

2023 Revisions to CAA Standards for Accreditation
 (red underline text = additions/revisions | ~~strikethrough text~~ = deletions)

2017 Standard for Accreditation	Revisions to Standard (1/1/2023)	Rationale for the Revisions
<p>1.1 The sponsoring institution of higher education holds current regional accreditation.</p> <p><i>Requirement for Review:</i></p> <ul style="list-style-type: none"> ● 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 style="list-style-type: none"> ○ Middle States Commission on Higher Education; ○ New England Association of Schools and Colleges, Commission on Institutions of Higher Education; ○ North Central Association of Colleges and Schools, The Higher Learning Commission; ○ Northwest Commission on Colleges and Universities; ○ Southern Association of Colleges and Schools, Commission on Colleges; ○ Western Association of Schools and Colleges, Accrediting Commission for Senior Colleges and Universities. 	<p>1.1 The sponsoring institution of higher education holds current <u>institutional</u> regional accreditation.</p> <p><i>Requirement for Review:</i></p> <ul style="list-style-type: none"> ● The institution of higher education within which the audiology and/or speech-language pathology program is housed must hold <u>institutional</u> regional accreditation from one of following <u>institutional</u> regional accrediting bodies: <ul style="list-style-type: none"> ○ Middle States Commission on Higher Education; ○ New England Association of Schools and Colleges, Commission on Institutions of Higher Education; ○ North Central Association of Colleges and Schools, The Higher Learning Commission; ○ Northwest Commission on Colleges and Universities; ○ Southern Association of Colleges and Schools, Commission on Colleges; ○ Western Association of Schools and Colleges, Accrediting Commission for Senior Colleges and Universities. 	<p>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.</p> <p>In addition, one of the institutional accreditors changed its name as noted.</p>

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<p>1.9 The program provides information about the program and the institution to students and to the public that is current, accurate, and readily available.</p> <p><i>Requirement for Review:</i></p> <ul style="list-style-type: none"> • 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. 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. • 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. • The program must make public the number of expected terms for program completion for full-time and part-time students. 	<p>1.9 The program provides information about the program and the institution to students and to the public that is current, accurate, and readily available.</p> <p><i>Requirement for Review:</i></p> <ul style="list-style-type: none"> • 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. 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. • 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. • The program must make public the number of expected terms for program completion for full-time and part-time students. 	<p>No revisions were made on this section of standard - (see below).</p>

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<ul style="list-style-type: none"> ● At a minimum, the following results of student outcome measures for the most recently completed 3 academic years must be provided: <ul style="list-style-type: none"> ○ 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, ○ 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 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.” <ul style="list-style-type: none"> ○ If both the audiology and the speech-language programs are accredited, separate data tables must be provided for each program. ○ If the program has a distance education component or a satellite campus, the student outcome data must be presented for each modality. 	<ul style="list-style-type: none"> ● At a minimum, the following results of student outcome measures for the most recently completed 3 academic years must be provided: <ul style="list-style-type: none"> ○ 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, ○ 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 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.” <ul style="list-style-type: none"> ○ If both the audiology and the speech-language programs are accredited, separate data tables must be provided for each program. ○ If the program has a distance education component or a satellite campus, the student outcome data must be presented for each modality. 	<p>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 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).</p> <p>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 student outcome measures. This would be beyond the CAA-identified minimum requirements. Programs must continue to publish employment data through December 31, 2022</p>

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<p>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.</p> <p><u>Accountability</u></p> <ul style="list-style-type: none"> ● 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. ● Understand the various models of delivery of audiologic services (e.g., hospital, private practice, education, etc.). ● Use self-reflection to understand the effects of his or her actions and make changes accordingly. ● Understand the health care and education landscapes and how to facilitate access to services. ● Understand how to work on interprofessional teams to maintain a climate of mutual respect and shared values. 	<p>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.</p> <p><u>Accountability</u></p> <ul style="list-style-type: none"> ● <u>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</u> 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. ● <u>Differentiate service delivery models based on practice sites</u> Understand the various models of delivery of audiologic services (e.g., hospital, <u>school</u>, private practice, education, etc.). 	<p>CAA reviewed these audiology curriculum standards to streamline, remove duplicative language and concepts, add clarity, and assist programs in documenting attainment of these competencies.</p> <p><u>Accountability</u> 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.</p> <p>Removed vague wording of “understand” and replaced with concepts more amenable to measurement such as “demonstrate”, “differentiate”, and “explain.”</p> <p>Reworded competencies to add clarity, removing concept of “self-reflection” as too vague.</p>

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	<ul style="list-style-type: none"> • <u>Demonstrate an understanding of</u> Use self-reflection to understand the effects of <u>their</u> his/or her actions and make <u>appropriate</u> changes <u>as needed</u> changes accordingly. • <u>Explain</u> Understand the health care and education landscapes and how to facilitate access to services <u>in both sectors</u>. • Understand how to work on interprofessional teams to maintain a climate of mutual respect and shared values. 	Moved the competency related to working on interprofessional teams to new Standard 3.1.6A (see below).
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<u>Integrity</u> <ul style="list-style-type: none"> • Use the highest level of clinical integrity with each individual served, family members, caregivers, other service providers, students, other consumers, and payers. • 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). 	<u>Integrity</u> <ul style="list-style-type: none"> • Use the highest level of clinical integrity with each individual served, family members, caregivers, other service providers, students, other consumers, and payers. • 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). 	<u>Integrity</u> 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.
<u>Effective Communication Skills</u> <ul style="list-style-type: none"> • 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. • Communicate—with patients, families, communities, interprofessional team colleagues, and other professionals caring for 	<u>Effective Communication Skills</u> <ul style="list-style-type: none"> • 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. • <u>Demonstrate the ability to communicate in a responsive and responsible manner with clients/patients/students, families,</u> 	<u>Effective Communication Skills</u> Language was clarified and re-worded for the first bullet and moved to the new Standard 3.1.6A (see below). Second bullet was re-worded and streamlined for clarity.

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<p>individuals—in a responsive and responsible manner that supports a team approach to maximize care outcomes.</p>	<p><u>communities, and interprofessional team colleagues and other professionals.</u> 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.</p>	
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<p><u>Clinical Reasoning</u></p> <ul style="list-style-type: none"> ● Use valid scientific and clinical evidence in decision making regarding assessment and intervention. ● Apply current knowledge, theory, and sound professional judgment in approaches to intervention and management of individuals served. ● Use clinical judgment and self-reflection to enhance clinical reasoning. 	<p><u>Clinical Reasoning</u></p> <ul style="list-style-type: none"> ● Use valid scientific and clinical evidence in decision making regarding assessment and intervention. ● Apply current knowledge, theory, and sound professional judgment in approaches to intervention and management of individuals served. ● Use clinical judgment and self-reflection to enhance clinical reasoning. 	<p><u>Clinical Reasoning</u> 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.”</p>
<p><u>Evidence-Based Practice</u></p> <ul style="list-style-type: none"> ● Access sources of information to support clinical decisions regarding assessment and intervention and management. ● Critically evaluate information sources and apply that information to appropriate populations. ● Integrate evidence in the provision of audiologic services. 	<p><u>Evidence-Based Practice</u></p> <ul style="list-style-type: none"> ● <u>Access and critically evaluate information sources, apply information to appropriate populations, and integrate evidence in provision of audiology services.</u> Access sources of information to support clinical decisions regarding assessment and intervention and management. ● Critically evaluate information sources and apply that information to appropriate populations. ● Integrate evidence in the provision of audiologic services. 	<p><u>Evidence-Based Practice</u> Streamlined into one bullet.</p>

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<p><u>Concern for Individuals Served</u></p> <ul style="list-style-type: none"> ● Show evidence of care, compassion, and appropriate empathy during interactions with each individual served, family members, caregivers, and any others involved in care. ● Encourage active involvement of the individual in his or her own care. 	<p><u>Concern for Individuals Served</u></p> <ul style="list-style-type: none"> ● Show evidence of care, compassion, and appropriate empathy during interactions with each individual served, family members, caregivers, and any others involved in care. ● Encourage active involvement of the individual in his or her own care. 	<p><u>Concern for Individuals Served</u></p> <p>Re-worded first bullet for clarity and moved to new Standard 3.1.6A below as "student uses clinical counseling skills appropriate to the individual, family members, caregivers, and others involved in care." Removed second 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.</p>
<p><u>Cultural Competence</u></p> <ul style="list-style-type: none"> ● Understand the impact of his or her own set of cultural and linguistic variables on delivery of effective care (these include, but are not limited to, variables such as age, ethnicity, linguistic background, national origin, race, religion, gender, and sexual orientation). ● Understand the impact of the cultural and linguistic variables of the individuals served on delivery of effective care (these include, but are not limited to, variables such as age, ethnicity, linguistic background, national origin, race, religion, gender, and sexual orientation). ● Understand the interaction of cultural and linguistic variables between the caregivers and the individual served in order to maximize service delivery. ● Understand the characteristics of the individuals served (e.g., age, demographics, cultural and linguistic diversity, educational history and status, medical history and status, cognitive status, physical and sensory abilities) and how they relate to clinical services. 	<p><u>Cultural Competence</u></p> <ul style="list-style-type: none"> ● Understand the impact of his or her own set of cultural and linguistic variables on delivery of effective care (these include, but are not limited to, variables such as age, ethnicity, linguistic background, national origin, race, religion, gender, and sexual orientation). ● Understand the impact of the cultural and linguistic variables of the individuals served on delivery of effective care (these include, but are not limited to, variables such as age, ethnicity, linguistic background, national origin, race, religion, gender, and sexual orientation). ● Understand the interaction of cultural and linguistic variables between the caregivers and the individual served in order to maximize service delivery. ● Understand the characteristics of the individuals served (e.g., age, demographics, cultural and linguistic diversity, educational history and status, medical history and status, cognitive status, physical and sensory abilities) and how they relate to clinical services. 	<p><u>Cultural Competence</u></p> <p>The CAA saw a clear and urgent need to pull this entire section of competencies out of this standard and create a stand-alone, comprehensive standard that will replace the current Standard 3.4A. Cultural competence, or cultural humility, is addressed in the new Standard 3.4A, 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.</p> <p>Establishing these concepts in a more comprehensive standard, including further expectations of programs to continually assess their own biases, will provide clarification to programs of CAA's expectations regarding diversity, equity, inclusion, and program's cultural competence, not just students.</p>

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<ul style="list-style-type: none"> ● 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 style="list-style-type: none"> ● 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. 	
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<p><u>Professional Duty</u></p> <ul style="list-style-type: none"> ● Engage in self-assessment to improve his or her effectiveness in the delivery of clinical services. ● Understand the roles and importance of professional organizations in advocating for the rights of access to comprehensive audiologic services. ● Understand the role of clinical teaching and clinical modeling, as well as supervision of students and other support personnel. ● 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. ● Understand and practice the principles of universal precautions to prevent the spread of infectious and contagious diseases. ● 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. 	<p><u>Professional Duty</u></p> <ul style="list-style-type: none"> ● Engage in self-assessment to improve his or her effectiveness in the delivery of clinical services. ● Understand the roles and importance of professional organizations in advocating for the rights of access to comprehensive audiologic services. ● Understand the role of clinical teaching and clinical modeling, as well as supervision of students and other support personnel. ● 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. ● Understand and practice the principles of universal precautions to prevent the spread of infectious and contagious diseases. ● 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. ● <u>Demonstrate knowledge of one’s own role and those of other professions to appropriately assess and address the needs of the individuals and populations served.</u> 	<p><u>Professional Duty</u></p> <p>Reworded and moved first bullet to be under the new Standard 3.1.6A as “self-evaluation of effectiveness of practice.”</p> <p>Re-ordered bullets to reflect a more sequential order: own role, then others’ roles, and then professional organizations’ roles.</p> <p>Replaced “understand” with “demonstrate.”</p> <p>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.</p>

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	<ul style="list-style-type: none"> • <u>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.</u> • <u>Demonstrate knowledge of the roles and importance of individual and collective (e.g., local, national organizations) advocacy for clients/patients/students' right to care.</u> • <u>Demonstrate knowledge of the role of clinical teaching and clinical modeling as well as supervision of students and other support personnel.</u> 	
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<u>Collaborative Practice</u> <ul style="list-style-type: none"> • Understand how to apply values and principles of interprofessional team dynamics. • 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. 	<u>Collaborative Practice</u> <ul style="list-style-type: none"> • Understand how to apply values and principles of interprofessional team dynamics. • 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. 	<u>Collaborative Practice</u> Streamlined and moved concept under the new Standard 3.1.6A to reflect “ability to work effectively as a member of an interprofessional team.”

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<p>3.1.4A Assessment of the structure and function of the auditory and vestibular systems</p> <p>The program provides academic content and clinical education experiences so that each student can learn and demonstrate knowledge and skills in order to</p> <ul style="list-style-type: none"> ● evaluate information from appropriate sources to facilitate assessment planning; ● obtain a case history; ● perform an otoscopic examination; ● remove cerumen, when appropriate; ● administer clinically appropriate and culturally sensitive assessment measures; ● perform audiologic assessment using behavioral, physiological (e.g., immittance, wideband reflectance, evoked potentials), psychophysical, and self-assessment tools; ● perform audiologic assessment using techniques that are representative of the challenges listeners may face in everyday communication situations; ● perform assessment to plan for rehabilitation; ● perform assessment to characterize tinnitus; ● perform balance system assessment and determine the need for balance rehabilitation; ● document evaluation procedures and results; ● interpret results of the evaluation to establish type and severity of disorder; ● generate recommendations and referrals resulting from the evaluation processes; ● provide counseling in a culturally sensitive manner to facilitate understanding of the 	<p>3.1.4A Assessment of the structure and function of the auditory and vestibular systems <u>as well as the impact of any changes to such systems.</u></p> <p>The program provides academic content and clinical education experiences so that each student can learn and demonstrate knowledge and skills in order to</p> <ul style="list-style-type: none"> ● evaluate information from appropriate sources to facilitate assessment planning; ● obtain a case history; ● perform an otoscopic examination; ● remove cerumen, when appropriate; ● administer clinically appropriate and culturally sensitive assessment measures; ● perform audiologic assessment using behavioral, physiological (e.g., immittance, wideband reflectance, evoked potentials), psychophysical, and self-assessment tools; ● perform audiologic assessment using techniques that are representative of the challenges listeners may face in everyday communication situations; ● perform assessment to plan for rehabilitation; ● perform assessment to characterize tinnitus; ● perform balance system assessment and determine the need for balance rehabilitation; ● document evaluation procedures and results; ● interpret results of the evaluation to establish type and severity of disorder; ● generate recommendations and referrals resulting from the evaluation processes; ● provide counseling in a culturally sensitive manner to facilitate understanding of the 	<p>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.</p> <p>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 re-numbered to 3.1.5A.</p>

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hearing loss, tinnitus, or balance disorder of the individual being served;	hearing loss, tinnitus, or balance disorder of the individual being served;	

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<ul style="list-style-type: none"> maintain records in a manner consistent with legal and professional standards; communicate results and recommendations orally and in writing to the individual being served and other appropriate individual(s); engage in interprofessional practice to facilitate optimal assessment of the individual being served; assign the correct Common Procedural Terminology (CPT) code(s) and the correct International Classification of Diseases (ICD) code(s); apply the principles of evidence-based practice; select and use outcomes measures that are valid and reliable indicators of success in assessment protocols that are used. <p>3.1.5A Assessment of the impact of changes in the structure and function of the auditory and vestibular systems</p> <p>The program provides academic content and clinical education experiences so that each student can learn and demonstrate knowledge and skills in order to</p> <ul style="list-style-type: none"> administer clinically appropriate and culturally sensitive self-assessment measures of communication function for individuals across the lifespan and the continuum of care, 	<ul style="list-style-type: none"> maintain records in a manner consistent with legal and professional standards; communicate results and recommendations orally and in writing to the individual being served and other appropriate individual(s); engage in interprofessional practice to facilitate optimal assessment of the individual being served; assign the correct Common Procedural Terminology (CPT) code(s) and the correct International Classification of Diseases (ICD) code(s); apply the principles of evidence-based practice; select and use outcomes measures that are valid and reliable indicators of success in assessment protocols that are used <u>and in determining the impact of changes in structure and function of the auditory and vestibular systems;</u> <p>3.1.5A Assessment of the impact of changes in the structure and function of the auditory and vestibular systems</p> <p>The program provides academic content and clinical education experiences so that each student can learn and demonstrate knowledge and skills in order to</p> <ul style="list-style-type: none"> administer clinically appropriate and culturally sensitive self-assessment measures of communication function <u>and functional</u> 	<p>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.</p> <p>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 re-numbered to 3.1.5A.</p>

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<ul style="list-style-type: none"> administer clinically appropriate and culturally sensitive scales of communication function to communication partners of the individual being served, administer clinically appropriate and culturally sensitive functional assessment tools for individuals across the lifespan and the continuum of care, 	<p><u>assessment tools</u> for individuals across the lifespan and the continuum of care,</p> <ul style="list-style-type: none"> administer clinically appropriate and culturally sensitive scales of communication function to communication partners of the individual being served, administer clinically appropriate and culturally sensitive functional assessment tools for individuals across the lifespan and the continuum of care, 	

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<ul style="list-style-type: none"> determine contextual factors that may facilitate or impede an individual’s participation in everyday life, 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. <p>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 ...</p>	<ul style="list-style-type: none"> determine contextual factors that may facilitate or impede an individual’s participation in everyday life.<u>z</u> 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. <p>3.1.<u>5</u>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 ...</p>	<p>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.</p> <p>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 re-numbered to 3.1.5A.</p>
	<p><u>3.1.6A General Knowledge and Skills Applicable to Professional Practice</u> <u>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</u></p>	<p>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.</p>

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2017 Standard for Accreditation	Revisions to Standard (1/1/2023)	Rationale for the Revisions
	<p><u>vestibular disorders across the lifespan by demonstration of:</u></p> <ul style="list-style-type: none"> • <u>ethical conduct;</u> • <u>integration and application of the interdependence of speech, language, and hearing;</u> • <u>engagement in contemporary professional issues and advocacy;</u> • <u>engagement in self-assessment over the duration of the program to improve effectiveness in the delivery of clinical services;</u> • <u>clinical education and supervision skills;</u> • <u>clinical counseling skills appropriate to the individual, family members, caregivers, and others involved in care;</u> • <u>professionalism and professional behavior that is reflective of sensitive to cultural and linguistic differences in keeping with expectations for an audiologist;</u> • <u>interaction skills and interpersonal qualities, including counseling and collaboration;</u> • self-evaluation of effectiveness of practice; • <u>ability to work effectively as a member of an interprofessional team.</u> 	<p>Similar concepts were needed for audiology, and several concepts covered were pulled from other professional practice competencies and re-grouped here with like concepts.</p>

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<p>3.4A An effective audiology program is organized and delivered in such a manner that the diversity of society is reflected in the program. <i>Requirement for Review:</i></p>	<p>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. <i>Requirement for Review:</i></p>	<p>The definition of diversity is expanded to include equity and inclusion, and must be reflected throughout the academic and clinical education programs.</p>

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2017 Standard for Accreditation	Revisions to Standard (1/1/2023)	Rationale for the Revisions
<ul style="list-style-type: none"> The program must provide evidence that issues related to diversity are infused throughout the academic and clinical program. 	<ul style="list-style-type: none"> The program must provide evidence that <u>diversity, equity, and inclusion are incorporated</u> throughout the academic and clinical program, <u>in theory and practice</u>. The program must provide evidence that <u>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</u>. The program must provide evidence that <u>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</u>. The program must provide evidence that <u>students are given opportunities to identify and acknowledge:</u> <ul style="list-style-type: none"> <u>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)</u>. <u>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</u>. 	<p>Requirements for Review are expanded to include specific metrics.</p>

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2017 Standard for Accreditation	Revisions to Standard (1/1/2023)	Rationale for the Revisions
	<ul style="list-style-type: none"> ○ 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. 	

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2017 Standard for Accreditation	Revisions to Standard (1/1/2023)	Rationale for the Revisions
2017 Standard for Accreditation	Revisions to Standard (1/1/2023)	Rationale for the Revisions
<p>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.</p> <p><i>Requirement for Review:</i></p> <ul style="list-style-type: none"> • 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. • 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 protected. • 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. 	<p>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.</p> <p><i>Requirement for Review:</i></p> <ul style="list-style-type: none"> • 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. • 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 protected. • 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. • <u>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> 	<p>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.</p>

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2017 Standard for Accreditation	Revisions to Standard (1/1/2023)	Rationale for the Revisions
<p>3.1.1B 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.</p> <p><u>Accountability</u></p> <ul style="list-style-type: none"> Practice in a manner that is consistent with the professional codes of ethics and the scope of practice documents for the profession of speech-language pathology. Adhere to federal, state, and institutional regulations and policies that are related to care provided by speech-language pathologists. Understand the professional’s fiduciary responsibility for each individual served. Understand the various models of delivery of speech-language pathology services (e.g., hospital, private practice, education, etc.). Use self-reflection to understand the effects of his or her actions and make changes accordingly. Understand the health care and education landscapes and how to facilitate access to services. Understand how to work on interprofessional teams to maintain a climate of mutual respect and shared values. 	<p>3.1.1B 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.</p> <p><u>Accountability</u></p> <ul style="list-style-type: none"> <u>Adhere to the professional codes of ethics, the speech-language pathology scope of practice documents, professional fiduciary responsibility for each client/patient/student served, and federal, state, and institutional regulations and policies related to the profession of speech-language pathology 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).</u> Practice in a manner that is consistent with the professional codes of ethics and the scope of practice documents for the profession of speech-language pathology. Adhere to federal, state, and institutional regulations and policies that are related to care provided by speech-language pathologists. Understand the professional’s fiduciary responsibility for each individual served. <u>Differentiate service delivery models based on practice sites</u> Understand the various models of delivery of speech-language pathology services (e.g., hospital, school, private practice, education, etc.). <u>Demonstrate an understanding of</u> Use self-reflection to understand the effects of their his/ 	<p>CAA reviewed these speech-language pathology curriculum standards to streamline, remove duplicative language and concepts, add clarity, and assist programs in documenting attainment of these competencies.</p> <p><u>Accountability</u> 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.</p> <p>Removed vague wording of “understand” and replaced with concepts more amenable to measurement such as “demonstrate”, “differentiate” and “explain.”</p> <p>Reworded competencies to add clarity, removing concept of “self-reflection” as too vague.</p>

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	<p>or her actions and make <u>appropriate</u> changes <u>as needed</u> changes accordingly.</p> <ul style="list-style-type: none"> • <u>Explain</u> Understand the health care and education landscapes and how to facilitate access to services <u>in both sectors.</u> • Understand how to work on interprofessional teams to maintain a climate of mutual respect and shared values. 	Moved competency related to working on interprofessional teams to Standard 3.1.6B (see below).
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<p><u>Integrity</u></p> <ul style="list-style-type: none"> • Use the highest level of clinical integrity with each individual served, family members, caregivers, other service providers, students, other consumers, and payers. • 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). 	<p><u>Integrity</u></p> <ul style="list-style-type: none"> • Use the highest level of clinical integrity with each individual served, family members, caregivers, other service providers, students, other consumers, and payers. • 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). 	<p><u>Integrity</u></p> <p>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.</p>
<p><u>Effective Communication Skills</u></p> <ul style="list-style-type: none"> • 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. • Communicate—with patients, families, communities, interprofessional team colleagues, and other professionals caring for individuals—in a 	<p><u>Effective Communication Skills</u></p> <ul style="list-style-type: none"> • 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. • <u>Demonstrate the ability to communicate in a responsive and responsible manner with</u> 	<p><u>Effective Communication Skills</u></p> <p>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.</p>

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<p>responsive and responsible manner that supports a team approach to maximize care outcomes.</p>	<p><u>clients/patients/students, communities, and interprofessional team colleagues and other professionals.</u> 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.</p>	
2017 Standard for Accreditation	Revisions to Standard (1/1/2023)	Rationale for the Revisions
<p><u>Clinical Reasoning</u></p> <ul style="list-style-type: none"> ● Use valid scientific and clinical evidence in decision making regarding assessment and intervention. ● Apply current knowledge, theory, and sound professional judgment in approaches to intervention and management of individuals served. ● Use clinical judgment and self-reflection to enhance clinical reasoning. 	<p><u>Clinical Reasoning</u></p> <ul style="list-style-type: none"> ● Use valid scientific and clinical evidence in decision making regarding assessment and intervention. ● Apply current knowledge, theory, and sound professional judgment in approaches to intervention and management of individuals served. ● Use clinical judgment and self-reflection to enhance clinical reasoning 	<p><u>Clinical Reasoning</u></p> <p>Removed first bullet which is redundant with Standard 3.5B, 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 3.2B. 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.”</p>
<p><u>Evidence-Based Practice</u></p> <ul style="list-style-type: none"> ● Access sources of information to support clinical decisions regarding assessment and intervention and management. ● Critically evaluate information sources and apply that information to appropriate populations. ● Integrate evidence in the provision of speech-language pathology services. 	<p><u>Evidence-Based Practice</u></p> <ul style="list-style-type: none"> ● <u>Access and critically evaluate information sources, apply information to appropriate populations, and integrate evidence in provision of speech-language pathology services.</u> Access sources of information to support clinical decisions regarding assessment and intervention and management. ● Critically evaluate information sources and apply that information to appropriate populations. ● Integrate evidence in the provision of speech-language pathology services. 	<p><u>Evidence-Based Practice</u></p> <p>Streamlined all 3 bullets and concepts into one bullet.</p>

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<p><u>Concern for Individuals Served</u></p> <ul style="list-style-type: none"> ● Show evidence of care, compassion, and appropriate empathy during interactions with each individual served, family members, caregivers, and any others involved in care. ● Encourage active involvement of the individual in his or her own care. 	<p><u>Concern for Individuals Served</u></p> <ul style="list-style-type: none"> ● Show evidence of care, compassion, and appropriate empathy during interactions with each individual served, family members, caregivers, and any others involved in care. ● Encourage active involvement of the individual in his or her own care. 	<p><u>Concern for Individuals Served</u></p> <p>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 it can be assumed that the individual being served is of necessity involved in his/her care at this stage of pre-professional practice.</p>
<p><u>Cultural Competence</u></p> <ul style="list-style-type: none"> ● Understand the impact of his or her own set of cultural and linguistic variables on delivery of effective care (these include, but are not limited to, variables such as age, ethnicity, linguistic background, national origin, race, religion, gender, and sexual orientation). ● Understand the impact of the cultural and linguistic variables of the individuals served on delivery of effective care (these include, but are not limited to, variables such as age, ethnicity, linguistic background, national origin, race, religion, gender, and sexual orientation). ● Understand the interaction of cultural and linguistic variables between the caregivers and the individual served in order to maximize service delivery. ● Understand the characteristics of the individuals served (e.g., age, demographics, cultural and linguistic diversity, educational history and status, medical history and status, cognitive status, physical and sensory abilities) and how they relate to clinical services. 	<p><u>Cultural Competence</u></p> <ul style="list-style-type: none"> ● Understand the impact of his or her own set of cultural and linguistic variables on delivery of effective care (these include, but are not limited to, variables such as age, ethnicity, linguistic background, national origin, race, religion, gender, and sexual orientation). ● Understand the impact of the cultural and linguistic variables of the individuals served on delivery of effective care (these include, but are not limited to, variables such as age, ethnicity, linguistic background, national origin, race, religion, gender, and sexual orientation). ● Understand the interaction of cultural and linguistic variables between the caregivers and the individual served in order to maximize service delivery. ● Understand the characteristics of the individuals served (e.g., age, demographics, cultural and linguistic diversity, educational history and status, medical history and status, cognitive status, 	<p><u>Cultural Competence</u></p> <p>The CAA saw a clear and urgent need to pull this entire section of competencies out of this standard and create a stand-alone, 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.</p> <p>Establishing these concepts in a more comprehensive standard and including further expectations of programs to continually assess their own</p>

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<ul style="list-style-type: none"> ● 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. 	<p>physical and sensory abilities) and how they relate to clinical services.</p> <ul style="list-style-type: none"> ● 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. 	<p>biases, will provide clarification to programs of CAA’s expectations regarding diversity, equity, inclusion, and program’s cultural competence, not just students. (see Standard 3.4B below.)</p>
2017 Standard for Accreditation	Revisions to Standard (1/1/2023)	Rationale for the Revisions
<p><u>Professional Duty</u></p> <ul style="list-style-type: none"> ● Engage in self-assessment to improve his or her effectiveness in the delivery of clinical services. ● Understand the roles and importance of professional organizations in advocating for the rights of access to speech-language pathology services. ● Understand the role of clinical teaching and clinical modeling, as well as supervision of students and other support personnel. ● 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. ● Understand and practice the principles of universal precautions to prevent the spread of infectious and contagious diseases. ● 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. 	<p><u>Professional Duty</u></p> <ul style="list-style-type: none"> ● Engage in self-assessment to improve his or her effectiveness in the delivery of clinical services. ● Understand the roles and importance of professional organizations in advocating for the rights of access to speech-language pathology services. ● Understand the role of clinical teaching and clinical modeling, as well as supervision of students and other support personnel. ● 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. ● Understand and practice the principles of universal precautions to prevent the spread of infectious and contagious diseases. ● 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. ● <u>Demonstrate knowledge of one’s own role and those of other professions to appropriately assess and address the needs of the individuals and populations served.</u> ● <u>Demonstrate knowledge of the roles and importance of interdisciplinary/interprofessional</u> 	<p><u>Professional Duty</u></p> <p>Reworded and moved first bullet to be under Standard 3.1.6B as “self-evaluation of effectiveness of practice.”</p> <p>Re-ordered bullets to reflect own role, then others’ roles and then professional organizations’ roles, in a more sequential order.</p> <p>Replaced “understand” with “demonstrate.”</p> <p>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 3.8B where it more appropriately belongs with concerns of the welfare of patients/clients.</p>

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	<p><u>assessment and intervention and be able to interact and coordinate care effectively with other disciplines and community resources.</u></p> <ul style="list-style-type: none"> • <u>Demonstrate knowledge of the roles and importance of individual and collective (e.g., local, national organizations) advocacy for clients/patients/students' right to care.</u> • <u>Demonstrate knowledge of the role of clinical teaching and clinical modeling as well as supervision of students and other support personnel.</u> 	
2017 Standard for Accreditation	Revisions to Standard (1/1/2023)	Rationale for the Revisions
<p><u>Collaborative Practice</u></p> <ul style="list-style-type: none"> • Understand how to apply values and principles of interprofessional team dynamics. • 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. 	<p><u>Collaborative Practice</u></p> <ul style="list-style-type: none"> • Understand how to apply values and principles of interprofessional team dynamics. • 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. 	<p><u>Collaborative Practice</u></p> <p>Streamlined and moved concept under Standard 3.1.6B to reflect “ability to work effectively as a member of an interprofessional team.”</p>

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<p>3.1.6B 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 communication and swallowing disorders across the lifespan and by demonstration of</p> <ul style="list-style-type: none"> • ethical conduct; • integration and application of knowledge of the interdependence of speech, language, and hearing; • engagement in contemporary professional issues and advocacy; • processes of clinical education and supervision; • professionalism and professional behavior in keeping with the expectations for a speech-language pathologist; • interaction skills and personal qualities, including counseling and collaboration; • self-evaluation of effectiveness of practice. 	<p>3.1.6B 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 communication and swallowing disorders across the lifespan and by demonstration of</p> <ul style="list-style-type: none"> • ethical conduct; • integration and application of knowledge of the interdependence of speech, language, and hearing; • engagement in contemporary professional issues and advocacy; • <u>engagement in self-assessment over the duration of the program to improve effectiveness in the delivery of clinical services;</u> • processes of clinical education and supervision <u>skills;</u> • <u>clinical counseling skills appropriate to the individual, family members, caregivers, and others involved in care;</u> • professionalism and professional behavior <u>that is reflective of sensitive to cultural and linguistic differences</u> 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; • <u>ability to work effectively as a member of an interprofessional team.</u> 	<p>Moved several bullets, or concepts, from professional practice competencies that are more appropriately placed here with like concepts relating to general knowledge and skills applicable to professional practice.</p>

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2017 Standard for Accreditation	Revisions to Standard (1/1/2023)	Rationale for the Revisions
<p>3.4B An effective speech-language pathology program is organized and delivered in such a manner that the diversity of society is reflected in the program.</p> <p><i>Requirement for Review:</i> The program must provide evidence that issues related to diversity are infused throughout the academic and clinical program.</p>	<p>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.</p> <p><i>Requirement for Review:</i></p> <ul style="list-style-type: none"> ● 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: <ul style="list-style-type: none"> ○ 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 	<p>The definition of diversity is expanded to include equity and inclusion, and must be reflected throughout the academic and clinical education programs.</p> <p>Requirements for Review are expanded to include specific metrics.</p>

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	<p>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.</p> <ul style="list-style-type: none"> ○ 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. <ul style="list-style-type: none"> ● 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 	

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

2017 Standard for Accreditation	Revisions to Standard (1/1/2023)	Rationale for the Revisions
<p>3.8B 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. <i>Requirement for Review:</i></p> <ul style="list-style-type: none"> • 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. • 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 protected. • 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. 	<p>3.8B 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. <i>Requirement for Review:</i></p> <ul style="list-style-type: none"> • 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. • 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 protected. • 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. • <u>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> 	<p>Added fourth bullet addressing universal precautions, moved from its original placement under 3.1.1B Professional Duty, to a more appropriate location with like concepts.</p>

2023 Revisions to CAA Standards for Accreditation
 (red underline text = additions/revisions | ~~strikethrough text~~ = deletions)

2017 Standard for Accreditation	Revisions to Standard (1/1/2023)	Rationale for the Revisions
<p>5.2 The program conducts ongoing and systematic formative and summative assessments of the performance of its students.</p> <p><i>Requirement for Review:</i></p> <ul style="list-style-type: none"> • 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. • Assessments must be administered by multiple academic and clinical faculty members. • The program must demonstrate how it uses its assessments to evaluate and enhance student progress and acquisition of knowledge and skills. • The program must demonstrate that student assessment is applied consistently and systematically. 	<p>5.2 The program conducts ongoing and systematic formative and summative assessments of the performance of its students.</p> <p><i>Requirement for Review:</i></p> <ul style="list-style-type: none"> • 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. • Assessments must be administered by multiple academic and clinical faculty members. • The program must demonstrate how it uses its assessments to evaluate and enhance student progress and acquisition of knowledge and skills. • The program must demonstrate that student assessment is applied consistently and systematically. • <u>For purposes of assessing compliance, the Praxis examination cannot be used to meet this standard as a form of summative assessment.</u> 	<p>The Educational Testing Service (ETS) developed the <i>Praxis</i> tests to assess an individual’s knowledge, skills, and readiness to enter 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.</p> <p>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.,</p>

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		<p>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.</p>

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2017 Standard for Accreditation	Revisions to Standard (1/1/2023)	Rationale for the Revisions
<p>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.</p> <p><i>Requirement for Review:</i></p> <ul style="list-style-type: none"> • 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. <p>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.</p> <p><i>Requirement for Review:</i></p> <ul style="list-style-type: none"> • 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. 	<p>5.7 RESERVED</p> <p>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.</p> <p><i>Requirement for Review:</i></p> <ul style="list-style-type: none"> • 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. <p>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 <u>and</u>, Praxis® Subject Assessments pass rate, <u>and</u> employment rate or the rate of continuation of education in the field for continuous quality improvement at the programmatic level.</p> <p><i>Requirement for Review:</i></p> <ul style="list-style-type: none"> • 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. 	<p>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.</p> <p>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.)</p> <p>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 side-by-side resource.</p>