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The Triad of Audiology
Clinical Education,
Presented in Partnership with Salus University

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 Audiolologic 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

- Identify what students want from off-campus site clinical experience and from their preceptors.
- List methods of delivering feedback to students and addressing perceived unique situations.
- Identify the support documentation that should be provided by the educational program.
Agenda

- Benefits of Precepting
- What Students Want
- Feedback
- Communication/Listening
- Today/Tomorrow/Future
- Vetting of Sites
- Paperwork
- Verifying Student Preparedness

Benefits of Precepting

- Staying current
- Fresh ideas
- Reinvigorate the routine

- Share the excitement of the “first’s”
Benefit to Public

- Growth Strategy
- Exit Strategy

Not All Students are Created Equal

- Generational differences
- Regional differences
- English is 2nd language
- Students with disabilities (ADA)
What Do Students Want?

- New perspective
- New techniques
- Real life situations
- Technology
- Business aspect

You Have What Students Want!

Definition of Feedback

- The return of information about the result of a process or activity; The return of a portion of the output of a process or system to the input. (Webster’s dictionary, 1990)

- The process by which the preceptor provides information to the student about their performance so that the student may improve their performance.
What is Feedback

- “An informed (data-based), nonevaluative, objective appraisal of the student clinician’s performance intended to improve his or her clinical skills.”
  
  Ende, 1983

Why is Feedback Important?

- Makes a difference in achievement
- Alleviates misunderstanding
- Reinforces learning
- Improves success rate

- BUT, it must be *timely, constructive and specific*
Types of Feedback

- Objective data
- Narratives
- Rating scales

Delivery of Feedback

**Giving**
- Timing
- Frequency
- Tone
- Form
- Specificity

**Receiving**
- Receptiveness
- Learning situation
- Personality
- Timing
Effective Feedback Criteria

Pfeiffer & Jones (1972):
- Descriptive
- Specific
- Responsive
- Oriented to modifiable behavior
- Solicited
- Timely
- Validated

Kurpius & Christie (1978):
- Descriptive, not evaluative
- Describe specific behaviors
- Consider appropriateness
- Determine usefulness
- Assess if feedback is desired
- Determine receiver readiness
- Seek clarification
- Ensure accuracy...objective and competency-based

Effective Verbal Feedback Strategies

Avoid behaviors that are:
- Attacking
- Disrespectful
- Impulsive
- Selfish
- Indirect
- Vague

Promote behaviors that are:
- Supportive
- Considerate
- Descriptive
- Specific
- Thoughtful
- Helpful
Effective Verbal Feedback Strategies

- Give positive and then negative feedback
- Stress solutions rather than problems
- Highlight strengths
- Show sensitivity
- Avoid judgements
- Invite student to discuss feedback and share perceptions

Inherent Hierarchical Structure

**Pros**
- Experienced provider guiding more novice person

**Cons**
- Can lead to talking down to persons in positions lower than their own
- Peer to peer conflict
Good Communication – A Must

- Excellent patient care is reliant on good communication among
  - Providers
  - Student and Preceptor
  - Patient
  - Significant Others

Difficult Situations

- Speak directly to the person involved first
- Speak as soon as possible
- Don’t continue disagreement in front of patient
- Try to resolve the situation on your own first
  - If no, resolve call in the next level of authority
Harassment??

- Offensive to:
  - Gender
  - Race
  - Religion
  - Sexual orientation

- Document:
  - When
  - What happened
  - Where

Notify Senior Personnel

Reaction(s) to Feedback

- Generally related to two factors:
  - Individuals comparison of their actual performance with their own goals/standards
  - Individuals actual ability to achieve and/or perform
- Positive feedback vs. negative feedback
- Self-esteem

(Dowling, 2001)
Reaction(s) to Feedback: Two Forms

Closed Style:
- Defensive
- Denial
- Inactive listening
- Rationalizing
- Patronizing
- Superficial

Open Style:
- Responsive
- Accepting
- Engaged
- Thoughtful
- Interested
- Sincere

Feedback via Direct Observation
- Written narrative
- Rating scale
  - Valuative checklist
- Competency-based assessment
Feedback via Direct Observation

- Written narrative: usually referred to as “field notes” by Anderson (1998)
  - A sequential account of behaviors or a selected verbatim of an observed session
  - Generally isolated behaviors are recorded with related impressions

Feedback via Direct Observation

- Rating Scales:
  - Vary in number of items and continuum used for scoring
  - Student receives similar and timely feedback after each session
  - Written comments, in addition to a number rating, are helpful in clarifying meaning.
Alternative Feedback Techniques

- “Bug-in-the-ear”
- Tape recording
- Videotape
- Written journals of self-reflection

Communication

- Supervisor and supervisee
  - Share feedback
    - Perceptions
    - Expectations
  - Share problem solving skills
  - Share the floor
  - Timing
Listening

- Patient, Student, Friend – Do we really listen?
- Verbal and non-verbal communication
- Two way street

Four Essential Factors in Effective Listening

- Concentration
- Active Participation
- Comprehension
- Objectivity

Barbara, D.A. The Art Of Listening
Answering

- Important in problem solving
- Redirecting the supervisee
- Keep the dialogue going
- Silence

Summary:

- The feedback offered in a conference is often a key factor in how the supervisor is viewed by the supervisee.
- Method chosen should encourage growth.
- Conference should be scheduled and timely.
Questioning

- May be key factor in student moving along in the continuum
- Stimulate thinking
  - Obtain feedback
  - Get data
  - Promote problem solving
  - Evaluate student’s preparation for session
  - Determine strengths and weaknesses
  - Summarize or review, recall, understand, synthesize and focus

(Carin & Sund, 1971; Cunningham, 1971; Davis, 1981; Whiteside, 1981)

Schedule Time

- Most commonly used structure for communicating feedback
- Builds trust and interpersonal relationships
- Number of conferences necessary
- Productive
Do’s and Don’ts

Pitfalls to Avoid
- Halo effect
- Central tendency
- Similar-to-me effect
- Judgmental bias
- Leniency(strictness error

Game Plan to Follow
- Clear plans
- Objective goals
- Expectations
- Independent evaluation
- Examples
- Use full range of performance rating available
- Separate self from evaluation
- Consistency amongst preceptors

Summary
- Feedback is essential to and promotes student growth.
- Feedback assists the student in self-evaluation.
- Feedback encourages problem-solving and critical thinking.
- These are only achieved when feedback is delivered in a specific, timely, supportive, and encouraging model.
Question #4

Which of the following organizations offer a Preceptor Training Course?

A. Audiology Online
B. University of Western Ontario
C. American Board of Audiology
D. Council on Academic Programs in Communication Sciences and Disorders (CAPCSD)
E. All of the Above

Audiology: Yesterday & Today

<table>
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<tr>
<th>Year</th>
<th>Audiology Employment (BLS)</th>
<th>Audiology Mean Annual Wage (BLS)</th>
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<tr>
<td>2017</td>
<td>11,000 $80,000</td>
<td>12,000 $80,000</td>
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<td>2016</td>
<td>10,000 $78,000</td>
<td>11,000 $76,000</td>
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<td>2015</td>
<td>11,000 $74,000</td>
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<td>2014</td>
<td>10,000 $72,000</td>
<td>11,000 $72,000</td>
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</table>

Source: BLS Annual Occupational Employment Statistics
Audiology: Today & Tomorrow

Job Outlook

Employment of audiologists is projected to grow 21 percent from 2016 to 2026, much faster than the average for all occupations. However, because it is a small occupation, the fast growth will result in only about 3,100 new jobs over the 10-year period.

An aging baby-boom population and growing life-expectancy will continue to increase the demand for most healthcare services. Hearing loss and balance disorders become more prevalent as people age, so the aging population is likely to increase demand for audiologists.

The early identification and diagnosis of hearing disorders in infants also may spur employment growth. Advances in hearing aid design, such as smaller size and the reduction of feedback, may make such devices more appealing as a means to minimize the effects of hearing loss. This may lead to more demand for audiologists.

Job Prospects

Demand may be greater in areas with large numbers of retirees, so audiologists who are willing to relocate may have the best job prospects.

https://www.bls.gov/ochr/healthcare/audiologists.htm#tab-5

EMPLOYMENT GAP?

Number of Jobs (BLS)

2016: 14,800
Growth: 3,100 (21%)
2026: 17,900

Number of Audiologists (BLS)

2014 – 2017
12,165 ± 145

Unemployment Rate

1% (ASHA)

Source: CSD Annual Education Surveys
PRECEPTOR GAP?

CSD Education Surveys

“What are the factors impacting enrollment?”

“Insufficient clinical placements” is the #2 problem

Problem growth rate is 6% per year

Source: CSD Annual Education Surveys

How Many Off-Campus Preceptors Does it Take to Graduate Current AuDs?

Off-Campus Salus – OCA

- Clerkship
  - 4 rotations
  - 32 students
  - 108 preceptor slots
- Externship
  - 32 preceptors

140 preceptor slots

Off-Campus Estimated National

- Clerkship
  - 3 rotations
  - 738 graduates
  - 2,214 preceptor slots
- Externship
  - 738 preceptors

2,952 preceptor slots
Closing the “Preceptor Gap”

Educational Programs
- Spread awareness of “Preceptor Gap”
- Provide necessary tools
- Provide feedback
- Fruits of Labor

Clinical Audiologists
- Become an active preceptor
- Help audiologists to realize they can be a preceptor too
- 3 years experience desired

Get Involved
- Preceptors
- Students
- Educational Programs
First Encounter

Phone Conference Vetting Form

- Identifying Information
  - Date of Call
  - Student Name
  - Site Name
  - Site Contact

- Non-compete clause

- Primary Preceptor

- Years Experience

- Scope of Practice
  - Pediatric

- Set up of the experience

- Affiliation agreement
Phone Conference Vetting Form

- Stipend
- Requirement of our program
- Questions about precepting
- Typhon
- Goals for the student
- Hours per week
- Days out of clinic

Licensure Requirements
- Provisional student
- Hearing Aid Dispensing
- Liability Coverage
- Start date & End date
- Student Evaluation
- External Clinical Education Manual
- Direct Phone #
- Email address
Affiliation Agreement

Affiliation Agreement

Affiliation Agreement between Salus University - College of Audiology & [Title, Name]

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Affiliation Agreement

Certificate of Liability Insurance
Preceptor Identification & Site Demographic Form

- Contact Information
- Credentialing Information
- Site Information
- Site Demographics
- Scope of Practice

Audiology Preceptor Identification Form

- Contact Information
  - Name of Facility
  - Primary Contact Name
  - Email Address
  - Telephone Number
- Credentialing Information
  - Preceptor is a Faculty Member? [ ] Yes [ ] No
  - Preceptor is an Adjunct Member? [ ] Yes [ ] No
  - Preceptor is a Volunteer? [ ] Yes [ ] No
- Site Information
  - What is your primary specialty? [ ] Audiology [ ] Speech-language Pathology
  - What is your primary practice setting? [ ] Hospital [ ] Private Practice
  - What is your professional affiliation? [ ] American Academy of Audiology [ ] American Speech-Language-Hearing Association
- Preceptor Update Form

- Date
- Contact Information
- Practice Type
- Credentialing Information
- Signatures
Site Visit Form

Office Staff Interview

Preceptor Interview

Student Interview
Site Visit Form

Orientation to Your Site

- Paperwork
- Policies and Procedures
- Immunizations & Background Checks
- Mandatory training (safety, standard precautions, and HIPAA)
- Mechanics of name tags, parking tags, lockers, keys and codes
Immunizations and Health Screening

- Recent Physical
- Drug Screening

- Immunizations:
  - Tuberculin skin test or chest x-ray (PPD)
  - Hepatitis B immunizations
  - Rubella titer and history of varicella
  - Influenza Vaccine

Background Checks

- ACT 33 Child Abuse History Check: https://www.compass.state.pa.us/cwis/public/home
- ACT 34 Criminal History Check: https://epatch.state.pa.us/Home.jsp
- Fingerprinting Criminal History Check-ACT 73
- Fingerprinting: http://www.pa.cogentid.com/index_dpwNew.htm
### Externship

**Gender Distribution**

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<th>Category</th>
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**Student Participation**

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<td>Complex Skills Used</td>
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### Externship

**Student Participation**

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<td>1003</td>
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<tr>
<td>Unmarked</td>
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**Top 25 Categorization**

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<th>Percentage</th>
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<tr>
<td>Otoacoustic Emissions: 1.25%</td>
<td>AHA 9%</td>
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<tr>
<td>Otoacoustic Emissions: 1.25%</td>
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</tr>
<tr>
<td>Otoacoustic Emissions: 1.25%</td>
<td>AHA 9%</td>
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**Professional Skills and Attitudes**

<table>
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<th>Category</th>
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<tbody>
<tr>
<td>Communication Skills</td>
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<tr>
<td>Teamwork</td>
<td>3%</td>
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<tr>
<td>Leadership</td>
<td>2%</td>
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**Skills Development**

- **Knowledge and Understanding**
  - 1%
- **Critical Thinking**
  - 1%
- **Problem Solving**
  - 1%
- **Decision Making**
  - 1%
- **Time Management**
  - 1%
Site Orientation Questions

- Work Day
- Notification of Absence
- Dress Code
- Cell phone/texting
- Down time
- Review
- Office personnel
- Do's and Don'ts
- Signatures
- Date

---

Student Goals for Term

- **3 Student Goals** Specific to:
  - Environment
  - Population
  - Scope of Practice
  - Discussion

- **3 Preceptor Goals**
  - Specific to:
    - Meeting Student Goals
    - Student Weakness
    - Scope of Practice
Evaluation Forms

Midterm Evaluation

- Satisfactory Performance
  - Everything is where expected

- Unsatisfactory Performance
  - Areas of concern identified
    - Absences, Tardiness
    - Attitude, Professional Expectations
    - Assignments, Critical Thinking
    - Interaction with Patients & Others
    - Counseling

End of Term Evaluation

The following areas of professional behavior are to be rated at the end of each academic term using the 1, 2, 3, 4, 5, 6, 7, 8, 9, 10 scale below:

**PROFESSIONAL SKILLS**

1. Clinical Competence
2. Oral Communication of Clinical Information
3. Organizational Skills
4. Record Keeping
5. Teamwork
6. Communication

**PROFESSIONAL EXPECTATIONS**

1. Professionalism
2. Confidentiality
3. Responsibility
4. Cooperation
5. Communication with Patients
6. Communication with Others

For each of the following areas of professional behavior, please rate the student's performance for the role using this evaluation form.
### End of Term Evaluation

#### III. A. Case History - Gathering of Clinical Information

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<thead>
<tr>
<th>Case History</th>
<th>Rating</th>
<th>Comments</th>
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<tr>
<td>Medical History</td>
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<tr>
<td>Family History</td>
<td>Click here to enter text</td>
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<tr>
<td>Personal History</td>
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<tr>
<td>Current Complaints</td>
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<tr>
<td>Medical History of Significant Others</td>
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<td></td>
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<tr>
<td>Personal and Environmental Information</td>
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<tr>
<td>Other Relevant Information</td>
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#### III. B. Examination

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<td>Audiological Examination</td>
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<tr>
<td>Audiological Findings</td>
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<tr>
<td>Diagnostic Tests</td>
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<tr>
<td>Current Treatment Plan</td>
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#### III. C. Evaluation of Diagnostic Services

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<td>Current Treatment Plan</td>
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#### III. D. Evaluation of Clinical Management

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<td>Communication with Patient</td>
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<tr>
<td>Communication with Significant Others</td>
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<tr>
<td>Communication with Team Members</td>
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#### III. E. Evaluation of Clinical outcomes

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<tr>
<th>Clinical Outcome</th>
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<td>Long-term Goals</td>
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<tr>
<td>Patient Satisfaction</td>
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<td>Treatment Effectiveness</td>
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<tr>
<td>Follow-up</td>
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Preceptor & Site Evaluation Form

- Encouragement
- Communication
  - Expectations
  - Explanation of concept
- Respect
  - Student
  - Patients
  - Staff
- Availability
  - Review cases
  - Observe
- Role Model
- Physical Layout of Site
- Expectations Met
- Influence Future
- Eyes and Ears
- Redact information

Externship Timeline
- Interviews
- Offering a position
- Vetting of site
- Student can accept
- Site visit
Salus University OCA 4th Year Sites

AuD Programs in United States
References and Thanks

- http://www.asha.org/Certification/CFSupervisors
- http://www.audiologyonline.com
- https://www.audiology.org

WE NEED YOU