

THE AuD EXTERNSHIP EXPERIENCE

Summary Document from the Consensus Conference on Issues and Concerns Related to the 4th Year AuD Student

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Introduction: The specific focus of this conference was on the Doctor of Audiology (AuD) Externship, that is, the dedicated clinical experience component of the AuD degree program. The conference was based on the assumption that the extern had completed an academic curriculum covering the breadth and depth of the scope of practice in audiology prior to beginning the externship. This curriculum has been described in the 1991 American Academy of Audiology Position Statement: The Professional Doctorate (AuD) (www.audiology.org/professional/positions/aud.php).

In recent years, university audiology programs have made substantial progress in developing and implementing the professional audiology degree program, the Doctor of Audiology (AuD). Today, more than 40 universities offer AuD degree programs. Many of the prerequisites for student admission and the curriculum leading to the AuD have been fairly-well standardized among university programs (Wilson, 2003). However, requirements for and components of the year of clinical experience (the externship) following completion of the academic curriculum have not been fully determined or agreed upon. Wilson (2003) noted that the 4th year clinical experience shows wide variation among universities and he, therefore, recommended more discussion, agreement, resolution, and ultimately standardization of this externship experience. The

Big Ten Consensus Statement Regarding the Future of Audiology Education (2003)

stated that specific guidelines for inclusion of externship sites, the number and adequacy of preceptors, the consistency of supervision and the need for outcome measures for formative assessment of student competencies were needed. The Rush University AuD Advisory Board (2003) called for a national conference of university faculties to reach consensus regarding the AuD clinical experience year.

Recognizing the need to take prompt action on these concerns, the American Academy of Audiology Board of Directors, in summer 2003, committed the Academy to host a consensus conference to encourage open discussion of issues and concerns related to the doctoral-level clinical audiology programs. A steering committee was appointed to develop a conference program that would be open to all interested audiologists. In addition to the Academy, the American Academy of Audiology Foundation and the Veteran's Administration provided financial support for the national conference.

On January 10 and 11, 2004, more than 115 individuals met in Reston Virginia to identify and discuss issues and concerns associated with the externship. Registration for the meeting was open to all interested persons. Attendees included audiologists from more than 35 universities with AuD, PhD, or ScD programs, audiologists in private practice, the Veterans Administration, medical centers, educational audiology, pediatric tertiary care centers, corporate and network audiologists, AuD students and representatives from numerous professional organizations. More than 40 invited and contributed papers and open forum presentations comprised the meeting. Throughout the conference, attendees were invited to comment on and discuss the issues presented. At

the conclusion of the conference, attendees were queried about the priority, importance, and personal opinions on the emerging issues.

A writing committee was appointed to summarize the issues and concerns discussed during the conference. An initial draft of this document was posted on the Academy website for review by all conference attendees who were invited to submit suggested editorial changes and comments in writing. Eighteen written responses to the initial draft were received, reviewed and incorporated into this final conference document. This document summarizes the general agreements of the participants on issues deemed important and issues that elicited a strong majority opinion by the conference attendees. The American Academy of Audiology believes this document will serve as an introductory platform for continuing discussion leading to consensus on the AuD externship experience.

The AuD educational process results in practitioners who are responsible for independent judgment in patient management with skills covering the full scope of audiology practice. The externship is a critical component in this process which commonly begins during the 3rd year of the AuD program and continues through the 4th and final year. The externship is characterized by 1) a dedicated period of clinical education following the completion of the major portion of didactic education and clinical rotations, 2) systematic support and clinical teaching and instruction provided by qualified audiologists (preceptors), and 3) progressive independence of the extern in the audiology scope of practice. The externship builds upon academic and pre-externship clinical education in patient-centered care, evidence-based contemporary practices, and critical evaluation of research literature. Participants at the Reston conference identified

the following issues as priorities for improving consistency and quality of externship experiences:

1. There is need for the creation of a uniform, unambiguous, and accurate terminology set to identify the advanced clinical experience of AuD students.

The following terminology, consistent with training in healthcare services, is recommended:

<u>Descriptor</u>	<u>Recommended Terminology</u>
Student	Extern
Licensed audiologist providing clinical education to the extern	Preceptor
Short-term clinical training outside the university	Rotation
Long-term clinical training outside the university	Externship

Terms such as “practicum,” “supervisor,” “intern,” “resident,” “fellow,” “clinical fellowship year” and “clinical experience year” should be avoided because these descriptors are associated with education in other disciplines and/or at pre-baccalaureate or post-graduate levels.

2. Definition of standards for student preparation prior to participation in an externship.

- a. Externs should have completed a majority of their academic curriculum, and have substantive experience in audiologic diagnosis and treatment with patients of all ages including behavioral and electrophysiological measures, amplification, audiologic rehabilitation, hearing screening,

hearing loss prevention, vestibular disorders, tinnitus management, cochlear implants, intraoperative monitoring, auditory processing disorders, and educational audiology.

- b. Students should demonstrate a uniform level of basic knowledge, skills, and clinical competencies verified by a comprehensive national examination prior to initiation of the externship experience.

3. Definition of standards for the preceptor and the externship site.

- a. Qualifications of the preceptor should exceed state licensure and voluntary entry-level certification. The preceptor should demonstrate competency in scope of practice and supervision of externs.
- b. An externship may consist of simultaneous or sequential rotations at multiple sites to educate the extern in contemporary clinical practices. The externship experience is intended to encompass general audiology practice.
- c. The externship site should demonstrate the capacity to provide the desired clinical education experience. The site should provide documentation of staffing, depth and breadth of clinical experiences, physical environment, compliance with applicable state and federal regulations, time for learning, complementary activities, and willingness to participate in the evaluation of student competencies.

4. Expectations of the educational institution

- a. The relationship between the university, the externship site, and the preceptor should be recognized as a collaborative partnership with specific delineation of roles and responsibilities.
- b. Written contracts and/or affiliation agreements should define the legal relationship and any mutual benefits between the university and the externship site.
- c. The university should provide designated audiology faculty to identify, contact, support, and evaluate the externship preceptor and to evaluate the externship experience.
- d. Methods and frequency of communication between the university and the externship preceptor should be defined *a priori*.
 - i. The preceptor should provide written evaluation of the extern at specified times during the externship and at the completion of the externship.
 - ii. The preceptor should have direct access to university faculty throughout the externship.
- e. The university should provide benefit to the preceptor and/or externship site commensurate with their contribution to the clinical education of externs.

5. Status of the extern.

- a. The extern is a student-in-training who receives supervision in compliance with professional, ethical, and regulatory expectations.

- b. The extern should not be licensed, neither fully nor provisionally, to practice audiology.
- c. The extern should not receive compensation as an employee from the externship. However, the extern may receive stipends, traineeships, assistantships, tuition reimbursement and/or grants commonly associated with student training.

6. Expectations of the preceptor

- a. The preceptor serves as a clinical teacher to the extern in assuring full competence in scope of practice, professional decorum, written and oral communications, and ethical conduct in professional practice.
- b. The preceptor directs the clinical education that results in the progressive independence of the extern in a supportive learning environment.
- c. The preceptor adheres to ethical and legal guidelines for reimbursement for audiology services associated with services provided by the extern.

Participants at the Reston conference recognized the importance of the externship experience to the contemporary model of audiology professional education. Under this model, institutions award an AuD degree after didactic study and extensive clinical education to post-baccalaureate students who demonstrate competency for independent judgment in patient management in the audiology scope of practice. In most instances, a significant portion of the student's education will occur at clinical facilities independent of the training institution's direct oversight. This model requires a vigorous commitment to defining common language and to achieving consensus among all the stakeholders

(university faculties, externship sites and preceptors, students, and professional organizations) regarding the quality and consistency of the externship experience.

7. Recommendations.

Four recommendations were developed by the writing committee, following the Reston conference, based on presentations, open forum discussions and written feedback from conference participants:

- a. Recommendation: There is a need to develop a national instrument to assess basic knowledge, skills, and clinical competencies of students prior to initiation of the externship.
- b. Recommendation: There is a need to develop mechanisms to qualify preceptors and to improve the skills of preceptors in educating externs.
- c. Recommendation: There is a need to develop a uniform mechanism for qualifying the externship experiences available at individual externship sites.
- d. Recommendation: A rigorous accreditation system is essential to achieve the vision of the clinical doctorate education model.

Future Directions: *Although the focus of this conference was the implementation of the AuD externship experience, academic preparation of the student prior to the externship is of paramount importance in providing the foundation for the clinical education experience. Further discussions among academic faculty, externship preceptors, and students should continue to ensure that the academic curriculum has prepared the extern for advanced clinical*

education. Ideally, the academic curriculum prior to the externship experience will be discussed in future forums to identify mutually agreed upon guiding principles.

REFERENCES

Multiple Authors. Training the Fourth Year AuD Student. *Audiology Today*, 15:5, 39-40, 2003.

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