

# THE FUTURE OF AUDIOLOGY—20 YEARS LATER

Now, how about the end of the educational continuum? This area may be the least homogeneous of all. Some quality measures of the 4th year experience must be instituted. To my knowledge, there are still about 25% of the academic programs whose approach to the clinical year experience is to turn students loose to find their own clinical placement with little, if any, concern for the appropriateness of that placement. This is a critical area for the future of our clinical education. We have studied this 4th-year externship to death, and now our leadership needs to come forward with the same sense of purpose and resolve that culminated in the entry-level doctoral requirement. Praxis-like examinations do not assess clinical skills. We need to address this issue from a regional and professional accreditation perspective, and from a sense of due diligence on our part as quality of service gatekeepers for the patients our graduates serve.

Finally, I would add a comment about the future directions in term of the new marketing buzz word du jour—"branding." Those of us who were active in the foundation of the academic of audiology came to that task with a clear and common sense of the inherent societal value of our profession, and recognized the need to unify our efforts on behalf of both the profession and the patients we served. There is no shame or ethical breach in self-promotion—for if the practice of audiology cannot be made attractive to the best and the brightest of the students entering the pipe line in today's academic marketplace then the quality of care for future patients and the quality of our research will indeed be compromised.

So, while considered somewhat distasteful by some, "branding" (which in a sense is nothing more than unabashed self-promotion) has its place—as long as we are ever mindful that the court of public opinion will expect nothing but the highest level of quality hearing health care. I think that we should attenuate the focus on the word "doctor," to more of an emphasis on the vital role audiologists play in the health-care arena. There have been predictable differences of philosophy, of models, of direction, by very bright and dedicated leaders over the years. But there certainly was then, as there is now, unanimous belief in the importance of the audiologist's work, and the importance of the audiologist. The title is an important recognition of the successful completion of an advanced degree. The branding of audiology should, however, conjure in the public's mind, what your patients already know—that the quality of life has been significantly improved by audiologists.

*Richard Talbott, Office of the Dean, University of South Alabama, Mobile, AL.*

## An Exercise in Mathematics

presented at AudiologyNOW! 2008

James Jerger, PhD

The University of Texas at Dallas, Dallas, TX

Twenty years ago, audiology faced three major problems: 1) we needed a professional home of our own; 2) we needed to upgrade the profession to the doctoral level; and 3) we needed to find a mechanism for guaranteeing the quality of our educational product. Today, 20 years later, we have achieved the first two goals. We have our own professional home, the American Academy of Audiology, and we have fairly successfully eliminated the master's degree in favor of the AuD degree. In this article, therefore, I would like to focus on the third problem, guaranteeing the quality of the doctoral-level graduates we send out into the world.

One way to approach this is to ask how older, more-established professions have managed the problem. To this end I have gathered some interesting data on three health-care areas: medicine, dentistry, and optometry, and one non-health care profession, the law. Then I compared them to audiology. **Table 1** summarizes the data. It shows, for each professional organization, the number of members, the number of schools offering an accredited training program, and an index based on the ratio of training programs to members of the profession. It was derived by first dividing the number of training programs by the number of members, then multiplying by a constant of 10,000 to eliminate decimal places.

The table shows that, in the case of medicine, the AMA has 266,000 members and 120 medical schools for an index of 4.5. The American Dental Association has 152,000 members and 55 dental schools yielding an index of 3.6. The American Optometric Association has 35,000 members and 17 Schools of optometry yielding an index of 4.9. These three, relatively mature, health-care professions have similar indices, ranging from 3.6 to 4.9. The

**TABLE 1: Ratio of number of training programs to number of members in five professions.**

Organizations	Number of Members	Number of Training Programs	Number of Training Programs/Number of Members x 10,000
American Medical Assn (AMA)	266,000	120	4.5
American Dental Assn (ADA)	152,000	55	3.6
American Optometric Assn (AOA)	35,000	17	4.9
American Bar Assn (ABA)	400,000	196	4.9
American Academy of Audiology (AAA)	10,600	73	69.0
Ideal of AAA	10,600	5	5.0



American Bar Association has slightly more than 400,000 members and 196 accredited law schools, with an index of 4.9. The American Academy of Audiology, however, with a membership of only 10,600, has, at present count (March 2008) 73 AuD programs and counting. This yields an index of 69! The final row of the table shows how many AuD programs we should have in order to achieve an index of 5.0, comparable to the first four professions. That number is 5 training programs. In order to have the same ratio of training programs to members as we see in medicine, dentistry, optometry, and law we should have just 5 AuD programs. But in fact we already have 73 such programs and the number keeps growing!

Why is this index important? Because it speaks to the issue of adequacy of resources to justify an AuD training program. I recently asked a friend, a physician who heads an otolaryngology program in a major medical school, what you

would have to do if you wanted to start up a new medical school somewhere in this country. I expected to hear about the need for accreditation from this body and permission from that body, but his reply...

*"First, you build a hospital. If you want to start a new engineering school, you will have to build a building to house it, but if you want to start a new medical school you will have to build not only a building to house it but a hospital where most of the training will take place."*

In other words, the training of health-care professionals requires a major commitment to the resources required for their training, and those resources extend far beyond the classroom walls.

Does anyone seriously believe that 73 institutions in this country all have the resources to immerse students in the breadth and depth of our profession in a meaningful way?

Just before the start of the AuD movement, in the early 1990s, there were approximately 120 master's degree programs in audiology, many with just a single faculty member. **One definition of insanity is repeating the same thing and expecting a different result.**

---

*James F. Jerger, PhD, distinguished scholar-in-residence, The University of Texas at Dallas and the UTD Callier Center for Communication Disorders, Dallas, TX*