

University of Louisiana at Lafayette

Detailed Assessment Report 2015-2016 Speech Pathology and Audiology MS

As of: 11/01/2016 03:24 PM CENTRAL

(Includes those Action Plans with Budget Amounts marked *One-Time, Recurring, No Request.*)

Mission / Purpose

The Department of Communicative Disorders employs the following mission statement: "To understand how communication works and how it breaks down so that we can design and implement better ways for the prevention of communicative disorders as well as designing and teaching better intervention procedures to enable individuals with communication disorders to lead richer, fuller and more productive lives."

Student Learning Outcomes/Objectives, with Any Associations and Related Measures, Targets, Findings, and Action Plans

SLO 1: Knowledge Sufficient for Entry Level

The student will demonstrate knowledge of the nature of speech, language and hearing and of communication and swallowing disorders sufficient for entry level positions as a speech-language pathology clinical fellow.

Strategic Plan Associations

University of Louisiana at Lafayette

2.1.4 Students KPI 4: Improve student success through engagement in high impact practices.

Related Measures

M 1: Total Praxis Specialty Score

Total scores from 2014-15 graduating class on the National Exam in Speech-Language Pathology (PRAXIS specialty exam). All students take this exam within 9 months of graduation.

Source of Evidence: Standardized test of subject matter knowledge

Target:

The program goal is that 95% of our students will attain the official passing score of 162 on the national exam with 50% or greater in the average performance range (170-185) and 10% in the high performance range (>185).

Finding (2015-2016) - Target: Met

For the students who graduated in 2015 and reported Praxis scores to the department, 96%(26/27) passed the National exam. Two students passed on their second try. In this cohort, 48% of students scored in the average performance range with 15% scoring in the high performance range for a total of 63% of students earning average or higher scores.

Related Action Plans (by Established cycle, then alpha):

Modify Target Expectations

The PRAXIS exam was revised with different content and a different scoring system. New targets will need to be set based on this new

system once data is reported and analyzed. Preliminary scores from students taking the exam before graduation would indicate that our students are still being well-prepared for this National Exam and compare well with their peers from other states in the breadth of their knowledge.

Established in Cycle: 2014-2015

Implementation Status: Finished

Priority: High

Relationships (Measure | Outcome/Objective):

Measure: Total Praxis Specialty Score |

Outcome/Objective: Knowledge Sufficient for Entry Level

SLO 2: Prevention, Assessment and Intervention

The student will demonstrate knowledge of principles and methods of prevention, assessment and intervention for individuals with communication and swallowing disorders.

Strategic Plan Associations

University of Louisiana at Lafayette

2.1.4 Students KPI 4: Improve student success through engagement in high impact practices.

Related Measures

M 2: Praxis Subtest Scores

PRAXIS specialty exam scores for the three subtest categories: foundations and professional practice; screening, assessment, evaluation and diagnosis; and planning, implementation and evaluation of treatment. Statistics are provided by ETS for the previous academic year.

Source of Evidence: Standardized test of subject matter knowledge

Target:

The goal is for the average % correct on all 3 sub-tests to exceed 70%. UL Lafayette students scores should equal or exceed state averages on all sub-tests and exceed national averages on at least one sub-test.

Finding (2015-2016) - Target: Met

Average score for UL Lafayette students for Foundations and Professional Practice was 77%; for Screening Assessment, Evaluation and Diagnosis the average was 79%; for Planning, Implementation and Evaluation of Treatment the average was 76%. All 3 sub-test average scores exceeded the state-wide average by at least 3% points. UL Lafayette students scored at the National Average on Sub-test 1 but below the National Average on Sub-test 2 and Sub-test 3 with differences of 1% point and 2% points respectively.

Related Action Plans (by Established cycle, then alpha):

Curriculum and/or pedagogical modifications

While a certain amount of differences in student performance across years is expected, a couple of consistencies are apparent. Our students appear to be weaker than both national and, to a lesser degree, state peers in the areas of audiology and basic communication processes. Both of these areas test knowledge that is primarily addressed at the undergraduate level. In the case of audiology, our students have no exposure to additional classes after the UG level although some students may have clinical assignments that include hearing impaired

individuals. To address these issues, an elective at the graduate level in hearing rehabilitation was added though it is not taught every year. We also invited audiologists and SLPs who work with hearing impaired individuals to present during our professional seminars. Results of these changes may be reflected in next year's PRAXIS data. If so, efforts will be made to make these a permanent part of the 2 year MS curriculum. For basic communication processes, the department plans to look at ways to include consistent and repetitive review of this information to the curriculum without putting the burden on disorder classes. One possibility is through on-line or independent study assignments that must be completed by the students and included in the formative assessment portfolio by the end of the 5th semester. Students begin scheduling and taking the national exam early in their final semester.

Established in Cycle: 2012-2013

Implementation Status: Finished

Priority: High

Relationships (Measure | Outcome/Objective):

Measure: Praxis Subtest Scores | **Outcome/Objective:** Prevention, Assessment and Intervention

Continue with changes in last action plan

Although average percent correct fell below 66% on the subtest Basic Communication Processes, our students outscored both the state and national averages and fell only one percentage point below the target. We will continue to try to review basic foundational information in all classes. We will continue to offer the audiology elective course in the second year as well a professional seminar at least once every 2 years so that students review this information. Additional electives in neurogenic disorders may be considered as well as infusing more information about motor speech disorders into courses such as AAC, advanced swallowing or advanced voice courses etc for students not electing to take a Motor speech elective.

Established in Cycle: 2013-2014

Implementation Status: Finished

Priority: High

Relationships (Measure | Outcome/Objective):

Measure: Praxis Subtest Scores | **Outcome/Objective:** Prevention, Assessment and Intervention

SLO 3: Minimum Level of Clinical Competence

The student will demonstrate a minimum level of clinical competence in the areas of evaluation, intervention and interaction with clinic/patient populations with various types and severities of communication and/or related disorders, differences and disabilities.

Strategic Plan Associations

University of Louisiana at Lafayette

2.1.4 Students KPI 4: Improve student success through engagement in high impact practices.

Related Measures

M 3: Student Clinician Knowledge and Skills Rating

CODI Student Clinician Knowledge and Skills Acquisition rating form which is

completed by 2 off-campus clinical supervisors during a students final two semesters of clinical practicum. (Appendix A).

Source of Evidence: Academic direct measure of learning - other

Target:

The goal is that 100% of students graduating from the program will obtain an average rating of 4.0 on the off-campus clinical rating form.

Finding (2015-2016) - Target: Met

100% of students graduating in Spring 2016 were rated at 4.0 or higher. The average rating for the group was 4.63 with a range of 4.13 - 5.00.

Related Action Plans (by Established cycle, then alpha):

Change in Target

Although this objective was only partially met this year due to one student's failure to meet the clinical criterion set, we feel that this does not warrant a change in how clinical skills are taught and acquired by our students. The student who failed to meet the criterion was identified after her first semester and given remediation both in classes and in clinical practicum. She received intensive one-on-one help while in on-campus clinic, but could not perform at the level necessary once she left the supported clinic situation and moved into an off-campus setting. This failure is therefore more a reflection of the student's inability to perform rather than a failure of the training program. A similar situation occurred in the last rating cycle. To better reflect the purpose of the program assessment i.e. does the program assure that students leave with certain minimal levels of competence, we feel that rewording the target to indicate that 100% of students graduating from the program will achieve this level of competence is a more realistic measure of the objective.

Established in Cycle: 2012-2013

Implementation Status: Finished

Priority: High

Relationships (Measure | Outcome/Objective):

Measure: Student Clinician Knowledge and Skills Rating |

Outcome/Objective: Minimum Level of Clinical Competence

Projected Completion Date: 05/2013

New Evaluation Criteria for Clinical Competency

Based on information received through several presentations at the annual Conference for Academic Programs in Comm Sciences and Disorders, the clinical director and department head will study current rubrics for judging student competency in both knowledge and skills described by the 2014 certification standards of ASHA. Of particular interest will be the 5 point rating scale currently used and linked to the student's grade for off-campus practicum.

Established in Cycle: 2013-2014

Implementation Status: Finished

Priority: High

Relationships (Measure | Outcome/Objective):

Measure: Student Clinician Knowledge and Skills Rating |

Outcome/Objective: Minimum Level of Clinical Competence

Re-evaluation of assessment product

This goal is consistently reached by our students with a stable, but very high average rating from 2 off-campus supervisors per student. These ratings reflect a student's overall competency rather than competency in specific areas. The clinical staff will begin using a new electronic system for tracking clinical competencies during the 2015-16 academic year that should allow us to look at student progress in attaining competency in specific areas - evaluation vs treatment, language vs voice etc. Once this is in place, we may be able to see specific weaknesses/strengths in our clinical preparation that could be targeted for assessment and improvement rather than just overall competency at graduation. The 5 point rating scale has been adjusted to conform with those used by other programs across the country though the change is not a significant change from what has been used for the past several years.

Established in Cycle: 2014-2015

Implementation Status: In-Progress

Priority: High

Relationships (Measure | Outcome/Objective):

Measure: Student Clinician Knowledge and Skills Rating |

Outcome/Objective: Minimum Level of Clinical Competence

SLO 4: Research Processes

The student will demonstrate knowledge of the processes used in research and the integration of research principles into evidenced based practice.

Strategic Plan Associations

University of Louisiana at Lafayette

2.1.4 Students KPI 4: Improve student success through engagement in high impact practices.

2.3.2 Students KPI 10: Promote a comprehensive chain of research mentoring for graduate students via student-faculty interactions, peer activities, and apprenticeships.

Related Measures

M 4: Clinical Action Research Projects

Clinical action research projects of 1/3 of students enrolled in CODI 550 will be evaluated by 3 faculty members using a rubric for assessing investigation quality. (Appendix B) Faculty members will rate projects independently during a poster competition held during the CODI graduate conference each spring. Scores will be compared and agreement reached on any discrepancies.

Source of Evidence: Project, either individual or group

Target:

The goal is that 100% of our students will be rated at Level 2 (Novice) or higher with 50% of students rated at Level 3 (Proficient).

Finding (2015-2016) - Target: Met

All student participants (34) were evaluated this year using the revised rubric that specifically targeted understanding of action research. 47 % of students were rated at the novice level and 53% of students were rated at the proficient level.

Related Action Plans (by Established cycle, then alpha):

Modify Target Expectations

Faculty were generally pleased with the improvement in the quality of the research this year which is felt to be a reflection of increased direction given by the course instructor and mandatory individual meetings throughout the spring semester rather than voluntary meetings if help was needed. While all of the assessors placed the majority of the students at a proficient level, based on the existing rubric, the scoring rubric was not specific to action research, which is the focus of this course in clinical research. There were comments by the assessment team as well as other faculty viewing the poster presentations that some of the research displayed was not technically action research. The course instructor and assessment committee chair will work on revising the scoring rubric to better allow scoring of the students based on the criteria of action research. We will also raise our target expectations to expect that 50% of those rated will be at the proficient level on this revised rubric indicating their understanding of the purpose and implementation of action research.

Established in Cycle: 2014-2015

Implementation Status: In-Progress

Priority: High

Relationships (Measure | Outcome/Objective):

Measure: Clinical Action Research Projects |

Outcome/Objective: Research Processes

SLO 5: Knowledge of Ethical Conduct

The student will demonstrate knowledge of ethical conduct, ASHA Code of Ethics and contemporary professional issues.

Strategic Plan Associations

University of Louisiana at Lafayette

2.1.4 Students KPI 4: Improve student success through engagement in high impact practices.

Related Measures

M 5: Written Ethical Summaries

Written summaries for the ethics topic discussed in Capstone Seminar will be evaluated by 2 faculty members using a 4 point writing rubric (Appendix C) with emphasis on appropriateness, accuracy and extensiveness. Approximately 1/3 of summaries from the ethics topic will be chosen randomly for evaluation. Scores will be compared and agreement reached on any discrepancies.

Source of Evidence: Written assignment(s), usually scored by a rubric

Target:

The goal is that 100% of our students will earn a rating of 3 (Effective) or above on the knowledge aspects (appropriateness, accuracy, extensiveness and perspective) of the writing rubric with 40% earning a rating of 4 (outstanding).

Finding (2015-2016) - Target: Partially Met

A random sample of 12 written summaries from the ethics topic of the Capstone Seminar were evaluated with 92% of students scoring at the effective level or above reflecting their understanding of ethical clinical practice. Of these, 42% scored at the outstanding level. Only 1 student failed to demonstrate appropriate knowledge.

Related Action Plans (by Established cycle, then alpha):

Increase focus on ethics

While we did not meet our overall goal (100% of students demonstrating effective knowledge of the Code of Ethics for the profession and the ability to apply that knowledge to specific situations in daily practice, we feel that this goal is attainable. Next year an effort will be made to increase the direction students are given prior to approaching the assignment and to expand the hypothetical situations presented for students to resolve. We will retain the same assessment targets and reassess in three years.

Established in Cycle: 2015-2016

Implementation Status: Planned

Priority: High

Relationships (Measure | Outcome/Objective):

Measure: Written Ethical Summaries | **Outcome/Objective:** Knowledge of Ethical Conduct

SLO 6: Sufficient Written Communication Skills

The student will demonstrate skill in written communication sufficient for entry into professional practice.

Strategic Plan Associations**University of Louisiana at Lafayette**

2.1.4 Students KPI 4: Improve student success through engagement in high impact practices.

Related Measures**M 6: Written Projects**

First drafts of clinical reports (diagnostic or final treatment summary) from second year students will be evaluated by 2 faculty members using the 4 point writing rubric (Appendix C) and focusing on perspective, structure and coherence. Scores will be compared across raters and agreement reached on any discrepancies.

Source of Evidence: Written assignment(s), usually scored by a rubric

Target:

The goal is that 80% of our students will earn a rating of 3 (effective) or above on the structural components of the writing rubric (perspective, structure, coherence). Additionally, 20% will be rated at a level of 4 (outstanding).

Finding (2015-2016) - Target: Not Reported This Cycle

This learner outcome was not evaluated this cycle.

Related Action Plans (by Established cycle, then alpha):**Change in Student Products**

To better assess the students ability to write professionally, first drafts of student clinical reports from their second year (diagnostic or final treatment summary) will be randomly sampled and scored using the CODI writing rubric.

Established in Cycle: 2012-2013

Implementation Status: In-Progress

Priority: High

Relationships (Measure | Outcome/Objective):

Measure: Written Projects | **Outcome/Objective:** Sufficient

Written Communication Skills

New evaluation tool

While students continue to meet the criteria based on the generic writing rubric, clinical supervisors still speak about deficiencies in professional writing as one of the problems they routinely encounter with some graduate students. Perhaps, the sample has been too small or too selective to identify the weaknesses/strengths of our students. Currently, supervisors are asked to provide the assessment team with samples of first drafts of final semester reports but it is left to them to determine which reports are shared. Perhaps, only strong writers have been assessed by the team. Another discrepancy may be in the rubric being used which is not specific to professional writing of clinical reports. The assessment coordinator (department head) will gather information from both academic and clinical faculty as to the types of problems they typically see as well as the qualities of outstanding clinical writing and devise a more useful tool for identifying weaknesses. Student writing will be assessed both early in the clinical program through a clinical project from the first summer and as the students exit the clinical program to document change over time. This information should provide better data on how successful the graduate program is in promoting ability to write in a professional manner.

Established in Cycle: 2014-2015

Implementation Status: In-Progress

Priority: High

Relationships (Measure | Outcome/Objective):

Measure: Written Projects | **Outcome/Objective:** Sufficient
Written Communication Skills

Projected Completion Date: 05/2017

Analysis Questions and Analysis Answers

How were assessment results shared and evaluated within the unit?

Reports for all 3 degree programs in the department were compiled and printed and distributed to faculty members at the first faculty meeting of the 2016-17 semester. For the Master's program, the assessment coordinator discussed the learner objectives that were evaluated this year, the results for each and the action plans that had been implemented during the year. Faculty had the opportunity to ask questions and make comments on the findings. Faculty then discussed strengths and weaknesses of the program based on the results.

Identify which action plans [created in prior cycle(s)] were implemented in this current cycle. For each of these implemented plans, were there any measurable or perceivable effects? How, if at all, did the findings appear to be affected by the implemented action plan?

Two action plans were implemented this year both in response to faculty views that in spite of students meeting target expectations, we might not be measuring the appropriate aspect of student performance that we were targeting. For student learner outcome 4, we wanted to assess the students' ability to integrate research principles into evidenced-based practice as a speech-language pathologist. Our action plan was to create a new rubric for evaluating student research poster presentations that directly measured how well the students had implemented the requirements of action research - which by definition is research applied to a specific clinical problem. This was accomplished by the instructor of the research course and the assessment coordinator. We also raised our expectations to

100% of students rated at the novice researcher level or greater and 50% at the proficient level. The instructor shared the rubric with the students as they prepared their posters and verbal presentations. Another change in the action plan was to sample all student posters rather than a random sampling. Each faculty member was asked to judge 10 posters during the 2 1/2 hour period, leaving more time to spend at each poster. Each student was scored by at least 2 faculty members. The results were just what we had hoped to find. Students this past year were better prepared to present their research, the research was better defined as true action research and 53% of the students were rated as proficient with this type of research and able to apply their results to actual clinical situations. The second action plan implemented this year also involved a change in assessment method and target. This involved student learner outcome 5 which assesses the students' understanding and application of ethics in the practice of speech pathology and audiology. Students prepare a written paper resolving potential ethical dilemmas and debate the merits of each case in small groups with faculty moderators. We modified the goal to expect that 100% of students would demonstrate effective knowledge of ethics with the ability to apply this knowledge to actual clinical situations with at least 40% of students performing at the outstanding level. We also added the perspective category to the scoring rubric in addition to judging the appropriateness, accuracy and extensiveness of their knowledge. While the sample of students rated fell a little short of the goal, we did have greater than 40% at the outstanding level and only 1 student failed to meet the criterion of effective knowledge of ethics. We have created a new action plan to increase focus on application of ethics to a wider variety of situations in preparing students for the assignment and will reassess this outcome in 3 years.

What has the unit learned from the current assessment cycle? What is working well, and what is working less well in achieving desired outcomes?

Based on assessment results from the last cycle (5 learner outcomes met, 1 partially met and 1 not assessed), the department feels that as a whole we are doing a good job of preparing our students to take their place in the professional world as competent speech, language pathologists. In addition to these results, our accreditation agency requires that we also track student on-time completion rates and employment rates within the field within one year of graduation. In the past three years, our employment rates within the field upon graduation have been 100% and our completion rate has averaged 90% over the this same time span. This represents an attrition rate of 2-3 students from a class of 30-35. Many of these students withdraw after the first semester, indicating that they do not feel that they have made the right choice in pursuing the degree. We rarely lose more than 1-2 students per cohort due to failure to succeed in the program. So when looking at what we are doing right, we feel that we are giving the master's students in the program the basic knowledge that they need in their classes as well as an appropriate level of guidance and support in their clinical experiences to help them succeed. However, there is always room for improvement. The department head recently heard from an employer who was concerned with an apparent lack of knowledge as well as a passive attitude in a couple of our students recently hired by her company. While she acknowledged that students could not be expected to know everything - that is the purpose of the clinical fellowship experience which provides greater supervision and monitoring of students for the first 9 months of employment, she was most discouraged by their passive attitude toward filling in the gaps they had. Perhaps this is a reflection of the individual students, but it could possibly be a weak point in our teaching model. Perhaps students are being "hand-fed" so to speak with the close supervision that we provide. Perhaps we are not stressing the need to do independent research when they don't know the answer. Perhaps we are not covering as much in our classes that we could or our classes are not reflecting changes in the scope of practice in the types of patients/clients they will see outside the university or in what they will be expected to do in their work settings. In light of this, the department plans to evaluate the curriculum of the Master's program and all other aspects including how classes are structured and sequenced. This will be a year long process of self-study in

anticipation of our next accreditation visit in the Fall of 2019.