

# Guidance to Programs

## How to Demonstrate Compliance with the Expanded Standard 3.4A and 3.4B Diversity Reflected in the Curriculum

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The revised Standards for Accreditation of graduate education programs in audiology and speech-language pathology from the Council on Academic Accreditation (CAA) go into effect on **1/1/2023**. In order to help programs understand, make revisions, and document compliance with the revised standards, the CAA is providing guidance on those elements that are new, updated, or modified.

***The focus of this guidance is Standard 3.4A/B- Diversity Reflected in the Curriculum.***

### 2017 Standard: Audiology and Speech-Language Pathology

3.4A/B An effective audiology program is organized and delivered in such a manner that the diversity of society is reflected in the program.

*Requirement for Review:*

- The program must provide evidence that issues related to diversity are infused throughout the academic and clinical program.

### **What has changed?**

The definition of *diversity* is expanded to include equity and inclusion, which must be reflected throughout the academic and clinical education programs. Requirements for Review are expanded to include specific metrics. See below for specific information for audiology and speech-language pathology programs.

### **2017 Standards, Revised: Audiology**

**3.4A An effective audiology program is organized and delivered in such a manner that diversity, equity and inclusion are reflected in the program and throughout academic and clinical education.**

*Requirement for Review:*

- The program must provide evidence that diversity, equity, and inclusion are incorporated throughout the academic and clinical program, in theory and practice.
- The program must provide evidence that students are given opportunities to identify and acknowledge approaches to addressing culture and language that include cultural humility, cultural responsiveness, and cultural competence in service delivery.
- The program must provide evidence that students are given opportunities to identify and acknowledge the impact of both implicit and explicit bias on clinical service delivery and actively explore individual biases and how they relate to clinical services.
- The program must provide evidence that students are given opportunities to identify and acknowledge:
  - the impact of how their own set of cultural and linguistic variables affects patients/clients/students care (these variables include, but are not limited to, age, disability, ethnicity, gender expression, gender identity, national origin, race, religion, sex, sexual orientation, or veteran status).
  - the impact cultural and linguistic variables of the individual served may have on delivery of effective care. These variables include, but are not limited to, age, disability, ethnicity, gender expression, gender identity, national origin, race, religion, sex, sexual orientation, or veteran status.
  - the interaction of cultural and linguistic variables between the caregivers and the individual served. These variables include, but are not limited to, age, disability, ethnicity, gender expression, gender identity, national origin, race, religion, sex, sexual orientation, or veteran status.
  - the social determinants of health and environmental factors for individuals served. These variables include, but are not limited to, including health and healthcare, education, economic

stability, social and community context, and neighborhood and built environment, and how these determinants relate to clinical services.

- the impact of multiple languages and ability to explore approaches to addressing bilingual/multilingual individuals requiring services, including understanding the difference between audiological and cultural perspectives of being d/Deaf and acknowledge Deaf cultural identities.
- The program must provide evidence that students are given opportunities to recognize that cultural and linguistic diversity exists among various groups, including among d/Deaf and hard of hearing individuals, and foster the acquisition and use of all languages (verbal and nonverbal), in accordance with individual priorities and needs.

2017 Standard, Revised: Speech-Language Pathology

**3.4B An effective speech-language pathology program is organized and delivered in such a manner that diversity, equity, and inclusion are reflected in the program and throughout academic and clinical education.**

*Requirement for Review:*

- The program must provide evidence that diversity, equity, and inclusion are incorporated throughout the academic and clinical program, in theory and practice.
- The program must provide evidence that students are given opportunities to identify and acknowledge approaches to addressing culture and language that include cultural humility, cultural responsiveness, and cultural competence in service delivery.
- The program must provide evidence that students are given opportunities to identify and acknowledge the impact of both implicit and explicit bias on clinical service delivery and actively explore individual biases and how they relate to clinical services.
- The program must provide evidence that students are given opportunities to identify and acknowledge:
  - the impact of how their own set of cultural and linguistic variables affects clients/patients/students' care (these variables include, but are not limited to, age, disability, ethnicity, gender expression, gender identity, national origin, race, religion, sex, sexual orientation, or veteran status).
  - the impact cultural and linguistic variables of the individual served may have on delivery of effective care. These variables include, but are not limited to, age, disability, ethnicity, gender expression, gender identity, national origin, race, religion, sex, sexual orientation, or veteran status.
  - the interaction of cultural and linguistic variables between the caregivers and the individual served. These variables include, but are not limited to, age, disability, ethnicity, gender expression, gender identity, national origin, race, religion, sex, sexual orientation, or veteran status.
  - the social determinants of health and environmental factors for individuals served. These variables include, but are not limited to, including health and healthcare, education, economic stability, social and community context, and neighborhood and built environment, and how these determinants relate to clinical services.
  - the impact of multiple languages and ability to explore approaches to addressing bilingual/multilingual individuals requiring services, including understanding the difference in cultural perspectives of being d/Deaf and acknowledge Deaf cultural identities.
- The program must provide evidence that students are given opportunities to recognize that cultural and linguistic diversity exists among various groups, including among d/Deaf and hard of hearing individuals, and foster the acquisition and use of all languages (verbal and nonverbal), in accordance with individual priorities and needs.

### **How can programs demonstrate compliance with 2017 Standard 3.4A/B, Revised?**

The accreditation standards are written in broad terms to provide the accredited program the flexibility of meeting the standards in ways that are suitable for the diverse needs of their students. While the CAA is not prescriptive in stating specifically how a program must meet each standard, members of the CAA recently provided the following guidance.

The items below represent examples of program activities, student experiences, and assignments that could be suitable for documentation.

- 1) Demonstrated Quadrangulation of Student Performance
  - a. Self-reflection from students: How are they seeing the application of the knowledge learned in the classroom? How has their knowledge been applied to clinical instances of access to care, treatment/ follow-up opportunities? Access to interpreters? End of life and feeding cultural needs?
  - b. Academic instructors: Has the student acquired the requisite knowledge? How was it assessed?
  - c. On-campus clinical instructors: Is the student demonstrating the integration of knowledge into their clinical practice?
  - d. External clinical instructors or other professionals with whom the student has worked: Is the student demonstrating the integration of knowledge into their clinical practice?
  - e. Exit interviews
- 2) Inclusion of a didactic component to coursework to demonstrate how the students integrate information and are using it in their clinical experiences
- 3) Grand Round series with students: How are students incorporating diversity, equity, and inclusion into case presentations? Into their clinical decision making?
- 4) Capstone projects
- 5) Programmatic data analysis: Is there opportunity for clinical supervisors to record how clients from different backgrounds are being approached?
- 6) Programmatic self-reflection: What did the programs do differently to ensure that there are opportunities for students to identify and acknowledge approaches to addressing culture and language that include cultural humility, cultural responsiveness, and cultural competence in service delivery? How does the program ensure that students are aware of diverse backgrounds, preferences, experience, and how this affects clinical decision making? How are they ensuring that students approach clinical decision making with a mindset of openness, curiosity, and the ability to honor each individual's background?
- 7) Didactic changes- Programs can reflect on modifications to course syllabi to demonstrate how they are exposing their students to this information.
- 8) Recruiting practices and student retention – Programs can provide data around student recruitment/retention. Programs can provide written documentation about how their recruitment practices reflect DEI sensitivity
- 9) Patient populations- Programs can provide evidence of diversity in their patient population
- 10) Workshops and learning opportunities for students and staff – Programs can provide evidence of faculty/staff and student attendance at focused workshops or other learning opportunities provided on DEI topics.
- 11) Teaching materials (photographs used to depict clinical experiences), standardized testing materials for diverse populations, disease rates, opportunities to learn about disparities in healthcare; and HOW the students are demonstrating the information.