2017 Standard for Accreditation	Revisions to Standard (1/1/2023)	Rationale for the Revisions
<ul> <li>1.1 The sponsoring institution of higher education holds current regional accreditation.</li> <li>Requirement for Review:</li> <li>The institution of higher education within which the audiology and/or speech-language pathology program is housed must hold regional accreditation from one of the following regional accrediting bodies: <ul> <li>O Middle States Commission on Higher Education;</li> <li>O New England Association of Schools and Colleges, Commission on Institutions of Higher Education;</li> <li>O North Central Association of Colleges and Schools, The Higher Learning Commission;</li> <li>O Northwest Commission on Colleges and Universities;</li> <li>O Southern Association of Colleges and Schools, Commission on Colleges;</li> <li>O Western Association of Schools and Colleges, Accrediting Commission for Senior Colleges and Universities.</li> </ul> </li> </ul>	<ul> <li>1.1 The sponsoring institution of higher education holds current institutional regional accreditation.</li> <li>Requirement for Review:</li> <li>The institution of higher education within which the audiology and/or speech-language pathology program is housed must hold institutional regional accreditation from one of following institutional regional accrediting bodies: <ul> <li>Middle States Commission on Higher Education;</li> <li>New England Association of Schools and Colleges, Commission on Institutions of Higher Education;</li> <li>North Central Association of Colleges and Schools, The Higher Learning Commission;</li> <li>Northwest Commission on Colleges and Universities;</li> <li>Southern Association of Colleges and Schools, Commission on Colleges,</li> <li>Western Association of Schools and Colleges, Accrediting Commission for Senior Colleges and Universities.</li> </ul> </li> </ul>	New regulations from the U.S. Department of Education have removed geography from an accrediting agency's scope, such that 'regional' and 'national' accrediting agencies will now be classified as 'institutional accreditors'. Institutional accreditation from one of the named agencies is still required in order to demonstrate compliance with this standard.  In addition, one of the institutional accreditors changed its name as noted.

2017 Standard for Accreditation	Revisions to Standard (1/1/2023)	Rationale for the Revisions
1.9 The program provides information about the	1.9 The program provides information about the	No revisions were made on this section of
program and the institution to students and to	program and the institution to students and to	standard - (see below).
the public that is current, accurate, and readily	the public that is current, accurate, and readily	
available.	available.	
<ul> <li>Requirement for Review:</li> <li>The program must publish to the general public on its website the program's CAA accreditation status, in accordance with the language specified in the Public Notice of Accreditation Status in the CAA Accreditation Handbook, as required under federal regulations. This must be displayed in a clearly visible and readily accessible location.</li> </ul>	<ul> <li>Requirement for Review:</li> <li>The program must publish to the general public on its website the program's CAA accreditation status, in accordance with the language specified in the Public Notice of Accreditation Status in the CAA Accreditation Handbook, as required under federal regulations. This must be displayed in a clearly visible and readily accessible location.</li> </ul>	
Additional references to the program's accreditation status must be accurate but need not include all components of the accreditation statement.  • Websites, catalogs, advertisements, and	Additional references to the program's accreditation status must be accurate but need not include all components of the accreditation statement.  • Websites, catalogs, advertisements, and	
other publications/electronic media must be accurate regarding standards and policies regarding recruiting and admission practices, academic offerings, matriculation expectations, academic calendars, grading policies and requirements, and fees and other charges.	other publications/electronic media must be accurate regarding standards and policies regarding recruiting and admission practices, academic offerings, matriculation expectations, academic calendars, grading policies and requirements, and fees and other charges.	
<ul> <li>The program must make student outcome measures available to the general public by posting the results on the program's website via a clearly visible and readily accessible link.</li> <li>The program must make public the number of expected terms for program completion for full-time and part-time students.</li> </ul>	<ul> <li>The program must make student outcome measures available to the general public by posting the results on the program's website via a clearly visible and readily accessible link.</li> <li>The program must make public the number of expected terms for program completion for full-time and part-time students.</li> </ul>	

2017 Standard for Accreditation	Revisions to Standard (1/1/2023)	Rationale for the Revisions
<ul> <li>At a minimum, the following results of student outcome measures for the most recently completed 3 academic years must be provided:</li> </ul>	<ul> <li>At a minimum, the following results of student outcome measures for the most recently completed 3 academic years must be provided:</li> </ul>	The CAA discussed the currency, appropriateness, and effectiveness of employment rates as a measure of program quality, as well as reviewed benchmark data
<ul> <li>number and percentage of students completing the program within the program's published time frame for each of the 3 most recently completed academic years,</li> <li>number and percentage of program test-takers who pass the <i>Praxis</i>* Subject Assessment examination for each of the 3 most recently completed academic years (programs need report only the results once for test-takers who take the test more than one time in the reporting</li> </ul>	<ul> <li>number and percentage of students completing the program within the program's published time frame for each of the 3 most recently completed academic years,</li> <li>number and percentage of program test-takers who pass the <i>Praxis</i> Subject Assessment examination for each of the 3 most recently completed academic years (programs need report only the results once for test-takers who take the test more than one time in the reporting</li> </ul>	from other accrediting agencies. The CAA concluded that employment rates specifically do not appear to reflect or measure the actual quality of a program. Evidence suggests that the overall performance of the graduate does not equate with their employability due to high demand in the fields. In addition, a graduate may decide to change careers or defer employment after graduation due to lifestyle decisions. (See discussion under Standard 5.7).
period),  number and percentage of program graduates employed in the profession or pursuing further education in the profession within 1 year of graduation for each of the 3 most recently completed academic years.  Student outcome measures must be labeled "Student Achievement Data" or "Student Outcome Data."	period),  number and percentage of program graduates employed in the profession or pursuing further education in the profession within 1 year of graduation for each of the 3 most recently completed academic years.  Student outcome measures must be labeled "Student Achievement Data" or "Student Outcome Data."	Since the CAA will no longer use employment rates as a required student outcome measure under Standard 5.7 (see below), the CAA will no longer require programs to publish employment rates. Programs would still be required to publish information about their program and may choose to include publishing employment rates as part of their own self-identified
<ul> <li>O If both the audiology and the speech-language programs are accredited, separate data tables must be provided for each program.</li> <li>O If the program has a distance education component or a satellite campus, the student outcome data must be presented for each modality.</li> </ul>	<ul> <li>O If both the audiology and the speech-language programs are accredited, separate data tables must be provided for each program.</li> <li>O If the program has a distance education component or a satellite campus, the student outcome data must be presented for each modality.</li> </ul>	student outcome measures. This would be beyond the CAA-identified minimum requirements. Programs must continue to publish employment data through December 31, 2022

2017 Standard for Accreditation Rev	evisions to Standard (1/1/2023)	Rationale for the Revisions
3.1.1A Professional Practice Competencies The program must provide content and opportunities for students to learn so that each student can demonstrate the following attributes and abilities and demonstrate those attributes and abilities in the manners identified.  3.1	ne program must provide content and opportunities for students to learn so that each udent can demonstrate the following attributes and abilities and demonstrate those attributes and abilities in the manners identified.  CCOUNTABILITY  Adhere to the professional codes of ethics, the audiology scope of practice documents, professional fiduciary responsibility for each individual client/patient/student served, and federal, state, and institutional regulations and policies related to the profession of audiology and its services, including compliance with confidentiality issues related to the Health Insurance Portability and Accountability Act (HIPAA) and the Family Educational Rights and Privacy Act (FERPA).  Practice in a manner that is consistent with the professional codes of ethics and the scope of practice documents for the profession of audiology.  Adhere to federal, state, and institutional regulations and policies that are related to care provided by audiologists.  Understand the professional's fiduciary responsibility for each individual served.	CAA reviewed these audiology curriculum standards to streamline, remove duplicative language and concepts, add clarity, and assist programs in documenting attainment of these competencies.  Accountability Streamlined first 3 bullets addressing adherence to ethics, scope of practice, state and federal regulations and policies to consolidate into one bullet/concept. Added to that first bullet the adherence to confidentiality from the "Integrity" section below.  Removed vague wording of "understand" and replaced with concepts more amenable to measurement such as "demonstrate", "differentiate", and "explain."  Reworded competencies to add clarity, removing concept of "self-reflection" as too vague.

	<ul> <li>Demonstrate an understanding of Use self-reflection to understand the effects of their his/or her actions and make appropriate changes as needed changes accordingly.</li> <li>Explain Understand the health care and education landscapes and how to facilitate access to services in both sectors.</li> <li>Understand how to work on interprofessional teams to maintain a climate of mutual respect and shared values.</li> </ul>	Moved the competency related to working on interprofessional teams to new Standard 3.1.6A (see below).
2017 Standard for Accreditation	Revisions to Standard (1/1/2023)	Rationale for the Revisions
<ul> <li>Use the highest level of clinical integrity with each individual served, family members, caregivers, other service providers, students, other consumers, and payers.</li> <li>Understand and use best professional practices as they relate to maintenance of confidentiality for all individuals in accordance with requirements of the Health Insurance Portability and Accountability Act (HIPAA) and the Family Educational Rights and Privacy Act (FERPA).</li> </ul>	<ul> <li>Use the highest level of clinical integrity with each individual served, family members, caregivers, other service providers, students, other consumers, and payers.</li> <li>Understand and use best professional practices as they relate to maintenance of confidentiality for all individuals in accordance with requirements of the Health Insurance Portability and Accountability Act (HIPAA) and the Family Educational Rights and Privacy Act (FERPA).</li> </ul>	Integrity Included these concepts under more appropriate standards, to reduce redundancy with Standard 3.10A, which indicates that a program "ensures that its students know the expectations regarding their exercise of the highest level of academic and clinical integrity during all aspects of their education." Eliminated the redundancy of the second bullet by including adherence to confidentiality in first bullet under the Accountability section above.
<ul> <li>Effective Communication Skills</li> <li>Use all forms of expressive communication—including written, spoken, and nonverbal communication—with individuals served, family members, caregivers, and any others involved in the interaction to ensure the highest quality of care that is delivered in a culturally competent manner.</li> <li>Communicate—with patients, families, communities, interprofessional team colleagues, and other professionals caring for</li> </ul>	■ Use all forms of expressive communication— including written, spoken, and nonverbal communication—with individuals served, family members, caregivers, and any others involved in the interaction to ensure the highest quality of care that is delivered in a culturally competent manner.  ■ Demonstrate the ability to communicate in a responsive and responsible manner with clients/patients/students, families,	Effective Communication Skills Language was clarified and re-worded for the first bullet and moved to the new Standard 3.1.6A (see below). Second bullet was reworded and streamlined for clarity.

individuals—in a responsive and responsible manner that supports a team approach to maximize care outcomes.	communities, and interprofessional team colleagues and other professionals.  Communicate—with patients, families, communities, interprofessional team colleagues, and other professionals caring for individuals—in a responsive and responsible manner that supports a team approach to maximize care outcomes.	
2017 Standard for Accreditation	Revisions to Standard (1/1/2023)	Rationale for the Revisions
<ul> <li>Clinical Reasoning</li> <li>Use valid scientific and clinical evidence in decision making regarding assessment and intervention.</li> <li>Apply current knowledge, theory, and sound professional judgment in approaches to intervention and management of individuals served.</li> <li>Use clinical judgment and self-reflection to enhance clinical reasoning.</li> </ul>	<ul> <li>Use valid scientific and clinical evidence in decision making regarding assessment and intervention.</li> <li>Apply current knowledge, theory, and sound professional judgment in approaches to intervention and management of individuals served.</li> <li>Use clinical judgment and self-reflection to enhance clinical reasoning.</li> </ul>	Clinical Reasoning Removed first bullet which is redundant with Standard 3.5A, in referencing ability to "understand and apply the scientific bases of the profession; apply the scientific bases and research principles to clinical populations." Removed second bullet as it is redundant with Standard 3.2A. Removed "self- reflection" from the third bullet as it is too vague and moved this bullet under new Standard 3.1.6A as "self-evaluation of effectiveness of practice."
<ul> <li>Evidence-Based Practice</li> <li>Access sources of information to support clinical decisions regarding assessment and intervention and management.</li> <li>Critically evaluate information sources and apply that information to appropriate populations.</li> <li>Integrate evidence in the provision of audiologic services.</li> </ul>	<ul> <li>Evidence-Based Practice</li> <li>Access and critically evaluate information sources, apply information to appropriate populations, and integrate evidence in provision of audiology services. Access sources of information to support clinical decisions regarding assessment and intervention and management.</li> <li>Critically evaluate information sources and apply that information to appropriate populations.</li> <li>Integrate evidence in the provision of audiologic services.</li> </ul>	Evidence-Based Practice Streamlined into one bullet.

2017 Standard for Accreditation	Revisions to Standard (1/1/2023)	Rationale for the Revisions
Concern for Individuals Served	Concern for Individuals Served	Concern for Individuals Served
Show evidence of care, compassion, and	Show evidence of care, compassion, and	Re-worded first bullet for clarity and moved to
appropriate empathy during interactions with	appropriate empathy during interactions with	new Standard 3.1.6A below as "student uses
each individual served, family members,	each individual served, family members,	clinical counseling skills appropriate to the
caregivers, and any others involved in care.	caregivers, and any others involved in care.	individual, family members, caregivers, and
Encourage active involvement of the	<ul> <li>Encourage active involvement of the</li> </ul>	others involved in care." Removed second
individual in his or her own care.	individual in his or her own care.	bullet as it can be assumed that the individual
		being served is of necessity involved in his/her
		care at this stage of pre-professional practice.
Cultural Competence	Cultural Competence	Cultural Competence
<ul> <li>Understand the impact of his or her own set</li> </ul>	Understand the impact of his or her own set	The CAA saw a clear and urgent need to pull
of cultural and linguistic variables on delivery	of cultural and linguistic variables on delivery	this entire section of competencies out of this
of effective care (these include, but are not	of effective care (these include, but are not	standard and create a stand-alone,
limited to, variables such as age, ethnicity,	limited to, variables such as age, ethnicity,	comprehensive standard that will replace the
linguistic background, national origin, race,	linguistic background, national origin, race,	current Standard 3.4A. Cultural competence,
religion, gender, and sexual orientation).	religion, gender, and sexual orientation).	or cultural humility, is addressed in the new
<ul> <li>Understand the impact of the cultural and</li> </ul>	<ul> <li>Understand the impact of the cultural and</li> </ul>	Standard 3.4A, to include the concepts listed
linguistic variables of the individuals served	linguistic variables of the individuals served	under this professional practice competency,
on delivery of effective care (these include,	on delivery of effective care (these include,	as well as addressing the expectations the CAA
but are not limited to, variables such as age,	but are not limited to, variables such as age,	holds of programs in regards to diversity,
ethnicity, linguistic background, national	ethnicity, linguistic background, national	equity, and inclusion.
origin, race, religion, gender, and sexual	origin, race, religion, gender, and sexual	equity, and melasion.
orientation).	orientation).	Establishing these concepts in a more
Understand the interaction of cultural and	Understand the interaction of cultural and	comprehensive standard, including further
linguistic variables between the caregivers	linguistic variables between the caregivers	expectations of programs to continually assess
and the individual served in order to	and the individual served in order to	their own biases, will provide clarification to
maximize service delivery.	maximize service delivery.	programs of CAA's expectations regarding
Understand the characteristics of the	Understand the characteristics of the	diversity, equity, inclusion, and program's
individuals served (e.g., age, demographics,	individuals served (e.g., age, demographics,	cultural competence, not just students.
cultural and linguistic diversity, educational	cultural and linguistic diversity, educational	cartarar competence, not just students.
history and status, medical history and status,	history and status, medical history and status,	
cognitive status, physical and sensory	cognitive status, physical and sensory	
abilities) and how they relate to clinical	abilities) and how they relate to clinical	
services.	services.	

Understand the role of manual and other communication systems and the use of sign and spoken interpreters/transliterators and assistive technology to deliver the highest quality care.	<ul> <li>Understand the role of manual and other communication systems and the use of sign and spoken interpreters/transliterators and assistive technology to deliver the highest quality care.</li> </ul>	
2017 Standard for Accreditation	Revisions to Standard (1/1/2023)	Rationale for the Revisions
<ul> <li>Professional Duty</li> <li>Engage in self-assessment to improve his or her effectiveness in the delivery of clinical services.</li> <li>Understand the roles and importance of professional organizations in advocating for the rights of access to comprehensive audiologic services.</li> <li>Understand the role of clinical teaching and clinical modeling, as well as supervision of students and other support personnel.</li> <li>Understand the roles and importance of interdisciplinary/interprofessional assessment and intervention and be able to interact and coordinate care effectively with other disciplines and community resources.</li> <li>Understand and practice the principles of universal precautions to prevent the spread of infectious and contagious diseases.</li> <li>Understand and use the knowledge of one's own role and the roles of other professionals to appropriately assess and address the needs of the individuals and populations served.</li> </ul>	<ul> <li>Engage in self-assessment to improve his or her effectiveness in the delivery of clinical services.</li> <li>Understand the roles and importance of professional organizations in advocating for the rights of access to comprehensive audiologic services.</li> <li>Understand the role of clinical teaching and clinical modeling, as well as supervision of students and other support personnel.</li> <li>Understand the roles and importance of interdisciplinary/interprofessional assessment and intervention and be able to interact and coordinate care effectively with other disciplines and community resources.</li> <li>Understand and practice the principles of universal precautions to prevent the spread of infectious and contagious diseases.</li> <li>Understand and use the knowledge of one's own role and the roles of other professionals to appropriately assess and address the needs of the individuals and populations served.</li> <li>Demonstrate knowledge of one's own role and those of other professions to appropriately assess and address the needs</li> </ul>	Professional Duty Reworded and moved first bullet to be under the new Standard 3.1.6A as "self-evaluation of effectiveness of practice."  Re-ordered bullets to reflect a more sequential order: own role, then others' roles, and then professional organizations' roles.  Replaced "understand" with "demonstrate."  Moved bullet addressing the concept of "Understand and practice the principles of universal precautions to prevent the spread of infectious and contagious diseases" under Standard 3.8A where it more appropriately belongs with concerns of the welfare of patients/clients.

2017 Standard for Accreditation	<ul> <li>Demonstrate knowledge of the roles and importance of interdisciplinary/ interprofessional assessment and intervention and be able to interact and coordinate care effectively with other disciplines and community resources.</li> <li>Demonstrate knowledge of the roles and importance of individual and collective (e.g., local, national organizations) advocacy for clients/patients/students' right to care.</li> <li>Demonstrate knowledge of the role of clinical teaching and clinical modeling as well as supervision of students and other support personnel.</li> <li>Revisions to Standard (1/1/2023)</li> </ul>	Rationale for the Revisions
<ul> <li>Collaborative Practice</li> <li>Understand how to apply values and principles of interprofessional team dynamics.</li> <li>Understand how to perform effectively in different interprofessional team roles to plan and deliver care—centered on the individual served—that is safe, timely, efficient, effective, and equitable.</li> </ul>	<ul> <li>Collaborative Practice</li> <li>Understand how to apply values and principles of interprofessional team dynamics.</li> <li>Understand how to perform effectively in different interprofessional team roles to plan and deliver care—centered on the individual served—that is safe, timely, efficient, effective, and equitable.</li> </ul>	Collaborative Practice Streamlined and moved concept under the new Standard 3.1.6A to reflect "ability to work effectively as a member of an interprofessional team."

2017 Standard for Accreditation	Revisions to Standard (1/1/2023)	Rationale for the Revisions
3.1.4A Assessment of the structure and function	3.1.4A Assessment of the structure and function	Combined both of the auditory and
of the auditory and vestibular systems	of the auditory and vestibular systems as well as	vestibular systems assessment
	the impact of any changes to such systems.	competencies under 3.1.4A and 3.1.5A
The program provides academic content and	The program provides academic content and	into one new section 3.1.4A. Streamlined
clinical education experiences so that each	clinical education experiences so that each	wording and kept all concepts intact.
student can learn and demonstrate knowledge	student can learn and demonstrate knowledge	
and skills in order to	and skills in order to	In addition, due to consolidation of
<ul> <li>evaluate information from appropriate</li> </ul>	<ul> <li>evaluate information from appropriate</li> </ul>	current 3.1.4A and 3.1.5A into a new
sources to facilitate assessment planning;	sources to facilitate assessment planning;	3.1.4A, the current 3.1.6A becomes re-
<ul> <li>obtain a case history;</li> </ul>	obtain a case history;	numbered to 3.1.5A.
<ul> <li>perform an otoscopic examination;</li> </ul>	<ul> <li>perform an otoscopic examination;</li> </ul>	
<ul> <li>remove cerumen, when appropriate;</li> </ul>	<ul><li>remove cerumen, when appropriate;</li></ul>	
<ul> <li>administer clinically appropriate and</li> </ul>	administer clinically appropriate and	
culturally sensitive assessment measures;	culturally sensitive assessment measures;	
<ul> <li>perform audiologic assessment using</li> </ul>	<ul> <li>perform audiologic assessment using</li> </ul>	
behavioral, physiological (e.g., immittance,	behavioral, physiological (e.g., immittance,	
wideband reflectance, evoked potentials),	wideband reflectance, evoked potentials),	
psychophysical, and self-assessment tools;	psychophysical, and self-assessment tools;	
<ul> <li>perform audiologic assessment using</li> </ul>	<ul> <li>perform audiologic assessment using</li> </ul>	
techniques that are representative of the	techniques that are representative of the	
challenges listeners may face in everyday	challenges listeners may face in everyday	
communication situations;	communication situations;	
<ul> <li>perform assessment to plan for</li> </ul>	<ul> <li>perform assessment to plan for</li> </ul>	
rehabilitation;	rehabilitation;	
<ul> <li>perform assessment to characterize tinnitus;</li> </ul>	<ul> <li>perform assessment to characterize tinnitus;</li> </ul>	
<ul> <li>perform balance system assessment and</li> </ul>	<ul> <li>perform balance system assessment and</li> </ul>	
determine the need for balance	determine the need for balance	
rehabilitation;	rehabilitation;	
<ul> <li>document evaluation procedures and results;</li> </ul>	<ul> <li>document evaluation procedures and results;</li> </ul>	
<ul> <li>interpret results of the evaluation to</li> </ul>	• interpret results of the evaluation to establish	
establish type and severity of disorder;	type and severity of disorder;	
<ul> <li>generate recommendations and referrals</li> </ul>	<ul> <li>generate recommendations and referrals</li> </ul>	
resulting from the evaluation processes;	resulting from the evaluation processes;	
<ul> <li>provide counseling in a culturally sensitive</li> </ul>	<ul> <li>provide counseling in a culturally sensitive</li> </ul>	
manner to facilitate understanding of the	manner to facilitate understanding of the	

2017 Standard for Accreditation	Revisions to Standard (1/1/2023)	Rationale for the Revisions
hearing loss, tinnitus, or balance disorder of	hearing loss, tinnitus, or balance disorder of	
the individual being served;	the individual being served;	

2017 Standard for Accreditation	Revisions to Standard (1/1/2023)	Rationale for the Revisions
maintain records in a manner consistent with	maintain records in a manner consistent with	Combined both of the auditory and
legal and professional standards;	legal and professional standards;	vestibular systems assessment
<ul> <li>communicate results and recommendations</li> </ul>	<ul> <li>communicate results and recommendations</li> </ul>	competencies under 3.1.4A and 3.1.5A
orally and in writing to the individual being	orally and in writing to the individual being	into one new section 3.1.4A. Streamlined
served and other appropriate individual(s);	served and other appropriate individual(s);	wording and kept all concepts intact.
engage in interprofessional practice to	engage in interprofessional practice to	
facilitate optimal assessment of the	facilitate optimal assessment of the individual	In addition, due to consolidation of
individual being served;	being served;	current 3.1.4A and 3.1.5A into a new
assign the correct Common Procedural	assign the correct Common Procedural	3.1.4A, the current 3.1.6A becomes re-
Terminology (CPT) code(s) and the correct	Terminology (CPT) code(s) and the correct	numbered to 3.1.5A.
International Classification of Diseases (ICD)	International Classification of Diseases (ICD)	
code(s);	code(s);	
apply the principles of evidence-based	apply the principles of evidence-based	
practice;	practice;	
<ul> <li>select and use outcomes measures that are</li> </ul>	<ul> <li>select and use outcomes measures that are</li> </ul>	
valid and reliable indicators of success in	valid and reliable indicators of success in	
assessment protocols that are used.	assessment protocols that are used and in	
·	determining the impact of changes in	
3.1.5A Assessment of the impact of changes in	structure and function of the auditory and	
the structure and function of the auditory and	vestibular systems <del>;</del>	
vestibular systems	3.1.5A Assessment of the impact of changes in	
The program provides academic content and	the structure and function of the auditory and	
clinical education experiences so that each	vestibular systems	
student can learn and demonstrate knowledge	The program provides academic content and	
and skills in order to	clinical education experiences so that each	
administer clinically appropriate and	student can learn and demonstrate knowledge	
culturally sensitive self-assessment measures	and skills in order to	
of communication function for individuals	administer clinically appropriate and	
across the lifespan and the continuum of	culturally sensitive self-assessment measures	
care,	of communication function and functional	

2017 Standard for Accreditation	Revisions to Standard (1/1/2023)	Rationale for the Revisions
<ul> <li>administer clinically appropriate and culturally sensitive scales of communication function to communication partners of the individual being served,</li> <li>administer clinically appropriate and culturally sensitive functional assessment tools for individuals across the lifespan and the continuum of care,</li> </ul>	<ul> <li>assessment tools for individuals across the lifespan and the continuum of care,</li> <li>administer clinically appropriate and culturally sensitive scales of communication function to communication partners of the individual being served,</li> <li>administer clinically appropriate and culturally sensitive functional assessment tools for individuals across the lifespan and the continuum of care,</li> </ul>	

2017 Standard for Accreditation	Revisions to Standard (1/1/2023)	Rationale for the Revisions
<ul> <li>determine contextual factors that may facilitate or impede an individual's participation in everyday life,</li> <li>select and use outcomes measures that are valid and reliable indicators of success in determining the impact of changes in structure and function of the auditory and vestibular systems.</li> <li>3.1.6A Intervention to minimize the effects of changes in the auditory and vestibular systems on an individual's ability to participate in his or her environment</li> </ul>	<ul> <li>determine contextual factors that may facilitate or impede an individual's participation in everyday life;</li> <li>select and use outcomes measures that are valid and reliable indicators of success in determining the impact of changes in structure and function of the auditory and vestibular systems.</li> <li>3.1.56A Intervention to minimize the effects of changes in the auditory and vestibular systems on an individual's ability to participate in his or her environment</li> </ul>	Combined both of the auditory and vestibular systems assessment competencies under 3.1.4A and 3.1.5A into one new section 3.1.4A. Streamlined wording and kept all concepts intact.  In addition, due to consolidation of current 3.1.4A and 3.1.5A into a new 3.1.4A, the current 3.1.6A becomes renumbered to 3.1.5A.
	3.1.6A General Knowledge and Skills Applicable to Professional Practice The program must include content and opportunities to learn so that each student acquires knowledge and skills in working with individuals with the aforementioned hearing and	Consistent with current speech-language pathology standards, CAA added a new standard, 3.1.6A, covering general knowledge and skills applicable to professional practice for audiology. These elements are already present for speech-language pathology as Standard 3.1.6B.

vestibular disorders across the lifespan by demonstration of:  • ethical conduct; • integration and application of the interdependence of speech, language, and hearing; • engagement in contemporary professional issues and advocacy; • engagement in self-assessment over the duration of the program to improve effectiveness in the delivery of clinical services; • clinical education and supervision skills; • clinical counseling skills appropriate to the individual, family members, caregivers, and others involved in care;	2017 Standard for Accreditation	Revisions to Standard (1/1/2023)	Rationale for the Revisions
<ul> <li>professionalism and professional behavior         that is reflective of-sensitive to cultural and         linguistic differences in keeping with         expectations for an audiologist;         interaction skills and interpersonal qualities,         including counseling and collaboration;         self-evaluation of effectiveness of practice;         ability to work effectively as a member of an interprofessional team.</li> </ul>		<ul> <li>demonstration of:         <ul> <li>ethical conduct;</li> <li>integration and application of the interdependence of speech, language, and hearing;</li> <li>engagement in contemporary professional issues and advocacy;</li> <li>engagement in self-assessment over the duration of the program to improve effectiveness in the delivery of clinical services;</li> <li>clinical education and supervision skills;</li> <li>clinical counseling skills appropriate to the individual, family members, caregivers, and others involved in care;</li> <li>professionalism and professional behavior that is reflective of-sensitive to cultural and linguistic differences in keeping with expectations for an audiologist;</li> <li>interaction skills and interpersonal qualities, including counseling and collaboration;</li> <li>self-evaluation of effectiveness of practice;</li> <li>ability to work effectively as a member of an</li> </ul> </li> </ul>	audiology, and several concepts covered were pulled from other professional practice competencies and re-grouped

2017 Standard for Accreditation	Revisions to Standard (1/1/2023)	Rationale for the Revisions
3.4A An effective audiology program is	3.4A An effective audiology program is	The definition of diversity is expanded to
organized and delivered in such a manner that	organized and delivered in such a manner that	include equity and inclusion, and must be
the diversity of society is reflected in the	diversity, equity, and inclusion are reflected in	reflected throughout the academic and
program.	the program and throughout academic and	clinical education programs.
Requirement for Review:	clinical education.	
	Requirement for Review:	

2017 Standard for Accreditation	Revisions to Standard (1/1/2023)	Rationale for the Revisions
The program must provide evidence that issues related to diversity are infused throughout the academic and clinical program.  The program must provide evidence that issues related to diversity are infused throughout the academic and clinical program.	<ul> <li>The program must provide evidence that diversity, equity, and inclusion are incorporated throughout the academic and clinical program, in theory and practice.</li> <li>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.</li> <li>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.</li> <li>The program must provide evidence that students are given opportunities to identify and acknowledge:         <ul> <li>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).</li> <li>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.</li> </ul> </li> </ul>	Requirements for Review are expanded to include specific metrics.

2017 Standard for Accreditation	Revisions to Standard (1/1/2023)	Rationale for the Revisions
	<ul> <li>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.</li> <li>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.</li> <li>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.</li> <li>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.</li> </ul>	

2017 Standard for Accreditation	Revisions to Standard (1/1/2023)	Rationale for the Revisions
<ul> <li>2017 Standard for Accreditation</li> <li>3.8A Clinical education is provided in a manner that ensures that the welfare of each person served by a student and clinical educator team is protected and in accordance with recognized standards of ethical practice and relevant federal and state regulations.</li> <li>Requirement for Review:</li> <li>The program must demonstrate that the supervision provided to each student is adjusted to ensure that the specific needs are met for each individual who is receiving services.</li> </ul>	Revisions to Standard (1/1/2023)  3.8A Clinical education is provided in a manner that ensures that the welfare of each person served by a student and clinical educator team is protected and in accordance with recognized standards of ethical practice and relevant federal and state regulations.  Requirement for Review:  The program must demonstrate that the supervision provided to each student is adjusted to ensure that the specific needs are met for each individual who is receiving services.	Rationale for the Revisions  Added fourth bullet addressing universal precautions, moved from its original placement under 3.1.1A Professional Duty, to a more appropriate location with like concepts.
The program must demonstrate that the procedures used in clinical education ensure that the welfare of each person being served by the student and clinical educator team is	<ul> <li>The program must demonstrate that the procedures used in clinical education ensure that the welfare of each person being served by the student and clinical educator team is</li> </ul>	
<ul> <li>protected.</li> <li>The program must demonstrate that the services provided by the student and clinical educator team is in accordance with recognized standards of ethical practice and relevant federal and state regulations.</li> </ul>	<ul> <li>The program must demonstrate that the services provided by the student and clinical educator team is in accordance with recognized standards of ethical practice and relevant federal and state regulations.</li> </ul>	
relevant reueral and state regulations.	The program must demonstrate that it provides the opportunity for students to understand and practice the principles of universal precautions to prevent the spread of infectious and contagious diseases.	

(<u>red underline text</u> = additions/revisions | <del>strikethrough</del> text = deletions)

2017 Standard for Accreditation	Revisions to Standard (1/1/2023)	Rationale for the Revisions
3.1.1B Professional Practice Competencies	3.1.1B Professional Practice Competencies	CAA reviewed these speech-
The program must provide content and opportunities	The program must provide content and opportunities	language pathology curriculum
for students to learn so that each student can	for students to learn so that each student can	standards to streamline, remove
demonstrate the following attributes and abilities and	demonstrate the following attributes and abilities and	duplicative language and
demonstrate those attributes and abilities in the	demonstrate those attributes and abilities in the	concepts, add clarity, and assist
manners identified.	manners identified.	programs in documenting
A 1 195		attainment of these
Accountability	Accountability	competencies.
Practice in a manner that is consistent with the	Adhere to the professional codes of ethics, the	
professional codes of ethics and the scope of	speech-language pathology scope of practice	<u>Accountability</u>
practice documents for the profession of speech-	documents, professional fiduciary responsibility	Streamlined first 3 bullets
language pathology.	for each client/patient/student served, and	addressing adherence to ethics,
Adhere to federal, state, and institutional	federal, state, and institutional regulations and	scope of practice, state and
regulations and policies that are related to care	policies related to the profession of speech-	federal regulations and policies
provided by speech-language pathologists.	language pathology and its services, including	to consolidate into one
Understand the professional's fiduciary  A second distribution of the	compliance with confidentiality issues related	bullet/concept. Added to that
responsibility for each individual served.	to the Health Insurance Portability and	first bullet the adherence to
Understand the various models of delivery of	Accountability Act (HIPAA) and the Family	confidentiality from the
speech-language pathology services (e.g., hospital,	Educational Rights and Privacy Act (FERPA).	"Integrity" section below.
<ul><li>private practice, education, etc.).</li><li>Use self-reflection to understand the effects of his</li></ul>	Practice in a manner that is consistent with the	
or her actions and make changes accordingly.	professional codes of ethics and the scope of	Removed vague wording of
<ul> <li>Understand the health care and education</li> </ul>	practice documents for the profession of speech-	"understand" and replaced with
landscapes and how to facilitate access to services.	language pathology.	concepts more amenable to
<ul> <li>Understand how to work on interprofessional</li> </ul>	Adhere to federal, state, and institutional	measurement such as
teams to maintain a climate of mutual respect and	regulations and policies that are related to care	"demonstrate", "differentiate"
shared values.	provided by speech= language pathologists.	and "explain."
Silaleu values.	Understand the professional's fiduciary	
	responsibility for each individual served.	Reworded competencies to add
	<u>Differentiate service delivery models based on</u>	clarity, removing concept of "self-
	<u>practice sites</u> <u>Understand the various models of</u>	reflection" as too vague.
	delivery of speech-language pathology services	
	(e.g., hospital, <u>school</u> , private practice <del>, education,</del>	
	etc.).	
	<ul> <li><u>Demonstrate an understanding of Use self-</u></li> </ul>	

reflection to understand the effects of their his/

	<ul> <li>or her actions and make appropriate changes as needed changes accordingly.</li> <li>Explain Understand the health care and education landscapes and how to facilitate access to services in both sectors.</li> <li>Understand how to work on interprofessional teams to maintain a climate of mutual respect and shared values.</li> </ul>	Moved competency related to working on interprofessional teams to Standard 3.1.6B (see below).
2017 Standard for Accreditation	Revisions to Standard (1/1/2023)	Rationale for the Revisions
<ul> <li>Use the highest level of clinical integrity with each individual served, family members, caregivers, other service providers, students, other consumers, and payers.</li> <li>Understand and use best professional practices as they relate to maintenance of confidentiality for all individuals in accordance with requirements of the Health Insurance Portability and Accountability Act (HIPAA) and the Family Educational Rights and Privacy Act (FERPA).</li> </ul>	<ul> <li>Use the highest level of clinical integrity with each individual served, family members, caregivers, other service providers, students, other consumers, and payers.</li> <li>Understand and use best professional practices as they relate to maintenance of confidentiality for all individuals in accordance with requirements of the Health Insurance Portability and Accountability Act (HIPAA) and the Family Educational Rights and Privacy Act (FERPA).</li> </ul>	Integrity Included these concepts under more appropriate standards, to reduce redundancy with Standard 3.10B, which indicates that a program "ensures that its students know the expectations regarding their exercise of the highest level of academic and clinical integrity during all aspects of their education." Eliminated the redundancy of the second bullet by including adherence to confidentiality in first bullet under the Accountability section above.
<ul> <li>Effective Communication Skills</li> <li>Use all forms of expressive communication—including written, spoken, and nonverbal communication—with individuals served, family members, caregivers, and any others involved in the interaction to ensure the highest quality of care that is delivered in a culturally competent manner.</li> <li>Communicate—with patients, families, communities, interprofessional team colleagues, and other professionals caring for individuals—in a</li> </ul>	<ul> <li>Effective Communication Skills</li> <li>Use all forms of expressive communication—including written, spoken, and nonverbal communication—with individuals served, family members, caregivers, and any others involved in the interaction to ensure the highest quality of care that is delivered in a culturally competent manner.</li> <li>Demonstrate the ability to communicate in a responsive and responsible manner with</li> </ul>	Effective Communication Skills Language was clarified and reworded for the first bullet and moved to Standard 3.1.6B (see below). Second bullet was reworded and streamlined for clarity.

responsive and responsible manner that supports a	clients/patients/students, communities, and	
team approach to maximize care outcomes.	interprofessional team colleagues and other	
	professionals. Communicate—with patients,	
	families, communities, interprofessional team	
	colleagues, and other professionals caring for	
	individuals—in a responsive and responsible	
	manner that supports a team approach to	
	maximize care outcomes.	
2017 Standard for Accreditation	Revisions to Standard (1/1/2023)	Rationale for the Revisions
Clinical Reasoning	Clinical Reasoning	Clinical Reasoning
• Use valid scientific and clinical evidence in decision	Use valid scientific and clinical evidence in decision	Removed first bullet which is
making regarding assessment and intervention.	making regarding assessment and intervention.	redundant with Standard 3.5B, in
<ul> <li>Apply current knowledge, theory, and sound</li> </ul>	<ul> <li>Apply current knowledge, theory, and sound</li> </ul>	referencing ability to
professional judgment in approaches to	professional judgment in approaches to	"understand and apply the
intervention and management of individuals	intervention and management of individuals	scientific bases of the profession;
served.	served.	apply the scientific bases and
• Use clinical judgment and self-reflection to enhance	Use clinical judgment and self-reflection to	research principles to clinical
clinical reasoning.	enhance clinical reasoning	populations." Removed second
		bullet as it is redundant with
		Standard 3.2B. Removed "self-
		reflection" from the third bullet
		as it is too vague and moved this
		bullet under Standard 3.1.6B as
		"self-evaluation of effectiveness
		of practice."
Evidence-Based Practice	Evidence-Based Practice	Evidence-Based Practice
Access sources of information to support clinical	<ul> <li>Access and critically evaluate information sources,</li> </ul>	Streamlined all 3 bullets and
decisions regarding assessment and intervention	apply information to appropriate populations, and	concepts into one bullet.
and management.	integrate evidence in provision of speech-language	
<ul> <li>Critically evaluate information sources and apply</li> </ul>	pathology services. Access sources of information	
that information to appropriate populations.	to support clinical decisions regarding assessment	
• Integrate evidence in the provision of speech-	and intervention and management.	
language pathology services.	Critically evaluate information sources and apply	
	that information to appropriate populations.	
	Integrate evidence in the provision of speech-	
	language pathology services.	

ern for Individuals Served  now evidence of care, compassion, and epropriate empathy during interactions with each individual served, family members, eregivers, and any others involved in care. ecourage active involvement of the individual in s or her own care.	Concern for Individuals Served Re-worded first bullet for clarity and moved to Standard 3.1.6B below as "student uses clinical counseling skills appropriate to the individual, family members, caregivers, and others involved in care." Removed second bullet as
opropriate empathy during interactions with och individual served, family members, oregivers, and any others involved in care. Incourage active involvement of the individual in	and moved to Standard 3.1.6B below as "student uses clinical counseling skills appropriate to the individual, family members, caregivers, and others involved in
	it can be assumed that the individual being served is of necessity involved in his/her care at this stage of pre-professional practice.
<del>al Competence</del>	<u>Cultural Competence</u>
inderstand the impact of his or her own set of altural and linguistic variables on delivery of a fective care (these include, but are not limited a variables such as age, ethnicity, linguistic ackground, national origin, race, religion, gender, and sexual orientation).  Inderstand the impact of the cultural and aguistic variables of the individuals served on elivery of effective care (these include, but are not limited to, variables such as age, ethnicity, aguistic background, national origin, race, eligion, gender, and sexual orientation).  Inderstand the interaction of cultural and aguistic variables between the caregivers and the dividual served in order to maximize service elivery.  Inderstand the characteristics of the individuals erved (e.g., age, demographics, cultural and populatic diversity, aducational history, and status	The CAA saw a clear and urgent need to pull this entire section of competencies out of this standard and create a standalone, comprehensive standard that will serve to replace the current Standard 3.4B. Cultural competence, or cultural humility, is addressed in the new Standard 3.4B, to include the concepts listed under this professional practice competency, as well as addressing the expectations the CAA holds of programs in regards to diversity, equity, and inclusion.  Establishing these concepts in a more comprehensive standard and including further expectations of programs to
1	riderstand the impact of the cultural and guistic variables of the individuals served on livery of effective care (these include, but are it limited to, variables such as age, ethnicity, guistic background, national origin, race, ligion, gender, and sexual orientation). Inderstand the interaction of cultural and guistic variables between the caregivers and the dividual served in order to maximize service livery.

(<u>red underline text</u> = additions/revisions | <del>strikethrough</del> text = deletions)

Understand the role of manual and other	physical and sensory abilities) and how they relate	biases, will provide clarification
communication systems and the use of sign and	to clinical services.	to programs of CAA's
spoken interpreters/transliterators and assistive	<ul> <li>Understand the role of manual and other</li> </ul>	expectations regarding diversity,
technology to deliver the highest quality care.	communication systems and the use of sign and	equity, inclusion, and program's
	spoken interpreters/transliterators and assistive	cultural competence, not just
	technology to deliver the highest quality care.	students. (see Standard 3.4B
		below.)
2017 Standard for Accreditation	Revisions to Standard (1/1/2023)	Rationale for the Revisions
Professional Duty	<u>Professional Duty</u>	<u>Professional Duty</u>
Engage in self-assessment to improve his or her	<ul> <li>Engage in self-assessment to improve his or her</li> </ul>	Reworded and moved first bullet
effectiveness in the delivery of clinical services.	effectiveness in the delivery of clinical services.	to be under Standard 3.1.6B as
<ul> <li>Understand the roles and importance of</li> </ul>	<ul> <li>Understand the roles and importance of</li> </ul>	"self-evaluation of effectiveness
professional organizations in advocating for the	professional organizations in advocating for the	of practice."
rights of access to speech-language pathology	rights of access to speech-language pathology	
services.	services.	Re-ordered bullets to reflect own
Understand the role of clinical teaching and clinical	<ul> <li>Understand the role of clinical teaching and</li> </ul>	role, then others' roles and then
modeling, as well as supervision of students and	clinical modeling, as well as supervision of	professional organizations' roles,
other support personnel.	students and other support personnel.	in a more sequential order.
<ul> <li>Understand the roles and importance of</li> </ul>	<ul> <li>Understand the roles and importance of</li> </ul>	
interdisciplinary/interprofessional assessment and	interdisciplinary/interprofessional assessment and	Replaced "understand" with
intervention and be able to interact and coordinate	intervention and be able to interact and	"demonstrate."
care effectively with other disciplines and	coordinate care effectively with other disciplines	
community resources.	and community resources.	Moved bullet addressing the
<ul> <li>Understand and practice the principles of universal</li> </ul>	<ul> <li>Understand and practice the principles of</li> </ul>	concept of "Understand and
precautions to prevent the spread of infectious and	universal precautions to prevent the spread of	practice the principles of
contagious diseases.	infectious and contagious diseases.	universal precautions to prevent
<ul> <li>Understand and use the knowledge of one's own</li> </ul>	<ul> <li>Understand and use the knowledge of one's own</li> </ul>	the spread of infectious and
role and the roles of other professionals to	role and the roles of other professionals to	contagious diseases" under
appropriately assess and address the needs of the	appropriately assess and address the needs of the	Standard 3.8B where it more
individuals and populations served.	individuals and populations served.	appropriately belongs with
	<ul> <li>Demonstrate knowledge of one's own role and</li> </ul>	concerns of the welfare of
	those of other professions to appropriately assess	patients/clients.
	and address the needs of the individuals and	
	populations served.	
	<ul> <li>Demonstrate knowledge of the roles and</li> </ul>	

importance of interdisciplinary/interprofessional

	<ul> <li>assessment and intervention and be able to interact and coordinate care effectively with other disciplines and community resources.</li> <li>Demonstrate knowledge of the roles and importance of individual and collective (e.g., local, national organizations) advocacy for clients/patients/students' right to care.</li> <li>Demonstrate knowledge of the role of clinical teaching and clinical modeling as well as supervision of students and other support</li> </ul>	
	personnel.	
2017 Standard for Accreditation	Revisions to Standard (1/1/2023)	Rationale for the Revisions
2017 Standard for Accircuitation	NCVISIONS to Standard (1/1/2025)	Nationale for the Nevisions
Collaborative Practice	Callaborative Practice	Collaborative Practice
Collaborative Practice	Collaborative Practice	Collaborative Practice
Understand how to apply values and principles of	Understand how to apply values and principles of	Streamlined and moved concept
<ul> <li>Understand how to apply values and principles of interprofessional team dynamics.</li> </ul>	<ul> <li>Understand how to apply values and principles of interprofessional team dynamics.</li> </ul>	Streamlined and moved concept under Standard 3.1.6B to reflect
<ul> <li>Understand how to apply values and principles of interprofessional team dynamics.</li> <li>Understand how to perform effectively in different</li> </ul>	<ul> <li>Understand how to apply values and principles of interprofessional team dynamics.</li> <li>Understand how to perform effectively in different</li> </ul>	Streamlined and moved concept under Standard 3.1.6B to reflect "ability to work effectively as a
<ul> <li>Understand how to apply values and principles of interprofessional team dynamics.</li> <li>Understand how to perform effectively in different interprofessional team roles to plan and deliver</li> </ul>	<ul> <li>Understand how to apply values and principles of interprofessional team dynamics.</li> <li>Understand how to perform effectively in different interprofessional team roles to plan and deliver</li> </ul>	Streamlined and moved concept under Standard 3.1.6B to reflect "ability to work effectively as a member of an interprofessional
<ul> <li>Understand how to apply values and principles of interprofessional team dynamics.</li> <li>Understand how to perform effectively in different</li> </ul>	<ul> <li>Understand how to apply values and principles of interprofessional team dynamics.</li> <li>Understand how to perform effectively in different</li> </ul>	Streamlined and moved concept under Standard 3.1.6B to reflect "ability to work effectively as a
<ul> <li>Understand how to apply values and principles of interprofessional team dynamics.</li> <li>Understand how to perform effectively in different interprofessional team roles to plan and deliver</li> </ul>	<ul> <li>Understand how to apply values and principles of interprofessional team dynamics.</li> <li>Understand how to perform effectively in different interprofessional team roles to plan and deliver</li> </ul>	Streamlined and moved concept under Standard 3.1.6B to reflect "ability to work effectively as a member of an interprofessional
<ul> <li>Understand how to apply values and principles of interprofessional team dynamics.</li> <li>Understand how to perform effectively in different interprofessional team roles to plan and deliver care—centered on the individual served—that is</li> </ul>	<ul> <li>Understand how to apply values and principles of interprofessional team dynamics.</li> <li>Understand how to perform effectively in different interprofessional team roles to plan and deliver care—centered on the individual served—that is</li> </ul>	Streamlined and moved concept under Standard 3.1.6B to reflect "ability to work effectively as a member of an interprofessional
<ul> <li>Understand how to apply values and principles of interprofessional team dynamics.</li> <li>Understand how to perform effectively in different interprofessional team roles to plan and deliver care—centered on the individual served—that is</li> </ul>	<ul> <li>Understand how to apply values and principles of interprofessional team dynamics.</li> <li>Understand how to perform effectively in different interprofessional team roles to plan and deliver care—centered on the individual served—that is</li> </ul>	Streamlined and moved concept under Standard 3.1.6B to reflect "ability to work effectively as a member of an interprofessional
<ul> <li>Understand how to apply values and principles of interprofessional team dynamics.</li> <li>Understand how to perform effectively in different interprofessional team roles to plan and deliver care—centered on the individual served—that is</li> </ul>	<ul> <li>Understand how to apply values and principles of interprofessional team dynamics.</li> <li>Understand how to perform effectively in different interprofessional team roles to plan and deliver care—centered on the individual served—that is</li> </ul>	Streamlined and moved concept under Standard 3.1.6B to reflect "ability to work effectively as a member of an interprofessional

2017 Standard for Accreditation	Revisions to Standard (1/1/2023)	Rationale for the Revisions		
3.1.6B General Knowledge and Skills Applicable to	3.1.6B General Knowledge and Skills Applicable to	Moved several bullets, or		
Professional Practice	Professional Practice	concepts, from professional		
The program must include content and opportunities to	The program must include content and opportunities	practice competencies that are		
learn so that each student acquires knowledge and	to learn so that each student acquires knowledge and	more appropriately placed here		
skills in working with individuals with the	skills in working with individuals with the	with like concepts relating to		
aforementioned communication and swallowing	aforementioned communication and swallowing	general knowledge and skills		
disorders across the lifespan and by demonstration of	disorders across the lifespan and by demonstration of	applicable to professional		
ethical conduct;	ethical conduct;	practice.		
<ul> <li>integration and application of knowledge of the</li> </ul>	<ul> <li>integration and application of knowledge of the</li> </ul>			
interdependence of speech, language, and hearing;	interdependence of speech, language, and			
engagement in contemporary professional issues	hearing;			
and advocacy;	engagement in contemporary professional issues			
<ul> <li>processes of clinical education and supervision;</li> </ul>	and advocacy;			
<ul> <li>professionalism and professional behavior in</li> </ul>	<ul> <li>engagement in self-assessment over the duration</li> </ul>			
keeping with the expectations for a speech-	of the program to improve effectiveness in the			
language pathologist;	delivery of clinical services;			
<ul> <li>interaction skills and personal qualities, including</li> </ul>	processes of clinical education and supervision			
counseling and collaboration;	<u>skills</u> ;			
<ul> <li>self-evaluation of effectiveness of practice.</li> </ul>	<ul> <li>clinical counseling skills appropriate to the</li> </ul>			
	individual, family members, caregivers, and others			
	involved in care;			
	<ul> <li>professionalism and professional behavior that is</li> </ul>			
	reflective of sensitive to cultural and linguistic			
	differences in keeping with the expectations for a			
	speech-language pathologist;			
	• interaction skills and <u>inter</u> personal qualities,			
	including counseling and collaboration;			
	• self-evaluation of effectiveness of practice;			
	ability to work effectively as a member of an			
	<u>interprofessional team</u> .			

2017 Standard for Accreditation	Revisions to Standard (1/1/2023)	Rationale for the Revisions
3.4B An effective speech-language pathology program	3.4B An effective speech-language pathology	The definition of diversity is
is organized and delivered in such a manner that the	program is organized and delivered in such a manner	expanded to include equity and
diversity of society is reflected in the program.	that diversity, equity, and inclusion are reflected in	inclusion, and must be
Requirement for Review:	the program and throughout academic and clinical	reflected throughout the
The program must provide evidence that issues related	education.	academic and clinical education
to diversity are infused throughout the academic and	Requirement for Review:	programs.
clinical program.	<ul> <li>The program must provide evidence that diversity,</li> </ul>	
	equity, and inclusion are incorporated throughout	Requirements for Review are
	the academic and clinical program, in theory and	expanded to include specific
	practice.	metrics.
	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.	
	<ul> <li>The program must provide evidence that students are given opportunities to identify and</li> </ul>	
	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:	
	<ul> <li>the impact of how their own set of cultural</li> </ul>	
	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).	
	<ul> <li>the impact cultural and linguistic variables</li> </ul>	
	of the individual served may have on	

2017 Standard for Accreditation	Revisions to Standard (1/1/2023)	Rationale for the Revisions
	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.  o 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.  o 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.  o 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	

2017 Standard for Accreditation	Revisions to Standard (1/1/2023)	Rationale for the Revisions
	use of all languages (verbal and nonverbal), in	
	accordance with individual priorities and needs.	

2017 Standard for Accreditation	Revisions to Standard (1/1/2023)	Rationale for the Revisions	
3.8B Clinical education is provided in a manner that	3.8B Clinical education is provided in a manner that	Added fourth bullet addressing	
ensures that the welfare of each person served by a	ensures that the welfare of each person served by a	universal precautions, moved	
student and clinical educator team is protected and	student and clinical educator team is protected and in	from its original placement	
in accordance with recognized standards of ethical	accordance with recognized standards of ethical	under 3.1.1B Professional Duty,	
practice and relevant federal and state regulations.	practice and relevant federal and state regulations.	to a more appropriate location	
Requirement for Review:	Requirement for Review:	with like concepts.	
The program must demonstrate that the	The program must demonstrate that the		
supervision provided to each student is adjusted	supervision provided to each student is adjusted to		
to ensure that the specific needs are met for each	ensure that the specific needs are met for each		
individual who is receiving services.	individual who is receiving services.		
The program must demonstrate that the	The program must demonstrate that the		
procedures used in clinical education ensure that	procedures used in clinical education ensure that		
the welfare of each person being served by the	the welfare of each person being served by the		
student and clinical educator team is protected.	student and clinical educator team is protected.		
The program must demonstrate that the services	The program must demonstrate that the services		
provided by the student and clinical educator	provided by the student and clinical educator team		
team is in accordance with recognized standards	is in accordance with recognized standards of		
of ethical practice and relevant federal and state	ethical practice and relevant federal and state		
regulations.	regulations.		
	The program must demonstrate that it provides the		
	opportunity for students to understand and		
	practice the principles of universal precautions to		
	prevent the spread of infectious and contagious		
	<u>diseases.</u>		

2017 Standard for Accreditation	Revisions to Standard (1/1/2023)	Rationale for the Revisions
5.2 The program conducts ongoing and systematic	5.2 The program conducts ongoing and systematic	The Educational Testing Service
formative and summative assessments of the	formative and summative assessments of the	(ETS) developed the <i>Praxis</i> tests to
performance of its students.	performance of its students.	assess an individual's knowledge,
Requirement for Review:	Requirement for Review:	skills, and readiness to enter
<ul> <li>The program must develop an assessment plan that is used throughout the program for each student. The plan must include the purpose of the assessments and use a variety of assessment techniques, including both formative and summative methods.</li> <li>Assessments must be administered by multiple academic and clinical faculty members.</li> <li>The program must demonstrate how it uses its assessments to evaluate and enhance student progress and acquisition of knowledge and skills.</li> <li>The program must demonstrate that student assessment is applied consistently and</li> </ul>	<ul> <li>The program must develop an assessment plan that is used throughout the program for each student. The plan must include the purpose of the assessments and use a variety of assessment techniques, including both formative and summative methods.</li> <li>Assessments must be administered by multiple academic and clinical faculty members.</li> <li>The program must demonstrate how it uses its assessments to evaluate and enhance student progress and acquisition of knowledge and skills.</li> <li>The program must demonstrate that student assessment is applied consistently and</li> </ul>	independent practice in their respective profession. According to <u>ETS</u> , <i>Praxis® Series™</i> test scores have not been validated for use in granting or denying graduation status, and, therefore, may not be considered legally defensible when used in this manner. The <i>Praxis</i> has not been validated for use as a program summative assessment, thus the CAA cannot accept it as such.
assessment is applied consistently and systematically.	assessment is applied consistently and systematically.  For purposes of assessing compliance, the Praxis examination cannot be used to meet this standard as a form of summative assessment.	Under CAA Standard 5.6, programs must report to the CAA the percentage of test-takers/ graduates from their program who pass the <i>Praxis</i> Audiology or <i>Praxis</i> Speech-Language Pathology and demonstrate that they meet or exceed the CAA's established threshold, which is 80%. This is a <i>separate standard</i> , distinctly set apart from CAA Standard 5.2, which speaks to the use of formative and summative assessment WHILE students are in their graduate program. Under CAA Standard 5.2, programs must conduct ongoing and systematic formative and summative (e.g.,

2017 Standard for Accreditation	Revisions to Standard (1/1/2023)	Rationale for the Revisions
		end of term exams, final projects
		or portfolios that reflect
		cumulative work over time, final
		papers, final reports and/
		presentations, etc.) assessments
		of their students' performance. If
		programs choose to use the <i>Praxis</i>
		exams within their program, the
		CAA wants to ensure they are
		aware that this cannot be used as
		a means to demonstrate
		compliance with Standard 5.2.

(red underline text = additions/revisions | strikethrough text = deletions)

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5.7 The percentage of program graduates who are employed in the profession or pursuing further education in the profession within 1 year of graduation meets or exceeds the CAA's established threshold.

Requirement for Review:

- The CAA's established threshold requires that at least 80% of program graduates must be employed in the profession or pursuing further education in the profession within 1 year of graduation, as averaged over the 3 most recently completed academic years.
- If, when averaged over 3 academic years, the program's employment rate does not meet or exceed the CAA's established threshold, the program must provide an explanation and a plan for improving the results.
- 5.8 The program demonstrates how it uses the results of its analyses of success in meeting the established CAA thresholds for program completion rate, Praxis® Subject Assessments pass rate, and employment rate or the rate of continuation of education in the field for continuous quality improvement at the programmatic level.

Requirement for Review:

- The program must demonstrate its analysis processes to determine whether the program is meeting or exceeding each established CAA threshold.
- The program must demonstrate how it uses the results of these analyses to ensure continuous quality improvement.

#### Revisions to Standard (1/1/2023)

# 5.7 The percentage of program graduates who are employed in the profession or pursuing further education in the profession within 1 year of graduation meets or exceeds the CAA's established

Requirement for Review:

**5.7 RESERVED** 

threshold.

- The CAA's established threshold requires that at least 80% of program graduates must be employed in the profession or pursuing further education in the profession within 1 year of graduation, as averaged over the 3 most recently completed academic years.
- If, when averaged over 3 academic years, the program's employment rate does not meet or exceed the CAA's established threshold, the program must provide an explanation and a plan for improving the results.

5.8 The program demonstrates how it uses the results of its analyses of success in meeting the established CAA thresholds for program completion rate and ,-Praxis\* Subject Assessments pass rate, and employment rate or the rate of continuation of education in the field-for continuous quality improvement at the programmatic level.

*Requirement for Review:* 

- The program must demonstrate its analysis processes to determine whether the program is meeting or exceeding each established CAA threshold.
- The program must demonstrate how it uses the results of these analyses to ensure continuous quality improvement.

#### **Rationale for the Revisions**

The CAA discussed the currency, appropriateness, and effectiveness of employment rates as a measure of program quality, as well as reviewed benchmark data from other accrediting agencies. The CAA concluded that employment rates specifically do not appear to reflect or measure the actual quality of a program. Evidence suggests that the overall performance of the graduate does not equate with their employability due to high demand in the field. In addition, a graduate may decide to change careers or defer employment right after graduation due to lifestyle decisions.

Thus, CAA is eliminating employment rates as a required student outcome measure along with the related CAA-established threshold. Programs may still choose to use employment rates as their own measure, but CAA will not require it. (Also see discussion under Standard 1.9.)

Current standards 5-8-5.11 will retain their numbering; Standard 5.7 will be marked "reserved." This is a change from the initial release of the revised standards and this sideby-side resource.