

## CAA Call for Comment on Proposed Revisions to Standards – May 2025

2017 Standard for Accreditation	Proposed Revisions to Standard	Rationale for Proposed Revision
<p><b>3.4A An effective audiology program is organized and delivered in such a manner that the diversity, equity, and inclusion are reflected in the program and throughout academic and clinical education.</b></p> <p><i>Requirement for Review:</i></p> <ul style="list-style-type: none"> <li>The program must provide evidence that diversity, equity, and inclusion are incorporated throughout the academic and clinical program, in theory and practice.</li> <li>The program must provide evidence that students are given opportunities to identify and acknowledge approaches to addressing culture and language that include cultural humility, cultural responsiveness, and cultural competence in service delivery.</li> <li>The program must provide evidence that students are given opportunities to identify and acknowledge the impact of both implicit and explicit bias on clinical service delivery and actively explore individual biases and how they relate to clinical services.</li> <li>The program must provide evidence that students are given opportunities to identify and acknowledge: <ul style="list-style-type: none"> <li>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 identify, national origin, race, religion, sex, sexual orientation, or veteran status.</li> </ul> </li> </ul>	<p><b>3.4A An effective audiology program is organized and delivered in such a manner that the <del>tenets of person- and family-centered care</del>* <del>diversity, equity, and inclusion</del> are reflected in the program, consistent with recognized standards of ethical practice and in accordance with applicable state and federal laws. <del>and throughout academic and clinical education.</del></b></p> <p><i>Requirement for Review:</i></p> <ul style="list-style-type: none"> <li>The program must provide evidence that the tenets of person- and family-centered care are taught in didactic courses.</li> <li>The program must provide evidence that the tenets of person- and family-centered care are modeled throughout the clinical practicum experiences.</li> </ul> <p><i>* For the purposes of programmatic accreditation, the CAA defines "person- and family-centered care" as the following:</i></p> <p>Audiologists and speech-language pathologists provide communication and swallowing services to a wide population of individuals that could include those with cultural and linguistic expectations, differences, and histories with which they may not be familiar or that differ from their own. Building effective clinical relationships requires clinicians to be able to understand and respect values, attitudes, beliefs, circumstances, experiences, and mores that differ and to consider and respond with respect to these differences in planning, implementing, and evaluating health</p>	<p>Driven by a demonstrated need to ensure the Standards continue to support the program's ability to provide educational and clinical opportunities to students related to individualized person- and family-centered care, while enabling programs to comply with federal laws, varying state laws, and evolving federal policies, the CAA reviewed Standard 3.4A/B which speaks toward diversity, equity, and inclusion.</p> <p>In the case of the CAA's use of "diversity, equity, and inclusion," the intent was to ensure that students understand how to meet the individual needs of clients/patients who enter their clinical space. The CAA affirmed that the intent of the standard has not changed.</p> <p>The CAA's definition of "person- and family-centered care" subsumes areas that were previously stated in the original standard.</p> <p>The revisions intend to reduce redundancy within the standard's Requirements for Review.</p>

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<ul style="list-style-type: none"> <li>○ The impact of cultural and linguistic variables of the individual served may have on delivery of effective care. These variables include, but are not limited to, age, disability, ethnicity, gender expression, gender identity, national origin, race, religion, sex, sexual orientation, or veteran status.</li> <li>○ The interaction of cultural and linguistic variables between the caregivers and the individual served. These variables include, but are not limited to, age, disability, ethnicity, gender expression, gender identity, national origin, race, religion, sex, sexual orientation, or veteran status.</li> <li>○ The social determinants of health and environmental factors for individuals served. These variables include, but are not limited to, health and healthcare, education, economic stability, social and community context, and neighborhood and built environment, and how these determinants relate to clinical services.</li> <li>○ The impact of multiple languages and ability to explore approaches to addressing bilingual/ multilingual individuals requiring services, including understanding the difference between</li> </ul>	<p><b>education programs, assessments, and interventions.</b></p> <p>Person- and family-centered care as it is referenced in these standards refers to, "[integrated] services delivered in a setting and manner that is responsive to individuals and their goals, values, and preferences, in a system that supports good provider-patient communication and empowers individuals receiving care and providers to make effective care plans together." (Centers for Medicare and Medicaid Services) The word "family" is substituted for "person" in recognition of service provision to persons who may not be able to communicate their goals, values, and preferences. "Family" also refers to the care providers as partners on the care team that facilitate the re/habilitative process.</p> <ul style="list-style-type: none"> <li>● <del>diversity, equity, and inclusion are incorporated throughout the academic and clinical program, in theory and practice.</del></li> <li>● <del>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.</del></li> <li>● <del>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</del></li> </ul>	

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<p>audiological and cultural perspectives of being d/Deaf and acknowledge Deaf cultural identities.</p> <ul style="list-style-type: none"> <li>The program must provide evidence that students are given opportunities to recognize that cultural and linguistic diversity exists among various groups, including among d/Deaf and hard of hearing individuals, and foster the acquisition and use of all languages (verbal and nonverbal), in accordance with individual priorities and needs.</li> </ul>	<p><del>individual biases and how they relate to clinical services.</del></p> <ul style="list-style-type: none"> <li><del>The program must provide evidence that students are given opportunities to identify and acknowledge:</del> <ul style="list-style-type: none"> <li><del>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.</del></li> <li><del>The impact of 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.</del></li> <li><del>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.</del></li> <li><del>The social determinants of health and environmental factors for individuals served. These variables include, but</del></li> </ul> </li> </ul>	

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<p><b>3.4B An effective speech-language pathology program is organized and delivered in such a manner that the diversity, equity, and inclusion are reflected in the program and throughout academic and clinical education.</b></p> <p><i>Requirement for Review:</i></p> <ul style="list-style-type: none"> <li>The program must provide evidence that diversity, equity, and inclusion are incorporated throughout the academic and clinical program, in theory and practice.</li> <li>The program must provide evidence that students are given opportunities to identify and acknowledge approaches to addressing culture and language that include cultural humility, cultural responsiveness, and cultural competence in service delivery.</li> <li>The program must provide evidence that students are given opportunities to identify and acknowledge the impact of both implicit and explicit bias on clinical service delivery and actively explore individual biases and how they relate to clinical services.</li> <li>The program must provide evidence that students are given</li> </ul>	<p><b>3.4B An effective speech-language pathology program is organized and delivered in such a manner that the <del>tenets of person- and family-centered care</del>* <del>diversity, equity, and inclusion</del> are reflected in the program, consistent with recognized standards of ethical practice and in accordance with applicable state and federal laws. <del>and throughout academic and clinical education.</del></b></p> <p><i>Requirement for Review:</i></p> <ul style="list-style-type: none"> <li>The program must provide evidence that <del>the tenets of person- and family-centered care</del> are taught in didactic courses.</li> <li>The program must provide evidence that the tenets of person- and family-centered care are modeled throughout the clinical practicum experiences.</li> </ul> <p><i>* For the purposes of programmatic accreditation, the CAA defines "person- and family-centered care" as the following:</i></p> <p><i>Audiologists and speech-language pathologists provide communication and swallowing services to a wide population of individuals that could include those with cultural and linguistic expectations, differences, and histories with which</i></p>	<p><b>3.4B An effective speech-language pathology program is organized and delivered in such a manner that the tenets of person- and family-centered care* are reflected in the program, consistent with recognized standards of ethical practice and in accordance with applicable state and federal laws.</b></p> <p><i>Requirement for Review:</i></p> <ul style="list-style-type: none"> <li>The program must provide evidence that the tenets of person- and family-centered care are taught in didactic courses.</li> <li>The program must provide evidence that the tenets of person- and family-centered care are modeled throughout the clinical practicum experiences.</li> </ul> <p><i>* For the purposes of programmatic accreditation, the CAA defines "person- and family-centered care" as the following:</i></p> <p><i>Audiologists and speech-language pathologists provide communication and swallowing services to a wide population of individuals that could include those</i></p>	<p>Driven by a demonstrated need to ensure the Standards continue to support the program's ability to provide educational and clinical opportunities to students related to individualized person- and family-centered care, while enabling colleges and schools to comply with federal laws, varying state laws, and evolving federal policies, the CAA reviewed Standard 3.4A/B which speaks toward diversity, equity, and inclusion.</p> <p>In the case of the CAA's use of "diversity, equity, and inclusion," the intent was to ensure that students understand how to meet the individual needs of clients/ patients who enter their clinical space. The CAA affirmed that the intent of the standard has not changed.</p>

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