ISHA Survey Report on Current Considerations for academics and clinical aspects in the field of speech and hearing: A COVID-19 emergency

Krishna Y[1], Niraj Kumar Singh[2], Amulya P. Rao[3],
Indranil C[4], Sunil K R[5], Pradeep[6], Prawin Kumar[7], Suman Kumar[8],
Javara Nayaka [9], Achaiah[10], Reuben T V[11], Deepa Valame[12],
Gagan Bajaj[13], Hemanth Narayanan[14], Priya M B[15], Gayathri Krishnan[16], &
Prasanna Hegde[17]

Post the lock down period, the speech and hearing institutions in our country will face many issues related to the reopening of the academics and the clinics. There is a requirement of clear guidelines in this regard. The guidelines developed from the results of the current study can be sent to RCI, so that it helps institutions in facilitating the smooth reopening of the academic year. Hence, the present e-survey aimed at collecting the insights of students, faculty, and practitioners regarding the guidelines related to reopen academics and clinical services.

A questionnaire was developed containing questions related to the admission process of new batch of students, completion of final year of the degree, submission of dissertation, clinical postings and modifications required in all these from now. Modifications were done in the questionnaire based on the opinions and suggestions provided by 15 experienced speech and hearing professionals. The finalized questionnaire had 15 questions (Appendix 1).

The finalized questionnaire was transformed into a Google form. This Google form was circulated to around 6000 speech and hearing students and professionals across the country. The responses were received from 1190 within the stipulated time given. Out of these, 71.1% of them are students, 16% of them are practitioners, and 10% of them are teaching faculty.

The data collected were analyzed in terms of percentage of participants choosing an option. The answers related to open-ended questions were grouped into categories based on the answers provided. Then, percentage of participants under each of these categories were calculated. The results are depicted in the form of pie-chart. In addition, the data were divided into three categories practitioners, students, and teaching faculty. Data under each category were analyzed again in terms of percentage of them choosing an options. These data are represented as bar graphs.

The results are reported in the hierarchy of how to go about basis for completing the academic year for the students of bachelor and master's degree, accommodation for clinical hours, submission of dissertation, admission of new students to bachelor and master's degree, clinical practices for students post lock-down period, examination pattern for the next academic year, and provision of clinical services post lock-down period.

1. Basis for completion of academic year for the students pursuing bachelor degree

Majority of the participants (37.14%) suggest to forego the elapsed time during lockdown and decide based on the clinical and academic performance till date. In contrast, 5.04% of them opine to online viva-voce. Regular pattern of examination post lockdown period has been

suggested by 27.05% and a combination of clinical and academic performance till date and online viva-voce has been recommended by 27.98% of the participants (Figure 1).
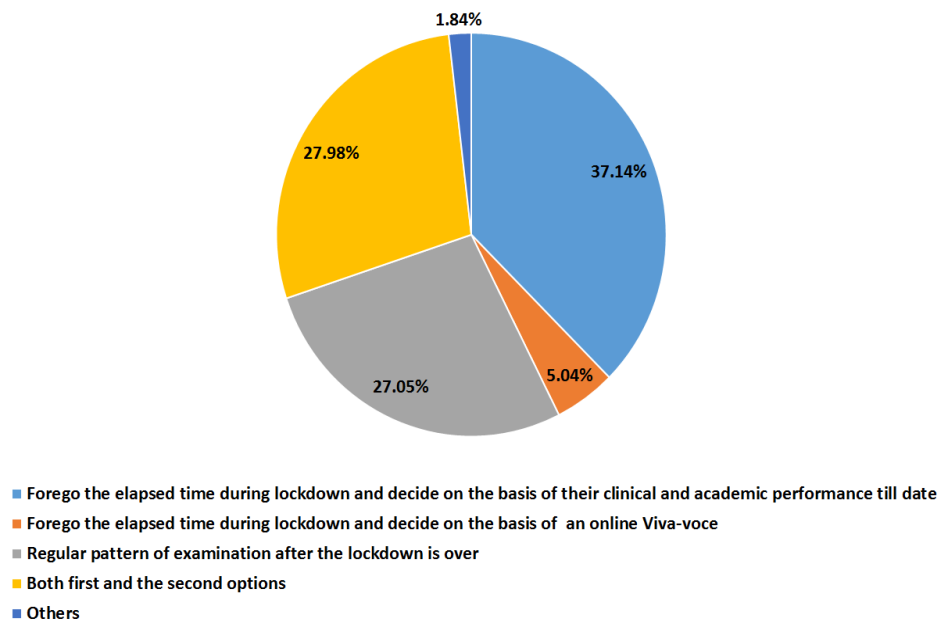

Figure 1. Basis for completion of academic year for the students pursuing bachelor degree

However, when the data were analyzed separately, it was observed that majority of the students (47.35%) and teaching faculty (38.57%) suggest to forego the elapsed time and decide based on clinical and academic performance till date. On the other hand, majority of the practitioners suggest decision based on both clinical and academic performance till date along with online viva-voce (Figure 1a).
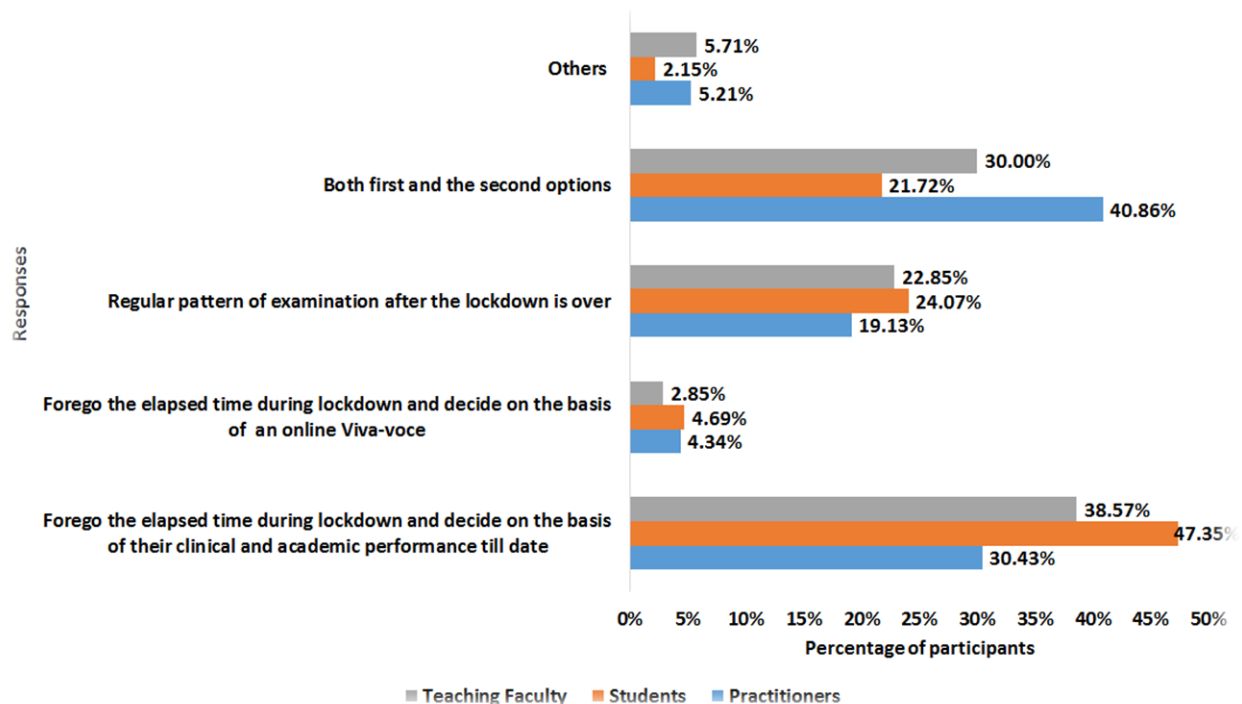
Figure 1a. Comparison of responses received from all three categories of participants with respect to the basis for completion of academic year for the students pursuing bachelor degree

However, 1.84% of the total participants have provided other suggestions regarding the same. Out of this, 72% of the participants recommended to conduct online exams with multiple choice questions.

2. **Basis for completion of academic year for the students pursuing master's degree**

A similar pattern of suggestion was provided even for completion of academic year for the students pursuing master's degree. Majority of the participants (33.86%) suggested to grade the students based on their clinical and academic performance till date followed by 31.84% suggesting to go for regular mode of examination post lock-down. Least percentage of participants (3.16%) opined to grade students only based on online viva-voce. However, 28.57% are of the view that both performance till date and online viva-voce has to be the base to grade the students (Figure 2). Even here, participants (73.91% of others category of participants) have recommended to conduct online examination having multiple choice questions.
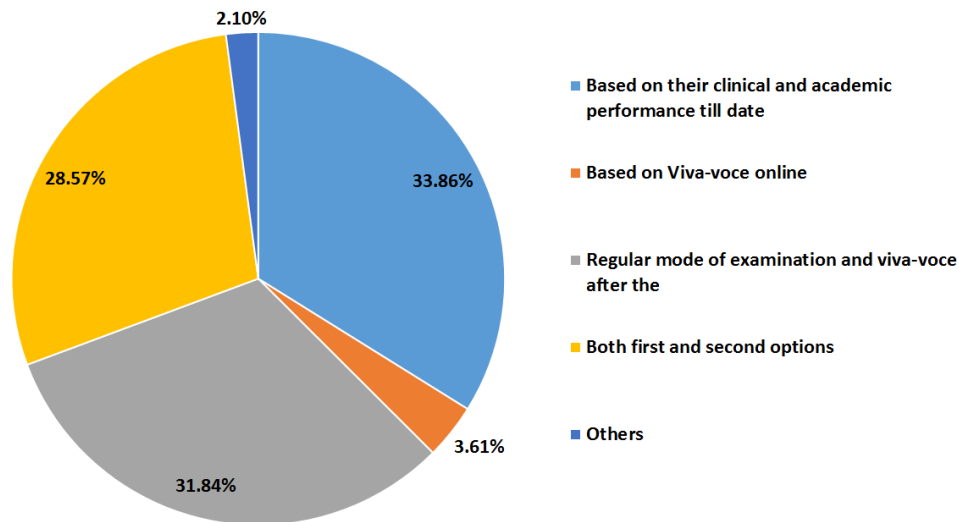
Figure 2. Basis for completion of academic year for the students pursuing master's degree

Similar opinions were obtained from the students (42.66%) indicating that the academic year must be completed based on clinical and academic performance till date. On the other hand, practitioners (42.60%) and teaching faculty (27.14%) opined to include online viva-voce as well (Figure 2a).
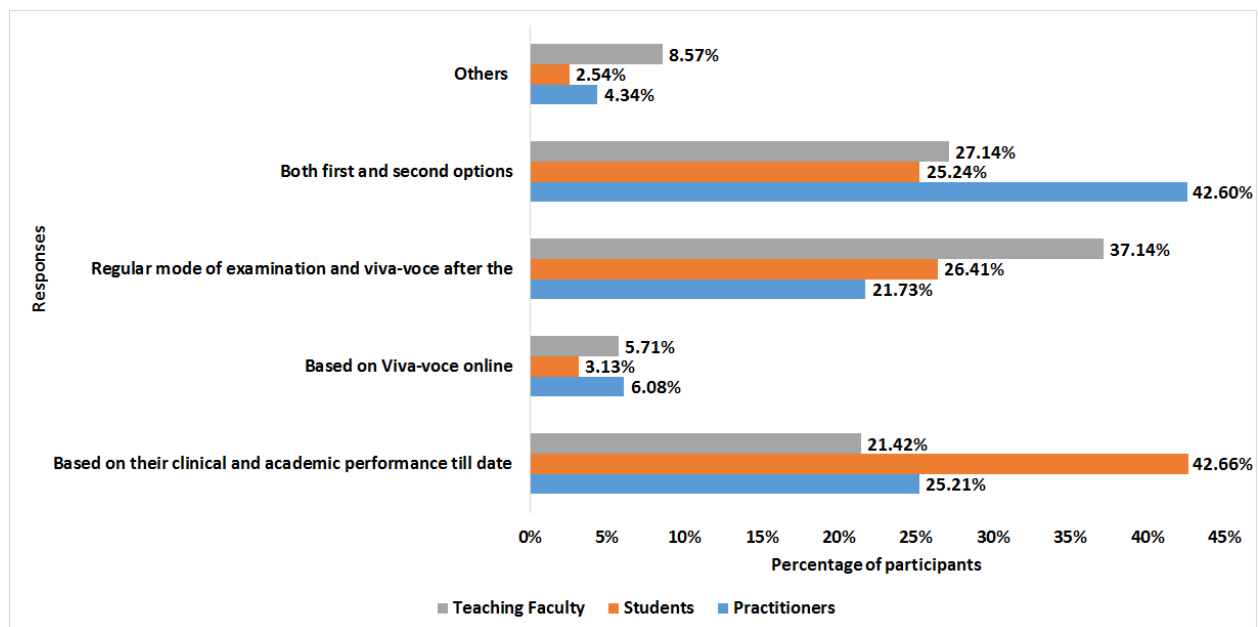

Figure 2a. Comparison of responses across the three categories of participants with respect to the basis for completion of academic year for the students pursuing master's degree

3. **Accommodation for clinical hours for the academic year 2019-2020**

The loss of clinical hours was suggested to be accommodated by providing the required clinical hours to the students by 43.36% of the participants. On the other hand, 28.31% opined to compensate the required clinical hours in the next semester or during vacation-postings (excluding interns). In addition, 25.63% of them were of the view to proportionately increase the number of clinical hours as obtained till the beginning of the lock-down period (Figure 3).
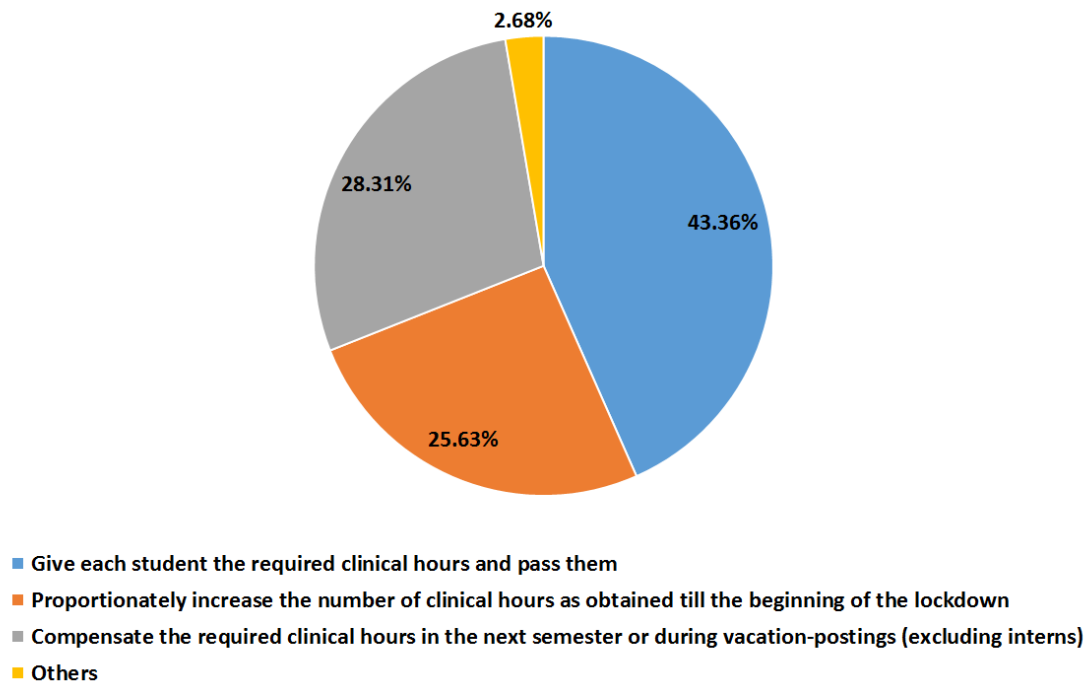

2.68%

28.31%

43.36%

25.63%

- ■ Give each student the required clinical hours and pass them
- ■ Proportionately increase the number of clinical hours as obtained till the beginning of the lockdown
- ■ Compensate the required clinical hours in the next semester or during vacation-postings (excluding interns)
- ■ Others

Figure 3. Accommodation for clinical hours for the academic year 2019-2020

However, there was a difference of opinion found between students and faculty. Majority of the students (54.01%) were of the view that they should be provided with the required clinical hours and pass. On the other hand, most of the practitioners (41.42%) and teaching faculty (40%) opined that the students should compensate the required clinical hours in the next semester or during vacation-postings (excluding interns)(Figure 3a).
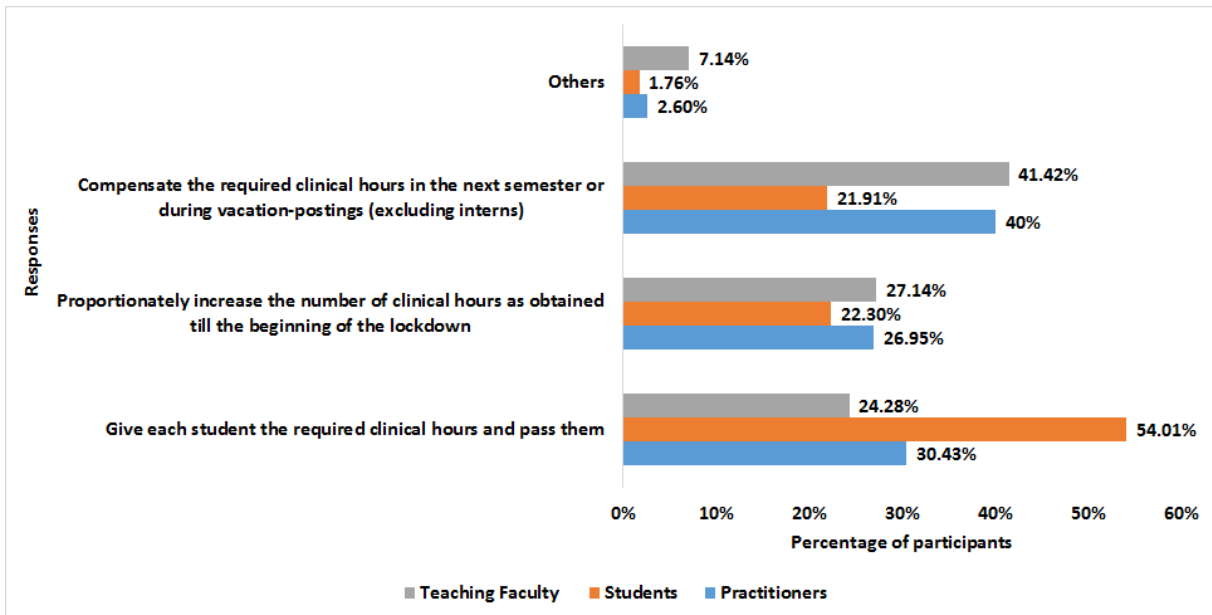
Figure 3a. Comparison of responses across the three categories of participants with respect to Accommodation for clinical hours for the academic year 2019-2020

A few of the participants (2.68%) have provided varied suggestions compared to those described above. These suggestions include to evaluate students based on assignments given to them or through their clinical skill when an imaginary case details are provided.

4. Submission of dissertation

More than half the participants (52.49%) are of the view that additional time has to be provided for the students to submit their dissertation. In contrast, 15.16% of them are suggesting to submit the dissertation with the available data and 24.15% are recommending online submission (Figure 4).
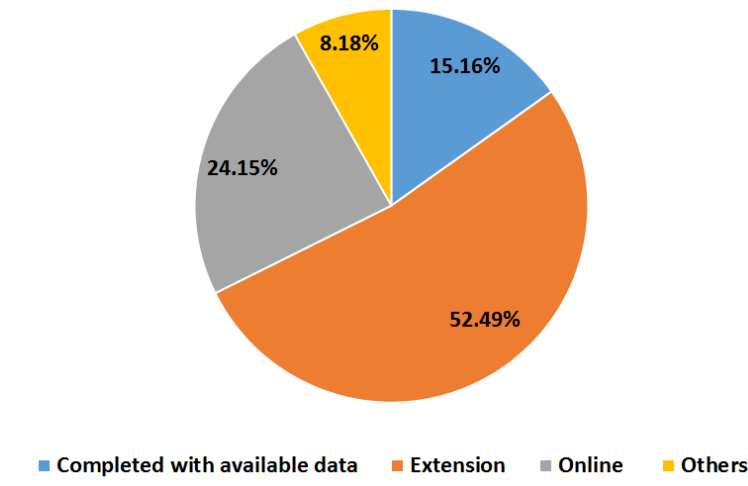
Figure 4. Submission of Dissertation

Similar results were found when the data were analyzed separately under each category of participants. It was found that all the three category of participants are of the same opinion stating that extension post lockdown is required to submit the dissertation (Figure 4a).
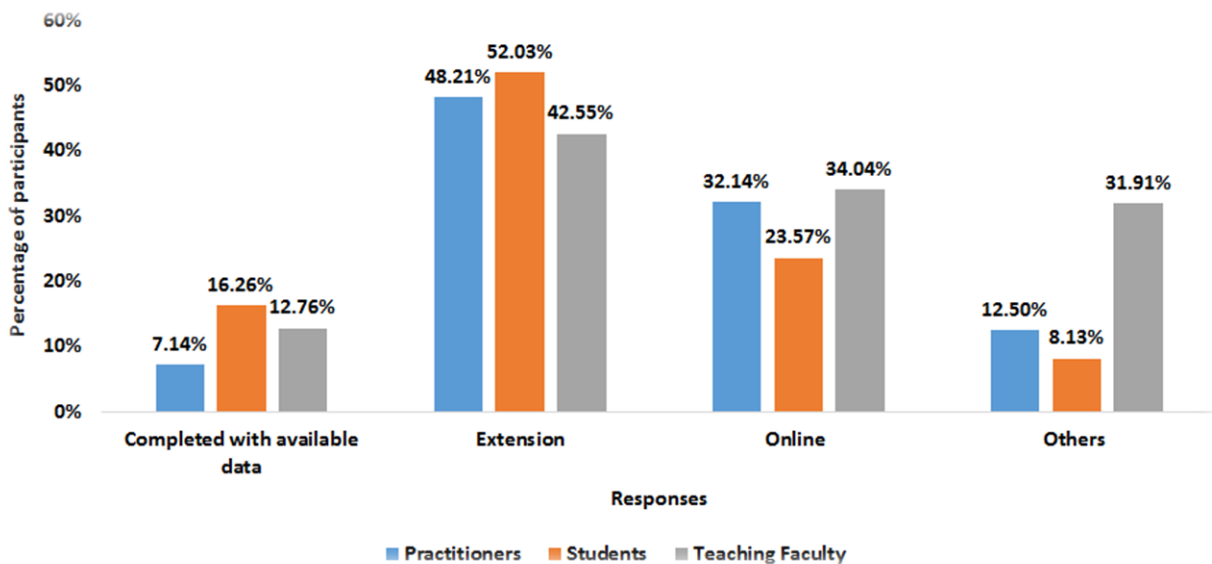

Figure 4a. Comparison of responses across the three categories of participants with respect to submission of dissertation

5. **Admission of new batch of students to bachelor and master's degree**

Related to admission two issues were questioned in the present survey.

a) Should the admission process be delayed and if yes, then by how much?

From the Figures 5a and 5b, it is clear that majority (58.48%) of the participants recommend the admission process to be delayed. However, 20.08% of them are of the view that it should not be delayed.
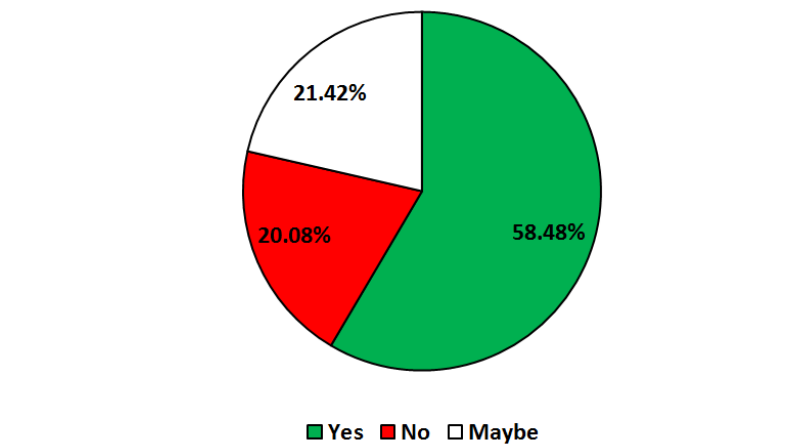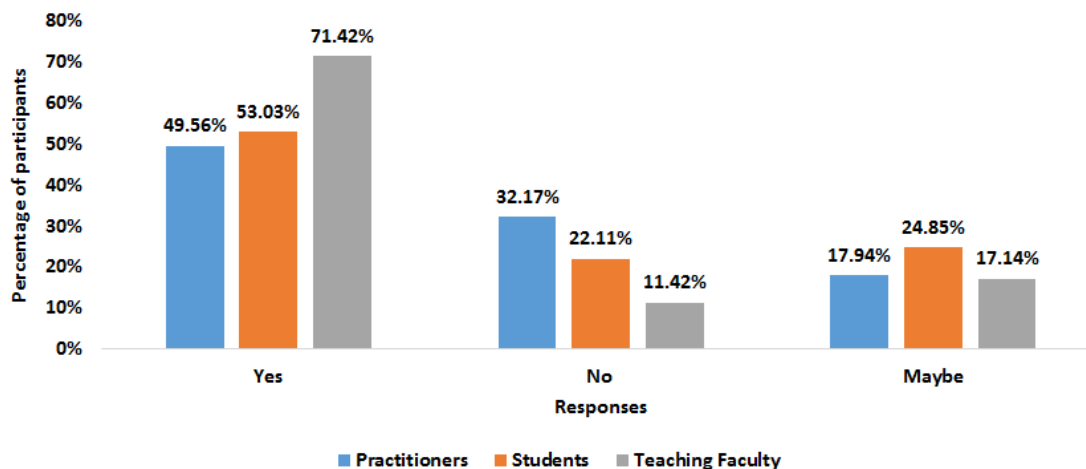

Figure 5a. Is the delay in admission process recommended?

Figure 5b. Comparison of responses received from all the three category of participants with respect to the delay in admission process

Out of those who recommended delay, 35% of them preferred a delay of 3 to 4 months, 26.33% suggested a delay of 1 to 2 months. Participants also suggested to delay based on the status of COVID-19 (12.93%). A few other suggestions were provided by 9.89% of the participants (Figure 5c). The suggestions included to decide based on UGC guidelines, till the lock-down period ends, and till the vaccination if found for COVID-19 condition.

0 to 2 months ■ 3 to 4 months ■ 5 to 6 months ■ >6 months ■ Based on COVOD-19 status ■ Others
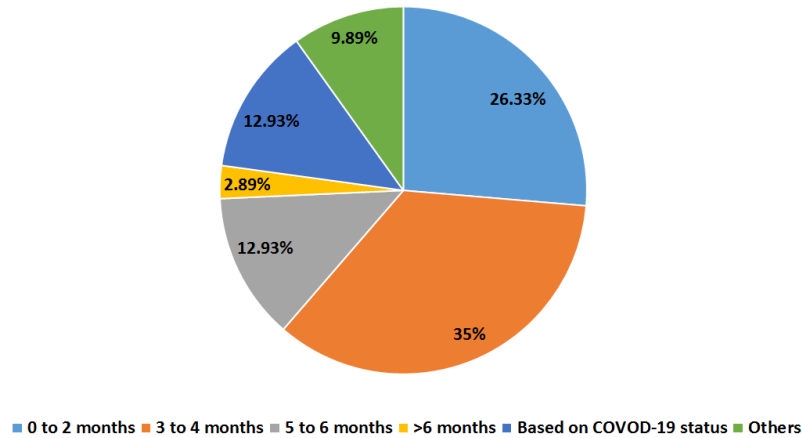
Figure 5c. Duration for which the admission process to be delayed

However, there was a difference of opinion found across different category of participants with respect to the duration of delay in the admission process. It was found that the majority of the teaching faculty (36.36%) preferred 0-2 months of delay in admission process whereas, most of the students (34.81%) and practitioners (28.84%) preferred 3 to 4 months delay (Figure 5d).

■ Practitioners ■ Students ■ Teaching Faculty
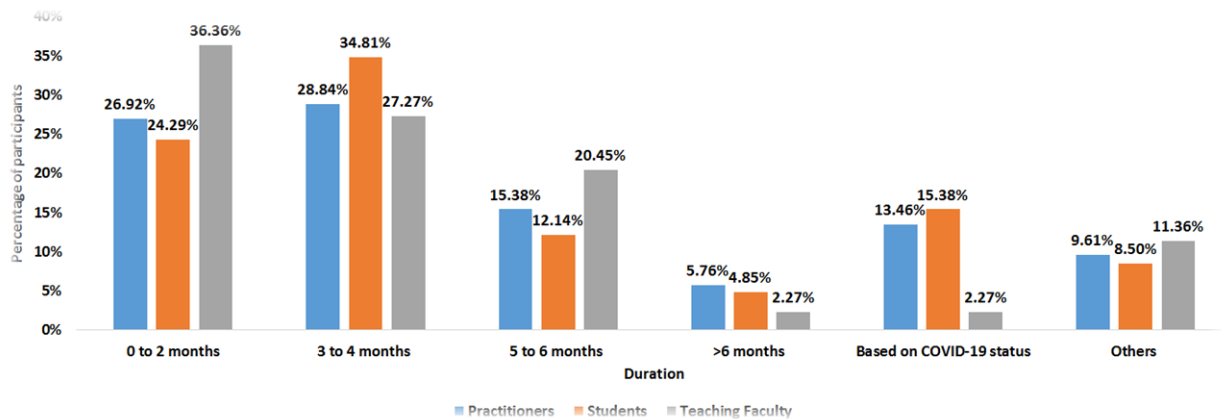
Figure 5d. Comparison of opinions across the three category of participants with respect to the duration of delay in admission process

b) *How to go about admission process for the upcoming academic year?*

Most of the participants (64.53%) recommend online admission process. In contrast, 34.36% of them suggest the usual way of admission process with safety measures considered (Figure 5e). Majority of the participants from all the three categories also recommended online mode of admission (Figure 5f)
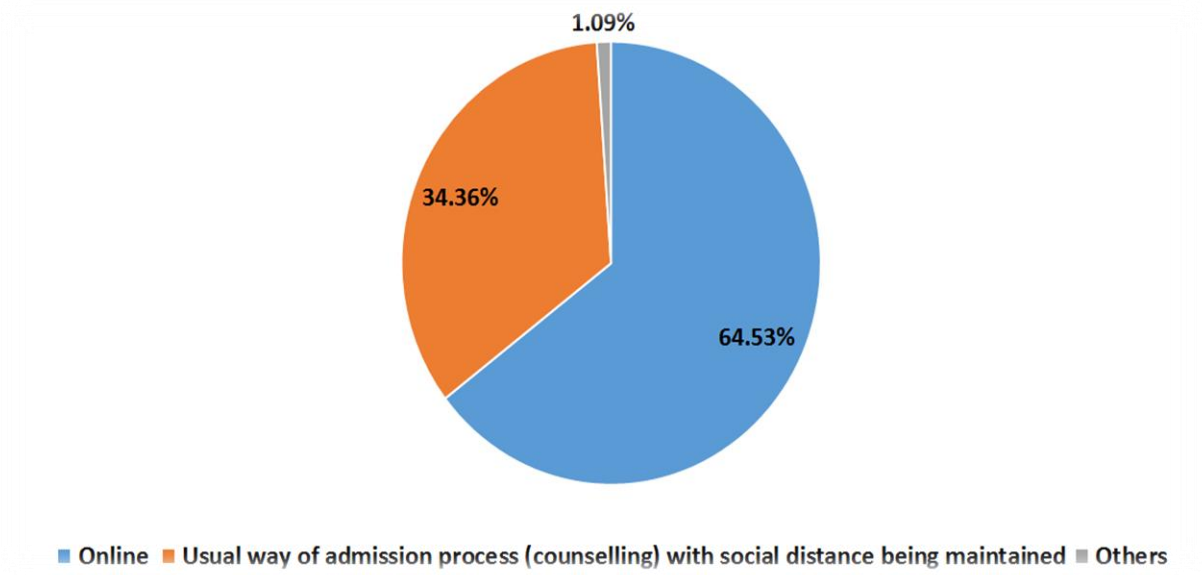
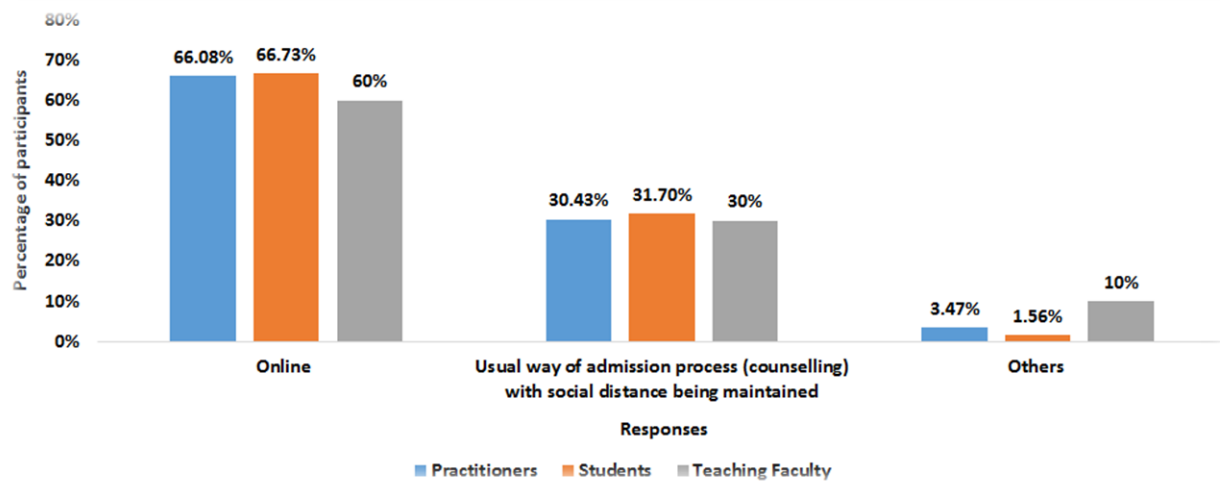*Figure 5e.* Admission process for the upcoming academic year

Figure 5f. Comparison of opinions across the three types of participants with respect to the pattern of admission process

6. **Clinical practices for students post lock-down period**

The recommendation of dividing the batch of students with smaller posting duration was provided by 69.91% of the participants. However, in contrast, 26.21% of them suggested having all the batches with safety measures being followed (Figure 6).
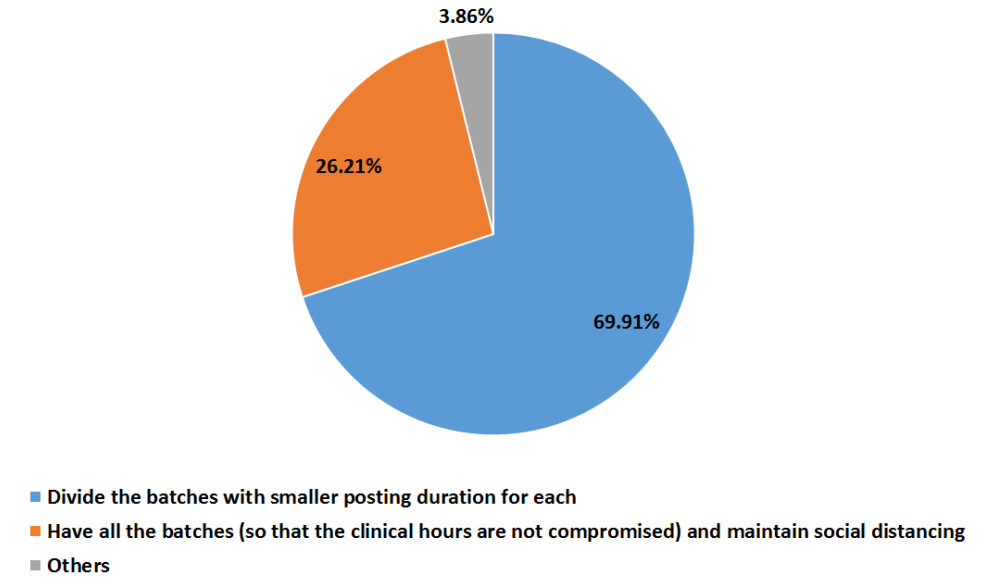
Figure 6. Clinical Practice in the current scenario and post COVID-19 for student clinicians

Similar results were obtained when the data were analyzed separately for the three groups of participants. It was observed that students, practitioners and teaching faculty all prefer dividing the batch of students with smaller posting duration (Figure 6a).
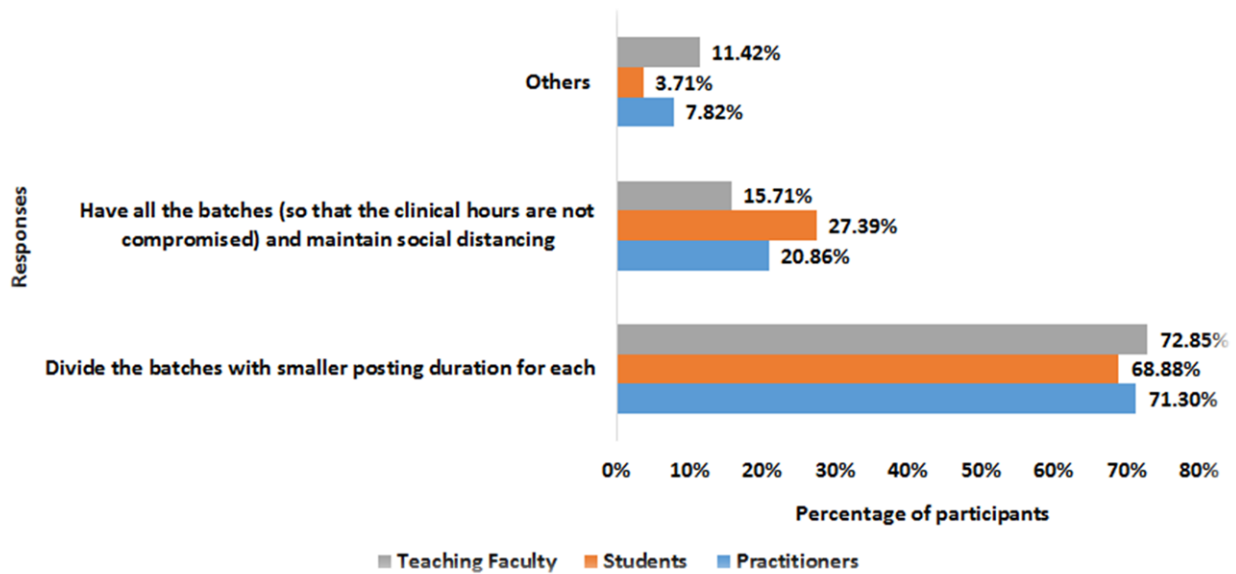

Figure 6a. Comparison of opinion across the three category of participants with respect to the pattern of clinical practices for students

7. **Examination pattern for the next academic year**

Majority of the participants (67.31%) are of the view that there should be no change in the examination pattern. In contrary to this, 23.27% of them suggested the requirement for the change in pattern by conducting online viva-voce. However, a few more new recommendations are provided by 9.41% of the participants (Figure 7). The suggestions include conducting online examinations (MCQs+viva-voce), or by providing related assignments.
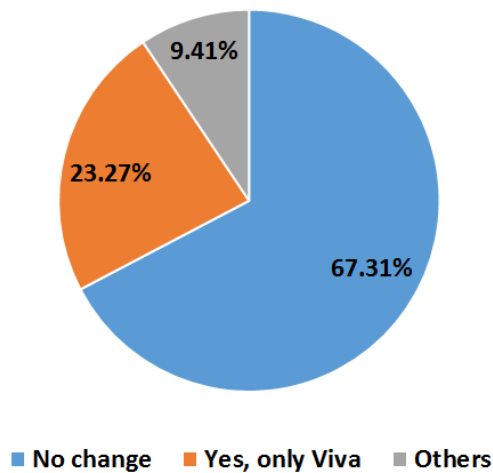

Figure 7. Examination patter for the upcoming year

Same results are depicted in Figure 7a as well. It indicates that majority of the participants from all the three categories prefer no change in the examination pattern.
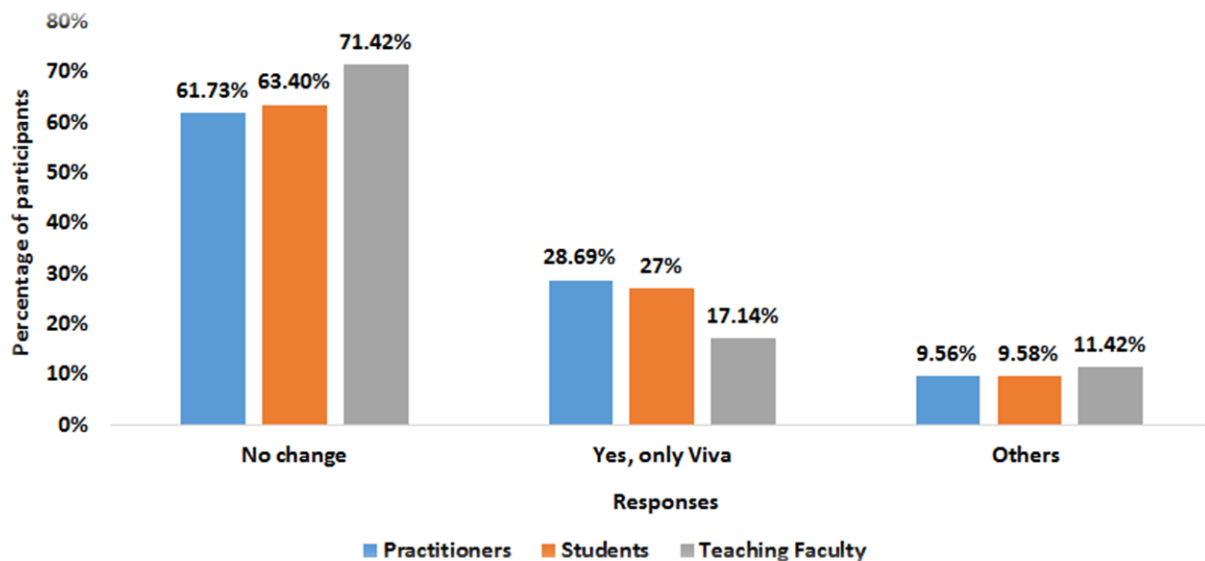

Figure 7a. Comparison of opinions across the three category of participants with respect to pattern of examination for the upcoming academic year.

8. **Provision of clinical services post lock-down period**

Mixed opinions were reported regarding whether to start providing clinical services to the clients post lock-down period. Almost equal percentage of participants report yes (32.52%), no (32.77%), and maybe (34.78%) for the same (Figure 8).
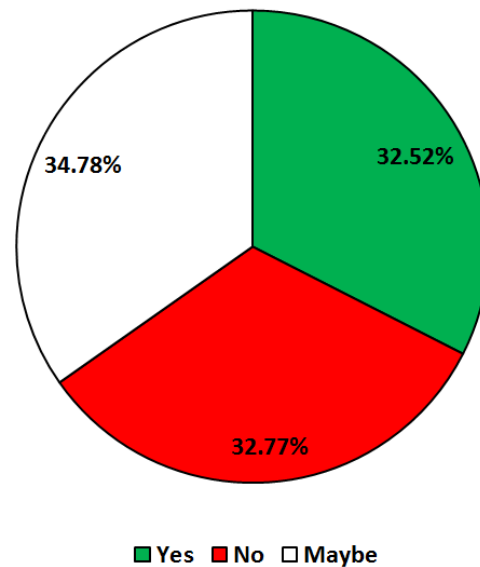

Figure 8. Provision of clinical services post lock-down period

Those who recommended to start the clinical services have provided the following suggestions:

a) Reduce the number of clients per day
b) Give appointments with a duration gap between two clients each
c) Provide online therapy
d) Maintain social distancing
e) Follow all the safety measures suggested by the Government of India

However, there was a difference of opinion across the three group of participants. Majority of the practitioners (44.34%) preferred seeing cases post lockdown period. Conversely, most of the teaching faculty (41.42%) opined not to see cases immediately post lockdown period. On the other hand, majority of the students (39.13%) had a dilemma in deciding upon this (Figure 8b).
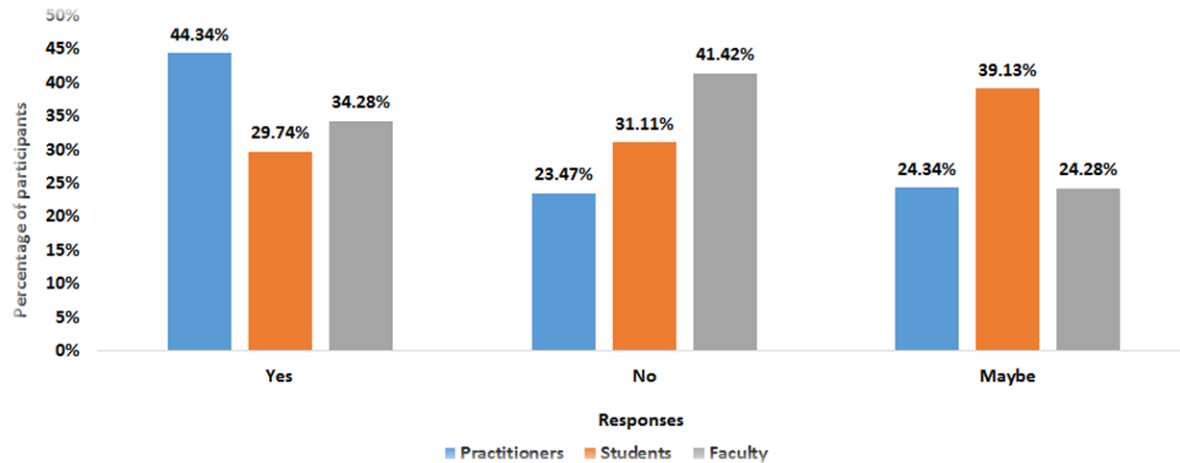
Figure 8b. Comparison of opinions across the three category of participants with respect to providing clinical services post lock-down period

Those who were against re-initiating clinical services suggested to re-start the clinical services post 1 to 2 months (30.70%), or based on COVID-19 status (29.29%). This is depicted in Figure 8c.
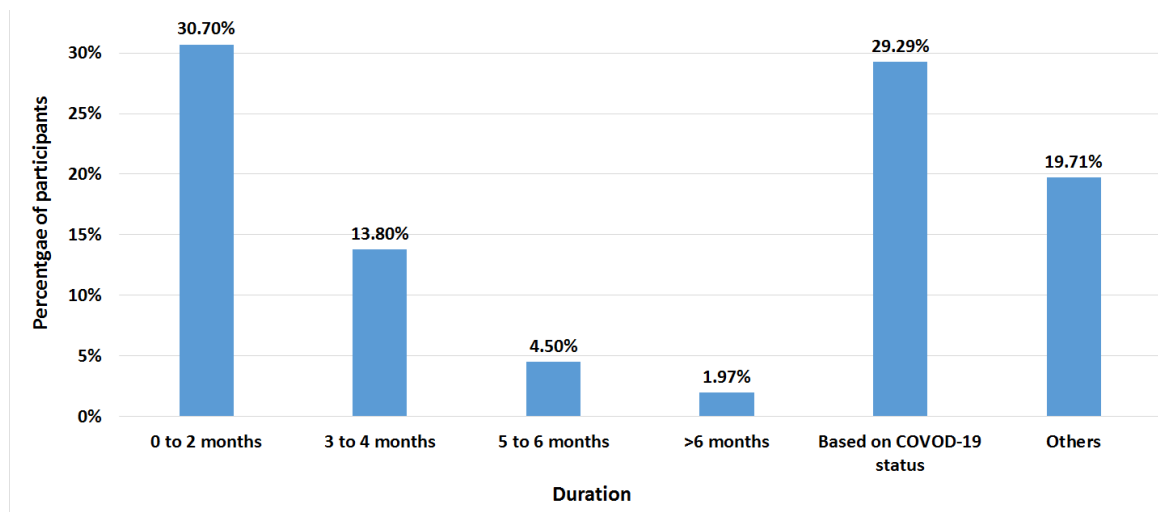

Figure 8c. Opinion on when to re-start the clinical services

There was a difference of opinion observed across students and faculty with respect to this. Most of the students (35.03%) were of the view that the clinical services should re-start based on the COVID-19 status at a particular point of time. On the other hand, both teaching (50%) and practitioners (38.70%) opined to re-start the clinical services within 0 to 2 months post lock-down period.
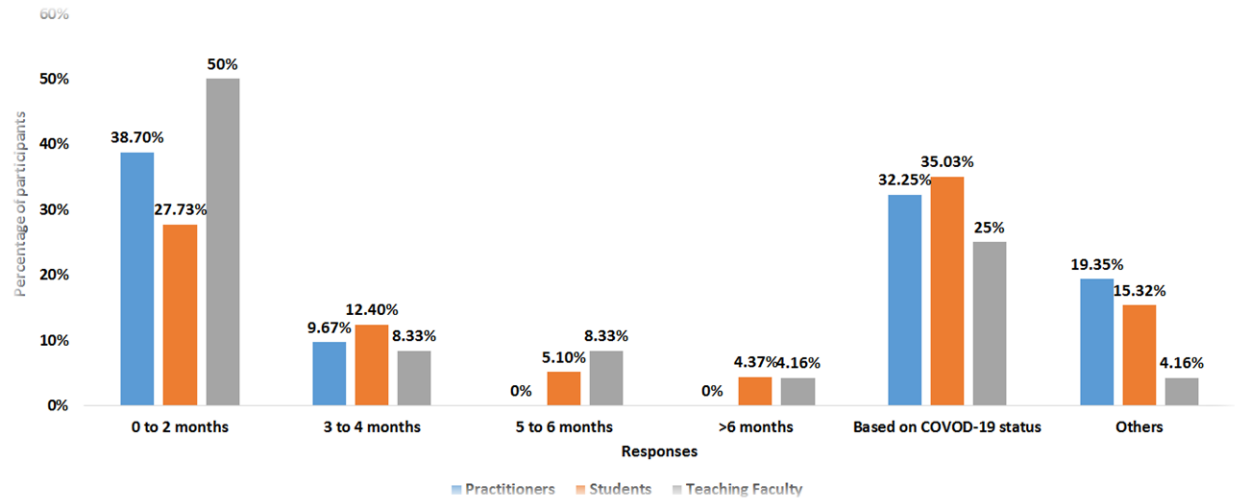
Figure 8d. Comparison of opinions across the three category of participants with respect to delay in re-starting the clinical services post lock-down period

Conclusion

The results of the present study clearly highlights the usage of online services and safety measures in the academic process and clinical services. Though there are slight differences in opinions between students and faculty with respect to academics, clinical services and admission processes, it focuses on the fact that the COVID-condition is uncertain and this uncertainty should not interfere with the academic or clinical services in the field of speech and hearing. These results will guide RCI to come up with proper guidelines to follow during and post COVID-19 condition.