Speech-Language Pathology Education Summit Proceedings

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Chair
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Introduction

Tommie L. Robinson, Jr.

The 2007 Speech-Language Pathology Summit, sponsored by the American Speech-Language-Hearing Association (ASHA), was titled "The Subject Is Change: Creating a Vision for the Future Education of Speech-Language Pathologists." More than 120 academicians, clinicians, researchers, and early interventionists representing a variety of settings participated in this summit.

Along with ASHA, the Council of Academic Programs in Communication Sciences and Disorders (CAPCSD), the Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA), and the Council for Clinical Certification in Audiology and Speech-Language Pathology (CFCC) were actively engaged in the planning process.

Participants were brought together to answer four critical questions:

1. What are the historical, current, and emerging contexts, challenges, and opportunities for consideration as we prepare the future speech-language pathologist?
2. Given our understanding of the evolving profession, what is the ideal speech-language pathologist of the future?
3. How can we prepare the ideal speech-language pathologist of the future?
4. What are possible models for educating future speech-language pathologists?

The 2½-day conference assembled academicians and clinicians to explore, develop, and extend paradigms for the preparation of successful speech-language pathologists. Participants were introduced to each topic by a keynote speaker who presented a question for discussion. Then the participants were divided into breakout groups for discussions on each of the questions. Each group was led by a member of the planning team, and each group had a trained recorder. At the end of each discussion, participants were encouraged to identify the major highlights, which were then consolidated by a facilitator and presented to the group.

Following are the proceedings of the Speech-Language Pathology Summit. We hope that they will facilitate ongoing discussions. You will note that the information presented does not stand alone. It is important to look at the speaker's presentation or the specific topic prior to examining the results of the individual questions.

As with any endeavor like this, there is a need to express thanks to a variety of individuals whose concerted efforts made this massive undertaking possible. ASHA Presidents Dolores Battle, Alex Johnson, and Noma Anderson provided insight into the development of this summit and major support for its success. The members of the planning group—Stephanie Davidson and Lemmietta McNeilly (ASHA), Nancy Alacon, Celia Hooper, and James Mahshie (CAPCSD), Lee Ann Golper and Jennifer Watson (CAA), Nancy Creaghead (CFCC), and Paul Gatson (facilitator)—are some of the finest people with whom I have ever worked. Their out-of-the-box thinking and kind energy made it a joy to chair this group. The speakers were also outstanding. Danielle Ripich, Paula Curie, Joe Melcher, Lee Ann Golper, Emily Homer, Judy Rudebusch, John Bernthal, and Gloria Kellum kept us on the edge of our seats with their outstanding communication styles and insightful information. A big "thanks" also goes to the recorders and National Office staff.

It is our hope that this information will help to provide support to our academic community and the organizations with vested interests in preparing the speech-language pathologist of the future, so that the subject is always open and that there is constant vision and discussion centered around how to make clinicians better and ready to meet the challenges of a demanding society.

Question 1: What are the historical, current, and emerging contexts, challenges, and opportunities for consideration as we prepare the future speech-language pathologist?

The discussion regarding the current context, including the challenges that programs face and the opportunities that exist for education, can be summarized under the categories of (a) academic issues (related to the tension that may occur between the needs of our discipline and profession and the priorities of academic institutions); (b) marketing, recruitment, and retention issues; (c) generational/cultural issues; (d) financial issues; and (e) professional practice issues.

Academic Issues

- Scheduling of practicum
- Providing competency-based learning experiences
- Integrating knowledge, clinical skills, and research
- Recruitment and preparation of PhD faculty

	• Faculty workloads may constrain innovation in programs. • Current model of education may be too restrictive. • Flawed perception of how standards guide program development • Student outcomes may not be explicit. • Need for alternative teaching models (e.g., distance learning, computer-based simulations, sharing of courses, course materials, and learning objects) • Need for students to be independent and critical thinkers • Defining the role of the undergraduate program • What degree should serve as the entry-level degree • Preparation of *specialists* versus *generalists* • Standards for admission
Marketing/ Recruitment/ Retention Issues	• The lack of visibility of our profession • The limited number of males and culturally/ethnically diverse students in the profession • Limited practicum sites impact enrollment. • Lack of individuals with a PhD may prevent programs from increasing enrollment.
Generational/ Cultural Issues	• The current models of education may be inappropriate for or devalued by the current generation of students. • The current generation of students' goals, thinking, attitudes, knowledge, skills, and expectations differ from faculty's expectations. • Employment considerations are affected by generational differences. • There is a need to balance educational debt with employment salaries. • Increasing diversity of students (including international students) presents opportunities for a more diverse workforce. • Cultural differences present challenges in regard to language, speaking, and writing styles of faculty/supervisors and students.
Financial Issues	• University and program funding limits enrollment in many programs. • Limited financial support for longer and/or more innovative educational models

- Limited ability for university academic programs to provide clinical practicum themselves due to financial constraints
- Financial constraints on clinical programs in the community
- Low salaries and perceived difficult working conditions decrease desire to seek careers in higher education.
- Off-campus supervisors may be more likely to want/require payment.
- The expense of our programs in relationship to enrollment may draw attention from higher administration settings.

Professional Practice Issues

- Employers want clinical fellows to be able to "hit the ground running" when their work setting demands are high.
- Our patient/client base is becoming larger and more diverse in regard to age, range and severity of disorders, and ethnicity and cultures.
- The scope of practice in speech-language pathology is expanding without elimination of current/past areas of practice.
- Professional practice requirements and expectations continue to evolve and increase.
- The demand for evidence-based practice is increasing.
- There is an opportunity for community collaboration to develop evidence-based practice in light of expertise and resource allocation.
- Competition with other allied health professions and increase of doctoral requirements in some.

There was agreement that many factors impede predictability, including the following:

- Emerging or ascendant disciplines (e.g., neuropharmacology, behavioral genetics, brain physiology) and breakthroughs in research and biotechnology
- Technology and therapeutic advances (e.g., cochlear implants, auditory verbal therapy)
- Shifts in accreditation practices
- Federal reimbursement policies
- Evolving relationships with allied disciplines
- Educational models (e.g., the 2-year master's program)

- Skills differentiation (those needed by an effective PhD are not the same as those needed by an effective medical clinician and those needed by a school-based SLP)
- Past students entered the field to help people. Some students enter today because of the job market.
- Many students today feel "entitled."
- Some new SLPs ask employers, "What are you going to do for me?"

Question 2: Given our understanding of the evolving profession, what is the ideal speech-language pathologist of the future?

Envisioning the ideal SLP of the future is difficult, given the unreliability of most available predictors. It is possible to define values that (a) offer a reminder of the complexity of important roles and (b) should enable an SLP to adapt effectively to the future.

Characteristics of the Ideal SLP

Traits

- Teachable
- Strong ethics
- Good communication skills
- Capable technologically
- Conversant with good business practice
- Curiosity
- Entrepreneurship
- Empathy
- Social consciousness
- Civility
- Objectivity
- Analytic ability
- Patience
- Advocacy for profession
- Positive
- Strong values

Knowledge

- Articulation
- Fluency
- Voice and resonance
- Receptive and expressive language
- Hearing, including the impact on speech and language
- Swallowing
- Cognitive aspects of communication

- Social aspects of communication
- Communication modalities
- Neuroanatomy and neurophysiology
- Acoustic aspects
- Basic science
- Cultural and linguistic competence
- Awareness of other professions and inclination to partner

Skills

- Prevention
- Evaluation
- Intervention
- Advocacy
- Reimbursement
- Research
  - Basic
  - Evidence-based
- Collaboration with other professionals

Question 3: How can we prepare the ideal speech-language pathologist of the future?

What current educational elements and practices should continue?

When identifying current educational elements and practices to continue, participants supported the delivery of an essential theoretical base with emphasis on practice. To that end, programs should retain both didactic/academic course work and experiential/clinical activities in the preparation of the entry-level professional. These academic and clinical elements must be aligned in a manner that maximizes learning in both arenas and include bridges between classroom and clinic. Further, many participants believed that the ideal entry-level professional remains the "master's level generalist" with support for continued learning postgraduation.

According to group input, the best (or good) practices of today's programs, as well as those in the future, should support the 5 Cs:

- Coherence: Express a clear sense of educational priorities and communicate these priorities with students and others (e.g., academic community, supervisors, employers).
- Continuity: Carefully conceive the relationship between baccalaureate and master's level study.

- Common learning: Ensure that students with different backgrounds will address comparable issues.
- Competence-based: Emphasize documented knowledge and abilities, not the accrual of "hours."
- Community consciousness: Build on the ethics of community engagement.

To reinforce these goals, programs should consider including the following:

- Development of integrated program content to address:
    - Basic sciences (e.g., anatomy and physiology, neurology, speech science/phonetics), multicultural issues, use of technology, and evidence-based practices
    - Critical thinking, problem solving, and the ability to have diverse perspectives
    - Personal qualities, such as the ability to work as part of a team, to collaborate, to negotiate, and to resolve conflict
- Case study, observation, and problem-based learning approaches that offer practical, experiential, lasting learning
- Continued development of the "common floor" as evidence accumulates to support practices—but avoidance of pushing policy ahead of the evidence base
- Clinical teaching that provides "learning by doing *with guidance"*

What reforms should be considered?

As educational reforms were discussed, group participants raised numerous questions that merit consideration, including the following:

- ***Outcomes of professional preparation:*** How should educational outcomes be defined and by whom? How will "professional creep" and a discipline that seems to be evolving by accretion affect these outcomes? Should a growing scope of practice prompt critical scrutiny of further opportunities for expansion? Is it possible to or practical for one program to prepare students for every employment setting? Should all programs have the same preparation outcomes?

- ***Program contents:*** Does a compartmentalized framework that offers disorder-based courses (one course addressing each of the areas in the "Big 9") support integrated learning? Are there more efficient and integrative models that would allow students to make connections and generalize knowledge? Should we focus on the science course work, infuse the disorders, and teach the "basics" that will enable students to generalize across disorders? Would a systems-based curriculum (e.g., centered on neurological, cognitive, physiological, linguistic, motor, and acoustic aspects) result in such a focus?
- ***Program sequences:*** What is the appropriate sequence for course work and clinic? Are learning sequences matching current student learning styles? Should undergraduate preparation have a more interdisciplinary focus?
- ***Role of faculty in reforms:*** Are faculty members willing and able to drive and support reforms? Are they able to shift from the "I train as I was trained, teach as I was taught" mentality? What is the role of academic freedom in course content, and does this lead to idiosyncratic content in some courses?

In addition to these questions, a number of current educational elements were scrutinized, including the "disorder courses" offered to both undergraduate and graduate students, the continuation of the clinical fellowship (CF) in its current form, the value of 400 hours of practicum, and the continued use of the Knowledge and Skills Acquisition (KASA) forms.

Remembering that reform need not be—and should not be—judgmental, the following pedagogical reforms dealing with delivery and content were considered by the group participants:

Pedagogical reforms dealing with delivery

- Modify SLP preparation at the bachelor's level to emphasize linguistics, sciences, second language acquisition, and other liberal education values (e.g., "The bachelor's

program should create critical, curious learners.")
- Demonstrate greater sensitivity to different styles of learning both in curricular structure and in teaching approaches
- Continue movement from "get your hours" to "develop your competencies"
- Make better use of academic resources in allied disciplines
- Promote sharing of resources among communication sciences and disorders (CSD) programs
- Expand use of distance learning
- Create two tiers of certification to address pressing needs, especially in schools
- Introduce students earlier to clinical experience
- Instead of "silo approach," integrate the Big 9 across the curriculum, making learning expectations (scientific inquiry, creativity, etc.) transparent to students
- Be more intentional about teaching dispositions and attitudes by infusing such teaching within academic and clinical elements of program
- Increase use of facilitated ground rounds across disciplines
- Incorporate preceptor models with a greater focus on mentoring and modeling
- Increase student and faculty diversity
- Prepare and support clinical teachers
- Incorporate practices that support the evidence-based academic outcomes

Pedagogical reforms dealing with content

Increase knowledge and skills in the following:

- Cognitive sciences
- Gerontology
- Pharmacology
- Language literacy connection
- Genetics
- Brain imaging
- Systems engineering and policy formulation
- Bilingualism
- Communication effectiveness
- Business practices
- Risk management
- Regulations/reimbursement issues
- Advocacy
- Lifelong learning

In what ways might a program of the future differ from a typical current program?

Participants suggested that the program of the future may be characterized by the following:

- Longer in duration (e.g., students obtaining basic entry-level competencies plus a selected specialty)
- Broader with a more interdisciplinary focus
- Addresses different clinical populations
- Incorporates new technologies and procedures requiring new therapeutic approaches
- May lead to a clinical doctorate
- More flexible and dynamic to address both student needs and the evolving profession
- Greater reliance on technology, especially simulators/simulations
- Less didactic
- Teaches students financial bases of service delivery (value of services, cost of providing service) including regulations/ reimbursement issues
- Includes admissions and recruitment processes that are more flexible and dynamic to increase diverse student pool, including international students
- Conducts educational outcome assessment in a variety of means
- Students, faculty, and practitioners that embrace diversity knowledgably and appreciatively

Question 4: What are possible models for educating future speech-language pathologists?

This document will be divided into:

1. What Do We Want in a Model?
2. Undergraduate Models
3. Graduate and Continuum Models
4. Next Steps

What Do We Want? What Should Our Degree Look Like?

- Coherence
- Continuity of degrees
- Common learning across programs
- Competency-based
- Communication consciousness
- Classroom-clinical education
- Basic foundation information
- Different strategies for teaching: case presentation, service learning, observation

integration, distance learning, new teaching models and hybrids, use of master clinician and experts, interactive teaching models, simulation technology, integration of academic and clinical
- Each program develops unique instructional models linked to its university mission.
- Collaboration within and across disciplines
- Go from generalist to specialist
- Evidence-based teaching, including practicum
- Institute supervision standards
- Flexible entry and multiple entry points
- Quality indicators of programs, courses, and practicum sites
- Consider assessment of outcomes, not just curriculum
- Consider programs working together on a national level for course information
- National prerequisites, "professionally" designed courses for lease/purchase, and a national clearinghouse of curricular offerings and teaching tools

Undergraduate Models

Model 1. Four or 5 years
- Attempts to curb the overemphasis on disorders at the undergraduate level
- Create a program with 3 years of courses at the bachelors level and a 4th year focused on intensive communication disorders
- A professional 5-year program termed "BA+"

Weakness
- Students might have a problem with integration of information.

Model 2. Current model, with modifications
- Goal: a well-educated individual who is prepared for graduate school
- Not an entry-level degree; preparation for graduate school, with liberal arts and preprofessional combined
- 4 years
- Focus more on science foundation and normal speech and language acquisition; focus on broader issues
- Place undergraduates out in the community earlier so that they are exposed to the clinical aspect of the field before graduate school
- More application of theory to practice

- More agreement, nationally, among programs
- Consider a discipline-specific national exam for entrance into graduate school

Model 3. The liberal arts/sciences major

- Liberal arts education with a focus on hard sciences, math, foreign language, research and statistics, computer and information sciences, social sciences (sociology, anthropology, psychology, linguistics), communication sciences (normal development courses, anatomy and physiology) and communication disorders (basic foundations)
- Basic prerequisites: introduction to CSD, phonetics, anatomy and physiology, neuroanatomy, developmental psycholinguistics, acoustics/speech and hearing science

Themes in all undergraduate models

- We need evidence that our undergraduate programs are effective.
- We need discussions on recruitment into undergraduate programs.
- The undergraduate curriculum is a key issue, and there may not be consensus on what it should be; some programs have very few CSD courses, while others have many.
- Technology needs to be used more.
- We need a national discussion regarding the undergraduate curriculum and purpose of the undergraduate degree.

Graduate, Master's (Post-BA) Models

Model 1. Continuum of education models

- Relates to Model 1 above, a professional 5-year program, BA/MA combined
- 1 additional year to complete a clinical doctorate
- PhD: an additional 30 hours plus dissertation or PhD bridge from bachelor's
- Variation of this theme: CF completed during a 30-hour postmaster's; additional course work, possibly distance, enabling more people to be PhD-ready
- Another variation: 3-year undergrad and 3-year master's. After 3 years undergraduate, students could enter the master's or choose a 4th year and get a degree.

Model 2. Current master's with modifications

- Bachelor's degree followed by master's
- CF plus additional course work
- Modified CF that would put the burden on the employer (on-the-job training)
- Use patient simulators and other technologies to help prepare students for modified CF
- Package low-incidence areas to help consolidate competencies
- Use university course sharing for course work, especially low incidence
- Generalist master's with add-on specialist credential as an option

Model 3. Entry-level clinical doctorate

- Entry-level clinical doctorate model (e.g., doctor of audiology, doctor of physical therapy)
- 3 years after undergraduate including internship
- More time to integrate knowledge (i.e., move students gradually into clinic)

Model 4. Clinical doctorate for specialized settings

- Not an entry-level degree
    - master's, then
    - Certificate of Clinical Competence, followed by
    - a clinical doctorate or PhD
- Can address medical setting, school setting, or disorder specialty
- Clinical doctorate in speech-language pathology allows for advocacy regardless of setting
- Master's degree still valued (generalist degree)

Next Steps and Questions: Where Do We Go From Here?

- How can universities work together and collaborate?
- Can we examine the undergraduate curriculum? Is there room for difference or do we need a standard national curriculum?
- How can we learn different pedagogical techniques, national models of teaching? Can we increase opportunities for distance learning?
- Can we focus on competence, not clock hours?
- Can ASHA or the Council of Academic Programs in Communication Sciences and Disorders help with teaching resources, journals, continuing education related to teaching?

- Do we need to keep the CF? What is its value? Are their different models?
- Do we need a summit regarding undergraduate preparation?

The overarching theme of all eight groups was that *we are not yet ready for, nor do we need, a clinical doctorate as the entry-level degree into speech-language pathology*. Most groups advocated for a high-quality specialized clinical doctorate as an optional degree.

Evaluation Summary

A total of 120 individuals participated in the SLP Summit from academic institutions and clinical settings. Evaluations were received from 83 participants.

- 97% of the respondents stated that the SLP Summit met or exceeded their expectations.
- 95% indicated that the SLP Summit provided them with new thoughts or directions concerning the work.
- 98% indicated that they are likely to use this information from the summit.
- 100% indicated that they are likely to share the information with their colleagues.
- 98% agreed that the conference was successful in meeting its learning outcomes.
- All respondents indicated that they would like to participate in a future SLP Summit if offered.

Some of the qualitative aspects that were deemed particularly beneficial to participants included the following responses from participants:

- Entire summit was excellent.
- Networking and opportunity to express concerns regarding my own training and current need to be more forward thinking in our need to change!
- The balance of the makeup of the discussion groups made it easier for all members to share their views. While some groups had some difficulties, my group was excellent—very thought provoking. Looking forward to the summary document.
- Group discussions inclusive of participants across work settings, not just those of us in academia. Networking opportunities and the opportunity to hear about innovative models in other programs around the country.

- The opportunity to think and discuss our professional preparation away from the institutional constraints.
- Overall this was an excellent conference from which I leave with an enhanced perspective of where speech-language pathology can go in the future. I will continue to evaluate, educate SLPs with a critical awareness of issues/potential issues.
- Anytime you share ideas it is beneficial. However, in this type of arena, it forces you to not just share information but rethink personal philosophies and practices. Ours is an "evolving profession." Sometimes we don't always remember that.

Suggestions to enhance and improve the summit:

- Next time when we start "first steps," may need some grouping by commonalities—grad program only versus both grad and undergrad, school size, geographic locations, etc.
- More time to develop models. Too much emphasis on clinical doctorate, need other options to consider like specialty certification. More time to network..
- The speech and learning scientists feel threatened by some of our discussions (e.g., clinical doctorate). We need them as a part of our discussion and subsequent plans of action..
- Someone mentioned that it would have been nice having students be part of the discussion. I agree. Other than that, I felt the event was well organized, interesting, and effective. More clinic coordinators/directors should be involved.
- Credentialing and the continuum—SLPAs—where's the quality assurance piece? Where are the ethics constraints/regulations?.
- Discussions of potential new pedagogies. Feeling that our educational programs are good but need to be tweaked. Focus on competencies at BA level and beyond..

Other topics that participants would like to discuss at an SLP Summit:

- Development of a set of foundation courses from which universities could draw to offer distance education to out of field, non traditional students.
- CF—is it needed? Does it need to change?
- Pedagogy—especially some practice and new technology for teaching specifically for speech-language pathology.
- Specialty certification—design implementation for disorders, age (child, adult, geriatric), and supervision. Reassign CF.
- It probably would be helpful to discuss strategies for creating interdisciplinary courses at the undergraduate level that have a component of communication disorder or a service learning or a case study included in the example, a service learning opportunity involving children with a non?
- Clinical supervision pedagogy. Models for clinical faculty career ladder. UG location. Clinical doctorate—politics within and outside of discipline, K&S purposes. Value/benefit. CF experiences—execution of CF plan, increase mentoring. Teaching with technology—pedagogy, evidence-based practice, hands-on experience, resources, applications to increase access or enhance learning.
- Recruitment into the profession. Development of criteria for accepting students into SLP program. What should be included in the application process? Development of entry-level professional exam.
- Clock hours and experiences that develop competencies (knowledge and skills).
- Essential elements of ideal faculty (doctorate and clinical competencies). Collaborative models of education across the disciplines and campuses.