

Temporary Expansion of Definition of Simulation Until August 1, 2020:

The council recognizes the challenges placed on clinical training programs by the COVID-19 crisis. With students in most cases unable to work with live patients, clinical educators need to strive to find creative ways to build student clinical skills. We also recognize that there are limited resources for simulation in audiology as such, we approve the following as “simulation” on a temporary basis:

Case discussions in which the student is asked to make evidence-based recommendations for procedures, predict and analyze results, and make evidence based recommendations Case discussions can be live with a clinical instructor, or may include written responses with a debrief with he clinical instructor.

The council will consider extending the August 1 deadline if circumstances warrant.

Certification Standards for Audiology Frequently Asked Questions: Clinical Simulation

Approved 4/1/2020

2020 Certification Standards

Clinical simulation (CS) is the use of alternative methods of clinical practicum. In 2020, the Council for Clinical Certification in Audiology and Speech-Language Pathology (CFCC) made a revision to the <https://www.asha.org/Certification/2020-Audiology-Certification-Standards/> to include the use of CS as part of Standard III.

In this revision, the CFCC gave programs accredited by the Council for Academic Accreditation in Audiology and Speech-Language Pathology (CAA) the option of obtaining up to 10% supervised clinical experience through CS. This allows students to obtain a sufficient variety of supervised clinical experiences in different work settings, with different populations, regardless of geographic location. The use of CS provides another resource for students to develop clinical knowledge and skills.

Clinical simulations (CS) are distinct from labs and may include the use of standardized patients and simulation technologies (e.g., virtual patients, digitized mannequins, immersive reality, task trainers, computer-based interactive). These supervised CS experiences under a CCC-A can be synchronous simulations (real-time) or asynchronous (not concurrent in time) simulations. Up to 10% of an applicant’ supervised clinical experience for ASHA certification can be obtained through CS. CS experiences for ASHA certification can only count when obtained within the doctoral program at the discretion of the of the CAA accredited program.

All CS cases should be viewed and treated in the same manner that they have traditionally done through didactic and clinical experiences with live patients. Watching a live or recorded video is not an example of a CS. Additionally, observational experiences (i.e., video clips, watching live or recorded sessions) do not meet the criteria of CS. Observing sessions and watching videos are valuable educational experiences but, as always, they cannot be counted as direct clinical contact.

What does CS clinical instruction look like?

Clinical instruction presents in many forms, and it includes a debriefing component for the purposes of meaningful learning. Clinical instruction can be asynchronous (not at the same time as the clinical learning experience) or synchronous. In the instance of a virtual client, debriefing sessions should be conducted after the completion of the CS in order to meet the 25% observation requirement. For example: Student A can complete a simulation for 60 minutes followed by a 15-minute debriefing with the clinical educator and receive credit for a 60-minute session that was observed 25% of the time.

What is debriefing?

Debriefing activities may include face to face discussion, self-reflection with feedback, and/or written self-evaluation with feedback. Debriefing can meet the 25% supervision requirement in asynchronous learning situations. In synchronous learning, the observation is taking place while the student is completing a task with either a live patient or with a simulation, such as a virtual mannequin.

Do the minimum supervision requirements apply to CS?

Yes, 25% of a student's total contact with each client or patient must still be met as adapted above for CS. In a typical 60-minute session with a standardized patient, the clinical instructor must observe 15 minutes (i.e., 25%). While additional time may be spent debriefing as part of clinical education, the additional debriefing time could be part of your clinical instruction plan.

Do students need to be supervised while they are completing computer-based CS tasks?

No. Often, the clinical instruction occurs asynchronously followed by debriefing sessions.

If an entire class of students is simultaneously accessing one CS case, how should the clinical instructor handle observing the students?

The clinical instructor should observe these students as if they were a group of students completing "live" cases. Structuring this situation as an asynchronous learning task would be a good approach.

How are clock hours determined when using computer-based simulation?

The time students spend on CS can vary greatly, particularly at the beginning of their clinical practicum experiences. Companies who offer CS technologies often publish the average amount of time each session should take to be completed. If there is no such published average, an academic program can do one of two things: (a) use the average time that the majority of the students spend on the simulation, given the cohort and the simulation and per the clinical instructor's judgment; or (b) make its own determination and apply it fairly and equitably.

Can students use the same CS experience for more than one clock hour?

One of the benefits of having access to CS is the ability to complete the same CS case multiple times, particularly in an area in which a student is struggling. While students do have the option to complete the same case several times for practice as the immersive experience of repetitive practice is highly valuable, clinical hours can only be counted once.

If simulated cases are treated like "live" clients/patients, what percentage of supervision is required?

The percentage of supervision required for simulated cases is 25% of the total patient clock hour time.