

CLINICAL EDUCATION GUIDELINES FOR AUDIOLOGY EXTERNSHIPS

PURPOSE AND SCOPE

The entry-level degree for the profession of audiology is transitioning from a master's to a doctorate (Doctor of Audiology [AuD]) degree. The academic and professional training for the audiology doctorate must fully prepare the student for independent professional practice upon graduation. Audiology doctoral programs combine classroom and clinical training to culminate in a clinical externship experience. It is the position of the American Academy of Audiology (2004a) that the academic preparation of audiologists is best provided by a four-year program, of which the fourth year is a 12-month externship experience.

The concept of including extensive clinical and academic training within the degree program is a hallmark of professional doctorates including the AuD. However, this is a significant departure from the master's degree model for audiologists. In the master's model, upon completion of an MA/MS degree program, individuals were required to complete a subsequent fellowship year before becoming eligible for audiology licensure. The AuD model qualifies graduates for licensure after completion of all degree requirements, including the externship experience.

This document will define and outline the competencies of the preceptor, and the roles and responsibilities of both the preceptor and the university for the externship year.

STATEMENT OF BELIEFS

There are two broad goals of professional audiology doctoral programs. The first is to ensure that the AuD graduate has the knowledge and skills necessary for professional practice. The second is the ability to evaluate and integrate scientific research into clinical practice. The AuD is distinguished from the academic doctorate (PhD) by its focus on clinical proficiency (American Academy of Audiology, 1991). To achieve clinical proficiency, AuD students complete an externship experience of sufficient breadth and depth with the guidance of an experienced practitioner. The 4th year extern is not an expert and independent practitioner of audiology but a student finishing training. The student's preceptor and the university must work together through the externship experience to

complete the student's transition from a novice clinician to an independent, self-evaluating practitioner.

BACKGROUND

The American Academy of Audiology (AAA) Task Force on Supervision in Audiology conducted a membership survey in the fall of 2002. There were 969 respondents. The survey data were interpreted by the task force members, and information from the survey was presented to the membership at the AAA Convention 2003. The survey, its presentation, and the resulting feedback from members were instrumental in shaping and developing this position statement. Additionally, the move toward an independent accreditation body for audiology and the document that resulted from the January 2004 Consensus Conference on Issues and Concerns Related to the 4th Year AuD Student provided further impetus for this position statement (American Academy of Audiology, 2004b).

ROLES AND RESPONSIBILITIES OF THE PRECEPTOR

The clinical education of the AuD candidate must take place within an integrated supervisory model (Rich, 1993). Ideally this model should address the extern's growth toward autonomy and development of learning skills, as well as promote an understanding of professional and ethical values of the profession.

The preceptor's role is threefold:

1. To provide the highest quality of service to the patient.
2. To educate the student and provide feedback on the student's diagnostic, treatment, and interpersonal skills.
3. To maintain open communication with the student and the university.

More specifically, the preceptor's responsibilities should include, but not be limited to the following:

- Promoting and facilitating clinical skill building
- Modeling best audiology clinical practices using an evidence-based approach
- Facilitating the personal and professional growth of the extern
- Ensuring that the ethical and legal practices of the

- profession are upheld
- Assisting in the understanding of the necessity of lifelong learning
 - Encouraging an active, continuing pursuit of professional and clinical knowledge through the review of relevant audiologic research and other literature in audiology and related fields
 - Assuring that the needs of the patients and their families are held in highest regard
 - Promoting necessary administrative skills, including effective record keeping, report writing, and knowledge of reimbursement issues
 - Effectively facilitating appropriate clinical goal setting
 - Completing formative and summative evaluations
 - Encouraging self-assessment
 - Maintaining a balance in the triadic system of patient, preceptor and extern
 - Providing timely feedback to the student and to the university
 - Encouraging independent clinical practice

PRECEPTOR COMPETENCIES

During the final transition to doctoral practice, it is understood that AuD externs may have master's level practitioners as their preceptors. Therefore, it is the position of the task force that AuD students may be supervised by a licensed audiologist with a minimum of three years of clinical experience and credentials that meet the standards of the individual university program. There is a need for ongoing preceptor education and training even for those practitioners with many years of clinical experience. Specifically, this task force strongly recommends continuing education in effective supervision on a regular basis.

This task force recognizes that other licensed professionals (e.g., EEG technicians, physical therapists) may be needed to train externs in highly specialized audiologic procedures such as intraoperative monitoring or vestibular rehabilitation. Although universities must accept other professionals' experience and credentials as proof of competency in their area of expertise, it is the university's role to assess the supervisory ability of these professionals and to assure that their practice principals are in agreement with the scope of practice of the American Academy of Audiology.

ROLES AND RESPONSIBILITIES OF THE UNIVERSITY

The university has a significant role and many responsibilities in developing and maintaining collaborative relationships with externship preceptors who may or may not be employed by the university. Ongoing communication among the preceptor, the student, and the university will be required in order to maintain an effective, collaborative relationship. Contact may include, but is not limited to, oral and written communications, e-mail correspondence, online chats, and site visits.

The university is expected to provide an affiliation agreement outlining the roles and responsibilities of the extern, the preceptor, and the externship site. Affiliation agreements between the university and the preceptor should include, at a minimum, the following:

- A description of the responsibilities of the university, the student, and the preceptor
- A clarification of the preceptor-extern-university relationship
- A time-line for and description of the methods for formative and summative evaluations
- Other requirements at the externship site (e.g., infection control procedures, HIPAA compliance, physical examinations, etc.)
- Proof of professional liability insurance for the extern and preceptor
- Credentials of professionals involved in the clinical education of the extern

Ideally, the university should arrange for on-site visits during the student's placement. If a site visit is not possible, the university must develop a plan to monitor the externship that may include, but not be limited to, a telephone conference call, a chat session, and an interactive video teleconference. It is recommended that the university contact the preceptor and the student, by phone or e-mail, at regular, agreed-upon intervals during the tenure of the student's placement. The purpose of these contacts is to insure open and ongoing communication among the student, the preceptor, and the university. There must be clearly stated written expectations agreed upon by both the university and the preceptor. This is best accomplished before the student begins training at the external site. It is important that the university and the preceptor coordinate a team

approach in the clinical education of the AuD extern to maximize the experience for all concerned.

The university should provide guidance to externship preceptors, particularly in areas such as assessment of clinical skills, grading procedures, and best practices in clinical supervision.

In exchange for site supervision services, universities may provide preceptors the following: stipends, continuing education opportunities, courses for credit, and reimbursement of credentialing or licensure fees. Decisions regarding benefits and compensation of preceptors must be agreed upon in advance and should be provided in writing to the preceptor. Compensation and benefits for supervision must not impact a student's successful completion of the clinical placement.

CLOSING STATEMENTS

This position statement serves to provide guidelines for the development of effective, high-quality clinical education partnerships between preceptors and universities in the clinical training of audiology externs. The evolution of the AuD training model requires that

preceptors be competent and their facilities dedicated to the preparation of entry-level practitioners who are equipped to meet the challenges of the future in the profession of audiology. 

REFERENCES

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