2014-15 Annual Assessment Report Speech Pathology and Audiology MS

Question 1: Program Learning Outcomes

1.1. Which of the following Program Learning Outcomes (PLOs) and Sac State Baccalaureate Learning Goals (BLGs) **did you assess in 2014-2015**? [Check all that apply]

- [X] 1. Critical thinking
- [ ] 2. Information literacy
- [ ] 3. Written communication
- [ ] 4. Oral communication
- [ ] 5. Quantitative literacy
- [ ] 6. Inquiry and analysis
- [ ] 7. Creative thinking
- [ ] 8. Reading
- [ ] 9. Team work
- [ ] 10. Problem solving
- [ ] 11. Civic knowledge and engagement
- [ ] 12. Intercultural knowledge and competency
- [ ] 13. Ethical reasoning
- [ ] 14. Foundations and skills for lifelong learning
- [ ] 15. Global learning
- [ ] 16. Integrative and applied learning
- [X] 17. Overall competencies for GE Knowledge
- [ ] 18. Overall competencies in the major/discipline
- [ ] 19. Other, specify any PLOs that were assessed in 2014-2015 but not included above:
    - a.
    - b.
    - c.

Q1.3. Are your PLOs closely aligned with the mission of the university?
- [X] 1. Yes
- [ ] 2. No
- [ ] 3. Don't know

Q1.4. Is your program externally accredited (other than through WASC)?
- [X] 1. Yes
- [ ] 2. No (Go to **Q1.5**)
- [ ] 3. Don't know (Go to **Q1.5**)

Q1.4.1. If the answer to Q1.4 is yes, are your PLOs closely aligned with the mission/goals/outcomes of the accreditation agency?
- [X] 1. Yes
- [ ] 2. No
- [ ] 3. Don't know

Q1.5. Did your program use the *Degree Qualification Profile* (DQP) to develop your PLO(s)?

- [X] 1. Yes
- [ ] 2. No, but I know what the DQP is
- [ ] 3. No, I don't know what the DQP is.
- [ ] 4. Don't know

Q1.6. Did you use action verbs to make each PLO measurable (See Attachment I)? Yes. See clinical competency form sample.

Q1.2. Please provide more detailed background information about **EACH PLO** you checked above and other information such as how your specific PLOs were **explicitly** linked to the Sac State BLGs:

Our graduate program has developed three specific program learning outcomes aligned to the knowledge and skills acquisition required by our accrediting body, the American Speech-Language-Hearing Association (ASHA) (See Appendix I). This year, we assessed graduate program outcome number 1, overall competence in the major and we also assessed graduate program outcome number 2, critical thinking. This main focus of this report will be on how we measured graduate program outcome 2:

2. Critical Thinking: To demonstrate **skills** in the areas set forth by the American Speech-Language Hearing Association (ASHA) (2014).

Students must demonstrate clinical competence in the areas of Writing, Assessment, Treatment, and Professional Behavior for required clinical and internship experiences in order to demonstrate skills across the nine major areas delineated by ASHA:
1) Articulation
2) Fluency
3) Voice and Resonance, including respiration and phonation
4) Receptive and Expressive language (phonology, morphology, syntax, semantics, pragmatics, prelinguistic communication and paralinguistic communication) in speaking, listening, reading, and writing

Q1.2.1. Do you have rubrics for your PLOs?

- [X] 1. Yes, for all PLOs
- [ ] 2. Yes, but for some PLOs
- [ ] 3. No rubrics for PLOs
- [ ] N/A, other (please specify):

5) Hearing, including the impact on speech and language
6) Swallowing (oral, pharyngeal, esophageal, and related functions, including oral function for feeding, orofacial myology)
7) Cognitive aspects of communication (attention, memory, sequencing, problem-solving, executive functioning)
8) Social aspects of communication (including challenging behavior, ineffective social skills, and lack of communication opportunities)
9) Augmentative and alternative communication (AAC) modalities

IN QUESTIONS 2 THROUGH 5, REPORT IN DETAIL ON ONE PLO THAT YOU ASSESSED IN 2014-2015

Question 2: Standard of Performance for the selected PLO

Q 2.1. Specify one PLO here as an example to illustrate how you conducted assessment (be sure you checked the correct box for this PLO in Q1.1): Critical Thinking	Q2.2. Has the program developed or adopted **explicit** standards of performance for this PLO? [X] 1. Yes [ ] 2. No [ ] 3. Don't know [ ] 4. N/A

Q2.3. Please provide the rubric(s) and standard of performance that you have developed for this PLO here or in the appendix: [Word limit: 300]

Clinical Competencies:
Our department requires students to demonstrate clinical competence in 32 hours of direct client service in EACH of six in-house clinics dedicated to specific disorders over three semesters as well as 4 hours in the Assessment Clinic, 4 hours in Hearing Screenings, and 100 hours in EACH of two internship placements (fourth semester) for a total of a minimum of 400 hours. Our graduate program is hierarchical in nature: Each student must have completed coursework related to each disorder before enrolling in the associated clinic. These experiences require the student to apply previously acquired knowledge to real-life situations. Success in these experiences is dependent upon the ability to think critically as the student assesses and treats clients under the supervision of a Clinical Instructor.

Each of these clinical experiences is assessed formatively and summatively with specific clinical competencies designed to measure critical thinking in the nine areas set forth by ASHA divided into four areas: *Writing*, *Assessment*, *Treatment*, and *Professional Behavior*. Specific clinical competency forms are in place for each clinic and internship. Students are provided with the clinical competency evaluations before they begin each clinical experiences. Clinical Instructors use this form to provide feedback to students regarding progress. (See Appendix II)

An example of a rubric maintained for each student, including standards of performance and expectations, is below. As a student meets clinical competency in an area, the required skill is recorded as being met on their Knowledge and Skills form, maintained electronically by the department.

Semester	Clinic	Critical Thinking/Skills Area	Standards of Performance/Expectations
Semester 1	Speech 1 Language 1	Articulation (PLO2 area 1) Receptive Language (PLO2 area 2)	Overall average clinical competency score of B- or above; No line item of 59 or lower; No area score of 79 or less.
Semester 1	Hearing Screenings	Hearing (PLO2 area 5)	Same

Semester 2	Speech 2	Fluency/Voice Resonance (PLO2 areas 2 & 3)	Same
	Language 2	Receptive/Expressive Language (PLO2 area 4)	
Semester 3	Speech 3	Social Aspects of Communication/AAC (PLO2 area 8)	Same
	Language 3	Cognitive Aspects of Communication (PLO2 area 7)	
Semester 3	Assessment	Articulation (PLO2 areas 1-5 & 7-9) Fluency Voice Resonance Receptive/Expressive Language Hearing Cognitive Aspects of Communication Social Aspects of Communication/AAC	Same
Semester 4	2 Internships	Articulation (PLO2 areas 1-9) Fluency Voice Resonance Receptive/Expressive Language Hearing Cognitive Aspects of Communication Social Aspects of Communication/AAC Swallowing	Same

		A passing grade for each clinic is a B- or higher. A passing grade is obtained by achieving a rating of 80% or better on the average combined score of the 4 general competency categories, provided that the student achieves: (a) an average rating of 80 or better for **each** of the 4 general competency categories **and** (b) a minimum score of 60 on **all** individual competency line items. **Therefore, any student receiving (a) a rating of 59 or less on any one (or more) specific line item _or_ (b) a rating of 79 or less for a competency category** *will not pass the clinic, even if their average combined score of the 4 general competency categories is a B- or higher. In such cases, a grade of C+ will be given for the clinic.*
Independent	90-100	
Minimum Assistance Needed	80-89	
Minimum to Moderate Assistance Needed	70-79	
Moderate Assistance Needed	60-69	
Maximum Assistance Needed	0-59	

Q2.4. Please indicate the category in which the selected PLO falls into.

X	1. Critical thinking
	2. Information literacy
	3. Written communication
	4. Oral communication
	5. Quantitative literacy
	6. Inquiry and analysis
	7. Creative thinking
	8. Reading
	9. Team work
	10. Problem solving
	11. Civic knowledge and engagement
	12. Intercultural knowledge and competency
	13. Ethical reasoning
	14. Foundations and skills for lifelong learning
	15. Global learning
	16. Integrative and applied learning
	17. Overall competencies for GE Knowledge
	18. Overall competencies in the major/discipline
	19. Other:

Please indicate where you have published the PLO, the standard of performance, and the rubric that measures the PLO: Mastery of required ASHA knowledge and Skills	Q2.5 (1) PLO	Q2.6 (2) Standards of Performance	Q2.7 (3) Rubrics
1. In **SOME** course syllabi/assignments in the program that address the PLO			
2. In **ALL** course syllabi/assignments in the program that address the PLO	X	X	X
3. In the student handbook/advising handbook	X	X	
4. In the university catalogue	X	X	
5. On the academic unit website or in newsletters	X	X	X
6. In the assessment or program review reports, plans, resources or activities	X	X	X
7. In new course proposal forms in the department/college/university	X	X	
8. In the department/college/university's strategic plans and other planning documents	X		
9. In the department/college/university's budget plans and other resource allocation documents			

10. Other, specify: All students are in possession of the 2014 ASHA Standards for Clinical Competence, which are published on the ASHA website and on every clinic course syllabus with a direct link to how the clinic addresses specific standards.

**Question 3: Data Collection Methods and Evaluation of
Data Quality for the <u>Selected</u> PLO**

Q3.1. Was assessment data/evidence **collected** for the selected PLO in 2014-2015?	**Q3.2. If** yes, was the data **scored/evaluated** for this PLO in 2014-2015?
X 1. Yes 2. No (Skip to **Q6**) 3. Don't know (Skip to **Q6**) 4. N/A (Skip to **Q6**)	X 1. Yes 2. No (Skip to **Q6**) 3. Don't know (Skip to **Q6**) 4. N/A (Skip to **Q6**)

Q3.1A. How many assessment tools/methods/measures **in total** did you use to assess this PLO? (5)	Q3.2A Please describe how you collected the assessment data for the selected PLO. For example, in what course(s) or by what means were data collected (see Attachment II)? **[Word limit: 300]**
Primary • Clinical Competencies by Clinic • Alumni Survey • National Praxis Exam • Biannual Advisory Committee Meetings Supplemental • Learning Outcomes Assessment (Note: This tool help us assess PLO1, but provides some inferential information related to PLO2)	An assigned Clinical Instructor completes a clinical competency form for each student in each clinic at midterm and final. These are stored electronically by the Clinic Coordinator. As a student meets clinical competency in an area, the required skill is recorded as being met on their form Knowledge and Skills form, maintained electronically by the department. The Alumni Survey is administered via survey monkey each summer to all graduates of the program for whom we have contact information. Student results for the National Praxis Exam are sent to our department by ETS. Minutes are taken at biannual advisory committee meetings. The Learning Outcomes Assessment is discussed below under Assessing Other Program Outcomes

Q3A: Direct Measures (key assignments, projects, portfolios)

| Q3.3. Were direct measures [key assignments, projects, portfolios, etc.] used to assess this PLO?
 [X] 1. Yes
 [ ] 2. No (Go to **Q3.7**)
 [ ] 3. Don't know (Go to **Q3.7**)

 Q3.3.2. Please attach the direct measure you used to collect data.

 Please see attached sample competency forms (Appendix II) | Q3.3.1. Which of the following direct measures were used? **[Check all that apply]**
 [ ] 1. Capstone projects (including theses, senior theses), courses, or experiences
 [ ] 2. Key assignments from required classes in the program
 [ ] 3. Key assignments from elective classes
 [ ] 4. Classroom based performance assessments such as simulations, comprehensive exams, critiques
 [ ] 5. External performance assessments such as internships or other community based projects
 [ ] 6. E-Portfolios
 [ ] 7. Other portfolios
 [X] 8. Other measure. Specify: Clinical Competency Forms |

Q3.4. How was the data evaluated? **[Select only one]**
[ ] 1. **No** rubric is used to interpret the evidence (Go to **Q3.5**)
[ ] 2. Used rubric developed/modified by the faculty who teaches the class
[ ] 3. Used rubric developed/modified by a group of faculty
[X] 4. Used rubric pilot-tested and refined by a group of faculty
[ ] 5. The VALUE rubric(s)
[ ] 6. Modified VALUE rubric(s)
[ ] 7. Used other means. Specify:

Q3.4.1. Was the direct measure (e.g. assignment, thesis, etc.) aligned directly and explicitly with the PLO? [X] 1. Yes [ ] 2. No [ ] 3. Don't know [ ] 4. N/A	Q3.4.2. Was the direct measure (e.g. assignment, thesis, etc.) aligned directly and explicitly with the rubric? [X] 1. Yes [ ] 2. No [ ] 3. Don't know [ ] 4. N/A	Q3.4.3. Was the rubric aligned directly and explicitly with the PLO? [X] 1. Yes [ ] 2. No [ ] 3. Don't know [ ] 4. N/A

Q3.5. How many faculty members participated in planning the assessment data collection of the selected PLO?	Q3.5.1. If the data was evaluated by multiple scorers, was there a norming process (a procedure to make sure everyone was scoring

	similarly)? N/A
All full and part-time faculty participate in the development of the clinical competencies. Each student is evaluated by an assigned Clinical Instructor for the associated clinical experience.	[X] 1. Yes (Workshops each semester for competencies.) [ ] 2 [ ] 3. Don't know

Q3.6. How did you **select** the sample of student work [papers, projects, portfolios, etc.]? The competency forms are automatically completed for each student at midterm and final.	**Q3.6.1.** How did you **decide** how many samples of student work to review? We focused on the competency forms 2014-15 expected program completers—31 students were scheduled to complete fourth semester clinical work and graduate from the program.

Q3.6.2. How many students were in the class or program? 81 enrolled/29 expected completers	**Q3.6.3.** How many samples of student work did you evaluate? 29 expected completers competencies	**Q3.6.4.** Was the sample size of student work for the direct measure adequate? [X] 1. Yes [ ] 2. No [ ] 3. Don't know

Q3B: Indirect Measures (surveys, focus groups, interviews, etc.)

Q3.7. Were indirect measures used to assess the PLO? [x] 1. Yes [ ] 2. No (Skip to **Q3.8**) [ ] 3. Don't know	**Q3.7.1.** Which of the following indirect measures were used? **[Check all that apply]** [ ] 1. National student surveys (e.g., NSSE) [ ] 2. University conducted student surveys (e.g. OIR) [ ] 3. College/Department/program student surveys [x] 4. Alumni surveys, focus groups, or interviews [ ] 5. Employer surveys, focus groups, or interviews [X] 6. Advisory board surveys, focus groups, or interviews [ ] 7. Other, specify:
Q3.7.2 If surveys were used, how was the sample size decided? Surveys were sent to all graduates of the graduate program for whom we and/or the alumni association have current contact information.	
Q3.7.3. If surveys were used, briefly specify how you selected your sample. Surveys were sent to all graduates of the graduate program for whom we and/or the alumni association have current contact information.	**Q3.7.4. If** surveys were used, what was the response rate? A campus alumni survey was distributed to all graduates of our program for whom we have contact information in summer 2015. Responses from 59 alumni were received at the time of summer data analysis. 12 responses were from graduates who completed our graduate program within the last 5 years. Thirty-nine questions were presented in Likert Scale format. Questions targeted evaluation of the student experience in the Department of Speech Pathology and Audiology in specific areas: Quality of faculty instruction, intellectual challenge of the major, overall experience in the major, level of preparation you received from the major in relation to post-program career success, preparation in intercultural knowledge, and competence related to the field in the 9 areas outlined in graduate program outcome 2. (See Appendix III) Our Community Advisory Board, which meets biannually, maintains a system of three cohorts (public schools, hospitals, and private practices) of professionals in the community, each with a designated liaison. These cohorts are charged with conducting a caucus prior to the meetings so that an equally-distributed agenda can be created that defines the needs of the group and brings current issues from the field to the direct attention of our faculty. The mission of the committee is to

	collaboratively discuss current trends in the fields and to discuss the department's academic and clinical programs so that the department can integrate input from the committee into plans for the ongoing improvement and updating of these programs. While no formal survey was provided to this group in 2014-15, minutes are taken at each meeting and are reviewed by the faculty at faculty meetings and retreats in order to inform program design. Particular attention is paid to the Committee's impression of our graduates and their preparation for clinical practice in the field in the areas outlined in PLO2.

Q3C: Other Measures (external benchmarking, licensing exams, standardized tests, etc.)

Q3.8. Were external benchmarking data such as licensing exams or standardized tests used to assess the PLO? [X] 1. Yes [ ] 2. No (Go to **Q3.8.2**) [ ] 3. Don't know	**Q3.8.1.** Which of the following measures were used? [X] 1. National disciplinary exams or state/professional licensure exams (See Praxis description below in Q.3.8.3) [ ] 2. General knowledge and skills measures (e.g., CLA, CAAP, ETS PP, etc.) [ ] 3. Other standardized knowledge and skill exams (e.g., ETS, GRE, etc.) [ ] 4. Other, specify:
Q3.8.2. Were other measures used to assess the PLO? [X] 1. Yes [ ] 2. No (Go to **Q3.9**) [ ] 3. Don't know (Go to **Q3.9**)	**Q3.8.3.** If other measures were used, please specify: The *Praxis II* exam in Speech-Language Pathology is required, in addition to the earned Master's Degree and a required professional experience, in order to apply for the American Speech-Language-Hearing Association (ASHA) Certificate of Clinical Competence, the California License in Speech-Language Pathology, and the Clear California Speech-Language Pathology Services Credential with or without the Special Class Authorization. This summative assessment measures candidate's level of preparation for independent practice as a speech-language pathologist in all primary employment settings, including schools and is aligned to clinical application and critical thinking regarding the 9 areas outlined in PLO2.

Q3D: Alignment and Quality

Q3.9. Did the data, including the direct measures, from all the different assessment tools/measures/methods directly align with the PLO? [x] 1. Yes [ ] 2. No [ ] 3. Don't know	**Q3.9.1.** Were **ALL** the assessment tools/measures/methods that were used good measures for the PLO? [x] 1. Yes [ ] 2. No [ ] 3. Don't know

Question 4: Data, Findings and Conclusions

Q4.1. Please provide simple tables and/or graphs to summarize the assessment data, findings, and conclusions: (see Attachment III) **[Word limit: 600 for selected PLO]**

Direct Measure: Clinical Competencies:
27 of 29 enrolled students in these two cohorts (fall and spring) met the clinical competency standards of performance expectations for each clinic on time. As an example, the tables below include the average results of these students' Speech I Methods (first semester) clinic and their Itinerant Public School Internship (fourth semester) clinic. These tables provide a representative example of the overall performance of this group as they moved through the clinical sequence.

Speech I Clinic	Score Range	Mean	Standard Deviation
Writing	85-100	95	4.42
Assessment	86-97	92	3.62
Treatment	87-100	95	3.52
Professional Behavior	92-100	97	2.58
Total Overall	359-397	95	3.14

Itinerant Internship	Score Range	Mean	Standard Deviation
Writing	78-100	94	5.93
Assessment	81-100	94	5.0
Treatment	82-100	94	4.99
Professional Behavior	75-100	95	6.47
Total Overall	316-400	94	5.36

Our analysis confirms that the majority of our expected 2014-15 completers successfully met the criteria for demonstrating clinical competency independently for each clinical experience before progressing to the next clinical practicum or internship as evidenced by overall analysis of clinical competencies across the clinical and internship experiences. This requires a high degree of critical thinking. While the students reviewed did well overall, two did not complete the program on time. Previous surveys have indicated that earlier intervention would be beneficial to students and Clinical Instructors when a student is demonstrating difficulty in specific areas of clinical skill (rather than waiting until midterm or later to identify areas of clinical weakness).

Indirect Measure: Alumni Survey
The Alumni survey was distributed in the summer of 2015. While more responses are expected through fall 2015, initial analysis of 12 respondents who met the following criteria has been completed: Graduate/Credential program students completing the program within the last five years.

Overall, the results indicated that program completers felt satisfied to very satisfied in most areas. Of particular note, 73% felt very satisfied with the level of clinical preparation provided by our coursework in various graduate-level clinics. Completers felt less satisfied with clinical facilities, the availability of computer stations and clinical prep areas, and opportunities for interprofessional education.

Completers felt particularly well prepared for clinical practice in the following areas:
- Child Language Disorders (91%)
- Speech Sound Disorders (91%)
- Assessment (73%)

Considering the large role it plays in our field, program completers did not feel as well prepared as we would like them to for clinical practice in the area of adult language disorders:
- Adult Language Disorders (18%)

Completers felt least prepared for clinical practice in the following areas:
- Augmentative and Alternative Communication (AAC) (64%)
- Aural Rehab/Audiology (73%)

Indirect Measure: Biannual Advisory Committee Meetings
A review of feedback from our advisory committee, which meets biannually, indicates that we are preparing out students well for independent clinical practice. The feedback did highlight a need for increased focus on clinical practice in the areas of Autism Spectrum Disorder (ASD), assessment and therapy for individuals with acquired language deficits or disorders, and the ability to analyze normative data.

Other Measure: Praxis Exam

As of September 2014, *Praxis* Speech-Language Pathology (SLP) test scores are reported on a 100–200 score scale in one-point increments. The required score for ASHA and the state boards of examiners (including the California Speech-Language Pathology and Audiology Licensing Board and the CTC) on the new scale is 162 (equivalent to the required score of 600 or greater on the former 250–990 scale).

In 2013-14, 22 students took and passed the Praxis exam on their first attempt. The mean score was 702.21. In 2014-15, 24 students took the new exam. 21 students passed the exam on the first attempt. The mean score was 174.27. One student passed it on the third attempt. Two students need to retake the exam. Initial reports by students and faculty indicate that the new version of the exam highlights critical thinking through the presentation of case studies.

Q4.2. Are students doing well and meeting program standard? If not, how will the program work to improve student performance of the selected PLO?

During the 2014-2015 academic terms a total of 27 of 29 enrolled graduate students completed the program on time. Our goal is for 100% of the students to complete the program on time. Because of this, faculty have developed a standardized remediation plan form that corresponds to the clinical competencies form. It was piloted during the 2014-15 year. The form is used as a teaching tool to promote critical thinking in specific competency areas in which a student is demonstrating difficulty and for which the student is at-risk for not reaching moderate to independent level mastery by semester's end. It includes student and Clinical Instructor responsibilities and timelines in the process and requires specification of specific supports to be provided to the student. Any student with a remediation plan in place in two clinics will be provided with a department-level remediation plan specifying specific supports to be provided. The faculty will review the results of the remediation plans developed over the next two years to determine their effectiveness.

Several recent changes address areas where completers felt less prepared for independent clinical practice as indicated by the alumni survey. Dr. Darla Hagge, who was hired in the fall of 2013, has begun an interprofessional (IPE) education program with the departments already housed in Folsom Hall: Nursing and Physical Therapy and IPE is embedded into the curriculum across disciplines. In fact, involved faculty members have created the California Interprofessional Education Research Academy (CA-IPERA) which serves to maintain IPE activities, contribute to the literature, and involves students in research. All graduate students in our program currently receive formal IPE as part of their third semester language methods class. The move to Folsom Hall should provide additional opportunities for IPE. Since the fall of 2013, Dr. Hagge has also begun to develop an adult language disorders strand, beginning with newly designed formal undergraduate instruction in neuroanatomy and adult acquired language deficits and disorders coupled with volunteer and academic opportunities in community-based programs under her Neuro Service Alliance applied communication sciences lab. These opportunities continue in the graduate program where required clinical experience and specific methodology coursework are paired with academic coursework in neurogenic language disorders, motor speech disorders, and AAC and assistive technologies. We have also hired a part-time faculty member who is a community specialist in AAC to teach the graduate level AAC methods course. In response to completer's perception of being less prepared for clinical practice in aural rehabilitation and audiology, our program has developed specific advising for students with interests in these areas. We have also hired an additional audiologist, Dr. Robert Ivory of U.C. Davis Medical Center, as a part-time faculty member. He joins one emeriti audiologist and another part-time audiologist on our faculty and provides an additional level of training and exposure to the field of audiology for students preparing for a career in either speech-language pathology or audiology. We have begun to track the progress of our audiology emphasis students and are pleased to report that they are being accepted into AuD programs on a regular basis. We currently have approximately 17 students pursuing the emphasis. One student in Spring 2015 applied to 5 schools across the U.S. and was accepted into all 5. Another applied to 5 schools in 2014 and was accepted to 3 of them.

Feedback from our Community Advisory Committee indicates that we are preparing out students well for independent clinical practice, but that an increased focus on clinical practice in the areas of Autism Spectrum Disorder (ASD), assessment and therapy for individuals with acquired language deficits or disorders, and the ability to analyze normative data would be helpful. Dr. Hagge's coursework/clinical strand will directly address assessment and therapy for individuals with acquired language deficits or disorders. We have implemented curriculum discussions in our faculty meetings focusing on particular areas in our curriculum. Through these discussions our faculty determine ways we can cover important concepts like the distinctions between speech and language, the use and interpretation of normative testing data, and clinical indicators in adults. We have hired a new full time tenure track faculty member, Dr. Heather Thompson. Beginning in the fall of 2015, she will be the lead teacher for our SPHP 142 ASD class. Dr.

Thompson's expertise and teaching ability will benefit student learning and critical thinking in this area. She will attend to continued outcomes in this area.

The 2014-15 Praxis results indicate that our program has been doing an adequate job of preparing most students for independent practice in California Public Schools, but that we need to attend to the new version of the exam to ensure that our students are prepared for success. We will continue to monitor praxis scores to ensure that all of our students are graduating from our program possessing knowledge that is considered by national and state agencies to be essential for independent practice as a speech-language pathologist in all primary employment settings, including schools. Students will be encouraged to take the Praxis at the end of the program, after they have had a variety of clinic experiences, including two internships, because the Praxis is designed to test both students' knowledge of our field's core content AND their ability to problem solve when given case studies related to practical application. Dr. Roseberry-McKibbin has addressed faculty on the creation of academic experiences that prepare students for the critical thinking required to pass the newest version of the Praxis exam. We plan to have a retreat discussion in fall 2015 regarding our current comprehensive examination structure and in an attempt to ensure a case-study format that provides additional preparation for students preparing to take the Praxis.

Q4.3. For **selected** PLO, the student performance:
[X] 1. **Exceeded** expectation/standard
[ ] 2. **Met** expectation/standard
[ ] 3. **Partially** met expectation/standard
[ ] 4. **Did not meet** expectation/standard
[ ] 5. No expectation or standard has been specified
[ ] 6. Don't know

Question 5: Use of Assessment Data (Closing the Loop)	
Q5.1. As a result of the **assessment effort in 2014-2015** and based on the prior feedback from OAPA, do you anticipate making any changes for your program (e.g., course structure, course content, or modification of PLOs)? | X	1. Yes |	2. No (Go to **Q6**) |	3. Don't know (Go to **Q6**) **Q5.1.2.** Do you have a plan to assess the impact of the changes that you anticipate making? | X	1. Yes |	2. No |	3. Don't know	**Q5.1.1.** Please describe what changes you plan to make in your program as a result of your assessment of this PLO. Include a description of how you plan to assess the impact of these changes. **[Word limit: 300 words]** The faculty will review the results of the remediation plans aligned to the Clinical Competency forms that were piloted this year at the fall 2015 faculty retreat to determine their effectiveness. Further, full time faculty and Clinical Instructors have worked with our Clinic Coordinator to more closely align the existing clinical competencies with those recommended by the American Speech-Language-Hearing Association (ASHA). The resulting competencies were piloted in spring 2015 and will be fully implemented in an electronic tracking format accessible to students and Clinical Instructors in fall 2015. Specific training on the competencies will be provided each semester, along with specific clinical instruction training related to remediation and the expectations for teaching, student growth, and learning during each semester of the clinical sequence. The competencies, when coupled with the new standardized remediation plan, should provide support to all students in the acquisition of clinical competency in areas essential for independent practice as a speech-language pathologist, but particularly to those who may be having a difficult time demonstrating competency in specific areas requiring advanced skill sets that require synthesis and application of previously learned information. Reviewing the clinical skill development in this manner should provide opportunities for students and Clinical Instructors to set goals for improvement earlier in the clinical sequence and earlier in specific semesters. The faculty will continue to monitor student success to determine the effectiveness of the standardized remediation plans and to determine if additional supports are warranted. We will continue our emphasis on audiology mentoring, the development of our adult language disorders strand, and our increased focus on AAC and IPE. We expect that future generations of completers will indicate improved levels of satisfaction in these areas. We will continue to survey our Alumni annually with a continued emphasis on disaggregating the responses of Master's/Credential program students over a five year period and we plan to add and modify our Learning Outcomes Assessment to measure learning in this area. Articulation across the curriculum will continue related to the topics of Autism Spectrum Disorder (ASD), assessment and therapy for individuals with acquired language deficits or disorders, and the ability to analyze normative data. We will assess these concepts annually through our Learning Outcomes Assessment, designing questions that promote critical thinking. Continued discussion around these topics at our biannual Community Advisory Committee meeting will provide an additional measure of our graduate's ability to think critically in these areas. We will continue to monitor Praxis scores to ensure that our students are graduating from our program possessing knowledge that is considered by national and state agencies to be essential

for contemporary independent practice as a speech-language pathologist in all primary employment settings. We will adjust curriculum and culminating experience requirements to support students' preparation for the new version of the exam following a robust discussion on the topic at our faculty retreat in fall 2015.

Q5.2. How have the assessment data from last year (**2013 - 2014**) been used so far? **[Check all that apply]**

	(1) Very Much	(2) Quite a Bit	(3) Some	(4) Not at all	(8) N/A
1. Improving specific courses	x				
2. Modifying curriculum	x				
3. Improving advising and mentoring		x			
4. Revising learning outcomes/goals				x	
5. Revising rubrics and/or expectations		x			
6. Developing/updating assessment plan	x				
7. Annual assessment reports	x				
8. Program review		x			
9. Prospective student and family information		x			
10. Alumni communication	x				
11. WASC accreditation (regional accreditation)		x			
12. Program accreditation		x			
13. External accountability reporting requirement	x				
14. Trustee/Governing Board deliberations					x
15. Strategic planning					x
16. Institutional benchmarking					x
17. Academic policy development or modification	x				
18. Institutional Improvement					x
19. Resource allocation and budgeting					x
20. New faculty hiring		x			
21. Professional development for faculty and staff	x				
22. Recruitment of new students					x

23. Other Specify:

Q5.2.1. Please provide a detailed example of how you used the assessment data above.

The feedback from last year's assessment report helped us begin to better align our annual assessment to our long-standing PLOs.

Faculty have developed a standardized remediation plan form that corresponds to the clinical competencies form. The form is used as a teaching tool to support the development of critical thinking in specific competency areas in which a student is demonstrating difficulty and for which the student is at-risk for not reaching moderate to independent level mastery by semester's end. It includes student and Clinical Instructor responsibilities and timelines in the process and requires specification of specific supports to be provided to the student. Any student with a remediation plan in place in two clinics will be provided with a department-level remediation plan specifying specific supports to be provided. The faculty will review the results of the remediation plans developed over the next two years to determine their effectiveness.

Q6. Many academic units have collected assessment data on aspects of a program that are not related to PLOs (i.e., impacts of an advising center, etc.). **If** your program/academic unit has collected data on the program elements, please briefly report your results here. **[Word limit: 300]**

Q7. What PLO(s) do you plan to assess next year?

x	1. Critical thinking
	2. Information literacy
	3. Written communication
	4. Oral communication
	5. Quantitative literacy
	6. Inquiry and analysis
	7. Creative thinking
	8. Reading
	9. Team work
	10. Problem solving
	11. Civic knowledge and engagement
	12. Intercultural knowledge and competency
	13. Ethical reasoning
	14. Foundations and skills for lifelong learning
	15. Global learning
	16. Integrative and applied learning
	17. Overall competencies for GE Knowledge
	18. Overall competencies in the major/discipline
	19. Other, specify any PLOs that were assessed in 2014-2015 but not included above: a. b. c.

Q8. Have you attached any appendices? If yes, please list them all here:

Appendix I: Graduate Learning Goals/Objectives
Appendix II: Clinical Competency Forms
Appendix III: Preliminary Alumni Survey Results
Appendix IV: Learning Outcomes Assessment

Program Information

P1. Program/Concentration Name(s):
Speech Pathology and Audiology
 	
P1.1. Report Authors:
    Robert Pieretti, Ph.D., CCC-SLP
	P2. Program Director:
	Robert Pieretti, Ph.D., CCC-SLP
	
	P2.1. Department Chair:
	    Robert Pieretti, Ph.D., CCC-SLP

P3. Academic unit: Department, Program, or College: Department of Speech Pathology and Audiology	**P4.** College: College of Health and Human Services

P5. Fall 2014 enrollment for Academic unit *(See Department Fact Book 2014 by the Office of Institutional Research for fall 2014 enrollment:* Undergraduate: 339 Graduate: 81

P6. Program Type: **[Select only one]**

	1. Undergraduate baccalaureate major
X	2. Credential
X	3. Master's degree
	4. Doctorate (Ph.D./Ed.d)
	5. Other. Please specify:

Undergraduate Degree Program(s):
P7. Number of undergraduate degree programs the academic unit has: One

P7.1. List all the name(s):   Speech Pathology and Audiology

P7.2. How many concentrations appear on the diploma for this undergraduate program? None

Master Degree Program(s):
P8. Number of Master's degree programs the academic unit has:
    One

P8.1. List all the name(s): Speech-Language Pathology

P8.2. How many concentrations appear on the diploma for this master program? None

Credential Program(s):
P9. Number of credential programs the academic unit has: One

P9.1. List all the names: Speech-Language Pathology Services Credential with or without Special Class Authrozation

Doctorate Program(s)
P10. Number of doctorate degree programs the academic unit has: None

P10.1. List all the name(s):

When was your assessment plan?	1. Before 2007-08	2. 2007-08	3. 2008-09	4. 2009-10	5. 2010-11	6. 2011-12	7. 2012-13	8. 2013-14	9. 2014-15	10. No formal plan
P11. Developed				X						
P12. Last updated									X	

	1. Yes	2. No	3. Don't Know
P13. Have you developed a curriculum map for this program?	X		
P14. Has the program indicated explicitly where the assessment **of student learning** occurs in the curriculum?	X		
P15. Does the program have any capstone class?		X	

P16. Does the program have **ANY** capstone project? **We do have Comprehensive Exams	X	

Assessing Other Program Learning Outcomes (Optional)

If your program assessed PLOs not reported above, please summarize your assessment activities in the table below. If you completed part of the assessment process, but not the full process (for example, you revised a PLO and developed a new rubric for measuring it), then put N/A in any boxes that do not apply.

Report Assessment Activities on Additional PLOs Here

Q1: PLO

1.Overall Competencies in the major/discipline

To demonstrate knowledge in the areas set forth by the American Speech-Language Hearing Association (ASHA) (2014)
These include:
- Knowledge of basic human communication and swallowing processes, including the appropriate biological, neurological, acoustic, psychological, developmental, and linguistic and cultural bases.
- The ability to integrate information pertaining to normal and abnormal human development across the lifespan
- Knowledge of communication and swallowing disorders and differences, including the appropriate etiologies, characteristics, anatomical/physiological, acoustic, psychological, developmental, and linguistic and cultural correlates in the following nine areas:
  1) Articulation
  2) Fluency
  3) Voice and Resonance, including respiration and phonation
  4) Receptive and Expressive language (phonology, morphology, syntax, semantics, pragmatics, prelinguistic communication and paralingustic communication) in speaking, listening, reading, and writing
  5) Hearing, including the impact on speech and language
  6) Swallowing (oral, pharyngeal, esophageal, and related functions, including oral function for feeding, orofacial myology)
  7) Cognitive aspects of communication (attention, memory, sequencing, problem-solving, executive functioning)
  8) Social aspects of communication (including challenging behavioar, ineffective social skills, and lack of communication opportunities)
  9) Augmentative and alternative communication modalities

- Knowledge of the principles and methods of prevention, assessment, and intervention for people with communication and swallowing disorders, including consideration of anatomical/physiological, psychological, developmental, and linguistic and cultural correlates of the disorders.

- Knowledge of standards of ethical conduct, processes used in research and of the integration of research principles into evidence-based clinical practice, contemporary professional issues, and entry level certifications relevant to professional practice.

Q2: Standard of Performance

In 2014-15 we again distributed a 16-item student learning assessment across all student levels of our program at the end of each academic year. The items included a focused set of questions in general areas of the curriculum, including specific targets related to the use and interpretation of normative data and basic to higher level distinctions between speech and language. The assessment is useful in tracking candidates' mastery of core content in our curriculum as they progress through the program. It also provides some inferential information regarding critical thinking, as students are often better able to respond to many of the theoretical questions after clinical practice. 56 graduate/credential program students completed the survey in 2014-15. Students not assessed were not present on the days/times the evaluations were presented. The questions align to the specific PLO areas in the following manner:

Learning Outcomes Assessment Question	PLO/ASHA Knowledge/Skill Standard Area Assessed	Standards of Performance/ Expectations
1	E	

2	A, B, C4, D	
3	C3, D	
4	A, C4	
5	B, C4	
6	B, C4	
7	B, C4	
8	A, C3	
9	A, C3	
10	B, C4	
11	E	
12	A, B, C1	
13	A, B, C7, D	
14	A, B, C7, D	
15	A, B, C8, D	
16	A, B, C8, D	
Overall Score		We report our overall results into quartiles. All graduate student scores should fall in the first two quartiles. Fourth semester graduate students should not miss any questions.

Q3 Methods/Measures

56 graduate/credential program students completed the survey in 2014-15. Students not assessed were not present on the days/times the evaluations were presented. This year's assessment is attached (See Appendix IV).

Q4 Data/Findings/Conclusions

2013-2014						2014-2015				
Distribution of Results						Distribution of Results				
Top 25%	2nd 25%	3rd 25%	Bottom 25%	Mean Score		Top 25%	2nd 25%	3rd 25%	Bottom 25%	Mean Score
62%	38%	0	0	12	1st Semester Cohort	71%	29%	0	0	12.5
79%	21%	0	0	11.8	2nd Semester Cohort	61%	39%	0	0	12.3
50%	50%	0	0	11.4	3rd Semester Cohort	69%	31%	0	0	12.6
33%	67%	0	0	10.9	4th Semester Cohort	91%	9%	0	0	13.9

Overall, the data indicates that all students are acquiring proficiency surrounding key concepts related to our field, as most students fall into the top quartile in six of the eight cohorts above. No students fall into the third or fourth quartiles on any of the administrations. Additionally, a general trend of improvement over the last administration was noted in several areas. The results also

demonstrate a general trend of knowledge acquisition as students progress through the program. For example, the 1st semester cohort students in 2013-14 (62% top quartile) are the same students assessed as third semester students in 2014-15 (69% top quartile); The 2nd semester cohort students in 2013-14 (79% top quartile) are the same students assessed as 4th semester students in 2014-15 (91% top quartile). While all graduate students do fall into the top two quartiles, not all fourth semester students have been able to answer all questions correctly.

Past analysis has revealed, despite marked improvements, continued focus was warranted in the areas of critical distinctions between speech and language and in the ability to work with normative data. This resulted in an increased focus on these areas across our curriculum. Analysis of the questions specifically designed to test students' acquisition of this knowledge revealed the following:

- Question 4 assesses understanding of the essential differences between speech and language. In 2013-14, 94% of the students assessed answered the question correctly. In 2014-15, 96% of the students assessed answered the question correctly. This demonstrates improvement over the 2013 administration when only 92% of students answered this question correctly
- Questions 5, 6, and 7 assess understanding of and ability to work with normative data. In 2013-14, 76%, 46%, and 56% of the students answered these questions correctly, respectively. In 2014-15, 96%, 75%, and 84% of the students answered these questions correctly, respectively. This demonstrates improvement over the 2013 administration when students answering these questions correctly ranged from 50-68%.
- Question 3 assesses the concept of resonance as differentiated from other speech production systems. Despite increased emphasis related to both the speech production systems and systems of language and their similarities and differences, only 54% of students assessed answered this question correctly in 2014-15.

Previous assessments and feedback from our advisory committee highlighted a need for increased focus in the areas of Autism Spectrum Disorder (ASD) and assessment and therapy for individuals with acquired language deficits or disorders. In 2013-14, we added questions in these areas to the student learning assessment in an attempt to measure the level of student learning in these secondary to the addition of the autism class and the addition of new faculty with specific expertise in neuroanatomy and acquired language disorders. Analysis of these questions revealed the following:
- Questions 15 and 16 assess students understanding of some core concepts related to ASD. In 2013-14, 94% and 96% of the students assessed answered these questions correctly. In 2014-15, 91% and 89% of the students assessed answered these questions correctly.
- Questions 13 and 14 assess students understanding of some core concepts related to Traumatic Brain Injury (TBI) and Cerebrovascular Accident (CVA) or "stroke." In 2013-14, 41% and 51% of the students assessed answered these questions correctly. In 2014-15, 68% and 66% of the students assessed answered these questions correctly.

Q5 Use of Assessment Data/Closing the Loop

From our student learning outcomes assessment, it was apparent that, despite marked improvements, continued curricular emphasis is warranted in the areas of neuroanatomy and acquired communication deficits and disorders, the critical distinctions between speech and language, the ability to work with normative data, and autism spectrum disorders. Additionally, not all fourth semester students are able to answer all questions correctly.

Further student learning outcomes assessment will continue to be implemented across cohorts to assess student learning and the need for curriculum modification. The learning assessment results are reviewed each year at our fall faculty retreat when an item analysis is conducted. This item analysis allows us to see our students' mastery of each element of the PLO. The assessment is adjusted annually as needed in order to assess areas of perceived need that require pedagogical emphasis. Continued annual student learning assessment will be implemented across cohorts to assess the impact of these changes and the need for curriculum modification and development.

We plan to add new questions in key areas as a result of the assessment data in this report: AAC, audiology, and aural rehabilitation. It is also clear that we are not assessing the following PLO1 areas: A (culture), C2, C5, C6, C9. Questions will be added in these areas. We will continue to review the results of these assessments to inform our curriculum discussions in every faculty meeting, focusing on particular areas in our curriculum. Through these discussions our faculty will determine new ways we can cover important concepts like the distinctions between speech and language, the use and interpretation of normative testing data, and clinical indicators in adults (e.g., Student Learning Assessment Item 12, apraxia vs. dysarthria) across the curriculum more effectively. Subsequent curricular and content changes have and will continue to be made to target these areas.