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The Importance of the Off-Campus Clinical Preceptors

Presented in partnership with Salus University

Jonette B. Owen, AuD, FNAP
Victor Bray, MSC, PhD, FNAP

Introductions

Jonette B. Owen, Au.D.

- Assistant Dean for Assessment and Practice of Audiologic Medicine SU OCA
- CH-AP Content Expert: American Board of Audiology
- Working Group on Standardization of the Externship Process Member: ASHA
- Guidelines and Strategic Documents Committee Member: American Academy of Audiology
Introductions

Victor Bray, MSC, PhD, FNAP

- Salus University Osborne College of Audiology
  - Associate Professor 2009 – 2018
  - Osborne College Dean 2009 – 2016
  - Interim Director PA Ear Institute 2013 – 2016
- National Academies of Practice – Treasurer/Secretary
- The Audiology Project – Board of Directors

Learning Objectives

- Describe the current preceptor gap and the growing graduation gap.
- Explain how to self-assess their readiness to be a preceptor.
- Identify current preceptor requirements and discuss areas of audiology currently needing representation in the audiology site data base.
Your Current Role

A. Preceptor  
B. Considering being a Preceptor  
C. University Faculty  
D. Superhero

AGENDA

- Partnership in Audiology Curriculum  
- Preceptors Importance  
- Definitions  
- Clinical Environments  
- Role(s) of the Preceptor  
- Preceptor/Student Relationship  
- Fact or Myth???
CSD Education Survey

- Joint publication of CAPCSD and ASHA
- 70 of 75 (93%) of AuD degree programs reporting in AY 2016 – 2017

https://www.asha.org/Academic/HES/CSD-Education-Survey-Data-Reports/

What is our AuD Degree Training Capacity?

- **AuD Student Capacity**
  - Median = 12
  - Mean = 12.5
  - $12.5 \times 75 \approx 937$
- **Range in Class Size**
  - Minimum = 5
  - Maximum = 32
- **Long-term Trend**
  - Flat 12 → 12

861 AuD Student Slots (AY 2016 - 2017)

From CSD Education Survey AY 2016 - 2017
What is our AuD Degree Training Utilization?

- **AuD Student Enrollment**
  - Three year trend: 94%
  - 92.6% x 937 ≈ 867

- **Range in Enrollment**
  - Minimum: 82%
  - Maximum: 98%
  - Current: 93%

- **Long-term Trend**
  - Growth of 1% per year

<table>
<thead>
<tr>
<th>Year</th>
<th>Enrollment</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016-2017</td>
<td>797 students</td>
</tr>
</tbody>
</table>

From CSD Education Survey AY 2016 - 2017

What is our AuD Degree Training Pipeline?

- **Total Enrollment**
  - Three year mean: ≈ 2,938
  - 3,005 ÷ 75 ≈ 40 program

- **Range in Enrollment**
  - Minimum: 2,480
  - Maximum: 3,005

- **Long-term Trend**
  - Growth of 3% per year

<table>
<thead>
<tr>
<th>Year</th>
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<td>2016-2017</td>
<td>3,005 students</td>
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From CSD Education Survey AY 2016 - 2017
What is our AuD Degree Graduation?

- Total Graduates
  - Three year mean ≈ 704
  - \(738 \div 75 \approx 10\) program
- Range in Graduates
  - Minimum = 502
  - Maximum = 738
- Long-term Trend
  - Growth of 6% per year

738 Student Enrollments (AY 2016 - 2017)

Summary on AuD Programs

- Average AuD program/year
  - Capacity is 12 new students
- Average AuD program/year
  - Enrollment is 11 new students
- Average AuD program/year
  - Graduation is 10 students

From CSD Education Survey AY 2016 - 2017
What About Clinical Practicum?
312 clinical hours on campus (15% of total)

<table>
<thead>
<tr>
<th>Area of Study and Degree Type</th>
<th>Existing Programs</th>
<th>Programs Responding</th>
<th>Average Number of Graduate Practicum Hours Obtained on Campus Sites</th>
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<tbody>
<tr>
<td>Audiology</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinical Doctorate: Entry-Level</td>
<td>75</td>
<td>63</td>
<td>312.5</td>
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<tr>
<td>Speech-Language Pathology</td>
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<td></td>
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<tr>
<td>Master's</td>
<td>273</td>
<td>236</td>
<td>136.2</td>
</tr>
</tbody>
</table>

From CSD Education Survey AY 2016 - 2017

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What About Clinical Practicum?
1,832 clinical hours off campus (85% of total)

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<td>273</td>
<td>236</td>
<td>381.3</td>
</tr>
</tbody>
</table>

From CSD Education Survey AY 2016 - 2017
Off-Campus Practicum Demand

- AuD Off-Campus Preceptor Demand
  - 738 AuD students graduated x 1,831 hours
  - 1,351,278 clock hours required for Class of 2017

- Audiology Off-Campus Preceptor Capability
  - BLS: 14,800 audiologists
  - AAA: 67% of members are staff audiologists, managers, or supervisors (e.g. the preceptor pool)
  - Resource = 9,916 clinical audiologists as possible preceptors

136 preceptor hours needed from every clinical audiologist for one AuD graduation class!

Benchmarks and Working Estimates

**CSD Benchmarks (2016-2017)**

- 75 AuD programs
  - Program size of 40
  - Class size of 10
  - Graduation of 10

- 2,143 clinical hours
  - 312.3 + 1,831.5
  - 15% on campus
  - 85% off-campus

**Our Working Estimates**

- 3,000 students in the current pipeline
- 2,200 clinical hours per student
- 6,600,000 clinical training hours for AuD programs
- 5,610,000 off-campus hours for AuD programs

1.4 million off-campus clinical hours required yearly!
Question # 1
What % of Au.D. clinical education takes place at off-campus clinical sites?

A. 45%
B. 50%
C. 65%
D. 70%
E. 85%

How many clinical hours are conducted off-campus nationally for an average cohort of Au.D. students?

A. 350 thousand
B. 500 thousand
C. 1 million
D. 1.4 million
E. 3.4 million

Au.D. Education

Didactic
- Classroom activity
  - Lecture
  - Audio/Visual recording

Clinical
- Labs
  - Test Procedures
  - Hearing Instruments
  - Counseling
- Clinical Rotations
  - Direct patient care
Practicum Rotations

Clerkship
- First 3 yrs. of 4 yr. program
- Length consistent with academic term
- Site changes each term
- Variety of clinical environments

Externship
- Last or 4th year of program
- Length 10-12 months
- One or multiple locations
- Specialty area or general practice

Types of Rotations
- Hospital
- IONM
- Pediatric
- Medical
- Educational
- Entertainment
- Private Practice
- Industrial
A person with the official task of overseeing the work of a person or group.
Preceptor
- Role Model
- Educator
- Observer
- Evaluator

Mentor
- Encouragement
- Support
- Guides Professionals
- Not Supervisor to Mentee
Preceptor

- Role Model
- Educator
- Observer
- Evaluator

Is Everyone a Natural Preceptor?
Characteristics of an Effective Preceptor

- Allows hands-on experience.
- Welcomes students is prepared and ready to precept.
- Remembers what it is like to be a student.
- Is patient, supportive and encouraging.
- Is knowledgeable, confident and enthusiastic about continuing their own learning.

Characteristics of an Effective Preceptor

- Is energetic and enthusiastic about audiology as a career.
- Models good organization & time management.
- Has high expectation of the Au.D. student.
- Has integrity and respect for all people and demonstrates professional ethics.
The Purpose of Clinical Precepting

“Teaching students to become audiologists.”

- To ensure the adequate provision of service(s) from student to patient.
- To help students function to fullest capacity.
- To help students ultimately achieve professional autonomy.
- Sustain the profession.

Precepting Courses

- Audiology Online: 5 CE courses
- University of Western Ontario: multiple
- American Board of Audiology: 1 CE course
- Council of Academic Programs in Communication Sciences and Disorders (CAPCSD) 2 CE courses
Ready

- License
- Moral Character
- Patients

Set

- Stability
- 3 years experience (post degree)

Go

Role as Preceptor

- Teach Variations on the Fundamentals
- Practical Application of Business Skills
- Communication Skills
- Compassion
- Critical-thinking Skills
- Patience
- Problem-solving Skills
Group Effort: Students Learn from You & Your Staff

Provider-Patient Relationships

- Medical Knowledge
- Procedures
- Acute Problems
- Chronic Problems
- When to Refer

Practice Management

- Working with the Clinical Staff and Schedule
- Working with Insurance Companies
- Working with and within the Community

The Preceptor/Student Relationship

Changes based on a continuum:

- In the beginning, students are provided with high levels of:
  - Encouragement
  - Support
  - Feedback
  - Structure
- With the advanced student:
  - Monitoring
  - Maintaining
Nurturing Student Growth

- Observation
- Gradually Incorporate
- Become the Observer

Financial concerns may lead a preceptor to restrict tasks.
- “If I can’t bill for it, you can’t do it.”
- Restricting the student to observer status & only provide services to hearing aid patients is not an appropriate well rounded educational experience.

This would not lead to automaticity, the goal of 4 years of supervised practice.
Appropriate Tasking

Best Care Training Medicare

Making Ethical Decisions

• Consider:
  • Relevant legal and ethical standards
  • Patient welfare
  • Student welfare
  • Preceptor welfare
  • Program, practice, clinic, or hospital needs
State Licensure Dictates

- Legal issues for student supervision:
  - “student” throughout the 4th year.
  - State licensure and insurance can regulate what students can and can not do.

Terminology

- **Clerkship**: short clinical rotations typically consistent with the length of academic term in beginning years of Au.D. program, conducted on-campus or at community based sites under preceptor guidance.

- **Externship**: longer rotation usually ending the Au.D. degree program, community based under preceptor guidance.
**Terminology**

- **Residency/Residency**: one who is engaged in a 3-7 year specialty program “after” graduation.
- **Interns**: considered to be doctors in their first year of residency.
- **Board Certification**: reserved for a doctor who has successfully completed a national recognized specialty examination after finishing a residency program.
- **Fellow**: doctors in subspecialty programs beyond the requirement for eligibility for board certification in the specialty.

**Representation of Student Status and Credentials**

- At times students have used the term "Au.D. candidate," which the Ethical Practice Board and Board of Directors feel is inappropriate.
- Attempts to restrict the use to those who have completed the majority of the degree requirements would likely result in disparity of the qualifications among those allowed by their university to use the term.
Evaluation of Skills Leads to Appropriate Tasking

- Don’t assume.
- Assign cases that permit independent function with minimal supervision for developed skills.
- Co-assess/treat cases where student needs further development and supervision.

Building Student Confidence

- Schedule 4th year students with some overlap in your schedules.
- Delegate some cases for the student to do relatively independently.
- Ensure that the student has monitoring for the skills that are still developing.
Building Student Confidence

- Code Words.
- Student attempts.
- Preceptor gives direct instruction when needed.
- If instruction fails, model, return care to student, verbally coaching initially.

Student Evaluation

- Objectivity
  - Not biased – cultural and gender issues
- Honesty – avoid grade inflation
- Signed release from student
- Don’t give a recommendation or talk about a student to another (faculty member) without permission
- Provide feedback as soon as possible
Pitfalls: When Assessing Student Performance

- Halo Effect
- Central Tendency
- Similar-to-Me Effect
- Judgmental Bias
- Leniency/Strictness Error

Avoid Pitfalls by:

- Setting expectations
- Rate independently
- Consider specific data
- Use full performance rating levels
- Separate oneself from the evaluation
- Conduct in-house reliability training
Question # 2

- When is the best time to discuss the patient encounter with a student?
  A. Immediately following the encounter
  B. At the end of the day
  C. At the midterm evaluation meeting
  D. During the evaluation at the end of the rotation

What is FERPA?


- Privacy of Student Educational Records.
- Gives Parents Rights to Educational Records until Child is 18.
- Rights Transfer to Student when 18 or attends an Institution of Higher Learning.
- Generally the University may not Disclose Personal Identifiable Information from the Student Clinician's Educational Records without the Student's Written Consent.
- Check with Registrar at the individual educational institute to be sure of those determined to have “right to know.”
Student Confidentiality Issues

Discussion of student progress between preceptors/faculty

- Analogous to seeking colleague’s opinion on treatment options for a patient
- Beneficence
- Discussions restricted to student performance
- Discussion must be confidential – not overheard

Ethical Behavior in Preceptor/Student Relationship

Preceptor Must:

- Model ethical behavior in the practice of audiology
- Preceptors must hold themselves to the highest standards
- Model ethical behavior in relations with student
- Nourishing learning environment
- Feedback given in tactful, private manner
The Preceptor/Student Relationship

- Complex
- Different for every student
- Changes as a student progresses
- Knowledge and power differentials
- Intellectual and sometimes emotionally supportive
- Extends over time

The Preceptor/Student Relationship

- Influenced by:
  - **Static factors** – cannot be changed, but can exert prominent influence
  - **Dynamic factors** – exist at certain stages of the relationship or always present, in varying degrees or forms
The Preceptor/Student Relationship

- Conflict
  - Nature and magnitude is bound to change across the continuum of the relationship, if it exists at all
- Role Ambiguity vs. Role Conflict
  - Uncertainty about preceptor expectations and methods of evaluation
  - Expectations associated with contrast in roles between student and counselor/colleague

- True or False
Demystification

- CCC-A or non-CCC-A?
- Have to hold AuD?
- Am I too busy?
- Will ENT agree to student participation?
- Will student slow me down?
- Student stipend?
- What do I have to offer?
- Medicare and Medicaid restrictions

Demystification

Credentialing

- CCC-A  \textit{NO}
- M.A./M.S.  \textit{YES}
- Au.D.  \textit{YES}
- Ph.D.  \textit{YES}
ASHA Fact: Student Supervision:

“Applicants for certification must complete a program of study that includes academic course work and a minimum of 1,820 hours of supervised clinical practicum sufficient in depth and breadth to achieve the knowledge and skills outcomes stipulated in Standard IV. The supervision must be provided by individuals who hold the ASHA Certificate of Clinical Competence (CCC) in Audiology.”

AAA Fact: Student Supervision:

- Appropriate licensed
- Meet university credentials requirements for precepting
Potential Challenges Facing the Preceptors

- Cost
- Adequate staffing
- Insurance Liability
- Affiliation Agreement
- Commitment
- Difficult Student

Table 9. Reasons for Not Supervising Externship Students

<table>
<thead>
<tr>
<th>Reason</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>I was not asked to supervise.</td>
<td>65.9</td>
</tr>
<tr>
<td>I’m too busy.</td>
<td>29.6</td>
</tr>
<tr>
<td>There is no pay for supervision.</td>
<td>11.8</td>
</tr>
<tr>
<td>There are too many administrative requirements.</td>
<td>11.3</td>
</tr>
<tr>
<td>I do not have training in supervision.</td>
<td>10.5</td>
</tr>
<tr>
<td>Students cannot bill Medicare.</td>
<td>10.3</td>
</tr>
<tr>
<td>There are concerns about liability.</td>
<td>9.8</td>
</tr>
<tr>
<td>My employer discourages it.</td>
<td>8.3</td>
</tr>
<tr>
<td>My schedule does not match the university’s.</td>
<td>5.5</td>
</tr>
<tr>
<td>Students are concerned about my location.</td>
<td>4.3</td>
</tr>
<tr>
<td>I’m reluctant to train my competition.</td>
<td>4.0</td>
</tr>
<tr>
<td>Students are not adequately prepared before they enter their externships.</td>
<td>2.5</td>
</tr>
</tbody>
</table>

n = 405

ASHA 2016 Audiology Survey: Private Practice
ASHA Fact: Clinical Educator Compensation

- “ASHA does not have a policy on payment of externship clinical educators.”
- “Clinical educators who are members of ASHA are expected to abide by the Code of Ethics (ASHA, 2010r) and have the unique opportunity to reinforce and model the importance of the Code of Ethics to their student clinicians.”

AAA Fact: Clinical Preceptor Compensation

- Payment for providing supervision was considered unacceptable in the Code of Ethics, this was rescinded in 2003.
- Challenges:
  - Site may have policies that prohibit payment to their employees or does such payment go to the organization.
  - Motives for becoming a preceptor may be clouded
  - Direct payment from a student is prohibited. (Rule 4c)
Demystification
ENT Rejection

- Internship
- Residency
- Fellow

*They Trust You!*

Demystification
Logistics

- Student Benefits
  - Balance
  - Schedule overlap
  - Relative independence
- Stipend (optional)
ASHA Fact: Stipend

- “There is no official ASHA policy regarding payment of students for clinical practicum. However, because it is acceptable to charge for supervised services provided by students, it follows that it is acceptable to pay students in practicum settings.

ASHA, 2013e – Ethical Issues Related to Clinical Services

Medicare Coverage

- Medicare will pay for services provided by an audiology student provided 100% “line of site” personal supervision of a licensed audiologist for the entire length of the patient encounter is established.

Medicaid Coverage

- Not as clear on regulations. Medicaid is regulated at the state level and as such can have different rules in different states. Check with the state Medicaid office to be certain.
Question #3

- Do you need your CCC-A to be a preceptor?
  A. Yes
  B. No

Questions?

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vbray@salus.edu