Program Learning Goals

These goals have been adapted from the CAA standards, and these goals align with the mission and established doctoral learning goals of our university, college, and department.

<table>
<thead>
<tr>
<th>Institutional Graduate Learning Goals (IGLGs) for Doctoral Programs</th>
<th>Program Learning Outcomes (PLOs)</th>
<th>Method of Data Collection</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Foundational knowledge</td>
<td>Students will demonstrate knowledge across the following ASHA/CAA areas:</td>
<td>Direct Methods/Standards of Performance:</td>
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<td><strong>Standard II-A: Foundations of Practice</strong></td>
<td>• Program Pre-Requisites: Upon admission to the program, 100% of students will have successfully completed the following pre-requisites: Human development across the lifespan, introduction to psychology, introduction to statistics, American Sign Language, biological science, and physical science.</td>
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<td></td>
<td>A1. Genetics, embryology and development of the auditory and vestibular systems, anatomy and physiology, neuroanatomy and neurophysiology, and pathophysiology of hearing and balance over the life span</td>
<td>• Program Pre-Requisites: Upon admission to the program, 100% of students will have successfully completed the following pre-requisites or their equivalents: Physics of sound and phonetics, anatomy and physiology of the speech mechanism, language science and development, developmental and acquired neurogenic language disorders across the lifespan, audiology and hearing testing, and aural rehabilitation</td>
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<td>A2. Effects of pathogens, and pharmacologic and teratogenic agents, on the auditory and vestibular systems</td>
<td>• Didactic coursework: 90% of students will earn a grade of B or better on the final exam/project in the following didactic coursework: CSAD 610, CSAD 611, CSAD 612, CSAD 613, CSAD 614, CSAD 620, CSAD 621, CSAD 622, CSAD 622L, CSAD 623, CSAD 624, CSAD 630, CSAD 631, CSAD 632, CSAD 640, CSAD 641, CSAD 641, CSAD 642, CSAD 643, CSAD 650, CSAD 651, CSAD 652, CSAD 653, CSAD 660, CSAD 661, CSAD 662, CSAD 670, CSAD 671, CSAD 672, CSAD 673, CSAD 680, CSAD 681, CSAD 682, CSAD 683, CSAD 710, CSAD 720, CSAD 730</td>
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<td>A3. Language and speech characteristics and their development for individuals with normal and impaired hearing across the life span</td>
<td>• Comprehensive Exams: 90% of students</td>
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<td>A4. Principles, methods, and applications of acoustics, psychoacoustics, and speech perception, with a focus on how each is impacted by hearing impairment throughout the life span</td>
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<td>A5. Calibration and use of instrumentation according to</td>
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<td></td>
<td>• Disciplinarity knowledge</td>
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| Disciplinarity knowledge | |

Program provides students with a comprehensive foundation of coursework in audiology:
A6. Standard safety precautions and cleaning/disinfection of equipment in accordance with facility-specific policies and manufacturers' instructions to control for infectious/contagious diseases

A7. Applications and limitations of specific audiologic assessments and interventions in the context of overall client/patient management

A8. Implications of cultural and linguistic differences, as well as individual preferences and needs, on clinical practice and on families, caregivers, and other interested parties

A9. Implications of biopsychosocial factors in the experience of and adjustment to auditory disorders and other chronic health conditions

A10. Effects of hearing impairment on educational, vocational, social, and psychological function throughout the life span

A11. Manual and visual communication systems and the use of interpreters/transliterators/translator

A12. Effective interaction and communication with clients/patients, families, professionals, and other individuals through written, will receive “Pass” results on written portion on the progress (CSAD 510) and comprehensive exams (CSAD 520)

- National PRAXIS exam: 90% of students will score 170 or higher
- Learning Outcomes Assessment: By the fourth semester, 85% of students will answer each of the Foundational Knowledge questions correctly

Indirect Methods/Standards of Performance:
- Positive Alumni, Employer, and Student Survey Feedback
- Positive Biannual Advisory Committee Meeting Feedback
spoken, and nonverbal communication

A13. Principles of research and the application of evidence-based practice (i.e., scientific evidence, clinical expertise, and client/patient perspectives) for accurate and effective clinical decision making

A14. Assessment of diagnostic efficiency and treatment efficacy through the use of quantitative data (e.g., number of tests, standardized test results) and qualitative data (e.g., standardized outcome measures, client/patient-reported measures)

A15. Client-centered, behavioral, cognitive, and integrative theories and methods of counseling and their relevance in audiologic rehabilitation

A16. Principles and practices of client/patient/person/family-centered care, including the role and value of clients’/patients’ narratives, clinician empathy, and shared decision making regarding treatment options and goals

A17. Importance, value, and role of interprofessional communication and practice in patient care

A18. The role, scope of practice, and responsibilities of audiologists and other related professionals
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<tbody>
<tr>
<td>A19.</td>
<td>Health care, private practice, and educational service delivery systems</td>
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<tr>
<td>A20.</td>
<td>Management and business practices, including but not limited to cost analysis, budgeting, coding, billing and reimbursement, and patient management</td>
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<tr>
<td>A21.</td>
<td>Advocacy for individual patient needs and for legislation beneficial to the profession and the individuals served</td>
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<tr>
<td>A22.</td>
<td>Legal and ethical practices, including standards for professional conduct, patient rights, confidentiality, credentialing, and legislative and regulatory mandates</td>
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<tr>
<td>A23.</td>
<td>Principles and practices of effective supervision/mentoring of students, other professionals, and support personnel</td>
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</table>
### Program provides students with coursework and clinical experiences that represent the scope of practice of audiologists and provide opportunities to develop professional skills:

- Critical Thinking/Analysis
- Information literacy

### Applicant has demonstrated knowledge of and skills across the following ASHA/CAA areas:

**Standard II-B: Prevention and Screening**

B1. Educating the public and those at risk on prevention, potential causes, effects, and treatment of congenital and acquired auditory and vestibular disorders

B2. Establishing relationships with professionals and community groups to promote hearing wellness for all individuals across the life span

B3. Participating in programs designed to reduce the effects of noise exposure and agents that are toxic to the auditory and vestibular systems

B4. Utilizing instrument(s) (i.e. sound-level meter, dosimeter, etc.) to determine ambient noise levels and providing strategies for reducing noise and reverberation time in educational, occupational, and other settings

### Direct Methods/Standards of Performance:

- Clinical Competencies: 90% of students will earn an average rating of B or higher for the following clinical competency categories:
  1. Assessment
  2. Treatment
  3. Writing
  4. Professional Behavior

With no individual line item score of 4.14 or less in all of their clinical coursework CSAD 620C, CSAD 630C, CSAD 640C, CSAD 650C, CSAD 660C, CSAD 670C, CSAD 680C, CSAD 710E, CSAD 720E, CSAD 730E

- Clinical methods: 90% of students will pass all associated methods courses with a grade of B or higher: CSAD 620, CSAD 630, CSAD 640, CSAD 650, CSAD 660, CSAD 670, CSAD 680, CSAD 710, CSAD 720, CSAD 730

- Comprehensive Exams: 90% of students will receive “Pass” results on clinical portions on the progress (CSAD 510) and comprehensive exams (CSAD 520)

- Learning Outcomes Assessment: By the fourth semester, 85% of students will answer each of the Diagnosis and Management questions correctly

- National PRAXIS exam: 90% of students will score 170 or higher

### Indirect Methods/Standards of Performance:

- Positive Alumni, Employer, and Student Survey Feedback

- Positive Biannual Advisory Committee Meeting Feedback
B5. Recognizing a concern on the part of medical providers, individuals, caregivers, or other professionals about hearing and/or speech-language problems and/or identifying people at risk to determine a need for hearing screening.

B6. Conducting hearing screenings in accordance with established federal and state legislative and regulatory requirements.

B7. Participating in occupational hearing conservation programs.

B8. Performing developmentally, culturally, and linguistically appropriate hearing screening procedures across the life span.

B9. Referring persons who fail the hearing screening for appropriate audiologic/medical evaluation.

B10. Identifying persons at risk for speech-language and/or cognitive disorders that may interfere with communication, health, education, and/or psychosocial function.

B11. Screening for comprehension and production of language, including the cognitive
and social aspects of communication

B12. Screening for speech production skills (e.g., articulation, fluency, resonance, and voice characteristics)

B13. Referring persons who fail the screening for appropriate speech-language pathology consults, medical evaluation, and/or services, as appropriate

B14. Evaluating the success of screening and prevention programs through the use of performance measures (i.e., test sensitivity, specificity, and positive predictive value)

Applicant has demonstrated knowledge of and skills in:

**Standard II-C: Audiologic Evaluation**

C1. Gathering, reviewing, and evaluating information from referral sources to facilitate assessment, planning, and identification of potential etiologic factors

C2. Obtaining a case history and client/patient narrative

C3. Obtaining client/patient-reported and/or caregiver-
reported measures to assess function

C4. Identifying, describing, and differentiating among disorders of the peripheral and central auditory systems and the vestibular system

C5. Providing assessments of tinnitus severity and its impact on patients’ activities of daily living and quality of life

C6. Providing assessment of tolerance problems to determine the presence of hyperacusis

C7. Selecting, performing, and interpreting a complete immittance test battery based on patient need and other findings; tests to be considered include single probe tone tympanometry or multifrequency and multicomponent protocols, ipsilateral and contralateral acoustic reflex threshold measurements, acoustic reflex decay measurements, and Eustachian tube function

C8. Selecting, performing, and interpreting developmentally appropriate behavioral pure-tone air and bone tests, including extended
frequency range when indicated

C9. Selecting, performing, and interpreting developmentally appropriate behavioral speech audiometry procedures to determine speech awareness threshold (SAT), speech recognition threshold (SRT), and word recognition scores (WRSs); obtaining a performance intensity function with standardized speech materials, when indicated

C10. Evaluating basic audioligic findings and client/patient needs to determine differential diagnosis and additional procedures to be used

C11. Selecting, performing, and interpreting physiologic and electrophysiologic test procedures, including electrocochleography, auditory brainstem response with frequency-specific air and bone conduction threshold testing, and click stimuli for neural diagnostic purposes

C12. Selecting, performing, and interpreting otoacoustic emissions testing

C13. Selecting, performing, and interpreting...
interpreting tests for nonorganic hearing loss

C14. Selecting, performing, and interpreting vestibular testing, including electronystagmography (ENG)/videonystagmography (VNG), ocular vestibular-evoked myogenic potential (oVEMP), and cervical vestibular evoked myogenic potential (cVEMP)

C15. Selecting, performing, and interpreting tests to evaluate central auditory processing disorder

**Applicant has demonstrated knowledge of:**

C16. Electrophysiologic testing, including but not limited to auditory steady-state response, auditory middle latency response, auditory late (long latency) response, and cognitive potentials (e.g., P300 response, mismatch negativity response)

C17. Posturography

C18. Rotary chair tests

C19. Video head impulse testing (vHIT)

**Applicant has demonstrated**
knowledge of and skills in:

**Standard II-D: Counseling**

D1. Identifying the counseling needs of individuals with hearing impairment based on their narratives and results of client/patient and/or caregiver responses to questionnaires and validation measures.

D2. Providing individual, family, and group counseling as needed based on client/patient and clinical population needs.

D3. Facilitating and enhancing clients’/patients’ and their families’ understanding of, acceptance of, and adjustment to auditory and vestibular disorders.

D4. Enhancing clients’/patients’ acceptance of and adjustment to hearing aids, hearing assistive technologies, and osseointegrated and other implantable devices.

D5. Addressing the specific interpersonal, psychosocial, educational, and vocational implications of hearing impairment for the client/patient, family members, and/or
caregivers to enhance their well-being and quality of life

D6. Facilitating patients’ acquisition of effective communication and coping skills

D7. Promoting clients’/patients’ self-efficacy beliefs and promoting self-management of communication and related adjustment problems

D8. Enhancing adherence to treatment plans and optimizing treatment outcomes

D9. Monitoring and evaluating client/patient progress and modifying counseling goals and approaches, as needed

Applicant has demonstrated knowledge of and skills in:

*Standard II-E: Audiologic Rehabilitation Across the Life Span*

E1. Engaging clients/patients in the identification of their specific communication and adjustment difficulties by eliciting client/patient narratives and interpreting their and/or caregiver-reported measures
E2. Identifying the need for, and providing for assessment of, concomitant cognitive/developmental concerns, sensory-perceptual and motor skills, and other health/medical conditions, as well as participating in interprofessional collaboration to provide comprehensive management and monitoring of all relevant issues.

E3. Responding empathically to clients'/patients' and their families’ concerns regarding communication and adjustment difficulties to establish a trusting therapeutic relationship.

E4. Providing assessments of family members’ perception of and reactions to communication difficulties.

E5. Identifying the effects of hearing problems and subsequent communication difficulties on marital dyads, family dynamics, and other interpersonal communication functioning.

E6. Engaging clients/patients (including, as appropriate, school-aged...
children/adolescents) and family members in shared decision making regarding treatment goals and options.

E7. Developing and implementing individualized intervention plans based on clients’/patients’ preferences, abilities, communication needs and problems, and related adjustment difficulties.

E8. Selecting and fitting appropriate amplification devices and assistive technologies.

E9. Defining appropriate electroacoustic characteristics of amplification fittings based on frequency-gain characteristics, maximum output sound-pressure level, and input-output characteristics.


E11. Conducting real-ear measurements to (a) establish audibility, comfort, and tolerance of speech and sounds in the environment and (b) verify compression, directionality, and automatic noise.
E12. Incorporating sound field functional gain testing when fitting osseointegrated and other implantable devices

E13. Conducting individual and/or group hearing aid orientations to ensure that clients/patients can use, manage, and maintain their instruments appropriately

E14. Identifying individuals who are candidates for cochlear implantation and other implantable devices

E15. Counseling cochlear implant candidates and their families regarding the benefits and limitations of cochlear implants to (a) identify and resolve concerns and potential misconceptions and (b) facilitate decision making regarding treatment options

E16. Providing programming and fitting adjustments; providing postfitting counseling for cochlear implant clients/patients

E17. Identifying the need for—and fitting—electroacoustically appropriate hearing assistive technology systems (HATS) based
on clients’/patients’ communication, educational, vocational, and social needs when conventional amplification is not indicated or provides limited benefit

E18. Providing HATS for those requiring access in public and private settings or for those requiring necessary accommodation in the work setting, in accordance with federal and state regulations

E19. Ensuring compatibility of HATS when used in conjunction with hearing aids, cochlear implants, or other devices and in different use environments

E20. Providing or referring for consulting services in the installation and operation of multi-user systems in a variety of environments (e.g., theaters, churches, schools)

E21. Providing auditory, visual, and auditory–visual communication training (e.g., speechreading, auditory training, listening skills) to enhance receptive communication

E22. Counseling clients/patients regarding the audiologic
significance of tinnitus and factors that cause or exacerbate tinnitus to resolve misconceptions and alleviate anxiety related to this auditory disorder

E23. Counseling clients/patients to promote the effective use of ear-level sound generators and/or the identification and use of situationally appropriate environmental sounds to minimize their perception of tinnitus in pertinent situations

E24. Counseling clients/patients to facilitate identification and adoption of effective coping strategies to reduce tinnitus-induced stress, concentration difficulties, and sleep disturbances

E25. Monitoring and assessing the use of ear-level and/or environmental sound generators and the use of adaptive coping strategies to ensure treatment benefit and successful outcome(s)

E26. Providing canalith repositioning for patients diagnosed with benign paroxysmal positional vertigo (BPPV)

E27. Providing intervention for central
and peripheral vestibular deficits

E28. Ensuring treatment benefit and satisfaction by monitoring progress and assessing treatment outcome

Applicant has demonstrated knowledge of and skills in:

**Standard II-F: Pediatric Audiologic (Re)habilitation**

F1. Counseling parents to facilitate their acceptance of and adjustment to a child's diagnosis of hearing impairment

F2. Counseling parents to resolve their concerns and facilitate their decision making regarding early intervention, amplification, education, and related intervention options for children with hearing impairment

F3. Educating parents regarding the potential effects of hearing impairment on speech-language, cognitive, and social–emotional development and functioning

F4. Educating parents regarding optional and optimal modes of communication; educational laws and rights, including 504s,
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<tr>
<td>F5. Selecting age/developmentally appropriate amplification devices and HATS to minimize auditory deprivation and maximize auditory stimulation</td>
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<td>F6. Instructing parents and/or child(ren) regarding the daily use, care, and maintenance of amplification devices and HATS</td>
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<td>F7. Planning and implementing parent education/support programs concerning the management of hearing impairment and subsequent communication and adjustment difficulties</td>
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<td>F8. Providing for intervention to ensure age/developmentally appropriate speech and language development</td>
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<tr>
<td>F9. Administering self-assessment, parental, and educational assessments to monitor treatment benefit and outcome</td>
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<tr>
<td>F10. Providing ongoing support for children by participating in IEP or IFSP processes</td>
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Individualized education programs (IEPs), individual family service plans (IFSPs), individual health plans; and so forth
F11. Counseling the child with hearing impairment regarding peer pressure, stigma, and other issues related to psychosocial adjustment, behavioral coping strategies, and self-advocacy skills.

F12. Evaluating acoustics of classroom settings and providing recommendations for modifications.

F13. Providing interprofessional consultation and/or team management with speech-language pathologists, educators, and other related professionals.

Applicant has demonstrated attributes and abilities across the following ASHA/CAA areas:

3.1.1A Professional Practice Competencies:

- Accountability
- Integrity
- Effective communication skills
- Clinical reasoning
- Evidence-based practice
- Concern for individuals served
- Cultural competence
- Professional duty
- Collaborative practice
Program provides coursework and clinical experiences that help students develop professional written and oral communication skills when working with patients and other health care providers:

- Communication
- Intercultural/global perspectives

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<thead>
<tr>
<th>Applicant has demonstrated knowledge of and skills across the following ASHA/CAA areas:</th>
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A11. Manual and visual communication systems and the use of interpreters/translators/translators
A12. Effective interaction and communication with clients/patients, families, professionals, and other individuals through written, spoken, and nonverbal communication

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<td>Standard II-E: Audiologic Rehabilitation Across the Lifespan</td>
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E3. Responding empathically to clients’/patients’ and their families’ concerns regarding communication and adjustment difficulties to establish a trusting therapeutic relationship

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3.1.1A Professional Practice Competencies:
- Accountability
- Integrity
- Effective communication skills
- Clinical reasoning
- Evidence-based practice
- Concern for individuals served
- Cultural competence
- Professional duty
- Collaborative practice

Direct Methods/Standards of Performance:

- 90% of students will earn a grade of B or better in coursework involving major written assignments and/or oral presentations (CSAD 620, CSAD 621, CSAD 623, CSAD 624, CSAD 630, CSAD 631, CSAD 632, CSAD 640, CSAD 641, CSAD 641L, CSAD 642, CSAD 643, CSAD 650, CSAD 652, CSAD 653, CSAD 660, CSAD 661, CSAD 662, CSAD 670C, CCSAD 671, CSAD 680, CSAD 681, CSAD 682, CSAD 710, CSAD 720, CSAD 730)

- Graduate Intensive Writing course (CSAD 621): 90% of students will earn a grade of B or better on all course writing assignments and have overall course grade of B.

- Clinical Competencies: 90% of students will earn an average rating of B or higher for the following clinical competency categories:
  1. Assessment
  2. Treatment
  3. Writing
  4. Professional Behavior

  (CSAD 620C, CSAD 630C, CSAD 640C, CSAD 650C, CSAD 660C, CSAD 670C, CSAD 680C, CSAD 710E, CSAD 720E, CSAD 730E)

- Clinical methods: 90% of students will earn a B or higher in all clinical methods courses (CSAD 620, CSAD 630, CSAD 640, CSAD 650, CSAD 660, CSAD 670, CSAD 680, CSAD 710, CSAD 720, CSAD 730)

- National PRAXIS exam: 90% of students will score 170 or higher
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<td>Positive Alumni, Employer, and Student Survey Feedback</td>
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<td>Positive Biannual Advisory Committee Meeting Feedback</td>
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<tr>
<td>Professional responsibilities and values</td>
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<tr>
<td><strong>Program provides students with coursework and clinical experiences that are guided by the ASHA and AAA Code of Ethics:</strong></td>
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<tr>
<td>- Professionalism</td>
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<td><strong>Direct Methods/Standards of Performance:</strong></td>
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<td>- Didactic Coursework: 90% of students will earn a grade of B or better in the following courses pertaining to service delivery, ethical/legal issues, and practice management (CSAD 610, CSAD 614, CSAD 620, CSAD 621, CSAD 630, CSAD 640, CSAD 650, CSAD 660, CSAD 670, CSAD 671, CSAD 680, CSAD 681, CSAD 683, CSAD 710, CSAD 720, CSAD 730)</td>
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<td>- Clinical Competencies: 90% of students will earn a grade of B or higher in the Professional Behavior category with no individual line item score of 4.14 or lower in all clinical coursework: CSAD 620C, CSAD 630C, CSAD 640C, CSAD 650C, CSAD 660C, CSAD 670C, CSAD 680C, CSAD 710E, CSAD 720E, CSAD 730E</td>
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<td>- Clinical Methods: 90% of students will earn a B or higher in all methods courses: CSAD 620, CSAD 630, CSAD 640, CSAD 650, CSAD 660, CSAD 670, CSAD 680, CSAD 710, CSAD 720, CSAD 730</td>
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<td>- National PRAXIS exam: 90% of students will score 170 or higher</td>
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<td>- Learning Outcomes Assessment: By the fourth semester, 85% of students will answer each of the <strong>Professional Responsibilities and Values</strong> questions correctly</td>
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<td><strong>Indirect Methods/Standards of Performance:</strong></td>
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<td>- Positive Alumni, Employer, and Student Survey Feedback</td>
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<td>- Positive Biannual Advisory Committee Meeting Feedback</td>
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<td>Program includes coursework and research opportunities that emphasizes evidence-based practice and guides students on how to critically appraise clinical research in the field</td>
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<td>A13. Principles of research and the application of evidence-based practice (i.e., scientific evidence, clinical expertise, and client/patient perspectives) for accurate and effective clinical decision making</td>
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<td>• All students will successfully complete an Audiology Doctoral Project under the supervision of an audiology faculty member</td>
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<tr>
<td>• 90% of students will receive a grade of B or higher in the Doctoral Research Project courses (CSAD 501, CSAD 502, CSAD 503, CSAD 504, CSAD 505) and CSAD 621: Research Methods in Audiology</td>
</tr>
<tr>
<td>• Learning Outcomes Assessment: By the fourth semester, 85% of students will answer each of the Research questions correctly</td>
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