

Transforming Entry-Level Education for SLPs: What Might It Look Like?

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Disclosures

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- All speakers were members of the ASHA Ad Hoc Committee on Graduate Education in Speech-Language Pathology

Learner Outcomes

Describe educational challenges identified by ASHA members in preparing speech-language pathologists to enter clinical practice within the current model.

Discuss perceptions about what is needed now, and in the near future, to adequately prepare speech-language pathologists (SLP) to enter practice.

Summarize data and concerns that led to the recommendation that ASHA continue to convene stakeholders to work on identifying potential solutions to the persistent challenges and opportunities that could advance entry-level education for SLPs.

Why are we talking about this?

- Changing *nature* of practice
 - Telepractice, variable treatment options (consultations, location, frequency, dosage, IPECP, continuum of service providers), practice at ToL
- External forces
 - Outcomes-based systems for estimating value of professionals and professions
 - Value-based purchasing, ACOs, MIPs
- Trends in rehabilitation: clinical doctorates becoming entry-level degree in other professions
- Future of Learning



There have
been **MANY**
discussions
over the past
10-20 years
about...

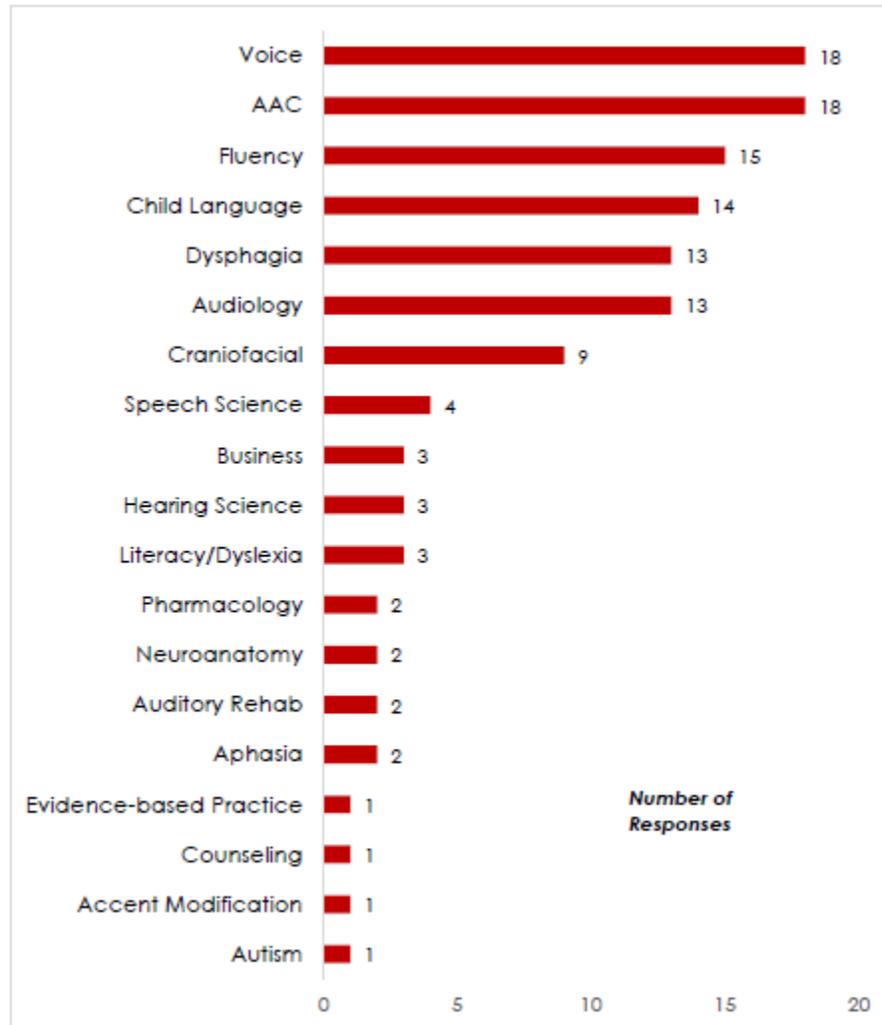
How we can continue to adequately prepare future SLPs in only 2-years given the growth in our scope of practice since 1963 and the depth of knowledge now required?

How best to align and leverage the potential impact and efficiencies of a multi-tiered profession that includes SLP assistants, SLPs with Master's degrees, and SLPs with clinical doctorates?

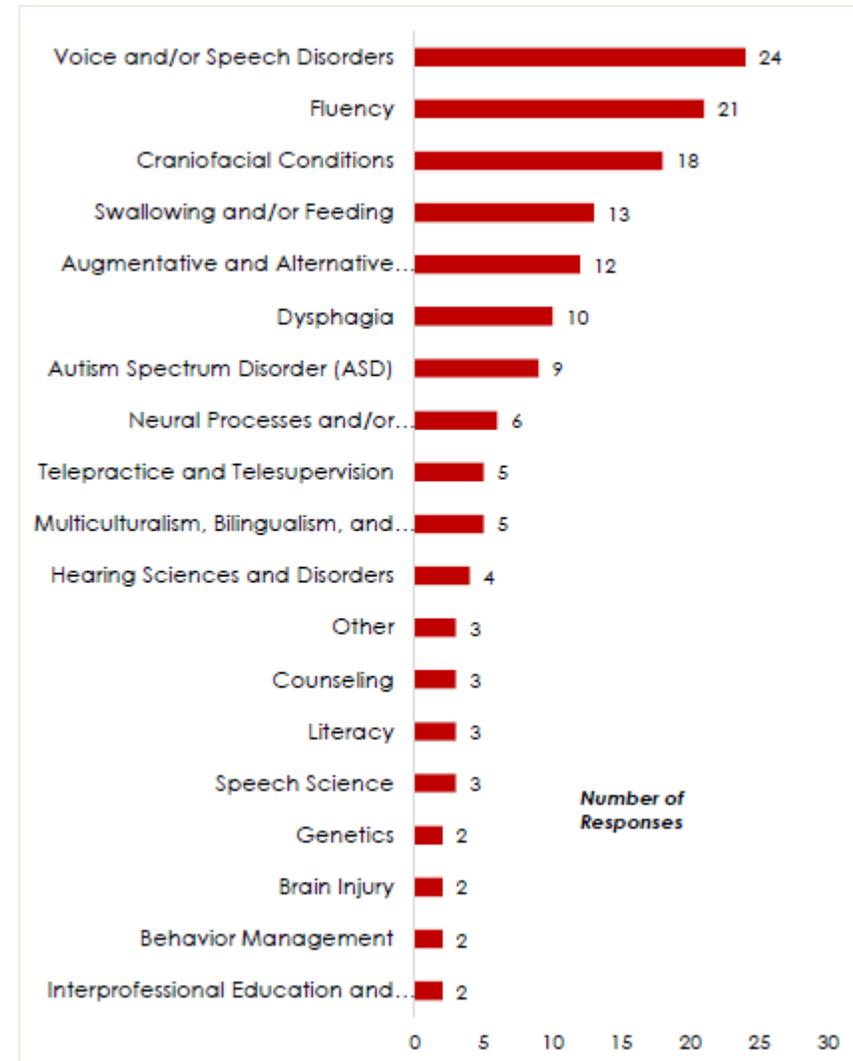
“Are there curricular topics for which the program has limited faculty expertise?”

- In 2013, 44% of masters-level SLP programs (114/257) reported being challenged to teach across the full scope of practice because:
 - they don't have the expertise needed to teach on their faculty
 - there is insufficient time in the program to fit it all into the curriculum
 - there are insufficient practicum experiences available across practice settings.
- In 2019, 47% of masters-level SLP programs reported being challenged to teach across the full scope of practice across the lifespan; the same reasons were given.

“Are there curricular topics for which the program has limited faculty expertise?”



In **2013**, 85 of 257 programs (**33%**) reported areas for which they had limited faculty expertise.



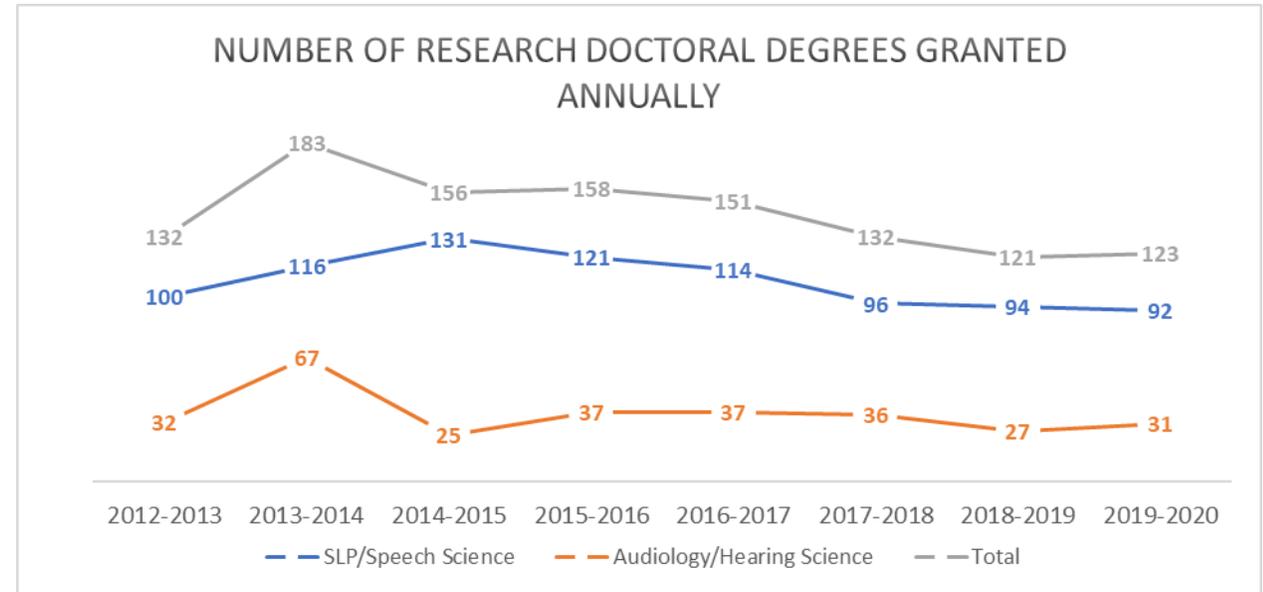
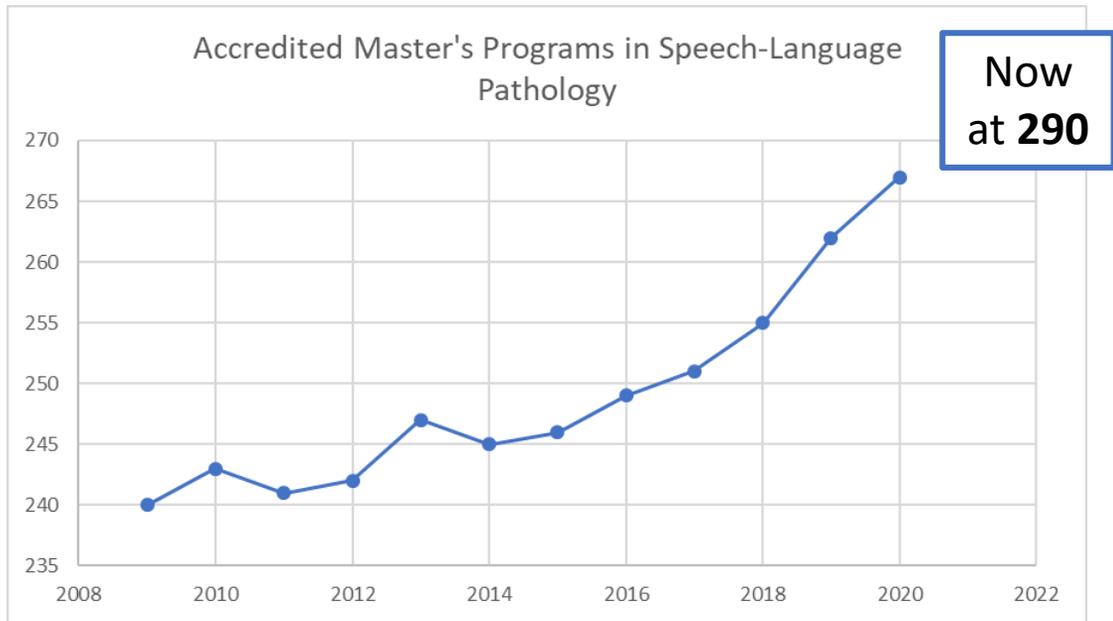
In **2019**, 125 of 264 programs (**47%**) reported areas for which they had limited faculty expertise.

“Are there curricular topics for which the program has limited faculty expertise?”

Top Five “Challenge Areas” are in the Big Nine

Areas	Number of Programs in 2013	Number of Programs in 2019
AAC	18	12
Voice	18	24
Fluency	15	21
Child Language (including Autism)	15	9
Dysphagia	13	13

The PhD pipeline is not keeping up with the growth of accredited master's programs in Speech-Language Pathology



2019 Focus Groups at CAPCSD



What should change to the current model of entry-level education aim to accomplish?



Better prepare students across the full scope (breadth)



Better prepare students for specialized areas of practice or specific practice settings (depth)



Better prepare students for evidence-based practice



Better prepare students for lifelong learning

2019 Focus Groups at CAPCSD

What are some of the barriers to changes that might address the challenges?

Pressure from administration and legislators to “get’m in – get’m out” as fast as possible.

Pressures to reduce any extra charges to students and against increasing credit hours required for graduation.

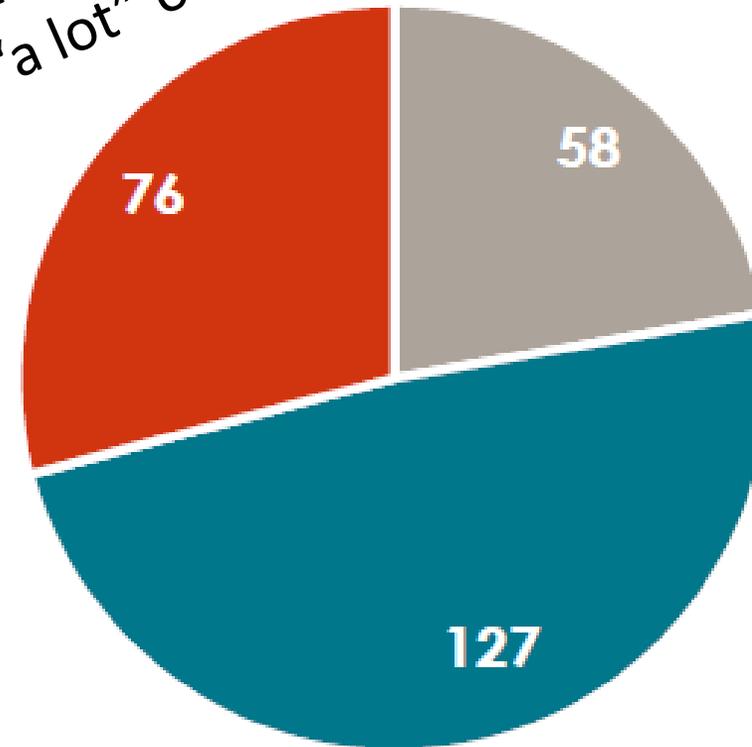
Can’t place any more burdens on external placement sites to prepare more students but there is significant pressure to enroll greater numbers of students.

Perception that student debt load should not be increased.

“Are speech-language pathology faculty and clinical extern coordinators concerned about challenges finding external clinical placements that provide needed experiences across a range of populations?”

2018-2019 CSD Education Survey

78% of programs reported “some” or “a lot” of concern



■ No concern ■ Some concern ■ A lot of concern

How well is the current model serving ...?

The Profession

- Lifespan preparation enables flexibility
- There is a good pool of applicants
- High graduation & certification rates
- High employment rate
- 2-yr degrees control debt

The Public

- CCCs signals quality
- CCCs are used as basis for reimbursement
- Certification maintenance ensures continuing education

How is the current model not serving ...?

The Profession

- Students not consistently prepared in many areas, including the *Big Nine*
- Insufficient student diversity
- Many UG cannot get into grad school
- Over-reliance on volunteers and the scarcity of outplacements
- 2-yr degrees are overly stressful for students
- Full scope is not being covered consistently

The Public

- SLPs not consistently prepared across scope and settings
- Shortage of SLPs in many states and settings
- Scarcity of SLPs who specialize
- SLPs may not be sufficiently prepared in areas such as billing, documentation, reimbursement, ethics, interprofessional collaborative practice, evidence-based practice, and cultural competence

Disabilities
Accent/dialect
Impairment
Articulation
Problem-solving
Supervision
Early-Intellectual
Developmental
Craniofacial
Pediatric
Palsy
Executive
Attention
Morphology
modification
Counseling
Disorder
Communication
Early-Intervention
Intellectual
Supervision
Orofacial
Function
Language
Hearing
Hygiene
Feeding
Vocal
Dysarthria
Aural
SLI Assessment ICF
Neurodegenerative
Attention-deficit's
Transgender
Voice
Neurogenic
Traumatic
Parkinson's
Primary
Speech
Fluency
IPE
Dyslexia
injury
Semantics
Cognitive
Tracheostomy
Pragmatics
Professional
Cultural
Disabilities
Treatment
ALS
Interprofessional
Swallowing
Rehabilitation
myofunctional
Speech
Childhood
Phonologic
Resonance
Phonology
Dementia
EAS
Solving
Practice
Screening
Phonology
Aphasia
Language
syndrome
Disorders
TBI

How Can We Teach It All?

Alternative Educational Models to Consider for SLP Education

Lifespan	Track	Modular
<ul style="list-style-type: none">• Most commonly seen in existing programs• One program and one certification for all• Curriculum covers the full scope of practice across lifespan	<ul style="list-style-type: none">• Two tracks• Separate for adults & children• Certification would not be across lifespan but by track focus	<ul style="list-style-type: none">• Includes required core curriculum plus additional modules• Number of additional modules would vary depending on core<ul style="list-style-type: none">• Minimum # modules based on graduation & certification requirements• Certification only in areas for which individual<ul style="list-style-type: none">• Completes program requirements <u>AND</u>• Passes qualifying exam• Post graduation option to expand areas of expertise<ul style="list-style-type: none">• Complete educational requirements + pass qualifying exam

FOCUS GROUPS

- Two focus groups conducted at 2019 CAPCSD
 - Department Chairs
 - Clinic Directors
- From 18 different universities (both urban and rural settings)
- Been in a university setting for 3-39 years
- Asked about challenges faced and preference for type of model



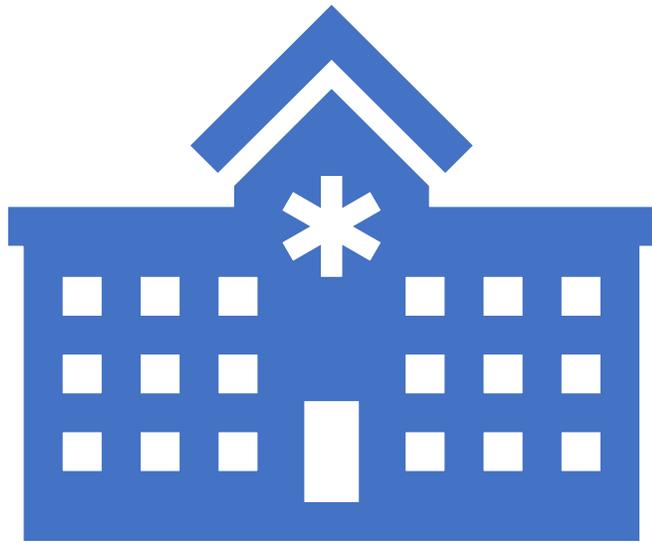
FOCUS GROUPS: CHALLENGES

- When asked about their program challenges relative to teaching across the full scope of practice in SLP, they responded with statements, such as:
 - *“There is very limited amount of time available to teach all the necessary content material.”*
 - *“The program covers all the areas but not in the depth that is appropriate.”*
 - *“The ability to really learn what we need them to learn is severely challenged in trying to do it in the timeframe that we have.”*

FOCUS GROUPS: MODELS OF EDUCATION

- Across both groups, everyone preferred the Lifespan model
- *“The Lifespan Model fosters flexibility in the employment of graduates to take jobs in multiple settings and to switch between settings at later dates. If that’s something we wish to continue to promote, this is a model that will do that more efficiently.”*
- *“Lifespan Model [with additional time and credits added to current model] could improve depth by giving students more information.”*
- *“The Lifespan Model was the best of the three models when thinking about our workforce needs.”*

FOCUS GROUPS: FOR THE TRACK MODEL



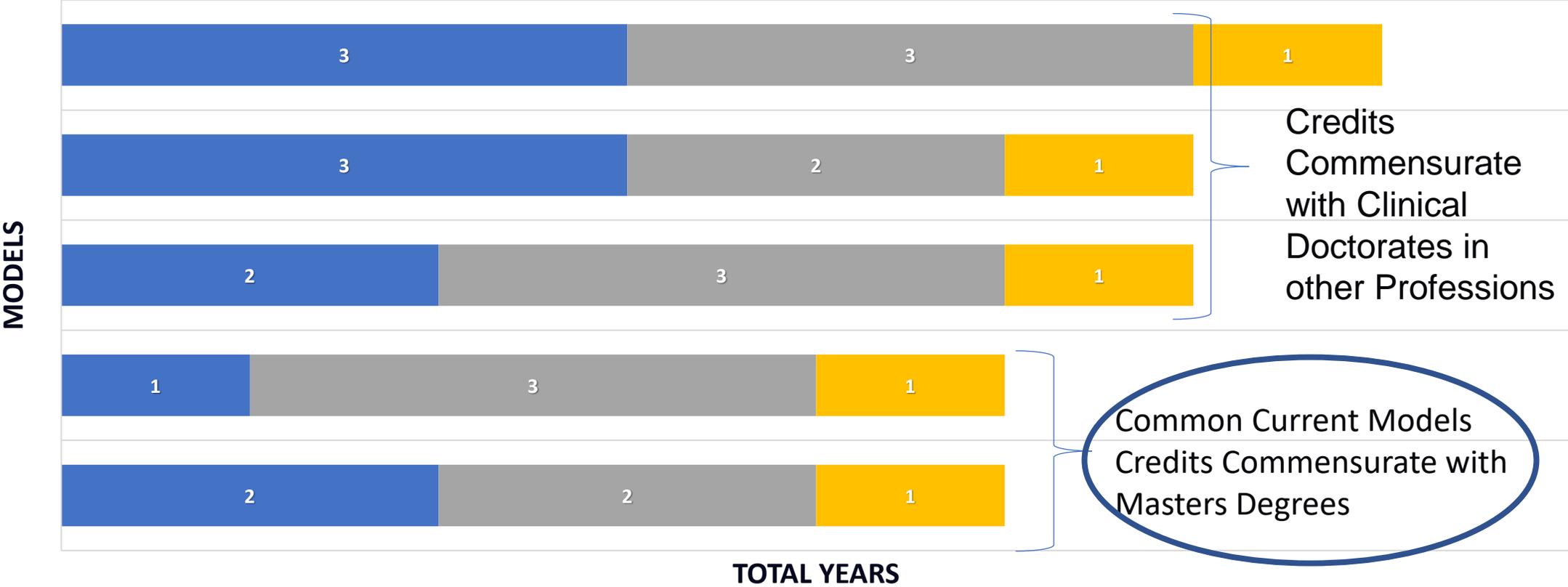
- *“Students who are interested solely in pediatrics or in adults would be happy with this track, but if they don’t yet know what they want to do, this model would be challenging.”*
- *“It wouldn’t add to the cost, but would increase depth of knowledge as the same number of semesters could be devoted to half of the field.”*

FOCUS GROUPS: FOR THE MODULAR MODEL

- *“The Modular model seems very consumer driven on the part of the university, faculty expertise, and the modules that the program would select, and consumer driven on the part of students because it would allow them to select the schools that had the specific modules that they wanted to specialize in.”*
- *“There’s also a potential marketplace value for this model in that you’d have people coming out that are theoretically more knowledgeable in a focused area.”*

EDUCATIONAL MODELS

■ UG ■ Grad ■ CF



SUMMARY

- Educational frameworks are similar to SLP educational model
 - Academics + clinical education; early integration of clinical experience into programs
- Full time internship that is included in educational program
- Consistent emphasis on interprofessional education and practice as crucial elements
- Largest differences are in:
 - Greater number of credits to capture expanded scopes of practice
 - Advanced practice models with optional specialty certification
 - Manner in which clinical education is incorporated
- Move toward more conceptual domains for competencies and less emphasis on specific knowledge & skills

CLINICAL
COMPETENCIES &
COMPETENCY
BASED EDUCATION



**CLINICAL
COMPETENCIES
& COMPETENCY
BASED
EDUCATION**

Competency-based education
and credentialing

Key definitions and concepts
of competency frameworks

COMPASS[®] Speech Pathology
Australia

WHO Rehabilitation
Competency Framework

Competency Based Education

Competency-based education is defined as an “approach [that] allows students to advance **based** on their ability to master a skill or **competency** at their own pace regardless of environment.

<https://www.gettingsmart.com/2017/12/competency-based-education-definitions-and-difference-makers/>

Competency-based learning is an approach to education that focuses on the student’s demonstration of desired learning outcomes as central to the learning process.

<https://www.teachthought.com/learning/what-is-competency-based-learning/>

The contrasting focus of traditional versus competency-based education

Traditional education

- Learning objectives focus on what the learner should know
- Focuses on the process of education
- Curriculum largely shaped by what has been taught in the past
- Implicitly links the health needs of the population to the content of the curriculum

Competency-based education

- Learning objectives focus on what the learner should be able to do
- Focuses on the objectives of education
- Curriculum largely shaped by the competencies needed by the population
- Explicitly links the health needs of the population to the competencies required of learners

Competency Framework

A competency framework increases accountability

- By identifying the standards of practice
- Includes measures of competence
- Requires maintenance of competence for communication disorders in varied populations
- Experts assess skills demonstrated and determine level of competence observed
- The evaluation of competence is an ongoing process!

Clinical Competencies

How should clinical competencies be measured?

How newly credentialed, new clinical populations and re-entry to practice

Who should assess another SLP's competence?

How frequently do competencies need to be reassessed for practicing SLPs?

Knowledge and Skills



Identify knowledge and skills required to enter practice (KASA)



Scope of practice indicates specific knowledge and skills for practice



Entry-level performance

Demonstrate Skills
Simulations, Virtual
Assess
Competencies

Professional Skills



- Applied clinical practice
- Interpersonal communication skills
- Cultural responsiveness
- Professional behaviors and attitudes in clinical settings
- Critical thinking, problem solving and time management skills
- How will students/clinicians acquire new knowledge and demonstrate skills?
- Clinical Fellowship Skills Inventory (CFSI)

COMPASS

- **COMPASS**® or Competency Assessment in Speech Pathology, is a competency-based assessment tool designed to validly assess the performance of speech pathology students in their placements.

www.speechpathologyaustralia.org

- **Speech Pathology Australia** recently revised and mapped the WHO Rehabilitation Competency Framework

COMPASS

The student's competency is based on an assessment of two closely interrelated sets of competencies

Professional Competency Units

- Reasoning
- Communication
- Lifelong Learning
- Professionalism

COMPASS

The student's competency is based on an assessment of two closely interrelated sets of competencies

- **Occupational Competencies**

1. Assessment
2. Analysis and Interpretation
3. Planning evidence-based speech pathology practice
4. Implementation of speech pathology practice
5. Planning, providing and managing speech pathology services
6. Professional and supervisory practice
7. Lifelong learning and reflective practice

Rehabilitation Competency Framework (RCF)

The Rehabilitation Competency Framework (RCF) was developed to serve as a reference framework from which context specific competency frameworks can be developed.

The RCF is highly adaptable, encompasses a range of proficiency levels reflecting a broad spectrum of performance; describes competencies and activities through different layers of specificity; and uses language amendable to accurate global interpretation and translation.

- <https://www.who.int/teams/noncommunicable-diseases/sensory-functions-disability-and-rehabilitation/rehabilitation-competency-framework>

Competency Framework

Competency frameworks can serve a range of purposes, the

RCF:

- Supports rehabilitation education and training, such as through guiding curriculum development
- Supports professional regulation, accreditation or licensing for rehabilitation
- Supports performance appraisal of rehabilitation

Rehabilitation Competency Framework

Competencies - The observable ability of a person, integrating knowledge, skills, values and beliefs in their performance of tasks. Competencies are durable, trainable and, through the expression of behaviors, measurable.

Behaviors: Observable conduct towards other people, or activities that express a competency. Behaviors are durable, trainable and measurable.

Rehabilitation Competency Framework



Knowledge: The informational base of competencies and activities



Skill: A specific cognitive or motor ability that is typically developed through training and practice

Rehabilitation Competency Framework

Activities: An area of work that encompasses groups of related tasks. Activities are time limited, trainable and, through the performance of tasks, measurable.

Tasks: Observable units of work as part of an activity, which draw on knowledge, skills, attitudes and behaviors. Tasks are time-limited, trainable and measurable.

Table 1. Examples of applications of competency frameworks for rehabilitation and their corresponding characteristics

Application	Key characteristics of competency frameworks
Supporting rehabilitation education and training, such as through guiding curriculum development	<ul style="list-style-type: none"> • Have a focus on the competencies and behaviours learners should develop, but also consider the activities and tasks they may need to perform • Typically include different levels of proficiency, or milestones, that should be achieved at different stages of education and training or of career development • Define the knowledge and skills that underpin the competencies and behaviours • Are forward-looking, or aspirational in expectations of performance
Supporting professional regulation, accreditation or licencing for rehabilitation	<ul style="list-style-type: none"> • Have a focus on activities and tasks that rehabilitation workers should be competent in performing, but also consider the competencies and behaviours that enable rehabilitation workers to perform effectively • Typically define a single level of proficiency required to be considered as competent • Capture existing or current expectations of performance
Supporting performance appraisal of rehabilitation workers	<ul style="list-style-type: none"> • Include both competencies and activities, with clear performance indicators (examples of how these would be demonstrated in a particular real-life scenario) • May include different levels of proficiency that capture where a person's performance sits along a continuum, or a defined level of proficiency, whereby a person is deemed either competent or not • Typically include performance indicators relevant to the context in which competencies and activities will be demonstrated • Capture existing or current expectations of performance

Table 3. Example programme learning objectives for an RCF Practice domain competency (C4) and associated behaviours

Competency	Behaviours	Programme learning objective* <i>On completion of the programme, the learner:</i>
C4. Adopts a rigorous approach to problem-solving and decision-making	C4.1 Considers personal, environmental, and health factors when conceptualizing problems and identifying solutions	C4.1.1 Describes the International Classification of Functioning, Disability and Health (ICF) model
		C4.1.2 Describes the potential role of personal, environmental and health factors in impacting functioning
		C4.1.3 Compiles a problem list that captures personal, environmental and health factors specific to a person and their family
	C4.2 Integrates information from multiple sources when solving problems and making decisions with the person and their family	C4.2.1 Identifies different sources of information
		C4.2.2 Demonstrates the ability to manage conflicting information from different sources
		C4.2.3 Presents a complete picture of a situation to a person and their family to facilitate their optimal engagement indecision making
	C4.3 Identifies innovative approaches to addressing challenges with a person and their family	C4.3.1 Engages in a joint problem-solving discussion with a person and their family
		C4.3.2 Identifies a range of potential solutions to optimize functioning by addressing relevant personal, environmental and health factors
		C4.3.3 Identifies factors that contribute to selection of the most appropriate approach for a person and their family

* Learning objectives are examples only; they are not applicable to all contexts, nor is the list exhaustive.

Table 4. Example programme learning objectives for an RCF Practice domain activity (A3) and selected associated tasks

Activity	Task	Programme learning objectives* <i>On completion of the programme, the learner:</i>
A3. Conducting rehabilitation assessments	A3.1 Obtaining a comprehensive health, environmental and personal history, which reflects an in-depth understanding of the scope and complexity of determinants of health and well-being	A3.1.1 Identifies the type and purpose of information to be collected
		A3.1.2 Conducts a chart review
		A3.1.3 Conducts a logical and organized interview with a person and their family
		A3.1.4 Identifies and uses alternative sources of information when indicated
		A3.1.5 Identifies the presenting problem(s) of a person and their family
		A3.1.6 Identifies significant factors impacting the person and their family's rehabilitation management plan
	A3.2 Assessing whether a person is at a risk of harm to themselves and/or others and implement protection strategies where appropriate	A3.2.1 Identifies indications a person is in need of protection measures
		A3.2.2 Describes the legal obligations and protocols for initiating protection mechanisms
		A3.2.3 Describes the potential barriers to identifying a person at risk of harm
	A3.3 Independently conducting assessments of body structures and functions, adjusting for specific factors, such as age, language, culture or impairment	A3.3.1 Describes the potential assessment tools relevant to a person and their family
		A3.3.2 Manages the environment to provide optimum conditions for the assessment
		A3.3.3 Conducts a cognitive test using a standardized instrument
		A3.3.4 Scores, interprets and reports the results of the assessment

* Learning objectives are examples only; they are not applicable to all contexts, nor is the list exhaustive.

Continuum of Competence

Identify the competencies needed to enter practice

Identify competencies needed to serve the needs of specific populations in specific settings

The continuum from entry level CCCs to Clinical Practice to Clinical Specialty

Next Steps

Resolution to ask CAA to consider accrediting the optional non-entry level clinical doctorate in SLP

Resolution to form an Ad Hoc Committee to Plan Next Steps to Redesign Entry Level Education for SLPs

- What is needed to adequately prepare future SLPs to enter the profession?
- What competencies are needed to enter SLP practice, and how should they be acquired and measured?
- Which aspects of the current model of entry-level education for SLP are serving the profession and public adequately, and which aspects are not?
- Are there changes to the current model of entry-level education that would address any gaps or unmet needs that have been identified?

Large number of stakeholder participants

Let's Talk Competency-Based Education

Virtual Researcher-Academic
Town Meeting

November 17, 2021

6:00 – 8:00 pm ET

ASHA Convention

Keynote Speaker

Sue McAllister, PhD, Professor, Sydney School of Health Sciences, University of Sydney, Australia

Panelists

Patti Solomon-Rice, PhD, CCC-SLP, Founding Director, Woolfolk School of Communication Sciences and Disorders, Our Lady of the Lake University

Mary Sue Fino-Szumski, Ph.D., M.B.A., CCC-A, Director of Clinical Education and Associate Professor, Vanderbilt University Medical Center

Tori Gilbert, MS, CCC-SLP, Teaching Assistant Professor, SLP Externship Coordinator, Department of Communication Sciences and Disorders, West Virginia University

In Conclusion

A sea-change is needed to address the large and persistent problems

Need to find solutions

- How can programs fit more into an already packed curriculum
- How can the growing number of SLP graduate students continue to be accommodated?

Additional input is needed from a large group of stakeholders, and alternative educational models will need to be considered

- Competency-based education
- Better use of UG curriculum
- Expand alternative opportunities to gain clinical experiences
- Framework for life-long learning