CALIFORNIA STATE UNIVERSITY, CHICO
ANNUAL PROGRAM ASSESSMENT REPORT
Save your Report with the following file name: APAR-18-19-Dept OR Program Name, for example APAR-18-19-CMST

Date: _____

Due: 9/30/2020

I. Assessment of Student Learning Outcomes

1. Program Name and Contact Information of Program Assessment Coordinator:
Susan Steffani
ssteffani@csuchico.edu

2. Student Learning Outcomes

CMSD MA SLOs:
1. Demonstrate knowledge of basic human communication and swallowing processes, including their biological, neurological, acoustic, psychological, developmental, and linguistic and cultural bases.
2. Demonstrate knowledge of the nature of speech, language, hearing, and communication disorders and differences and swallowing disorders, including their etiologies, characteristics, anatomical/physiological, acoustic, psychological, developmental, and linguistic and cultural correlates.
3. Demonstrate knowledge of the principles and methods of prevention, assessment, and intervention for people with communication and swallowing disorders, including consideration of anatomical/physiological, acoustic, psychological, developmental, and linguistic and cultural correlates.
4. Successful completion of supervised clinical experiences, demonstrating knowledge and skill competencies.
5. Demonstrate knowledge and skill in Professional Practice Competencies which includes accountability, integrity, effective communication, clinical reasoning, evidence-based practice, concern for individuals, cultural competence, professional duties, collaborative practice

3. Course Alignment Matrix:

Insert matrix here for reference or provide URL (*ensure URL is current*).

Grad SLO-Course Alignment Matrix

Course	SLO 1			SLO 2			SLO 3			SLO 4			SLO 5		
	I	P	M	I	P	M	I	P	M	I	P	M	I	P	M
543			✓			✓			✓						✓
620			✓			✓			✓						✓
630			✓			✓			✓						✓
631			✓			✓			✓						✓
632			✓			✓			✓						✓
633															✓
635			✓			✓			✓						✓
640			✓			✓			✓		✓				✓
642			✓			✓			✓						✓
645			✓			✓			✓		✓				✓
652						✓			✓						✓
674		✓				✓			✓						✓
675		✓				✓			✓		✓				✓
680-01		✓				✓			✓		✓				✓
680-02		✓				✓			✓		✓				✓
682		✓				✓			✓		✓				✓
684		✓				✓			✓		✓				✓
689		✓				✓			✓		✓				✓

I= Introductory
P= Practice
M= Mastery

Additional indices of the SLOs are:
- Annual Performance Reviews- Formative Assessments
- Praxis- Summative Assessment
- Comprehensive Exams- Summative Assessment

4. **What is your current Assessment Plan**

What SLOs have been assessed (since last 5 year review) and which SLOs are planned to be assessed in next 2-3 years. The plan may alter over time, but what is the plan at this time?

We assess all SLOs each year because we need to do so for our accreditation. In addition to this, we have evaluated SLO 4.

5. **Learning Outcome(s) Assessed in AY 2019-2020:**

Which SLOs were assessed this year?
All SLOs are evaluated each year.
> SLO 1: Knowledge of Human Communication and Swallowing
> SLO 2: Nature of disorders
> SLO 3: Assessment & Treatment
> SLO 4: Supervised Clinical Experience
> SLO 5: Professional Practice Competency

6. **Assessment Methodology Used:**

Describe your methodology. What kinds of assessment methods were used: embedded assessment of student work in a particular course, external exam, etc. Type of assignment: Performance on standardized exams, essay, etc.? Sample size? Sampling strategy? Who evaluated student performance? How was performance measured? How was successful performance defined, i.e. what is your Benchmark for proficiency for each SLO?

1. **SLO 1, 2, & 3: Praxis and Comprehensive exams** (Summative)
    - PRAXIS is a National Standardized test through ETS and specific to our discipline.
    - Comprehensive exams are graded by the faculty member who wrote each particular question.

2. **SLO 4 & 5: Evaluation of Student's Clinical Performance** (Formative)
    - New Rating form (see attached).
    1. Using the scale below, each student's average of two or three final year scores are determined to be:
        1= Inadequate (1-1.99)
        2= Adequate (2-2.99)
        3= Competent (3-3.49)
        4= Proficient (3.5-4)

3. **SLO 1-5: Overall Performance Evaluation** (Formative)
    - Completed through Portfolio Review
    - Using the scale below, each student is rated on Documentation, Academics, Clinical Skill, Professional Competencies, and Overall
        1= Superior
        2= Effective
        3= Adequate
        4= Inadequate

4. **Evaluation of Student's Clinical Performance Numbers indicating Competency**
    - Our accrediting body requires that we assess the competency of students in assessment, treatment, and professional development in 9 major clinical areas. This is done by completion of Evaluation of Student Clinical Performance completed by all clinical instructors (CIs) that students have during their 3 clinical experiences (on-campus clinic during the first year, 2 internships during the second year, one diagnostic clinic during the second year).
    - Previously, we had a form (Knowledge and Skills Assessment – KASA) that students had CIs sign when it was determined that the student demonstrated competency.
    - We recently began using a data management platform CALIPSO. This required that we change our form for evaluating students from a 5 point scale to a 4 point scale. We adjusted our rankings based on this new form (see E2 above).
    - We were required to indicate what score on the 4 point scale would be considered competent. CALIPSO then flags whether students had reached this score for all 9 major clinical areas for every measure of assessment, treatment, and professional development. Additionally, this made the determination of competency to be made by receiving a specific number (we selected a score of 3) in each category rather than the CI's determination.
    - This assessment cycle, we wanted to review this system and our ratings to make sure that we are able to successfully identify competency numerically rather than via the signature system previously used.

7. **Assessment Results:**

Please describe/report outcomes of assessment. How well did students perform on the assessment task? Feel free to use the table below to report results, adapting the table as necessary, or provide narrative describing the assessment results.

1. **SLO 1-3: Demonstrating general content knowledge** is determined by the PRAXIS and Comprehensive exam results.
    - **General content knowledge demonstrated on PRAXIS**: We had 100% pass rate on the first attempt. The national average passage rate for first time taking the test (most recent data: 2018-19 - this includes those who have taken the test multiple times) is 89.5% which we surpaseed. The

average score for our students was 178 which is above the national average of 175; the range of scores for our students was 162-192. 16/24 of our students scored at or above the national average.

- **Comprehensive Examinations**: Twenty-three students passed comprehensive exams. The range of scores was 2.3 – 4.00 with an average of 2.96. Highest score possible is a 4.0. Nine students received "holds" this year, which requires the student to do additional work with a faculty member for the hold to be released to a pass. All students successfully completed the extra work. This number was a slightly lower than last year. One student passed 5 of the 6 questions. She completed a re-write for the failed question and passed.

- **Other Summative data:**
  - Completion rate in two years: 23/24= 96%
  - Employment rate: 24/24= 100%
  - Grad Exit Survey

2. **SLO 4 & 5: Supervised Clinical Experience**
   - **Evaluation of Competencies from Clinical Instructors Evaluation of Student**

Cohort	Proficient	Competent	Emerging	Inadequate
1st years	Data not available at the time of report			
2nd Years (n=23; av of 2 internship experiences)	Date not determined due to need for changes in ratings			

   - **Performance Review (includes both academic and clinical performance)**

Cohort	Superior	Effective	Adequate	Inadequate
1st Years (n=24) 19-20	Not completed due to COVID			
2nd Years (n=24) 18-19	5	17	2	0

3. **SLO 4 - Program Evaluation: <u>Evaluation of Student's Clinical Performance Numbers indicating Competency</u>**

- An informal review of the CALIPSO data for indication of competency by our Clinical Director was conducted for 1st and 2nd year students. She found that CALIPSO averaged the scores provided by each CI. We thought that once a student received a score of 3 in any setting, they were considered competent. Therefore, our rating scale was a 3 (on a four point scale) to be indication of competence. The problem we faced was that, as an example, a student may receive a 2 as a 1st year student and a 3 as a 2nd year student which would result in an average of 2.5. Although they demonstrated competence as a 2nd year student (as we would expect), this would not be verified by the data because it is averaged.
- We expect students to be competent upon graduation and to show improvement during the program.

8. Analysis / Interpretation /Dissemination of Results

How do the assessment data you have collected and evaluated inform the program or department's understanding of student learning? How were the results shared with the following stakeholders: faculty, students, campus stakeholders, external stakeholders, other?

1. **SLOs 1-3**:
   - **PRAXIS:** For the PRAXIS results, our 100% first time pass rate was above the national average of 89.5% [Most recent data available: 2018-19]. This national average contains pass data for not only first time test takers, but those taking it multiple times.
   - **Comprehensive Exams:** Regarding Comprehensive Exams, students need to do additional work in areas where they receive a "hold". This additional work is up to the question writer and can vary from

discussion of the issues, oral examination, readings, re-writing a portion of the answer, etc. This provides us evidence that they are meeting their knowledge competencies.

Overall our students continue to do very well on the PRAXIS and Comprehensive Exams.

2. **Evaluation of Competencies - 2019**
   - **Clinical Instructor Evaluation of Student:** Due to the issue described about averages for competency, we were not able to use the CLIPISO data. See 3 below
   - **Performance Review:** Data was similar to previous years for 2nd year students. Adequate rating for one student was based on issues with interpersonal professional interactions. Intervention with the student was implemented. Her clinical instructors in her internships indicated no issues with her performance. She gained employment upon graduating. The other adequate rating was due to insufficient material included.

     For 1st years students, the portfolio submission date is the day after spring break. Due to COVID, students did not return to campus at that time and all available resources were geared towards getting classes and clinical experiences on-line. Therefore, students did not submit Portfolios.

3. **Program Evaluation: Evaluation of Student's Clinical Performance Numbers indicating Competency**
   - A discussion by all faculty concluded that given the change from a 5 to 4 point scale and the average scoring done by CALIPSO, this process was not appropriate for showing competency. Students would not be expected to be competent in their first year of clinic; however, these scores were included in the averages and dropped scores of 3-4 in the internships down below 3 which then identified them as not competent.
   - A conversation with the CALIPSO team and program revealed that our number of 3 for competency was higher than most programs using a 4 point scale. They recommended that we use 2.5 as our level for determining competency.

9. Closing the Loop: Planned Program Improvement Actions

How will the assessment data and their evaluation be used to improve and/or maintain the program? Address items a, b, c, d and/or e only if they apply to this report cycle, not all items would necessarily be addressed.

a) **Planned curriculum changes for improved learning outcomes.**

   For example, revising pedagogy, courses, assignments, curricula, or other learning support mechanisms.

   There are not program improvement actions planned at this time.

b) **Planned Revision of Measures or Metrics (if applicable)**

   A possible revision of a measure might be to recommend a change in the assignments that are evaluated for program assessment, or the number of assignments examined, and by whom. A metric revision might be for program faculty to decide to change the "bar" for acceptable performance.

   a. We have changed our score for competency on the Evaluation of Student Performance to 2.5.
   b. We have changed our ratings on the Evaluation of Student Performance for assessing SLOs to the following:
      - 1 = inadequate (0-1.49)
      - 2= emerging (1.5-2.49)
      - 3 competent (2.5-2.99)
      - 4= intermediate (3-3.49)
      - 5= Proficient (3.5+)

c) **Planned Revisions to Program Objectives or Learning Outcomes (if applicable)**

After examining the assessment data it might be appropriate to revise one or more of the Program Objectives or Student Learning Outcomes.

There are no planned revisions to program objective or learning outcomes at this time.

d) **Changes to Assessment Schedule (if applicable)**

Do the results create a need for change in your assessment schedule? Is so, please describe.

N/A

e) **No Change Being Made**

Indicate why the results do not call for more change at this time (for example, results indicate Benchmark is being met or exceeded). If results do not compel change or the change necessary cannot be made at this time, or other circumstance, please explain.

10. **Information for Next Year**

What learning outcome(s) are you examining next year and who will be the contact person?
- We will continue to assess all SLOs.
- Implement the new scoring and rating system and evaluate how effective they are.
- Additional assessment will be conducted on Clinical Clock Hours accrued by students.

II. **Appendices (please include any of the following that are applicable to your program)**

A. **Assessment Data Summaries (Details that elaborate on item 6, above.)**

B. **Measurement Instruments (Rubrics, Surveys, etc.).**
I have attached a sample of the evaluation form via email when I submitted this to the Associate Dean and chair. I am unable to add it here as it is a pdf.

Please submit completed reports electronically to your college assessment coordinator by 9/30/19.
Save Report with the following file name: APAR-18-19-DeptORProgramName, for example APAR-18-19-CMST