

FORMATIVE ASSESSEMENT AND CLINICAL PRACTICUM

Deborah King, M. A.
University of Tennessee, Knoxville

In accordance with the new standards for certification of speech-language pathologists and audiologists, summative and formative assessment must be utilized. Formative assessment occurs when individuals provide feedback to students in ways that enable the students to learn better or when students engage in self-reflective processes. Students must learn to self-assess, so they understand the purpose of their learning and understand the skills they need to succeed.

The principles of formative assessment include the following: focusing on the task; focusing on feedback that is understandable to the students; allowing students the opportunity to explore and express their understanding; and providing students the opportunity to improve while providing guidance on how to improve.

In addition to the knowledge and skills we must teach our students, there are also workplace skills that are important. During the ASHA Annual Convention, November 2000, Debbie Busacco and Arlene Pietranton presented, *Workplace Success Skills Students Need for Today's Clinical Environment*. The presenters listed eight skills essential for workplace success: strong clinical knowledge and skills; understanding of treatment efficacy and treatment outcomes data; time management, negotiation, conflict management skills; organization, planning, priority setting skills; interpersonal and organizational savvy (capable leader); and entrepreneurialism.

As clinical instructors/supervisors providing services in university clinics that are “real world” settings, we are preparing students in skills and knowledge, as well as in the “other” skills needed for success in the workplace. The good

news regarding formative assessment is that as clinical instructors/supervisors we are already utilizing strategies and tools of formative assessment. The bad news is that many of our students have been “raised” in a summative assessment environment and they appear hesitant to make independent decisions and evaluate their performance. A sign of failure to employ formative assessment strategies in clinical instruction is when a student is posed with the question “why are you using that approach” and he/she responds, “because my supervisor told me to.” We, as clinical instructors/supervisors need to be more aware of the opportunities for formative assessment that arise during our weekly activities with students, such as....

- individual planning conferences: excellent opportunity to evaluate the student’s ability to synthesize case history, diagnostic and treatment information and formulate long and short term objectives for the client;
- diagnostic assessments: assessment of student’s observation skills, case history skills, test administration, ability to determine need for treatment, type of treatment, frequency of treatment; counseling skills; awareness of referral process; writing skills; and interpersonal skills;
- treatment planning and execution: assessment of student’s ability to determine length, frequency/type of treatment, application of treatment strategies/programs, documentation abilities, ability to use severity ratings and client outcome measures, counseling, organizational/problem solving and interpersonal skills;
- pre-certification and re-certification requirements for third party payers allow opportunities to determine amount/frequency of treatment and develop long and short term objectives;
- client staffings or grand rounds;
- individual session evaluations, as well as mid-term and final evaluations;
- session documentation: SOAP notes;
- student journals and student portfolios;
- client satisfaction forms: opportunity for client to evaluate student performance;

- Individual Program Plans (IPP): developed by student, clinical instructor, academic advisor for student experiencing difficulty in clinical practicum; outlines areas of strength, areas of need (e.g., writing difficulties, time management, stress management, inability to apply treatment strategies/approaches, etc.); outlines outcomes/objectives, time lines, responsible person/persons;
- Clinical Education Seminars: opportunities for clinical instructors to provide one-hour seminar related to clinical experience or clinical topics (i.e., pediatric language seminar; hospital seminar, neuropathology seminar, family counseling seminar, augmentative/alternative seminar, etc.); allows small group discussion, role-playing and other opportunities to evaluate student's knowledge and skills related to an area of clinical practice, but also allows opportunity to evaluate problem-solving, organizational, reasoning skills of students.

In an attempt to assure that students receive a breadth of clinical experiences, the clinical supervisors at the University of Tennessee, Knoxville, developed Student Portfolios (or checklists) in the areas of pediatric language, school-age language, adult language, phonology, voice, stuttering, oral motor, swallowing and feeding (infant, child and adult), oral mechanism, augmentative/alternative, adult motor speech. The purpose of these "checklists" is for the student to take responsibility for the experiences that he or she receives. The portfolios do not imply competency; they list experiences. The clinical supervisors continue to evaluate their usefulness and their application to the new standards.

In preparing for the implementation of the new standards the following are challenges we face.

- There is a need to develop systems for recording clinical information (client ages, disorders, severity, etc.) for verification/accreditation purposes.
- There must be good communication/collaboration between the academic

- faculty and clinical instructors/supervisors in the program.
- There must be communication with clinical instructors/supervisors in external practicum sites.
 - We must evaluate our current methods of instruction and assessment and modify as needed. Anderson (1988) and Farmer and Farmer (1989) offer suggestions for assessing both student and supervisory expectations.
 - We must use technology (web-based instruction, video instruction, etc.) to assist in providing the students the necessary academic/clinical experiences.

References

Anderson, J. L. (1988). *The supervisory process in speech-language pathology and audiology*. Boston, MA: College-Hill Press.

Busacco, D., & Pietranton, A. (2000). *Workplace success skills students need for today's clinical environment*. Presentation at the American Speech-Language-Hearing Association National Convention, November 2000, Washington, D.C.

Farmer, S., & Farmer, J. (1989). *Supervision in communication disorders*. Columbus, OH: Merrill Publishing Company.

Schraeder, T. (1995). Outcome-based learner characteristics for clinical training. *ASHA Special Interest Division 11, Administration and Supervision*, 5(2), 4-5.

Weber, E. (1999). *Student assessment that works: A practical approach*. Mass: Needham Heights: Allyn & Bacon/Longman.