2017 Standard for Accreditation

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. Requirement for Review:

- 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:
 - 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.

Proposed Revisions to Standard

3.4A An effective audiology program is organized and delivered in such a manner that the tenets of person- and family-centered care* diversity, equity, and inclusion are reflected in the program, consistent with recognized standards of ethical practice and in accordance with applicable state and federal laws. and throughout academic and clinical education.

Requirement for Review:

- The program must provide evidence that the tenets of person- and family-centered care are taught in didactic courses.
- The program must provide evidence that the tenets of person- and family-centered care are modeled throughout the clinical practicum experiences.
- * For the purposes of programmatic accreditation, the CAA defines "person- and family-centered care" as the following:

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

Rationale for Proposed Revision

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.

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.

The CAA's definition of "person- and family-centered care" subsumes areas that were previously stated in the original standard.

The revisions intend to reduce redundancy within the standard's Requirements for Review.

2017 Standard for Accreditation	Proposed Revisions to Standard	Rationale for Proposed Revision
 The impact of cultural and linguistic 	education programs, assessments, and	
variables of the individual served	interventions.	
may have on delivery of effective		
care. These variables include, but	Person- and family-centered care as it is	
are not limited to, age, disability,	referenced in these standards refers to,	
ethnicity, gender expression,	"[integrated] services delivered in a setting and	
gender identity, national origin,	manner that is responsive to individuals and their	
race, religion, sex, sexual	goals, values, and preferences, in a system that	
orientation, or veteran status.	supports good provider-patient communication	
 The interaction of cultural and 	and empowers individuals receiving care and	
linguistic variables between the	providers to make effective care plans together."	
caregivers and the individual	(Centers for Medicare and Medicaid Services) The	
served. These variables include, but	word "family" is substituted for "person" in	
are not limited to, age, disability,	recognition of service provision to persons who	
ethnicity, gender expression,	may not be able to communicate their goals,	
gender identity, national origin,	values, and preferences. "Family" also refers to	
race, religion, sex, sexual	the care providers as partners on the care team	
orientation, or veteran status.	that facilitate the re/habilitative process.	
 The social determinants of health 		
and environmental factors for	 diversity, equity, and inclusion are 	
individuals served. These variables	incorporated throughout the academic	
include, but are not limited to,	and clinical program, in theory and	
health and healthcare, education,	practice.	
economic stability, social and	The program must provide evidence that	
community context, and	students are given opportunities to	
neighborhood and built	identify and acknowledge approaches to	
environment, and how these	addressing culture and language that	
determinants relate to clinical	include cultural humility, cultural	
services.	responsiveness, and cultural competence	
 The impact of multiple languages 	in service delivery.	
and ability to explore approaches	The program must provide evidence that	
to addressing bilingual/	students are given opportunities to	
multilingual individuals requiring	identify and acknowledge the impact of	
services, including understanding	both implicit and explicit bias on clinical	
the difference between	service delivery and actively explore	

2017 Standard for Accreditation	Proposed Revisions to Standard	Rationale for Proposed Revision
audiological and cultural	individual biases and how they relate to	
perspectives of being d/Deaf and	clinical services.	
acknowledge Deaf cultural	 The program must provide evidence that 	
identities.	students are given opportunities to	
 The program must provide evidence that 	identify and acknowledge:	
students are given opportunities to	 The impact of how their own set 	
recognize that cultural and linguistic	of cultural and linguistic variables	
diversity exists among various groups,	affects patients/clients/students	
including among d/Deaf and hard of	care. These variables include, but	
hearing individuals, and foster the	are not limited to, age, disability,	
acquisition and use of all languages (verbal	ethnicity, gender expression,	
and nonverbal), in accordance with	gender identify, national origin,	
individual priorities and needs.	race, religion, sex, sexual	
	orientation, or veteran status.	
	 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.	
	→ 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	

2017 Standard for Accreditation	Proposed Revisions to Standard	Rationale for Proposed Revision
	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.	
	 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.	
	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.	

2017 Standard for Accreditation	Proposed Revisions to Standard	Clean Proposed Revisions to Standard	Rationale for Proposed Revision
3.4B An effective speech-language	3.4B An effective speech-language	3.4B An effective speech-language	Driven by a
pathology program is organized and	pathology program is organized and	pathology program is organized	demonstrated need to
delivered in such a manner that the	delivered in such a manner that the	and delivered in such a manner	ensure the Standards
diversity, equity, and inclusion are	tenets of person- and family-centered	that the tenets of person- and	continue to support the
reflected in the program and	care* diversity, equity, and inclusion are	family-centered care* are	program's ability to
throughout academic and clinical	reflected in the program, consistent	reflected in the program,	provide educational and
education.	with recognized standards of ethical	consistent with recognized	clinical opportunities to
Requirement for Review:	practice and in accordance with	standards of ethical practice and in	students related to
The program must provide	applicable state and federal laws. and	accordance with applicable state	individualized person-
evidence that diversity, equity,	throughout academic and clinical	and federal laws.	and family-centered
and inclusion are incorporated	education.		care, while enabling
throughout the academic and	Requirement for Review:	Requirement for Review:	colleges and schools to
clinical program, in theory and	The program must provide	The program must provide	comply with federal
practice.	evidence that the tenets of	evidence that the tenets of	laws, varying state laws,
The program must provide		person- and family-	and evolving federal
evidence that students are given	person- and family-centered care	centered care are taught in	policies, the CAA
opportunities to identify and	are taught in didactic courses.	didactic courses.	reviewed Standard
acknowledge approaches to	 The program must provide 	The program must provide	3.4A/B which speaks
addressing culture and language	evidence that the tenets of	evidence that the tenets of	toward diversity, equity,
that include cultural humility,	person- and family-centered care	person- and family-	and inclusion.
cultural responsiveness, and		centered care are modeled	
•	are modeled throughout the	throughout the clinical	In the case of the CAA's
cultural competence in service	clinical practicum experiences.	practicum experiences.	use of "diversity, equity,
delivery.		· ·	and inclusion," the
The program must provide	* For the purposes of programmatic	* For the purposes of	intent was to ensure
evidence that students are given	accreditation, the CAA defines "person-	programmatic accreditation, the	that students
opportunities to identify and	and family-centered care" as the	CAA defines "person- and family-	understand how to
acknowledge the impact of both	following:	centered care" as the following:	meet the individual
implicit and explicit bias on		centered care as the ronowing.	needs of clients/
clinical service delivery and	Audiologists and speech-language	Audiologists and speech-language	patients who enter their
actively explore individual biases	pathologists provide communication and	pathologists provide	clinical space. The CAA
and how they relate to clinical	swallowing services to a wide population	communication and swallowing	affirmed that the intent
services.	of individuals that could include those	services to a wide population of	of the standard has not
 The program must provide 	with cultural and linguistic expectations,	individuals that could include those	changed.
evidence that students are given	differences, and histories with which	individuals that could include those	changeu.

2017 Standard for Accreditation	Proposed Revisions to Standard	Clean Proposed Revisions to Standard	Rationale for Proposed Revision
opportunities to identify and	they may not be familiar or that differ	with cultural and linguistic	
acknowledge:	from their own. Building effective	expectations, differences, and	The CAA's definition of
 The impact of how their 	clinical relationships requires clinicians	histories with which they may not	"person- and family-
own set of cultural and	to be able to understand and respect	be familiar or that differ from their	centered care"
linguistic variables	values, attitudes, beliefs, circumstances,	own. Building effective clinical	subsumes areas that
affects	experiences, and mores that differ and	relationships requires clinicians to	were previously stated
patients/clients/students	to consider and respond with respect to	be able to understand and respect	in the original standard.
care. These variables	these differences in planning,	values, attitudes, beliefs,	
include, but are not	implementing, and evaluating health	circumstances, experiences, and	The revisions intend to
limited to, age, disability,	education programs, assessments, and	mores that differ and to consider	reduce redundancy
ethnicity, gender	interventions.	and respond with respect to these	within the standard's
expression, gender		differences in planning,	Requirements for
identify, national origin,	Person- and family-centered care as it is	implementing, and evaluating	Review.
race, religion, sex, sexual	referenced in these standards refers to,	health education programs,	
orientation, or veteran	"[integrated] services delivered in a	assessments, and interventions.	
status.	setting and manner that is responsive to		
 The impact of cultural 	individuals and their goals, values, and	Person- and family-centered care	
and linguistic variables	preferences, in a system that supports	as it is referenced in these	
of the individual served	good provider-patient communication	standards refers to, "[integrated]	
may have on delivery of	and empowers individuals receiving care	services delivered in a setting and	
effective care. These	and providers to make effective care	manner that is responsive to	
variables include, but are	plans together." (Centers for Medicare	individuals and their goals, values,	
not limited to, age,	and Medicaid Services) The word	and preferences, in a system that	
disability, ethnicity,	"family" is substituted for "person" in	supports good provider-patient	
gender expression,	recognition of service provision to	communication and empowers	
gender identity, national	persons who may not be able to	individuals receiving care and	
origin, race, religion, sex,	communicate their goals, values, and	providers to make effective care	
sexual orientation, or	preferences. "Family" also refers to the	plans together." (Centers for	
veteran status.	care providers as partners on the care	Medicare and Medicaid Services)	
 The interaction of 	team that facilitate the re/habilitative	The word "family" is substituted for	
cultural and linguistic	process.	"person" in recognition of service	
variables between the		provision to persons who may not	
caregivers and the	 diversity, equity, and inclusion 	be able to communicate their	
individual served. These	are incorporated throughout the	goals, values, and preferences.	

2017 Standard for Accreditation	Proposed Revisions to Standard	Clean Proposed Revisions to	Rationale for Proposed
		Standard	Revision
variables include, but are	academic and clinical program,	"Family" also refers to the care	
not limited to, age,	in theory and practice.	providers as partners on the care	
disability, ethnicity,	 The program must provide 	team that facilitate the	
gender expression,	evidence that students are given	re/habilitative process.	
gender identity, national	opportunities to identify and		
origin, race, religion, sex,	acknowledge approaches to		
sexual orientation, or	addressing culture and language		
veteran status.	that include cultural humility,		
 The social determinants 	cultural responsiveness, and		
of health and	cultural competence in service		
environmental factors	delivery.		
for individuals served.	 The program must provide 		
These variables include,	evidence that students are given		
but are not limited to,	opportunities to identify and		
health and healthcare,	acknowledge the impact of both		
education, economic	implicit and explicit bias on		
stability, social and	clinical service delivery and		
community context, and	actively explore individual biases		
neighborhood and built	and how they relate to clinical		
environment, and how	services.		
these determinants	 The program must provide 		
relate to clinical services.	evidence that students are given		
 The impact of multiple 	opportunities to identify and		
languages and ability to	acknowledge:		
explore approaches to	 The impact of how their 		
addressing bilingual/	own set of cultural and		
multilingual individuals	linguistic variables		
requiring services,	affects		
including understanding	patients/clients/students		
the difference between	care. These variables		
audiological and cultural	include, but are not		
perspectives of being	limited to, age, disability,		
d/Deaf and acknowledge	ethnicity, gender		
Deaf cultural identities.	expression, gender		

2017 Standard for Accreditation	Proposed Revisions to Standard	Clean Proposed Revisions to	Rationale for Proposed
		Standard	Revision
The program must provide	identify, national origin,		
evidence that students are given	race, religion, sex, sexual		
opportunities to recognize that	orientation, or veteran		
cultural and linguistic diversity	status.		
exists among various groups,	The impact of cultural and		
including among d/Deaf and	linguistic variables of the individual served may have		
hard of hearing individuals, and	on delivery of effective care.		
foster the acquisition and use of	These variables include, but		
all languages (verbal and	are not limited to, age,		
nonverbal), in accordance with individual priorities and needs.	disability, ethnicity, gender		
marviduai priorities and fleeds.	expression, gender identity,		
	national origin, race, religion,		
	sex, sexual orientation, or		
	veteran status.		
	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.		
	health and environmental		
	factors for individuals		
	served. These variables		
	include, but are not limited		

2017 Standard for Accreditation	Proposed Revisions to Standard	Clean Proposed Revisions to	Rationale for Proposed
		Standard	Revision
	to, health and healthcare,		
	education, economic		
	stability, social and		
	community context, and		
	neighborhood and built		
	environment, and how these	•	
	determinants relate to		
	clinical services.		
	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.		
	 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		

2017 Standard for Accreditation	Proposed Revisions to Standard	Clean Proposed Revisions to	Rationale for Proposed
		Standard	Revision
	accordance with individual		
	priorities and needs.		