

ISSUE III: NOTES FROM SMALL DISCUSSION GROUPS
**Strategies for Implementing New Standards in Audiology and Speech-
Language Pathology**

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The following summary represents the topics and views that were discussed by those attending the session. The summaries should not be construed to represent the official views of the CAPCSD.

The outcome of the discussion groups included the following recommended ACTIONS.

For CAPCSD:

- Survey member programs to determine percentage of programs that agree with the new standards and the percentage of programs with significant concerns about the amount of documentation necessary for formative evaluation on every aspect of student development. This information should be forwarded to CAA with a request for consideration of the wishes and concerns of professionals who will be affected by these standards and changes in standards and/or this implementation.
- Give strong consideration to having specific workshops, both large group and small group, provided by CAA at the 2003 conference. (Many in the group believed that the primary topic of the Council program should be devoted to issues surrounding the implementation of the new standards.)
- Provide more small group discussion next year where CSD faculty and administrators could share their solutions with others. The sharing of information should be planned (e.g., invited presentations of successful

- implementations), so that specifics would be presented rather than generalities.
- Assist CAA and CFCC programs by providing more information on case-based teaching resources and outcomes as they relate to new standards.
 - Provide an online forum to promote a communication vehicle for programs that would encourage sharing forms and strategies to implement the new standards.
 - Provide a mechanism where formative assessment strategies can be compiled and made available on the Council's web site; even on intermediate basis as implementation proceeds.
 - Establish a voluntary (possibly secure) website with examples of syllabi, plans, rubrics, grids, and so forth.
 - Provide a workshop on portfolio development.
 - Put conference proceedings, especially forms and checklists, on the web site as soon as possible.

For CAA:

- Provide guidance for transition into the new standards. Provide guidance to the two, three, and five year programs. Perhaps a "phase in" period is needed.
- Clarify information about transitional, non-traditional, and part-time students. Which standards do they follow—which ones are they held to? What about distance learners?
- Define how site visitor training will be modified to retool site visitors for new standards and communicate this to programs.
- Request that CAA site visitor teams list strategies that are examples of appropriate and inappropriate responses to requirements.
- Provide responses: If and when portfolios emerge as an assessment tool, how many will be audited by site visit? And, how long do portfolios need to be kept?

- Look at state licensure requirements and work with ASHA to advocate for licensure changes that fit well with the new standards.

For CAPCSD, CAA, and ASHA:

- Implement a website (as indicated last year) to be used to share examples of approaches to standards. Might be hosted by ASHA, CAPCSD, or CAA.

For CAPCSD, ASHA, and SID #10 Issues in Higher Education:

- Create resources of case-based problems and case-based studies to use in teaching.

For CAA and CFCC:

- Suggest some resources for implementation models.

For CAA and ASHA:

- Develop a packet of information we can use to educate externship supervisors about:
 - Changes in standards.
 - How the changes affect the students they supervise and the supervisors' expectations.
- Clarify what is meant by writing/speaking competency (especially oral communication). What is the bottom line?

For ASHA:

- Help us educate professionals in the field and state licensure boards.
 - We need their advocacy.
 - We need materials to distribute.
 - We need fact sheets.
 - We need help in educating them about the change and benefit to them (a better product).

- Develop guidelines to send to CFY mentors to insure competent mentoring

For CSD program faculty and administrators:

- Proceed with implementation plans individually and innovatively in relation to own programs.
- Relabel what your programs are already doing that is in the format of the new standards.
- Develop a minimalist approach. Develop methods for redacting clinical records efficiently so as to minimize work needed to collect formative assessments and maintain clinic client confidentiality.
- Have current students sign an acknowledgement that the new standards will be applicable if the students do not apply for certification prior to January 2005.
- Develop “acknowledgment” explanations for student sign-off an entry into the program so students understand that completion is competency-based, rather than only course and grade based.
- Develop a student authorization form that acknowledges we are collecting data.
- Graduate programs must assess the content knowledge and skills of the undergraduate curriculum of incoming graduate students in order to assure that all standards not addressed in their respective graduate program have been met in the student’s undergraduate program.
- Recommend involvement of advisory boards heavily weighted with off-campus supervisors during the process of addressing new standards.
- Start curriculum mapping now, if not already done.
- Develop ways to integrate skills training and assessment into coursework.
- Develop graduated practicum experiences with advancement dependent upon performance; advancing students through three levels of practicum (beginning, intermediate, advanced) with advancement dependent upon

- performance was an attractive way of insuring that students don't go out to practicum sites until "they are ready."
- Develop and share instruments to evaluate progress toward meeting standards (i.e., electronic portfolios, formats for checklists and forms) through web sites and forums.
 - Develop ways to integrate the skills into coursework. This is easier to do for knowledge bases, but more difficult to confirm and document clinical skills—many instructors do not do that much in class.
 - Information on processes involved in developing materials, choices made, and so forth helpful.
 - Put goals on all syllabi that match the standards—will help to find areas that we're all covering, and to identify holes.
 - Use of not only documentation/checklist but evidence needs to be in portfolio.

For Undergraduate Programs:

- Recommend that all undergraduate programs document specific knowledge and skills obtained in courses related to any standard. This documentation should be included in each student's portfolio that is provided to the potential graduate program to which the student seeks admission.

For Master's Programs:

- Those that do not require undergraduate degrees in CSD may be required to increase the number of credit hours required for the MS/MA.

For Independent Group:

- A group outside of CAA must be assembled to look at the new standards critically over time. This group must gather input and feedback. This group needs to look critically at the outcome data—did these changes actually produce a better product—a more prepared student. A cost benefit

analysis should also be done. We need to see if these new standards were actually beneficial and needed.

Other issues, concerns, and queries that were brought out in the group discussion are summarized below.

About the change (*Who Moved My Cheese?*)

- This is a meta exercise. We're all competent, but we're being asked to analyze what we do every day. It was evidenced today that we need to ask: What is it you *do*? Shift from what *I* teach to *what they learn*.
- Don't want the process to hinder our ability to teach students. If we move ourselves too far away from doing what we do best. The way to approach it is to use what works. All after the goals. Don't let it lead to 97 forms.
- To label what students do as product, and to label students as clients is wrong. Students are students. Field is about communication.
- What does CAA perceive as being the major problem areas?
- We are waiting for answers from CAA.
- Concern was repeatedly expressed regarding the perceived vagueness of the standards and program implementation/evaluation.
- Tight time lines are a problem. How will we line all this up?
- We are used to process; change is outcomes.
- Making grids delineating all the standards is helpful. Examples could be shared with CAPCSD members.
- Different problems for larger versus smaller programs. Looked at the new standards last year; we do not have six years. Consider making minimal changes, we cannot be overwhelmed by this.
- Faculties are uncomfortable with the number of questions that have been raised by the new standards.
- So much scope of practice, so little time!
- We need a model to provide the total scope of practice in 36 graduate credits (75 total credits).

- Excited about the possible integration of clinic and academic.
- Not certain the standards are actually “doable!”
- No one feels comfortable about how this will play out.

Mechanisms for implementation

- Most programs have many processes and procedures in place. They need to redirect some of those items to reflect present terms, constraints and language.
- The level of documentation required for formative evaluation across the scope of practice flies in the face of paperwork reduction trends.
- Where do we keep all of the documentation we will need?
- What is the transition period of the new standards? What do you do when you have one class on the old and one class on the new standards?
There is a year you are running two programs. Three-year and five-year programs will have even more trouble.
- Programs need to do a complete review of all classes and what is being taught in each class.
 - Look at each of the pieces and where it occurs.
 - Stress quality control throughout the program.
- Fear: new standards will force faculty to shift resources to remediation problems of poor students rather than supporting good students (some said we already do this).
- The changes are going to be costly to implement.
- Meeting standards will require more resources (personnel).
- We must weigh the amount of time documenting versus doing.
- Implementation will meet challenges in the context of university systems and issues of incompletes in the academic arena and credit hour production tied to finance.
- What feedback will programs get after responding to CAA’s request for plans and implementation strategies? Will we get suggestions?
- Will we have to be hiring new faculty members?

- Many noted that clinical documentations are in reasonable shape but developing academic documentation will be a challenge.
- Faculty and clinical supervisors will have to work together to accomplish documentation tasks.
- Several members expressed annoyance and fatigue because of current documentation responsibilities.

Flexibility

- Supposedly new standards were created to allow greatest flexibility in programs—so that don't get overwhelmed!
- Some feel the new standards actually help when the programs are different. There is flexibility in how different programs meet the different standards.
- The emphasis is on flexibility and on program's ability and responsibility to define competency and mechanisms.
- The concept that the new standards promote program flexibility is in direct conflict with the requirements to document each student's program in every area of scope of practice.
- Is there truly "flexibility"—do all of our students have to look the same?
- Some feel the "flexibility" has been in fact taken away.
- There is flexibility to look closely over programs but it is taking away energy, resources, funds that we might need to address other issues (e.g., doctoral programs and shortages).
- Prescriptive nature of standards in past helped some programs. It seems now we will not have that support.?
- Will fewer specifics it allow programs to water down?
- There are some programs that will continue to count hours for clinic. How does this affect the flexibility issue/component?

Processes for assessment

- Fear: the burden of documenting formative evaluation process.

- Not only documentation/checklist, but evidence also needs to be in the portfolio.
- There were numerous questions about whether or not there will be specific implementation language coming, specifications of levels of competency, who and how to establish competency (including how to demonstrate), and what CAA is going to do to retool site visitors.
- Relationships of ASHA and other institutional and program accreditations was of concern. Let there only be one accreditation. There is conflict among agencies.
- Concern expressed about ASHA site visitors and interpretations of new standards. They need to be facilitative rather than using a police mentality!
- Case study methods can be used for AUD and SLP.
- Similar model for SLP classes (accompanying labs)
 - Voice
 - Language disorders: SALT program used for analyzing and interpreting language samples overtime.
 - Phonology: Phonological analysis.
- Concern was expressed regarding measuring competency and that perhaps we should look at levels of competency, such as a continuum from emerging to advanced.
- How do you translate student progress towards meeting competencies into grades?
- Should we check what we define as competent with employers?
- Shifting to standard that help students address competencies across disorders is an enormous task. It is difficult to put together practicum experiences to get the required diversity. We need to look at alternative ways of doing that, like embedding in courses and developing virtual clinical experiences. How are we going to ground students in all the areas?

- Are checklists really a measure of achieving competency? They are behavioral.
- The process of collecting evidence of performance is the grade. No one likes to give a single student a “C.” With 40 students in a class it’s not much of a problem, but the grading system is the evaluation. If a student gets a “C,” then he/she will grieve. Let’s use grades as formative assessment. Use the grade, don’t use subjective stuff.
- Regarding the question about summative/formative assessment: A grade can certainly be formative assessment.
- One university has created a clinical grade point, with approval of graduate school. The student is given time to rectify and is given option to revert to a non-clinical degree or to leave.
- Some programs are developing lists of expected skills for beginning, intermediate, advanced; did different ones for students and for supervisors.
- One program used twice annual student evaluations for performance and recommendations for remediation.
- State licensing and school certification may provide information in areas that are “gray.”
- Much discussion on what is meant by “demonstration of competency.” It there any student responsibility here?
- The standards are based on skill/competency/outcomes with no mention of theory-driven practice. If we eliminate the need for theory in our master’s standards, how will we prepare persons to pursue the PhD?
- The definition of competency was discussed. (e.g., Does competency equal exposure? ethical and appropriate treatment? performance on a specified number of trials? knowledge and skills at entry level?). Some preferred term “skill set.”
- Some requested minimum standards for competencies.
- Some emphasized that students must understand initially that program will be competency based. A prediction was made that lawsuits may be filed

- when students are first held back for not meeting competencies.
- The difference between competency upon graduation versus. competency when out in field for while was discussed.
 - How do we know the students have knowledge? We've always done formative assessments!
 - There was a warning not to get too fragmented and become the "ELEMENTARY SCHOOL MODEL" (i.e, teach how to make a nice bulletin board but not how to teach). Not too many medical schools require portfolios! At a certain level we can trust ourselves to know when a student can do a procedure.
 - Several people did not like portfolios.
 - Some suggested doing portfolios on a sample of the students. It is really just a matter of documenting what we are already doing. The sampling strategy solves the space issue for keeping files.
 - Many professors require students to turn in all the work they have done all semester. However, the academic record is a confidentiality issue.
 - A few programs are developing capstone courses for assessment purposes.
 - There is a dynamic tension between critical thinking skills versus clinical checklist.
 - The use of blackboard for electronic portfolios (U of Minnesota uses "Portfolio" software, "People-Soft" is another alternative).
 - Portfolios can be taken to extern sites, job interviews.

Undergraduate level

- Undergraduate-only programs did not receive standards; this places them at a disadvantage. How do you evaluate undergraduates coming in from different programs for graduate school?
- There was concern regarding the evaluation of transfer students. Some were calling for a standardized formative assessment for undergraduates that would be easier to compare across programs.

- Will documentation of requirements met by undergraduates from other institutions make admission to graduate programs more difficult?

Audiology

- The future of audiology is very uncertain in relation to degrees, accreditation, and jobs.
- SLP programs are tweaking audiology coursework to make it specific to the needs of the SLPS.
- It was recommended that labs to accompany AUD classes
 - ABR, Peds, Basic Aud, HA classes
 - Criterion performances might be set at 80%. If criterion is not met, the course must be repeated.
- Quick, formative quizzes for audiology were suggested
 - 1st day of class questions
 - can you calculate periodicity and frequency for 3K
 - explain formant versus harmonics
 - explain masking
 - Practical: can students generate an audiogram and do tympanometry?
 - Results of the above are to identify coursework needed or courses to be repeated.
- Integrating clinical sites for clinical fellow experience into 4 year AuD-type degree.

Other

- How do we go about identifying indicators?
- Incorporating adjunct faculty into this is a more realistic process.
- There are concerns about the CFY because of less stringent control.
- What about taking the SLP CFY under the University control? This might help us meet the new standards. (OT is actually looking at moving away

from this model. This is the model they have currently.) This is actually costly.

- We need to be cautious about opening up licensure laws.
- The rationale for a secure Council web site for archives is to provide a benefit for member programs; a comment supporting the archiving pointed out CAPCSD supports growth for all programs.