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Back to School

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Key points about the PhD:

- A PhD is a great way to deepen your knowledge in a specific domain of interest
- You need to have a good idea of the specific interest you plan to pursue before starting your PhD
- You should have a supervisor or two in mind and make plans to meet them. Chemistry between you and your supervisor(s) is very important.

In general, the PhD takes 4 years to complete. During those 4 years, my university requires me to do a year of coursework, a 4-month comprehensive exam, and a final thesis. The process may be different depending on the university and program you pursue.

The idea of going and pursuing a PhD after already spending 6 years in university and tens of thousands of dollars on books and tuition may seem ludicrous. I often hear from my fellow colleagues, “why not just do a clinical doctorate of audiology (AuD), if you are so interested in upgrading your education?” or “what else beyond being a professor at a university could the PhD get you?” Although I agree that the AuD is a very valuable degree, the PhD is more than a stepping stone to professorship. It allows audiologists to play a leadership role in research that directly affects our practice.

This isn't to say that a clinician with either an AuD or an MSc could not participate in research themselves. In fact, I highly encourage any clinician to find out more about what research is being done around them and pair up with a local research team (I will explain the importance of this a little later). However, with a PhD you can actually conduct your own research and lead your own projects. Perhaps there is a problem in your clinic that you would like to see addressed? Is there a domain that you believe requires more clinically applicable research?

I believe that as clinical audiologists, we have a very practical view of how to apply hearing research. With this perspective we could provide insight that research done by theory-based researchers may not. Who better to know how to apply audiological research than an actual, practicing audiologist? For example, in tinnitus research, there is a large emphasis on the use of questionnaires for identifying tinnitus. However, in using these questionnaires in the clinic, I have noticed they take up a large amount of time, the information they provide is limited, and they are subject to change based on how motivated the patient is to seek treatment or compensation. I personally find this to be my incentive for researching more objective methods of evaluating tinnitus.

Beyond tinnitus there is a large need for more research in aural rehabilitation for central auditory processing difficulties. For example, how many among you have clients that wear hearing aids and continue to have difficulties hearing in noise? How about those who do not have a hearing loss but

have difficulties understanding speech in noise? Ideally, it would be best to recommend an auditory training program to address these issues. However, the reality is that the research for these therapies is still in its infancy. As a result, few clinics in the region I practice provide this type of service and clients are often lead to believe that the only way to treat all hearing difficulties is with hearing aids. I believe that if the role of an audiologist should be expanded to include more therapy-based interventions in addition to amplification. We could provide a more holistic approach to treating hearing issues.

These are only two examples of opportunities for further development in audiology. In order to grow as a profession, we need both researchers and clinicians to work together. Researchers can provide the evidence upon which evaluations and interventions are founded, and the clinicians can provide feedback on how well they work when applied. This relationship is critical if we want better application of research in the audiology clinic. This is the reason I encourage all clinicians to become more involved with your local research communities and to keep an open dialogue.

I myself chose to pursue the PhD to learn how to conduct my own research so that I can push the boundaries of the audiology profession. I am about to enter the 2nd year of my degree and so far I have learned a great deal on the research process. To sum up my 1st year, I have learned the importance of personal motivation, built strength to stand up for my own ideas, and developed communication skills in finding collaborators and applying for funding.

Before I entered the program, I always felt that the PhD was in some ways enigmatic. This is to say, when I use to ask PhD students what they do, I never seemed to understand their answer. Now having experience a year in the program, I realize how difficult it is to explain what it entails simply because it is different for every student. Here is an idea of what my 1st year was like. The first eight months I had about 6 hours a week of class. In between classes I worked at a hearing aid clinic, prepared for class, met with my supervisor on a bi-weekly basis, applied for scholarships and project funding, and continued to shape my thesis topic. Now, during the summer, I have completed all my courses, I am starting a scoping review and I am seeking approval for a pilot study through the university ethics committee. At the beginning of September I will be starting a comprehensive exam which will take 4 months to complete.

This period in my life is one of personal growth and learning. I do not know what is in store for me or for my projects in the coming months ahead. I suppose that is the risk I need to take with my thesis. I predict that I will falter at times and I will not always have the results I want. I will likely need to change my line of thinking or expand it to include something I missed. I believe this is all a necessary part of the process for both contributing to our field and professional growth. To those that are considering this journey one day, I wish you all the best. For me, it's time to get back to the books!