

# The Departmental Assessment Plan

**Department of Communication Sciences and Disorders**

**Doctor of Audiology**

Posted: Spring 2020

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# Assessment Plan

## DOCTOR OF AUDIOLOGY

**Mission:** The Department of Communication Sciences and Disorders trains highly competent professionals in the fields of speech-language pathology and audiology by providing a rigorous scientific background and diverse clinical experiences while fostering a dedication to lifelong learning and community service.

**Vision:** The Department of Communication Sciences and Disorders will be widely recognized as a leader in the innovative education of speech-language pathologists and audiologists.

**Values:**

- Student Success
- Community Engagement and Service
- Well-being
- Diversity
- Inclusion and Access
- Leadership
- Professional Ethics
- Excellence in Teaching, Service, and Scholarship
- Social Responsibility
- Collaboration and Interprofessional Education
- Innovation
- Global Engagement

### Strategic goals:

1. Encourage innovative teaching
2. Provide opportunities for research, scholarly and creative activities
3. Enhance community partnerships to promote student success
4. Provide sequenced, integrated academic and clinical training

## I. Program Learning Outcomes

The Doctor of Audiology (Au.D.) is the professional degree required for the independent and comprehensive practice of audiology. The Au.D. is distinct from a Ph.D., which is designed for researchers and educators. Our program is held to strict accreditation standards and annual reporting as set forth by the Council on Academic Accreditation (CAA). These accreditation standards are directly related to the knowledge and clinical skills outcomes that are required of students applying for clinical licensure.

The CAA 2020 Certification Standards can be found at: <https://www.asha.org/Certification/2020-Audiology-Certification-Standards/>

Upon completion of the graduate program, graduate students in the Doctor of Audiology program will have a thorough understanding of the foundations of advanced theories and methodologies, and be able to demonstrate advanced levels of expertise in the field. Current students and graduates will be expected to effectively diagnose, assess, manage, and treat individuals with auditory and vestibular impairments. All work will be documented in both oral and written form. The following learning goals and outcomes are measured regularly. These goals have been adapted from the CAA standards, and these goals align with the mission and established doctoral learning goals of our university, college, and department.

	<b>Institutional Graduate Learning Goals (IGLGs) for Doctoral Programs</b>	<b>Program Learning Outcomes (PLOs)</b>	<b>Method of Data Collection</b>
1	<b>Foundational knowledge</b>		
	<p><b>Program provides students with a comprehensive foundation of coursework in audiology:</b></p> <ul style="list-style-type: none"> <li>• Disciplinary knowledge</li> </ul>	<p><b>Students will demonstrate knowledge across the following ASHA/CAA areas:</b></p> <p><i>Standard II-A: Foundations of Practice</i></p> <p>A1. Genetics, embryology and development of the auditory and vestibular systems, anatomy and physiology, neuroanatomy and neurophysiology, and pathophysiology of hearing and balance over the life span</p> <p>A2. Effects of pathogens, and pharmacologic and teratogenic agents, on the auditory and vestibular systems</p> <p>A3. Language and speech characteristics and their development for individuals with normal and impaired hearing across the life span</p> <p>A4. Principles, methods, and applications of acoustics, psychoacoustics, and speech perception, with a focus on how each is impacted by</p>	<p><b>Direct Methods/Standards of Performance:</b></p> <ul style="list-style-type: none"> <li>• Program Pre-Requisites: Upon admission to the program, 100% of students will have successfully completed the following pre- requisites: Human development across the lifespan, introduction to psychology, introduction to statistics, American Sign Language, biological science, and physical science.</li> <li>• Program Pre-Requisites: Upon admission to the program, 100% of students will have successfully completed the following pre- requisites or their equivalents: Physics of sound and phonetics, anatomy and physiology of the speech mechanism, language science and development, developmental and acquired neurogenic language disorders across the lifespan, audiology and hearing testing, and aural rehabilitation</li> <li>• Didactic coursework: 90% of students will earn a grade of B or better on the final exam/project in the following didactic coursework: CSAD 610, CSAD 611, CSAD 612, CSAD 613, CSAD 614, CSAD 620, CSAD 621, CSAD 622, CSAD 622L, CSAD 623, CSAD 624, CSAD 630, CSAD 631, CSAD 632, CSAD 640, CSAD 641, CSAD 641, CSAD 642, CSAD 643, CSAD 650, CSAD 651, CSAD 652, CSAD 653, CSAD 660, CSAD 661, CSAD 662, CSAD 670, CSAD 671, CSAD 672, CSAD 673, CSAD 680, CSAD 681, CSAD 682, CSAD 683, CSAD 710,</li> </ul>

	<p>hearing impairment throughout the life span</p> <p>A5. Calibration and use of instrumentation according to manufacturers' specifications and accepted standards</p> <p>A6. Standard safety precautions and cleaning/disinfection of equipment in accordance with facility-specific policies and manufacturers' instructions to control for infectious/contagious diseases</p> <p>A7. Applications and limitations of specific audiologic assessments and interventions in the context of overall client/patient management</p> <p>A8. Implications of cultural and linguistic differences, as well as individual preferences and needs, on clinical practice and on families, caregivers, and other interested parties</p> <p>A9. Implications of biopsychosocial factors in the experience of and adjustment to auditory disorders and other chronic health conditions</p> <p>A10. Effects of hearing impairment on educational, vocational, social, and psychological function throughout the life span</p> <p>A11. Manual and visual communication systems and the use of interpreters/transliterators/translators</p>	<p>CSAD 720, CSAD 730</p> <ul style="list-style-type: none"> <li>• Comprehensive Exams: 90% of students will receive "Pass" results on written portion on the progress (CSAD 510) and comprehensive exams (CSAD 520)</li> <li>• National PRAXIS exam: 90% of students will score 170 or higher</li> <li>• Learning Outcomes Assessment: By the fourth semester, 85% of students will answer each of the <b><u>Foundational Knowledge</u></b> questions correctly</li> </ul> <p>Indirect Methods/Standards of Performance:</p> <ul style="list-style-type: none"> <li>• Positive Alumni, Employer, and Student Survey Feedback</li> <li>• Positive Biannual Advisory Committee Meeting Feedback</li> </ul>
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	<p>A12. Effective interaction and communication with clients/patients, families, professionals, and other individuals through written, spoken, and nonverbal communication</p> <p>A13. Principles of research and the application of evidence-based practice (i.e., scientific evidence, clinical expertise, and client/patient perspectives) for accurate and effective clinical decision making</p> <p>A14. Assessment of diagnostic efficiency and treatment efficacy through the use of quantitative data (e.g., number of tests, standardized test results) and qualitative data (e.g., standardized outcome measures, client/patient-reported measures)</p> <p>A15. Client-centered, behavioral, cognitive, and integrative theories and methods of counseling and their relevance in audiologic rehabilitation</p> <p>A16. Principles and practices of client/patient/person/family-centered care, including the role and value of clients'/patients' narratives, clinician empathy, and shared decision making regarding treatment options and goals</p> <p>A17. Importance, value, and role of interprofessional communication and practice in patient care</p> <p>A18. The role, scope of practice, and responsibilities</p>	
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	<p>of audiologists and other related professionals</p> <p>A19. Health care, private practice, and educational service delivery systems</p> <p>A20. Management and business practices, including but not limited to cost analysis, budgeting, coding, billing and reimbursement, and patient management</p> <p>A21. Advocacy for individual patient needs and for legislation beneficial to the profession and the individuals served</p> <p>A22. Legal and ethical practices, including standards for professional conduct, patient rights, confidentiality, credentialing, and legislative and regulatory mandates</p> <p>A23. Principles and practices of effective supervision/mentoring of students, other professionals, and support personnel</p>	
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2	<b>Diagnosis and management</b>	
<p><b>Program provides students with coursework and clinical experiences that represent the scope of practice of audiologists and provide opportunities to develop professional skills:</b></p> <ul style="list-style-type: none"> <li>• Critical Thinking/Analysis</li> <li>• Information literacy</li> </ul>	<p><b>Applicant has demonstrated knowledge of and skills across the following ASHA/CAA areas:</b></p> <p><b><i>Standard II-B: Prevention and Screening</i></b></p> <p>B1. Educating the public and those at risk on prevention, potential causes, effects, and treatment of congenital and acquired auditory and vestibular disorders</p> <p>B2. Establishing relationships with professionals and community groups to promote hearing wellness for all individuals across the life span</p> <p>B3. Participating in programs designed to reduce the effects of noise exposure and agents that are toxic to the auditory and vestibular systems</p> <p>B4. Utilizing instrument(s) (i.e. sound-level meter, dosimeter, etc.) to determine ambient noise levels and providing strategies for reducing noise and reverberation time in educational, occupational, and other settings</p>	<p><b>Direct Methods/Standards of Performance:</b></p> <ul style="list-style-type: none"> <li>• Clinical Competencies: 90% of students will earn an average rating of B or higher for the following clinical competency categories: <ol style="list-style-type: none"> <li>1. Assessment</li> <li>2. Treatment</li> <li>3. Writing</li> <li>4. Professional Behavior</li> </ol> </li> </ul> <p>With no individual line item score of 4.14 or less in all of their clinical coursework CSAD 620C, CSAD 630C, CSAD 640C, CSAD 650C, CSAD 660C, CSAD 670C, CSAD 680C, CSAD 710E, CSAD 720E, CSAD 730E</p> <ul style="list-style-type: none"> <li>• Clinical methods: 90% of students will pass all associated methods courses with a grade of B or higher: CSAD 620, CSAD 630, CSAD 640, CSAD 650, CSAD 660, CSAD 670, CSAD 680, CSAD 710, CSAD 720, CSAD 730</li> <li>• Comprehensive Exams: 90% of students will receive “Pass” results on clinical portions on the progress (CSAD 510) and comprehensive exams (CSAD 520)</li> <li>• Learning Outcomes Assessment: By the fourth semester, 85% of students will answer each of the <b><u>Diagnosis and Management</u></b> questions correctly</li> <li>• National PRAXIS exam: 90% of students will score 170 or higher</li> </ul> <p><b>Indirect Methods/Standards of Performance:</b></p> <ul style="list-style-type: none"> <li>• Positive Alumni, Employer, and Student Survey Feedback</li> <li>• Positive Biannual Advisory Committee Meeting Feedback</li> </ul>

	<p>B5. Recognizing a concern on the part of medical providers, individuals, caregivers, or other professionals about hearing and/or speech-language problems and/or identifying people at risk to determine a need for hearing screening</p> <p>B6. Conducting hearing screenings in accordance with established federal and state legislative and regulatory requirements</p> <p>B7. Participating in occupational hearing conservation programs</p> <p>B8. Performing developmentally, culturally, and linguistically appropriate hearing screening procedures across the life span</p> <p>B9. Referring persons who fail the hearing screening for appropriate audiologic/medical evaluation</p> <p>B10. Identifying persons at risk for speech-language and/or cognitive disorders that may interfere with communication, health, education, and/or psychosocial function</p> <p>B11. Screening for comprehension and production of language, including the cognitive</p>	
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	<p>and social aspects of communication</p> <p>B12. Screening for speech production skills (e.g., articulation, fluency, resonance, and voice characteristics)</p> <p>B13. Referring persons who fail the screening for appropriate speech-language pathology consults, medical evaluation, and/or services, as appropriate</p> <p>B14. Evaluating the success of screening and prevention programs through the use of performance measures (i.e., test sensitivity, specificity, and positive predictive value)</p> <p><b>Applicant has demonstrated knowledge of and skills in:</b></p> <p><b><i>Standard II-C: Audiologic Evaluation</i></b></p> <p>C1. Gathering, reviewing, and evaluating information from referral sources to facilitate assessment, planning, and identification of potential etiologic factors</p> <p>C2. Obtaining a case history and client/patient narrative</p> <p>C3. Obtaining client/patient-reported and/or caregiver-</p>	
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	<p>reported measures to assess function</p> <p>C4. Identifying, describing, and differentiating among disorders of the peripheral and central auditory systems and the vestibular system</p> <p>C5. Providing assessments of tinnitus severity and its impact on patients' activities of daily living and quality of life</p> <p>C6. Providing assessment of tolerance problems to determine the presence of hyperacusis</p> <p>C7. Selecting, performing, and interpreting a complete immittance test battery based on patient need and other findings; tests to be considered include single probe tone tympanometry or multifrequency and multicomponent protocols, ipsilateral and contralateral acoustic reflex threshold measurements, acoustic reflex decay measurements, and Eustachian tube function</p> <p>C8. Selecting, performing, and interpreting developmentally appropriate behavioral pure-tone air and bone tests, including extended</p>	
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	<p>frequency range when indicated</p> <p>C9. Selecting, performing, and interpreting developmentally appropriate behavioral speech audiometry procedures to determine speech awareness threshold (SAT), speech recognition threshold (SRT), and word recognition scores (WRSs); obtaining a performance intensity function with standardized speech materials, when indicated</p> <p>C10. Evaluating basic audiologic findings and client/patient needs to determine differential diagnosis and additional procedures to be used</p> <p>C11. Selecting, performing, and interpreting physiologic and electrophysiologic test procedures, including electrocochleography, auditory brainstem response with frequency-specific air and bone conduction threshold testing, and click stimuli for neural diagnostic purposes</p> <p>C12. Selecting, performing, and interpreting otoacoustic emissions testing</p> <p>C13. Selecting, performing, and</p>	
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	<p>interpreting tests for nonorganic hearing loss</p> <p>C14. Selecting, performing, and interpreting vestibular testing, including electronystagmography (ENG)/videonystagmography (VNG), ocular vestibular-evoked myogenic potential (oVEMP), and cervical vestibular evoked myogenic potential (cVEMP)</p> <p>C15. Selecting, performing, and interpreting tests to evaluate central auditory processing disorder</p> <p><b>Applicant has demonstrated knowledge of:</b></p> <p>C16. Electrophysiologic testing, including but not limited to auditory steady-state response, auditory middle latency response, auditory late (long latency) response, and cognitive potentials (e.g., P300 response, mismatch negativity response)</p> <p>C17. Posturography</p> <p>C18. Rotary chair tests</p> <p>C19. Video head impulse testing (vHIT)</p> <p><b>Applicant has demonstrated</b></p>	
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**knowledge of and skills in:**

***Standard II-D:  
Counseling***

D1. Identifying the counseling needs of individuals with hearing impairment based on their narratives and results of client/patient and/or caregiver responses to questionnaires and validation measures

D2. Providing individual, family, and group counseling as needed based on client/patient and clinical population needs

D3. Facilitating and enhancing clients'/patients' and their families' understanding of, acceptance of, and adjustment to auditory and vestibular disorders

D4. Enhancing clients'/patients' acceptance of and adjustment to hearing aids, hearing assistive technologies, and osseointegrated and other implantable devices

D5. Addressing the specific interpersonal, psychosocial, educational, and vocational implications of hearing impairment for the client/patient, family members, and/or

	<p>caregivers to enhance their well-being and quality of life</p> <p>D6. Facilitating patients' acquisition of effective communication and coping skills</p> <p>D7. Promoting clients'/patients' self-efficacy beliefs and promoting self-management of communication and related adjustment problems</p> <p>D8. Enhancing adherence to treatment plans and optimizing treatment outcomes</p> <p>D9. Monitoring and evaluating client/patient progress and modifying counseling goals and approaches, as needed</p> <p><b>Applicant has demonstrated knowledge of and skills in:</b></p> <p><b><i>Standard II-E: Audiologic Rehabilitation Across the Life Span</i></b></p> <p>E1. Engaging clients/patients in the identification of their specific communication and adjustment difficulties by eliciting client/patient narratives and interpreting their and/or caregiver-reported measures</p>	
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	<p>E2. Identifying the need for, and providing for assessment of, concomitant cognitive/developmental concerns, sensory-perceptual and motor skills, and other health/medical conditions, as well as participating in interprofessional collaboration to provide comprehensive management and monitoring of all relevant issues</p> <p>E3. Responding empathically to clients'/patients' and their families' concerns regarding communication and adjustment difficulties to establish a trusting therapeutic relationship</p> <p>E4. Providing assessments of family members' perception of and reactions to communication difficulties</p> <p>E5. Identifying the effects of hearing problems and subsequent communication difficulties on marital dyads, family dynamics, and other interpersonal communication functioning</p> <p>E6. Engaging clients/patients (including, as appropriate, school-aged</p>	
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	<p>children/adolescents) and family members in shared decision making regarding treatment goals and options</p> <p>E7. Developing and implementing individualized intervention plans based on clients'/patients' preferences, abilities, communication needs and problems, and related adjustment difficulties</p> <p>E8. Selecting and fitting appropriate amplification devices and assistive technologies</p> <p>E9. Defining appropriate electroacoustic characteristics of amplification fittings based on frequency-gain characteristics, maximum output sound-pressure level, and input-output characteristics</p> <p>E10. Verifying that amplification devices meet quality control and American National Standards Institute (ANSI) standards</p> <p>E11. Conducting real-ear measurements to (a) establish audibility, comfort, and tolerance of speech and sounds in the environment and (b) verify compression, directionality, and automatic noise</p>	
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	<p>management performance</p> <p>E12. Incorporating sound field functional gain testing when fitting osseointegrated and other implantable devices</p> <p>E13. Conducting individual and/or group hearing aid orientations to ensure that clients/patients can use, manage, and maintain their instruments appropriately</p> <p>E14. Identifying individuals who are candidates for cochlear implantation and other implantable devices</p> <p>E15. Counseling cochlear implant candidates and their families regarding the benefits and limitations of cochlear implants to (a) identify and resolve concerns and potential misconceptions and (b) facilitate decision making regarding treatment options</p> <p>E16. Providing programming and fitting adjustments; providing postfitting counseling for cochlear implant clients/patients</p> <p>E17. Identifying the need for—and fitting—electroacoustically appropriate hearing assistive technology systems (HATS) based</p>	
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	<p>on clients'/patients' communication, educational, vocational, and social needs when conventional amplification is not indicated or provides limited benefit</p> <p>E18. Providing HATS for those requiring access in public and private settings or for those requiring necessary accommodation in the work setting, in accordance with federal and state regulations</p> <p>E19. Ensuring compatibility of HATS when used in conjunction with hearing aids, cochlear implants, or other devices and in different use environments</p> <p>E20. Providing or referring for consulting services in the installation and operation of multi-user systems in a variety of environments (e.g., theaters, churches, schools)</p> <p>E21. Providing auditory, visual, and auditory-visual communication training (e.g., speechreading, auditory training, listening skills) to enhance receptive communication</p> <p>E22. Counseling clients/patients regarding the audiologic</p>	
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	<p>significance of tinnitus and factors that cause or exacerbate tinnitus to resolve misconceptions and alleviate anxiety related to this auditory disorder</p> <p>E23. Counseling clients/patients to promote the effective use of ear-level sound generators and/or the identification and use of situationally appropriate environmental sounds to minimize their perception of tinnitus in pertinent situations</p> <p>E24. Counseling clients/patients to facilitate identification and adoption of effective coping strategies to reduce tinnitus-induced stress, concentration difficulties, and sleep disturbances</p> <p>E25. Monitoring and assessing the use of ear-level and/or environmental sound generators and the use of adaptive coping strategies to ensure treatment benefit and successful outcome(s)</p> <p>E26. Providing canalith repositioning for patients diagnosed with benign paroxysmal positional vertigo (BPPV)</p> <p>E27. Providing intervention for central</p>	
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and peripheral vestibular deficits

E28. Ensuring treatment benefit and satisfaction by monitoring progress and assessing treatment outcome

**Applicant has demonstrated knowledge of and skills in:**

***Standard II-F:  
Pediatric Audiologic  
(Re)habilitation***

F1. Counseling parents to facilitate their acceptance of and adjustment to a child's diagnosis of hearing impairment

F2. Counseling parents to resolve their concerns and facilitate their decision making regarding early intervention, amplification, education, and related intervention options for children with hearing impairment

F3. Educating parents regarding the potential effects of hearing impairment on speech-language, cognitive, and social-emotional development and functioning

F4. Educating parents regarding optional and optimal modes of communication; educational laws and rights, including 504s,

	<p>individualized education programs (IEPs), individual family service plans (IFSPs), individual health plans; and so forth</p> <p>F5. Selecting age/developmentally appropriate amplification devices and HATS to minimize auditory deprivation and maximize auditory stimulation</p> <p>F6. Instructing parents and/or child(ren) regarding the daily use, care, and maintenance of amplification devices and HATS</p> <p>F7. Planning and implementing parent education/support programs concerning the management of hearing impairment and subsequent communication and adjustment difficulties</p> <p>F8. Providing for intervention to ensure age/developmentally appropriate speech and language development</p> <p>F9. Administering self-assessment, parental, and educational assessments to monitor treatment benefit and outcome</p> <p>F10. Providing ongoing support for children by participating in IEP or IFSP processes</p>	
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F11. Counseling the child with hearing impairment regarding peer pressure, stigma, and other issues related to psychosocial adjustment, behavioral coping strategies, and self-advocacy skills

F12. Evaluating acoustics of classroom settings and providing recommendations for modifications

F13. Providing interprofessional consultation and/or team management with speech-language pathologists, educators, and other related professionals

**Applicant has demonstrated attributes and abilities across the following ASHA/CAA areas:**

***3.1.1A Professional Practice Competencies:***

- Accountability
- Integrity
- Effective communication skills
- Clinical reasoning
- Evidence-based practice
- Concern for individuals served
- Cultural competence
- Professional duty
- Collaborative practice

3	<b>Communication</b>	
<p><b>Program provides coursework and clinical experiences that help students develop professional written and oral communication skills when working with patients and other health care providers:</b></p> <ul style="list-style-type: none"> <li>• Communication</li> <li>• Intercultural/global perspectives</li> </ul>	<p><b>Applicant has demonstrated knowledge of and skills across the following ASHA/CAA areas:</b></p> <p><i>Standard II-A: Foundations of Practice</i></p> <p>A11. Manual and visual communication systems and the use of interpreters/transliterators/translators</p> <p>A12. Effective interaction and communication with clients/patients, families, professionals, and other individuals through written, spoken, and nonverbal communication</p> <p><b>Applicant has demonstrated attributes and abilities across the following ASHA/CAA areas:</b></p> <p><i>Standard II-E: Audiologic Rehabilitation Across the Lifespan</i></p> <p>E3. Responding empathically to clients'/patients' and their families' concerns regarding communication and adjustment difficulties to establish a trusting therapeutic relationship</p> <p><b>Applicant has demonstrated attributes and abilities across the following ASHA/CAA areas:</b></p> <p><i>3.1.1A Professional Practice Competencies:</i></p> <p>3.1.1A Professional Practice Competencies:</p> <ul style="list-style-type: none"> <li>• Accountability</li> <li>• Integrity</li> <li>• Effective communication skills</li> <li>• Clinical reasoning</li> <li>• Evidence-based practice</li> <li>• Concern for individuals served</li> <li>• Cultural competence</li> <li>• Professional duty</li> <li>• Collaborative practice</li> </ul>	<p><b>Direct Methods/Standards of Performance:</b></p> <ul style="list-style-type: none"> <li>• 90% of students will earn a grade of B or better in coursework involving major written assignments and/or oral presentations (CSAD 620, CSAD 621, CSAD 623, CSAD 624, CSAD 630, CSAD 631, CSAD 632, CSAD 640, CSAD 641, CSAD 641L, CSAD 642, CSAD 643, CSAD 650, CSAD 652, CSAD 653, CSAD 660, CSAD 661, CSAD 662, CSAD 670C, CCSAD 671, CSAD 680, CSAD 681, CSAD 682, CSAD 710, CSAD 720, CSAD 730)</li> <li>• Graduate Intensive Writing course (CSAD 621): 90% of students will earn a grade of B or better on all course writing assignments and have overall course grade of B.</li> <li>• Clinical Competencies: 90% of students will earn an average rating of B or higher for the following clinical competency categories: <ol style="list-style-type: none"> <li>1. Assessment</li> <li>2. Treatment</li> <li>3. Writing</li> <li>4. Professional Behavior</li> </ol> <p style="text-align: center;">(CSAD 620C, CSAD 630C, CSAD 640C, CSAD 650C, CSAD 660C, CSAD 670C, CSAD 680C, CSAD 710E, CSAD 720E, CSAD 730E)</p> </li> <li>• Clinical methods: 90% of students will earn a B or higher in all clinical methods courses (CSAD 620, CSAD 630, CSAD 640, CSAD 650, CSAD 660, CSAD 670, CSAD 680, CSAD 710, CSAD 720, CSAD 730)</li> <li>• National PRAXIS exam: 90% of students will score 170 or higher</li> </ul>

			<ul style="list-style-type: none"><li>• Indirect Methods/Standards of Performance:</li><li>• Positive Alumni, Employer, and Student Survey Feedback</li><li>• Positive Biannual Advisory Committee Meeting Feedback</li></ul>
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4	<b>Professional responsibilities and values</b>		
	<p><b>Program provides students with coursework and clinical experiences that are guided by the ASHA and AAA Code of Ethics:</b></p> <ul style="list-style-type: none"> <li>• Professionalism</li> </ul>	<p><b>Applicant has demonstrated attributes and abilities across the following ASHA/CAA areas:</b></p> <p><b><i>3.1.1A Professional Practice Competencies:</i></b></p> <ul style="list-style-type: none"> <li>• Accountability</li> <li>• Integrity</li> <li>• Effective communication skills</li> <li>• Clinical reasoning</li> <li>• Evidence-based practice</li> <li>• Concern for individuals served</li> <li>• Cultural competence</li> <li>• Professional duty</li> <li>• Collaborative practice</li> </ul>	<p><b>Direct Methods/Standards of Performance:</b></p> <ul style="list-style-type: none"> <li>• Didactic Coursework: 90% of students will earn a grade of B or better in the following courses pertaining to service delivery, ethical/legal issues, and practice management (CSAD 610, CSAD 614, CSAD 620, CSAD 621, CSAD 630, CSAD 640, CSAD 650, CSAD 660, CSAD 670, CSAD 671, CSAD 680, CSAD 681, CSAD 683, CSAD 710, CSAD 720, CSAD 730)</li> <li>• Clinical Competencies: 90% of students will earn a grade of B or higher in the Professional Behavior category with no individual line item score of 4.14 or lower in all clinical coursework: CSAD 620C, CSAD 630C, CSAD 640C, CSAD 650C, CSAD 660C, CSAD 670C, CSAD 680C, CSAD 710E, CSAD 720E, CSAD 730E</li> <li>• Clinical Methods: 90% of students will earn a B or higher in all methods courses: CSAD 620, CSAD 630, CSAD 640, CSAD 650, CSAD 660, CSAD 670, CSAD 680, CSAD 710, CSAD 720, CSAD 730</li> <li>• National PRAXIS exam: 90% of students will score 170 or higher</li> <li>• Learning Outcomes Assessment: By the fourth semester, 85% of students will answer each of the <b><u>Professional Responsibilities and Values</u></b> questions correctly</li> </ul> <p><b>Indirect Methods/Standards of Performance:</b></p> <ul style="list-style-type: none"> <li>• Positive Alumni, Employer, and Student Survey Feedback</li> <li>• Positive Biannual Advisory Committee Meeting Feedback</li> </ul>

5	<b>Research</b>		
	<p><b>Program includes coursework and research opportunities that emphasizes evidence-based practice and guides students on how to critically appraise clinical research in the field</b></p> <ul style="list-style-type: none"> <li>• Research</li> </ul>	<p><b>Applicant has demonstrated knowledge of and skills across the following ASHA/CAA areas:</b></p> <p><i>Standard II-A: Foundations of Practice</i></p> <p>A13. Principles of research and the application of evidence-based practice (i.e., scientific evidence, clinical expertise, and client/patient perspectives) for accurate and effective clinical decision making</p>	<p><b>Direct Methods/Standards of Performance</b></p> <ul style="list-style-type: none"> <li>• All students will successfully complete an Audiology Doctoral Project under the supervision of an audiology faculty member</li> <li>• 90% of students will receive a grade of B or higher in the Doctoral Research Project courses (CSAD 501, CSAD 502, CSAD 503, CSAD 504, CSAD 505) and CSAD 621: Research Methods in Audiology</li> <li>• Learning Outcomes Assessment: By the fourth semester, 85% of students will answer each of the <b>Research</b> questions correctly</li> </ul>

## II. Outcome Measures of Doctor of Audiology Program Graduates

This outline identifies the tools and timelines for assessing program graduates, and how this information will be used in the review and revision process. Our assessment process includes analyzing data provided from several courses, including: our graduate writing intensive course (CSAD 621); our students' clinical competencies portfolios; our students' learning outcomes assessment; our students' performance on the national Praxis exam; alumni, employer and student surveys; and feedback from our audiology advisory committee.

### **Completion of Pre-Major Requirements**

*Tool Description:* Upon admission to the AuD program, all students must provide proof of successful completion of Pre-Major Requirements:

Students must have completed a course in each of the following

- Human Development Across the Lifespan
- Introduction to Psychology
- Introduction to Statistics
- American Sign Language
- Biological Science
- Physical science

Students must have completed the equivalent of the following CSUS Communication Sciences and Disorders courses:

- CSAD 110 Physics of Sound and Phonetics
- CSAD 111 Anatomy & Physiology of the Speech Mechanism
- CSAD 112 Language Science and Development
- CSAD 125 Developmental and Acquired Neurogenic Language Disorders Across the Lifespan
- CSAD 130 Audiology and Hearing Testing
- CSAD 133 Aural Rehabilitation

*Timeline:* Upon admission to the AuD program.

*Use of Data in Review and Revision:* The Curriculum Committee evaluates whether or not our students are meeting the pre-determined standard of performance. Recommendations are considered by the department faculty for any proposed curricular changes consistent with the department's policies and procedures.

## **Graduate Writing Intensive Course (CSAD 621)**

*Tool Description:* Our Graduate Writing Intensive (GWI) course prepares all first-year graduate students in the area of writing in the profession through writing assignments guiding their preparation of a research paper related to their doctoral project.

*Timeline:* This course is taken during the second semester of the program. Student grades are analyzed each year during assessment.

*Use of Data in Review and Revision:* This course identifies and remediates any first-year graduate student who needs writing support early in the program. Students must obtain a grade of B or better in the following components of the course: 1) Exams, 2) Annotated bibliographies, 3) Literature review, 4) Research question and hypothesis development, 5) Discussion board posts, and 6) Research proposal. Students must also earn a grade of B or better in the course.

# Evaluation of Graduates' Clinical Competencies Portfolios:

*Tool Description:* The program requires students to complete either 60 or 120 hours of clinical hours, depending on the semester and site, through CSAD 620C, CSAD 630C, CSAD 640C, CSAD 650C, CSAD 660C, CSAD 670C, and CSAD 680C. Students are also required to complete a yearlong externship in audiology through enrollment in CSAD 710E, CSAD 720E, and CSAD 730E. Our curriculum is hierarchical in nature: Each student must progress through the coursework for given aspects of the field (i.e. disorders, assessments, and treatment) before being assigned to a clinical rotation in a given area. For example, a student must have completed CSAD 653: Diagnosis and management of vestibular disorders before completing a rotation in balance with patients who have suspected vestibular impairment. Through this structure, students must apply previously acquired knowledge to real-life situations and clinical scenarios. Success in these experiences is dependent upon the ability to think critically as the student evaluates and manages individuals with auditory and/or vestibular impairments under the supervision of a clinical instructor.

The assigned Clinical Instructor completes a clinical competency form for each student in each clinical course at midterm and final. Through this process, each clinical experience includes a formative and summative assessment with specific clinical competencies designed to measure critical thinking across the four predefined areas: Writing, Assessment, Treatment, and Professional Behavior. Specific clinical competency forms are in place for each clinical practicum. Students are provided with the clinical competency evaluations before they begin each clinical experience. Clinical Instructors, who have been trained on the form and its use by the Clinic Coordinator, use this form to provide feedback to students regarding progress.

A passing grade for each clinic is a B or higher. A passing grade is obtained by achieving a rating of 4.15 or better on the average combined score of the 4 general competency categories, provided that the student achieves; (a) an average rating of 4.15 or better for each of the 4 general competency categories and (b) a minimum score of 4.15 on all individual competency line items. Therefore, any student receiving (a) a rating of 4.14 or less on any one (or more) specific line item or (b) a rating of 4.14 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 B- will be given for the clinic.

*Timeline:* The faculty Curriculum Committee meets each week of the semester to discuss any student at risk for not passing a clinical course. The faculty and Clinical Coordinator annually review the results of the remediation plans.

*Use of Data in Review and Revision:* The Curriculum Committee has developed a standardized remediation plan form that corresponds to the clinical competencies form. The Au.D. Program Director and the Clinic Coordinator follow up with the student and Clinical Instructor to provide support in the development of the remediation plan. The plan 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 the end of the semester. It includes student and Clinical Instructor responsibilities and timelines in the process, and requires specific supports to be provided to the student. Any student with a remediation plan in place for two clinics will be provided with a department-level remediation plan specifying specific supports to be provided. The faculty and Clinic Coordinator annually review the results of the remediation plans to evaluate their effectiveness with regard to student program completion, and to review the clinical competencies score trends by clinic to determine if we are meeting our pre-determined standard of performance and the subsequent need for overall revision in clinical instruction.

# Clinical Methods Coursework

*Tool Description:* Each clinical practicum course is paired with a methods course in which students discuss client profiles, plan assessment and treatment, and complete specific assignments designed to support their developing clinical skills. Each methods course has a focus (e.g. report writing, billing and coding, professional issues) to guide discussions of cases. For example, CSAD 650: Billing and coding includes exercises in which students learn about the codes for various procedures they have performed in the clinical practicum and the process for billing for those procedures.

*Timeline:* This coursework is taken for ten semesters. Methods Instructors and Clinical Instructors meet each semester to discuss the alignment of Methods courses and Clinical Practicum courses.

*Use of data in Review and Revision:* Students must obtain a B or better or better to pass each course. Methods Instructors and Clinical Instructors meet each semester to review student success, clinical competency expectations, and methods class expectations in order to ensure alignment of all three of these areas, and to identify trends in student learning that should shape clinical instruction or design of the associated Methods Course.

# Student Learning Outcome Assessment

*Tool Description:* Each year, we will distribute a 40-item multiple-choice learning assessment to each student in our program. The measure is made up of a focused set of questions in general areas of the curriculum, including specific targets related to foundational knowledge, diagnosis and assessment, treatment and management, and professional issues. Each question has only one correct answer. The assessment will be useful in tracking candidates' mastery of knowledge throughout the program. It also will provide information regarding the development of critical thinking, as 50% of the questions have been designed as "case study" questions that require a higher level of analysis and problem-solving in the style of our national Praxisexam.

*Timeline:* The assessment is distributed to each student enrolled in the program at the end of each fall semester. The resulting data is analyzed each year in January and reviewed at the faculty retreat in the fall.

*Use of Data in Review and Revision:* 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 elements that are directly related to our PLOs. The overall analysis allows us to determine whether or not our students are meeting the predetermined standards of performance. The assessment is adjusted annually as needed in order to assess areas of perceived need that require pedagogical emphasis and the need for curriculum modification and development.

# Didactic Coursework

*Tool Description:* Our didactic coursework builds on our students' prior knowledge of the field of audiology and furthers their understanding of basic and advanced concepts in identification, assessment, treatment, management, and prevention, through evidence-based education and practice in these areas.

*Timeline:* The coursework is taken during the first three years (or eight semesters) of the program.

*Use of Data in Review and Revision:* Students must obtain a B or better to pass each course. Student grades are analyzed each semester and annually during assessment. The Curriculum Committee and faculty meet each semester to discuss student success in this coursework and to identify trends in student learning that would warrant curriculum modification.

### **Department Comprehensive Examinations**

*Tool Description:* All students must take two comprehensive exams during the program: 1) CSAD 510: Audiology Progress Exam, and 2) CSAD 520: Audiology Comprehensive Exam. The exams include written and practical/oral sections that assess a student's foundational knowledge, critical thinking, problem solving, communication, and professional behavior. Passing scores must be received on both sections (oral/practical and written) in order to enroll in more advanced coursework, be eligible for off-campus placements, or participate in the externship.

*Timeline:* CSAD 510 is taken at the end of the first year, and CSAD 520 is taken at the end of the third year. Faculty will review student responses and scores within two weeks of the scheduled exam. Performance Improvement Plans will be developed with students if necessary.

*Use of Data in Review and Revision:* The Curriculum Committee evaluates whether or not our students are meeting the pre-determined standard of performance. Recommendations are considered by the department faculty for any proposed curricular changes consistent with the department's policies and procedures.

## **Performance on the National Audiology Praxis Examination**

*Tool Description:* All students must take the Praxis, the national examination in audiology, before enrolling in CSAD 710 at the end of the eighth semester. This summative assessment measures each candidate's level of preparation for practice as an audiologist. The national passing score is our threshold for curricular assessment. The Praxis is scored on a scale of 100 to 200, and students must receive a score of 170 or greater to pass.

*Timeline:* The Department Chair will receive regular reports from the National Praxis organization. The Chair will share the results with faculty at both our fall and spring retreat and with our Advisory Committee.

*Use of data in review and revision:* The Curriculum Committee will evaluate whether or not our students are meeting the pre-determined standard of performance. Recommendations will be considered by the department faculty for any proposed curricular changes consistent with the department's policies and procedures.

## **Alumni, Employer and Student Surveys**

*Tool Description:* We will distribute surveys to alumni, employers and students. The alumni and employer surveys will be distributed electronically. Au.D. students complete a Brief Clinical Experience Survey in one of their methods classes. There are sets of evaluative questions on each survey. All of the questions target evaluation of the quality of our program and/or the student experience.

*Timeline:* The alumni and employer surveys will be distributed every three years. The student surveys

will be distributed at the end of every academic year.

*Use of Data in Review and Revision:* The surveys will be reviewed at the fall faculty retreat. If/when common themes emerge, the Curriculum Committee will examine whether or not there are indications for needed curricular change. The Curriculum Committee will then submit any recommendations to the faculty for any proposed curricular changes consistent with the department's policies and procedures. Any evaluation of proposed curricular changes will also take into account the feedback and evaluation from multiple sources including our Community Advisory Committee.

## **Biannual Advisory Committee Meetings**

### Tool description:

Our Advisory Committee maintains a system of professionals in the community, each with a designated liaison. These cohorts will be 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. Though no formal survey is provided to this group, minutes will be taken at each meeting and will be 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 the program learning outcomes.

Timeline: Our Advisory Committee will meet biannually (fall and spring). The minutes will be reviewed by faculty once each semester.

Use of data in review and revision: The chair of the Advisory Committee will present highlights from the meeting minutes to the Curriculum Committee. The Curriculum Committee evaluates the content to identify curricular implications and presents the findings to the faculty.

Recommendations are considered by the department faculty for any proposed curricular changes consistent with the department's policies and procedures.

III. Curricular map and lines of evidence

# Curricular Map with Program and Course Learning Outcomes

CSAD course	PLO 1	PLO 2	PLO 3	PLO 4	PLO 5	Lines of evidence
501	D	D	D	D	D	Doctoral project progress
502	D	D	D	D	D	Doctoral project progress
503	D	D	D	D	D	Doctoral project progress
504	M	M	M	M	M	Doctoral project progress
505	M	M	M	M	M	Doctoral project presentation and paper
510	D	D	D	D	D	Exam
520	M	M	M	M	M	Exam



611	I	I	I	I	I	Exams, quizzes
612	I	I	I	I	I	Exams, quizzes
613	I	I	I	I	I	Exams, quizzes, activities
614	I	I	I	I	I	Exams, quizzes, activities
621	I	I	I	I	I	Exam, bibliography, literature review, assignments
622	I	I	D	D	D	Exams, quizzes
622L	I	I	D	D	D	Reports, exam
623	D	I	D	D	D	Exams, quizzes, paper
624	I	I	D	D	D	Exams, quizzes, project
631	D	D	D	D	D	Exams, labs, activities, project
632	D	D	D	D	D	Exams, quizzes, observation, lab
641	D	D	D	D	D	Exams, quizzes

<b>641L</b>	D	D	D	D	D	Exams, labs, paper
<b>642</b>	D	D	D	D	D	Exams, activity, paper, presentation
<b>643</b>	D	D	D	D	D	Exams, paper, presentation, project
<b>651</b>	D	D	D	D	D	Exams, quizzes, labs
<b>652</b>	D	D	D	D	D	Exams, interview, presentation
<b>653</b>	D	D	D	D	D	Exams, presentation, labs
<b>661</b>	D	D	D	D	D	Exams, project, activities, presentation
<b>662</b>	D	D	D	D	D	Exams, quizzes, project
<b>671</b>	M	M	M	M	M	Exams, activities, project
<b>672</b>	M	M	M	M	M	Exams, quizzes, paper, labs
<b>673</b>	M	M	M	M	M	Quizzes, project
<b>681</b>	M	M	M	M	M	Exams, quizzes,

						proposal project
<b>682</b>	M	M	M	M	M	Exams, paper, activities, project
<b>683</b>	I	D	M	M	M	Exams, quizzes, paper
<b>610</b>	I	I	I	I	I	Quizzes, activities, assignments
<b>620</b>	I	I	I	I	I	Quizzes, activities, presentation
<b>620C</b>	I	I	I	I	I	Clinical competency
<b>630</b>	D	D	D	D	D	Quizzes, activities, presentation
<b>630C</b>	D	D	D	D	D	Clinical competency
<b>640</b>	D	D	D	D	D	Quizzes, activities, presentation
<b>640C</b>	D	D	D	D	D	Clinical competency
<b>650</b>	D	D	D	D	D	Quizzes, activities, presentation
<b>650C</b>	D	D	D	D	D	Clinical competency
<b>660</b>	D	D	D	D	D	Quizzes, activities

<b>660C</b>	D	D	D	D	D	Clinical competency
<b>670</b>	M	M	M	M	M	Quizzes, activities
<b>670C</b>	M	M	M	M	M	Clinical competency
<b>680</b>	M	M	M	M	M	Discussion, presentation
<b>680C</b>	M	M	M	M	M	Clinical competency
<b>710</b>	M	M	M	M	M	Activities, presentation
<b>710E</b>	M	M	M	M	M	Clinical competency
<b>720</b>	M	M	M	M	M	Activities, presentation
<b>720E</b>	M	M	M	M	M	Clinical competency
<b>730</b>	M	M	M	M	M	Activities, presentation
<b>730E</b>	M	M	M	M	M	Clinical competency

## Assessment Timeline

Though many of the PLOs will be measured annually, the Audiology faculty will focus on one or two program learning outcomes each year. The research PLO (#5) will be evaluated every other year once the inaugural cohort has started the third year of the program. They will evaluate the data collected and compare it to the predetermined standards of performance. The Audiology faculty will also identify curricular implications and present the findings to the faculty. Recommendations will be considered by the department faculty for any proposed curricular changes consistent with the department's policies and procedures. Proposed curricular changes will take into account feedback from multiple sources including, our Community Advisory Committee. The Audiology faculty will assess the impact of the new changes on the student learning

outcomes, student services, and student success and will assess each learning outcome at least once every six years. The following is our detailed timeline.

	<b>PLO 1</b>	<b>PLO 2</b>	<b>PLO 3</b>	<b>PLO 4</b>	<b>PLO 5</b>
2019-2020	X	X			
2020-2021			X	X	
2021-2022					X
2022-2023	X	X			
2023-2024			X	X	
2024-2025					X