

### **ISSUE III: *The New Standards: Impact on Practicum in Speech-Language Pathology and Audiology***

Scott Griffiths, Sue Hale, Deborah King, Elena Kleifges

#### **THE NEW STANDARDS AND SKILLS OUTCOMES**

Sue Hale, M.A.

Vanderbilt University

During the development of the new standards for both audiology and speech-language pathology, the subcommittees charged with drafting the standards developed a commitment to the concept of outcome based standards for knowledge and skills to be developed during the graduate education program. Outcomes standards require evidence of learning through the demonstration of specific knowledge and skills.

This session focuses on the skills outcomes portion of each set of standards. The development of the audiology standards (*Asha, 1997*), which preceded that of the speech-language pathology standards (*Asha, in press*), resulted in a comprehensive list of skills and knowledge outcomes relevant to entry-level practice in the discipline of audiology. An effort was made to encompass the entire Scope of Practice in Audiology (*Asha, 1996*) in the skills and knowledge statements. As the writing of the speech-language pathology standards began, it became obvious to the subcommittee that the same approach would not be practical, primarily due to the variety of disorders which must be addressed as well as the diverse nature of the activities included in the Scope of Practice for Speech-Language Pathology (*Asha, 1996*). Instead, skills

outcomes were identified of a more generic nature and which could be applied across the breadth of the scope of practice and with all age groups.

Both sets of standards include some process standards, minimum numbers of academic hours for example, or in the case of the speech-language pathology standards, a minimum number of clock hours to be obtained and verified. However, minimum numbers of clock hours with a specific disorder group or age group are not specified. Instead, a program is to verify that students are capable of working with disorders and age groups in a variety of settings. The days of being judged competent to do therapy with an adult aphasic patient if you have 21 clock hours of experience with that population and incompetent if you have 19 clock hours are behind us. Instead, the student will demonstrate observable skills in managing that disorder and these skills will be documented for review during site visits by the Council on Academic Accreditation.

The subcommittee for development of the standards in speech-language pathology, which are the most recent standards to be published, had several guiding principles as they developed the skills outcomes:

1. The skills validation study suggested more knowledge and skills should be accomplished in the master's program instead of being left to the clinical fellowship, so skills from the previous Clinical Fellowship Skills Inventory were used as a basis for the development of clinical outcomes—levels which were previously identified as “entry level.”
2. Aspects of the scope of practice that were “central” to typical clinical practice were included in the skills outcomes, again related to the information from the skills validation study.
3. The minimum number of clock hours in the process standard (400) would count only if obtained within the Scope of Practice for Speech-Language Pathology. This was not an effort to discourage programs from providing

- clinical training or experiences in the minor area, but rather to strength the clock hour requirement in the major area.
4. The Council for Academic Accreditation site visit would be the primary means by which adherence to the standards will be determined. Individual applications for certification will resemble current ones in that there will be verification of the process standards, but the program director will affirm the skills and knowledge outcomes have been achieved, probably by a checklist and signature. Programs and applicants will be required to keep portfolio records for future use.
  5. Over-arching skills were identified which are common to all areas of practice so that the list of skills outcomes would not resemble the enormity of the Skills Validation Instrument.

The standards were published as a draft for peer review, information from the peer review was included in the final draft of the standards, and the standards were adopted in October 2000.

Now we are faced with the task of implementing the new standards. The new standards allow us the flexibility and creativity to design programs that are not necessarily the product of the same cookie cutter. However, it is a goal of ASHA to provide models for formative assessment and appraisal instruments to be used, if useful, by programs. But, these models and forms will not be the only acceptable means to achieve implementation.

I would like to provide an example of how we at Vanderbilt University will begin to bring our student performance evaluations into compliance with the new standards. Like so many of you, I believe we have educated competent, qualified professionals in our program, and the new standards are not a reason to abandon procedures that have worked. They may be cause to modify or extend them, however.

Appendix 1 is the Student Performance Review for Practicum in Speech-Language Pathology used at Vanderbilt University (Rassi & Hancock, 1993). You will note that there are various levels of clinical independence which are related to each of the outcomes measures on the instrument. The student and supervisor determine at an initial conference what level of independence the student should achieve and which goals from the performance review are appropriate to be addressed. Also indicated on the form are the levels of supervisory support needed for differing appraisals of student independence. The student's initial level of performance, progress toward the goal at mid-term, and final achievement for the semester are documented on the form.

The goals are divided into areas including planning, implementation, interpretation, case management, report writing, supervisory conferences, and professionalism. At the end of the semester, a grade for practicum can be determined based on the number of goals the student achieved at the expected level of independence.

This instrument has served the program well and has allowed our students to be evaluated in their externship sites as competent, mature, and independent. The more than 80 clinicians in our program who supervise our students are familiar with the form and use it reliably. So, as I approach the new standards, I am inclined to modify rather than develop a new appraisal instrument. What needs to be determined are the ways in which the instrument conforms to the new standards and measures the specified skills outcomes, the additional appraisal items that will be needed to ensure that students develop the skills outcomes, and the appraisal items that will need to be modified.

I would like to share the initial steps in the process, realizing that while the instrument used at Vanderbilt could be very different from your own instrument, the process could be extremely similar. I have chosen three or more of the

subsections of each standard under Standard IV-E, the point at which the skills outcomes are described. There are a number of items on our appraisal instrument necessary to the development of an entry-level, independent clinician. These will continue to be a part of our student appraisal because it is never wrong to include higher or additional goals. As I have evaluated a particular outcome, I have matched it to the assessment items on the current appraisal instrument, and I have indicated those areas in which new statements should be developed. The illustrative comparison is shown in Appendix 2.

I hope this information about the concepts behind the development of the standards and the use of a current appraisal instrument in relation to formative assessments in the new standards has been helpful. My colleagues on the panel will also discuss the pragmatic aspects of formative assessments, and we will take questions at the end of the presentation.

### References

American Speech-Language-Hearing Association. (1996, Spring). Scope of practice in audiology. *Asha*, 38 (Suppl. 16), 12-15.

American Speech-Language-Hearing Association. (1996, Spring). Scope of practice in speech-language pathology. *Asha*, 38 (Suppl. 16), 16-20.

American Speech-Language-Hearing Association Council on Professional Standards in Speech-Language Pathology and Audiology. (1997, October 21). Standards and implementation for the Certificate of Clinical Competence in Audiology. *The ASHA Leader*, 7-8.

American Speech-Language-Hearing Association Council on Professional Standards in Speech-Language Pathology and Audiology. (in press). Standards and implementation for the Certificate of Clinical Competence in Speech-Language Pathology. *The ASHA Leader*.

Rassi, J.A., & Hancock, M.D. (1993). *Competency- and continuum-based clinical instruction: System development and use*. Presentation at the annual meeting of the American Speech-Language-Hearing Association.

**APPENDIX 1**  
**STUDENT PERFORMANCE REVIEW**  
**DEPARTMENT OF HEARING AND SPEECH SCIENCES**  
**VANDERBILT UNIVERSITY**

**SPEECH-LANGUAGE PATHOLOGY CLINICAL PRACTICUM**

**STUDENT NAME** \_\_\_\_\_  
**SCHOOL TERM/YEAR** \_\_\_\_\_  
**SUPERVISOR NAME** \_\_\_\_\_ **SITE** \_\_\_\_\_  
**SUPERVISOR ASHA CERTIFICATION NUMBER** \_\_\_\_\_

**TO SUPERVISORS AND STUDENTS:** The competency statements that comprise this document have been designed for purposes of practicum goal-setting and the monitoring and evaluating of students' clinical performance. Use the scale and descriptors shown on the dual-movement (supervisor and student) supervision continuum illustrated here.

**SUPERVISION CONTINUUM WITH RATING SCALE AND DESCRIPTORS**

**STUDENT**

<b><u>ABSENT</u></b>	<b><u>EMERGING</u></b>	<b><u>PRESENT</u></b>	<b><u>DEVELOPED</u></b>	<b><u>CONSISTENT</u></b>
Competency/ skill not evident	Competency/ skill emerging	Competency skill present but needs further development	Competency/ skill developed but needs refinement and/or consistency	Competency/ skill well developed and consistent

**SUPERVISOR**

<b><u>MODELING/ INTERVENTION</u></b>	<b><u>FREQUENT INTERVENTION</u></b>	<b><u>FREQUENT MONITORING</u></b>	<b><u>INFREQUENT MONITORING</u></b>	<b><u>GUIDANCE</u></b>
Requires constant supervisory modeling/ intervention	Requires frequent supervisory instruction	Requires frequent supervisory monitoring	Requires infrequent supervisory consultation	Requires guidance/ only

**SUPERVISORS:** Using the following key, circle the appropriate descriptor (starting on page 2) in the first column to indicate the student's initial goal for each competency statement being reviewed. Then, indicate midterm status and final level of competency/skill development, respectively, by circling the appropriate descriptors in the second and third columns.

C	=	CONSISTENT
D	=	DEVELOPED
P	=	PRESENT
E	=	EMERGING
A	=	ABSENT



**IMPLEMENTATION**

	<b>GOAL</b>	<b>MIDTERM</b>	<b>FINAL</b>
16. Outlines the purpose of the session and the sequence of events.	A E P D C	A E P D C	A E P D C
17. Elicits relevant information in an organized manner and pursues pertinent points.	A E P D C	A E P D C	A E P D C
18. Uses appropriate interview techniques.	A E P D C	A E P D C	A E P D C
19. Records all pertinent information/data appropriately in an accurate and nondisruptive manner.	A E P D C	A E P D C	A E P D C
21. Administers test according to instructions.	A E P D C	A E P D C	A E P D C
22. Modifies administration of formal tests for special cases.	A E P D C	A E P D C	A E P D C
23. Identifies client's verbal and nonverbal cues (e.g., fatigue, on-off time).	A E P D C	A E P D C	A E P D C
24. Uses appropriate verbal and nonverbal reinforcers effectively.	A E P D C	A E P D C	A E P D C
25. Uses behavior management techniques effectively.	A E P D C	A E P D C	A E P D C
26. Uses allotted time efficiently.	A E P D C	A E P D C	A E P D C
27. Anticipates and reacts during instruction to personal needs of clients.	A E P D C	A E P D C	A E P D C
28. Modifies planned activities and their order, when necessary, to obtain maximal, relevant information.	A E P D C	A E P D C	A E P D C
29. Instructs at level appropriate for client.	A E P D C	A E P D C	A E P D C
30. Modifies level of instruction and/or activity by increasing or decreasing when appropriate	A E P D C	A E P D C	A E P D C
31. Provides opportunity for optimum participation by each client.	A E P D C	A E P D C	A E P D C
32. Varies the level of structure imposed on client when appropriate (e.g., spontaneous vs. clinician directed).	A E P D C	A E P D C	A E P D C
33. Utilizes suggestions given for modifying goals and/or techniques.	A E P D C	A E P D C	A E P D C

**COMMENTS****INTERPRETATION**

34. Considers all pertinent information (e.g., test scores, background) prior to formulating recommendation of planning for therapy program.

35. Formulates appropriate and realistic recommendations/referrals.

36. Evaluates and interprets client performance following a session.

37. Evaluates own performance following a session.

38. Recognizes client's goal attainment or client's need for goal adjustment.

GOAL	MIDTERM	FINAL
A E P D C	A E P D C	A E P D C
A E P D C	A E P D C	A E P D C
A E P D C	A E P D C	A E P D C
A E P D C	A E P D C	A E P D C
A E P D C	A E P D C	A E P D C

### **COMMENTS**

---

### **CASE MANAGEMENT**

39. Demonstrates sensitivity to client and family members.

40. Establishes appropriate relationship with family members and client(s).

41. Communicates client's performance with family members as needed.

42. Communicates client's performance with other professionals as needed.

GOAL	MIDTERM	FINAL
A E P D C	A E P D C	A E P D C
A E P D C	A E P D C	A E P D C
A E P D C	A E P D C	A E P D C
A E P D C	A E P D C	A E P D C

### **COMMENTS**

---

**REPORT WRITING**

43. Addresses all pertinent areas.
44. Presents findings, progress, and recommendations
45. Incorporates appropriate information into report content.
46. Writes reports in a professional maner (e.g., appropriate terminology, grammar).
47. Makes recommended changes.
48. Follows suggested format.

GOAL	MIDTERM	FINAL
A E P D C	A E P D C	A E P D C
A E P D C	A E P D C	A E P D C
A E P D C	A E P D C	A E P D C
A E P D C	A E P D C	A E P D C
A E P D C	A E P D C	A E P D C
A E P D C	A E P D C	A E P D C

**COMMENTS**

---

**SUPERVISORY CONFERENCES**

49. Comes to supervisory conference prepared with questions, suggestions, and topics for discussion.
50. Identifies and sets personal goals.
51. Takes initiative to make suggestions regarding own clinical development.
52. Other \_\_\_\_\_  
\_\_\_\_\_
52. Other \_\_\_\_\_  
\_\_\_\_\_

GOAL	MIDTERM	FINAL
A E P D C	A E P D C	A E P D C
A E P D C	A E P D C	A E P D C
A E P D C	A E P D C	A E P D C
A E P D C	A E P D C	A E P D C
A E P D C	A E P D C	A E P D C

**COMMENTS**

---

**TO SUPERVISORS AND STUDENTS:** The competencies listed in this final section are expected to be attained, to their fullest extent, by all students in all stages of clinical practicum and in every setting. Thus, there are no degrees of expected competency development (hence, no specific goal-setting); these competencies are simple present or absent. The performance determinations in this section may or may not be a factor in grade calculation, at the discretion of the supervisor.

**SUPERVISOR:** In the checklists below, indicate whether a competency is present or absent. Add explanatory written comments at the end of this section.

**PROFESSIONALISM**

	<b>MIDTERM</b>		<b>FINAL</b>	
	<u>Absent</u>	<u>Present</u>	<u>Absent</u>	<u>Present</u>
54. Maintains professional appearance and conduct for job duties and work setting.	_____	_____	_____	_____
55. Maintains professional relationships in all aspects of clinical practice.	_____	_____	_____	_____
56. Is punctual for all appointments and, when necessary and appropriate, cancels/reschedules client sessions as well as supervisory conferences	_____	_____	_____	_____
57. Adheres to clinical policy regarding absences	_____	_____	_____	_____
58. Maximizes learning opportunities provided by each clinical assignment	_____	_____	_____	_____
59. Understands and adheres to the ASHA code of ethics	_____	_____	_____	_____
60. Prepares physical environment prior to clinical session	_____	_____	_____	_____
61. Cleans up following clinical session	_____	_____	_____	_____
62. Completes lesson plans as requested	_____	_____	_____	_____
63. Turns in lesson plans on time	_____	_____	_____	_____
64. Provides written information as requested (e.g., feedback, test reviews, chart review)	_____	_____	_____	_____
65. Maintains confidentiality	_____	_____	_____	_____
66. Reads or watches material recommended by supervisor within time guideline	_____	_____	_____	_____
67. Brings appropriate forms/materials to supervisory sessions and therapy/diagnostic sessions	_____	_____	_____	_____
68. Maintains own clinic record (e.g., feedback, hour sheets)	_____	_____	_____	_____

69. Introduces self to patient/family appropriately	_____	_____		_____	_____
70. Files departmental guidelines regarding file, material, and test checkout					
71. Adheres to guidelines or professional conduct	_____	_____		_____	_____
72. Establishes and maintains own client work file	_____	_____		_____	_____

**GOAL ATTAINMENT/GRADE CALCULATION**

**STEP 1**

**STEP 2**

Total # competency items scored _____	Add :	# goals attained _____	
		# goals surpassed _____	
	Total	# goals attained/ surpassed _____	

**STEP 3**

Divide Step 2 total/Step 1 total \_\_\_\_\_ Multiply result x 100 \_\_\_\_\_% **BASIC PERFORMANCE %**

**STEP 4 (OPTIONAL) AT SUPERVISOR'S DISCRETION**

BONUS PERFORMANCE % points may be added for **extraordinary** performance, as demonstrated in

- Number of goals surpassed
- Number of CONSISTENT ratings obtained
- Amount of progress in key clinical area
- Excellence in quality of overall performance

Add	BASIC PERFORMANCE %	_____%
	BONUS PERFORMANCE %	_____%
		_____% <b>ADJUSTED PERFORMANCE %</b>

**STEP 5**

Using the table below, convert the final performance percentage (whether Basic or Adjusted) into a letter grade. Circle the **FINAL GRADE** in this table.

If **FINAL PERFORMANCE** is \_\_\_\_\_ Then letter grade is \_\_\_\_\_

90% or higher	A+ or A or A-
80% to 89%	B+ or B or B-
70% to 79%	C+ or C or C-
60% to 69%	D+ or D or D-

lower than 60%

F

**Method of Grade Calculation (Check One)**

- GOAL** attainment formula used.
- Other method or formula used as described below.
- No method or formula used. Grade subjectively determined, as explained here.

**(NOTE:** In any approach other than the goal attainment formula is used, this must be discussed by the supervisor and student at the time of the initial goal setting conference.)

**VERIFICATION OF AGREEMENT AND COMMITMENT**  
**GOAL-SETTING CONFERENCE (BEGINNING-OF—TERM)**

Our signatures below verify that we have set clinical and supervisory goals for the forthcoming term and that we are committed to working toward those goals. A goal-setting conference was held for this conference.

\_\_\_\_\_  
 Supervisor Signature                  Student Signature                  Date

**PROGRESS-MONITORING CONFERENCE (FINAL)**

Our signatures below verify that we have reviewed midterm goal status relative to beginning-of-term goals, noting progress in movement toward those goals, and making plans for the remainder of the term. A progress-monitoring conference was held for this purpose.

\_\_\_\_\_  
 Supervisor Signature                  Student Signature                  Date

**EVALUATION CONFERENCE (END-OF-TERM)**

Our signatures below verify that we have reviewed end-of-term goal status relative to beginning-of-term goals and midterm goal status, noting final goal attainment and implications for the future. An evaluation conference was held for this purpose.

\_\_\_\_\_  
 Supervisor Signature                  Student Signature                  Date

**OVERALL COMMENTS/RECOMMENDATIONS** (If additional space is needed, attach pages as necessary)

---



---



---

**Appendix 2**  
**SKILLS OUTCOMES-RELATED TO FORMATIVE ASSESSMENT**

<b>ASHA STANDARD</b>	<b>ITEM FROM STUDENT PERFORMANCE REVIEW</b>	<b>NOTES/ADDITIONAL ITEMS NEEDED</b>
<b>Evaluation</b> <b>1.a. Conduct screening and prevention procedures (including prevention activities)</b>	<b>Not present</b>	<b>Add goals for screening and prevention procedures</b>
<b>1.b. Collect case history information and integrate information from clients/patients, family, caregivers, teachers, relevant others, and other professionals</b>	<b>1. Reviews file for each individual to obtain pertinent information (1)</b> <b>2. Familiarizes self with available information regarding client and disorder prior to initial contact (2)</b> <b>3. Demonstrates an understanding of the client's communication problems and any related disorders or concerns (3)</b> <b>4. Elicits relevant</b>	<b>Item(s) needed for integration of information from a variety of sources</b>

	<p><b>information in an organized manner and pursues pertinent points (17)</b></p> <p><b>5. Uses appropriate interview techniques (18)</b></p>	
<p><b>1.c. Select and administer appropriate evaluation procedures, such as behavioral observations, non-standardized and standardized tests, and instrumental procedures</b></p>	<p><b>1. Selects appropriate assessment tools (6)</b></p> <p><b>2. Plans logical sequence of assessment or activities within therapy session (7)</b></p> <p><b>3. Plans for each case separately, taking individual needs into consideration (8)</b></p>	<p><b>Relate to curriculum; determine that knowledge leading to skills in behavioral observations, non-standardized and standardized tests, and instrumental procedures are being taught</b></p>

<p><b>Intervention</b></p> <p><b>2a. Develop setting-appropriate intervention plans with measurable and achievable goals that meet clients'/patients' needs. Collaborate with clients/patients and relevant others in the planning process.</b></p>	<p><b>1.Develops appropriate long-term goals for clients (9)</b></p> <p><b>2.Establishes appropriate short-term goals for clients (10)</b></p> <p><b>3.Plans appropriate daily activities to meet short-term goals (11)</b></p> <p><b>3.Outlines the purpose of the session and the sequence of events (16)</b></p>	<p><b>Relate to curriculum; determine that knowledge leading to skills in developing measurable goals is included.</b></p>
<p><b>2b. Implement intervention plans. Involve clients/patients and relevant others in the intervention process.</b></p>	<p><b>1.Instructs at level appropriate for individual client (29)</b></p> <p><b>2.Modifies level of instruction and/or activity by increasing or decreasing when appropriate (30)</b></p>	<p><b>Set goal for involving clients/patients and relevant others in the intervention process</b></p>
<p><b>2c. Select or develop and use appropriate materials and instrumentation for prevention and intervention</b></p>	<p><b>1.Plans appropriate daily activities to meet short-term goals (11)</b></p> <p><b>2.Develops instructional materials, as needed (12)</b></p> <p><b>3.Generates novel</b></p>	<p><b>Set goals for developing and using appropriate materials and instrumentation for prevention</b></p>

	<p><b>therapy tasks appropriate to goals</b></p> <p><b>4.Anticipates and reacts during instruction to personal needs of clients (27)</b></p> <p><b>5.Instructs at level appropriate for individual client (29)</b></p>	
--	--	--

<p><b>Interaction and Personal Qualities</b></p> <p><b>3a. Communicate effectively, recognizing the needs, values, preferred mode of communication, and cultural/linguistic background of the client/patient, family, caregivers, and relevant others</b></p>	<p><b>1. Demonstrates sensitivity to client and family members (39)</b></p> <p><b>2. Establishes appropriate relationship with family members and client(s)(40)</b></p> <p><b>3. Communicates client's performance with family members as needed (41)</b></p>	<p><b>Add language addressing cultural/linguistic background and include caregivers and relevant others</b></p>
<p><b>3b. Collaborate with other professionals in case management</b></p>	<p><b>1. Considers all pertinent information (e.g., test scores, background) prior to formulating recommendation or planning for therapy program (34)</b></p> <p><b>2. Communicates client's performance with other professionals as needed (42)</b></p>	
<p><b>3c. Provide counseling regarding communication and swallowing disorders to clients/patients, family,</b></p>		<p><b>Develop counseling goals</b></p>

<b>caregivers, and relevant others</b>		
<b>3d. Adhere to the ASHA Code of Ethics and behave professionally</b>	<b>Understands and adhere to ASHA Code of Ethics (59)</b>	