

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: _____ 9/30/2021

Due: 9/30/2021

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:

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:

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?

Yearly assessments:

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 question.

2. SLO 4 & 5: Evaluation of Student's Clinical Performance (Formative)

- This is a new rating metric made last year. We are using it this year to see if it is going to work in both evaluation of performance and identifying competency given the constraints of our data management system. Therefore, this year it is part of our yearly assessments as well as our specific assessment activity for this year. As a refresher, we are required by our accrediting body to show that students have reached competency in clinical and knowledge skills. We used to use a form that clinical instructors signed when a student demonstrated competency in an area. We changed to a data management system called CALIPSO recently and had to change our rating scale. Due to how the numbers were averaged, we were finding that students were not reaching the required number to indicate competency even though they were competent. In collaboration with the CALIPSO management, we decided to change our numbers. This is what we are analyzing this year.
 1. Using the scale below, each student's average of scores are determined to be:
 - 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+)

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

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 overall with two students needing to retake the test (passing on the second try). The national average passage rate is (most recent data: 2018-19 - this includes those who have taken the test multiple times) is 89.5% which we surpassed with our 100% pass rate. The average score for our students was 175 which is right at the national mean of 175; the range of scores for our students was 162-192 (including the passing score for the 2 students that failed the first try). The number of students scoring above the national average was 14/25.
- **Comprehensive Examinations:** Twenty-five students passed comprehensive exams. The range of scores was 2.83 – 3.83 with an average of 3.22. Highest score possible is a 4.0. Fourteen 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 higher than last year.
- **Other Summative data:**
 - Completion rate in two years: 25/26= 96%
 - Employment rate: 25/25= 100% (note: one student has not reported)
 - Grad Exit Survey

2. SLO 4 & 5: Supervised Clinical Experience

• **Evaluation of Competencies from Clinical Instructors Evaluation of Student**

The range of averages for clinical experiences was from 2.05 to 4.0 for 1st and 2nd year students.

Cohort	Proficient	Intermediate	Competent	Emerging	Inadequate
1 st years (n=26); 3 on campus clinical experiences	0	15	10	0	0
2 nd Years (n=24; 3 on campus and 2 off campus)	0	23	1	0	0

- +

Cohort	Superior	Effective	Adequate	Inadequate
1 st Years (n=24) 20-21	1	19	5	1
2 nd Years (n=24) 19-20	6	19	0	0

3. Clinical Clock Hours:

Students are required to have 400 supervised clinical clock hours. Due to changes in our program from 3 to 2 internships, we wanted to track the number of hours students were receiving. Results were as follows:

# of clock hours	2021 grads	2020 grads
Range	406-613	401-667
Average	484	467

400-450 hours	12 students	13 students
451-500 hours	8 students	5 students
501-550 hours	3 students	2 students
551+ hours	2 students	4 students

Although some students get just enough hours, many students get significantly more than needed. The 2021 grads had internships that were most often telepractice due to COVID. The 2020 grads had the end of their program (approximately 7 weeks) that were transitioned to telepractice. As all students were successful at reaching the minimum number of hours given these constraints, we feel confident that the 2 internships are sufficient for students to get the needed hours.

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].
- **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:** All students reached competency by the end of their 2nd year using the new CALIPSO rating with most in the intermediate range. For the 1st year students, all were at least competent, though not as many were intermediate as in the 2nd year class. Our new system appears to be appropriate; however, we would like to continue to assess this next year to make sure.
- **Performance Review:**
- For 2nd years, data was similar to previous years . All students were performing as expected.
- For 1st years students, we had more in the adequate range than is typical. We are now using an online portfolio process. Most of the issues were related to insufficient information provided by the students. The student with an inadequate rating did not submit a complete portfolio and was struggling with some out of school issues. We have had a meeting with her.

3. Clinical Clock Hours

- Due to changes made a few years ago with moving from 3 internships to 2 internships, we wanted to monitor to make sure students are sufficiently getting the 400 clinical clock hours required by our accrediting body.
- Although some students get just enough hours, many students get significantly more than needed. The 2021 grads had internships that were most often telepractice due to COVID. The 2020 grads had the end of their program (approximately 7 weeks) that were transitioned to telepractice. As all students were successful at reaching the minimum number of hours given these constraints, we feel confident that the 2 internships are sufficient for students to get the needed hours.

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.

There are no 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.

We will continue to make sure the ratings for clinical competence are appropriate by reviewing the data again next year. We will not make changes at this time.

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? If 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.

The students are currently meeting benchmarks for all metrics; therefore, we are not making any changes. We will continue to monitor next year to make sure this is consistent.

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 as required by our accrediting body.
- Evaluate the competency and clinical clock hours again to make sure students are meeting benchmark..
- Our major assessment for next year will be based on the review of our current curriculum for medically based disorders (e.g., cognitive, swallowing, aphasia). Based on preliminary discussions, it appears that we need to make some curricular changes.

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.)

N/A

B. Measurement Instruments (Rubrics, Surveys, etc.).

N/A

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