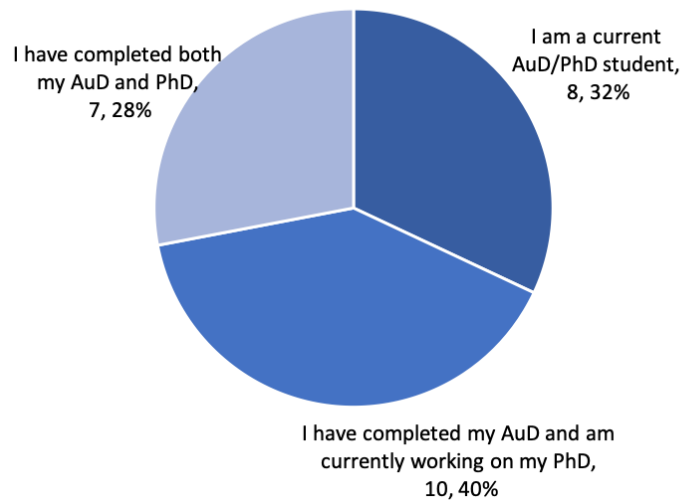




## AuD/PhD Survey of Experiences

An informal survey was distributed in Fall of 2019 to individuals in the process of or finished with earning both an AuD and a PhD. Student Academy of Audiology (SAA) Education Committee members sent the survey to acquaintances who fit this description, who were then asked to pass it to other AuD/PhD students or graduates they know in a snowball recruiting method. This yielded 25 responses. Each respondent brought valuable and unique perspectives in their responses, showcasing the wide variability in AuD/PhD experiences. They have been edited for brevity and grammar and organized into categories below, but are each presented below to offer primary-source insight for students interested in pursuing both clinical and research education.

### Educational Status of Respondents (n = 25)



Are you planning to do a postdoc? Current AuD/PhD students (n = 8)	
Definitely not	1 (13%)
Probably not	2 (25%)
Might or might not	2 (25%)

Probably yes	3 (38%)
Definitely yes	0 (0%)

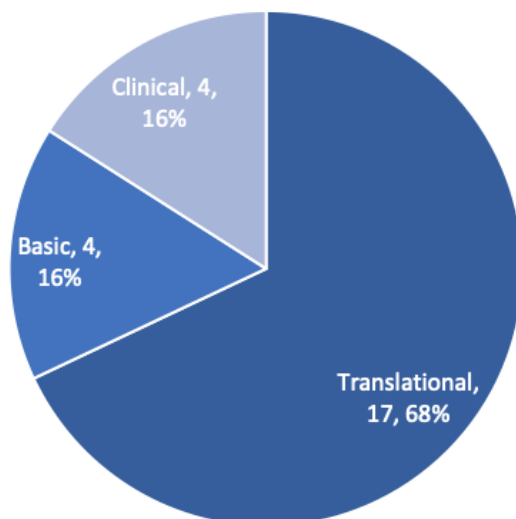
Have you done a postdoc? AuD/PhD graduates (n = 7)	
No	4 (57%)

I am currently in a post-doc position	3 (43%)
Yes	0 (0%)

### When and how did you first get involved in research?

As an undergraduate student = 17	As a graduate student = 7	As a clinical audiologist = 1
<ul style="list-style-type: none"> <li>• Approached faculty member = 7</li> <li>• Part of required project (e.g., capstone, master's thesis) = 3</li> <li>• Not specified = 7</li> </ul>	<ul style="list-style-type: none"> <li>• Part of required project (e.g., capstone, master's thesis) = 3</li> <li>• Research assistant in a lab (with funding) = 2</li> <li>• Research assistant in a lab (funding not specified) = 2</li> </ul>	<ul style="list-style-type: none"> <li>• Not specified = 1</li> </ul>

### How do you describe your current research?



#### Topics Include:

- Ototoxicity
- Language development with hearing loss
- Perceptual and physiologic effects of noise exposure
- Scholarship of teaching and learning
- Concussion
- Vestibular testing
- Listening effort
- Hearing aid outcomes and optimization
- Psychosocial impact of hearing loss
- Speech perception in noise
- Public health and policy
- Attention
- Cochlear implants
- Auditory processing disorder
- Machine learning to improve hearing aids
- Central gain

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## What advice would you offer for students who are interested in pursuing hearing-related research?

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### GET INVOLVED

- Try it out! Engaging in research does not prevent you from being an excellent clinician. In fact, exposure to research, especially basic and translational research, will enhance your clinical practice and better prepare you for the ever-changing scope of practice in our field.
- I would suggest students work in a lab to get exposure to the ideas and the vibe of doing research. I would also suggest that what it feels like to be a combined AuD/PhD student is not what it feels like after graduation with a PhD.
- Take many varied undergraduate research opportunities to get an idea of what you like.
- I think anyone who has interest should jump in and get involved as soon as possible, as well as try working in different principal investigators' (PI's) labs to see what works best with their interests and working style.
- First just get involved in something. The research I did in undergrad didn't have any translation to what I study now but it gave me a good foundation to build from. Then as you move along in your study find the specific area that you are interested in.
- Get involved with research as early as you can, and do your best to experience a diverse range of research methods and topics in different labs. A T35 is a great opportunity for intensive research experience, whether you're certain you want a long-term research career or if you're not yet sure if research is the right course for you. Try to attend at least one national conference every year--there are lots of travel awards available through various national organizations (e.g., the Academy, ASHA, AAS), and by attending conferences you'll get a better idea about the range of possible research areas there are within audiology/hearing science.
- Get experience with research before deciding to do a PhD.
- Start by getting involved as soon as possible (first year of AuD if not before!). Earn your spot in the lab by helping with data entry, recruiting, etc., but do it really well! While data entry may seem like an unimportant job, it is in fact very important! This step allows you to prove your attention to detail and commitment to the lab. After a semester or two of data entry, attending lab meetings, and learning from other lab members, schedule meetings with people in the lab including PhD students and audiologists (not just the PI) to find out ways to get more involved and work your way up to bigger projects. This can lead to your capstone or even the beginning of your PhD!
- Try to work in a research lab to gain a better understanding of the research process before applying to PhD programs.

### FIND A GOOD MENTOR

- Be thoughtful in choosing an advisor.
- If you're interested in doing it, then find a good mentor and do it!
- Find a supportive mentor who challenges you to go beyond your comfort level yet provides a supportive foundation from which you can develop as a researcher.
- Try to identify mentors that are invested in your success - that is much more important than the research topic area.
- Don't be shy to approach researchers whose work interests you! Most are happy to discuss opportunities with you and point you in the right direction, even if they don't have openings in their own labs.
- Read the research in the topics you are interested in, get to know the names of the main researchers who do research in the specific area you are interested, and reach out to them.

- Ensure that you, your advisor, and your graduate program are all on the same page to support your graduate career from start to finish.

## **BE OPEN**

- Talk to as many people about your research ideas as possible, not just your mentors. You can get great feedback from people who are a bit removed from your line of work.
- Diversity your academic portfolio. The profession does best when we reach out to other disciplines, learn more, and bring that knowledge back to our research for the benefit of our patients.

## **KNOW YOUR GOALS**

- When considering whether or not you want a PhD, think about whether you want to be the one designing/leading research and applying for grants or if you'd like input and to see subjects and collect/analyze data. The latter can all be done with an AuD!
- Write a grant. ASHA and the Academy both offer small student grants that are ideal opportunities to learn about the process of writing a grant. Grantsmanship is a critical skill to develop as a PI, and early exposure to grant writing is a good way to figure out if a PI role is the right path for you. If you really dislike grant writing, but still want to be involved in research, there are ways to do that without having to get a PhD. You can save yourself a lot of time and energy by figuring that out early in your education.
- I am interested in translational and clinical research, so I am enjoying the AuD/ PhD program. But for someone who is mostly interested in research, I would recommend doing only a PhD. Because that would help you concentrate on research more than an AuD/PhD.
- If you are interested in more basic science or purely academia, the AuD is not needed and a misuse of your own resources. If you are interested in translational or clinical science, the AuD is hugely beneficial.
- Getting a PhD (or another research doctorate) does not mean more money. In fact, getting a job as a clinician who also does research offered a higher salary than any academic position I was offered. So, don't let money be the impetus for pursuing a PhD. You get a PhD because you like research and you want to learn how to effectively produce meaningful research that can impact the field. If you are not planning on seeking a career with research as one of the job descriptions, you will be wasting a lot of time, energy (emotional and physical), and money.
- Talk to PhD students as well as PhD advisors. I wish I would have had more conversations with peers, and less with faculty who wanted to "sell" the PhD path.

## **BELIEVE IN YOURSELF**

- Research can seem like a scary endeavor, and it pushes you out of your comfort zone. There will be times where you feel like you can't do it but I promise you that you can! With that being said, it has been the most rewarding experience of my life. I can't imagine doing anything else!
- The AuD/PhD pathway is not something that is reserved for the elite... Anyone can do a PhD with the proper organization. You have to be able to manage time very well to be able to accomplish everything during an AuD/PhD.
- The demands of a combined program are diverse and numerous in a way that is much different than real life after graduation. In other words - hang in there and don't get deterred during training.
- Make sure you keep your passion. The PhD can be extremely difficult at times and imposter syndrome can get intense, but remembering your passion and your initial drive can help get you back on track.

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## What ADVANTAGES do you believe exist for doing an AuD/PhD simultaneously compared to separately?

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### POTENTIAL TIME AND FINANCIAL ADVANTAGE

- Many respondents (n = 20) cited fewer years to finish both degrees, describing simultaneous programs as “shorter,” “faster,” “quicker,” and “more efficient.”
- Several respondents (n = 10) also explicitly referred to the potential financial advantages that a simultaneous program may entail. They noted:
  - Possible reduced cost of education due to fewer overall years of education.
  - Possible ability to join the job market and begin earning a salary earlier.
  - Possible reduced costs of education due to funding opportunities only available for PhD students covering years during which the AuD is also being earned.
  - PhD programs might offer funding/tuition for some years.

### MERGING INTERESTS

- Well-rounded education.
- Cohesive approach to coursework.
- Immediate access to both clinical and research opportunities.
- Be involved in research to a greater depth sooner.
- Keeps your research clinically-focused.
- The overlap forces you to be mindful of evidence-based practice in your clinical training and clinical application in your research training.
- Allows for harmonious direction of interests in the field and simultaneous clinical learning.
- Enjoying both of the benefits of both programs and integrating the knowledge gained from both
- Because I started both my AuD and PhD at the same time, each of my degrees is taking longer than it would have on its own. For me this is an advantage because I've been able to think about research topics and questions that interest me since the very start of my PhD, which was in 2014. If I had started my PhD later, I would have had less time to think about topics and methods that interest me the most. I would have had less time between starting my PhD and committing to a dissertation topic, so may have felt more pressure to settle on a topic without as much thought or research experience.
- More opportunities to apply research knowledge along the AuD/PhD path.

### DIVERSE RESPONSIBILITIES

- Flexibility, variety of work during your day to day (e.g. research, teaching, writing manuscripts, grants).
- Another advantage I see in the simultaneous program is that there is less room for getting burnt out at any given time. If you're focusing solely on research or clinic at any given time, it may be easy to get tired of what you're doing. With the simultaneous program, you're constantly jumping between clinic, research, and classwork, so it's hard to get bored.

### OTHER

- An advantage of the simultaneous program is that you are "tuned in" as a PhD student throughout your entire program. I think there is an intangible benefit to getting to know other PhD students in your department and field as early as possible, and with a sequential program you would probably miss out on those peer-to-peer networking opportunities early on.

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## What DISADVANTAGES do you believe exist for doing an AuD/PhD simultaneously compared to separately?

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### STRESS

- Workload.
- Diverse and sometimes overwhelming demands.
- Difficult to manage clinic, research, and studies all at once and so involves INCREDIBLE investment in time management.
- Often pulled in multiple directions (research, clinic, classes, assistantships).
- It can be very difficult to balance all the responsibilities of both degrees at once- coursework, clinical practicums, lab time, teaching. There are sacrifices that have to be made when squeezing two doctorates into a six-year timeframe.
- There were several semesters where I had to overload my schedule to fit in my required classes, clinic time, and RA/TA responsibilities while still moving forward with my research trajectory. It didn't leave much time for a life outside of school. It took a lot of juggling to keep up with all areas of my program, and I often had to get by on little sleep and a lot of stress just to meet the bare minimum in all my responsibilities.
- Challenges of balancing research training and clinical training seem like a killer.

### DILUTES BOTH PROGRAMS

- Cannot delve entirely into one or the other, may learn about new interests during AuD that are not compatible with current PhD plan.
- Potential prioritization of clinical or research experiences when both are equally fundamental.
- In practice, it doesn't seem to be saving much time at all, if any. It means you are constantly feeling pulled in different directions between meeting all the requirements for both degrees.
- Sometimes it feels like being stuck in the middle of a tug-of-war between clinical and research supervisors if they see the other as a distraction to your work with them.
- Simultaneous programs will inevitably involve switching back and forth between clinical- and research-based thinking. This can be difficult to manage and students should expect to spend more time adjusting to clinic and/or research than their peers who are focusing on one or the other.

#### *Impact on Clinical Development*

- Hard to develop clinical skills efficiently while also attempting to meet vigorous requirements of a PhD program.
- Ridiculously hard. I did not get a typical "final year" experience, I just had to get my hours where I could. Graduated a little later than my AuD cohort.
- Less time spent in clinic due to taking extra classes, more complicated schedule
- You don't get a chance to perfect your clinical skills, which has been really important to my research.

#### *Impact on Research Development*

- No "real world" professional experience to shape research interests, lack of diversity of training.
- Harder to get a feel for what research is important when you haven't had much clinic experience.
- I think in sequence would have allowed for a deeper exploration of my topic. I would have known what my interests were, and I could have truly tailored the PhD experience to be an in-depth study of those specific areas. However, I was figuring it all out at once.

- I feel that the focus in research reduces to some extent, because there is simply no time. If you take more time to complete your degree than you can focus on both, but then it is similar to having done the degrees sequentially.

### **NAVIGATING SUPPORT**

- Requires a supportive advisor.
- It can be psychologically taxing and requires a strong support system.
- Work-life balance, need for understanding and flexibility from administration in both programs.
- If the simultaneous program is not well established, it is an extra burden on the student to navigate building a new program for their department.
- Having to be a strong advocate for yourself. Constantly having to make sure you're getting all the information you need.

### **SMALLER NETWORK**

- Fewer networking opportunities if you stay at the same university for both degrees
- You will not have the flexibility to pursue your PhD at another institution or in a different discipline. Your interests may change throughout your AuD, so having the flexibility to switch to a different lab, institution, or discipline could be very desirable.
- You may limit the breadth of your training. I got my AuD at a different university than the one where I'm getting my PhD now, so I got to see different ways of doing things.

### **FINANCIAL DISADVANTAGE**

- If you do a combined program, you cannot work as a clinician during the PhD program because you don't have the AuD degree yet.

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**How many years does/did it take to complete your AuD/PhD program, and during which year do you do the clinical externship?  
Were there advantages or disadvantages to this externship timing?**

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The majority of respondents report a 6-year plan with the externship either in the 4th year, with their AuD cohort, or as the final (6th) year. If the PhD is not finished before the externship, additional years may be necessary.

### **Externship in 4th Year**

Years 1-3: AuD work with cohort, begin PhD work

Year 4: Externship

Year 5+: PhD candidacy

#### *Advantages*

- I appreciated having completed one degree already and having it as a secure "backup" option in which I was fully competent.
- Completing my externship prior to starting my PhD also allowed me to test the waters in a full time clinical setting, which ultimately helped confirm my interest in pursuing a PhD.
- I liked that I had to finish the AuD first, because then I could truly figure out if the PhD was right for me, and when I returned to the PhD I was able to apply all of my coursework and capstone research to my PhD requirements.

#### *Disadvantages*

- Not many opportunities to practice clinically while completing the PhD program.
- I will now have 2-3 years of limited/no clinical interactions after the externship and I don't want to lose those skills.

### **Externship in Final Year**

Years 1-3: AuD work with cohort, begin PhD work

Years 4-5: PhD candidacy

Year 5 6: Externship

#### *Advantages*

- Finish your PhD before leaving for an externship. I believe my program does this for retention because students may not want to come back after a clinical externship to complete their dissertations (if they decide they want to be full-time clinicians, get job offers, etc) and it's difficult to work on a dissertation once you're not at your university anymore.
- I am doing this so I can search for a job while I am doing my externship.
- By the time I am finished with my externship I won't have to come back to finish anything up.
- I got more experience with the PhD while starting AuD coursework, so my research and clinical interests were aligned and focused.

#### *Disadvantages*

- Going into externship not having been in clinic for two years. I didn't lose my interaction skills with patients, but forgot a lot of the technicalities and had to spend my own time reviewing and re-learning test procedures.
- I'm finding that this makes it very difficult to be competitive while applying for externships.
- A disadvantage was feeling like I waited a long time before starting clinic.



## Other Reported Arrangements

### *4.5 years, externship 4th year+*

- I still did the externship my 4th year, but I did not complete my 1820 hours until the end of the summer after the rest of my cohort graduated.
- I was sad that I did not get a typical 4th year experience- I was kind of just bouncing around getting hours where I could while handling the PhD course load.

### *6 years, part-time externship years 4-6*

- I didn't complete a traditional one year externship, but instead completed a part-time externship over 1.5 years, which spanned from summer after my 4th year through October of my 6th year. For the first three months I was in the clinic full time at a private practice. After that, I was in clinic about two days per week at various clinical sites close to my university.
- An advantage of this arrangement was that I could continue making substantial research progress while also completing my required clinical hours. When I was in clinic two days per week, I often felt like I was more efficient in the lab the other 3 days because I knew I didn't have the full week to devote to research.
- I will say that it was helpful for me to be in clinic full time for a short period of time, because it made me realize that I really wouldn't be satisfied with a strictly clinical job.

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## What is one question you wish you had asked prior to starting your program?

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### THE CLIMATE AND SUPPORT SYSTEM

- What is your mentorship style? What has been your biggest mentorship accomplishment?
- Can I speak to current or past AuD/PhD students about their experiences in the program?
- I would've liked to ask an AuD/ PhD student how to manage time.
- I wish I had asked previous AuD/PhD students their opinions of how the program is set up so that I'd be aware of advantages and challenges beforehand.
- I am lucky to be surrounded by a supportive PhD mentor and faculty. But it's important to get a feel of the culture in your department. How much opportunity is there for research collaboration between labs?

### FUNDING AND DIFFERENT OPPORTUNITIES

- Funding and chair dedication.
- What kind of funding is available that will not require me to take on duties unrelated to my PhD?
- What opportunities are there to spend time in other labs (whether on campus or off campus), and what do funding opportunities look like for those types of experiences?
- Is there a viable path towards integrating clinic outplacements with PhD coursework and research commitments versus doing a traditional 4th year externship, and how will this affect my time commitments to the department in exchange for funding? (e.g. expected to work 20 hours per week in some way, add in 16 hours of clinic and when will you take classes and/or do research, and vice versa?)
- It didn't end up being an issue for me, but I think it's important to ask 1) what your funding will look like for the entire duration of your program, and 2) how easy it is to switch advisors, in case your research interests change.

### THE PROCESS

- I would have liked a more thorough handbook to peruse before beginning- ours was outdated and led to some different interpretations of requirements.
- What is candidacy, and when am I supposed to do it?
- What protections are in place to assure timely completion of both degrees (so that professors don't keep you around indefinitely to do their research)?
- Are there supports to help me through the dissertation process? What about afterwards when I'm finishing my AuD? We don't have as much of a cohort as our fellow AuDs do, and we don't fit in with the traditional PhD mold either.
- I wish I had asked whether I could take additional or alternative coursework during my AuD to prepare for PhD (e.g. a more rigorous statistics course, instead of the AuD statistics course).
- What are the expectations for AuD AND PhD involvement outside of coursework (i.e. unspoken requirements, engagement)
- What should I be accomplishing my first year to set myself up for scholarship applications and conference poster submissions after the first year?

### JOB PROSPECTS

- What potential job opportunities are there after graduation for someone with an AuD/PhD?
- What is a typical distribution of work for a PI? How much time is spent writing grants and manuscripts vs. designing studies and collecting data? How much time is spent on teaching and institutional service? How does this distribution change in different work settings (e.g., university, research center, industry)?

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## How did having AuD/PhD degrees influence your job opportunities?

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### HELPFUL

- I believe the combination of degrees, although time consuming, has been really beneficial for job opportunities. Our field is so clinical, that the clinical training is important, but so is the research. It would have been a shame to sacrifice the training in one area (clinic, research) in order to shorten the time. The job opportunities for AuD/PhD researchers are tremendous right now.
- It made me very marketable. I got an offer for a job at all five institutions I applied to. I was able to negotiate my current job description to include 16 hours of research, making me the first clinical researcher in this institution (for audiology).
- I am a stronger faculty candidate because I have the clinical degree. Many programs are looking for clinically-trained faculty members who are qualified to teach undergraduate and graduate courses in Audiology. The strength of my research program is still the biggest factor in my ability to get a faculty job, but having an AuD makes me a more versatile candidate and allows me to apply for a wider array of faculty positions.
- For my particular setting, the PhD was advantageous because it is a private practice that is invested in research.
- Having both degrees increased the likelihood for interviews. However, the job market in traditional audiology programs is peculiar. Budgets are constrained and searches often fail. Also, in the same way that some clinical positions require a few years of experience, research-heavy institutions are asking for the same in research, which does not bode well for new graduates. However, overall, having both degrees allowed me to be a better candidate because I can be a more versatile faculty member and play several positions. It just didn't guarantee a position upon graduation.

### NEUTRAL

- Not significantly - affected by the city/state currently living in. A benefit in regard to job requirements if a position requires PhD and CCC-A.
- However, most of the clinical audiology positions I applied to were not interested in my PhD experience.

### DISADVANTAGE

- I hear that it helps, but I have not personally experienced an advantage yet. In fact, I often face skepticism from having the clinical degree. I am learning that many people feel that clinician-scientists are not real scientists.

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### What setting do you work in now and what are your responsibilities?

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- Teaching undergraduate and graduate classes; writing grant proposals; publishing; service to university (e.g., departmental, school, and university committees); mentoring students working on capstone projects; administrative duties; clinical supervision (very limited).
- I am a clinical and research audiologist at a private practice. I also adjunct at a nearby university. I spend my time seeing patients, supervising current AuD students, and completing what research projects I can.
- Teaching university classes, writing grant proposals, publishing, mentoring research students, administrative duties
- I work at a children's hospital. My responsibilities are completing 24 hours of patient care and 16 hours of research-related business. This includes developing and completing studies, writing, publishing, and presenting research. At this time, I do not supervise students.
- I work in a "soft money" research center attached to a hospital. My responsibilities include collecting data (25%), supervising/mentoring students (5%), writing grant proposals (30%), publishing manuscripts (35%), administrative duties (5%).
- Post-doc: writing grant proposals, publishing, administrative duties, taking classes.
- I work as a postdoc at a medical school. I am responsible for conducting research, writing grants, publishing, and mentoring.