Au.D. History: Supreme Court decision sets stage for private Audiology practice

Dr. Linda Burba, Au.D.: Running the races!

Reflections on the future of the Au.D. by Barry Freeman, Ph.D.

President’s Message: Celebrating ADA’s 30th Anniversary
Interviews: Dr. Tabitha Parent and Dr. Meredy Hase
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CONTENTS

5 President’s Message
Craig W. Johnson, Au.D.

6 Editor’s Note
Kevin Ruggle, Au.D.

8 Au.D. History: Supreme Court Decision Sets Stage for Audiology Private Practice
Kenneth L. Lowder, Au.D.
Susan B. Paarlberg, M.S.I.R.
Tracy A. Harding

14 Member Spotlight:
Dr. Linda Burba, Au.D.

16 Where We Stand
Doctor of Audiology (Au.D.):
A View from the Past, Present and Future
Larry Englemann, Au.D.

22 Professional Update

24 The Future of the Au.D.
Barry Freeman, Ph.D.

26 An Interview:
Dr. Tabitha Parent-Buck, Au.D.
Kevin Ruggle, Au.D.

28 Profile of Au.D. Schools

29 How the Au.D. Affects Practice:
A Q&A With Dr. Meredy Hase

Advertisers Index
Oticon ..................................................Inside Front Cover
Phonak Hearing Systems ..................................4
Siemens ..........................................................7
GN Resound ........................................................11
GN Resound ........................................................13
Discovery Hearing Aid Warranties .........................15
Widex .................................................................15

Celebrating 30 Years
ADA 1976 – 2006

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Reflection on 30 Years

It is hard to imagine that it has been 30 years. The ADA was the first audiology member-based organization. The audiology profession was in its infancy when ADA held its inaugural meeting in 1976. Even though a solid research footing was established, a profession had not yet emerged. The ADA founding fathers original goal was to teach basic dispensing and business skills.

Through the years, ADA conventions have been more than just a social experience. ADA has reshaped and molded our profession. Some may say that it takes a large member-based organization to move the profession forward, but ADA has demonstrated that passion combined with a strong moral fabric is more important than just numbers.

What ADA Has Meant to the Profession

Since the early beginning of teaching basic business and dispensing skills, ADA has continued to focus on the educational growth of audiologists. ADA offered the first cerumen management course in 1991 that continues today, 15 years later. It is hard to imagine that previously a practitioner evaluated a patient with excessive cerumen and could not remove canal debris. The vast majority of states now include cerumen management in our scope of practice. It seems quite logical to us today. However, there are still some states that preclude audiologists from removing debris even if it is impeding the performance of a procedure.

Where would the profession be if ADA did not lead the initiative to transform the profession to a doctoral level? ADA sponsored the first symposium to create the Doctor of Audiology degree in 1988. From this meeting, ADA formed a task force whose sole mission was to transform the profession. This task force led to the founding of the Audiology Foundation of America. ADA’s membership has been successfully transitioned to a doctoring profession within the past five years. Fifty-five percent of current ADA members currently possess the Au.D. degree, and the majority of the remaining members are currently in distance learning programs.

Celebrating 30 Years

The next step in our transformation is to change our state licensure/registration laws to require the Doctor of Audiology degree after 2006 for newly-minted audiologists. This process has occurred in four states and it’s anticipated that at the end of 2006 another 20 states will transition.

The Au.D. movement is also supported by ADA’s involvement in the Audiology Commission for Audiology Education (ACAE). The goal of the ACAE is to establish an accreditation agency for a doctoral level profession. The Au.D. degree would mean very little without an accreditation agency to ensure high standards. Consequently, ADA and the American Academy of Audiology united to create a new accreditation agency that is totally independent of a membership-based organization and whose revenue stream is not tied to an entry level certificate. This agency is unique in the field of accreditation since it is the first and remains the only totally Web-based data entry process. The ACAE online historical database will serve as a basis of comparison between programs for use by administrators, professors, proctors and students.

ADA promoted the first vestibular rehabilitation workshop for audiologists in 1996. This opened new opportunities and balance treatment has gone beyond canalith repositioning procedures to include central compensation exercises. The profession credits Dr. Richard Gans for his work in changing the mindset of audiologists that now links hearing and balance services. His efforts have been tireless in educating colleagues.
Editor’s Note

Kevin Ruggle, Au.D.

Rewriting History

In this issue of Feedback, we take a long hard look at the Au.D. We examine its history, its effect on audiology and try to imagine its role in our future. It is important to remember where we came from as we all move forward, and as new students enter residential Au.D. programs, I want them to know that the Au.D. was not just a series of fortunate events, but rather a long relay race over tortuous terrain. Early proponents of the Au.D. were not embraced by our profession as visionaries, but were at times ridiculed for daring to think our profession should consider itself a “doctoring profession.” Those same negative forces have seen their master’s level programs either close or become Au.D. programs, and I suggest that a fair number of them quietly support the Au.D. more and more as they see their students enter the programs with more academic qualifications, and leave as well trained Doctors of Audiology. Eventually, we may even see some of them try to rewrite history, and claim to be part of the Au.D. movement. This will only happen once they are sure it is cemented in our profession. Time will tell.

From this point on, I believe Audiologists should completely unite under the Au.D. If you have chosen not to earn your Au.D., I believe you still owe it to your profession to support the Au.D. Just because you have personally chosen not to earn your Au.D. does not preclude you from supporting others who chose to earn their degree. I am encouraged when I hear audiologists supporting other audiologists who have decided to return to school.

History will prove that the Au.D. was a milestone for our profession. We simply won’t go back to the way it was, and for good reason. History will be good to the Au.D. and I hope that history is kind to those who made it a reality, by their dedication and fortitude. This issue is a tribute to the Au.D. and all those who made it possible. You have changed our profession for the better!

Kevin Ruggle, Au.D.
Feedback Editor
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SUPREME COURT DECISION SETS STAGE
For Audiology Private Practice

By
Kenneth L. Lowder, Au.D.,
Chair, Audiology Foundation of America

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Tracy A. Harding,
Publicity and Development Specialist,
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Few people likely realize that the door to the Au.D. profession in the United States was actually opened by a 1978 Supreme Court decision about engineers. This significant ruling allowed engineers to competitively bid for engineering services without ethical implications. The ruling set a model that the growing field of audiology followed.

**Audiology’s History**

Until the late 1970s, there were very few audiologists in private practice. Typically, audiologists would diagnose patients and then refer them to hearing aid dealers for hearing aid purchases. Audiology’s primary membership group at this time, the American Speech-Language-Hearing Association (ASHA), held that it would be unethical for audiologists to sell hearing aids for a profit. It assumed a conflict of interest for the audiologist to both diagnose a hearing loss and supply the mechanism for assistance which the audiologist would always have one eye turned toward profit.

But audiologists working during those times came to believe that they were better able to provide audiological rehabilitation themselves and wanted to offer a full range of services, including hearing aid fitting, to help their patients. The Academy of Dispensing Audiologists (ADA) was formed in 1976 to serve as a home for practitioners who struggled with ASHA’s position on the ethics of selling hearing aids. ADA immediately began to offer practical help and advice for audiologists to develop the business and patient-management skills that were critical to their success—information and services they could not find elsewhere.

Then, in a 1978 ruling that set a remarkable precedent, the U.S. Supreme Court ruled that The National Society of Professional Engineers (NSPE) code of ethics could not be used to prohibit competition and price interference for engineers’ services.

This ruling set the stage for audiologists to provide full services to patients. By 1981, private practices began to blossom. But as these audiologists continued to practice, they realized they were treating patients and running businesses in much the same way as their optometry and dental colleagues down the hall and across the street. They began to wonder why they didn’t have practitioner doctoral degrees hanging on their walls, as their colleagues did, and why they hadn’t originally been taught many of the things they had to learn on their own.

Until this point, important topics such as practice management and patient management were self-taught or picked up during ADA conventions—they were not taught or addressed in the academic environment. Audiologists had only one or two years of study in master’s programs, and their clinical fellowship year experience—a period of time spent “interning” and learning to practice—oftentimes left them with a skewed view of reality.

Audiologists often spent their entire clinical fellowship year at one site, such as in a pediatrics practice or at a veteran’s home. While this gave them a solid foundation in clinical work in their particular area, it also left a void of untaught practical skills in other areas and rarely covered the entire scope of practice encountered by working audiologists.

**ADA and AFA Push the Envelope**

The fuel to fire the Au.D. movement came from the initial group of audiologists who were trying to succeed early on in private practice. By 1988, another decade had passed with ASHA continuing to serve as audiology’s largest membership group. Many audiologists were still seeking change within the profession—change in policy, change in philosophy and change in leadership. The American Academy of Audiology (AAA) was founded “of, by and for audiologists,” and continues to function in that capacity today.

ADA also hit an important milestone in 1988 when it organized its “Conference on Professional Education,” which launched an organized effort to make a new doctoral degree a reality. The published “Proceedings” codified a model Au.D. curriculum, set prerequisites and called for an organization to lead the charge. This organization, the Audiology Foundation of America (AFA), was formed soon thereafter.

The AFA’s mission was, and still is, to lead the effort to transition the profession of audiology to a doctoral degree with the Au.D. as the unique designator. Dr. David Goldstein, a professor at Purdue University, led the charge and served as the AFA’s chairman for the first decade. The original AFA board of directors included many other professionals. (see inset next page)

The AFA was initially funded by contri-
butions from individual donors, professional organizations and hearing-industry corporations. The cause was championed by the audiology profession and industry. Support poured in for the first six years as AFA-educated audiologists all over the United States asked about the Au.D. and why AFA was needed. They were curious about what impact the designation – and the organization – would have on each practitioner and patient.

In 1995, the AFA organized and sponsored the “Standards and Equivalency Conference” to bring together audiology leaders to formulate Au.D. standards. In addition, the group considered the mechanism by which current practitioners might acquire the Au.D. Equivalency was an important issue, as the group, comprising a mixture of colleagues and practitioners, sought to give credit to practicing audiologists for acquired knowledge. Ten audiology organizations ultimately co-sponsored the outcome. ASHA’s continued support was noticeably missing.

From the very beginnings of the Au.D. movement, the AFA and most audiologists believed that existing practitioners should be able to participate in the transition and be given credit for their existing knowledge and skills. During the 1995 Standards and Equivalency Conference, attendees voted on many proposals, and in the end, more than 60 percent agreed that existing practitioners should be allowed to earn a credential by demonstrating that their expertise and capabilities were the same as doctoral practitioners. In addition, 96 percent of attendees agreed that existing bachelor’s and master’s degree programs should be phased out.

The resulting strategy was to create an Au.D. credential, earned by practitioners, that would lead to their placement in distance-education programs. In this way, they could earn an Au.D. credential during a “transition phase.” The AFA was charged with developing this Au.D. assessment and recredentialing process, and the original program, called “Earned Entitlement and Equivalency,” began in 1996.

The Au.D. credential was met with considerable controversy. Many people were very uncomfortable with the idea of granting credit for experience, preferring that audiologists only acquire the Au.D. by earning the degree. Such fighting within the field only made the struggle toward professional autonomy and independence that much more lengthy and difficult. Other professions, such as dentistry and optometry, transitioned their practitioners to higher degrees much earlier and with encouragement and support from their national membership organizations – allowing the process of change to move more smoothly than in audiology.

Accreditation

At the Standards and Equivalency Conference in 1995, there was overwhelming support for a new independent accrediting agency, and AAA was assigned to lead the effort. But as the years passed, progress toward this goal was marginal at best. It was not until 2001, when the AFA paid for a study, that the groundwork was set for the creation of a new accrediting body.

One key finding in the 2001 AFA study showed that Au.D. program directors were willing to consider an alternative accrediting program. With that knowledge in hand, AAA and AFA formed the Accreditation Council for Audiology Education (ACAE) in 2002. The AFA also provided $125,000 in seed money throughout 2004 and 2005 to help get the effort on its feet.

The group anticipated that this new accrediting body, through its work, would implement ideas about academic standards, clinical rotation experiences and other outcomes of past collaborations in addition to developing a new examination.

A decade has passed and audiology is still without a new process from an independent accrediting agency – although ACAE is now in the testing phase at two residential Au.D. programs. It is anticipated that the new accrediting program will be open to other programs seeking accreditation later this year.

The Au.D. Movement

As spring 2006 graduations push the number of Au.Ds to more than 3,000, it is clear the profession is beginning to take charge of its own affairs. The common title of “Au.D., Doctor of Audiology” will help differentiate audiologists and clarify their role in the healthcare arena in the minds of consumers. This common professional designator will further continue the goal to put audiology on par with other doctoring professions, such as dentistry and optometry, making it easier for audiologists to lobby for direct access to patients, direct billing and other professional necessities associated with limited-licensed practitioner status.

When asked, many audiologists say they will consider the Au.D. transition complete when more than half of the profession holds an Au.D. degree. With a profession that numbers more than 15,500, there is still much work to be done to reach the halfway mark. AFA statistics project that, at current rates, that goal will not be met until after 2010.

State Licensure - A Major Hurdle

A major consideration in audiology’s progress toward autonomy lies in state licensure. While several states including Ohio, Indiana, New Mexico and Oklahoma, have upgraded licensure to require the Au.D. as the basic standard for practice, others still require only a master’s degree. Others are close to making the change, and more than 25 additional states have language that requires a doctoral or master’s degree. This year the AFA is emphasizing the importance of state licensure upgrades and will seek to mobilize groups within various states to push for change. The charge must be taken up in every state to incorporate and recognize the Au.D. as the unique and single identifier.

“It is a call to every audiologist to stand behind the profession,” AFA Executive Director Susan Paarlberg says. “When the Au.D. is the requirement for practice for every newly licensed audiologist in every state, we will consider our job well done.”
WE’RE SENDING OUR COMPETITORS BACK TO THE DRAWING BOARD...
concerning balance treatment and management.

Balance treatment has grown to be an important marketing tool for our members. When visiting primary care physician offices, we become aware that often they care very little about hearing. However, they are very concerned about balance. One in 10 patients that visit an internal medicine physician’s office complains about balance. Thus, balance is a critical component of their patient population, and is of more immediate concern for both the physician and the patient

Thus, as we visit physician offices to carry the audiology message, the most receptive things that a primary care physician can hear is, “I can cure your dizzy patients.” This is welcomed news and it will eventually open their ears to the importance of treating hearing loss.

Advocacy has been a key factor in our professional growth as we have evolved from infancy to adolescence. An increasing number of government agencies, legislators and insurance carriers have recognized the value of direct-access audiologic care in the past 10 years. The Federal Employee Benefit Health Program recognized the value of audiology care in 1998 and at this point virtually all preferred provider organizations allow for direct-access with the exception of Medicare. This will soon change with our continued advocacy efforts. I know from my own experience with the Maryland Academy of Audiology, audiologists are now the “go to” group for hearing health legislative information, more so than the otorhinolaryngologist or hearing aid salesman. Advocacy has been a vital component of our success in delivering quality care to patients. The audiology message will continue to grow as more audiologists take responsibility for their future.

Whenever we survey our members concerning their needs, one of the highest priorities is developing a vehicle for consumers to learn about the profession. In today’s marketing lingo, it’s all about branding. We need to develop a branding campaign to educate consumers about the doctoring care of an audiologist. Five years ago, the board took the first steps in this direction. In October 2004, we sponsored the first symposium for the profession that established a roadmap for our future. These efforts are continuing with the funds that ADA receives from AuDNet.

The next step in the direction of our profession is to develop our knowledge base with regard to pharmaceuticals. All other doctoral level professions, such as dentistry, podiatry and optometry, have developed a strong pharmaceutical component to their education. Audiology will be the next group that enters this arena. This will be accomplished with the development of a Pharmaceutical Certificate Program, where audiologists can learn appropriate management and can thereby better interface with other health care practitioners.

So what have we learned in 30 years? We have learned that education is the key in our ability to treat and manage patients. The audiologist is best positioned in the marketplace to diagnose and treat hearing and balance disorders. There is no other profession that can compete with our services in an open marketplace. Audiologists possess unique education and clinical skills to interact with other health care professionals.

We have also learned that when we advocate for the profession, audiologists must represent audiology. It is no longer tolerable for our profession to be represented by a speech pathology based organization. Organizations that have speech pathologists as the predominant component have been counterproductive in our quest even though some audiologists would say that being associated with a larger member-based organization is helpful. The value of numbers in the political process declines exponentially if the organization is morally bankrupt.

How can an organization be caught in a moral vacuum? A moral vacuum is created when the organization is perpetuated by its sole desire to collect revenue regardless of its merit. The speech organization uses your payment of dues as a validation of their position against audiology in Washington. I have been a first hand witness to their illegitimate use of your trust. This year, as you contemplate your dues to the speech organization, I would urge you not to renew your membership in such an organization. By paying a fee you are only embracing their tyranny against your profession and we need to stand together and send them a clear and straightforward message, “leave audiology now.” Some audiologists may argue that their dues to a speech organization are important since it allows them to supervise students. I would counter by saying that is one of the main reasons why you should not. I have been supervising Au.D. students for several years without a certificate from a private organization and no issues have been raised by universities or from insurance carriers.

Pressure exerted on the speech organization is the only methodology to promote change. Tacit compliance only leads to reinforcing the past. So I call upon you, in celebration of ADA’s 30th Anniversary, stop paying dues to a speech organization! Change is inevitable as we march together. This has been our history! This will be our future!

The Next 30 Years

Our advances together over the past 30 years will continue to propel the profession. The profession’s future is in your hands and it can only be nurtured by your efforts and assistance. Leadership serves as the point but those that participate determine the power of the thrust. Many will use the excuse that they are too busy to contribute. I realize that we are all in busy practices. The ADA board members have always been active practitioners, but those who serve on the board feel a moral obligation to leave the profession better off than when they found it. As the elections are coming up in the Fall, I am sure you will join me in rejoicing in the continuation of ADA as a strong force in the profession. Those that lead in the next 30 years will be even more productive than in the past, since they will be leaping from our shoulders.
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Twenty-five years as a professional in audiology, Linda Burba is currently the founder and owner of Audiologic Services Ltd., Glen Ellyn, Ill. - a multi-office, full diagnostic hearing and balance center.

Dr. Burba has always had a deep interest in the medical field and health care, “Audiology somehow found its way to me.” She states that it has provided her with a challenging career and a very comfortable life. Her career became a passion when she ‘bit the bullet’ and went out on her own, realizing that she had full power to direct her future and that of her patient’s hearing health care. Dr. Burba encourages the entrepreneurial spirit in others and continually advocates that individuals embrace the incredible options available.

Audiologic Services is an environment that holds the “organized chaos” Dr. Burba calls as a typical day, seeing 20-40 patients each day. Audiologic Services doesn’t encourage walk-ins, but they do everything in their power to meet their needs. Dr. Burba says, “If you do a great job augmenting a patient, the biggest flattery is a patient begging for assistance.”

Everyday is an opportunity - that is what Linda Burba considers a career highlight. Potential and energy are just two characteristics that set up for great success. Two major points in her career were going out on her own and being part of the Au.D. movement, and also seeing it come to fruition.
With every successful career, mentors are not far behind their rising protégés. Dr. David Goldstein and his vision and unselfish, endless energy in pioneering audiology to a higher level of professionalism is just one man that helped Dr. Burba on her path. The second being her immigrant father who put three kids through college on the stock market and taught her good values, humor and “in life you have to fight like a lion.”

In Dr. Linda Burba’s opinion, opportunities in audiology need to be taken now for the future of audiology: “We need to step up to the plate, envision the power that we, as professionals, need to make in order to have an impact on the industry; our consumers and the educational bodies that are responsible for graduating our future Doctors of Audiology,” states Dr. Burba.

**Dr. Burba’s Words for Future Audiologists**

“Take mistakes and turn them into positives. Never, ever stop pushing yourself to know more, be better at what you do. Make yourself invaluable. Embrace the responsibility that each patient you touch, gives you the opportunity to change their lives. Never be afraid to reach out for what you want – and it helps if you marry an accountant.”

**Dr. Burba’s Out-of-Office Enjoyments**

I’ve been known to take things to the edge and sled dog racing is no exception. We’ve been competitively racing now for 20 years and have a kennel of 20 pure bred Siberian Huskies collected from all over the world. They are a huge part of our family. Racing has been an addiction. Fielding a top notch team and training in the Chicago area has been about as difficult as pushing through the Au.D. It’s a huge commitment, but worth every bit of effort, especially when it all pays off in the end. You come through the finish line in first place with wagging tails and happy faces, and you learn to crawl into their spirits and understand their drive. And after a long day at the office, I am greeted by 20 maniac huskies, tongues hanging out ready to kiss you to death – it’s a rush.

“Our careers and our hobbies have a lot of similarities if you take the time to analyze them. Private practice audiology and the crazy sport of sled dog racing are both extremely time consuming, they depend on environmental factors and you have to learn how each individual fits into the pack in order to know how to drive your team to success.”
Feature | Where We Stand
The Academy of Dispensing Audiologists (ADA) has a notable 30-year history of leadership in advancing the audiology profession. Launching the Au.D. movement began in 1988 when ADA sponsored the Conference on Professional Education. Through one of the conference’s outcomes came the understanding and agreement that audiology’s educational and clinical training must improve. The group decided that, to meet the needs of contemporary audiology practice, the education regimen should be changed from two years (master’s degree) to four years (professional doctoral degree).

Another outcome was the establishment of the Audiology Foundation of America (AFA). The AFA was charged with the mountainous task of transforming audiology to a doctoring profession with the Au.D. as the single designation and degree to enter the practice of audiology.

The profession’s decision to become a doctoring profession resulted in an important and exciting, yet turbulent, time for audiology. The profession’s journey is leading audiology out of its more familiar status and academic structure of allied healthcare professions (SLPs, PTs, OTs, nursing, etc.) to the new, less familiar world of the “healing arts.
doctoring professions.” Each profession in this latter group (optometry, dentistry, chiropractic, podiatry, allopathic and osteopathic medicine) has successfully co-existed and proliferated, for well more than a century.

It is quite evident that these professions fully understand professional doctoring education. We do not need to reinvent the wheel. Audiology can reduce and minimize conflict among us and help avoid misleading or misdirecting the restructuring and redesigning of audiology to a teaching profession by using the other healthcare doctoring professions as models. Doing so will help promote the acceptance of audiology as a healing arts doctoring profession by other doctoring professions, the public, legislators and by insurance regulators. It is from this vantage point that ADA has made many of its decisions, recommendations and stated positions about the Au.D. movement.

Distinguishing Between Post-baccalaureate Degrees

The U.S. Department of Education (DOE) classifies all types of degrees. It classifies and defines “Doctoral Degree;” “First Professional Degree (FPD)” and “Master’s Degree” into three entirely separate and distinct categories. In the 1960s, audiology began to use the master’s degree as the entry-level degree to practice audiology. Before the Au.D. came into existence, the Ph.D., Sc.D. and Ed.D. were used by audology practitioners somewhat differently than most other professions or fields of study. Windmill (1993) reports that, “The Ph.D. is traditionally considered to have an emphasis in research and teaching, although many would argue that the focus of numerous doctoral programs in audiology today is to provide a quasi-advanced level of professional training.” He continues with, “...many feel that the Ph.D. offered in the field of audiology is actually a hybrid degree, without a true focus in either professional education or research training.”

The United States Network for Education Information explains Doctoral Degree as: “Doctoral studies may begin after completion of a bachelor’s, master’s or first professional degree. In some subjects it is the custom to begin a program leading eventually to the doctorate immediately upon receiving a bachelor’s or first professional degree, while in others it is still customary to earn a master’s degree before enrolling for a doctorate.”

The Ph.D. is a recognized Doctoral Degree. The DOE and the U.S. National Science Foundation recognize 52 different doctoral degrees as equivalent and do not discriminate between the degrees. Among them are the Doctor of Science (Sc.D.) and the Doctor of Education (Ed.D.) degrees. They are considered advanced “terminal” degrees for the purpose of conducting research, demonstrating scholarship and preparing for teaching. The DOE does not consider Doctoral Degrees as entry-level degrees to prepare doctors for clinical practice and direct patient care. None of the doctoral degrees listed by the NSF are First Professional Degrees.

The DOE defines the FPD as “a degree awarded by an institution to an entry-level professional in certain occupational fields (medicine, dentistry, optometry, podiatry, osteopathy, etc.), having a minimum of two years of pre-preparation and four years of professional training.” These are the clinical degrees associated with direct patient care.

The Au.D. degree is audiology’s FPD. The Au.D. replaces the master’s degree as the entry-level degree to practice. The Au.D represents a “general practice” degree and represents the “entry-point” doctors managing hearing and balance disorders. The Au.D. does not represent “specialization.”

As a point of fact and a word of caution: There remains a minority group in audiology that insists on having a category of “Clinical Doctorate” that includes “all doctorate degrees” or “Clinical Ph.D.” that has an emphasis in clinical training.

Windmill (1993) reports, “It should be noted that this definition [of Clinical Ph.D.] was used by the ASHA to provide for commonality of terms in the development of the Report on Doctoral Education.” He further states, “As far as can be discerned there is no formal recognition of a ‘Clinical Ph.D.’ by a national agency, accrediting body or academic organization. It is probably safe to conclude that a ‘Clinical Ph.D.’ is a nonsensical entity, an oxymoron, and that utilization of the degree nomenclature following purely professional training may be called into question.”

In reviewing the other healing arts doctoring profession models, none allow the Ph.D., Sc.D., Ed.D., or any other doctoral degree, to be used as an entry-level degree to enter practice. Only each profession’s respective FPD will allow and enable one to become licensed and enter practice. To follow these models, audiology should have only the Au.D. as its FPD to practice. Any other doctoral degree related to audiology should be earned subsequent to the FPD or as a combined Au.D/Ph.D. track.

Bylaws Change

Once ADA made the commitment to the Au.D., it did so wholeheartedly. ADA

“The change was not intended to discriminate against any audiologists nor was it meant to take away from those of us who came up the ranks and helped create our profession and the ADA organization. In fact, most of the members who voted for the change at that meeting had master’s, Ph.D., Sc.D.s and Ed.D. degrees.”
It took from 1988 to 1992 for audiology’s first Au.D. program to open at Baylor University’s School of Medicine. In 1995, the AFA funded the Standards and Equivalency Conference. It was co-sponsored by eight audiology organizations, including ADA. This was the springboard for the development of the distance-education Au.D. programs for practicing audiologists. These sequences of events helped drive ADA to its next bold move.

A decade after ADA began the Au.D. movement, it took another step toward supporting the Au.D. transition and demonstrated its ongoing willingness and leadership to foster the needed changes for audiology. In 1998, this step came in the form of members voting on a bylaws change that required “new members” to either have the Au.D. degree or be enrolled in an Au.D. program. The bylaws change occurred at an open membership board luncheon meeting during the convention.

The change was not intended to discriminate against any audiologists nor was it meant to take away from those of us who came up the ranks and helped create our profession and the ADA organization. In fact, most of the members who voted for the change at that meeting had master’s, Ph.D.s, Sc.Ds. and Ed.D. degrees. In 1998, only a small minority of ADA members had an Au.D. degree. All current and past ADA members were grandfathered into their ADA membership. The change became effective in 2001, nine years after the advent of the Au.D. programs. ADA was preparing for and creating the future.

### Accreditation

One of several outcomes of the 1995 Standards and Equivalency Conference was the development of the Joint Audiology Commission (JAC). The mission of the JAC was to facilitate the establishment of an audiology-controlled accrediting body for Au.D. programs. It was represented by members of the ADA, AFA, AAA, Academy of Rehabilitative Audiology, Air Force Audiology Association, Council of Au.D. Degree Programs, the Educational Audiology Association and the Military Audiology Association. The initial efforts of JAC were noble, but it was short-lived and is now only part of the Au.D. transition memories.

In 2001, AFA commissioned a study, “The Feasibility of Developing an Accreditation Program for Programs Offering the Professional Doctorate in Audiology.” At the time, AFA was part of a consortium of parties interested in developing a new accrediting body for Au.D. programs. The other members included ADA, AAA, and the Organization of Au.D. Program Directors, and the National Association of Future Doctors of Audiology (NAFDA).

Subsequently, representative members of AAA and ADA established the Accreditation Commission for Audiology Education (ACAE) in 2003 (www.acae accred.org). To date, its funding has come largely from ADA, AAA and AFA. ACAE is a non-profit independent organization whose mission is “to serve the public by establishing, maintaining and applying standards to ensure the academic quality and continuous improvement of audiology education that reflect the evolving practice of audiology. The scope of the ACAE encompasses the professional (Au.D.) audiology degree.”

You can view the 2005 adopted “Accreditation Standards for the Doctor of Audiology (Au.D.) Program” in its entirety at www.acae accred.org/Documents/ACAE_STANDS_2005r8_05.pdf. ACAE is a major stepping stone to audiology’s autonomy. Our profession should fully support it and accept nothing less than complete success.

### Branding

In 2004, ADA contracted a marketing firm and sponsored a session a day ahead at the convention to introduce its 100-plus participants to the concept of branding. There was a cross-sectional representation from academia and clinical practice. The entire day was spirited, interactive and informative. It was like a Branding 101 class! We learned several things about branding. One is that branding is more than simply marketing or advertising. Branding is a complex issue and is multi-faceted. We could look at different types of branding ranging from branding the Au.D. branding the profession and branding ADA. There are different markets with which to brand such as the public, physicians, legislators, insurance companies, etc. Branding is very expensive-likely on the order of hundreds of thousands of dollars. A branding campaign is a long, protracted endeavor—usually requiring several years of planning and action. ADA is looking at this seriously. The board is working closely with some of the experts at its new management firm to carefully determine the next logical and appropriate steps to take.

### Student Outreach Program

ADA’s Student Outreach Program was established in 1998 as an annual convention-based experience for Au.D. students, most of which are in their third year of study. The program has six objectives:
1. To introduce students to membership in the Academy.
2. To involve Au.D. students early in their professional careers to private practice and dispensing issue.
3. To provide Au.D. students with opportunities to network with practicing audiologists in order to gain broader and better perspectives on the ethical dispensing of hearing instruments.
4. To get students invested and engaged in the issues and challenges of being an autonomous audiologist.
5. To provide Au.D. students with continuing education opportunities, including

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**Where We Stand**

**Feature**

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**A branding campaign is a long, protracted endeavor—usually requiring several years of planning and action. ADA is looking at this seriously. The board is working closely with some of the experts at its new management firm to carefully determine the next logical and appropriate steps to take.**
Au.D. Student Issues

The four-year FPD brings a series of different issues for Au.D. students, academia and the profession to adapt to, more than the two-year master's degree. For example, the graduate school master's degree programs had students only for two years and were not responsible for finding clinical sites for audiology graduates to do a “clinical fellowship year.” Master's degree graduates then had to obtain a “provisional” license for 9-12 months because they were not completely trained, and the state had to protect the consumer during the supervised year post-graduation.

During this period, though, the provisionally licensed audiologist could bill for services rendered because of the provisional license and because the audiologist was no longer a student. Students in residential Au.D. programs are under the regulation and control of the training institution for four years. The training program now is required to locate and provide the necessary and proper clinical training for the contemporary practice of audiology. As students, they should not be licensed, which eliminates them from filing for reimbursement. Reimbursement falls under the auspices of the licensed preceptor who is providing the clinical teaching component of the student's education during an externship.

In 2004, the American Academy of Audiology sponsored a Consensus Conference on Issues and Concerns Related to the 4th Year Au.D. Student (www.audiology.org/professional/positions/profiss.php-re: The Au.D. Externship Experience). The conference tackled issues such as licensure of students, paying students, students billing for services, professional terminology vs. graduate school education terminology, and preceptor training and preceptor relationships with Au.D. programs.

In preparation for the AAA Conference, ADA established a position paper (www.audiologist.org/pdf/student4thyearposition.pdf) regarding, “Doctor of Audiology Student Issues on Financial Aid and Licensure.” In following the models of the healing arts doctoring professions, ADA’s position can be summarized as it supports:

a.) To not request or expect clinical rotation and externship sites to provide financial remunerations to students in the form of salaries, and any other form of financial benefits that are associated with “employee” status. ADA is in favor of residential Au.D. students receiving traditional financial aid throughout their entire four-year program;

b.) that any form of licensure to students is inappropriate. Licensure should remain for only those who have earned their entry-level degree;

c.) That learning experiences provided to students at clinical-rotation and externship sites are appropriately supervised, and services provided are billed via the licensed practitioner (or site) that is acting as the preceptor. Students do not bill for services.

Model Licensing Law

ADA realizes that licensure laws are the keys to ending audiology’s long transition. The ADA board created the Model Licensing Law Committee in 2003 to begin work on developing a model licensing law incorporating the Au.D. degree as the entry-level degree. The committee wasn’t too far into the process when it discovered that AFA was working on a similar project. ADA joined forces with AFA in developing a model law. Later, the joint committee discovered that AAA was also working on a similar project. Consequently, the groups formed a joint liaison task force.

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Language for the model law was carefully selected from multiple sources, such as existing audiology laws from around the United States as well as from licensing laws in other healthcare and doctoring professions. The process took months and included 24 iterations and revisions by each committee, the liaison committee, each board and legal counsel. The strength in using this modern model law across the country is to provide uniformity in licensure laws from state to state. It is ADA, AFA and AAA’s desire for audiologists in each state to organize and strive to change all the licensing laws to include the Au.D. as the degree to enter practice and to have this change become effective by Jan. 1, 2007, not 2012. The Model Law can be found in its entirety at www.audiologist.org/pdf/model_lic_law.pdf.

Distance Education Au.D. Program Closures

Distance education (DE) Au.D. programs are for licensed audiologists who want to...
DE Au.D. programs have been around for almost 10 years, but time is running out. Earning the Au.D. degree will bring you great rewards personally and professionally. What a great time in audiology’s history to take advantage of this once in a lifetime opportunity.

Preceptors

Healing arts doctoring professionals and the FPD carry with them a new language with which we need to become familiar and to which we need to become accustomed. The language and descriptors are different from what most of us are used to when working with the graduate college master’s degree model for speech and hearing or communication sciences and disorders education.

Preceptors are licensed audiologists who provide clinical, rather than didactic, teaching to Au.D. externs at clinical rotation sites (i.e., short-term clinical training sites away from the university) or externship sites (i.e., long-term clinical training sites away from the university). Clinical rotations and externships commonly begin for Au.D. students during their third or fourth year of study. Preceptors are commonly in an adjunct faculty appointment with the university and are accountable for student progress and reporting to the Au.D. program. They may be in a full-time private practice, a hospital setting, private or public clinic, medical clinics or other such practice settings.

The preceding description is quite different from a master’s degree graduate (not student extern) looking for a first job that has nothing to do with a training program so that the provisionally licensed audiologist can satisfy requirements of the clinical fellowship year. It is important to avoid using terms such as “clinical practicum,” “supervisor” and “clinical fellowship year.” Terms like “resident” are reserved for post- FPD degree training, not for training during the FPD.

Preceptor training is an area not yet well developed - nor mutually agreed on - in audiology. Fortunately, we have other professions from which audiologists can model. It is a topic and issue you will hear more about because it goes to the heart of Au.D. education and training of our next generations of audiologists.

Bibliography


Larry Engelmann, Au.D. is the owner of the Audiology Clinic, a private practice he owns in Oklahoma City, Oklahoma. Dr. Engelmann is the president-elect of the Academy of Dispensing Audiologists and will begin his term as president following the ADA convention in Scottsdale, Arizona in October. Dr. Engelmann can be reached at lengelmann@audiologist.org.
Professional Update


AuDNet Update

AuDNet has signed an agreement with Siemens Hearing Instruments to manufacture hearing aids under the AuDNet brand. America’s Audiology Network (AuDNet) is the nation’s only national network whose membership is 100 percent audiologists including Doctors of Audiology. AuDNet audiologists meet strict educational and quality standards and provide only the best in hearing care and rehabilitation. No longer does the consumer have to be concerned they will be sold a product that is not in their best interest. AuDNet is the only national network committed to achieving brand recognition and creating demand exclusively for Audiology care. To learn more about AuDNet, visit their website at www.aud-net.com.

2006 Academy Honorees Selected

The Academy is pleased to present the debut of the Distinguished Achievement Award to four very deserving individuals. This award is given to individuals who have had an impact on the profession through their teaching, clinical service, research contribution, and/or innovative program development.

Recipient: Barry Freeman, Ph.D. – Dr. Freeman’s leadership, innovation, and pioneering efforts have made significant impacts on the profession of audiology, particularly in the areas of governmental and legislative initiatives and the Au.D degree. He has been instrumental in changing licensure laws – changes that set licensure standards for other states and continues to resonate. In 1993, he was elected to the Board of Directors of the American Academy of Audiology. In 1996, he was elected President of the Academy. His contributions to the Academy included work on numerous task forces and committees. One of the most notable among his accomplishments is his work for the passage and implementation of the Federal Employee Benefit Health Plan initiative. Dr. Freeman has clearly established himself as an advocate for the student and the Au.D degree. He began the first distance-learning Au.D. program which has now become international as a result of his efforts.

Recipient: Joseph W. Hall, Ph.D. – Dr. Hall is one of the nation’s preeminent hearing scientists. His over 100 peer-reviewed articles over the past 30 years, with three-quarters of them published in the Journal of the Acoustical Society or Journal of...
Speech and Hearing Research, have provided significant contribution to the profession of audiology. He is perhaps best known for his discovery and investigation of the co-modulation masking release (CMR) paradigm. The CMR paradigm led hearing scientists to view the auditory periphery as a multichannel signal processing system ultimately impacting on the development of processing strategies for hearing aids and cochlear implants. His other areas of investigation have been the effects of mild hearing loss on child development and the effects of glycerol in the diagnosis of Meniere’s disease. The impact of his research on the clinical practice of audiology has been recognized by the National Institutes of Health (NIH). In 1988, he was awarded the Claude Pepper Award of Excellence by NIH that provided funding for 7 years.

Recipient: H. Gustav Mueller, Ph.D. – One of the most recognizable faces is that of Dr. Mueller. Perhaps it is because he is the creator and designer of the Trivia Bowl. Perhaps it is because he created and developed Page Ten, a monthly feature in The Hearing Journal. Or perhaps it is because he is who he is! In the area of scholarly works, he has over 100 publications primarily in the areas of probe-microphone measurements, hearing aids, directional microphones, and central auditory processing. His Probe Microphone Measurements (co-authored with David Hawkins and Jerry Northern) is one of the authoritative texts on real ear measures. His two-volume set: The Audiologist’s Desk Reference Vol I and II (co-authored with Jay Hall) is considered one of the “go-to” books in Audiology. He was one of the original founding members of the American Academy of Audiology, as well as the founder and first President of the Colorado Academy of Audiology. He has been honored as an ASHA Fellow, with the DiCarlo Clinical Achievement Award, and received the Legion of Merit Award from the U.S. Army.

Recipient: Martin Robinette, Ph.D. – Dr. Robinette has been a role model, a mentor, and an international leader in the field of Audiology. He has authored over 60 scholarly publications. His early work in amplification led to the development of advanced technology for digital hearing aids. He and his colleagues hold a patent on this work. He is known worldwide for his work with otoacoustic emissions (OAEs). His early rigorous work with OAEs did much to advance our understanding and use of OAEs. His book Otoacoustic Emissions: Clinical Applications, co-authored with Ted Glattke, is considered one of the authoritative texts on OAEs. Dr. Robinette has enriched the lives of every student he has taught, every colleague he has worked with, and every patient he has provided care to, through his knowledge and personal character.

AFA Update

New Software System to Enhance AFA Service

The Audiology Foundation of America purchased a new database and development software system that will enhance its work on behalf of audiology. Through its use of e-Tapestry, the AFA will be better able to engage in data collection and retrieval, as well as communications and development work. The AFA plans to produce quarterly updates to communicate with audiologists and share information about important issues such as state licensure efforts. In addition, a new e-Tapestry web page will allow for secure online donations, and will permit distance education students to expedite processing of an EPAC through online payment. The staff has undergone extensive training and the system is used successfully at thousands of not-for-profits across the country.

AFA Board Changes

Charlie Stone, Au.D., is the founder of ESCO, an industry leader in providing loss and damage insurance on hearing devices. He is a founding member of the Minnesota Academy of Audiology, as well as its current president, and is an ADA member. And AAA member. He also maintains a professional interest in working to improve the viability of audiology as an autonomous profession through proactive legislative and political means.

Charles Stone, Au.D.

Parry Heide, B.S.E.E.

Michael Thelen, Au.D.

will bring an outside perspective to the board.

Michael Thelen, Au.D., has been a practicing audiologist for over 25 years and owns Audiology and Hearing Services, Inc. in Appleton, WI. He earned his Au.D. from the Arizona School of Health Sciences in 2001.


Au.D. Directory Available on AFA Website

The AFA continues to provide an Au.D. Directory via its Web site at www.audfound.org. This free listing allow consumers and referring practitioners to locate an Au.D. by name, city, state or zip code. This helps ensure that those in need of hearing and balance care can find the best professional doctor available to serve their needs—a doctor of audiology. Please visit the AFA Web site, and register for the AFA Directory by using the “Au.D. Directory Enrollment” link under Audiology Resources if you are a Doctor of Audiology.
It’s impossible to write about the “future of the Au.D.” without reflecting on the successes of the audiology profession these past 20 years. 1988 was a landmark year in the history of the profession. That year, actions during ADA Conference on Professional Education in Audiology led to the transition of the profession to the Doctor of Audiology (Au.D.) as the entry-level degree for the profession. Also, 1988 was the founding year of the American Academy of Audiology, the first national and international organization for audiologists regardless of practice setting.
During these relatively few years, the dominant theme for audiology has been professional autonomy. This has been characterized by:

- Promoting a single, unifying-degree designator (Au.D.) for entry to the profession;
- Recognition that our legal right to practice is defined by the state license;
- Achieving limited licensed practitioner status, i.e., having direct access to patients and the ability to bill directly for our services; and
- Restoration of the Ph.D. as a scholarly degree for hearing and auditory scientists.

The Academies (both the AAA and ADA) worked together to develop strategies to accomplish these goals. We identified intrinsic and extrinsic factors that impacted our recognition as qualified cost-effective practitioners. Intrinsically, we recognized that current and future audiologists need to view themselves as providers that do not need physician supervision. As doctors of audiology, we have the knowledge and skills necessary to provide independent quality care to our patients. And as we move to the future, audiologists will be branded by third parties as the providers of quality hearing and balance care.

Among our success has been the transition of master’s level graduate training programs to the Au.D. and the development of several new programs that previously did not offer a degree in audiology. These latter programs, like that at Nova Southeastern University, had the advantage of building a program from the ground-up using the proposed model curriculum. While there remain many issues to assure the success and continuation of the transition, there are now thousands of audiologists practicing across the world who have earned a doctor of audiology degree. In the future, there is no question that the Au.D. will be recognized as the entry-level degree for audiologists.

Today, and in the future, we must support accreditation standards to assure that these programs offer quality education that prepares practitioners to enter the profession with the knowledge and skills necessary to provide the full scope of audiology practice to the persons we serve. Graduates must have an understanding of genetics, pharmacology, vestibular diagnosis and management, geriatric and pediatric evaluation and management and practice management, just to name a few. Yet, many of our current accredited doctoral programs do not offer these courses and we must ask how future audiologists will compete without this knowledge.

More audiologists in the future will enter independent practice or practice environments where their compensation will be based on the amount of generated revenue. Audiologists must understand their value and insist on commensurate compensation. In the future, we will no longer discuss jobs and salaries; instead, audiologists will seek practice opportunities and compensation packages.

As a profession, we experienced significant legislative successes that have positively impacted efforts to become professionally autonomous. As a part of the strategic plan developed by the AAA Government Affairs Committee in 1993 (of which current ADA President Craig Johnson, was an integral part), the Academy Board implemented a long-term plan that would lead to audiologists being recognized as limited-licensed practitioners. This plan accomplished many things:

- It developed a position statement sent to the Clinton Administration about the profession of audiology – the first document every written and sent to the federal government strictly about the profession of audiology.
- The plan introduced (and saw passed) legislation to require Federal Employee Health Benefit Plans to permit beneficiaries to have direct access to audiologists.
- It petitioned the U.S. Department of Labor to provide a Standard Occupational Classification code for the profession of audiology. Since then, the profession’s success has led the U.S. government to collect statistics on the profession and recognize audiology among the fastest growing and leading health care professions for the next decade.
- It introduced legislation to have audiologists properly defined and recognized as licensed practitioners by the Centers for Medicare and Medicaid (CMS) in Medicaid statutes.
- It introduced legislation to have audiologists recognized by the Centers for Medicare and Medicaid (CMS) as limited licensed practitioners.

The strategic plan was implemented and the profession’s successes are clear. The future now must focus on state-level legislative activities to assure that license laws clearly define and recognize audiologists as independent doctoral-level health-care providers. Our transition to autonomous practitioners cannot be successful without these continued legislative initiatives.

The audiology profession has made remarkable strides these past two decades. We must maintain the momentum and learn from our past – but we should never give the past veto powers over the future as the future is very bright for this profession.

Barry A. Freeman is Chair and Professor in the Audiology Department in the Health Professions Division at Nova Southeastern University.

Dr. Freeman earned his Bachelor’s degree in business and economics from Boston University, a Master’s in audiology, and his Ph.D. in Auditory Science from Michigan State University. In addition to his current academic appointment, Dr. Freeman has taught audiology on the faculties of Syracuse University and Vanderbilt University. Prior to joining NSU, Dr. Freeman was in private practice for twenty years at the Center for Audiology in Clarksville, TN.

Dr. Freeman was president of the American Academy of Audiology in 1996-97, served on the Academy’s Board of Directors for six years, and continues to serve on various academy committees.

Dr. Freeman was a founding member of the Florida Academy of Audiology and serves as the Legislative Liaison for the Academy.
Thank you for allowing us to interview you. Many ADA members know you from your work at Andrew Taylor Still University and the Arizona School of Health Sciences, but your Au.D. history goes back much further.

KR: Can you tell us how you managed to become one the first-ever Au.D.s?

TP: My initial reaction to this question is that it was fate and hard work. As I completed my master’s program at Purdue University, I was very aware of the Au.D. movement due to excellent mentorship from my faculty and the work of the Audiology Foundation of America. In 1993, there were no Au.D. programs in existence, so I left Purdue with my master’s degree to do my CFY in Chicago, determined to return to school to get a doctoral degree in a Ph.D. program or an Au.D. program. Baylor announced the first Au.D. program would be accepting students for 1994; I was accepted into the program and the road was set that led me to be one of the first Au.D. graduates. This also set the path for my career goals.

KR: How strong was Dr. David Goldstein’s influence on you?

TP: Before I entered college, I already knew I wanted to be an audiologist. I know that is rare, but Dr. Goldstein did not have to convert me to audiology. He did, however, reinforce my decision and enlightened me on the vast potential for a rewarding career in audiology. Dr. Goldstein encouraged me to be aware of and involved in the new developments, politics and challenges in our profession. His mentorship and friendship, starting from that first day sitting in his Hearing Aids course, have meant the world to me and have motivated me to NEVER accept the motto, “We do it this way just because that is the way it has always been done.” Change is not easy; but he taught me it is needed.


TP: This question relates a little bit to my response above. In the mid 1990s, the driving force of the Audiology Foundation of America had stirred ATSU into considering to offer an Au.D. program along with the many other healthcare professional programs the university offers. When ATSU approved the strategic plan to move ahead, I was thrilled; and I was very interested in being a part of the development of the Department of Audiology with transitional and residential programs housed in a professional school with an osteopathic and interdisciplinary focus. I applied for the department chairperson position. I accepted the position in July of 1999 and started the program development from the ground up.

KR: What were the challenges and triumphs of creating an Au.D. program from scratch?

TP: There are always challenges inherent in starting a new program, but the excitement greatly outweighed any bumps along the way. By looking at professional healthcare education within ATSU, looking at Au.D. educational models and the desired outcomes for graduates, I feel that we have developed an in-depth curricula for both the transitional program and the entry-level program that truly meet the needs of audiology. We will continue to meet challenges as we refine the programs and recruit faculty, students and clinical preceptors; but we have a dedicated faculty, strong commitment from the university administration, and extremely supportive alumni that allow me to see the triumphs of all of our efforts every day.

KR: How many Au.D.s have been awarded by A.T. Still University?

TP: ATSU has awarded a total of 1,096 Au.D. degrees to Transitional Au.D. graduates to date. We are also pleased to be awarding our first two Au.D. degrees to the graduating class of 2006 from the four-year entry-level Au.D. program this upcoming August.

KR: Did you anticipate such a strong response from the distance program?

TP: When ATSU opened the enrollment for the transitional program in 2000, I did expect a strong response because I knew so many practicing audiologists were ready to move forward with the Au.D. movement. I did, however, underestimate what a strong response really meant. I expected that enrolling 20 to 40 new students a quarter would not be a problem. Then we realized that there were more and more applications. Current students and graduates were encouraging their colleagues to enter an Au.D. program, and the numbers grew. We now enroll 80 new students per quarter and have no problem filling the slots. The main driving force continues to be the graduates who value the education and experiences...
they had in the program. Through their actions and words, the Au.D. graduates have made the difference because they make other practicing audiologists understand the benefits that the transitional programs have brought to their practices and their patients.

**KR:** Other distance programs have begun to sunset. What is the current plan for this at ATSU?

**TP:** We have not set a final date for receiving applications for the transitional program at this time due to the volume of audiologists who are still interested in earning the Au.D. degree. We will be phasing the program out over time and will make sure the applicants are aware of the final date for accepting completed applications when that date is selected. The positive outcomes of our graduates including satisfaction, improved knowledge and improved clinical skills, warrants continuation of enrollment for the practitioners who are still interested in applying at this time. Increasing the number of audiologists with the Au.D. degree to reach at least 50 percent of the practitioners will also be beneficial for the transition of the profession and goals such as changing state licensure regulations and becoming the gatekeepers for hearing and balance care.

**KR:** At the same time you were running the distance program you were beginning to set up the residential program, is that right?

**TP:** Yes, we have developed a four-year entry level Au.D. program. We are thrilled to have the first two graduates of this program in August 2006. The entry-level program incorporates basic science education with clinical education through a combination of on-campus classes, a variety of clinical rotations and computer-based education. Graduates will be prepared to handle the diagnosis and management of auditory and/or vestibular system deficits for all ages, tinnitus management, hearing conservation and neuro-audiologic examination, as well as the management and business aspects of audiology. We currently have five full-time audiology faculty and 31 entry-level students. In addition, the program utilizes core university faculty and adjunct faculty to teach within their areas of expertise such as pharmacology, business, manual communication, heritable conditions, statistics and more.

**KR:** What are the challenges of Au.D. education in the future?

**TP:** The challenges that stand out in my mind are: One, Making sure that Au.D. programs continue to teach students foundational knowledge and skills, as well as the leading advances in audiolingual care. We cannot just prepare students to be qualified for practice when they graduate. We have to teach them the skills to be the best healthcare providers for five, 10 or more years after they graduate too. This involves our profession and our educational methods incorporating evidenced-based practice and encouraging all audiologists to be lifelong learners, so that the best care can be provided.

Two, establishing best practices for guiding students’ clinical rotations and providing clinical preceptor training are additional challenges we must meet. The Au.D. degree relies on quality clinical education of students in a variety of settings with mentorship and dedication from universities and clinical preceptors. It does concern me that current accreditation standards of Au.D. programs required that at least 1,820 hours of clinical experience must be supervised by audiologists who hold the CCC-A. This makes it difficult when there is a great rotation site with qualified, licensed audiologists who do not hold CCC-A. I, personally, do not want to restrict students from gaining the valuable experiences at those sites.

At ATSU we do still utilize preceptors without CCC-A, but we have to monitor the students’ hours closely to make sure that 1,820 of their hours are still with CCC-A audiologists. I believe we need to work for this to be changed, and I know that there are audiologists working on this challenge. Rather than CCC-A as a benchmark for a qualified preceptor, coordinated preceptor training should be established and this is not uncommon in other professions such as nursing, physical therapy and others.

Three, audiology licensure is of course an issue for the profession, but it also affects education. Students need to graduate with the ability to be licensed in any state, and the differences between states for licensure can make this challenging. As state licensure rules and regulations are hopefully updated to include the Au.D. degree, we must pay close attention to issues such as language that requires a post-graduate experience (the old CFY) because Au.D. graduates should be ready for licensure upon graduation and should not be required to do a post-graduate experience. We need to remove language that would require Au.D. graduates to have specific number of hours in speech courses and speech pathology clock hours. In addition, fourth-year students should not be licensed in order accommodate our old “CFY” ways of thinking. Other health care professions do not license students. As a profession, I believe we need to work on this issue and determine what is best for the patients, students and preceptors and what is within the guidelines of Medicare.

**KR:** What would you tell an undergraduate student in their sophomore year who was interested in audiology as a career?

**TP:** You have made a good choice. You should contact the Au.D. programs that you may want to attend and find out all that you can about their entrance requirements so you can plan your last undergraduate years around meeting those requirements. I would also suggest finding a local audiologist, possibly through the Au.D. programs you contact, and do some shadowing of the practitioner so you can truly grasp what the profession is all about.

**KR:** From your unique vantage point (and as an educator), how do you grade our progress with the Au.D.?

**TP:** From the vantage point of a program chair, I would grade our progress in the Au.D. movement as “on the road to success.” The work is not done yet, but we should be very pleased that Au.D. programs are now the standard for education of entry-level students. As we meet and conquer the challenges described above, the profession as a whole will benefit.
Profile of Au.D. Schools
The Schools for Audiologists-To-Be

The following four schools are highly respected in the audiology field for the thorough and well-instructed Au.D. programs. We have highlighted them only to provide information to our readers. With an industry growing and Au.D.s becoming a staple for audiology practice, hopefully this overview of Au.D. schools will give some insight to the technical and specialized field that audiology is.

Pennsylvania College of Optometry - School of Audiology
Web site: http://www.pco.edu/acad_progs/Audiology/aud_progrs.htm
Location: Elkins Park, Penn.
Program: Doctor of Audiology - Residential Program

Residential program students are candidates for accreditation by the Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA) of the American Speech-Language–Hearing Association. The Pennsylvania Ear Institute is located on the Elkins Park Campus and is a new clinic that houses state of the art equipment and allows students to provide comprehensive audiology services to both pediatric and adult patients. Included services: hearing assessment, provision of hearing aids and assistive listening devices, electrophysiologic and balance testing, and audiology and vestibular rehabilitation. Graduates of PCO’s program are anticipated to become practitioners. It is emphasized that it is a professional school program similar to medicine, dentistry and optometry.

Admissions criteria: Pre-healthcare (medical, dental, and optometry) students are encouraged to apply. PCO also accepts applicants with undergraduate degrees in biology, chemistry and other hard sciences. The majority of PCO applicants are from communication disorders undergraduate programs.

Class topics: Molecular and cellular processes, integrative organ systems and disease, neuro-auditory sciences, audiologic principles and management of hearing problems, principles and practice of audiology and clinical externships.

Program facilitator: George S. Osborne, Ph.D., D.D.S., Dean

Orders from program facilitator, George S. Osborne, Ph.D., D.D.S., Dean: “Our Au.D. program emphasizes a strong foundation in bio-medical education, as well as extensive didactic and clinical coursework in all aspects of hearing and balance.

Vision for the future of audiology: Audiology will become one of the entry points for patients with hearing and balance disorders. Patients will, in fact, have direct access to audiologists, who will be reimbursed for evaluation and management; in addition to the procedural CPTs associated with diagnostic tests.

Arizona School of Health Sciences
Web site: www.ashs.edu/discpl_au.htm
Location: Mesa, Arizona
Program: Doctor of Audiology - Entry Level Degree Program (Residential)

It is an entry level program to prepare professionals to become skilled in a wide variety of diagnostic, rehabilitative, habilitative and other areas related to the practice of audiology. It incorporates basic science with clinical education through on-campus classes, clinical rotations and computer-based education. Graduates will be able to handle the diagnosis and management of auditory and/or vestibular system deficits for all ages, tinnitus management, hearing conservation and neuron-audilologic examination.

Admissions Criteria: Must have completed an undergraduate degree in communication disorders and submit their GRE scores. Applicants are assessed on professional motivation, knowledge of audiology, academic performance trends, interpersonal skills, diversity of life and professional experiences and integrity.

Class topics: Auditory science, neurology, anatomy and physiology of the auditory-vestibular system, infection control and cerumen management, embryology and genetic conditions, pharmacology, ototoxic emissions, counseling in audiology, amplification, the aging auditory system, vestibular rehabilitation, medical imaging, clinical rotation.

Program facilitator: Associate Professor and Chair, Audiology Tabitha Parent Buck, Au.D.

Central Michigan University - The Herbet H. and Grace A. Dow College of Health Professions
Web site: www.chp.cmich.edu/cdo/aud/
Location: Mount Pleasant, Michigan
Program: Doctor of Audiology - Department of Communication Disorders

CMU’s program is a four-year professional graduate curriculum. Students participate in clinical experiences during their first two and then must pass examinations in order to move on to the third year of study. The third year includes classroom work, clinical practicum and their doctoral research project. The fourth year is a year spent entirely in clinical residency. The program also places/coordinates student placement at off-campus facilities including school settings, otology practices, hospitals, regional facilities, adult foster care sites and medical care facilities.

Admissions Criteria: Must have completed an undergraduate degree in communication disorders and submit their GRE scores. Applicants are assessed on professional motivation, knowledge of audiology, academic performance trends, interpersonal skills, diversity of life and professional experiences and integrity.

Class topics: Facilities and CMU provide new and high-tech labs for students’ on-campus clinical experiences. New facilities include nine audiometric booths, extensive hearing and physiology laboratories, assistive listening device demonstration center and several therapy rooms dedicated to audiological rehabilitation.

Program facilitator: Gerald Church, Audiology division director, Department of Communication Disorders

Continued On Page 30
How the Au.D. Affects Practice

Q&A with Dr. Meredy Hase

Meredy Hase is president and owner of Hearing Services Limited in Waukesha, Wis., and is an expert in pediatric hearing evaluations and industrial hearing conversation. Hase is audiologist who has successfully integrated her education and clinical experience into a fully vibrant and strong private practice. Feedback contacted Hase to inquire exactly how her degree, ADA membership and her involvement within the field have helped her personally and within the scope of her business.

Feedback: Describe your audiology practice, Hearing Services Limited, and how long have you been in business?

Hase: With six audiologists in eight offices, Hearing Services Limited is Wisconsin’s largest private audiology practice. Our audiologists and assistants are experienced and well trained. Each office functions as a team. They are independent of direct supervision on daily activities such as patient care, customer service and accounts receivable management. Staff members use guidelines and good judgment. They call me only when necessary to manage problems or exceptional circumstances.

Our mission is to provide patients with superior service, the finest products and outstanding personal care. I opened my practice in the fall of 1987. I merged with another successful practitioner and friend, Gerard Kupperman, Ph.D., in 1994 and bought his business interest in the practice in 2000.

Feedback: Tell us how you got started in private practice.

Hase: Interestingly, it was after attending my first ADA convention in San Diego, Calif., in 1987. My employer at the time funded my attendance as I was intent on expanding our marketing efforts. The ADA convention program was filled with opportunity and I returned from the convention fully charged to devoting my energy toward the expansion of my employer’s audiology services, only then to find out that my responsibilities changed during my absence. The next month I attended a state association meeting and heard Jeremy Conway’s infamous “Sleeping with the Elephant” speech. That evening I told my family that I was going into business for myself. I grew up in a small business family; so I followed my destiny.

Feedback: How does your Au.D. affect your practice?

Hase: As an employer, I realized that audiologists on our staff had skills I lacked. When I was in graduate school, David Kemp had not yet coined the term “otoacoustic emission.” It was apparent that I needed to upgrade my education and the Au.D. Distance Learning Program at Central Michigan University provided the perfect opportunity. I knew I wanted to earn the title “Doctor of Audiology,” but I never anticipated the extraordinary educational value of the degree.

Feedback: Why do you think it is important for your staff members to have their Au.D. degrees?

Hase: Once I finished my Au.D., I asked my staff, “Who’s next?” I committed funding to each master’s-degreed audiologist on staff for an Au.D. distance-learning program. In October 2005, Hearing Services Limited was fully staffed with audiologists with doctoral-level educations. This level of education greatly increases the knowledge base and confidence of independently practicing audiologists. As I mentioned previously, the educational value of the Au.D. cannot be underestimated. Patients know that the title of “doctor” means that the healthcare provider examining and treating them has an advanced level of education in the field. Having earned their Au.D. degree and title, our audiologists have changed from a first-name basis with their patients to a professionally titled basis. This more appropriately establishes the professional relationship that has always been there. It is now just more apparent and better defined.

Feedback: Describe your typical day at Hearing Services Limited.

Hase: I’m a small business owner so there is no typical day! Recently, a local bank that wanted to attract small businesses used a promotional line that has become my mantra when things get hectic: “Just because you wear many hats, doesn’t mean you wear a cape.” Occasionally requiring superhuman stamina, in addition to seeing patients, I write advertising, negotiate leases and contracts, balance budgets and support our staff when I’m needed. A challenge for me is to learn to delegate some of the tasks. This would increase staff involvement and allow me to focus on more strategic matters.

My clinical interest shifted from the intrigue of the diagnostic evaluation to the challenge of counseling each patient who has permanent and disabling hearing loss. I like the discovery of understanding each patient’s hearing loss and its affect on his or her life. Only after we understand the patient’s unique listening needs and lifestyle can we match the available technology and counseling strategy to solve the problem. It’s a bit like playing a good game of Clue.

Feedback: What have been the highlights of your career?
One of the first universities to offer the Au.D., the post-bachelor’s doctor of audiology degree is campus-based with a concentration in diagnostic and rehabilitative audiology. A four-year degree, student receive clinical experience at the campus clinic which provide experiences that utilize various resources at the University of Florida Health Science Center and affiliated hospitals in the north Florida area as well as the Veterans Administration Medical Center. The degree is designed to take students from a variety of undergraduate programs.

Admissions Criteria: Each year, approximately 10 to 12 students are admitted. It is not necessary to have a bachelor’s in speech and hearing to apply for the program; the program is designed for students with varying undergraduate degrees. GRE scores should also be submitted to the university, and the university’s Web site has information on average scores, etc.

Class topics: Typical required courses include: amplification, hearing aid analysis lab, audiological evaluation, auditory anatomy and physiology, cochlear implants, pediatric audiology, speech perception, clinical decision skills, functional human neuroanatomy, vestibular disorders and occupational and environmental hearing conservation.

Program facilitator: Scott Griffiths, Ph.D.

Words from professor, graduate coordinator and director of distance learning Au.D. program, Alice Holmes, Ph.D. - The Future and Vision of the Au.D. “The Au.D. is now and will continue to be the clinical degree for the profession of audiology. With increasing scope of practice and technological advances in our field the Au.D. is a degree that educates professionals to be life-long learners. Our scope of practice is expanding rapidly and Au.D. programs must keep up with the pace. Technological and scientific advances are already on the horizon, such as hybrid electrical/acoustic implants, drug therapies of the treatment and prevention of hearing loss and hair cell regeneration that will change what we do in the future.”

Hase: Even after years of practice, I still like to hear a patient say, “Thank you. You have really helped me.” And I still get a kick out of hearing a patient say, “Thanks, Doc.” There’s great pride in making the transition from “the girl down the hall who will get an audiogram” to that of “Dr. Hase.”

Feedback: What do you believe has helped you be successful?

Hase: I had a number of men in my life who have served as mentors and who pushed me to this level of achievement. My father introduced me to small-business ownership. An undergraduate faculty adviser ignited a lifelong passion for the field. I had a clinical supervisor who later encouraged my participation in the politics of the profession. I owe a great deal to Jerry Kupberman, my business partner and my friend, who encouraged me to grow from a sole practitioner to the owner of a multi-office practice. And, of course, my husband and daughters, who have never thought there wasn’t anything I couldn’t do.

Feedback: Explain the integral parts of your experience that you believe have helped you become a successful audiologist.

Hase: I really enjoy what I do for a living. In the course of a near 30-year career, I have seen the advent of newborn hearing screening, cochlear implants and thriving private-practice audiologists. The rapid developments of digital signal processing in hearing aids serve as a constant reminder that our profession is dynamic. I read as much as I can, whether audiology texts or journals or small business newsletters, and I work very hard.

Feedback: How does membership with a professional association benefit other aspects of your career?

Hase: I certainly get my money’s worth from every national and state association to which I belong. It is rare for me not to attend annual national and state conventions. I read the association publications, utilize Web sites and direct e-mail inquiries to board members and staff. I gained a tremendous amount of professional insight from serving 12 years on our state association board and from eight years on our state licensing board. But since the days of that first convention in San Diego, when I overheard practice owners talk of pricing strategies and Small Business Administration loans, my membership in ADA has continued to provide the support that best serves the small business owner that defines every private practice audiologist.

Do you think one of your audiologist peers should be featured on the pages of Feedback? Let us know at maffney@audiologist.org.
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