

Student Outcomes Assessment and Success Report AY2018-19 *Consult with your college dean's office regarding due date and how to submit. Deans will submit reports to the Office of Assessment & Accreditation annually by October 15.*

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Part 1a: Summary of Student Learning Outcomes Assessment

<p>a. What learning outcomes did you assess this past year?</p> <p>If this is a graduate program, identify the Graduate Student Learning Outcome each outcome aligns with.</p>	<p>b. (1) What assignments or activities did you use to determine how well your students attained the outcome? (2) In what course or other required experience did the assessment occur?</p>	<p>c. What were your expectations for student performance?</p>	<p>d. What were the actual data/results?</p>	<p>e. What changes or improvements were made or will be made in response to these assessment results or feedback from previous year's report? Can expand on this in Part 2.</p>
<p>1. [G4] Apply theory and anatomical, neurologic, acoustic, and physiologic bases of speech, language, and hearing sciences to the diagnosis and remediation of communication and swallowing disorders.</p> <p>This outcome maps to the American Speech-Language-Hearing Association's [ASHA] Council for Clinical Certification [CFCC] Standard IV-B</p>	<p>We used two types of exam scores to assess this outcome.</p> <p>a) The first was the first exam from two courses, CD 620 and 622. These courses are taught by the same instructor and focus on anatomy and physiology. CD 620 is taken in Spring of their first year [Spring 1] and CD 622 in the fall of the second year [Fall 2].</p> <p>b) The second assessment was the percent of items answered correctly on the Praxis II Subject Area Examination in Speech-Language Pathology under the Foundations and Professional Practice.</p>	<p>a) The percentage of students earning a score of 80% or greater on the first exam will increase by 20% between CD 620 and 622.</p> <p>b) 80% of students will answer 65% of the Foundations and Professional Practice questions correctly. While this may seem like a low percentage, achieving a passing score is typical when 60% of the points are earned.</p>	<p>a) The percentage of students with a score of 80% or better on Exam #1 in CD 620 was 67%. For Exam #1 in CD 622 the percentage was 81%, or a 14% increase.</p> <p>b) 86% of the cohort correctly answered 65% or more of the questions on the Foundations and Professional Practice section of the Praxis II.</p>	<p>This year we linked the learner outcomes to the national standards for certification based on feedback from last year's report.</p> <p>a) After the data was collected and analyzed the course instructor realized that both exam scores were derived from entries in Bb that reflected grade adjustments. All students are given credit for questions that more than half the class answer incorrectly. In future years the un-adjusted scores should be used. The improvement in score was actually surprising as it was expected that very little change would have occurred. Students have several courses in Spring 1 and Summer1 taught by other faculty that require knowledge of the content assessed on Exam #1 in</p>

				CD 622. The improvement could reflect integration of knowledge from other course into CD 622 which is a desirable outcome.
<p>2. Plan, implement, revise, and terminate treatment programs using available data.</p> <p>This outcome maps to the American Speech-Language-Hearing Association's [ASHA] Council for Clinical Certification [CFCC] Standard V-B</p>	<p>We use a web based system, Calipso, to track achievement of clinical competencies in addition to other data. His or her clinical supervisor rates each student at the end of each semester on multiple competencies/skills using a 5 point, criterion referenced scale. These skills are grouped into Evaluation Skills, Treatment Skills, and Preparedness, Interaction, and Personal Qualities. Evaluation and Treatment Skills are rated across nine different communication/swallowing disorder types. This data can be aggregated for a cohort.</p> <p>Exit Survey: We distributed an exit survey to the students that completed the program in August 2019. The survey included Likert scale and open-ended responses.</p>	<p>a) The second year cohort will demonstrate at least a one point improvement in the Calipso rating for the Treatment Skills section in Spring 2019 as compared to the score from Spring 2018.</p> <p>b) We did not have any expectations regarding performance. Rather we wanted to learn about the perceptions of the curriculum from the cohort that graduated.</p>	<p>a) The improvement in rating for the Treatment Skills section was 0.65, not meeting the criterion. The average rating was 3.91 for Spring 2018 and 4.56 for Spring 2019.</p> <p>b) Response rate for the survey was 57% or 12/21. Item #12 from the Exit survey stated that the curriculum prepared them to perform professionally. Seven graduates responded Strongly Agree and five chose Agree for 12/12. The majority of responses [9/12] to the question "What was the most useful training you received?" mentioned that practicum, providing intervention, etc were the most useful.</p>	<p>a) While there was improvement in the average score for the cohort, the criterion of one point of improvement was not achieved. For the first use of Calipso data for assessment purposes, the average score for the section across all students in the cohort was used. In the future it would be beneficial to set criterion based individual student performances. In addition, there may be a ceiling effect occurring as supervisors are instructed that a rating of '5' is rare.</p> <p>b) It is reassuring that in a graduate program intended to prepare future clinicians that graduates felt the clinical practicum component of the program was useful. There was little mention of the contribution of academic coursework to successful clinical practicum. It would be beneficial to review and revise the exit survey to ask more specific questions and use a visual analog scale responses.</p>

<p>3. Competently administer, interpret, and report the results of evaluative instruments and procedures.</p> <p>This outcome maps to the American Speech-Language-Hearing Association's [ASHA] Council for Clinical Certification [CFCC] Standard V-A</p>	<p>We used Calipso data from the Evaluation section.</p>	<p>a) The second year cohort will demonstrate at least a one point improvement in the Calipso rating for the Evaluation Skills section in Spring 2019 as compared to the score from Spring 2018. curriculum from the cohort that graduated.</p>	<p>a) The improvement in score for the Evaluation Skills section was 0.73, not meeting the criterion. The average rating was 3.74 for Spring 2018 and 4.47 for Spring 2019.</p>	<p>a) Although the criterion was not met, the improvement was closer to one point. Another challenge to using the average data across multiple items that are rated for the Evaluation Skills section is that specific areas/competencies that may have shown greater or lesser improvement are not revealed. Although more time consuming, it will be beneficial in the future to pull individual student data.</p>
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Note: If you would like to report on more than three outcomes, place the cursor in the last cell on the right and hit "tab" to add a new row.

Helpful Hints for Completing this Table

- a. Use your outcomes library as a reference. Note any alignment with professional standards, as applicable.
- b. Each outcome should be assessed by at least one direct measure (project, practica, exam, performance, etc.). If students are required to pass an examination to practice in the field, this exam should be included as one of the measures. At least one of the program's outcomes must use an indirect measure (exit interview, focus group, survey, etc.). Use your curriculum map to correlate outcomes to courses. Describe or attach any evaluation tools such as rubrics, scales, etc.
- c. Identify the score or rating required to demonstrate proficiency (e.g., Students must attain a score of "3" to be deemed proficient; at least 80% of students in the program will attain this benchmark.)
- d. Note what the aggregate level of proficiency actually was and the number of students included in the cohort or sample (e.g., 85% of the 25 students whose portfolios were reviewed met the established benchmark).

Part 1b: Review of Student Success Data & Activities

Use [Blue Reports](#) to generate the following information (as well as any other information helpful to you):

- 1) Cohort Sizes = 42
- 2) Year-to-Year Retention = 100%
- 3) 2-Year Graduation Rate = 100%

What worked well in supporting student success this year?

Over the past year, both cohorts have been successful in passing all academic courses and receiving acceptable ratings for all clinical practicum. Therefore, we have not had any students need a remediation plan in the past year. With a 100% two year [six semester] graduation rate in combination with over 90% of the cohort employed before graduation and the remaining employed with a month of graduation we are successfully supporting the students in our program. Having an instructor serve as the external placement coordinator has ensured timely response to inquiries and the development of affiliation agreements so students obtain the placements needed for on-time degree completion. Based on feedback on the exit survey the accessibility and approachability of the program director, Dr. Hammen, also contributed to student success.

What are the most significant opportunities for improvement upon which to focus in the coming year?

As noted under Part 1a, students retaining information that has been taught at the undergraduate level and in previous coursework will enable faculty to spend more course time on areas that were identified in the exit survey, such as intervention approaches, rather than re-teaching foundation information such as anatomy, physiology, etc.

Part 1c: Summary of Career Readiness Activities (OPTIONAL FOR GRADUATE PROGRAMS)

Please submit your Career Readiness Competencies curriculum map along with this report as a separate attachment. The template was sent to you with this form via email.

We do not have career readiness competencies for the graduate program, however, we incorporate activities related to career readiness in the one-hour weekly seminar class that accompanies the second year clinical practicum course in the fall. These activities include having outside speakers from a contract therapy company come in to talk about completing the required clinical fellowship year, resume and interview strategies. In addition, we have staff from the Career Center present on resume writing and interviewing skills so the students receive a balanced presentation of this information. In addition, the course covers topics related to billing for services, national outcome measures, and preparation to take the Praxis II examination.

Part 2: Continuous Quality Improvement

Reflect on the information shared above regarding student learning, success, and career readiness. In no more than one page, summarize:

1) the discoveries assessment and data review have enabled you to make about student learning, success, and career readiness

This assessment report focused on the second year cohort and used the exam that is required for national certification. We have had a 100% pass rate on the exam for the majority of the past ten years so we have been wanting to look more closely at the details of the exam. Unfortunately, the division of the questions into only three sections limits the usefulness of the information that can be derived from the exam results. Course-based assessments and use of the data available in the Calipso evaluation system may be more fruitful. Overall students in this cohort performed well on the assessment activities we completed which is typical for our graduate students. Our students are employed either before or very shortly after program completion so are ready to begin their careers.

While not applicable to the specific learning outcomes we were assessing this year, the survey results mentioned getting more experience with adult clients before beginning their medical practicum as an area for improvement. In response, our clinic director and external practicum coordinator reached out to local speech language pathologists in skilled nursing facilities to arrange for students to gain some observation opportunities in their facilities. We will look at the next exit survey results to see if there are fewer comments that mention the lack of adult clients in the clinic.

2) findings-based plans and actions intended to improve student learning and/or success (expansion of Part 1a, box e as needed)

The distribution of the current exit survey for the third time has shown some weaknesses in the survey. It could be expanded to ask questions that relate to the application of content knowledge to clinical practice. Therefore, we will work on revising the survey this academic year.

Despite evidence that suggests our students are successful in both achieving learning outcomes, completing the program, and beginning their careers immediately post degree completion, we are committed to examining student retention of knowledge as they progress through the program. Also, we have not obtained information from our external practicum supervisors separately from the Calipso evaluation system. Since it is a student based evaluation any areas of student learning we might need to add to our program may not be obtained. Developing a survey for the external supervisors to provide input to the program would be beneficial.

As noted in Part 1a we need to acquire data from individual students rather than aggregated to better understand any issues related to student learning.

3) what your assessment plan will focus on in the coming year

Although the evidence from two courses would suggest that students are retaining knowledge of anatomy and physiology from one course to another, this remains an important area to assess. We will identify other 'earlier' and 'later' courses in our curriculum to assess in the coming year. As noted above assessing the quality of student knowledge and skills from external practicum supervisors in specific disorder areas will be included in the coming year. New CFCC standards for certification begin January 1, 2020 so we will incorporate those into our assessment plan.

4) how this information will be shared with other stakeholders

We have an advisory board meeting twice per year that provides an opportunity to share the results of our assessment activities. When we revise our program website we will put in a link to the Assessment results page so interested individuals can easily access what is available on the Assessment website.

Thank you so much for sharing your assessment process and findings for AY 2019-20 with the Assessment Council. You will find feedback and ratings on the rubric below. It is understood that some of the feedback might encompass practices that you already engage in but were not documented in this report. As the purpose of this evaluation is focused on recognizing great work and helping faculty improve assessment practice, it is not necessary to retroactively add documentation. Please feel free to let me know if you have any questions or if there is any way I can assist you in further developing assessment practice and use in your program.

This report will be shared with the Associate Dean(s) and Dean of your college and summarized findings will be shared as composite college/institutional data with the President's Office and the Provost's team.

Sincerely,

Kelley (x7975)

Program: MS Communication Disorders	Overall Rating: Exemplary (3.00/3.00)
Strengths	Recommendations
<ul style="list-style-type: none"> • Learning outcomes are clear, measurable, and aligned to GSLOs and applicable standards. • Measures are well-designed to provide valid information on student learning relative to aligned outcomes. Both direct and indirect measures are used to provide insight into student performance and experience. Timing of assessment is intended to show progress over time. The use of high-impact experience of Clinical Supervision and a the Praxis demonstrate meaningful learning. • Clear information is provided on expected performance and rationale. • Results are analyzed to provide actionable insights for improving student learning and preparedness. • Recommendations for how to use results are based in the data. Clear action plans for using exit survey data to improve student clinical experiences and better understand student application of academics to practice are provided. • Faculty play a collaborative role in various parts of assessment practice, sharing, and/or use. 	<ul style="list-style-type: none"> • When setting expected performance goals over time, consider using a percent increase rather than a point increase when using such a limited scale as a 5-point rubric. As faculty identified, there may be a ceiling effect, and initial strong performance may inadvertently be devalued if it seems satisfactory, or even ideal improvement is not acknowledged by the point increase expectations.

Evaluation Criteria	3 Exemplary	2 Mature	1 Developing	0 Undeveloped
Student Learning Outcomes	<p>Identified, aligned learning outcomes are specific, measurable, student-centered, and program-level. Outcomes directly integrate institution or college-level learning goals.</p> <p>Outcomes are consistent across modes of delivery (if applicable).</p> <p>More than one outcome is assessed this cycle, and rationale is provided for why they were selected for assessment.</p>	<p>Identified, aligned learning outcomes are specific, measurable, student-centered, and program-level. Outcomes support institution or college-level learning goals.</p> <p>Outcomes are consistent across modes of delivery (if applicable).</p> <p>At least one outcome is assessed this cycle, and rationale is provided for why it was selected for assessment.</p>	<p>Learning outcomes are identified and alignment with courses is demonstrated.</p> <p>Outcomes are consistent across modes of delivery (if applicable).</p> <p>At least one outcomes is assessed this cycle.</p>	<p>No (program) learning outcomes are identified, and/or alignment of learning outcomes to courses is not demonstrated (e.g. – curriculum map).</p>
Performance Goals & Measures	<p>Performance goals are clear and appropriate, and rationale is provided for why these were selected.</p> <p>Identified measures and tools are assigned to each outcome, are clear and intentionally designed to address student performance on aligned outcomes, and rationale and examples are provided (e.g. – rubrics, checklists, exam keys). Most are direct measures, and their design enhances the validity of findings.</p> <p>Licensure exams and high-impact practices are reflected in measures (if applicable).</p>	<p>Performance goals are clear and appropriate.</p> <p>Identified measures and tools are assigned to each outcome, are clear and intentionally designed to address student performance on aligned outcomes, and examples are provided (e.g. – rubrics, checklists, exam keys). At least one direct measure is included.</p>	<p>Performance goals are identified with little rationale or clarity.</p> <p>Identified measures are poorly suited to performance goals, underdeveloped, or are solely indirect measures.</p>	<p>No goals for student performance of learning outcomes are identified, and/or no measures are provided.</p>

Analysis & Results	<p>Data collection process is clear and designed to produce valid/trustworthy results. The process is useful to those collecting and/or interpreting data.</p> <p>Data is collected and analyzed with clear rationale and description.</p> <p>Results are provided with thoughtful discussion of analysis and description of conclusions that can be drawn.</p>	<p>Data collection process is clear and designed to produce valid/trustworthy results.</p> <p>Data is collected and analyzed with clear rationale and description.</p> <p>Results are provided with some discussion of analysis.</p>	<p>Description of data collection is unclear as to process and quality.</p> <p>Some data is collected and analyzed with little rationale or description.</p> <p>Some results are provided with no discussion of analysis.</p>	<p>No information is provided about the data collection process, and/or no data is being collected.</p> <p>No results are provided</p>
Sharing & Use of Results for Continuous Improvement	<p>A plan for sharing information and included program faculty and appropriate staff in discussion and planning is detailed and enacted. Outcomes and results are easily accessible on the program website or other appropriate designated area.</p> <p>Plans for improvement or change based on results are clear and connected to results. If few students met performance goals, this is included in discussion and plans.</p> <p>Reflection is offered about results or plans moving forward, and compares prior year plans to current outcomes in an effort to foster continuous improvement as a result of assessment process.</p>	<p>A plan for sharing information broadly across program faculty is detailed and enacted.</p> <p>Plans for improvement or change based on results are clear and connected to results. If few students met performance goals, this is included in discussion and plans.</p> <p>Reflection is offered about results or plans moving forward.</p>	<p>Information is provided about sharing results, but sharing is limited in scope or content.</p> <p>Plans for improvement or change based on results are incomplete, vague, or not clearly connected to results.</p> <p>Little reflection is offered about results or plans moving forward.</p>	<p>No information is provided about sharing results and/or plans for improvement or change based on results.</p> <p>No evidence of reflection on results is provided.</p>
Overall Rating	<input checked="" type="checkbox"/> Exemplary	<input type="checkbox"/> Mature	<input type="checkbox"/> Developing	<input type="checkbox"/> Undeveloped

Please see reviewer notes for more details.