Guidance Statement
Demonstrating Compliance with Standard 3.4 A/B

In order to help programs understand the intent of this standard and document compliance with the revised standards, the CAA is providing guidance on those elements that are new, updated, or modified.

The focus of this guidance is Standard 3.4A/B: Person- and Family-Centered Care.

The Intent of Standard 3.4A/B

Graduate programs accredited by the CAA are preparing students for entry into clinical practice in either audiology or speech-language pathology. Audiologists and Speech-Language Pathologists regularly provide services to a diverse population of individuals with cultural and linguistic expectations and histories that differ from their own. Building effective clinical relationships requires that clinicians be able to demonstrate cultural competence. Programs are expected to train students to provide necessary evaluation and treatment services using the principles of person- and family- centered care.

The CAA's intent of this standard is to ensure that the graduate education program is providing student clinicians with opportunities and experiences in the academic and clinical curriculum to understand that their culture, background, and experiences may differ from their clients', and to be aware of how individual backgrounds can influence decisions about care.

2017-Revised Standards, 2025 Revision

Standard 3.4A An effective audiology 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.

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 experience.

Standard 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.

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 experience.

New Definitions

Tenets of Person- and Family-Centered Care

The tenets of person and family centered care as defined in Standard 3.4 A/B include the following:

- Respect for individual values and preferences: services provided by audiology/speech-language pathology (AuD/SLP) professionals should be tailored and responsive to the individual's unique circumstances, culture, experiences, beliefs, and wishes. Students are given opportunities to reflect on their own unique circumstances, culture, experiences, beliefs, and wishes, and how those may differ from their clients/ patients.

- Informed decision-making: persons receiving AuD/SLP services should be empowered to make choices about their care, with clear explanations and support from AuD/ SLP service providers.

- <u>Integrated services:</u> AuD/SLP professionals should facilitate seamless information sharing and coordination of care efforts across different providers and settings as appropriate.

- <u>Communication and education:</u> AuD/SLP professionals should facilitate clear and accessible information about care plans, treatment options, and potential outcomes to facilitate engagement and buy-in of the individual served.

- <u>Access to care:</u> AuD/SLP professionals should ensure that individuals served can access the necessary services and support as appropriate, and include non-medical factors that impact health outcomes.[1]

- <u>Involvement of family and friends:</u> AuD/SLP professions recognize the role of support networks in care and incorporate them into the care plan as appropriate.

- <u>Emotional support, empathy, and respect:</u> AuD/SLP professionals provide services with empathy and respect for the individual served; services are delivered with respect, sensitivity, and appreciation of the person as an individual.

- <u>Physical comfort:</u> AuD/SLP professionals address the physical needs of the individuals they are working with and provide a comfortable environment for therapeutic interactions.

- <u>Continuity of care:</u> AuD/SLP professionals facilitate smooth transitions between different care settings and providers to promote consistent and effective care as needed.

- <u>Accountability:</u> AuD/SLP professionals deliver evidence-based, ethical care that aligns with the individual's goals and preferences.

Person- and Family-Centered Care

For the purposes of programmatic accreditation, the CAA defines "person- and family-centered care" as the following:

Audiologists and speech-language pathologists provide services to a wide population of individuals that could include those with cultural and linguistic expectations, differences, and histories with which the service provider may not be familiar.

Effective clinical relationships require service providers to understand and respect values, attitudes, beliefs, circumstances, experiences, modes of communication, and mores that differ from their own. It also requires service providers to consider and respond with respect to these differences in planning, implementing, and evaluating individualized health education programs, assessments, and interventions.

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."[2]

---

[1] Centers for Disease Control (2025). Social Determinants of Health- Public Health Gateway. Retrieved from https://www.cdc.gov/public-health-gateway/php/about/social-determinants-of-health.html
[2] Centers for Medicare & Medicaid Services. (2025). CMS Innovation Center Key Concepts. Retrieved from https://www.cms.gov/priorities/innovation/key-concepts/person-centered-care

How can programs demonstrate compliance with 2017-Revised Standard 3.4A/B, 2025 Revisions?

The accreditation standards are written in broad terms to provide the accredited program the flexibility of meeting the standards in ways that are suitable for the needs of their students. While the CAA is not prescriptive in stating specifically how a program must meet each standard, members of the CAA recently provided the following guidance.

The items below represent examples of program activities, student experiences, and assignments that could be suitable for documentation.

1) Demonstrated Quadrangulation of Student Performance
    a. Self-reflection from students: How are they seeing the application of the knowledge learned in the classroom? How has their knowledge been applied to clinical instances of access to care, treatment/ follow-up opportunities? Access to interpreters? End of life and/or feeding and swallowing care based on cultural needs?
    b. Academic instructors: Has the student acquired the requisite knowledge? How was it assessed?
    c. On-campus clinical instructors: Is the student demonstrating the integration of knowledge into their clinical practice?
    d. External clinical instructors or other professionals with whom the student has worked: Is the student demonstrating the integration of knowledge into their clinical practice?
    e. Exit interviews

2) Inclusion of a didactic component to coursework to demonstrate how the students integrate information and are using it in their clinical experiences.
3) Grand Round series with students: How are students are incorporating the tenets of patient- and family-centered care into case presentations? Into their clinical decision making?
4) Capstone projects
5) Programmatic data analysis: Is there opportunity for clinical supervisors to record how clients from different backgrounds are being treated responsively, in terms of evaluations, treatment, and access to care?
6) Programmatic self-reflection: What did the programs do differently to ensure that there are opportunities for students to identify and acknowledge approaches to addressing culture and language in service delivery? How does the program ensure that students are aware of diverse backgrounds, preferences, experience, and how this affects clinical decision making? How are they ensuring that students approach clinical decision making with a mindset of openness, curiosity, and the ability to honor each individual's background?
7) Didactic changes: Programs can reflect on modifications to course syllabi to demonstrate how they are exposing their students to this information.
8) Patient populations: Programs can provide evidence of opportunities to work with a variety of clients/patients across the lifespan with needs to reflect the scope of practice of an audiologist or speech-language pathologist.
9) Teaching materials, standardized testing materials for diverse populations, disease rates, opportunities to learn about disparities in healthcare; and how the students are demonstrating the an understanding of this knowledge.