Preparing Your Academic Audiology Program[1] for the COVID-19 Crisis and a Post-Pandemic World

Part 1:
Preparing Your Education Program

A Journey of Change
Making Decisions to Realign Your Program With University Strategies and Pandemic Demands.

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1. Audiology academic programs are the focus of this handbook and comprise all of the examples. However, speech-pathology programs may also find the general advice useful.

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We will get through this. And, the journey demands significant changes.

Appendix

Preparing Your Academic Audiology Program for the COVID-19 Crisis and a Post-Pandemic World

Part 1: Preparing Your Education Program

To prepare your education program for a post-pandemic world, first, realize that academic audiology is undergoing the most enormous changes it has ever experienced, and those changes are happening at a breakneck speed. The last significant change, the shift to the AuD degree requirement, took about two decades to evolve from idea to acceptance.

> *Those who survive are not the strongest nor the smartest, they are the ones who adapt.*
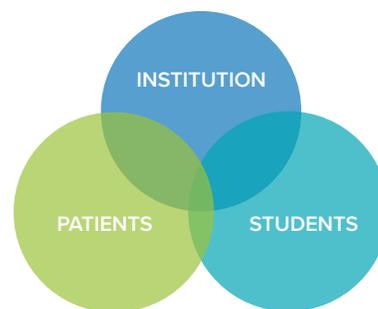> *– Charles Darwin*

It was like riding a bicycle up a long gentle slope. This crisis is more like jumping off a cliff. Your regular tools, procedures, techniques, like the bicycle, will not save you. You need a parachute, glider, or jet pack, and even with those, a safe landing is not guaranteed. To address this unprecedented situation, get the needed tools, and comprehend the urgency and significance of the state of affairs, we need a clear picture of our environment and the powerful forces causing change.

Leaders in academia already faced enormous challenges. Higher education's pre-pandemic hardships stemmed from rising labor costs, falling enrollment, reduced public funding, expenses that exceed revenue, and public doubt about the value of higher education (Carlson, S., 2019). In response to these hardships, universities were, before the pandemic, conducting program audits and deciding to add, cut, grow, or shrink departments and degrees. Some universities closed audiology programs. Now, pandemic shutdowns and economic calamities are highlighting and multiplying these pre-pandemic hardships in higher education, producing unique challenges to academic audiology.

By aligning your program's response to the pandemic with the university's pre-pandemic cost-cutting strategies, you can best ensure your survival. The resulting strategy needs to have plans for during the crisis, immediately after the crisis and for the future. If your program is to flourish, now is the time to create and execute these plans.

I am expressing my viewpoint here, not because I have the answers, but to contribute guidance and stimulate creative thinking and dynamic discussion about preparing for a post-pandemic academic audiology program. In this first part, Part 1, the emphasis is on the education component of academic audiology. Later, in Part 2, we will discuss transforming your audiology teaching clinic to thrive during and after this crisis.

It is essential that audiology programs remain relevant and valuable to the institution, as well as students, and patients.

Pedersen & Ritter (2020) have developed a five-point strategy for this situation, which they call the Five Ps: position, plan, perspective, projects and preparedness. To help guide academic programs in audiology to bounce back from pre-pandemic difficulties, and adapt to the changes forced on us by the current crisis, I have applied their Five Ps strategy to the educational component of academic audiology. To prepare yourself for what lies ahead, use this handbook as a guide to developing your customized version of Pedersen's and Ritter's Five Ps format to help you navigate a post-pandemic world.

The Five Ps:
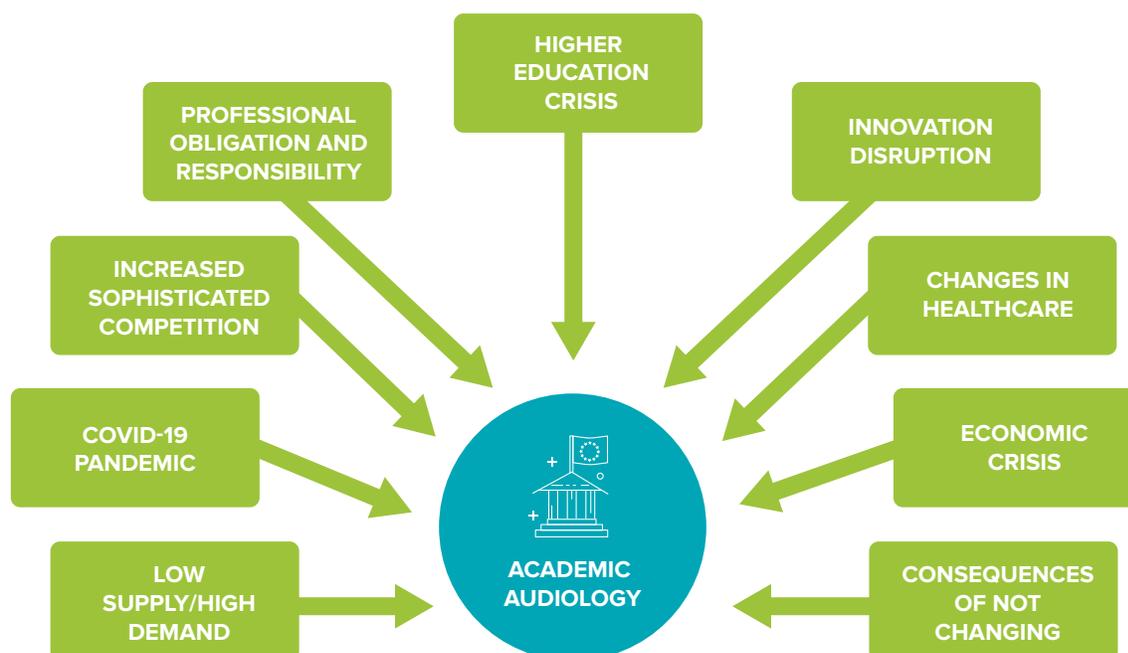## Position, Plan, Perspective, Projects and Preparedness

1. Position:
What Position Can Your Education Program Attain During and After the Pandemic?

To make smart strategic decisions, you must first understand your university's and your program's current position in this pandemic environment. A SWOT (Strengths, Weaknesses, Opportunities, Threats) analysis is useful in defining your university's place in the environment and your program's position in the university and the broader profession of audiology.

Understanding Where Your Program Stands

Dynamic forces changing the position of Academic Audiology and the profession

HIGHER EDUCATION CRISIS

PROFESSIONAL OBLIGATION AND RESPONSIBILITY

INNOVATION DISRUPTION

INCREASED SOPHISTICATED COMPETITION

CHANGES IN HEALTHCARE

COVID-19 PANDEMIC

ECONOMIC CRISIS

ACADEMIC AUDIOLOGY

LOW SUPPLY/HIGH DEMAND

CONSEQUENCES OF NOT CHANGING

During: During the pandemic, the university's place in the environment is changing. Students are increasingly unhappy with the education they are receiving remotely, and some are mad about not getting reasonable room and board refunds. Their parents, who already questioned the return on investment (ROI) of a college education, are also upset. All universities are experiencing reduced income. Elite private institutions are faring better than public institutions, and large public research universities are better off than smaller public colleges, and small elite colleges are most troubled. (Carlson, S., 2019)
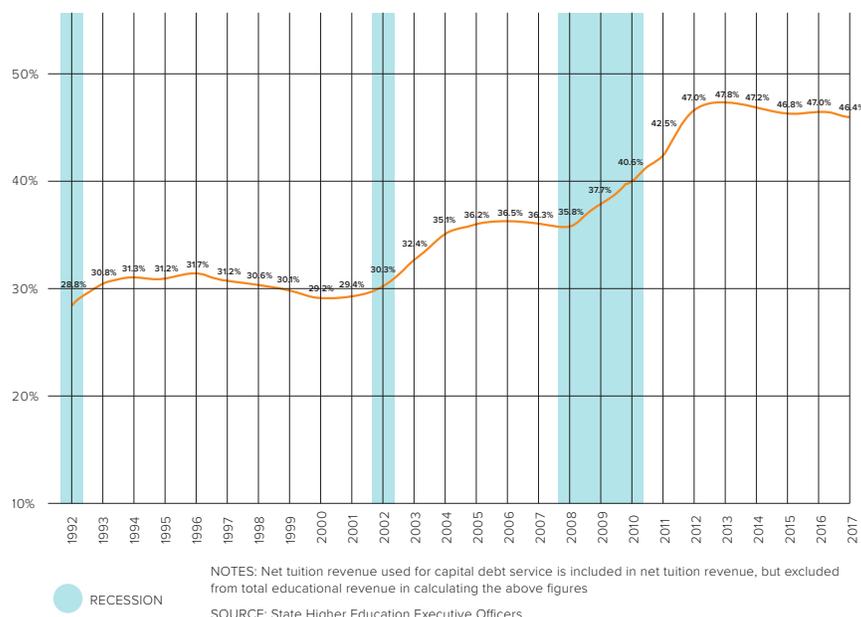
Universities are already making short-term decisions based primarily on the costs and revenues of programs. Compare your program's cost and revenue to others to see where you stand. Most audiology programs are paired with speech pathology programs, and a comparison of the two is easy. A cost/revenue comparison of these programs is enlightening and most often discouraging for audiology. The comparison should stimulate us to move quickly to accept innovative approaches to academic audiology that make it more cost-effective and competitive for university resources. To define your program's position in the university, make comparisons with other programs with which you will compete for university funding.

"Across the country, it's easy to imagine that the nation's 4,000 colleges and universities might require a $200 billion bailout just to finish out the calendar year." (Graff, 2020)

It's clear; higher education is in an undesirable place. Universities are financially crippled. The pandemic has already depleted hundreds of millions of dollars this fiscal year from each state's education revenue. University administrators will be seeking paths out of this dilemma. Academic programs in audiology must prepare to offer an attractive pathway toward a solution or fall by the wayside. During the crisis, proactively suggest transformations that lead to cost and job cutting customized to your needs to avoid mandated broad program cuts that would do more harm. Also, develop groundbreaking revenue-generating experimental programs ready to apply immediately after the crisis.

Audiology programs must understand the economics and finances of their university and what role they play in this changing ecosystem. Undergraduates from audiology/CSD programs have dim prospects for well-paying jobs. Some employers of graduating AuDs tell me they feel frustrated by graduates' lack of knowledge and knowhow. Universities are already auditing AuD programs. Because of those reasons, and their low enrollment and tuition income and high costs, audiology programs are likely targets to be phased out. Actions to improve audit findings will result from the planning discussed later. Providing healthcare to the community is a strength on which programs can build because it fits the community service commitment of the university's strategic plan and because the pandemic is a healthcare crisis for which the nation was ill-prepared, and cutting healthcare programs may be unpopular.

Net Tuition as a Percent of Public Higher Education Total Educational Revenue, U.S., FY 1992-2017

NOTES: Net tuition revenue used for capital debt service is included in net tuition revenue, but excluded from total educational revenue in calculating the above figures

SOURCE: State Higher Education Executive Officers

Immediately After: From 1992 to 2017, the percentage of university revenue dependent on tuition increased from 28% to 46%. What caused this increased dependence on tuition? After each previous recession, there has been a decrease in public support and an increase in tuition. See the increasing step function in the figure. Today, since 2019, universities depend on tuition revenue as their primary source of income.

When the current recession ends, we again expect a significant reduction in state support, and the outlook for a federal stimulus is grim (Friga, P.N., 2020). But raising tuition fees is unlikely due to record unemployment and the depth and duration of the economic recovery period. Universities will have less income unless they find another way to increase revenue from tuition. The only way to grow tuition revenue will be to enroll more students at the current or lower tuition rate. You must position your program to accomplish that feat in a depressed economy with a shrinking college-age demographic.

Post-pandemic tuition revenue will need to increase.
The only way to increase tuition revenue will be to enroll more students.

By the end of the pandemic, reduced university budgets and program closures will be the norm. Physical distancing and economic contraction will accelerate the decreasing enrollment, declining tuition income trend, and hasten the shift to distance learning. Universities will be looking for programs that can attract large numbers of students and their tuition dollars. Ironically, for us, this situation demands enrollment expansion. Expansion, while controlling costs, includes a larger, more vibrant undergraduate audiology program and increased enrollment in AuD programs (Eddins and Nielsen, 2019). It mandates programs that attract many students and lead to quick job acquisition upon graduation.

The time immediately after the pandemic is the period to activate the newly developed revenue-generating experimental programs that will reposition your program. University needs and the public's expectations, which will counter traditional program values, will profoundly shape the future.

Future: Repeating a SWOT analysis will bring clarity to the modified position of your university and program. In this post-pandemic world, academic audiology programs must leverage the opportunity to reshape audiology. Universities are notorious for holding on to aging traditional ways of doing things, so positioning programs to capitalize on this opportunity will take some discipline and a lot of courage and persistence.

No matter how that new position is defined, the primary post-pandemic focus of the university will be to rein in costs, while increasing enrollment and profit. Audiology programs must find creative ways to achieve these goals to establish a secure position in the university ecosystem.

Audiology programs must also position themselves to build on the idea that parents and students are buying job opportunities and entrance to the professional class. We must organize the new processes and goals of our audiology programs around professional job opportunities. Universities, students and parents value landing well-paying positions. Employment-obtainment successes must be publicized to enhance recruitment, and used when measuring program achievements. The constant rise in tuition costs has made ROI for the tuition investment critical. The experiences undergraduate and graduate students have in their quests to win high-paying professional positions will differentiate your program from other programs competing for university resources and students, as will the community healthcare focus of audiology.

Once we have defined our desired position, we have to develop plans to achieve that position.

2. Plan:
What Is Your Plan for Bouncing Back?

What is the course of action pointing the way to the position you want your educational program to attain? What must you do to get through the crisis to graduate more, better-educated audiologists, and produce more revenue, without raising expenses? The financial stresses universities face are causing them to explore extraordinary changes in academic portfolios and faculty productivity. You must plan to make courageous, financially-meaningful adjustments.

During: You must begin your planning efforts now. Those efforts, to succeed, must be transparent and inclusive. All affected by the needed transformation, from deans to students, should be continuously informed and involved about progress, problems and successes that affect them. Their support for the changes is necessary for success. Active involvement of stakeholders will increase their support and provide valuable insights.

Take control of changes: Proactively plan and execute progressive strategies and tactics for your program that will precede and preempt top-down enforced requirements. Across-the-board cuts, favored by some administrations are easy, fast to accomplish, and appear to be fair, but they are not strategic. Preempt those cuts with strategic cuts customized to your unique circumstances that will yield the mandated results.

Develop crisis-focused short-term plans to deal with urgent issues. We know distance learning will play a growing role in the future. So, during the crisis, while you are being forced to use more distance learning, use this time as an opportunity to improve distance learning capabilities and experience so its routine use will be adopted more quickly by all when mandated.

Begin long-term planning to become the university's "model" program, one that the university uses to demonstrate successful innovative adaptation to additional programs and that other universities copy. Identify precisely how your program can become more flexible, cut costs, increase revenue, grow student demand and maximize student ROI while maintaining or improving quality education.

Immediately after: Adjust "model program" plans to meet the university's post-crisis needs, requirements and vision.

Continue to wow the university's administration with progressive ideas and successes.

Evaluate plan successes and failures and adjust them to the post-crisis environment. Review and re-evaluate plans to grow student enrollment, increase student diversity and expand undergraduate and postgraduate education to post-crisis opportunities and challenges as the crisis ends.

In this new environment audiology programs that are less in love with tradition and more in love with their profession will be the ones who redefine audiology and thrive.
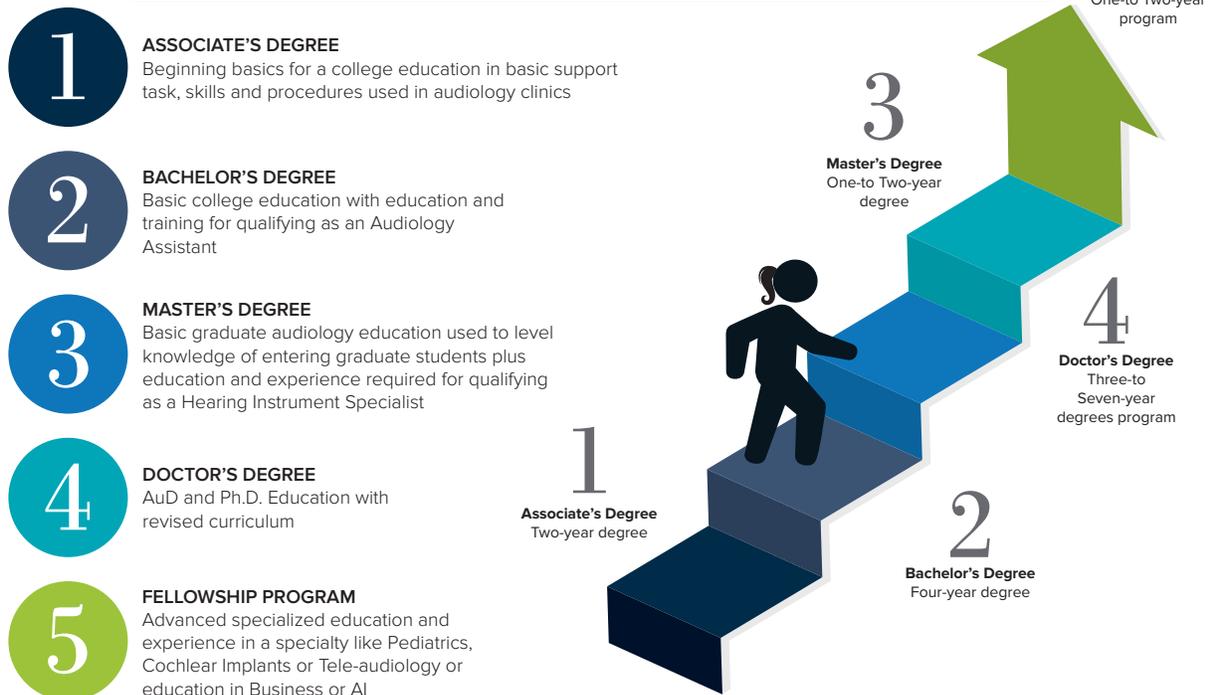
Example: After the crisis, to retain more of their faculty and staff, programs should plan an extensive formal undergraduate curriculum that includes opportunities for students to become Certified Audiology Assistants upon graduation. Such a program will attract more students and increase the chances of those students obtaining a job upon graduation; an outcome statistic valued by the university and students. Many potential students will have limited resources and need to work or take care of sick family members while attending school. After the pandemic, programs must plan to be flexible, allowing students to participate part-time and progress at a pace that works for them.

Future: We can put more emphasis on long-term planning and adjust and refine plans to meet the long-term view now redefined.

We must plan to broaden academic audiology, and restructure it to educate and train all the personnel at all levels needed to support and practice hearing healthcare and provide opportunities for their continued professional life-long learning. Besides recruiting students from traditional backgrounds for our doctoral programs, we must plan to recruit from different areas of emphasis, such as business, genetics, pharmacology and AI. More diverse recruiting will enrich the profession with students with the varied backgrounds necessary to lead audiology.

Rethink the Scope of Academic Audiology

Create a more valuable degree pathway from associate to Fellow to maximize graduation job opportuniteis at all levels and fill new needs in audiology. Use more diverse sources of students from which the profession would benefit, but who do not traditionally consider recruiting.

1 ASSOCIATE'S DEGREE
Beginning basics for a college education in basic support task, skills and procedures used in audiology clinics

2 BACHELOR'S DEGREE
Basic college education with education and training for qualifying as an Audiology Assistant

3 MASTER'S DEGREE
Basic graduate audiology education used to level knowledge of entering graduate students plus education and experience required for qualifying as a Hearing Instrument Specialist

4 DOCTOR'S DEGREE
AuD and Ph.D. Education with revised curriculum

5 FELLOWSHIP PROGRAM
Advanced specialized education and experience in a specialty like Pediatrics, Cochlear Implants or Tele-audiology or education in Business or AI

5 FELLOWSHIP
One-to Two-year program

3 Master's Degree
One-to Two-year degree

4 Doctor's Degree
Three-to Seven-year degrees program

1 Associate's Degree
Two-year degree

2 Bachelor's Degree
Four-year degree

Example: Students could earn an associate's degree in two years, which would allow them to provide necessary support tasks in an audiology clinic. Local community colleges may make good partners for this strategy. A four-year bachelor's degree could include training to qualify them as an Audiology Assistant or Hearing Instrument Specialist and make them highly employable upon graduation. It would also make them better candidates for AuD programs and may shorten the time needed to earn an AuD.

It requires two years of experience to become a board certified Hearing Instrument Specialist. A master's degree program could provide the initial education and knowledge given to AuD students and satisfy the experience requirements to become a board certified Hearing Instrument Specialist. This master's level training would offer ample job opportunities upon graduation and provide a solid background for becoming an AuD candidate then or at a later time.

AuD and PhD education would continue, but the AuD education would include distance learning for pre-clinical courses. Using distance learning, we could reduce the time and expense to obtain an AuD and be more flexible to meet the needs of individual students. To enhance their status and increase revenue, programs could also plan to offer one- or two-year fellowships in a specialty in which they are national experts. Think pediatric audiology, a cochlear implant specialty, study in applying artificial intelligence (AI) to audiology, a one-year MS in Audiology Management, a one- or two-year MBA in the business of audiology.

Even the most respected business schools are now offering one-year MBA degrees. You could collaborate with the business school to arrange for a mutually beneficial arrangement for these business-focused audiology master's degrees. These MS and MBA graduates will play a critical role in the more financially focused and competitive future of audiology. Finally, programs should plan to offer revenue-producing continuing education courses for all graduates. This expanded system of education would provide schooling of personnel needed at every level in hearing healthcare. It would attract more tuition-paying students and allow audiology to ensure the quality of hearing healthcare throughout the medical system.

If you develop your program to have a broader scope, as suggested above, then you can consider ways to capture students, and their tuition, for your program early and retain them through multiple years. By doing that reliably, you could count on annual recurring revenue determined by the retention and renewal rate. Such a system could provide flexibility in education for students while increasing the sustainability of tuition income over a more extended period.

Be sure that long-term plans are flexible to bend to the winds of change that will unexpectedly gust from new directions.

3. Perspective:
How Will Your Culture and Identity Change?

How will the way your university and audiology education program view themselves change because of the pandemic?

During: Adopt a "model" program culture and identity that prioritizes the perspective the university demands: flexibility, cost-cutting, increasing revenue, boosting student program demand and student ROI. To increase tuition revenue, it will also require a new emphasis on recruiting and educating undergraduates in audiology programs and increasing the size of your AuD program.

Immediately after: Adjust your culture to meet end-of-crisis priorities, challenges and opportunities.

Future: Refine and adjust program culture and identity to meet the redefined values of the university, academia, and the profession in the new normal world.

4. Projects:
What New Projects Should You Launch, Run and Coordinate?

Your answers to the three Ps above will point you to a set of projects for tackling your pre-pandemic and coronavirus-related problems. Prioritize and coordinate the projects. They will future-proof your program and the university.

During: Create task forces and assign them projects to deal with crisis management, workforce issues, cost-cutting, revenue production, increasing enrollment, and brand enhancement. Educate the faculty staff and students about the change management process and the roles they will need to play. Then begin the change management process. See details in the next section.

Example Task Force Projects:

- How to grow enrollment and tuition income to maintain financial support for program faculty and staff.
- How to cut cost and maintain, or improve, quality.
- How to sanely increase teaching loads in a manner supported by the faculty.
- How to design your program to attract more students.
- Determine what innovative inter-program and inter-institutional collaborations would be mutually beneficial and how to create and support those collaborations and advantageous interdependencies.
- How to create a postgraduate fellowship program that would increase program status and profits, while providing a vital need for the profession.
- How to bring online a two-year degree program that would lead to jobs on graduation and feed the growing undergraduate audiology effort.
- How to increase student retention.
- How to offer Audiology Assistant certification or qualification as part of your undergraduate program.
- How to build a case for your crisis plans that will be convincing to the powers upstream.
- How to benefit financially and increase professional stature by offering a broad selection of continuing education courses and workshops.
- How to play a crucial role in university fundraising efforts and have the program share in the financial returns.
- Create a crisis management taskforce to handle urgent unforeseen crises and win faculty and staff acceptance of solutions.
- Create a communications evaluation task force to evaluate and guide program communication efforts.
- How to switch undergraduate and graduate pre-clinical education to distance learning and increase online offerings.
- How to assure students at all income levels can access distance learning opportunities.
- How to add flexibility to all degree programs to allow students to progress at their personal pace.
- Identify and remove all obstacles to change.
- Create an innovation task force dedicated to discovering, developing, and presenting groundbreaking program strategies and techniques to meet crisis demands.

The Three Pillars of Crisis and Change Management

You must shelter-in-place, wear a mask, stand six feet apart, wash your hands, whatever the directive people don't like being told what to do. They want to be in charge of their choices. As the pandemic has demonstrated, people will resist, even when the cost of resistance is high. The three pillars of crisis and change management are the basis for moving people from resistance to the actions needed to implement change and alleviate crises.

1. **Create a Sense of Urgency** to drive people out of their comfort zone and motivate them to act. Without motivation, people will remain in their comfort zone and not support the new effort, and change will be unsuccessful. The urgency must be fact-based, involve careful planning, and not be done so quickly that it ignores facts and skips planning. People must understand why it is necessary to act immediately, what will happen if they don't, the benefits and opportunities created by acting as you suggest, and how to act. (Kotter, 2012a)

2. **Reduce Uncertainty** because faced with uncertainty, people pause their actions, the opposite of taking new actions. Fear of the unknown is a fundamental and powerful emotion that creates resistance to the actions faculty and staff must employ to deal with a crisis or create needed change. Provide ample information to reduce uncertainty, even if it is just explaining why there is uncertainty. Reducing uncertainty is the basic philosophy behind regular pandemic briefings. (Knight, R., 2020; Carucci, R., 2020; Berger, J. 2020)

3. **Build Trust** because all successful relationships are built on trust. Trust is essential to boosting faculty and staff engagement, motivation and openness. People must trust you if they are going to follow your lead and take the requested action. You can create trust by getting to know your faculty and staff better, emphasizing what you have in common, being transparent and truthful, encouraging rather than commanding, taking the blame, giving credit, admitting mistakes, not playing favorites, trusting others and demonstrating competence (O'Hara C. 2014).

Like the legs of a three-legged stool, the three pillars provide a solid foundation for crisis and change management, even on rough ground. Urgency, Trust and Reduction in Uncertainty form the necessary foundation to implementing crisis and change management. They play a critical role throughout the entire crisis and change management process. Be certain to make them an integral part of your planning and daily activities.

Immediately after: Defining and adopting program strategies, structures, procedures and technologies to meet the crisis requires you to create a vision and organize a change management process. *According to the change management authority John P. Kotter, that process should include eight steps* (Kotter, 2012b, Ryerson University, 2011).

1. **Establish a Sense of Urgency** – Identify and discuss crises, potential crises and significant opportunities.
2. **Form a Powerful Guiding Coalition** – Assemble a small group powerful enough to lead the change effort, include those with authority to make changes, administrators, and informal leaders. The group must work together as a team.
3. **Create a Vision** – Understanding your position, P1, and your perspective, P2, will guide you in creating a vision. Create a vision that meets the pandemic and economic challenges and directs the change effort, then develop strategies for achieving that vision. Those strategies are your plan, the second P of the Five Ps, and the action plans to accomplish each strategy are the projects, P4.
4. **Communicate the Vision** – Use every vehicle possible to communicate the new vision and strategies. Communicate in all directions, upward, downward and outward. Over-communicate because communication breakdowns are a leading cause of failure to change. The guiding coalition should teach and communicate new behaviors by example.
5. **Empower Others to Act on the Vision** – Remove obstacles to change by changing the underlying systems and structures that inhibit change. Encourage risk-taking and nontraditional ideas, activities and actions.

6. **Planning for and Creating Short-Term Wins** – Pick the low-hanging fruit first. Plan to use your task forces projects to create visible performance improvements. Recognize and reward employees involved in those improvements.
7. **Consolidate Improvements and Produce More Change** – Your credibility will increase as you succeed. Use your increased credibility to change systems, structures and policies that don't fit the vision. Hire, promote and develop employees who can implement the vision. Reinvigorate the process with new projects, themes and change agents.
8. **Institutionalize New Approaches** – Widely articulate the connections between the new behaviors and program successes. Develop the means to ensure leadership development and succession.

If you have just skimmed the eight steps and think that you don't have time for them, or you can ignore, change, or abbreviate them, you are wrong. Please re-read them and consult Kotter's 2012 book Leading Change or article (Kotter, 1995) to understand the data and experiences that will win your acceptance of this necessary time-proven process.

Future: Continue the crisis management team to fight fires flaring up from new issues. Rejuvenate the change management process to generate new projects to solidify progress, meet the new unique challenges and take advantage of fresh opportunities.

Example: Develop a distance learning model project for undergraduate and graduate pre-clinical AuD education. In the long-run academic audiology needs to permanently reduce AuD student time and expenses by incorporating national pre-clinical online audiology classes. The profession's best presenting thought leaders should teach these classes. If this sounds impossible or crazy, then you should read, "The Inevitable Reimagining of Medical Education" (Emanuel, 2020). According to Dr. Ezekiel Emanuel, such changes in medical education are already underway, shortening the pre-clinical period from 24 months to 12-15 months. At many schools, medical students no longer attend pre-clinical classes in person but instead watch lectures online (Medical school year two questionnaire: 2017 all schools a summary report, 2018). Dr. Emanuel predicts that ultimately all medical pre-clinical preparation will be online, completed anywhere by a multitude of learners taught by a handful of the world's best professors.

Dr. Emanuel's model applied to audiology could shorten the four-year status of most AuD programs, and reduce time on campus and the associated expenses. Student advancement could be customized to individual students based on classroom and clinical competencies, allowing students to advance more quickly. Incorporating asynchronous course delivery in this model would allow all students to learn at their preferred pace from the best professors, reach standard competency criteria levels and smooth out variations in program quality. Understand that universities are suffering from financial and student enrollment losses. The university audiology community must realize it can no longer afford the extravagance of having 78+ professors in 78 programs delivering the same lecture topic for an average class of 12 students every year. Aligning your program with university strategies to cut costs while maintaining quality is the best way to ensure its existence. The online education model achieves that alignment.

5. Preparedness:
How Prepared Are You to Execute Your Plans and Projects?
Are you ready and able to accomplish the projects you have outlined, particularly with your shift to remote work? Do you have the resources and fast, high-quality decision-making processes at hand?

During: Access your preparedness to accomplish the projects you have outlined. Then acquire the resources you need to achieve these projects.

Preparedness Questions:
- Have you evaluated how university decisions based on program costs and revenues, enrollments, and graduation and employment rates will define your program's ranking and importance?
- Do you know how much it costs to educate a graduate or undergraduate student in your program?
- Have you engaged in scenario planning, assuming the spending reductions being considered by the university

and assuming various reopening timing and distancing scenarios?

- Have you established how to increase the speed and quality of the decision-making processes?
- Are you identifying other programs and institutions with whom you will need to work to fulfill your vision, and are you contacting them to explore mutually beneficial opportunities?
- Are you educating and preparing your faculty and staff for a meaningful and challenging change management process, and are you acquiring the resources to execute that change?
- Are you building trust and meaningful relationships with the university's administrators and change management decision-makers?
- Are you proactive in making difficult decisions?
- Are you increasing transparency to reduce uncertainty and facilitate needed change?
- Are you surveying and measuring the opinions of administration, faculty, staff, students, parents, the profession, and the community to help guide decision making and acceptance of decisions?
- Have you developed the capacity to listen to your administration, constituencies, and stakeholders and show you understand?

Immediately After: Work with university administration to anticipate your program's needs to execute the change management process, and agree on the roles the administration and your program will need to play.

"And once the storm is over, you won't remember how you made it through, how you managed to survive. You won't even be sure whether the storm is really over. But one thing is certain. When you come out of the storm, your program will not be the same one that entered the storm. That's what this storm's all about."
- Modified from: Haruki Murakami, 'Kafka on the Shore'

Preparedness Questions:
- Have you strengthened and confirmed relationships with other programs and institutions with whom you will need to work to fulfill your vision?
- Have you made initial plans and agreements and set dates for new programs based on mutually beneficial inter-dependencies and agreed on mutual goals and outcomes, and how they will be measured?
- Have you acquired every resource you need to execute your change efforts?
- Have you developed and instituted a culture eager for change, and that understands its necessity?
- Does your faculty and staff desire to be the model program that everyone wants to replicate?
- Have you determined how your student's expectations have changed and how that will affect your planning?
- What are the new key performance and outcome measures for your program, and are you prepared to use them?
- Have you planned to routinely collect data on new teaching techniques, and changes in learning and program administration to guide constant improvements in your program?

Future: Re-evaluate your preparedness to implement the strategies, plans, and decision-making processes for operating successfully in the new normal and acquire the needed resources.

Preparedness Questions:
- Have you created a path for a distinctively hybrid future in which the faculty will have far more freedom to develop instructional designs using both virtual and live classes?
- Have you drafted guidelines for remote work, how you will assess its effectiveness, and provide technical support?
- Have you developed asynchronous course delivery systems that permit and encourage flexible scheduling for both students and faculty?
- Have you considered how to attract adults as a growing source of students for your program?
- Have you mapped out and explained your communications strategy?

- Have you streamlined your policies and protocols to fit the new normal?
- Have you strengthened alumni relations to support changes, encourage financial backing, and provide students with jobs and mentoring support?
- Have you considered how furloughs, layoffs, hiring freezes, early retirements, a halt to new construction, or reducing contributions to benefit plans will affect your ability to operate and manage change?

Epilogue

We are likely living through the most rapid changes in higher education in human history and in academic audiology since its inception. The causes are simultaneously economic, medical, cultural and institutional. The risks are real, there are uncertainties—and the worst is yet to come. But we will get through this. The keys to success are trust, preparation, communication, adaptability, reliable data, persistence, a willingness to gather good ideas from every layer of our enterprise, to capitalize on new opportunities, the courage to break with tradition and the responsibility to safeguard values. The journey will demand significant changes. Know how you react during this crisis will have meaningful effects not only on your program's status, reputation and survival, but also on the future of the profession of audiology. It is an extraordinary chance to establish your program's value in the university ecosystem and an unprecedented opportunity to rejuvenate and reposition audiology to ensure the quality of hearing health care in the 21st century.

Acknowledgments

About the Author

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Dr. Nielsen's professional career has focused on hearing science, hearing health care, transforming organizations and leading them through crises. He has held positions in academia, as Director, Audiology Clinic, and Translational Research at Northwestern University and Professor and Chair of Speech and Hearing Department Washington University, Saint Louis. Don has also served as Director of Otological Research at Henry Ford Hospital in Detroit, Executive Vice President, Research at the House Ear Institute in Los Angeles and Executive Director, Central Institute for the Deaf in St. Louis. He currently consults with Fuel Medical Group as the group's University Audiology Advisor and is the Founder of Don Nielsen Consulting, LLC.

Questions – Comments?

Your comments and questions are welcome. Please send them to dnielsen@fuelmedical.com.

References

Carlson, S., 2019 The Right Mix of Academic Programs: Making decisions to add, cut, grow, or shrink departments and degrees. The Chronicle of Higher Education, Washington, DC

Pedersen & Ritter (2020): 5 Strategic Questions to Bounce Back from the Corona. HBR.org at https://hbr.org/2020/04/preparing-your-business-for-a-post-pandemic-world

Garrett M. Graff, 2020, The storm we can't see: We haven't even begun to grasp how much damage the pandemic will do. The Washington Post, May 8, at https://www.washingtonpost.com/outlook/2020/05/08/coronavirus-economic-recovery-disaster/?arc404=true

Emanuel, E. J., 2020, The Inevitable Reimagining of Medical Education, JAMA, at https://jamanetwork.com/journals/jama/article-abstract/2762453

Medical School Year Two Questionnaire 2017 All Schools Summary Report, AAMC, March 2018 at https://www.aamc.org/system/files/reports/1/y2q2017report.pdf

State Higher Education Executive Officers at https://sheeomain.wpengine.com/project/state-higher-education-finance/ & https://sheeomain.wpengine.com/wp-content/uploads/2019/04/Fig3.jpg

Kotter, J. P., 1995, Leading Change: Why Transformation Efforts Fail, Harvard Business Review, at https://hbr.org/1995/05/leading-change-why-transformation-efforts-fail-2

Kotter, J.P. 2012a, Sense of Urgency, Harvard Business Review Press, Boston, MA

Kotter, J. P., 2012b, Leading Change, Harvard Business Review Press, Boston, MA

Change Management Leadership Guide 2011, Ryerson University at https://www.ryerson.ca/content/dam/hr/manager-resources/docs/change-management-leadership-guide.pdf

Knight, R., 2020, How to Talk to Your Team When the Future Is Uncertain, Harvard Business Review, at https://hbr.org/2020/04/how-to-talk-to-your-team-when-the-future-is-uncertain

Carucci, R., 2020, How to Answer an Unanswerable Question, Harvard Business Review, at https://hbr.org/2020/04/how-to-answer-an-unanswerable-question?utm_medium=email&utm_source=newsletter_daily&utm_campaign=mtod_actsubs

Berger, J., 2020, The Catalyst: How to Change Anyone's Mind, Simon and Schuster, New York, NY

Ohara, C., 2014, Proven Ways to Earn Your Employees' Trust, Harvard Business Review, at https://hbr.org/2014/06/proven-ways-to-earn-your-employees-trust

Friga, P.N. (2020), How to Address the Elephant in the Room: Academic costs, The Chronicle of Higher Education, at https://www.chronicle.com/article/How-to-Address-the-Elephant-in/248692

Eddins, A. C., Nielsen, D. W., (2019) Creative Approaches to Growing Audiology Programs: Why and How to Expand. Council of Academic Programs in Communication Sciences and Disorders (CAPCSD), San Diego, CA. at https://www.capcsd.org/11-creative-approaches-to-growing-audiology-programs/

Getting Started

Now that you have read the handbook, your most important task is to get started! Below is an urgent/important matrix modified from GroupMap (https://www.groupmap.com/templates/) to assist in setting initial priorities so you can be off to a quick start

Urgent/Important Matrix	URGENT	NOT URGENT
IMPORTANT	**Q1.** Crisis emergencies you couldn't predict and those pre-crisis issues you left until the last minute. • Pressing problems that demand immediate attention • Issues from Q2 that were postponed and now must be dealt with • Regular transparent communication and responding to feedback • Proactive planning, budgeting, prioritizing, and maintenance Start here, try to complete or minimize items in this quadrant, or make them more efficient.	**Q2.** Activities that help you achieve your long- and mid-term goals but have been delayed. • Long-term planning • Risk analysis • Work that directly contributes toward goals Invest the most time in this quadrant to prevent these goals and responsibilities from becoming urgent and moving to Q1.
NOT IMPORTANT	**Q3.** Things that use your time and energy without contributing to long-term goals. • Regular meetings and reports • Most e-mails, phone calls and text messages (some could be urgent and important) • Request from others that don't significantly contribute to your goals. • Ineffective traditional tasks Question the significance of these routine issues that do not necessarily add value and eliminate as many as possible.	**Q4.** Distractions keeping you from doing what matters. • Excessive and irrelevant e-mail • Personal phone calls • Social media usage • Unimportant or unproductive meetings • Anything that causes you to procrastinate Q2 tasks. Avoid spending any time in this quadrant.

An essential part of getting a quick start is to optimize limited time and resources by further ordering the priorities of items in quadrant one and two by reviewing these activities and placing them into Quick Wins and Major Projects. Quick Wins are Q1 activities that, besides being urgent and important, yield the best return on invested effort. When done first, they will demonstrate early successes for your crisis transformation efforts. They, and their quick, successful results, are fundamental to your success. Major Projects in Q2 are important activities that provide long-term returns but are complex to execute. First, select and initiate those that are on the verge of shifting into Q1, then prioritize the rest.

Suggestions for Developing Strategies During and After the Pandemic

STRATEGY	During the Crisis	Immediately After the Crisis	Future
Position Understand your university's and program's position in the environment.	Conduct a SWOT analysis to understand your program's current and desired position in the university ecosystem and in the profession. Describe the forces redefining your position and why and how they work.	How has your position changed and what does that mean for your program? Note the impact of reduced support and demand to increase revenue and other strong forces affecting position.	Repeat a SWOT analysis, re-define your position in the new normal, and what you want it to be. Does your new position rein in costs and produce revenue? Are you positioned so your graduates will win high paying professional job opportunities?
Plan Begin planning with the end in mind. Be explicit about what you will do to-day to achieve your objectives tomorrow Plan to make courageous, financially-meaningful adjustments.	Develop crisis focused short-term plans to deal with urgent issues. Begin long-term planning to become the university's "model" program. Identify precisely how your program can become more flexible, cut costs, increases revenue, grow student demand and maximize student ROI. Proactively plan and execute progressive strategies and tactics for your program that will precede and preempt top-down enforced requirements.	Adjust "model" program plans to meet the university's post-crisis demands, requirements, and dreams. Continue to wow the university's administration with progressive ideas and successes. Evaluate decision-making plan successes and failures and adjust them to the post-crisis environment. Review and re-evaluate plans to increase student diversity and expand under-graduate education.	Increase the emphasis on long-term planning. Adjust and refine all plans to meet the long-term view now redefined by the new normal. Be sure that long-term plans are flexible to bend to the winds of change that will unexpectedly gust from new directions

Suggestions for Developing Strategies During and After the Pandemic (cont.)

STRATEGY	During the Crisis	Immediately After the Crisis	Future
Perspective How will your program's culture and identity change?	Adopting a "model" program culture and identity will prioritize the perspective the university is demanding: flexibility, cost-cutting, increasing revenue, boosting student program demand and student ROI. To increase tuition revenue, it will also require a new emphasis on recruiting and educating undergraduates in audiology programs.	Adjust culture to meet end-of-crisis priorities, challenges, and opportunities.	Refine and adjust program culture and identity to meet the redefined values of the university, academia, and the profession in the new normal world.
Projects What are the projects demanded by the pandemic-related problems clarified in the sections above?	Create task forces to deal with crisis management, workforce issues, cost-cutting, revenue production, increasing enrollment, and brand enhancement. Educate the faculty staff and students about the change management process and the roles they will need to play.	Create a systematic change management process to define the strategies, structures, procedures and technologies to deal with change stemming from the pandemic and the pre-pandemic crisis in higher education. Collect accurate data (financial, student, etc.), which can illustrate differences from 2019, and that measures and points out problems and successes to guide strategies.	Continue crisis management team to fight fires resulting from new issues. Generate new projects to solidify progress and meet the demands of the new normal. Restart the change management process to transform your education program to meet the new normal and take advantage of new opportunities
Preparedness Are you ready and able to accomplish the projects you have outlined?	Access your preparedness to accomplish the projects you have outlined. Then acquire the resources you need to achieve these projects. Prepare to increase the speed and quality of decision-making processes	Work with university administration to anticipate your program's needs to execute the change management process and agree on the roles the administration will need to play.	Re-evaluate your preparedness to implement the strategies, plans, and decision-making processes for operating successfully in the new normal, and acquire the necessary resources.

A Form for Developing Strategies During and After the Pandemic

STRATEGY	During The Crisis	Immediately After The Crisis	Future
Position Understand your university's and program's position in the environment.			
Plan Be explicit about what you will do today to achieve your objectives tomorrow.			
Perspective How will your program's culture and identity change?			
Projects What are the projects demanded by the pandemic-related problems clarified in the sections above?			
Preparedness Are you ready and able to accomplish the projects you have outlined?			