many graduate classes, provide an overview of several methodologies and viewpoints in different areas that often results limited knowledge of each methodology and the lack of experience applied in daily practice. Another stated that our ever-expanding scope of practice is making graduate education and pre-professional preparation in 5-6 semesters very challenging.

This committee member often pondered 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 currently not being met, and there are gaps and significant challenges. These include those that there's a dire need to increase the number of speech language pathologists, student and faculty diversity, student readiness for work in diverse practice settings and with diverse populations, as well as pathways to deepen knowledge across the full Scope of Practice.

There's also a need for expanded opportunities such as varied clinical experiences, to further development of critical and analytical thinking skills, to improve oral and written communication skills, to grow research literacy and adoption of evidence-based practices and to instill cultural, humility, professionalism, empathy and more. But we also need to develop a competency-based educational framework with pathways to learn, assess and recognize and signals specific competencies as well as new pedagogies 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 have been focusing. With your help, we hope to advance consideration about how these goals can be met.

Because the scope of these issues is vast and complicated, we have decided to divide the problem space up into six areas and formed a working group on each topic. These six topics can be seen here, and they are the Future of Learning Work and Teaching, Competency-Based Education, Alternative Education Models, Clinical Experiential Learning, Student Diversity and Faculty Development and Capacity.

The goal of the Next Steps webinar series is to communicate what ASHA is working on and to solicit input from you as stakeholders about their perceptions and to gather ideas about how entry-level education for speech language pathologists 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 a survey.

Webinar attendees are also invited to participate in breakout group discussions, these will be recorded and transcripts will be qualitatively analyzed. All survey responses and breakout discussions on the following seven topics will be considered, analyzed and incorporated into a final report.

There are many aspects of the current educational model in speech-language pathology that can be improved. The Ad Hoc Committee on Next Steps to Re-Design Entry-Level Education for SLPs has 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 stakeholder input could be gathered in a focused manner. Input is being collected in three ways for each webinar event.

First, for those attending the live webinars events, the breakout group discussions will be recorded, transcribed and analyzed qualitatively and with no personally identifiable information. Next, a survey has been prepared for each webinar topic. If you attend a live webinar event, the QR code will be provided to access the survey immediately following the event. If you're watching the webinar asynchronously, the survey link will be made available on the Next Steps webpage on [www.asha.org](http://www.asha.org) where all the “Next Steps” information can be found. You can see a QR code for the Next Steps web page displayed again 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 all participate or watch these webinars either in real time or asynchronously and please share your perspectives via the survey on some or all of these topics after watching the webinar presentation. Thank you. With that, I'll turn it over to Dr. Barbara Jacobson.

### **Barbara Jacobson**

Good Afternoon everyone. Some of you may be viewing this in the morning actually if you're viewing it asynchronously. We're going to now get into some of the meat related to Competency-Based Education and we want to make sure, first of all to acknowledge the other members of this working group and they're listed on this slide.

Competency-based education is defined as an approach that allows students to advance based on their ability to master a skill or competency at their own pace, regardless of their environment. This is an approach to education that's intentionally focused on a student's ability to demonstrate specific learning outcomes, this is central to the learning process in this particular model.

In CBE, or Competency-Based Education from the very beginning of the program, instruction is focused on outcomes that are designed to facilitate success. As students transition from educational training to clinical application. These outcomes are objective, systematic and address a wide array of competencies. These competencies also include soft skills, as well as multiple opportunities for students to be successful. CBE includes both formative and summative assessments that are explicit, well rounded with useful scripts for students to use for their own communications infusing an emphasis on IPP and IPE.

Among the advantages of CBE are: It ensures that there is entry level competence across core areas of practice. It ensures that students have consistent knowledge, skills and professional behaviors across programs in this model entry level practitioners will develop appropriate self-assuredness, and graduates are prepared to be adaptable and flexible in response to changes in scope of practice as well as practice settings. And finally, entry-level education and the concept of clinical hours are intentionally disconnected.

Implementing CBE does have some challenges. There's a limited number of faculty with CBE knowledge. The infrastructure to support CBE is variable across universities, it can be challenging to identify the competencies that are specific to the big nine areas and it can be a daunting venture to gain competency across the large scope of practice. Lastly, we do acknowledge that competency assessment for large class sizes, can be a challenge as well.

CBE has been implemented and other health professions, you can see a list of them on this slide. The American Association of Medical Colleges or AAMC is creating a common set of foundational competencies for use in undergraduate medical education programs. The Vanderbilt School of Medicine has already implemented such a program. There is a growing number of institutions who are implementing CBE as the evidence base increases for this particular approach. As a profession, we are trying to keep up with the best practices.

Competency Frameworks increase accountability in many areas, such as identifying the standards of practice, measuring competency, assessing skills demonstrated by students and determining their levels of competence, requiring maintenance of clinical competence for communication and swallowing disorders in various populations and we acknowledge that competency evaluation is certainly an ongoing process in this model.

There are some comprehensive competency programs in Speech Language Pathology that are currently being used. COMPASS or Competency Assessment in Speech Pathology is a competency-based assessment tool designed to validly assess the performance of speech pathology students in their placements. You can find more information related to this via [www.speechpathologyaustralia.org](http://www.speechpathologyaustralia.org). It has been used for over ten (10) years.

Speech Pathology Australia recently revised COMPASS and mapped it to the World Health Organization Rehabilitation Competency Framework. This is an example of one compass competency. Within the professional competency section, there are four (4) units. They are Reasoning, Communication, Lifelong Learning and Professionalism. COMPASS currently is not only used in Australia, but also in New Zealand, Hong Kong and Vietnam.

Within the professionalism unit here are some examples of the sub section within this particular unit. For example, display effective organizational skills, conduct self in a professional manner, discharge administrative responsibilities effectively, possess a professional attitude and orientation and demonstrate ethical behavior.

There are clearly some differences between the traditional and CBE models of Graduate Education. For example, in the traditional model where clinical hours are defined versus variable clinical hours, traditional models look at a prescribed assessment schedule, where CBE models look at fluid assessment data points. In traditional models, there is a common pathway to attaining entry level practice versus a variable differentiated trajectory to program completion and CBE.

This table, which was compiled from a couple of sources that were so low on this slide outlines the differences between traditional models of education and those that are competency based. It sets out curricular variables and then contrast traditional and CBE models for each variable. This has been helpful in envisioning these two orientations to graduate education. For example, if you look at Advancement and Pacing, in traditional education, this is standardized and set by the nature of the term, semester, quarter or class and students either pass or fail, as determined at the end of the session. In CBE, it is individualized, which allows for multiple opportunities for the student to develop and demonstrate mastery.

We wanted to make a special point of highlighting the role of standards in restructuring graduate education. CAA and CFCC are absolutely critical to this endeavor. The structure for this process is provided by these accrediting and certifying entities. Standards are developed in a peer review process. The standards are designed to assure entry level quality and allow for flexibility and implementation. There is a slow and deliberate timeline for revising standards and a key principle to this is stakeholder engagement. Multiple Ad Hoc committees with subject matter experts and practice

analyses that are validated are used. CAA and CFCC have used this process every time accreditation and certification standards are revisited and revised. Practice analysis is a huge component of this process and we want to be sure to emphasize that this process is slow and deliberate but for a really good reason.

There's a prescribed process for restructuring Graduate Education that reflects CBE, it includes identifying the core competencies that are shared across the scope of practice for a newly certified clinician. For example, these would include obtaining a case history, communicating assessment results to patients and families as well as developing plans of treatment, plans of care and conducting assessments. The process includes determining measurable benchmarks and the expectation is that new clinicians demonstrate entry-level competencies.

The standards give independence to the institution for implementation, they are certainly not prescriptive and these are not novel concepts. Some institutions have already implemented CBE in some fashion.

At this point of the discussion of the Next Steps and reviewing and restructuring graduate education, the purpose is not to actually define the competencies in benchmarks, but we wanted to reiterate this, as we've stated before, the objective is to restructure entry-level competence.

These are the references and resources that were used in this presentation.

And now we're ready to provide you with some breakout group instructions.