

NOTES FROM THE DISCUSSION FOR ISSUE II

Academic And Clinical Integration: The New Standards And Beyond

Facilitator (F): There were a few themes in this presentation that we can focus on. They include the connection between assessment and the new standards, excellence in teaching, and the integration of academic and clinical practice. Is anyone familiar with the Angelo and Cross book and what are they doing with it?

Group Member (GM): We are looking at course syllabi and revising them according to the new standards from both the academic and clinical standpoint. Then we are carrying them over to practical application.

GM: We did that and found some difficulty developing efficient record keeping regarding formulating a form addressing the Big Nine.

GM: (Audiology perspective) We developed a basic competency list where students get checked off in either a class or a clinic experience. Each competency has to be checked off by two faculty or clinical instructors AND they have to be rated according to Judi Rassi's schema.

GM: There was considerable concern about the KASA form and the underlying assumptions of the form. For example:

- Concern about checklist mentality. We tell the students there is no cookbook but then we present a checklist. We do the very thing we do not want our students to do.
- What does checking off a competency actually mean? The student achieved the two checks and a rating and can leave the on campus clinic and not hurt any one.

GM: Something has gone wrong. We all agree that assessment is important. But no one is showing us that these are valid methods of assessment. Are there any data that tells us we are assessing our students?

GM: On the other hand, the point was made that the standards do not dictate how we assess. In fact, we need to use multiple indicators of attainment of a particular knowledge or skill area.

GM: Is this new way better?

GM: What is the old way? The old way was discussed in the presentation.

GM: I have a problem with documenting the standards but not with the standards themselves. There is a difference between documenting for the students and then documenting for the site visit.

When the site visit comes and you are going through the accreditation process, you are already drowning in paperwork. There is belief in the new standards. The new form was received by email and a new form and disk will be presented here.

GM: What happen to grades as a formative assessment?

GM: “arbitrary and capricious data”

GM: We will all revise our syllabi and use those verbs. Does that make it work?

Discussion of ASHA and CAPSCD and CAA.

F: Why are we doing this?

GM: It was pointed out that the trend towards outcome based standards is dictated by the oversight agency (CHEA) of the US Office of Education. What we are discussing is the national trend in education (e.g., NCATE)?

GM: Yes but -- NCATE does not use a specific form to document student performance in student education. We have to use a specific form.

GM: Clarification – ASHA did not make up the CASA form. CFCC developed the form. There is the opinion that the form is actually flexible. For example, each program can address those standards any way they deem appropriate

GM: It just has to be a sampling not for every one. Florida State has a similar form that the students use for planning and self-evaluation. We are already doing this and now we are documenting.

Debate over flexibility of the form

GM: The form does not necessarily translate to competency in clinical practice.

GM: My concern is how and who will use evaluate our use of the form. It was claimed to be a “work in progress.”

GM: The checklist approach does not get at higher level critical thinking skills.

F: Everyone clearly supports the new standards. What we want to do to document the new standards is the issue. What direction should we take to document achievement of the standards? Can we build an argument for doing what we do?

GM: All accrediting agencies are being asked to do this.

GM: Why can't passing the PRAXIS exam count?

- We can not use that for graduation?
- It can be used as a summative assessment.

GM: Last year at ASHA Ken Apel presented a way they were going to assess their students formatively.

GM: Some people are using the techniques. For example: muddiest point, one-minute summary, student generated questions.

GM: Those are strategies to improve teaching but because you are using them individually with student names, they are not formative assessments.

GM: How do you document them as formative assessment?

GM: Key issue – this is ONE piece – there are many others (list from handout). They can be sources of evidence for formative assessment.

GM: Integrated piece – medical schools have been giving the students the “standard patient” and asked to go through the entire process.

GM: Case based learning. How will you assess and treat this patient? Give one hour of treatment.

GM: COMPS with client with multiple disorders.

GM: Multiple pieces of evidence that can be used to document learning.

GM: Suggestion to CAA – Perhaps the murkiness can be addressed by asking CAA to develop a number of prototypes or models for addressing the new standards. These might include such things as approaches to formative assessment, examples of

behavioral indicators of an outcome, and so forth. This would help provide programs with a concrete notion of what is expected.

F: Do we want ASHA to provide guidelines for the completing the form?

GM: Frustration – I have been going to lots of presentations that were supposedly going to help me do this, but it has not happened. I get more information from talking to others.

GM: ASHA website – skills validation study. Pull from there a series of behavioral indicators and use those.

GM: From physical therapy: Knowledge, skills, attitude, and student self-assessment.

NOTE: There was consensus that CAA should provide examples.

GM: Interesting issue: academic and clinical integration is one of the challenges of this process. Clinical and educational personnel have to be on the same page.

GM: Faculty could supervise. How does this work with tenure?

GM: This morning's discussion when talking about the Ph.D. shortage and there could be a conflict between duties.

GM: I do not think we give ourselves enough credit.