

CAA Call for Comment on Proposed Revisions to Standards – May 2021

2017 Standard for Accreditation	Proposed Revisions to Standard	Rationale for the Proposed Revisions
<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.</p> <p><i>Requirement for Review:</i></p> <ul style="list-style-type: none"> The program must provide evidence that issues related to diversity are infused throughout the academic and clinical program. 	<p>3.4A An effective audiology program is organized and delivered in such a manner that <u>diversity, equity and inclusion are reflected in the program and throughout academic and clinical education.</u></p> <p><i>Requirement for Review:</i></p> <ul style="list-style-type: none"> The program must provide evidence that issues related to diversity are infused throughout the academic and clinical program. <u>diversity, equity, and inclusion are incorporated throughout the academic and clinical program, in theory and practice.</u> <u>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.</u> <u>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.</u> <u>The program must provide evidence that students are given opportunities to identify and acknowledge the impact of how their own set of cultural and linguistic variables affects patients/clients/students care (these variables include, but are not limited to, age, disability, ethnicity, gender expression, gender identity, national origin, race, religion, sex, sexual orientation, or veteran status).</u> <u>The program must provide evidence that students are given opportunities to identify and acknowledge 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>When revising the professional practice competencies under Standard 3.1.1A earlier this year, the CAA removed the section on “Cultural Competence” to incorporate those aspects (listed below) into a stand-alone standard. The CAA further revised Standard 3.4A to incorporate more fully the many aspects of diversity, equity, and inclusion. The revised language recognizes the need for program accountability in ensuring students are afforded opportunities for self-examination and awareness of potential bias. The CAA asked and was provided input from ASHA staff in the Office of Multicultural Affairs and the Audiology Practices cluster for perspective and wording suggestions when drafting the revisions to this standard.</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 expectations regarding diversity, equity, inclusion, and program’s cultural competence, not just students.</p>

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	<ul style="list-style-type: none"> ● <u>The program must provide evidence that students are given opportunities to identify and acknowledge 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).</u> ● <u>The program must provide evidence that students are given opportunities to identify and acknowledge the social determinants of health and environmental factors for individuals served (including health and healthcare, education, economic stability, social and community context, and neighborhood and built environment), and how these determinants relate to clinical services.</u> ● <u>The program must provide evidence that students are given opportunities to identify and acknowledge the impact of multiple languages and ability to explore approaches to addressing bilingual/multilingual individuals requiring services, including understanding the difference between audiological and cultural perspectives of being d/Deaf and acknowledge Deaf cultural identities.</u> ● <u>The program must provide evidence that students are given opportunities to recognize that cultural and linguistic diversity exists among various groups, including among 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.</u> 	

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<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></p> <ul style="list-style-type: none"> The program must provide evidence that issues related to diversity are infused throughout the academic and clinical program. 	<p>3.4B An effective speech-language pathology program is organized and delivered in such a manner that <u>diversity, equity and inclusion are reflected in the program and throughout academic and clinical education.</u></p> <p><i>Requirement for Review:</i></p> <ul style="list-style-type: none"> The program must provide evidence that issues related to diversity are infused throughout the academic and clinical program. <u>diversity, equity, and inclusion are incorporated throughout the academic and clinical program, in theory and practice.</u> <u>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.</u> <u>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.</u> <u>The program must provide evidence that students are given opportunities to identify and acknowledge the impact of how their own set of cultural and linguistic variables affects patients/clients/students care (these variables include, but are not limited to, age, disability, ethnicity, gender expression, gender identity, national origin, race, religion, sex, sexual orientation, or veteran status).</u> <u>The program must provide evidence that students are given opportunities to identify and acknowledge 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>When revising the professional practice competencies under Standard 3.1.1B earlier this year, the CAA removed the section on “Cultural Competence” to incorporate those aspects (listed below) into a stand-alone standard. The CAA further revised Standard 3.4B to incorporate more fully the many aspects of diversity, equity, and inclusion. The revised language recognizes the need for program accountability in ensuring students are afforded opportunities for self-examination and awareness of potential bias. The CAA asked and was provided input from ASHA staff in the Office of Multicultural Affairs for perspective and wording suggestions when drafting the revisions to this standard.</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 expectations regarding diversity, equity, inclusion, and program’s cultural competence, not just students.</p>

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	<ul style="list-style-type: none"> ● <u>The program must provide evidence that students are given opportunities to identify and acknowledge 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).</u> ● <u>The program must provide evidence that students are given opportunities to identify and acknowledge the social determinants of health and environmental factors for individuals served (including health and healthcare, education, economic stability, social and community context, and neighborhood and built environment), and how these determinants relate to clinical services.</u> ● <u>The program must provide evidence that students are given opportunities to identify and acknowledge the impact of multiple languages and ability to explore approaches to addressing bilingual/multilingual individuals requiring services, including understanding the difference between audiological and cultural perspectives of being d/Deaf and acknowledge Deaf cultural identities.</u> ● <u>The program must provide evidence that students are given opportunities to recognize that cultural and linguistic diversity exists among various groups, including among 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.</u> 	

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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>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. ● Understand the role of manual and other communication systems and the use of sign and spoken interpreters/translitterators and assistive technology to deliver the highest quality care. 	<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>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. ● Understand the role of manual and other communication systems and the use of sign and spoken interpreters/translitterators and assistive technology to deliver the highest quality care. 	<p>The CAA indicated in the rationale for the Fall 2020 call for comments on proposed standards revisions that it would pull the professional practice competencies for cultural competence (found in Standard 3.1.1A and 3.1.1B) and integrate them into a revised, more comprehensive Standard 3.4A and 3.4B. After review of the comments, the CAA voted to approve this change; an implementation date is pending completion of the peer review of proposed revisions to Standard 3.4A and 3.4B.</p> <p>Cultural competence is addressed in the new Standard 3.4A and 3.4B, as noted above, to include the concepts listed under this professional practice competency, and address the expectations the CAA holds of programs in regards to diversity, equity, and inclusion.</p>

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<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>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. ● 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>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>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. ● 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>The CAA indicated in the rationale for the Fall 2020 call for comments on proposed standards revisions that it would pull the professional practice competencies for cultural competence (found in Standard 3.1.1A and 3.1.1B) and integrate them into a revised, more comprehensive Standard 3.4A and 3.4B. After review of the comments, the CAA voted to approve this change; an implementation date is pending completion of the peer review of proposed revisions to Standard 3.4A and 3.4B.</p> <p>Cultural competence is addressed in the new Standard 3.4A and 3.4B, as noted above, to include the concepts listed under this professional practice competency, and address the expectations the CAA holds of programs in regards to diversity, equity, and inclusion.</p>