

CHICO STATE UNIVERSITY
ASSESSMENT SUMMARY UPDATE

PROGRAM: MA in Communication Sciences and Disorders

Year of review	Student Learning Outcome	Describe assessment activity done this year for this SLO	Findings	Based on the results or evidence, what action was taken regarding program improvements?
Fa16-Sp17	<ul style="list-style-type: none"> • SLO 1: Knowledge of Human Communication and Swallowing • SLO 2: Nature of disorders • SLO 3: Assessment & Treatment 	Praxis and Comprehensive exams	<p>PRAXIS: 95% first time pass rate Comprehensive Exams: 10 who received “holds”, which requires the student to do additional work through a faculty member for the hold to be released. All 23/23 students ultimately passed the comprehensive exams.</p>	<p>PRAXIS our 95% first time pass rate was well above the national average of 84.8% [Most recent data available 2014-15 year on ASHA website]. This national average contains pass data for not only first time test takers, but those taking it multiple times, which makes our pass rate of 95% even more impressive. Graduate Coordinator contacts students that do not pass to offer assistance. This procedure appears to be successful. Comprehensive Exams: no changes needed at this time</p>
	SLO 4: Supervised Clinical Experience	Evaluated through the Clinical Instructor Evaluation of Student form, with ratings 1 through 5. Using the scale below, each student’s average	<p>Evaluation of Competencies:</p> <ul style="list-style-type: none"> • 1st years (n=24) Superior: 12 Effective:8 Adequate:1 	No changes at this time. We are reviewing and revising forms.

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		<p>of two or three final year scores are determined to be: 1= Superior (4.7-5.0) 2= Effective (4.3-4.6) 3= Adequate (3.9-4.2) 4= Inadequate (3.8 & Below)</p> <p>Overall evaluation of Internships: Examine the summary results of each internship site and supervisor through the Student Evaluation of Internship Site/Supervisor.</p>	<p>Inadequate:1 • 2nd^t years (n=24) Superior: 14 Effective:8 Adequate:1 Inadequate:0</p> <p>Performance Review</p> <p>• 1st years (n=24) Superior: 1 Effective:23 Adequate:0 Inadequate:0</p> <p>• 2nd^t years (n=23) Superior: 1 Effective:22 Adequate:0 Inadequate:0</p>	
Fa15-Sp16	<p>SLO 1: Knowledge of Human Communication and Swallowing</p> <p>SLO 2: Nature of disorders</p> <p>SLO 3: Assessment & Treatment</p> <p>SLO 4: Supervised Clinical Experience</p>	<p>SLO 1-3: General knowledge (SLOs 1, 2, and 3) is shown by the PRAXIS and Comprehensive exams</p> <p>SLO 4: Supervised Clinical Experience 1= Superior (4.7-5.0) 2= Effective (4.3-4.6) 3= Adequate (3.9-4.2) 4= Inadequate (3.8 & Below)</p>	<p>PRAXIS results: We had a 87.5% first time pass rate spring 2016 (above national average of 85%); the three who failed retook and all passed on the second administration, and showed substantial improvement in their scores.</p>	<p>This year we will be focusing on improving student's use of peer-reviewed evidence-based practice in intervention rationales.</p> <p>Two specific Faculty members evaluated student portfolios and identified that students were</p>

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			<p>COMPS: All 24 students ultimately passed the comprehensive exams. Of those, there were 12 who received "holds", which required the students to do additional work for the hold to be released.</p> <p>Other Summative data: Completion rate in two years: 24/24= 100% Employment rate: 100%</p> <p>SLO 4: Supervised Clinical Experience Evaluation of Competencies</p> <ul style="list-style-type: none"> • 1st Years: 81% of evaluations at "Superior" or "Effective" • 2nd Years: 76% of evaluations at "Superior" or "Effective" <p>Performance Review (includes both academic and clinical performance)</p>	<p>not including sufficient evidence-based support in their reports, these faculty embedded specific units instruction into their courses to target the use of peer reviewed, evidence-based practice in rationales.</p>

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			<ul style="list-style-type: none"> • 1st Years: 100% of performance reviews at "Superior" or "Effective" • 2nd Years: 100% of performance reviews at "Superior" or "Effective" 	
Fa14-Sp15	SLO: Knowledge of Human Communication and Swallowing	According to the Assessment plan, we were to monitor performance on the Basic Human Communication Process section of the PRAXIS. However, the PRAXIS was revised in 2013 and the 8 categories were collapsed into 3 main categories. Therefore, no comparison data for the Basic Human Comm section is available.	N/A; But our PRAXIS pass rates are still very high and individual scores are well-above national average.	N/A
	SLO: Supervised Clinical Experience	Reviewed all clinical evaluation forms as part of their Performance Review and categorized them according to ratings of Superior, Effective, Adequate, Inadequate	Evaluation of Competencies: In the evaluation of both 1st and 2nd year students, 11 were rated superior and 9 effective, 3 were adequate, none were inadequate.	<ul style="list-style-type: none"> • Clinic grades have now been separated from the evaluation of competencies, so evaluation of overall clinical skills will include now three measures: Grading rubric, Competency Evaluations, and Performance Reviews.

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				<p>o This was done to decrease the over-inflation of scores that was occurring due to CI's mixing observation of student effort with actual competency levels</p> <p>o Grading will now address other issues in addition to the competencies (see attached grading form)</p>
	Performance Reviews	With both 1st and 2nd year Grads, there were 4 rated superior, 33 effective, 6 adequate and no inadequate. Four 1st year students had to resubmit because they did not include all required elements of the portfolio; their clinical and academic performance was determined to be effective, however.	For Performance Reviews, we revised the rubric in two ways (see attached):· Changed the rating categories from 3 to 4: In order to better discriminate between higher and lower performing students, we have changed our three performance categories to four: Superior, Effective, Adequate, Inadequate. Also, Included in Academic Performance section: attendance/participation, innovation, and collaboration	Provide more preparation, models for 1st year students regarding their portfolios.
Fa13-Sp14	Human Communication and Swallowing	Scores for the Basic Human Communication Process	We will be looking into the content of this area, types of	

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		section on the Praxis has been on a consistent decline for the students in our program.	questions, practice questions, and books/websites about the test. We will then determine whether curriculum changes need to be made. We will monitor these scores to see if this trend continues.	
	Clinic Grading	In an attempt to investigate grading issues for the campus clinical practicum we implemented one "improvement" and one "change" in the evaluation of student clinicians. The first improvement to the student evaluation process was the implementation of trainings for all campus Clinical Instructors (CIs). The trainings were designed to educate CI's on proper navigation of student evaluation forms. To date we have been concerned about possible grade inflation due to CI's following various unstandardized evaluation practices.	Investigation began Fall 2014	Investigation began Fall 2014
	Principles and Methods of Prevention, Assessment, and Intervention	Discussion of how Performance Reviews are being conducted were		

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		<p>completed and it was decided that our evaluation rubric used prior to Spring 2014 was not capable identifying differences between outstanding and acceptable students, faculty were reserved in their assigning of outstanding and assigning acceptable to all student clinicians. In an attempt to better evaluate student performance we developed a new evaluation rubric. The new rubric is designed to better specify student performance as well as take into account variable such as "in-class participation and professionalism".</p>		
Fa12-Sp13	PRAXIS	<p>We have made changes to the curriculum by including a class which requires them to completed single subject design research. We will continue to monitor the Professional Issues/ Research performance to make sure that students continue to perform acceptably. We will</p>	<p>The Clinic section scores improved to 75% this year with the national norms being 68%. This is an acceptable improvement. The Professional Issues/Research performance was 69% this year which is a decrease from last year but close to 2 years ago. The</p>	<p>We feel that changes we have made in clinic grading as well as requirements for evidence-based practice is helping to improve scores. We will continue to monitor the Clinic section. We will investigate the Professional Issues/Research issue.</p>

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		<p>also need to evaluate performance on the Clinic section. The range of scores was 41% correct to 91% correct. This is a huge range and the 41% is unacceptable. We will be looking into the content of this area, types of questions, practice questions, and books/websites about the test. We will then determine whether curriculum changes need to be made.</p>	<p>national norm was 79% which is quite a bit higher.</p>	
	<p>Performance Reviews</p>	<p>After discussing each of our assessment this year, it was suggested that our 3 point ranking system is not as discerning</p>	<p>Particularly, we are finding that the "acceptable" range engulfs many of the students resulting whom are not really performing at the same level. For instance, for comprehensives, the "acceptable" range is 2-3.48. This is too large of a range. We will be reworking our ranking system this semester.as it could be.</p>	<p>We are reviewing ways to make changes to the Performance Reviews.</p>