2017 Researcher-Academic Town Meeting
ASHA Journals Awards
Kawana Award for Lifetime Achievement in Publications

- Named in the memory of the late Alfred K. Kawana, former director of ASHA publications, this award acknowledges the exceptional educational, scientific, or clinical value of the awardees’ scholarly contributions.

- This award is reserved for outstanding researchers and scholars who have a sustained history of publication in the ASHA journals of at least 10 years.
Susan Ellis Weismer
University of Wisconsin—Madison

• Oros-Bascom Professor of Communication Sciences and Disorders and principal investigator at the Waisman Center at the University of Wisconsin–Madison.

• Focused her research on investigating the developmental course and nature of language processing in typically developing children, late-takers, children with specific language impairment, and children with autism.

• Contributed greatly to expanding what is known about the relationship between language and aspects of cognitive functioning, such as working memory capacity.

• Published in and provided editorial leadership to the ASHA journals for more than 30 years.

• The Kawana Award recognizes her exceptionally impactful and prolific scientific contributions as well as her generous service to the ASHA Journals Program.
Editor’s Awards

• Each of these awards has been selected by the editor-in-chief of each journal or journal section
• The Editor’s Awards are awarded annually to the authors of the most meritorious article published in the preceding year

For a list of past winners back to 1970, visit http://journals.pubs.asha.org/SS/Past_Editors_Awards_Winners.aspx
Speech Perception in Classroom Acoustics by Children With Cochlear Implants and With Typical Hearing

Author | Frank Iglehart

Editor-in-Chief | Sumit Dhar
Early Expressive Language Skills Predict Long-Term Neurocognitive Outcomes in Cochlear Implant Users: Evidence from the MacArthur–Bates Communicative Development Inventories

Authors | Irina Castellanos, David B. Pisoni, William G. Kronenberger, and Jessica Beer

Editor-in-Chief | Krista Wilkinson
Articulatory Control in Childhood Apraxia of Speech in a Novel Word–Learning Task

Authors | Julie Case and Maria I. Grigos

Editor-in-Chief | Julie Liss
What Factors Predict Who Will Have a Strong Social Network Following a Stroke?

Authors | Sarah Northcott, Jane Marshall, and Katerina Hilari

Editor-in-Chief | Sean Redmond
Experiments on Auditory-Visual Perception of Sentences by Users of Unilateral, Bimodal, and Bilateral Cochlear Implants

Authors | Michael F. Dorman, Julie Liss, Shuai Wang, Visar Berisha, Cimarron Ludwig, and Sarah Cook Natale

Editor-in-Chief | Frederick Gallun
Dose Schedule and Enhanced Conversational Recast Treatment for Children With Specific Language Impairment

Authors | Christina N. Meyers-Denman and Elena Plante

Editor-in-Chief | Shelley Gray
Disclosure
Mindi Anderson, PhD, ARNP, CPNP-PC, CNE, CHSE-A, ANEF
University of Central Florida

Financial disclosure:

- Grants – Gaumard; Sigma Theta Tau, Theta Epsilon Chapter Grant; UCF; Previous-Multiple; Previous Other Work – National League for Nursing / Laerdal Consultation- Scenario Development, SIRC Courses; Wolters Kluwer Health Advisory Board-VSim® for Nursing/Pediatric
- Some works may be mentioned; some products may be given as examples, not as an endorsement
- Teach at UCF – Program Coordinator for the Nursing and Healthcare Simulation Graduate Program
- Nurse Scientist – Orlando Health
- Received honorarium and expenses covered by ASHA for her presentation
- Some works may be mentioned; some products may be given as examples, not as an endorsement

Nonfinancial disclosure:
- Nothing to disclose
Disclosure
Mark DeRuiter, PhD
University of Arizona
Panelist

Financial disclosure:
• Received a waiver of his registration fee from ASHA for participating in this presentation

Nonfinancial disclosure:
• Founding editorial board member for the journal, Teaching and Learning in Communication Sciences and Disorders
• President of the Council of Academic Programs in Communication Sciences and Disorders
Disclosure
Carol Dudding, PhD
James Madison University
Panelist

Financial disclosure:
• Received a waiver of her registration fee from ASHA for participating in this presentation

Nonfinancial disclosure:
• Nothing to disclose
Disclosure

Rick Talbott, PhD
University of South Alabama
Panelist

Financial disclosure:
• Received a waiver of his registration fee from ASHA for participating in this presentation

Nonfinancial disclosure:
• Nothing to disclose
Mindi Anderson, PhD, ARNP, CPNP-PC, CNE, CHSE-A, ANEF
Disclosures

- Paid Consultant, Grant Funds, Speaker fee (honorarium), ASHA registration fee waived
- Grants – Gaumard; Fulbright Specialist; Laerdal Foundation for Acute Medicine; Sigma Theta Tau, Theta Epsilon Chapter Grant; University of Central Florida (UCF)
- Previous Grants – Texas Higher Education Coordinating Board, Multiple; Previous Other Work - National League for Nursing (NLN)/Laerdal Consultation - Scenario Development, SIRC Courses; Wolters Kluwer Health Advisory Board-VSim® for Nursing/Pediatric
- Teach at UCF – Program Coordinator for the Nursing and Healthcare Simulation Graduate Program
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Learner Outcomes

• 1. Identify the benefits and importance of training/education in clinical supervision and why this is a critical topic.
• 2. Discuss the importance of conducting research in clinical supervision and education.
• 3. Describe different models of clinical education, including simulation and standardized patients.
• 4. Describe alternative educational modules for interprofessional practice.
BENEFITS/IMPORTANCE OF TRAINING/EDUCATION IN CLINICAL SUPERVISION
Importance of Clinical

• Essential in training
  • Application/integration of knowledge/skills to actual experiences (real-life)
  • Competent practitioners/clinicians

Current Clinical Issues/Concerns

• Site
• Preceptor/Supervisor
• Faculty
• Teaching/Skills
• Student
• Patient
• Program/Other

(Beckley, 2017; “Dreaming Possibilities.” 2017; Dzulkanain et al., 2015; Hill et al., 2010, 2014; Kristofferzon et al., 2012; Larue et al., 2015; MacBean et al., 2013; McCready et al, 2016; Moked & Drach-Zahavy, 2016; Murray & Buckley, 2017; Noss & Yeager, 2016; Picconi, 2011; Russell et al., 2016; Tharpe & Rokuson, 2010; Ward et al., 2014; Wilson et al., 2010, 2011; Zook et al., 2017; Zraick, 2012)
Overall Goal

• Desire
  • High quality clinical experiences
  • To graduate competent practitioners
  • Who can critically think/make decisions/reflect
  • Best patient/family care and outcomes

(Bressmann & Eriks-Brophy, 2012; Hill et al., 2010, 2012; Kristofferzon et al., 2012; National League for Nursing [NLN] Board of Governors, 2015; Noss & Yeager, 2016)
IMPORTANCE OF RESEARCH - CLINICAL SUPERVISION AND EDUCATION
Focus - ASHA

• Clinical supervision
• Plans to develop formalized training
• Committee work – determined knowledge/skills needed for various settings
• Targeted training - specific groups
• ASHA focus/work, including that of McCready et al. (2016), applies to audiologists and speech-language pathologists

(Beckley, 2017; McCready et al., 2016)
Questions - Training

• How much is required? (current suggestion 2 hours/cycle)
  • Is this enough?
• What skills are needed/mandatory?
• Best ways to teach?
  • Didactic vs. hands-on, etc.
• How can new knowledge be applied?
• Evaluation? How?

(Beckley, 2017; McCready et al., 2016)
How We Can Use Research – Clinical Supervision

• 1. Examine experiences in supervision – different points of view
• 2. Develop best models of teaching/learning for clinical supervision (and to prepare for)
• 3. Identify best methods to teach preceptors/supervisors to be successful in their role

(Russell et al., 2016)
How We Can Use Research – Clinical Supervision Continued

• 4. Determine optimal ways to support the relationship between students and preceptor/supervisor to have best student outcomes

• 5. Determine what students are doing in clinical

(Kristofferzon et al., 2012; Moked & Drach-Zahavy, 2015; Polifroni et al., 1995)
Questions - Students

• How will we know what maximizes student learning?
• What method(s) achieve the best outcomes?

(Harder, 2015)
Questions – Preceptors/Supervisors

• What makes a good preceptor/supervisor?
• How best can we train/retain preceptors/supervisors?
DIFFERENT MODELS – CLINICAL EDUCATION
Definition of Simulation

• Multiple definitions
• Several organizations have defined:
  • American Speech-Language-Hearing Association (ASHA) (n.d.)
  • International Nursing Association for Clinical Simulation and Learning (INACSL) Standards of Best Practice: SimulationSM - Glossary (INACSL Standards Committee, 2016d)
  • Society for Simulation in Healthcare (SSIH) (Lopreiato et al., 2016)
Advantages of Simulation

• What are the advantages for education?
• What are the advantages for research?

Simulation Types

- Static manikin
- Role-play
- Task trainer (part, partial)
- Moderate/mid-fidelity
- High-fidelity manikin
- Virtual reality/Computer-based/
  Augmented reality/Mixed reality
- Serious game
- Haptic
- Standardized/simulated patient
- Hybrid

(INACSL Standards Committee, 2016d; Lopreiato et al., 2016; NLN, n.d.; TLE TeachLivE™, n.d.)
Different Ways to Add Simulation

- In place of lecture “flipped classroom”
- In place of some clinical (replacement)
- Use for lab
- Clinical prep (adjunct) or make-up
- Remediation
- Evaluation
- Add on – to class, clinical, lab
- Mixture of one or more

(Brame, 2013; Brien et al., 2017; “Dreaming Possibilities,” 2017; Gore et al., 2012; Harder, 2015; Hayden et al., 2014; Hill et al., 2013, 2014; Husson et al., 2013; Larue et al., 2015; MacBean et al., 2013; NLN Board of Governors, 2015; Noss & Yeager, 2016; Wilt & King, 2010; Zraick, 2012)
Speech-Language Pathology

- Evaluated use of simulation – speech-language curricula (Australia)
- Opinions – sim could be used to replace part of external placement
- Specific skills/content
- ? Decrease hours – external sites

(MacBean et al., 2013)
Certification – Speech-Language Pathology

• Able to substitute 75 hours/direct contact (clinical) (20%)
• Optional
• List of what types included and what is NOT

Remediation

• Can use to remediate students – prior to clinical
• How about if there is a deficient skill in clinical?

(MacBean et al., 2013)
Evaluation - Objective Structured Clinical Exams (OSCEs)

- Definition of OSCE
- Proposed for speech-language pathology

(Lopreiato et al., 2016, p. 25; Zraick, 2012, 2014)
Simulation – Not Just for Students

• Can use to train instructors/preceptors/mentors in certain areas
• Literature examples
  • Prepare preceptors (orientation)
  • Difficult communication with students
  • How to coach/give feedback
  • How to foster critical thinking

(Adoryan, 2011; Murray & Buckley, 2017; Picconi, 2011; Wilson et al., 2013)
Types - Standardized/Simulated Patients

• Proposed – Audiology and Speech-Language Pathology Students
  • Teach
    • Build skills – diagnosis, clinical reasoning, interaction
  • Give feedback
  • Assess (competency)
  • Use for part of clinical time

Current Status

• Limited studies of SP use - speech-language pathology and audiology
• SPs have been found to be accurate across scenarios; able to replicate performance
• Students like/value experiences; may increase competence/skills-performance (? self-report)
• They are able to reflect after
• OPPORTUNITY!

(Bressmann & Eriks-Brophy, 2012; Hill et al., 2010, 2012, 2013; MacBean et al., 2013; Picou & Tharpe, 2015; Tharpe & Rokuson, 2010; Wilson et al., 2010; Zraick, 2012, 2014)
Virtual

• Virtual patients
  • Example - SimuCase® (n.d.)
• Virtual reality (cave) (Williams, 2006)
• Others (Dudding et al., 2016, Kuster, 2002)
Mixed Reality

• TeachLivE™/Mursion®️
• “Human in the loop”
• Includes human/artificial intelligence

(Hayes & Hughes, 2016; Mursion®️, n.d.; TLE TeachLivE™, n.d.)
Current Status

• Appears to be not much research related to use – student outcomes (audiology/speech-language)
• Some in Interprofessional Education (IPE)
• OPPORTUNITY!

(Dudding et al., 2016)
Kirkpatrick’s Model (Evaluation)

• 1. Reaction
• 2. Learning
• 3. Behavior
• 4. Results

(Adamson, 2014; Adamson et al., 2013; Boet et al., 2014; Cheng et al., 2014; INACSL Standards Committee, 2016c; Kirkpatrick, 1994)
What Can Be Measured?

• Outcomes
  • Satisfaction – do they like it?
  • Knowledge – can include more; KSAs
  • Performance (can measure something)
    • Skills
  • The so what? Improved patient outcomes, decreased cost, etc.

(Boet et al., 2014; INACSL Standards Committee, 2016c; Kardong-Edgren et al., 2010)
Translational Outcomes

• T1 – In setting (lab)
• T2 – Better practices for patients – learning transfer (patient setting)
• T3 – Improved patient outcomes
• T4 – Additional effects (save $$)

(Adamson et al., 2013; Donoghue et al., 2016; McGaghie, 2010; McGaghie et al., 2014)
Research

• If we don’t evaluate, how will we know:
  • Where best to put simulation
  • Adjunct vs. clinical replacement vs. other (and how much of each) – best student outcomes
  • Best type of simulation for the specific objective
Research

• Need more
• Does simulation provide similar learning outcomes to clinical/placements?
• Do skills transfer to working with patients?

(MacBean et al., 2013)
Important

• Simulations must meet standards

• Resources:
  • INACSL Standards of Best Practice: SimulationSM (INACSL Standards Committee, 2016a)
  • ASPE Standards of Best Practice (SOBP) (Lewis et al., 2017)
Must Meet Requirements

• If counting for clinical
• ASHA (n.d.)
  • Must:
    • Have debriefing; doesn’t count as clock hour
    • Be observed = 25% of time
    • Listed method
  • Check frequently asked questions
Get Simulation Training!

• Many places!
• Example - University of Central Florida (n.d.)
ALTERNATIVE MODELS FOR INTERPROFESSIONAL PRACTICE
Interprofessional Education (IPE) Defined

• Students (or others)
• At least two professions
• Learning occurs
• It is deliberate
• Pedagogy
• Improvement (goal) – *interprofessional collaboration*, patients

(Buring et al., 2009; Interprofessional Education Collaborative, 2016; Interprofessional Education Collaborative Expert Panel, 2011; Thistlethwaite, 2015; World Health Organization [WHO], 2010. p. 7)
IPE

- Recommended
- Opportunity
- Must work as a multidisciplinary team
- Part of being “competent”
- Many challenges/difficulties

(“Dreaming Possibilities,” 2017; MacBean et al., 2013; Ward et al., 2014; Williams et al., 2009; Zook et al., 2017)
IPE Approaches

• Didactic content – *be careful here*
• Games/team-building exercises
• Online modules
• Case studies (including unfolding)/discussions
• Simulation
• Others
  • Examples – DVD, service learning, clinical experiences/practicums
• Scaffolding of experiences

(Bridges et al., 2011; Buring et al., 2009; da Motta & Pacheco, 2014; Dudding et al., 2016; Grover et al., 2016; Interprofessional Education Collaborative Expert Panel, 2011; LeFlore et al., 2017; Pinar, 2015; Zook et al., 2017)
Simulation

• Definition of simulation-enhanced interprofessional education (or Sim-IPE) (INACSL Standards Committee, 2016b)
Why Use Simulation for IPE?

- Can help learn/evaluate competencies
- Promotion of teamwork
- Role clarity
- Social learning
- Allows for skill practice
- Many of the same reasons we use simulation …. 

(Pinar, 2015; Willhaus et al., 2013)
Helpful Resource for Sim-IPE

Virtual

• Second Life®

(Dudding et al., 2016)
Another Approach - IPE by DVD

• One study – nursing students
  • DVD simulation
  • Students reported experiences
  • Focus group results
    • Could replace part of clinical (caution)
    • Others

(Williams et al., 2009)
Who Can You Partner With?

- Get creative
  - Nursing (undergrad, grad)
  - Medicine
  - Occupational Therapy
  - Physiotherapy
  - Psychology

(Dudding et al., 2016; MacBean et al., 2013; Zook et al., 2017)
What Can You Do?

• Ask for it
• Lead it
• Build it (a team)
• Champion for it/promote it
• Start it (can start small)
• Conduct it
• Evaluate it
• Research it
• Share it! (present it, publish it)

(Buring et al., 2009; Willhaus et al., 2013)
Thank You!

• Questions?
References/
Acknowledgements

• See separate list of references
• Some slides have been previously presented
• Special thank you to Drs. Lynn Williams and Richard Zraick; also Drs. Charles Hughes, Carrie Straub, and Gregory Welch (and Florida Hospital) for use of pictures; Dr. Welch is endowed by Florida Hospital
Panel Question & Answer Session

• Mindi Anderson, PhD
• Mark DeRuiter, PhD
• Carol Dudding, PhD
• Rick Talbott, PhD
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Thank you for coming! Enjoy the rest of the 2017 ASHA Convention