Next Steps 2022 Summer Webinar Series

Ad Hoc Committee Plan Next Steps to Re-design Entry-level Education for SLPs

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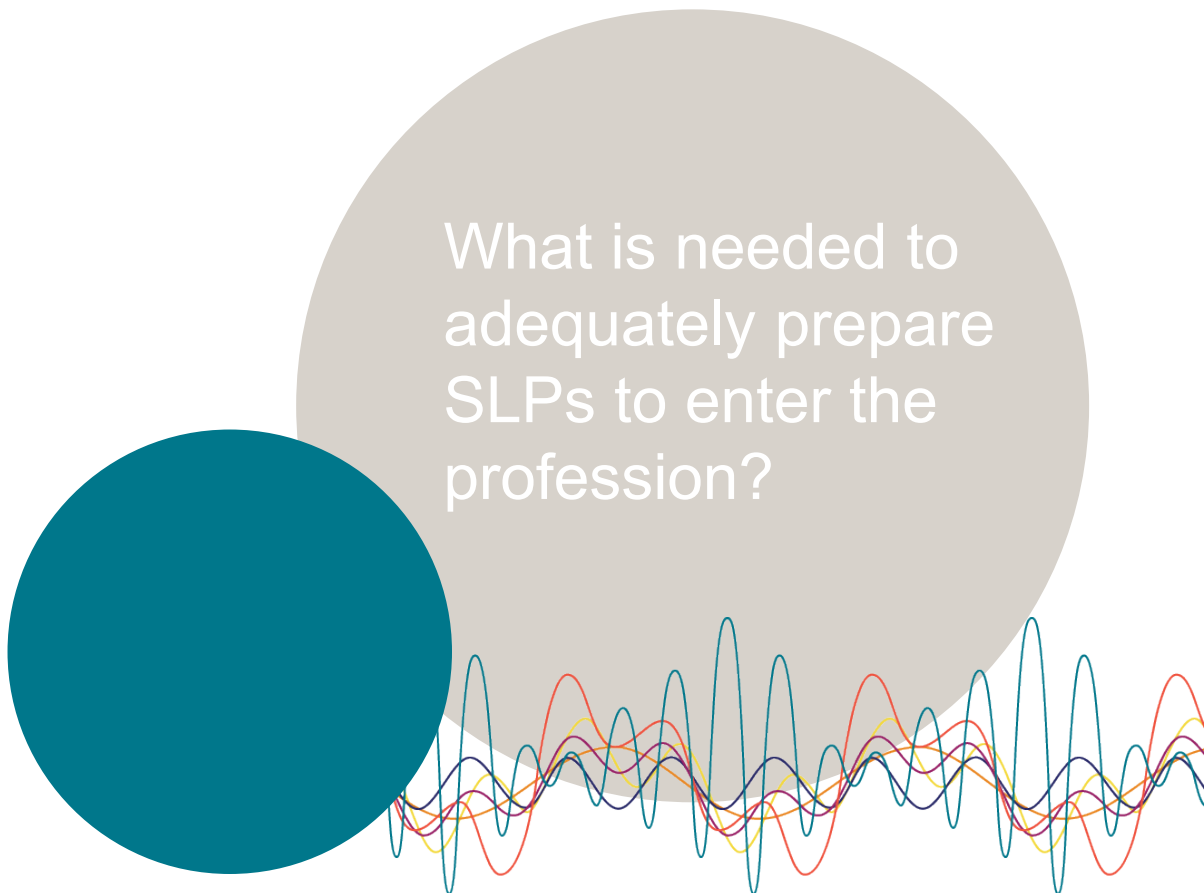- Donna Smiley, PhD, CCC-A, ASHA CSO Audiology

ASHA Co-Ex Officios

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- Margaret Rogers, PhD, CCC-SLP, ASHA CSO Science and Research

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AHC "Next Steps" CHARGE

- **Advance discussion and planning about SLP education:**
  - What data, dissemination efforts, and actions are needed to make recommendations and propose a plan?
  - What alternative models of education and changes to the current educational model should be considered?
  - How should stakeholders be engaged to obtain comprehensive input from their larger communities?

Specific Consideration 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?

What is needed to adequately prepare SLPs to enter the profession?

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This is not about the degree designator!

- The AHC 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).
  - Not on the agenda
  - Not in the charge

Previous ASHA Ad Hoc Committee: Graduate Education in SLP

AHC-GESLP

Convened in 2018 to gather data and synthesize information to address questions regarding current education model in SLP.

- *Which aspects of our current entry-level educational model are serving the profession and the public well, versus falling short, to adequately prepare SLPs across practice settings?*

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Are there changes to the current model of entry-level education that would address gaps or unmet needs?

- AHC-GESLP 2020 report informs the work of the "Next Steps" ad hoc committee

- Areas were identified regarding what is serving the profession and the public well and what is not.

https://www.asha.org/siteassets/reports/ahc-graduate-education-for-slps-final-report.pdf

Challenges with the Current Model of Entry-Level Education

- Students are <u>not consistently</u> prepared, even across the Big 9, nor sufficiently prepared to enter practice across common work settings for SLPs

- Insufficient student and faculty diversity

- Most UG majors cannot go on in the field yet clinical shortages are severe

- Scarcity of outplacements and supervisors

- Scarcity of SLPs specializing in clinical areas

Challenges with the Current Model of Entry-Level Education

- Trying to fit the full scope of practice across the lifespan into a 2-year master's program

- The current model lacks a competency-based education framework to guide preparation and self-evaluation of one's readiness for specific areas of practice

- Access to graduate education is limited due to the predominance of our "full-time residency" model

- Over-reliance on volunteers for supervision

- Unequal training across SLP programs

- Lack of sufficient faculty to teach all topic areas

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Some Reflections from **AHC-Next Step Members** When Asked "What dissatisfies you about the way things are now?"

- "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."

- "I am 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."

- "Many graduate classes provide an overview of several methodologies and viewpoints in different areas. That often results in limited knowledge of each methodology and a lack of expertise to apply in daily practice."

- "Our ever-expanding scope of practice is making graduate education and preprofessional preparation in 5-6 semesters very challenging…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?"

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Six Working Groups

1. Future of Learning, Work, & Teaching
2. Competency-Based Education
3. Alternative Education Models
4. Clinical Experiential Learning
5. Student Diversity
6. Faculty Development & Capacity

Widespread Stakeholder Engagement

- 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 a survey link.

- 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 topics will be considered, analyzed and incorporated into the final report.

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Watch the "Next Steps" webinar series live or recorded and share your input about each topic!

- **Future of Learning, Work, and Teaching** – June 7
  futureoflearning@asha.org

- **Competency-based Education** – June 14
  competencybaseded@asha.org

- **Alternative Educational Models** – June 21
  alternativeed@asha.org

- **Faculty Growth and Sufficiency** – June 28
  fdac@asha.org

- **Clinical Experiential Learning** – July 12
  experientiallearning@asha.org

- **Faculty Development** – July 19
  fdac@asha.org

- **Student Diversity** – July 26
  increasestudentdiversity@asha.org

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Clinical Experiential Learning

Melanie Alcala, Andrea Bertone, Amanda Gallagher, Shubha Kashinath, Nola Radford, Ann Tyler, Barbara Zucker

Challenges in Clinical Experiential Learning

There is large variability in how clinical hours are obtained.

The accumulation of hours does not assure that students are prepared to enter practice across the full scope of practice across the lifespan and in different practice settings.
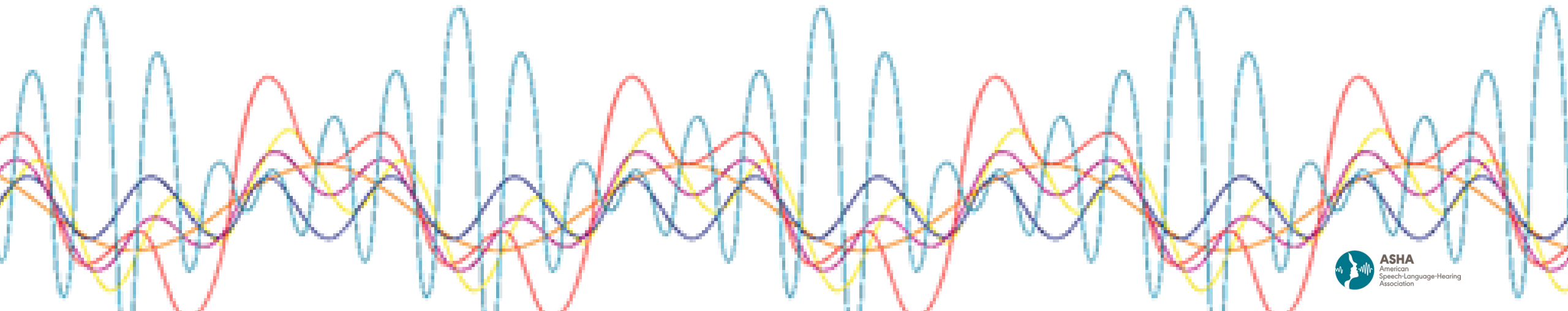
Current Clinical Education Model

- Allows 75 clinical clock hours accumulated from UG program towards the 400-hour requirement

- Relies on direct clinical clock hour accumulation
  - Average of 115 hours per student accumulated on-campus
  - Greater proportion of clock hour accumulation off-campus; average of 321 hours per student, typically in two different settings (2021 CSD Education Survey; 2020-21 Academic Year)
  - 75 hours can be obtained through clinical simulation methods

- Clinical Fellowship following completion of Master's degree

Clock Hours vs Competency

- Accumulation of hours may not be enough to insure competency

- There is a need for:
  - longer and more varied clinical experiences
  - increased focus on working towards independence and critical thinking in clinical decision making

What is needed to adequately prepare SLPs to enter the profession?

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Clinical Experiential Pathway

Need for more robust clinical experiences and competencies across populations, settings, and the lifespan with a goal of greater consistency across programs

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Expanding Scope of SLP Practice

- Professional Practice Competencies
  - Advocacy and Outreach
  - Supervision
  - Education
  - Research
  - Administration and Leadership

- Employment competencies
  - Professional responsibility
  - Communication skills
  - Problem solving
  - Cultural humility/competency
  - IPP

- Domains of Speech-Language Pathology Service Delivery across all areas (Big 9)
  - collaboration
  - counseling
  - prevention and wellness
  - screening
  - assessment
  - treatment
  - modalities, technology, and instrumentation
  - population and systems

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Lack of competency and concerns of encroachment

- Swallowing and feeding
- AAC
- Autism
- Cognitive communication impairments
- Developmental language disorders

Opportunities

- Encourage UG clinical experiences through both face-to-face and alternative modalities such as simulation
  - Implementation: Guided observation hours are obtained at the UG level or through a leveling program and satisfy specific hour requirements to represent the breadth of communicative disorders

- Increase use of alternative pedagogical methods to bridge classroom to clinical learning
  - Implementation: Use of labs, case-based and problem-based learning to strengthen critical thinking skills
  - Consider having standardized performance criteria for clinical skill/competency achievement throughout the program

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Opportunities

- Academic and clinical curricula are interdependent; therefore, both components should be considered when program modifications are developed

- Program changes should support sufficient clinical learning and competency, while maintaining a generalist degree

- Embrace lifelong learning through shared expectations for continued professional development and competency
  - Implement opportunities to recognize professional training received in the workplace
  - Provide opportunities for advanced training and specialization in the professions (e.g., clinical skills, program administration, supervision)
  - Advocacy
  - Leadership

Further Suggestion

- Recommend that programs provide a minimum of two high-quality externship experiences, beyond on-campus or initial clinical experiences, that provide students with increased independence and competency in both pediatric and adult assessment and intervention.

  - **Implementation**: Programs must determine the length of placements and coordinate these with other required clinical experiences to promote competency and use of best practices.

Challenge

There is large variability in the rigor and quality of clinical placements, in clinical educator expertise and expectations, and in some areas, an insufficient number of placements.
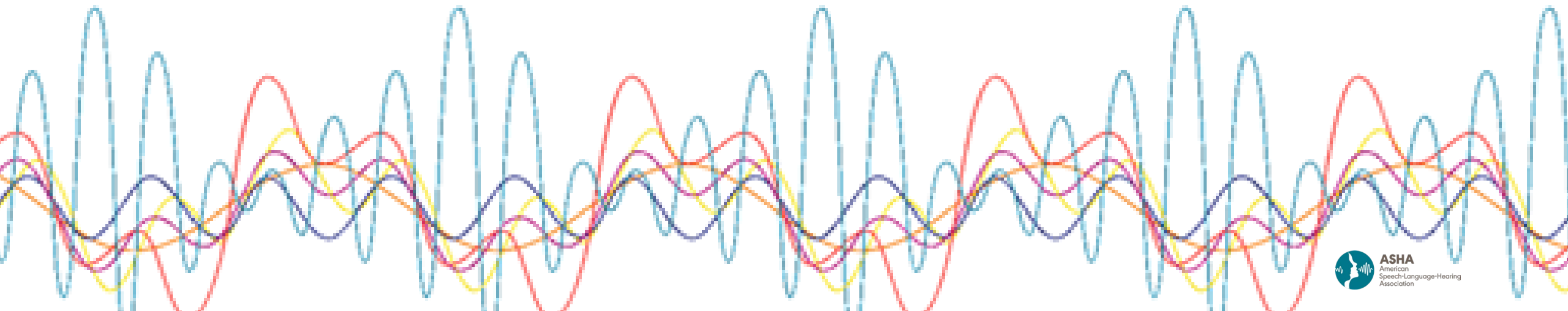
Insufficiency of Clinical Placements

- Faculty and extern coordinators in more than ¾ of master's programs expressed some or a lot of concern about finding clinical placements for experience across the full range of populations and lifespan

- Placements are a limiter on enrollment – programs are unable to increase the size of cohorts due to insufficient numbers of clinical placements

Variability of Externship Supervision

- High variability in the supervision practices of clinical educators

- Different program models and expectations for clinical educators

- Limited resources and incentives to recruit, orient, and retain clinical educators

Opportunities

- Promote consistency in the rigor and quality of clinical education that aligns with the priorities and resources available to a given college/university
    - Request ASHA to encourage all certified members to engage in continuing professional development for clinical education
    - Encourage an outreach program through ASHA to provide clinical educators with resources and recognition

- Increase number of professionals who participate in clinical education; inspire them to contribute to the profession
    - Incentivize clinical education through availability of free hours of CE units

- Establish a clinical educator mentoring program, for example, as a path in the STEP mentor program

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Opportunities

- Promote use of best practices by clinical educators in setting expectations, communicating feedback, evaluating, and teaching students to use evidence-based practice via program requirements, for example:
  - Provide a resource manual (e.g., fostering clinical reasoning, communication techniques, assessment)
  - Provide an orientation that includes use of templates and evaluation tools to facilitate consistency in on- and off-campus clinical supervision
  - Support exchange of knowledge and experiences between clinical educators and program faculty

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Opportunities

- Encourage programs to have active involvement in student externship placement, including selection and continued monitoring throughout the placement

- Create partnerships with employers to increase their investment in clinical education for graduate students
  - Create brochures for employers: Advocate for the clinical educator and describe benefits of taking graduate students:
    - School districts: Value of the Cs
    - Medical settings: How to maximize productivity
  - Incentivize employers, for example, through an annual employer award