

COMMENTS ON THE TRAINING
OF AUDIOLOGISTS*

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Audiologists work in a variety of settings. They are, to name a few, in doctor's offices, hospitals, private and/or college or university affiliated speech and hearing clinics, agencies of various types, schools for the deaf and school systems dealing primarily with normal hearing children. Some audiologists do work of a clinical nature, that is, they deal directly with, and try to help people who have communication disorders. Others concern themselves with research activities which may or may not bring them into immediate contact with persons who have an impairment of one sort or another. The words clinical and research have been used to distinguish one type of audiologists from the other. Presumably such titles help to define the roles each plays, and in a sense, inform prospective employers, as well as persons outside of the field, about the nature of work each type of audiologist is capable of performing.

It seems that these titles have not been successful in meeting these objectives. To frequently audiologists have accepted positions in which they sincerely believed they could work effectively, but quickly learned that they were neither adequately trained nor temperamentally suited for them. Perhaps as a consequence of this, and in an effort to avoid future misunderstandings, audiologists have begun to add to their titles terms such as paedo, medical, geriatric, psycho-acoustic and physiologic. With titles such as these, there leaves little doubt as to what type of work a particular audiologist does. Perhaps the need for, and the names of these new titles can be of help to the audiologic training centers in determining what future courses of action they might take. Should the centers teach people to be "just" audiologists, or should they train them to be particular types of audiologists?

*Paper presented at Third Annual ARA Meeting.

The preparation of audiologists might be achieved in one of two ways. In one, the budding audiologist takes a variety of appropriate courses which acquaint him with various disorders of communication and the manner in which people with these disorders are managed. He then puts into practice what he has learned in the classroom by working with clients who have such disorders. This practice theoretically gives the prospective audiologist the necessary skills in handling equipment, but more importantly, teaches him the essential skills in learning how to deal with people who have impairments. His practicum is supposed to provide him experiences with a large variety of problems, as well as with people of different ages.

In a second program, the trainee receives the same didactic materials as in the first, perhaps he also has most of the same type of clinical experiences, but at some point in his training career he chooses a specialty. From then on, and until the completion of his training, his time is spent working with an expert in that specialty.

It may appear that the first program described is the more conventional one and the one to which most present-day audiologic training centers subscribe. Program number two seems somewhat new, to perhaps incorporate the good features of the first, but also to add something; that of a specialty. The actual situation, however, is that training centers only rarely produce an audiologist who has sufficient knowledge and skills to act as a true clinical audiologist, a general practitioner, if you will, or that type of audiologist which program number one is supposed to produce. Most audiologists have been, and are being trained to be specialists, but without the benefit of the general knowledge and skills that are necessary to specialize. The kinds of programs found in most audiologic training centers today are "watered-down" versions of the second type program described. Let us look at the situation in greater detail.

In the main, audiologic training is provided in colleges and universities which are affiliated with hospitals, speech and hearing clinics and schools for the deaf. Little or no differences are actually found to exist in the curricula of the various centers. The facilities in which the students receive their clinical experience, however, vary considerably.

Some students virtually receive all of their practicum in audiology sections located in hospitals. In such a setting, the student can expect to see people of different ages and who present a variety of problems, but which are primarily of a medical nature. The student will learn how to work effectively with persons who have ear pathologies of one sort or another, and with colleagues in the medical and in some instances para-medical fields. He may even become a skilled medical-type audiologist, but is this probable? Usually the student is assigned to a particular master clinician working in the hospital, and who, because he relates well to students, has been chosen to be the student's clinical supervisor. The master clinician's case load might consist of only so-called problem cases, these persons who need special kinds of tests. Or, the master clinician's job might be to only administer the more simple routine types of audiologic tests. The more supervision the student has in a given setting, the more varied will his experiences be, but limitations of time and personnel usually restrict the number of clinical supervisors to one per student. Consequently, the experience the student receives is limited. Students in this type of setting usually become highly skilled in working with people who have particular kinds of ear pathology, such as middle ear diseases or eighth nerve tumors. They often learn little more than just how to test for these types of ear pathologies. And, although they may work within a few feet of an otologist, they may only on rare occasions get the opportunity to observe him at work and to see both the medical and non-medical aspects of a particular case.

Other audiology students receive their clinical experience in college and/or university affiliated speech and hearing clinics. In these clinics, students can also expect to work with people of different ages and who present a variety of problems, but who generally need advice of an educational nature. The students can expect to learn how to work effectively with persons who seek help in learning how to live with their problem. They may become skilled educational-diagnostic type audiologists, but do they as a matter of fact?

Most of these clinics by virtue of the type of personnel in them, also see heavily weighted type case loads. A given clinic might see many people who have problems only

with their speech and very few persons with hearing impairments. Another clinic's case load might consist primarily of hearing impaired adults who need help in the selection of hearing aids. While still another clinic, because of its reputation of knowing how to deal with young children, may see only pre-school age hearing impaired children. Audiology students who receive their practicum in speech and hearing clinics do not usually see and work with a variety of problems but, just as in the case of those students who practice in hospitals, receive a great deal of experience with a particular type of problem or need, and with persons in a restricted age range.

Still other audiology students receive most, if not all, of their experience in schools for the deaf. These students can be expected to learn how to work with school-age deaf children, with their parents, teachers of the deaf and administrations of such programs. They may become skilled school-for-the deaf type audiologists, but do not, for the most part, know what is involved in working with people who have lesser degrees of hearing impairment, much less how to deal with the pre-school age child or the adult. To presume that because one is able to work effectively with school-age children who have perhaps the greatest amount of difficulty with communication, that he will also be able to work just as effectively with persons who have less difficulty with communication or another age group, is fallacious.

Audiologic training centers should strive to do what they set out to do many years ago, but somehow did not achieve. They should train people to first be clinical audiologists. If, after becoming a clinical audiologist, the person wishes to specialize in a particular area, good. He should not, however, be permitted to specialize first. To train clinical audiologists, centers must, in addition to providing course work, provide students with a variety of experiences. Some of the kinds of persons with whom they should receive experience under strict supervision are:

1. Normal listeners of all ages
2. Hearing impaired persons of various ages who have various types and degrees of impairment ranging from mild to severe

3. Auditorily impaired children and adults who have additional problems not necessarily associated with a hearing impairment per se.

The audiology student should have an opportunity to work, under supervision, in:

1. A hospital or hospitals where he can gain experiences with a variety of cases of various ages
2. An otologist's office
3. Speech and hearing clinics that deal primarily with out-patients, but which offer both diagnostic and educational services
4. Schools that teach hearing and hearing impaired children.

The audiology student must learn:

1. How to take a case-history
2. How to evaluate hearing
3. How to counsel clients or the parents of clients
4. How to work with members in other professions.

It is unrealistic to presume that any single training center can provide students with sufficient clinical practice in even the areas just cited. It becomes possible only when the various agencies in a given community or neighboring communities join together and pool their resources. The audiology training centers should make a valid attempt to use community facilities to provide clinical experiences to their students before attempting to create programs of their own for this purpose.

Generally speaking, the audiologic training centers today are developing specialists who, until they have worked for several years and have changed jobs a number of times, can, and do, very little more than what their specialty calls for. If audiologists decide not to be so mobile, and

thus not gain the necessary experience to function as true audiologists, then Audiology will be in trouble. The training centers must introduce changes in their programs, relative to the kinds of clinical experiences provided to students while they are in training. The goal of the centers should be to produce clinical audiologists who are not so specialized as most audiologists now seem to be. To be a clinical audiologist, the student must have a wide range of experience with persons of various ages and who exhibit a variety of disorders following a core curriculum of basic and applied coursework. After he has become a clinical audiologist, the person may choose to specialize. He might even be encouraged to do so. He should not, however, be permitted to specialize while receiving his initial training.