2014-2015 CLASS FACT Assessment Year End Report – M.S. program

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<th>Program Name(s)</th>
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[NOTE: Items A, B, C, and D are identical to your Page 2 on your Annual Report for CAPR. Please simply cut and paste from there. Item E is unique to the CLASS FACT Project.]

A. Program Student Learning Outcomes

Master of Science in Speech-Language Pathology
Students graduating with an M.S. in Speech-Language Pathology from California State University East Bay will:
1) Screen, assess and treat individuals with a variety of communicative disorders across the lifespan
2) Communicate and collaborate effectively with clients, families, and other professionals
3) Evaluate and apply clinical research, recognizing the need for evidence to support best practices in clinical service delivery
4) Consistently apply ethical professional standards, recognize and respect the limits of their professional preparation and clinical skills, and work effectively with other professionals
5) Demonstrate cultural competence and commitment to advocacy for persons with communicative disorders

Mapping to CSUEB Institutional Learning Outcomes:
Thinking and reasoning – SLOs 1, 3, 4
Communication – SLOs 2, 5
Collaboration – SLO 2
Diversity – SLO 5
Specialized Education – SLOs 1, 2, 3, 4,

B. Program Student Learning Outcome(s) Assessed

SLO 2 - Communicate and collaborate effectively with clients, families, and other professionals
C. Summary of Assessment Process

Strong clinical writing skills are essential to the success of speech-language pathologists given that well-written clinical reports (detailing assessment findings and outcomes of therapeutic interventions) are essential to client care, communication with other professionals, and for reimbursement of services provided. Clinical writing builds on academic writing, yet is distinct from it. For instructor-supervisor development, the department already held a writing-focused faculty/staff development workshop on best practices to teach writing (Facilitators: Sarah Nielsen, Margaret Rustick from English Department) in Fall 2014 and provided recommended resources to all faculty/supervisors. For CSD's 2014-15 FACT project, we plan to evaluate the clinical writing skills of graduate student clinicians, in their first quarter of clinical practicum done on-campus. We plan to:

1. Examine Quarterly Therapy Plan-QTP (submitted close to mid-quarter) and Quarterly Therapy Summary-QTS (submitted in the last week of the quarter) in Winter quarter 2015.
3. Randomly select approximately 7-10 full reports (half QTP and half QTS reports) and score them with a group of supervisors, using our existing rubric. Goals: norm supervisor scoring, find gaps in student performance.
4. Conduct a faculty survey to see where report reading / writing is being taught pre-clinic.

D. Summary of Assessment Results

Parts 1 & 2:
There were 24 eligible student grade sets submitted, which included all first-quarter clinicians except those in specialized clinical programs with non-standard report structures. Of these students, 17 were extended master’s (CC1) students and 7 were regular master’s (CC2) students.

Of the 17 CC1 students, four scored below “B” on the Quarterly Therapy Plan and two score below “B” on the Quarterly Therapy Summary. Notably, the students who performed poorly on the QTP were not the same students as the ones who performed poorly on the QTS. Of the 7 CC2 students, three scored below “B” on the QTP and one of these three scored below “B” on the QTS.

Part 3:
In addition, three sets of reports were chosen quasi-randomly to be cross-graded by several clinical supervisors. Reports were chosen to include documents with a range of grades and from different clinical supervisors. The following preliminary observations were made based on supervisor comments:
Report scoring suggests consistency between supervisors in the expectations for the overall structure of the report – the necessary sections, the content of these sections, the structure of the goals and minimal errors in syntax. These are components that are also explicitly described in the clinic manual. Supervisor comments also reflected similar expectations for specificity of goal targets and expected rates of client progress (as demonstrated by supervisor comments on treatment objectives and benchmarks).

Report scoring suggests possible minor inconsistencies between supervisors in their preferences for intervention sequences (known in the field as “cueing hierarchies”) and for use of professional terminology (e.g. ‘stimulus’ vs. ‘prompt’ vs. ‘visual cue,’ ‘negative practice’), as well minor formatting issues such as the use of tables within reports. Though a broad rubric for report scoring exists in the department’s clinic manual, some supervisors have developed more detailed rubrics of their own.

Reports suggest that, while students had difficulties across various sections of the clinical reports, they presented the most difficulty with writing goals – setting support hierarchies and predicting clients’ rates of progress.

The reviewed reports, which were chosen quasi-randomly, primarily targeted pediatric clients with articulation difficulties. Further exploration of report grading will need to include pediatric clients with language disorders of various severities, as well as clients across the age range.

Closing the loop: these results will be presented at a faculty meeting in the beginning of the Fall 2015 quarter. A faculty survey will be conducted to determine where clinical writing is being taught, to consider the possibility of infusing more writing practice directly relevant to clinic.

E. Suggestions and Recommendations for the CLASS FACT Project in the Future

It seems more useful to me to hold more individual or small group meetings, rather than large group meetings.