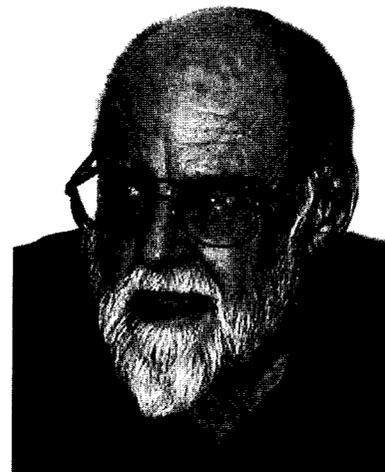


# Editorial

## Professionalism and the AuD



Proponents of the AuD movement have consistently argued that one of the important consequences will be to upgrade audiology to the level of a genuinely independent health care profession. One important goal, they aver, is to lessen dependence on support from outside the profession. One of the desirable characteristics of a genuinely independent profession is a financial underpinning based on the private practice of audiology. Only with such a financial base firmly in place, it is argued, can audiology free itself from dependence on other professions as employment sources and dependence on external funding from university research and teaching programs.

It will surely be some years before we can assess the extent to which this goal has actually been achieved, but there are encouraging signs that change is in the air. In this issue of *JAAA*, Lucas Doyle, of the University of Louisville, and Barry Freeman of Nova Southeastern University, report the results of a survey of 76 AuD students and 56 master's degree students presently enrolled in a total of 13 programs across the country. Students were asked to compare the study of audiology with study in other professions, how they think the public perceives various professions, what the most important influence was on entering the profession, what things they most liked about being

an audiologist, specialty preference and practice setting, view of audiology as a primary or secondary source of income, thoughts on the current and future autonomy of the profession, and feelings about a career in audiology.

On a number of the questions, there was little difference between AuD and master's degree students, but on one item there was a striking difference. In response to the question, "In which setting do you ultimately plan to practice the profession of audiology?" 61 percent of AuD students chose "own audiology practice," in contrast to only 21 percent of master's students. Conversely, 18 percent of master's students chose "ENT physician's office," but only 1 percent of AuD students indicated this choice. Whether these preferences arise from within the students or are driven by the philosophies of their instructors can be debated. But the end result should be the same: a greater degree of professional autonomy (and its associated risk) and less dependence on other professions as employment sources. We are, in this current crop of AuD students, already beginning to see the first halting steps toward the maturation of audiology as a truly independent health care profession.

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