

Doisy College of Health Sciences

2021-2022 Program-Level Assessment: Annual Report

Program Name (no acronyms): Speech, Language, & Hearing Sciences (SLHS)	Department: Speech, Language, & Hearing Sciences (SLHS)
Degree or Certificate Level: B.S.	College/School: Doisy College of Health Sciences
Date (Month/Year): September, 2022	Assessment Contact: Saneta Thurmon
In what year was the data upon which this report is based collected?: 2021-2022	
In what year was the program's assessment plan most recently reviewed/updated?: 2019-2020	
Is this program accredited by an external program/disciplinary/specialized accrediting organization?: Yes, American Speech-Language-Hearing Association (ASHA) https://www.asha.org/certification/course-content-areas-for-slp-standards/	



1. Student Learning Outcomes

Which of the program's student learning outcomes were assessed in this annual assessment cycle? (Please list the full, complete learning outcome statements and not just numbers, e.g., Outcomes 1 and 2.)

Program Learning Outcome (PLO) #1 - Demonstrate an understanding of the marginalized status of individuals with disabilities.

Program Learning Outcome (PLO) #3 - Apply the principles of evidence-based research to understand typical speech and language development.

2. Assessment Methods: Artifacts of Student Learning

Which artifacts of student learning were used to determine if students achieved the outcome(s)? Please describe the artifacts in detail and identify the course(s) in which they were collected. Clarify if any such courses were offered a) online, b) at the Madrid campus, or c) at any other off-campus location.

PLO #1

Introduction to SLHS 1000 : 90% of students achieved a score of 85% or better on test items that required knowledge of working with marginalized populations as an SLP.

Audiology - SLHS 4200: At least 88% of students in CSDI 4200 scored 85% or better on the cumulative case study assignment.

Speech Science - SLHS 3200: At least 85% of the students achieve the ranking of reinforce or higher on corresponding exams and assignments.

Clinical Methods - SLHS 4300: 95% of the students achieved a ranking of "mastery" on the three assignments for professional documentation in this course.

PLO #3

Phonetics - SLHS 2000: Students achieved mastery of 80% or higher on exams with questions related to typical

articulation and phonological development.

Foundations of Language - SLHS 2400: 96% of students achieve a ranking of “introductory” or higher on the article summary portion of the assessment rubric.

Hearing Science - SLHS 3400: 89% of students scored 85% or higher on Exams and quizzes.

Speech and Language Development - SLHS 3700: 90% of students completed a language transcription and analysis project with a score of 85% or higher.

Survey of Speech and Language Disorders - SLHS 4150: 100% of students completed a final group project and presentation with a score of 85% or higher.

Aural Rehabilitation- SLHS 4400: 96% of students achieved a ranking of “mastery” using the corresponding ICF Framework in a treatment plan project for Deaf and Hard of hearing Case Study.

Clinical Methods - SLHS 4300: 100% of students achieved a ranking of “mastery” using the corresponding case study class project with evidence-based research supports.

3. Assessment Methods: Evaluation Process

What process was used to evaluate the artifacts of student learning, and by whom? Please identify the tools(s) (e.g., a rubric) used in the process and **include them in/with this report document** (please do not just refer to the assessment plan).

PLO #1

Introduction to SLHS 1000-will utilize an instructor-designed standardized rubric that has been in place since the current instructor began teaching the course. The rubric has been shown to be a reliable data source for 6 years. Process: evaluate skill levels on the project in terms of content (80% of the grade) and mechanics (20% of the grade).

Speech Science - SLHS 3200: Exam quiz questions were presented in multiple choice, true/false, fill in the blank, and short answer format. Performance on speech analysis assignment is evaluated via content (85%) and mechanics (15%).

Audiology - SLHS 4200: Performance on case study is evaluated via rubric-organization (20%) and content 80%).

Clinical Methods - SLHS 4300: Students were evaluated using corresponding assessment rubric for diagnostic plan, lesson plan and SOAP for assigned Case study.

PLO #3

Phonetics - SLHS 2000: The course instructor completed this after review from textbook and current research on articulation and phonological development.

Foundations of Language - SLHS 2400: The course instructor evaluates student papers against a rubric.

Hearing Science - SLHS 3400: Exam and quiz questions were presented in multiple choice, true/false, fill in the blank, and short answer format.

Speech and Language Development - SLHS 3700: The instructor will grade each project individually with a key that she developed and will provide feedback to each student in writing on their projects. The instructor will note patterns of error on both projects and report these when going over the projects in class. The performance levels are then compared to the rubric indicating level of mastery.

Survey of Speech and Language Disorders - SLHS 4150: Students were required to synthesize discipline-specific concepts and/or theories from multiple sources to address complex problems.

Aural Rehabilitation - SLHS 4400: Students were evaluated using corresponding assessment rubric for class project considering the ICF framework for Speech-Language Pathologist and Audiologist.

Clinical Methods - SLHS 4300: Students were evaluated using corresponding assessment rubric for class project considering the best use of evidence-based practice for professionals.

4. Data/Results

What were the results of the assessment of the learning outcome(s)? Please be specific. Does achievement differ by teaching modality (e.g., online vs. face-to-face) or on-ground location (e.g., STL campus, Madrid campus, other off-campus site)?

PLO #1

Introduction to SLHS 1000: An average of 85% of students will achieve a ranking of “introductory” or higher using corresponding assessment rubric.

Audiology - SLHS 4200: An average of 85% of students will achieve a ranking of “introductory” or higher using corresponding assessment rubric.

Speech Science - SLHS 3200: An average of 85% of students will achieve a ranking of “reinforce” or higher using corresponding assessment rubric.

Clinical Methods - SLHS 4300: An average of 85% of students will achieve a ranking of “mastery” using corresponding assessment rubric.

Overall, this PLO was designed with the emphasis of learning how to incorporate marginalized individuals with disabilities. SLHS students will learn about these individuals and how to care for patients they may encounter with communication disorders. For example, in SLHS 4200, students will learn how to treat a child who is just hearing for the first time due to receiving a cochlear implant. In 3200, students will learn how to help an individual who is transitioning from male to female who has gender dysphoria from their voice. In clinical methods, students may be learning how to help an individual how to regain communication after a stroke or TBI.

PLO #3

Phonetics - SLHS 2000: An average of 85% of students will achieve a ranking of “introductory” or higher using corresponding assessment rubric. Transcriptions and videos were used from past clients to give students a more hands-on learning experience.

Foundations of Language - SLHS 2400: An average of 85% of students will achieve a ranking of “introductory” or higher using corresponding assessment rubric. The use of research across many credible sources was used to give students a wide range of evidence-based information.

Hearing Science: SLHS 3400: An average of 85% of students will achieve a ranking of “reinforce” or higher using corresponding assessment rubric. Hearing aid and cochlear aid devices were used during class time to give students an opportunity to learn from hands-on experience.

Speech and Language Development -SLHS 3700: An average of 85% of students will achieve a ranking of “reinforce” or higher using corresponding assessment rubric. The use of case studies was implemented to give students a chance to practice their clinical skills in a group setting.

Survey of Speech and Language Disorders - SLHS 4150: An average of 85% of students will achieve a ranking of “mastery” or higher using corresponding assessment rubric.

Aural Rehabilitation - SLHS 4400: An average of 85% of students will achieve a ranking of “mastery” or higher using corresponding assessment rubric. Students were given a lab to experience how to work and take data in an audio booth.

Clinical Methods - SLHS 4300: An average of 85% of students will achieve a ranking of “mastery” or higher using corresponding assessment rubric. The students were given the opportunity to work in the clinic with real assessments to expand their critical decision making skills.

5. Findings: Interpretations & Conclusions

What have you learned from these results? What does the data tell you?

SLHS course are sequenced in a nature and therefore process used to evaluate the student artifacts are organized by the sequential courses. The 1000 level courses are taken by freshmen, 2000 by sophomores, 3000 by juniors, and 4000 by seniors. This allows the SLHS program to measure student’s experience throughout the major throughout assessments, hands on learning experiences and experiences in our on campus clinical and lab spaces. Artifact collection varies from instructor graded assignments, rubrics, hands-on clinical lab experience, thus providing a wide scope of how SLHS students grow from introductory to mastery level classes throughout the major. SLHS program results from this past academic year show that we set appropriate targets in terms of the actual learning outcome as well as the performance level. Assessment is always a collaborative effort, involving all faculty, and the data shows high quality of learning is being maintained across all courses and in the variety of learning formats.

6. Closing the Loop: Dissemination and Use of Current Assessment Findings

A. When and how did your program faculty share and discuss these results and findings from this cycle of assessment?

All faculty members reported their data for both PLOs in May 2022 via a Google Form. This information was then reviewed as a group in August 2022 during the faculty retreat. It continues to be important to analyze the skill and knowledge level of students so that skill sets targets/outcomes can more appropriately align to present student skills. Some adjustments to project-based learning were discussed for students completing the minor in SLHS to be provided with a lab partner who is a SLHS major for collaborative work and promotion of IPE. Again at a faculty meeting on September 12th, 2022 faculty discussed the findings from this cycle of PLO #1 and # 3 and new ways to incorporate students learning from cultural and linguistically diverse case studies of patients. Faculty then discussed with the growing number of students in the major the use of simulated patients and the benefits of these tools to use in the future to teach important concepts to students to prepare them for clinical work as graduate student clinicians.

B. How specifically have you decided to use these findings to improve teaching and learning in your program? For example, perhaps you’ve initiated one or more of the following:

Changes to the Curriculum or Pedagogies

- Course content
- Teaching techniques
- Improvements in technology
- Prerequisites
- Course sequence
- New courses
- Deletion of courses
- Changes in frequency or scheduling of course offerings

Changes to the Assessment Plan

- Student learning outcomes
- Artifacts of student learning
- Evaluation process
- Evaluation tools (e.g., rubrics)
- Data collection methods
- Frequency of data collection

Please describe the actions you are taking as a result of these findings.

SLHS students expressed the desire for a course with more experiences in learning the processes of assessment and treatment of children who are bilingual, from diverse social and economic backgrounds. **Cultural Linguistic Diversity – SLHS 3000** will be taught by a new faculty member who was recently hired with specialization in this area. This change is beneficial for students as the new professor is multilingual and will be able to bring new insights to the course. The new insight will bring new course learning outcomes therefore aligning more with the goals of PLO #1. This course student learning outcomes will be added to PLO #1 with an interactive assignment with case studies using evidence based practice. Furthermore, students who have interest in pursuing a career as a bilingual or multilingual speech-language pathologist will receive first-hand experience.

If no changes are being made, please explain why.

7. Closing the Loop: Review of Previous Assessment Findings and Changes

A. What is at least one change your program has implemented in recent years as a result of assessment data?

PLO #3 Use of simulated patients to apply evidence based research through clinical application

The unprecedented challenges for students completing clinical assignments last year due to COVID-19 resulted in the use of patient videos and stimulated patients being used to effectively teach students due to restrictions of observations in our on campus clinic. The resource Simucase was used to provide students with clinical hands-on experience. The use of this advancing technology continues to be used as students have reported they felt more prepared for graduate school due to these simulated case studies.

B. How has this change/have these changes been assessed?

Students worked collaboratively and demonstrated adaptability both of which we consider to be an essential skill for this field of work. This provided SLHS senior students with exposure to 12 unique case studies in their profession, thus giving them a firm foundation for their future clinical practice.

C. What were the findings of the assessment?

Students reported satisfaction with this format in a reflection paper and the instructor plans to use this resource again this year. Reflection papers were determined to be the best way to collect data on students' reflection after their first clinical experience as SLP students. Because qualitative research often has the focus on participants' perceptions, experiences and the way they make sense of their lives (Creswell & Creswell, 2018) the process occurring in student's clinical learning was the focus. Development of the reflection paper prompt questions required self-awareness, critical analysis and understanding of future work practice of students through these distinct questions. 1. Did Simucase help you to better understand how course information relates to clinical practice? Questions one pertains self awareness and encourages students to reflections on an experience. 2. Did Simucase motivate you to learn new course material because it brings a clinical component to the learning? Question two pertains to critical analysis and encourages students to understand something new from the experience. 3. Did SimuCase clarify your interest in the SLP field and help you to identify work settings or populations of clients you would like to work with in the future? Question three pertains to students' understanding of future work practice and encourages students to makes changes in the future in their clinical practice.

D. How do you plan to (continue to) use this information moving forward?

Other patients from the stimulated patient databased will be incorporated into the class to giving students an even wider range of patient experience. Students will continue to interpret core concepts and knowledge, demonstrate appropriate clinical and professional skills and incorporate decision-making and critical thinking while learning evaluation, diagnosis and treatment of patients.

CURRENT RUBRICS IN PLACE

PLO #1 Rubrics - Demonstrate an understanding of the marginalized status of individuals with disabilities.

Student:

Learning Experience Rubric

Descriptors	8 points	6 points	4 points
Content	Addressed all sections of the selected learning experience	Addressed most of the sections of the selected learning experience	Addressed less than half of the sections of the selected learning experience.
	2 points	1 point	0 points
Grammar/Punctuation/Spelling	0-1 errors	2-3 errors	4 + errors

Total Points _____ / 10

	2	4	6	8	10
Content of Material (i.e. background, observations, findings)	Incomplete content of material was presented.	Poorly written content and many contents were missing	Fairly Written Some errors of content were missing	Presentation of content were mostly appropriate and well	Presentation of content were appropriate and excellently written
	2	4	6	8	10
Correct Interpretations and Recommendations for Case Study:	Did not interpret data correctly. Incomplete recommendation for client	Did not interpret data well. Recommendations were not suffice for client	Some major interpretation issues. Some recommendations were appropriate	Well written interpretation of material. Mostly appropriate recommendations for client	Excellent Interpretation of material. Appropriate recommendations for client
	1	2	3	4	5
Format/Grammar:	Did not adhere to rubric	Major Formatting Issues 16+ errors	Many Formatting Issues 11-15 Errors	Correct Format and most headings correct 6-10 errors	Correct Format and Headings Less than 5 errors
Notes:				Total:	

	3	4	5
Content of information (long term goal, short term objectives, number of minutes)	Incomplete content of material was presented. Long term goal was not selected from treatment plan, objectives did not match short-term goals from treatment plan and were not appropriate for a single week of therapy.	Presentation of content was mostly appropriate and written well. Long term goal selected from treatment plan, short-term objectives mostly based off short-term goals and were somewhat appropriate for a single week of therapy.	Presentation of content was appropriate and excellently written. Long term goal selected from treatment plan, short-term objectives directly based off short-term goals and appropriate for a single week of therapy.
	2	3	4
Choice of therapy activity for each objective	Poor choices for therapy activities for each objective	Mostly appropriate choices for therapy activities for each objective	Excellent and appropriate choice for therapy activities for each objective
	2	4	6
Explanation of therapy activity for each objective	Poor explanation of therapy activity- minimal detail for describing client/clinician role. Grammar/spelling/formatting with 10+ errors	Explanation of therapy activity for each objective was written fairly well, mostly describing what the client and clinician will do and the materials needed for the activity. Grammar/spelling/formatting with 5-8 errors	Excellent explanation of therapy activity for each objective, thoroughly describing what the client and clinician will do and the materials needed for the activity Correct grammar/spelling/formatting with less than 5 errors

CATEGORY			
Content	Paper includes information directly related to the topic without extraneous information or repetition of concepts. 15 points	Paper includes some information directly related to the topic, but there is extraneous information that is unrelated. 8 points	Paper does not fully address the topic; does not follow the guidelines for the paper. 0 points
Textual Evidence	Writer utilizes at least 3 sources to support the information presented in the paper. 10 points	Writer utilizes 2 sources to support the information presented in the paper. 5 points	Writer utilizes only one source to support the information presented in the paper. 0 points
Writing/Mechanics	0-1 mechanical/APA citation errors evident 5 points	2-4 mechanical/APA citation errors evident 2 points	5 + mechanical/APA citation errors 0 points

Total Points _____ / 30

PLO # 3 Rubrics - Apply the principles of evidence-based research to understand typical speech and language development.

CSD 4400 Lesson Plan Project Rubric

Name:

Case Study (5 points)	0 points Incomplete Minimal effort made	2 points Poorly Written Missing 5+ components Thoughts unorganized or incomplete	3 points Fair Written Missing 3-4 components	4 Points Well Written Missing 1-2 components	5 points Well written and includes: age, gender, severity of HL, type of amplification, unilateral or bilateral, and personal factors. Considered the ICF Framework for case, stress is on health and functioning, rather than on disability
Resources (12 points)	0 points No resources used	3 points No explanation of resources and does not relate to client.	6 points All resources were websites, little depth to project and sources do not relate to client.	8 points Four resources with explanations, but explanations are vague or incomplete	12 points Four resources with an explanation of how each resource would be used (1 pt for each resource, 2 pts for each explanation)
Functional Outcome Goal (points)	0 points No attempt made Goal is not auditory related		1 point Goal is confusing, or not functional outside of therapy		2 points Goal is well written, auditory related, and functional outside of therapy. Considered the ICF Framework for your client.
Short Term Goals (8 points)	0 points No attempt made	2 points Goals are poorly written and don't consider client's personal factors.	4 points Goals are poorly written or not measurable.		8 points 4 goal each worth 2 points. Goals are related to client's auditory skills and interests and measurable.
Rationale (8 points)	0 points No attempt made	2 points No clear rationale vaguely written for goals.	4 points Rationale is poorly written or does not explain why specific goal were chosen	6 points Some explanation for a few of the goals but not specific to particular goals.	8 points Rationale for each of the 4 goals each worth 2 points. Rationale explains Why they chose the goal. Specific, Logical, and well written
Procedure (8 points)	0 points No attempt made Or activity does not address the goal	2 points No clear rationale or explanation of roles	4 points Procedure is poorly written or is missing an explanation of either the clinician's or client's role	6 points Well written and explains roles but does not include any remediation strategies.	8 points Procedure for an activity for each of the 4 goals each worth 2 points. Procedure is well written and explains the clinician's and client's roles
Materials (4 points)	0 points No attempt made		2 points Materials listed but not age appropriate to client or not related to their interests.		4 points Needed materials listed for each of the 4 goals
Homework (3 points)	0 points No attempt made		1 point Homework activity is not related to goals	2 points Homework activity is vague, sufficient detail not given	3 Points Homework activity is related to goals and described in sufficient detail

Scoring Guideline for MINI Treatment Plan

Student _____ /10

Treatment Plan	Complete 2	Marginal Effort 1	Absent 0	
1.Relevant Functional Outcome Goal (Long term goal) Using evidence based practice				
Comments:				
2. Documentation of baseline performance (This can include test scores or baseline data on 1 st therapy session)				
Comments:				
Short Term Goal	Complete 3	Incomplete Lacking key detail 2	Marginal Effort 1	Absent 0
4. Short term Treatment goal 1				
Comments:				
5. Short term Treatment goal 2				
Comments:				

CSDI 3700
Language Sample Summary Scoring Rubric: 50 possible points

	Developing	Accomplished	Exemplary	Score
Summary Content (25 points)	Summary is missing one or more of the major components (semantics, syntax, morphology, pragmatics). Important details are lacking. Summary makes several incorrect statements and/or does not support claims with illustrations from the transcript. Child is not compared to age expectations. 0-9 points	Summary includes most of the relevant semantics, syntactic, morphological, and pragmatic information. Most relevant details are included. Summary usually makes statements that are accurate and supported with illustrations from the transcript. <u>Child is</u> mostly appropriately compared to age expectations. 10-17 points	Summary includes all relevant semantic, syntactic, morphological, and pragmatic information. All relevant details are included. Writing is concise and accurate with examples consistently provided to support statements. <u>Child is</u> appropriately compared to age expectations. 18-25 points	1
Summary Organization and Style (10 points)	Writing is wordy or confusing. Organization is lacking. Information is consistently placed under incorrect headings (e.g., semantics <u>under</u> syntax heading) 0-5 points	Writing is mostly clear. Organization is mostly clear and logical. Most information is included under the appropriate heading. 6-8 points	Writing has clarity. Organization is clear and logical. Information is included under the appropriate heading. 9-10 points	
Reflection (12 points)	Provides superficial, minimal, or unclear connection between the project and writer's learning. 0-5 points	Provides adequate and reasonably clear connection between the project and writer's learning. 6-9 points	Provides thorough and very clear connection between the project and writer's learning. 10-12 points	
Writing Mechanics (3 points)	Writing does not follow Standard American English rules and includes many grammatical errors or typos. Document is not double spaced. 0-1 points	Is written in Standard American English with a few grammatical errors or typos. Document is double spaced. 2 points	Is written in Standard American English with no obvious grammatical errors or typos. Document is double spaced. 3 points	

CSDI 3700
Speech and Language Sample Transcription
Scoring Rubric: 25 possible points

	Developing	Accomplished	Exemplary	Score
Language Transcript				
Amount	Contains significantly less than 50 utterances. 0	Contains almost 50 utterances. 1	Contains 50 utterances. 2	
Utterance segmentation	Utterances are not segmented correctly and have many errors. 0	Utterances are mostly segmented correctly, with a few minor errors. 1 pt	Utterances are segmented correctly. 2	
Bound morphemes	Bound inflectional morphemes are not marked correctly or have many errors. Many root words are incorrectly indicated (e.g. runn/ing). Many bound derivational morphemes are marked (e.g. un/happy). 1	Most of the bound inflectional morphemes are marked with the correct code, with a few minor errors. Most of the root words are correctly indicated. Some bound derivational morphemes may be marked (note that derivational morphemes should <i>not</i> be marked). 4	Bound inflectional morphemes are marked with the correct code. The root word is correctly indicated (e.g. run/ing). Bound derivational morphemes are <i>not</i> marked. 5	
Error List (separate document)	Errors are missing or incorrectly labeled. 1	Some errors are missing or incorrectly labeled. 4	Errors are correctly identified and labeled. 5	
Format	Utterance or comment lines are incorrectly marked. 0	Most utterances or comment lines are appropriately marked with a C, E, or =. 1	Each utterance or comment line is appropriately marked with a C, E, or =. 1	
Speech Transcript				
Amount	Includes less than 10 words, repeated words, many vowels or filler words. 1	Contains 10 words, some are repeated or are vowels. 4	Includes 10 different words that are not vowels (e.g., "I"). 5	
Phonetic transcription	Few of the phonemes are correctly represented. 1	Most of the phonemes are correctly represented. 4	The phonemes of each word are correctly represented. 5	

CSDI 2400
Linguistics In The News Scoring Rubric: 40 possible points

	Developing	Introductory	Accomplished	Score
Article summary (15 points)	Summary is missing some relevant information. Writing is wordy and/or lacking in detail. Summary makes several incorrect statements and/or provides few details.	Summarizes most of the relevant information about the article. Writing is mostly concise and accurate with some details.	Summarizes all the relevant information about the article. Writing is concise and accurate with details.	
Reflection (15 points)	Reflection does not indicate the writer's reaction. Provides superficial, minimal, or unclear connection between the project and writer's learning. Lacks critical thinking.	Reflection relates to the project, and includes the writer's reaction. Provides adequate and reasonably clear connection between the project and writer's learning. Some critical thinking is shown.	Reflection relates to the project, and includes the writer's reaction. Provides thorough and very clear connection between the project and writer's learning. Critical thinking is evident.	
Writing Style and Organization (5 points)	Uses conversational writing style. Lacks logical organization and coherence. Serious errors.	Approaches college-level writing style. Coherent and logical organization, with some misplaced points. May stray from the topic. Transitions used inconsistently.	Uses college-level writing style. Coherent and logical organization with transitions consistently used. Unity of ideas within paragraphs.	
Writing Mechanics (5 points)	Many spelling, grammatical, and/or punctuation errors.	Some errors in spelling, grammatical, and/or punctuation.	No spelling, grammatical, or punctuation errors.	

Student-completed Artifacts


PLO #1 – SLHS 4300 Treatment Plan (diagnostic report example project and graded rubric)

Treatment Plan

Client Chart # 6	Age: 5:5	Classification: Language and articulation disorder
	Clinical Instructor: Saneta Thurmon	Semester: Fall 2021
Functional Outcome Goal(s): Jackson will produce intelligible speech and age-appropriate expressive vocabulary in all settings.		
	<p>Client Baseline Date: 08/22/2021</p> <p>Baseline Data:</p> <ol style="list-style-type: none"> Jackson receptively and expressively identified animals (domestic and wild) with clinician prompting in 8/10 attempts. Jackson produced initial bilabial and velar consonants in words with maximum cueing 70% of the time. Jackson was able to fill in the blank of a sentence with intelligible, age-appropriate vocabulary with clinician prompting in 4/10 attempts. Jackson was able to maintain focus on an activity and remain seated in his chair in 5-10 minute segments with clinician prompting with 90% accuracy. 	<p>Beginning/Ending Date: 09/01/2021-12/01-2021</p> <p>Client Goals:</p> <ol style="list-style-type: none"> Jackson will produce all bilabial and velar consonants in all positions of words with minimal clinician prompting with 85% accuracy. Jackson will receptively and expressively identify animals and sort them by habitat with clinician prompting in 9/10 attempts. Jackson will be able to fill in the blank of a sentence with intelligible, age-appropriate vocabulary with minimal clinician prompting in 8/10 attempts. Jackson will maintain focus on activities in 15-20 minute segments with minimal clinician prompting with 90% accuracy.
<p>Treatment Rationale: Different therapy techniques will be used to support the learning of speech motor skills and phonological processes. The clinician will use play-based therapy to teach various concepts and speech sounds to the client so those language skills will be better incorporated into daily life and language. Yorgman et. al. (2016) found that playful learning is important for the promotion of healthy child development. The clinician will use games and toys throughout the semester to incorporate play therapy with the client. The clinician will also do phonological therapy as it has been shown to improve intelligibility in children. Lousads et. al. (2014) found that phonological therapy is more effective than articulation therapy for treatment of children with phonologically based speech-sound disorder (SSD). These findings emphasize the importance of using intelligibility as an outcome measure and ultimate goal for intervention. The clinician will use phonological therapy to target specific phonetic sounds during individual therapy sessions and starting first with easier speech sounds like bilabials and velars.</p> <p>Treatment Techniques / Strategies / Approaches: Namasivayam et. al. (2020) found that PROMPT intervention is successful for children with severe speech delays. This study was focused on the effectiveness of Prompts for Restructuring Oral Muscular Phonetic Targets (PROMPT). Many children with unintelligible speech</p>		

have difficulties "physically feeling" their own errors; therefore, tactile cueing like popsicle sticks and gently adjusting the client's speech movements with gloves is an important treatment technique. PROMPT intervention was associated with notable improvements in articulation, intelligibility, and speech motor control.

Client / Caregiver Education Plan: It is recommended for parents and caregivers to practice homework activities provided by the clinician for better incorporation in daily life and language. It is recommended that practice homework be worked on at the client's home with parents for at least 10 minutes every day. Client will receive speech and language therapy once a week for 50 minutes.

 Saneta Thurmon Graduate Clinician	08/24/2021 Date	Responsible Party	Date
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Case: Jackson

Treatment Plan	<p>Several pieces of information from treatment plan was not presented and explained to the "client" or "parent." Terminology was inappropriate for the client/parent. 2+minutes off time frame</p> <p>6 points</p>	<p>Mostly appropriate presentation and explanation of information from the treatment plan to the "client" or "parent." Some terminology was inappropriate for the client/parent. 1-2 minutes off time frame</p> <p>8 points</p>	<p>Appropriately presented and explained all information from the treatment plan to the "client" or "parent." Used terminology that the client/parent would comprehend. Presentation length within time frame</p> <p>10 points</p>
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Lesson Plan	<p>Inaccurate reinaction of therapy activity. Inappropriate materials were selected for the activity. Major absence of cues/feedback/reinforcement for the client. 2+minutes off time frame</p> <p>6 points</p>	<p>Mostly accurate reinaction of therapy activity. Incorporated appropriate materials for the activity with correct use. Some errors made with cues/feedback/reinforcement given to the client. 1-2 minutes off time frame</p> <p>8 points</p>	<p>Excellent reinaction of therapy activity. Incorporated appropriate materials for the activity with correct use. Provided appropriate cues/feedback/reinforcement to the client after target responses. Presentation length within time frame</p> <p>10 points</p>
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Total: 20/20

Great overview of the treatment plan with good examples provided. I like how you asked questions like a mom actually would. Then you included some specific ideas about how this will help his speech to become more intelligible in everyday situations. I love that ____ was a little busy in the frog game just like Jackson would be. Good job prompting after Jackson did not produce a good /k/ sound. I love how you gave lots of positive reinforcement, which kids really need at that age. Very realistic! Great job!

Reflection

My partner () and I completed the word recognition test last week in audio booth A. I learned many things during our time in the booth during the lab. Firstly, I was reminded of the importance of being quiet and respectful when in the clinic. Secondly, I learned how to use an audiometer to run the word recognition test. I absolutely loved this part because I felt like a real clinician as I was adjusting the decibel, assisting my fake client in the audio booth, and saying the word list through the microphone. My partner and I decided to use our live voices to run the test. The word recognition lab was pretty much what I was expecting due to doing a practice round with Mrs. Thurmon the week before. Additionally, I volunteered to be the example client in the audio booth during the practice round so I already knew what the word recognition test sounded like through the headphones. My favorite part of being in the audio booth is how you can hear your heartbeat due to it being absolutely silent. My partner and I did run into some challenges. The first challenge we encountered was that we were not sure if we use the same word lists for both ears or different word lists for each ear. The W-22 word sheet had 4 different word lists so we were not sure which list to use and if we used the same list on both ears. However, we overcame this challenge by going to the next room to clarify our confusion with Mrs. Thurmon. Overall, I am very thankful for this lab experience as I have not gotten to experience many in-person audiology labs due to COVID and classes being online last year. My biggest takeaway from the word recognition test is that the words are very outdated. This is concerning because the W-22 lists are currently used by countless audiologists and speech pathologists every day across the country. Some examples of these outdated words include oil, wool, mew, and isle. These are outdated words that American adults and children do not hear on a daily basis as they are no longer part of regular vocabulary. As a future speech pathologist who has a double major in Bioethics, I will strive to use assessments and tests that are the most ethical and fair for my clients.

Journal Article

<https://pubs.asha.org/doi/10.1044/jshr.2803.355>

I chose “Word Recognition Performance with Modified CID W-22 Word Lists” written by Chery A. Runge and Holly Hosford-Dunn in 1985. The research for this journal article was conducted at Stanford University Medical Center. I started my journal article search by going to ASHA wire to find an article. I was specifically interested in finding an article about the W-22 word lists as I felt like the words were very outdated when giving the word recognition test. It was disappointing to find not many research journal articles on the W-22 word lists and especially the most recent article being written in 1985. I would absolutely love to see more recent journal research articles that are focused on the need to update words on the W-22 word lists.

Runge and Hosford-Dunn hypothesized that fewer, strategically chosen words could be chosen from W-22 lists to test word recognition without compromising test accuracy. Their study population consisted of large groups of normal and hearing-impaired listeners to test their hypothesis. Before this study, historically word recognition tests were based on the performance of 50-item word lists of monosyllabic words. My immediate thought is that 50 word lists are too long especially for individuals with normal hearing. Additionally, a list of only monosyllabic words is not a good indicator of hearing spontaneous and conversational speech. Runge and Hosford-Dunn collected data by testing both population groups with word lists of 10, 25, and 50 words. The data was analyzed by looking at the percentage correct for each individual word across all individuals tested. I think this research on individual words could be used in future research projects to determine what individual words need to be changed/updated due to being so outdated. After they analyzed the data, the results found that fewer than the traditional 50 words are needed during word recognition testing if the abbreviated word list contains words that are sufficiently difficult. Runge and Hosford-Dunn recommended ending the WRS test after 10 words if no errors occur and after 25 words if there are no more than four errors. If there are more than four errors, the full 50 word list should be used to test. In conclusion, this journal article was a good starting point to updating the W-22 word lists.

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Article Review (15 points)	3 points Incomplete Minimal effort made	6 points Poorly Written many errors Thoughts unorganized or incomplete	9 points Fair Written Some Errors Only a summary of the article, does not give own thoughts, less than, 1 ½ pages long	12 Points Well Written Few Errors Does not fully cover all 3 components or is less than 1 ½ pages long	15 points Well written and includes: summary of article about a WRS measurement, what they thought, and how to use clinically. At least 1 ½ pages long
Reflection Essay (10 points)	2 points Incomplete Minimal effort made	4 points Poorly Written many errors	6 points Fair Written Some Errors, Superficial reflection , Significantly less than a page	8 points Well Written Few Errors Superficial reflection	10 points Excellent Reflection Well Written, Few Errors, at least a page long
SOAP/Chart note (10 points)	2 points Incomplete Minimal effort made	4 points Poorly Written many errors Did not follow the examples	6 points Fair Written Missing three or more components or did not follow what they wrote on the audiogram	8 points Well Written Missing 1-2 components	10 points Well Written, includes purpose of visit, air conduction scores, tympanometry results, WRS, and recommendation, reflects what they wrote on the audiogram
Audiogram (10 points)	0 points No attempt made	4 points Missing 2 of the 3 components	6 points Missing 1 of the 3 components OR Incorrect information on 2 of the 3 components	8 points Incorrect information on 1 of the 3 components	10 points Included pure tone results right and left ear, left and right WRS % and level of dB presentation, and tympanometry results
Word Recognition Test (5 points)	0 points Did not included the Word Recognition Test		3 points Included the Word Recognition Test, but with no markings		5 points Included the Word Recognition Test with +/-
Notes: Your audiogram results are great! You need to say on the audiogram that you recommend bilateral hearing aids after you indicated a hearing loss in the results section. You did a great job on your Article review and reflection essay. SOAP was detailed and included all accurate data needed.				Total (out of 50): 48/50	

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