

THE ROLE OF SPECIALIZATION*

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Specialization in any profession is a matter of individual judgement and personal orientation. We are all, I suspect, "specialists" by the very nature of our current employment situation. It seems timely and appropriate to acknowledge that specialization is here to stay, and continuation of advances with instrumentation, testing techniques, and rehabilitation in our fields of audiology and speech pathology will carry us further toward isolation in these specialty areas. Accordingly, my purposes in this presentation are threefold: first, to recognize specialization as it currently exists; second, to stimulate thought regarding specialty training for students and its relation to certification; and third, to consider effective utilization of specialty sub-groups within our national structure.

The fact that audiologists and speech pathologists tend to specialize in their own fields should be news to no one. In our larger clinics and training institutions we find mutual communication between these professional allies becoming increasingly more difficult. Seldom does one teach with equal effectiveness both audiology and speech pathology courses. The achievement of dual certification is obviously on the decline, and it now takes a full-time commitment to master the material content of either specialty field.

To recognize specialization in our own field of audiology, one need only to examine the growth of common interest groups within the ASHA national framework. Our own Academy of Rehabilitative Audiology is an early example, and in the next few days new sub-groups will be established including the Society of Military Audiologists and the Society for the Study of Diagnostic Audiometry. There exist only a few positions which require the services of the theoretical "total audiologist," and accordingly we now speak of audiologists who work in the area of psychophysics, physiology or bioacoustics; one may be a medical, diagnostic or rehabilitation audiologist; or audiologists may serve in public school, military, or industrial hearing conservation

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programs. The formation of sub-groups will continue, primarily for the purposes of ease in the dissemination of information, and each group will soon have its own officers, meetings, publications, and possibly specialty certification. If we can agree that the tendency for specialization is a prominent factor in our professional activities, we should seek some means to incorporate specialty structure in our academic programs.

This brings up then, the second issue of my presentation, specialty training and certification problems. We can't expect students to react with equal interest and enthusiasm to all aspects of audiology when so many diversified areas are represented. Dr. Hallowell Davis entitled Chapter One in his book Hearing and Deafness, "Audiology--A Meeting of Varied Specialists," to bring out a specific point: audiology is an outgrowth of many specialty fields bound together by a common interest in the hearing processes. Although I note that certain requirements are common to all audiology students, the audiologist who aspires to work in a school for the deaf should take coursework that will be of benefit to him in that environment. Likewise, an audiology student who wants to work with patients in a medical setting should have somewhat different training than the student who hopes to conduct auditory research with animals. But, unfortunately, our training programs for the most part, persist in enforcement of the standard, unimaginative, routine academic schedule.

In my present position, I have the opportunity to review a large number of transcripts from students applying to become Army Audiology Officers. We seek to fill our military positions with individuals whose transcripts clearly reflect major emphasis in audiology training. However, I continue to see many applications from students who indicate their major to be "speech pathology/audiology," and whose transcript credits are equally divided between the two subject areas. These applicants request audiology specialty designation, yet they have taken only a few courses in audiology and present evidence of only limited practicum experience in either field. This situation obscures adequate evaluation by a prospective employer of such applicants.

This finding leads me to assume that students postpone the decision regarding commitment to a major area of interest until late in their graduate programs. We must encourage students to make an early choice of a specific area, to

permit sufficient time for the training institution to accomplish its goals. The student who is permitted to vacillate between audiology and speech pathology coursework, often completes his program unable to serve effectively in either area.

Since training, in most cases, is directed apparently toward meeting certification requirements, training inadequacies are not solely the responsibility of the university program. ASHA has shown considerable progress in their standards for the Certificate of Clinical Competence, but the certification program continues to have drawbacks. Students aim for the stated "minimum requirements," which are by definition, the smallest amount permissible. I recognize the need for minimum requirements, but offer the suggestion that we consider setting additional goals for students who wish to achieve realistic depth in their training. Although broad general training is important for our students, depth in subject matter is more valuable at this point than superficial orientation to wide aspects of audiology.

Another drawback in the current certification program is the clinical practicum requirement of 275 clock hours, of which only 250 clock hours must be in the specialty field. This period of 250 clock hours is degradingly small in relation to the two year program that is now necessary for certification. The practicum hours in one's specialty are spread over patients of three age groups and encompass both evaluation and rehabilitation procedures. Now students work slowly, and with the wide variety of situations available for practicum, it is extremely unlikely that this small amount of practicum can do more than barely acquaint him with the profession he has chosen. I would suggest that expansion of this practicum requirement be given serious consideration by the national certification committee.

And finally, I must agree with those who voice concern over the present standardized test upon which to judge clinical competence. It would seem that our older procedure of examining students orally regarding clinical problems was a more substantial measure of clinical competence.

This brings us to the third and final point of my presentation, the role of ASHA in regard to specialty groups. Many other professional organizations have met the

specialization trends and utilized the enthusiasm contained in sub-groups to the advantage of their national prestige. We now commonly judge an individual's interests, and even his capabilities, according to outside professional groups to which he belongs. I would guess that a very small portion of our membership belongs only to ASHA, which leads to the speculation that this national organization could do more to meet the needs of its membership.

The Institute of Physics, the American Psychological Association, and of course, the American Medical Association have succeeded in serving a wide diversification of subspecialty groups, and ASHA might be well advised to study the structures of these other organizations. Our membership is no longer small, and it is becoming more difficult to identify with a national group that cannot give appropriate time and attention to specialty interest groups. An example lies in the publication of two journals, each of which is divided in content between audiology and speech pathology. It is becoming increasingly evident that individuals read only those portions of the journals that relate to their specialty, and it would seem to be in the interest of economy and efficiency to direct each journal to a specialty area.

I believe that specialty groups will continue to grow, and, of course, the national association has the alternative to disregard their recognition. However, this development of specialty structure could add a great deal of strength to the national association, as interests are increased because of the relation and benefits derived mutually by the subgroup and the national group. It is my firm hope that ASHA will recognize the need to plan in advance for inventive solutions to specialization problems.

In short summary, let me reiterate that specialization surrounds us, and we need to adjust our training and certification concepts with this regard in mind. Our national association has the opportunity to face the specialization issue, or propagate apathy and discontent among the membership. We can best meet the challenge of specialization with advanced planning and willingness to work for improvement of services to the membership.