



# Next Steps 2022 Summer Webinar Series

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

## **Volunteer Members of the AHC Next Steps**

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


# 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?

# 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?*



*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.



# Challenges with the Current Model of Entry-Level Education

- Students are **not consistently** 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

# 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?”

# Critical Needs

## More Opportunities

- Varied clinical experiences
- Critical & analytical thinking
- Oral & written communication
  - Research literacy & EBP
  - Cultural humility
  - Professionalism
  - Empathy and more...

## Increase

- SLPs
- Student & faculty diversity
- Student readiness for work, in diverse practice settings & with diverse populations
- Pathways to deepen knowledge across the full SoP

## Develop

- Competency-based Ed with pathways to learn, assess, & recognize (signal) specific competencies
- New pedagogy and curricular goals to prepare students for the future of work...

# Significant Challenges

# 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.

# 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](mailto:futureoflearning@asha.org)
- Competency-based Education – June 14  
[competencybaseded@asha.org](mailto:competencybaseded@asha.org)
- Alternative Educational Models – June 21  
[alternativeed@asha.org](mailto:alternativeed@asha.org)
- Faculty Growth and Sufficiency – June 28  
[fdac@asha.org](mailto:fdac@asha.org)
- Clinical Experiential Learning – July 12  
[experientiallearning@asha.org](mailto:experientiallearning@asha.org)
- Faculty Development – July 19  
[fdac@asha.org](mailto:fdac@asha.org)
- Student Diversity – July 26  
[increasestudentdiversity@asha.org](mailto:increasestudentdiversity@asha.org)

# COMPETENCY-BASED EDUCATION

Meher Banajee, Monica Ferguson, Kendrea Garand,  
Barbara Jacobson, Stacy Kaplan, Kimberlee Moore,  
Patti Solomon-Rice, Barbara Zucker & Lemmie McNeilly

# Competency Based Education

**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 environment.

<https://www.gettingsmart.com/2017/12/competency-based-education-definitions-and-difference-makers/>

**Competency-based learning** is an approach to education that focuses on the student’s demonstration of desired learning outcomes as central to the learning process. <https://www.teachthought.com/learning/what-is-competency-based-learning/>



# Key Features of CBE

## Competencies

- Emphasizes knowledge, skills and attitudes measured through “real” tasks
- Definable, measurable, explicit, transferable outcomes
- Multiple opportunities for success

## Assessment

- Formative and summative
- Self and supervisory

## Flexibility

- Personalized learning and progression (time independent)

# CBE Advantages

- **Ensuring entry-level competence across core areas of practice**
- **Ensuring consistent knowledge, skills, and professional behaviors in students across programs**
- **Developing appropriate self-assuredness in entry-level practitioners**
- **Preparing graduates to be adaptable and flexible in response to changes in scope of practice and practice settings**
- **Disconnection of entry-level education from the concept of clinical hours**

# CBE Challenges

- **Limited number of faculty with CBE knowledge**
- **Infrastructure variability across universities**
- **Identifying competencies specific to the big nine areas**
- **Gaining competencies across the large SLP scope of practice**
- **Managing large class sizes**

# CBE in Other Health Professions

- **Medicine**
- **Nursing**
- **Public Health**
- **Physical Therapy (PT)**
- **Occupational Therapy (OT)**
- **Pharmacy**

# Competency Frameworks

## Competency Frameworks Increase Accountability Through:

- **Identifying the standards of practice;**
- **Measuring competency;**
- **Assessing skills demonstrated by students and determining levels of competence;**
- **Requiring maintenance of clinical competence for communication and swallowing disorders in varied populations.**
- **The evaluation of competence is an ongoing process!**

# COMPASS<sup>®</sup>

- “**COMPASS<sup>®</sup>** 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.”  
[www.speechpathologyaustralia.org](http://www.speechpathologyaustralia.org)
- **Speech Pathology Australia** recently revised COMPASS and mapped it to the WHO Rehabilitation Competency Framework

2021 Researcher-Academic Town Meeting *Let's Talk About Competency-Based Education*, <https://www.asha.org/siteassets/uploadedfiles/2021-ratm-presentation.pdf>

# COMPASS<sup>®</sup>

## Professional Competency Units

- **Unit 1: Reasoning**
- **Unit 2: Communication**
- **Unit 3: Lifelong Learning**
- **Unit 4: Professionalism**
- **COMPASS is used in Australia, New Zealand, Hong Kong, and Vietnam**

# Professionalism Examples

- **4.1 Display effective organizational skills**
- **4.2 Conduct self in a professional manner**
- **4.3 Discharge administrative responsibilities effectively**
- **4.4 Possess a professional attitude/orientation**
- **4.5 Demonstrate ethical behavior**



# Conceptual Differences

## Traditional vs. CBE

- **Defined clinical hours vs variable clinical hours**
- **Prescribed assessment schedule vs fluid assessment data points**
- **Common pathway vs variable, differentiated trajectory to program completion**

# Conceptual Differences

Curricular Variable	Traditional Models	CBE Models
Primary outcome	Knowledge acquisition	Knowledge application
Center of process	Teacher	Learner
Learning relationship	Hierarchical (teacher → learner)	Non-hierarchical (teacher ↔ learner)
Responsibility for learning	Teacher	Teacher & Learner
Instruction	Standardized	Differentiated
Advancement & Pacing	Standardized and set by the nature of the term/class; students either pass or fail as determined by the end of the term/class	Individualized, allowing for multiple opportunities to demonstrate mastery
Assessment Focus	Summative	Formative
Assessment Frequency	Few	Many
Assessors	Few or one	Multiple
Time	Standardized	Flexible and designed to allow for extended learning opportunities

Adapted from: Carraccio, C., Wolfsthal, S. D., Englander, R., Ferentz, K., & Martin, C. (2002). Shifting Paradigms: From Flexner to Competencies. *Academic Medicine*, 77(5), 361–367; Das, Subhashish (2018). Competency Based Medical Education: Prospect and Pitfalls. *ACTA Scientific Medical Sciences*, 2(9), 71–75.

# The Role of Standards in Restructuring Graduate Education

- **CAA and CFCC are critical to this endeavor**
  - Structure is provided by accrediting and certifying bodies
  - Standards are developed in a peer-review process
  - **Standards are designed to assure entry-level quality and allow for flexibility in implementation**
- There is a **slow & deliberate** timeline for revising standards
- **Stakeholder Engagement**
  - Multiple AHCs w/SMEs and practice analyses (validated studies)
  - We have used this process many times in the past as accreditation and certification standards are revisited and revised

# Process of Restructuring Competency Based Education

- **Identify core competencies that are shared across the scope of practice for a newly certified clinician**
  - e.g. obtain case history, communicate assessment results to patients/families, develop plan of treatment/care, conduct assessment
- **Determine measurable benchmarks**
- **Expectation is that new clinicians demonstrate entry-level competencies**

# References / Resources

Carraccio, C., Wolfsthal, S. D., Englander, R., Ferentz, K., & Martin, C. (2002). Shifting Paradigms: From Flexner to Competencies. *Academic Medicine*, 77(5), 361–367; Das, Subhashish (2018). Competency Based Medical Education: Prospect and Pitfalls. *ACTA Scientific Medical Sciences*, 2(9), 71–75.

COMPASS – [www.speechpathologyaustralia.org](http://www.speechpathologyaustralia.org)

2021 Researcher-Academic Town Meeting Let's Talk About Competency-Based Education, <https://www.asha.org/siteassets/uploadedfiles/2021-ratm-presentation.pdf>

Thank you.  
The recording will end now  
as we move into breakout rooms.