



ADA Position Paper:

Doctor of Audiology Student Issues On Financial Aid and Licensure

Au.D. Transition Committee:

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EXECUTIVE SUMMARY

The Academy of Dispensing Audiologists (ADA) supports the positions taken by other healthcare doctoring professions:

a.) *To not request or expect clinical rotation and externship sites to provide financial remunerations to students in the form of salaries, health insurance benefits, retirement plan contributions, paid vacation time, paid sick leave, and any other form of financial benefits that are associated with “employee” status. ADA is in favor of residential doctor of audiology (Au.D.) students receiving traditional financial aid from universities and colleges, the U.S. Military, and non-profit and philanthropic foundations in the form of loans, grants, scholarships, assistantships, fellowships, tuition waivers, and loan forgiveness programs throughout their entire four-year program.*

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

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

BACKGROUND

The ADA Conference On Professional Education in 1989 began the movement to advance professional education in audiology to the Au.D. ADA is pleased with the progress but remains committed to achieving the highest standards of professional education as exemplified in other healthcare doctoring professions. In 1993, the first Au.D. program began at Baylor University's College of Medicine. Since then, our profession has been transitioning and readjusting to many changes related to academic training, accreditation, and clinical practice. This position paper looks at some of the important issues facing audiology's professional education and reports how other healthcare doctoring professions successfully handle these same issues.

HEALTHCARE DOCTORING PROFESSION'S POSITIONS REGARDING STUDENTS

The weight of evidence from other healthcare doctoring professions is com-

PELLING regarding the status and treatment of students during their clinical rotations and externships. Allopathic medicine, dentistry, optometry, osteopathic medicine, and podiatry all have based their rules for professional doctoring education on an experiential foundation that is over 100 years old and deserves our recognition, understanding, and respect. There is no question that they fully understand the professional education process of doctors in the healthcare industry. Legislators, regulators, and the public have come to understand and trust the education and training processes found in these renowned and successful doctoring healthcare professions.

Audiology has existed for a mere 58 years. Only the last ten years have brought about its First Professional Degree (FPD), the Au.D. While struggling through our infancy with professional doctoring education, it behooves the audiology profession to look to our experienced and successful brethren in the healthcare profession for guidance and modeling examples. As audiology joins the ranks of the healthcare doctoring professions, its FPD path should be modeled very much like these other professions in order to gain the same level of recognition, acknowledgement, and respect as our brethren.

Findings clearly illustrate that allopathic medicine, dentistry, optometry, osteopathic medicine, and podiatry all are firm about **a.)** Clinical rotation or externship sites not providing a salary to students when hosting the students in clinical teaching, **b.)** Not providing any type of license to students, and **c.)** The licensed clinical teacher, or preceptor, may bill for services when students are supervised in the appropriate manner only, but billing for services by students is strictly unheard of and prohibited.

The following questions were submitted (November 2003), and answers received, to the American Dental Association, American Medical Association, American Optometric Association, American Osteopathic Association, and the American Podiatric Association. The inquiry to the American Optometric Association also led to a referral to the Pennsylvania College of Optometry.

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Question 1. *When (medical, etc.) students are sent to clinical rotation or externship sites, are these sites expected to pay students salaries (like an employee with perhaps employment benefits) over and above traditional university loans, grants (stipends), or scholarships that the students may be receiving from the universities?*

American Dental Association: “Dental students are not paid salaries when sent to externship sites (Judy Nix, Director, Council on Dental Education & Licensure).”

American Medical Association: “Medical students on clerkships and externships are still students and are not paid salaries. In fact they pay tuition while participating in these learning experiences (Evelyn Sherrill, AMA Council on Medical Education).”

Pennsylvania College of Optometry: “Can students be paid for their health professional externship or preceptor experiences? The Office of Education has a longstanding position regarding students being paid for work for which they receive

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academic credit. Their position is best summarized in the Federal Register/Volume 64, No. 148, August 3, 1999, Section 675.20 - Eligible Employers and General Conditions and Limitation on Employment. While specifically addressing the circumstances under which a student may receive Federal Work Study (FWS) wages/payment, the text makes several points that are useful when attempting to address the question. The regulations say:

‘It has been the Department’s longstanding policy that a student could receive academic credit from the work performed under the FWS Program. However, certain restrictions apply to this type of employment. An internship, practicum, or assistantship does not qualify for FWS employment unless the employer would normally pay the student for the same work even if that student were not FWS eligible. If the employer normally pays or has paid such persons, the internship, practicum, or assistantship qualifies as an FWS job.’

Up to this point, it looks like a health professions student could be paid for work done at an externship. However, the next comment moves us in another direction:

‘An example of an internship that normally does not qualify as an FWS job is student teaching because student teachers are not usually compensated for that activity.’

As is the case with student teachers, it has been a longstanding policy or observance that health professional students are not paid for work that they perform during a professional externship that is a part of their first professional degree program. This is true for allopathic, osteopathic, dental, podiatric, optometric - suffice it to say the entire gamut of health professional students.

By extension, I would not recommend or support a policy that calls for the payment of audiology students for work performed as a part of their formal degree program for which they receive academic credit. (Lawrence H. McClure, Ph.D., Associate Dean for Student Financial Affairs, PCO).”

American Osteopathic Association: “Osteopathic students who need financial aid go through an application process with the financial aid office of the School, University, or College to determine various sources of financial assistance that would be available to the students. Clinical rotation or

externship sites do not pay students salaries. Since clinical faculties are paid, some osteopathic programs make financial arrangements with clinical rotation and externship sites to pay teaching clinicians (Konrad Miskowicz-Retz, Ph.D., Director, Department of Education, AOA).”

American Podiatric Association: “No. The student is treated as such. The students pay tuition and are not expected to render service. (Alan Tinkleman, Director, Council on Podiatric Medical Education).”

Question 2. *Are (medical, etc.) students (not graduated residents) issued temporary or provisional licenses so that externship sites can bill for services rendered by the students under the supervision of a preceptor/supervisor?*

American Dental Association: “Dental students are not issued a temporary/provisional dental license. Students work under the license of a supervising dentist who has a license to practice dentistry. State dental practice acts exempt students enrolled in an educational program from licensure requirements, and the supervising dentist assumes ultimate responsibility for patient care. The dental school bills for all services rendered in clinics operated by the dental school, usually under the name and license of a single dentist designated as the provider of record, generally the associate dean or director of clinics. If external clinics are owned and operated as a separate entity, various billing and fee arrangements exist that may or may not involve the dental school, but students never bill in their own names (Judy Nix, Director, Council on Dental Education & Licensure).”

American Medical Association: “Since medical students have not graduated from medical school, they are not eligible for any kind of license. The rules for billing are related to the level of supervision and documentation provided by the preceptor (Evelyn Sherrill, AMA Council on Medical Education).”

American Optometric Association: “No. Optometry licensure boards do not issue any type of license to students during their first professional degree. There are a

very few states that issue a temporary license to graduate optometry students completing a residency (only about 10% of each graduating class completes a residency as it is not part of the normal education and training pathway for optometry, a primary care profession) (Sherry Cooper, Manager, State Government Relations Center).”

Pennsylvania College of Optometry: “Optometry students, while working internally or externally with patients do not bill for their services. Coding and billing for patient encounters and procedures are completed by the supervising/attending doctor. (Gwenn Amos, O.D., Director of Externship and Clerkship Programs, PCO).” Please note that the key concept here is that billing is done by the attending doctor, who therefore has full responsibility for all patient outcomes under the terms of their licensure. It is not done by the student, and the service is not considered to have been rendered by the student.

American Osteopathic Association: “In osteopathy, there is no level of licensure available prior to earning the entry level degree. This is because students have not satisfied the full curriculum to enter into practice. They have not achieved the level of training to warrant the recognition deserved by any kind of license. Students having any license would be a misrepresentation of themselves to the public as trained practitioners, for which they are not (Konrad Miskowicz-Retz, Ph.D., Director, Department of Education, AOA).”

American Podiatric Association: “No. The student’s clinical training activities are recognized and treated as learning experiences for the students rather than being thought of as the student providing a service. (Alan Tinkleman, Director, Council on Podiatric Medical Education).”

DEFINITION OF DOCTORAL DEGREES

The U.S. Department of Education makes a distinction between doctorate degrees. There is a separate category classified as “Doctorate Degree” and is defined as: Any of numerous academic degrees, such as Ph.D., Sc.D., and Ed.D., are awarded by uni-

versities and some colleges on completion of advanced graduate or professional studies in the humanities, the social sciences, the behavioral sciences, or the pure sciences beyond the master's level. These degrees are considered terminal, rather than entry-level, degrees, and the programs are typically in graduate schools or colleges.

The U.S. Department of Education defines the next category, the First Professional Degree, as a degree awarded by an institution to an entry-level professional in certain occupational fields (medicine, dentistry, optometry, podiatry, osteopathy, etc.), having a minimum of 2 years of preparation and 4 years of professional training. Most students entering FPD programs have already earned a minimum of a bachelor's degree. FPDs are commonly associated with clinical practice rather than with research and are typically located in professional schools.

CHARACTERISTICS OF FIRST PROFESSIONAL DEGREES

Audiology is still in the process of shedding activities, terminology, and processes associated with the old graduate college masters' degree model of audiology education and replacing them with the FPD model of doctoral education. The FPD model is as follows: Students attend professional school, not graduate school, for four years. During that period, students pay tuition for an in-depth and comprehensive didactic experience and extensive training in the form of "clinical rotations" and "externships", not clinical practicum.

Clinical rotation and externship site placements commonly begin sometime during the third year and continue through the fourth year of the student's FPD program. "Preceptors" (generally licensed doctors in their respective professions), not clinical supervisors, oversee the clinical rotations and externships and provide clinical teaching to health profession students. Because students are still in the process of satisfying the curriculum requirements for graduation, are learning under the supervision/preceptorship of a licensed practitioner, and are monitored by the university or college training program throughout the entire four years of doctoral education, the consumer is protected sufficiently so that

State licensing statutes exempt healthcare students from licensure. Students pay tuition for courses and clinical training credits, and they are eligible for financial aid from the university or college for their entire four years of doctoral education. Students do not acquire any form of license. Graduates from an FPD program are immediately eligible for full licensure to practice their respective professions.

This is a stark contrast with the old masters degree model of audiology education. Students graduate with the entry-level degree after two years. However, while still completing the masters degree, students do not receive a provisional or temporary license either. Because the profession recognizes that masters degree graduates are no longer students monitored by the university or college training program and that the graduated audiologists are not completely trained during the masters degree program, States are obligated to protect the consumer, thereby requiring a provisional or temporary license until such time minimum standards of competency are met for licensure as defined by State Licensing Laws. This requires an additional 9 - 12 month period of a paid employment experience after graduation, for which the audiologist works under the supervision of a licensed audiologist. After this period, a license would then be issued to the audiologist.

COST OF PROFESSIONAL EDUCATION

The cost of professional education remains very significant. In 2000, the average cost of tuition for completing four years of an Au.D. education was: In-state \$19,093; Out-of-State \$48,057; and Private \$61,454. This does not include books, student fees, or room and board. Due to the high cost of professional education, it is absolutely critical for financial aid departments, Au.D. programs, and Au.D. students to develop a close relationship, almost a partnership, in order to take advantage of the available financial resources from the universities and colleges.

Universities and colleges have tremendous resources to assist students in financing their educations at any degree level. Examples are as follows: **1.** Loan programs - a.) Federal Family Education Loan

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Program, b.) Direct Loan Program, c.) TERI Private Student Loans, d.) Graduate Stafford Loan, e.) Federal Perkins Loan, f.) Federal Ford/Stafford Direct Loan, g.) Federal Direct Stafford Loan, h.) Federal Health Professions Loan, i.) Supplemental Loans for Students; j.) Loan Forgiveness Programs; **2.)** Graduate College Student Loan Consolidation; **3.)** Federal and State College Work-Study Awards; **4.)** U.S. Military Scholarships; **5.)** Tuition and Fee Waivers (full or part); **6.)** International Gravel Awards for International Students; **7.)** Fellowships; **8.)** Assistantships; **9.)** Grants; **10.)** Scholarships; **11.)** Department of Veteran's Affairs' Stipends, to name just a few.

Just to be clear, for this discussion, the term "stipend" is defined as any periodic payment, especially a scholarship or fellowship allowance granted to a student (Webster's Encyclopedic Unabridged Dictionary of the English Language). Commonly associated with teaching, research, and administrative assistantships and fellowships, stipends can be awarded by universities, colleges, or private non-profit or philanthropic foundations. Stipends are intended to help defray living expenses. Rigorous and tedious application processes through a university or college's financial aid department are associated with the acquisition of the aforementioned forms of financial aid. Stipends are not to be equated to or associated with employee salaries and employment benefits.

The financial responsibility for a student's education should not be diverted and displaced to clinical rotation and externship

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Issues

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sites. Efforts to do so could result in significantly limiting the number of outstanding sites that may choose to participate in providing a home for Au.D. clinical teaching. Doctors of Audiology should command a respectable salary/benefits or establish their own practices once graduated and licensed. The Au.D. graduates, like doctors in other healthcare professions with FPDs, will have plenty of time and opportunity to earn back their educational expenses and create a rewarding lifestyle for themselves, both financially and professionally. It is incumbent upon our Au.D. professional education programs to understand and reinforce these expectations and to instill these high standards of doctoral level behavior in their students.

CONCLUSION

The transition to a doctoring profession encompasses not only an expansion of professional training but demands that we change our thinking and behaviors in ways that are more in step with our doctoral level (FPD) colleagues. Externships and clinical rotations are still part of a student's educational experience. It is clear that financial remunerations in the form of salaries and benefits and any form of licensure for students are not acceptable practices in fields such as dentistry, optometry, allopathic and osteopathic medicine and podiatry. Efforts to misdirect the financial responsibility of audiology education, in the form of salary or benefits associated with "employee" status, on to clinical rotation and externship sites is not only inappropriate but could also severely limit the number and variety of sites available for clinical teaching. Services performed during clinical teaching should be billed under the auspices of the clinical site or by the licensed preceptor, not by the student in training. ADA believes that audiology students' long-term interests and the profession of audiology will be best served by adopting the practices of our longstanding healthcare colleagues. The precedents have worked well in their models for over a century, and our profession should follow these traditions with the Doctor of Audiology degree. ■

Profile

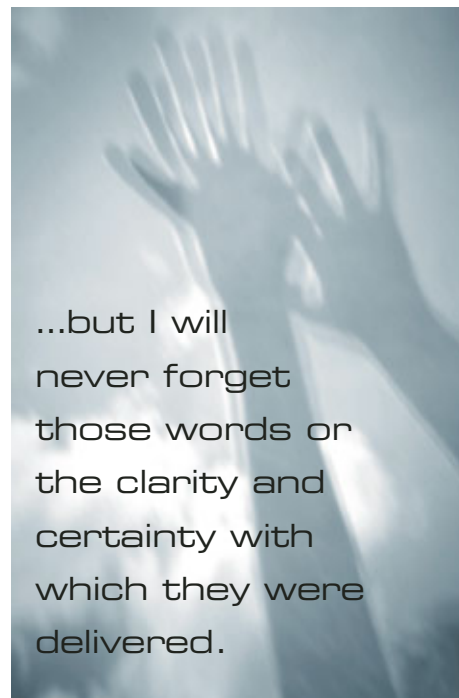
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to leave their egos behind, unite as professionals, and "be" authentic caring providers of solutions for those with hearing disorders.

Feedback: You have many friends in Audiology, tell us something about you, that we probably don't know.

Boy, what a great question! Actually, there's probably a lot that people don't know, but maybe what would be most intriguing for the readers is that I was fired, yep fired from my first job as an audiologist, but not only was I fired, but also that I purchased the audiology portion of that practice from the ENT that fired me... that's how I got into private practice in 1980!

There's a fair amount in the chapter about this, but basically, as I stated in my answer to another question, my first job was with an ENT who had been in practice for many years. He hired me to do post and pre-op audios two afternoons a week, with the understanding that I wanted to do more. Within one year, not only was I working full time, but we also hired another audiologist and were offering full range diagnostic audiologic testing for pediatrics through adults, vestibular testing, and hearing aids. The physician and I had a great relationship,



...but I will
never forget
those words or
the clarity and
certainty with
which they were
delivered.

were friends, and never in a million years would I have thought he would fire me...after all, I had increased the audiology business by tenfold in just a very few years... sound familiar? I hear so many audiologists say that about the doctors they work for. Anyway, he did fire me, giving me 30 days pay, and basically a boot out the door that sent me to the unemployment office! However, when I asked what he planned to do with the practice, the very practice I had spent almost 4 years of my life building and managing, he didn't know...he just knew he was tired of fighting with me about business issues even though he thought, and still does think, that I was the best audiologist he had ever known. Hence an opportunity...later that night we talked and he offered to sell me the audiology portion of the practice for \$100,000, which at the time was more money than I could even imagine. Keep in mind this was in 1980 when many audiologists were making \$20,000 and the most money I had ever made was \$32,000 a year, plus I had only been out of school for 3.5 years. I then became one of the first Audiologists to enter private practice.

Feedback: What is the most important thing you've learned through your career, your illness, and your life?

To live in the present. In the middle of the worst part of my illness I wrote the following, which was published in *Success Is A Decision Of The Mind*:

My Wish For You

Knowing what is important in life;
Feeling cherished and loved;
Generating a life of your dreams;
Taking time to care for yourself;
And living life to the fullest today.

In December 2003 I received the best gift ever, that being a negative full body scan. I don't know, nor do any of us know, what the future holds, and although it requires constant reminding, I am committed to living each of my remaining days to the fullest, in the present, and generating a life of my dreams.

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