

# Report of the ARA Committee on Educational Models & Continuing Education\*

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The committee on educational models and continuing education met in July at the annual ARA meeting. Only a few members of the committee were able to be present, but a fruitful discussion did take place in which the tasks of the committee were partially delineated. It was decided that one purpose of the committee should be to try to establish a description of the training in the area of rehabilitative audiology currently available in university programs that offer graduate degrees in Audiology. Because of manpower needs and greater emphasis within the profession on the rehabilitative aspects of audiology, many changes have taken place with regard, at least to the lip service paid, to the importance of rehabilitative training and services. In order to get a feel for the actual emphasis placed on rehabilitation in training programs and available to today's graduate students, a questionnaire was sent to 70 university programs throughout the country, primarily to those programs that are accredited by the ETB of ABESPA. Thirty-six of the forms were returned, which represented 51.4% of the programs contacted. The questionnaire asked for a listing of courses offered in the area of Rehabilitative Audiology, courses *required* of students in Audiology, practicum experiences available, practicum settings utilized, and an estimate of the number of hours of coursework and practicum completed by the average audiology student.

Results of the questionnaire can be found in Table I. Because of differences in terminology used in course titles, courses have been assigned to the categories shown under *Courses Offered*. Thirty-five of the 36 respondents reported offering a course in Aural Rehabilitation or Rehabilitative Audiology. Courses entitled Auditory Training and Speech-reading were reported by only four universities and were included in this category. Fourteen of the respondents offered two courses having the title Aural Rehab or Rehab Audiology and eight of the programs offer one or more seminars in the area of rehabilitative audiology. Twenty of the

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programs surveyed (55.5%) offer one or more courses in Manual Communication.

Table I. Summary of Courses Offered in Rehabilitative Audiology

Course	Number of Universities Offering	Percent
1. Rehab. Audiology (Aural Rehab) I	35	97
2. Rehab. Audiology II	14	38
3. Speech for the Hearing Impaired	22	61
4. Hearing Aids	21	58
5. Manual Communication	20	55
6. Language for the Hearing Impaired	19	52
7. Psychology of Deafness	17	47
8. Pediatric Audiology	13	36
9. Seminar (Aural Rehab.)	8	22
10. Education of Hearing Impaired	8	22
11. Geriatric Audiology	4	11

Several programs offer courses designed to deal with management of deaf children, such as Language or Speech for the Deaf, Psychology of Deafness, and Education of the Deaf. Most of these universities also offered degrees in education of the deaf. Courses dealing with special populations (either pediatric, geriatric, or multiply handicapped) are available in less than half the training programs, with courses in Geriatric Audiology constituting the smallest category of courses offered. The number of courses offered ranges from 1 to 13. The largest number of courses are related to the offerings of specialized degrees in Educational Audiology or Education of the Deaf.

Although a wide variety of courses appear to be available to today's students, a look at those that are *required* (Table II) of graduate level audiology students is less encouraging. Generally speaking, the greater the number of courses available, the greater the number of courses required. The extremes are found in one school in which *no* course in Rehab Aud is required (although practicum is required in the area) and one in which 33 semester hours in the area are required.

Twenty-six of the 36 programs required the course entitled Aural Rehabilitation, and 12 of the programs require a second course in the same area. Thirteen universities require a course in hearing aids, 8

Table II. Summary of Courses *Required* in Rehabilitative Audiology

Course	Number of Universities Requiring	Percent
1. Aural Rehab. I	26	72
2. Aural Rehab. II	12	33
3. Hearing Aids	13	36
4. Manual Communication	8	22
5. Psychology of Deafness	7	19
6. Pediatric Audiology	5	13

require that audiology students take a course in Manual Communication. Seven universities require a course in psychology of the deaf. Five or fewer of the training programs require other courses with various titles. The average number of semester hours in rehab courses that audiology students are required to take is 7.6 hours. When the programs that offer specialized degrees in educational audiology or hearing therapy are eliminated, the average number of semester hours required is 6. In most programs speech pathology majors are required to take at least one course in aural rehabilitation.

The practicum settings available to students are quite variable and include schools and classes for the deaf, hospitals, clinics, and public schools (Table III). Only 15 of the 36 programs provide practicum in the public schools and 6 of these offer minimal work in the schools (2-3 hours a week). Only 5 place students in the schools on a semester-long basis for at least two days a week or ½ day daily. Such programs report “checking hearing aids periodically” as constituting the major portion of the public school practicum. This question seemed to trigger frustrations on the part of many respondents who wrote numerous comments such as “we’re trying” or “we’ve been trying for years.” Opposition appears to exist on the part of special education directors and state departments of education, rather than from university administrations.

The relative absence of coursework dealing with special populations such as preschool hearing-impaired children or geriatrics is disturbing when practicum enrollments are examined. The four most common placements are University speech and hearing clinics, hospitals, public schools and homes for the elderly. The type of clients served are primarily hard of hearing children (school age) and hard of hearing adults.

Twenty-four of the 36 programs in Audiology do not offer specialization at the Master’s level although four report training “educational

Table III. Practicum Placements

	Number of Respondents	Percent
1. University Speech and Hearing Clinic	28	77
2. Hospitals	18	50
3. Public Schools	15	41
4. V.A. Hospitals	12	33
5. Rest or Convalescence Homes	12	33
6. Classes for the Deaf	12	33
7. Preschools	9	25
8. Parent-Infant Program	4	11
9. Programs for Multiply Handicapped	4	11

audiologists" and two report training "hearing therapists." The average student in today's training program is required to take about six semester hours of coursework in Aural Rehabilitation, but typically has an option to take other related courses. Student's practicum experiences are usually with hard of hearing elderly adults or school-age children. The national emphasis on early intervention with the hearing-impaired has not yet been reflected in the average audiology training programs (in coursework or in practicum experience), which calls into question the qualifications of audiologists as members of a team designed to serve infants and young children and their families. Also, audiology students appear to be involved in therapy with geriatric patients usually without having had coursework designed to prepare them for working with that population.

The second purpose of this committee is to study and make recommendations concerning continuing education, which promises to be a very difficult undertaking. The committee members have thoughtfully delineated some of the *questions* pertinent to a study of the area, but so far *answers* are still elusive! One of the first tasks facing those who plan for continuing education is that of establishing its objectives. Some obvious ones are (1) to keep individuals current in rehabilitation (to add to basic knowledge and provide ways of learning new skills), (2) to fill requirements for renewal of license or certification as audiologists, (3) to aid in filling the rehabilitative needs of the public, and (4) to satisfy requirements established by peer review boards.

The modes by which continuing education units may be obtained is an area of some importance. Much attention is being paid the question of

CEUs by universities and national organizations, but little consensus has been reached. College courses, workshops, short courses, in-service training, correspondence courses, tutorial sessions at regional conferences, and attendance at conventions have all been suggested as possible methods of obtaining CEUs. Guidelines must be established, however, regarding what constitutes a continuing education *unit* and how many such units should be required in what time frame.

The question of *financing* continuing education must be considered. Who should pay short course costs, for example? How should decisions be made regarding the appropriateness of continuing education efforts made by the participants? Who should establish the guidelines needed? ASHA? ARA? Local organizations or institutions? While these problems must be solved before continuing education guidelines can be established, the committee wishes to make the following recommendations at this time:

- 1) A program of continuing education based on a unit system should be developed by ARA. While cooperation with ASHA is recommended, efforts should proceed independently of ASHA's progress in this area.

- 2) ARA continuing education units should provide information in aspects of audiology that relate directly to efforts to improve communication and communication related skills of the hearing-impaired. The evaluative process may be considered a part of the rehabilitation process, but evaluation procedures not followed up by efforts to provide improvement in communication skills are not considered rehabilitation and would not be accepted as a rehab CEU.

- 3) The CEU system devised should be as flexible as possible initially until patterns of needs and usefulness of modes of delivery can be evaluated. It is *not* recommended that mere attendance at conventions be accepted as a unit of continuing education.

- 4) Continuing education should be ongoing and efforts should be reviewed periodically.

The committee welcomes input from ARA members regarding continuing education as it continues its study of ways to implement these recommendations.