B.S. Degree

A. Program Student Learning Outcomes
Students graduating with a B.S. in Speech-Language Pathology will be able to:
1. Complete foundational academic coursework in preparation for advanced professional training in speech-language pathology or related disciplines
2. Integrate knowledge from basic and behavioral sciences and humanities with contemporary theory and practice in speech-language pathology
3. Describe typical and atypical communicative development and behavior across the lifespan
4. Demonstrate skills in working collaboratively
5. Explain the importance of cultural competence, social justice, ethics, and advocacy in serving diverse individuals.

B. Program Student Learning Outcome(s) Assessed
The 2016-17 FACT assessment project focused on assessing how students in the B.S. program demonstrated knowledge of evidence-based practices with multilingual clients (related to SLO 1, 2, and 5).

C. Summary of Assessment Process
We assessed the undergraduate student learning outcomes by collecting syllabi for key undergraduate courses in communicative disorders and, with instructor input, identifying assignments and activities targeting multilingualism. We initially intended to collect student grades for these assignments. However, across most courses, multilingualism content was woven into a wide range of assignments and activities, both graded and Pass/No Pass, which made grade information non-functional.

D. Summary of Assessment Results
Issues in multilingualism covered across courses include effects of multilingualism on speech sound production and language acquisition, effective use of translators and interpreters, recognition of different types of multilingualism (sequential vs simultaneous, additive vs subtractive), understanding of cultural differences that may or may not accompany multilingualism, and appropriate use of standardized and non-standardized assessment procedures with multilingual clients. Please note that all CSD course syllabi list the use of
interactive / problem-based learning activities as instructional tools, so “discussion” typically includes lecture and non-graded interactive learning activities.

The following assignments / activities currently target specific topics within the subject area of multilingualism in CSD:
<table>
<thead>
<tr>
<th>Course</th>
<th>Assignments</th>
<th>Aspects of diversity</th>
</tr>
</thead>
<tbody>
<tr>
<td>SPPA 2850 Intro</td>
<td>Not clear from syllabus, but “factors other than disorder that can influence milestones” are listed on course outcomes</td>
<td>General discussion of impact of diversity on communication disorders</td>
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<tr>
<td>SPPA 3852 Language Development</td>
<td>Two in-class assignments and lectures</td>
<td>SES, different types of multilingualism, gender (milestones)</td>
</tr>
<tr>
<td>3855 Phonetics</td>
<td>One homework assignment and two lectures</td>
<td>Dialects – phonetic differences, definition of dialect vs. disorder</td>
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<tr>
<td>4859 Evidence Based Practice</td>
<td>Students work with the concept of “representative populations” in two P/F in-class assignments that evaluate quality of intervention studies and standardized assessments</td>
<td>Gender, race/ethnicity, multilingualism</td>
</tr>
<tr>
<td>4863 Artic / phonological disorders</td>
<td>Class Activities Exams</td>
<td>Dialectal differences Phonic inventories of difference language Assessment of bilingual individuals Culturally sensitive intervention for children with speech sound disorders</td>
</tr>
<tr>
<td>4865 Lang Disorders in children</td>
<td>Two in-class assignments and lecture</td>
<td>Effects of simultaneous / sequential additive / subtractive bilingualism, representativeness of standardized testing populations</td>
</tr>
<tr>
<td>4866 Neurocognitive Disorders</td>
<td>Reading / lecture</td>
<td>Racial/ethnic disparities in stroke care</td>
</tr>
<tr>
<td>4868 Culturally Linguistic Diversity</td>
<td>Whole course</td>
<td>From syllabus: culture, ethnicity, multilingualism, socio-economic status</td>
</tr>
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</table>

**Closing the loop:**
Based on this initial assessment, it is clear that content focused on culturally sensitive assessment practices are being introduced in multiple courses in our BS program. Student knowledge of this
content is being assessed through a variety of course specific assessments including exams and quizzes, in-class reflections, reading reflections, clinical note writing and guided observations. These results will be reviewed with all teaching faculty in the BS program at our annual departmental orientation in Fall 2016. We will outline specific guidelines/text/strategies for instructors that will increase multicultural/multilingualism content across all courses. This is especially relevant as we gear up for our external accreditation reviews in the upcoming years.

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

Future FACT assessment projects can help the department assess:

- Student mastery of specific competencies related to assessment and intervention with multicultural populations (e.g., completing an ethnographic interview, creating an assessment plan for a culturally diverse client with communication disorders)
- Assess student competency in working with translators and interpreters through simulation/service learning activities in required senior coursework.
- Develop an assignment in the capstone course in the undergraduate program (SPPA 4859: Evidence Based Practice) that focuses on working with diverse clients.

M.S. Degree

A. Program Student Learning Outcomes
Students graduating with an M.S. in Speech-Language Pathology will be able to:

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.

B. Program Student Learning Outcome(s) Assessed
SLO 5: Demonstrate cultural competence and commitment to advocate for those affected by communicative disorders

C. Summary of Assessment Process
The ability to design and execute culturally competent assessment and intervention practices with diverse clients is an essential clinical skill required of speech-language pathologists, listed as a key competency by ASHA (American Speech, Language and Hearing Association, e.g. http://www.asha.org/policy/KS2004-00215/) and CTC (California Commission on Teacher Credentialing). Basic culturally competent assessment practices includes (1) a thorough description of the client and family’s language and dialect history and current use, (2) assessment of the need for a culturally competent translator, (3) culturally sensitive selection and interpretation of standardized tests (appropriate use of standardized scores, selection of bilingual / other language assessments, informal qualitative assessment in the relevant language, etc) and
recommendations that consider language background and best practices in multilingual intervention. For CSD’s 2015-2016 FACT project, we evaluated the proficiency of our Master’s students in conducting culturally competent assessments as appropriate to the clients they served as part of their clinical practica at the Norma S. and Ray R. Rees Speech and Hearing Clinic on campus.

To this end, we

- Selected all assessments conducted in Winter and Spring 2016 where any language other than English was listed on the intake form and/or diagnostic report and reviewed these reports to collect the following information:
  - What was the client profile (pediatric vs. adult, speech vs. language vs. cognition as primary referring problem)?
  - Was a thorough history offered on the client’s / family’s language / dialect background, as necessary?
  - Was the need for a translator assessed?
  - Was a translator called if needed?
  - Was language / dialect considered in the following ways:
    - Mentioned as a consideration in selection of assessments
    - Mentioned as a consideration in diagnosis of language disorder vs. difference
    - Mentioned as a consideration in recommendations

D. Summary of Assessment Results

Ten diagnostic reports on multilingual clients were reviewed. For more specific data, please see the table below. Based on these reports, clinicians are collecting a broad language history on all clients. For clients who are reported to be Spanish-dominant, assessment and interview is conducted in Spanish.

Translators were never called in any of these cases. In two cases, clinicians or clinician assistants spoke Spanish, so no translator was necessary. In four cases, the family’s dominant language was English, so no translator was needed. In four remaining cases, it appears from indirect descriptions that families spoke near-native English, but the report does not offer direct information on whether a translator was considered.

While some language history is collected, not all necessary components are present in many of the cases (e.g. the language spoken between adults). Informal assessment of non-English skills is present in only one case. No reports mention multilingual considerations in recommendations.

Closing the loop:

Results of this assessment will be discussed with faculty and supervisors at our annual fall retreat. We will use self-reflection exercises to help supervisors identify areas of self-improvement. Continuing education opportunities on this topic will be identified for supervisors to complete in preparation for the following academic year.

The following changes will be made to clinic paperwork/process make our assessment process more sensitive to multilingual / multidialectal issues:

- Include “other languages spoken in the home” line on clinic intake form. Currently intake only includes “primary language spoken in the home.”
- Explicitly document assessment of need for translator for any family that lists languages other than English. Work with other departments on campus to identify resources that will
assist clinicians/supervisors in locating native speakers of languages other than English (such as Modern Languages, International Student Center).

- Include a thorough language history more consistently in reports (e.g. if client switched from another language to English, at what age? Are there specific activities that the client typically conducts in their home language vs. in English? If family members report that they only speak to a pediatric client in English, what language do they speak with each other?)
- Explicitly state in assessment reports whether multilingual recommendations were considered.

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

- A similar assessment project will be completed next year. We will select all assessments completed by students enrolled in clinical practica in Winter and Spring 2016 that included multilingual/diverse clients. These assessment reports will be reviewed to identify student implementation of culturally sensitive assessment practices.
- Supervisors and faculty will complete a self-assessment to identify their knowledge, skills, and competence related to serving individuals from diverse cultures so that future continuing education opportunities can focus on increasing our collective ability to teach students to work effectively with individuals from diverse cultures.
Appendix A: Raw Data (MS Program) from Client Assessment Reports (part of clinical practicum coursework)

| Total number of reports | Ten
| Client ages | Preschool - 1111 School - 111 Adult - 111
| Languages spoken by clients | Spanish - 5, German – 1, Cebuano - 1, Korean – 1, Cantonese – 1, Harari - 1
| Was a thorough language history present in the report? | Some language history – BR, GR, ML, LC, NB, KY, CY, II Full language history – ANMG, NM
| Was the need for a translator assessed / was a translator called? | BR, GR, NM – not needed, ANM, ML – Spanish clinician, LC – not needed, NB, CY, CK, II – not clear (not needed?),
| Was language / dialect considered in the following ways: | BR – no GR – no ANMG – assessed in Spanish ML – English norms for a standardized test are cited even though Spanish is listed as primary on intake NB – accented speech is mentioned, but no consideration of fluency / language in Cebuano CY – client “observed in informal conversation in Korean,” data supports English observation CK – father’s accent discussed in eval, no explicit connection is made between father’s accent and child’s artic recommendation. II – no mention of adult-to-adult language, age at which family switched to English NM – language background / environment for client and family is described, listed as minor
| No report includes multilingualism in diagnosis / recommendations
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| Was language / dialect considered in the following ways: | BR – no GR – no ANMG – assessed in Spanish ML – English norms for a standardized test are cited even though Spanish is listed as primary on intake
| selection of assessments | NB – accented speech is mentioned, but no consideration of fluency / language in Cebuano  
| -Mentioned as a consideration in diagnosis of language disorder vs. difference  
| -Mentioned as a consideration in recommendations  
| CY – client “observed in informal conversation in Korean,” data supports English observation  
| CK – father’s accent discussed in eval, no explicit connection is made between father’s accent and child’s artic recommendation.  
| II – no mention of adult-to-adult language, age at which family switched to English  
| NM – language background / environment for client and family is described, listed as minor  

No report includes multilingualism in diagnosis / recommendations