

Graduate Degree Program Assessment Progress Report Cover Sheet:

Degree Program: Speech Pathology and Audiology

Department and College: Audiology and Speech Pathology/College of Professional Studies

Degree: Au.D. For Calendar Year: 2010

Date submitted to college committee: 4/4/11 By: Nannette Nicholson, Ph.D.

Date posted on college assessment website: _____

Overall Rating: _____

Respond to all six parts following the “Degree Program Assessment Progress Report Instructions.” (NOTE: Parts 1 through 4 can be copied from the relevant sections of your assessment plan.) Attach additional pages as needed.

(1) Student learning goal(s) addressed this year:

The goals of the Audiology Program include producing audiology graduates who will demonstrate the knowledge and skills necessary to:

- a. Competently evaluate children and adults for hearing and/or balance disorders
- b. Provide appropriate intervention for children and adults with hearing and/or balance disorders
- c. Understand and evaluate research in the field of audiology and/or related areas
- d. Understand and apply the principles of ethical and professional conduct

(2) Learning outcomes/objectives for those goals addressed this year:

Four general program objectives have been identified:

1. The graduate must have the knowledge and skills to perform audiologic assessment using behavioral, physiologic, electrophysiologic, psychophysical and self-assessment measures
2. The graduate must have the knowledge and skills to develop and implement treatment plans using appropriate data
3. The graduate must have knowledge of the principles and practices of research, including experimental design, statistical methods, and application to clinical populations
4. The graduate must have knowledge of the principles and practices of professional conduct, ethical behavior, and application to clinical work

(3) Courses & activities where assessed:

Student knowledge and skills needed for this degree will be evaluated each year using the practicum courses. All on- and off-campus supervisors complete an evaluation tool

based on the American Speech Language Hearing Association Knowledge and Skills Areas (Appendix C). Additionally, we focused on student assessment this year.

(4) Methods used:

During the second year of the five-year plan the *clinic and program assessment process* will be repeated. The assessment tools will include: Graduate Exit Survey (Appendix A), Audiology Graduate Course Evaluation (Appendix B), Audiology Student Practicum Evaluation (Appendix C), Practicum Supervisors (Preceptors) Evaluation (Appendix D), Consumer Evaluation of Services (Appendix E), and Audiology Practicum Site Evaluation (Appendix F). During the second year of the cycle, there is an additional focus on *student assessment*. The assessment tools for this process include the Graduate Capstone Examination (Appendix G) and the Knowledge and Skills Areas (KASA) Objectives (Appendix H). These data will be used to assess the effectiveness of any changes made to the graduate program since the first year assessment of the clinic and program

(5) What are the assessment findings? How did you analyze them?

Audiology Graduate Exit Survey

The second Au.D. program cohort graduated Spring 2010. The Audiology Graduate Exit Survey was completed by eight of eight graduate students approximately one to two weeks prior to their graduation in May, 2010. The overall rating for the program was 4.5 (where 4 = good and 5 = excellent) which is a significant improvement from the 2009 overall rating of 3.7. In general, these exit interview data indicate students' perceived the strength of the program is improving, and they are more satisfied with the education they received from the Department of Audiology and Speech Pathology. Helpful suggestions were offered by many students regarding topics that need more coverage, course sequencing and practicum placements.

Audiology Course Evaluation

Each semester, instructors teaching in the Doctor of Audiology Program are evaluated through the College of Health Related Professions (CHRP) in the University of Arkansas for Medical Sciences (UAMS). The scale ranges from 5 = Strongly Agree, 4 = Agree, 3 = Neither Agree nor Disagree, 2 = Disagree and 1 = Strongly Disagree. The College of Health Related Professions personnel inform the chairman of Audiology and Speech Pathology if any graduate course evaluation falls below 4.0. When that happens, the chair talks with the instructor and a plan of improvement is developed and implemented with the individual faculty member. For calendar year 2009, the audiology faculty graduate course evaluations ranged from 3.5 to 5.0 with a mean of 4.5. For calendar year 2010, the Au.D. course evaluations ranged from 3.8 to 4.9 with a mean of 4.5. These scores are essentially the same as they were in 2009 and represent a high level of satisfaction with the teaching provided by the audiology faculty in the Au.D. Program.

Audiology Student Practicum Evaluation

The Knowledge and Skills Area (KASA) standards were introduced by the American Speech Language Hearing Association (ASHA) in 2007 and revised effective January 2011. The instrument used for clinical evaluation of KASA standards is a practicum

evaluation tool. The current instrument is based on the ASHA KASA standards for 2007. This tool will be revised to reflect the 2011 standards. Although the following method of reporting has been used in the past, it does not inform the Audiology faculty about the specific knowledge and skills that need improvement. Therefore, the format for reporting this practicum KASA objectives will be revised with the new evaluation tool.

During 2009 96% of our graduate students received grades of “A” and “B” in practicum indicating the development of excellent clinical skills as shown in the table below (93% received a grade of A). During 2010, 96% of our graduate students received a grade of “A” in practicum indicating the development of excellent clinical skills.

Practicum Preceptor Evaluations

At the end of every semester, all faculty members who supervised students performing their clinical practicum are evaluated by the students using a 12-question form. Faculty are evaluated on items such as their working relationship with the student, how well they assist the student, allowing student input and problem solving, availability to the student, interactions with the student in conferences, etc. A five point Likert scale is used for rating supervisor performance on each of the 12 items, with 5 = outstanding, 4 = excellent, 3 = good, 2 = fair, 1 = poor and NA = non-applicable. During 2010, three on-campus clinical faculty and 25 off-campus preceptors were evaluated by 27 Au.D. students with a mean rating 4.53.

Evaluation of Audiology Clinical Services

All students in clinical practicum provide supervised services to adults and children with communication disorders. Students are evaluated by consumers who received services or by their parents with regard to 18 clinical behaviors on a scale of 5 (excellent) to 1 (poor) or 0 if not applicable. The Evaluation of Clinical Services Form from each semester is filed in our clinic file room. The results indicate that our clients are pleased with our services and consistently rate us as a “high average”. The mean rating for 2010 was 4.90.

Audiology Site Evaluations

Students enrolled in practicum and externships complete an Au.D. Externship Site Summary of Services form (Appendix F). This assessment tool informs the audiology faculty of the experiences provided at the site, populations served, type of site, estimate of the clinical population, type of equipment, average number of clients per academic term, and a summary page of open ended questions. For 2010, students completed summary surveys on Arkansas Children’s Hospital, Arkansas Otolaryngology Center Conway Public School System, Cooper Clinic, Hot Springs, Jenkins, Medical University of South Carolina, Memphis Veteran’s Administration, Paparella ENT, Saline Audiology, Searcy Audiology, South Arkansas Hearing Services, Texas ENT, and the Audiology Clinic located in the Department of Head and Neck Surgery at the University of Arkansas for Medical Sciences. The following two graphs show the average number of clients per academic term for each type of service provided by site for both the pediatric population and for adult clients.

Graduate Capstone Examination

Each year the 3rd year students complete a comprehensive examination and a graduate capstone examination survey prior to beginning their 4th year externship. In 2009, 7 students passed comprehensive exams and 2 students completed remediation exercises. In 2010, 7 students (100%) passed comprehensive examinations. Below is a summary of 2009 and 2010 student survey tabulated responses.

Statement	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1. The comprehensive examination adequately sampled my knowledge of audiology		11	4	2	
2. I feel the comprehensive examination, in its current format, will/did help me study for the Praxis.	3	6	5	3	
3. Some of the items were not clearly written.	7	5	4		1
4. The written guideline and procedures I received prior to the examination were clear and understandable.	10	6			1
5. The room chosen for the examination was conducive to take the exam.	14	2			1
6. The administration of the examination was satisfactory.	13	3		1	
7. My knowledge could be assessed more adequately using another format.	4	2	10	1	

Knowledge and Skills Areas (KASA) Objectives

All students from 2009 and 2010 graduating classes completed their KASA objectives tracking form during their tenure in the program. In addition, 100% of the graduated students have passed the National Praxis examination.

6) What conclusions were drawn and what decisions were made as a result? How were stakeholder groups involved?

Stakeholder Involvement

Five sets of stakeholders contributed or will contribute information to the current assessment report: (a) faculty, (b) students, (c) consumers of clinical services, (d) employers and (e) working graduates. All faculty members participate in the evaluation of students, both in the clinic and classroom. Additionally, all faculty are involved in collecting, analyzing and summarizing relevant assessment data for this report.

Graduate students perform course evaluations, evaluations of practicum supervisors and complete the Graduate Exit Survey in the semester they finish all requirements. In addition they serve as representatives on faculty committees such as the curriculum committee.

The consumer/community group evaluates the department's provision of clinical services (e.g., the Technology Access Center).

Employers and working graduates will evaluate how well our educational program is preparing our students for the work setting.

Curriculum Revision

During 2010, an extensive revision of the curriculum was undertaken. The prefix for the UAMS course number for all audiology courses was changed from ASP to AUD to help reduce course number confusion. A number of new courses were added and existing courses revised. The curriculum map has been modified to incorporate these changes.

Future Assessments

The validation process for the comprehensive examination is ongoing; this initial test was administered for the first time in 2009 and again in 2010. We now have 150 questions in our test bank for graduate comprehensive examination. The comprehensive examination must be successfully completed by students in the third year of their program during the Spring term prior to beginning their fourth year externship.

The KASA objectives in audiology have become an integral part of the department's assessment of students, as they are, in large part, how eligibility of our graduates will be determined for national certification and state licensure. These objectives and this process will continue to evolve over the next several years.

The department plans to continue conducting periodic community focus group meetings in order to receive feedback on how our students and programs are meeting the needs of the community and region.

The department continues to participate in recruitment activities to attract high quality Au.D. students. Additionally, our graduate Open Houses have been a great success and will be continued.

Curriculum Map

**Curriculum Assessment Map: Degree Program Assessment
Doctor of Audiology Au.D. Degree**

Emphasis: Extensive Somewhat Little None
Assessed: Exam Paper Project Other Not Assessed

The mission of the Audiology and Speech Pathology (AUSP) department is to educate professionals who serve persons with communication, swallowing, and balance disorders at local, state, national, and international levels. The department is dedicated to excellence in (a) teaching and lifelong learning in a student-centered environment (b) service in a patient-centered environment based on academic excellence, leadership, and the ethic of community responsibility and (c) research that supports communication science and the practice of audiology and speech-language pathology (AUSP Strategic Plan, 2007).					
Courses and Activities	Objectives:	Outcome #1 The graduate must have the knowledge and skills to perform audiologic assessment using behavioral, physiologic, electrophysiologic, psychophysical and self-assessment measures.	Outcome #2 The graduate must have the knowledge and skills to develop and implement treatment plans using appropriate data.	Outcome #3 The graduate must have knowledge of the principles and practices of research, including experimental design, statistical methods, and application to clinical populations.	Outcome #4 The graduate must have knowledge of the principles and practices of professional conduct, ethical behavior, and application to clinical work.
	How Outcomes are Addressed and Assessed				
AUD 5013/7360 Research Methods in Communication Disorders	Emphasis: Assessed	None Not Assessed	None Not Assessed	Extensive Exam	None Not Assessed
AUD 5023/7380 Basic Diagnostic Audiology	Emphasis: Assessed	Extensive Exam Project	None Not Assessed	None Not Assessed	None Not Assessed
AUD 5033/7330 Educational Audiology	Emphasis: Assessed	Extensive Exam Project	Extensive Exam Project	None Not Assessed	None Not Assessed
AUD 5041/7181 Clinical Laboratory	Emphasis: Assessed	Extensive Exam Project	None Not Assessed	None Not Assessed	None Not Assessed
AUD 5043/7331 Anatomy and Physiology of the Auditory and Vestibular Systems I	Emphasis: Assessed	None Not Assessed	None Not Assessed	None Not Assessed	None Not Assessed
AUD 5053/7332 Acoustics and Psychoacoustics	Emphasis: Assessed:	None Not Assessed	None Not Assessed	None Not Assessed	None Not Assessed
AUD 5063 /7333 Auditory Processing	Emphasis: Assessed:	None Not Assessed	None Not Assessed	None Not Assessed	None Not Assessed
AUD 5073/7381 Advanced Diagnostic Audiology	Emphasis: Assessed	Extensive Exam Project	None Not Assessed	None Not Assessed	None Not Assessed
AUD 5083/7382 Clinical Electrophysiology	Emphasis: Assessed:	Extensive Exam Project	None Not Assessed	None Not Assessed	None Not Assessed

AUD 5103/7383 Medical Audiology	Emphasis: Assessed:	None Not Assessed	Extensive Exam Paper	None Not Assessed	None Not Assessed
AUD 5113/7321 Instrumentation in Audiology & Speech Pathology	Emphasis: Assessed:	None Not Assessed	None Not Assessed	None Not Assessed	None Not Assessed
AUD 5123/7335 Advanced Psychoacoustics	Emphasis: Assessed:	None Not Assessed	None Not Assessed	None Not Assessed	None Not Assessed
AUD 5132/7222 Speech Perception	Emphasis: Assessed:	Extensive Exam Project	None Not Assessed	None Not Assessed	None Not Assessed
AUD 5133/7367 Infant-Toddler Communication: Development- Assessment	Emphasis: Assessed:	Extensive Exam Project	None Not Assessed	None Not Assessed	None Not Assessed
AUD 5143/7323 Advanced Electrophysiology	Emphasis: Assessed:	Extensive Exam Project	None Not Assessed	None Not Assessed	None Not Assessed
AUD 5152/7261 Organization and Administration	Emphasis: Assessed:	None Not Assessed	None Not Assessed	None Not Assessed	None Not Assessed
AUD 5153/7334 Pediatric Audiology	Emphasis: Assessed:	Extensive Exam Project	None Not Assessed	None Not Assessed	None Not Assessed
AUD 5162/7224 Genetics of Hearing Loss	Emphasis: Assessed:	None Not Assessed	None Not Assessed	None Not Assessed	None Not Assessed
AUD 5163/7320 Auditory Based Speech Language Intervention	Emphasis: Assessed:	None Not Assessed	Extensive Exam Project	None Not Assessed	None Not Assessed
AUD 5173/7365 Counseling in Communication Disorders	Emphasis: Assessed:	None Not Assessed	Extensive Exam Project	None Not Assessed	Extensive Exam Project
AUD 5183/7326 Outcomes Research and Evidence- Based Practice	Emphasis: Assessed:	None Not Assessed	None Not Assessed	Extensive Paper	None Not Assessed
AUD 5192/7230 Cultural Competence in Audiology	Emphasis: Assessed	None Not Assessed	None Not Assessed	None Not Assessed	Extensive Exam Project
AUD 5193/7336 Anatomy and Physiology of the Auditory and Vestibular Systems II	Emphasis: Assessed	None Not Assessed	None Not Assessed	None Not Assessed	None Not Assessed
AUD 520V/7087 Topics in Audiology	Emphasis: Assessed:	None Not Assessed	None Not Assessed	None Not Assessed	None Not Assessed
AUD 5212/7227 Hearing Conservation	Emphasis: Assessed:	None Not Assessed	None Not Assessed	None Not Assessed	None Not Assessed

AUD 5222/7228 Professional Issues in Audiology & Speech Pathology	Emphasis: Assessed	None Not Assessed	None Not Assessed	None Not Assessed	Extensive Exam Project
AUD 5223/7384 Amplification	Emphasis: Assessed	None Not Assessed	Extensive Exam Project	None Not Assessed	None Not Assessed
AUD 5232/7229 Audiology: Practice Management	Emphasis: Assessed	None Not Assessed	None Not Assessed	None Not Assessed	Extensive Exam Project
AUD 5233/7385 Pediatric Amplification and Intervention	Emphasis: Assessed	None Not Assessed	Extensive Exam Project	None Not Assessed	None Not Assessed
AUD 5243/7386 Audiologic Rehabilitation: Adult	Emphasis: Assessed	None Not Assessed	Extensive Exam Project	None Not Assessed	None Not Assessed
AUD 5253/7351 Amplification II	Emphasis: Assessed:	None Not Assessed	Extensive Exam Project	None Not Assessed	None Not Assessed
AUD 5263/7350 Evaluation & Treatment of the Balance System	Emphasis: Assessed:	Extensive Exam	None Not Assessed	None Not Assessed	None Not Assessed
AUD 5273/7325 Implant Device Technology	Emphasis: Assessed:	None Not Assessed	Extensive Exam Project	None Not Assessed	None Not Assessed
AUD 5282/7282 Learning Disabilities	Emphasis: Assessed:	None Not Assessed	None Not Assessed	None Not Assessed	None Not Assessed
AUD 5283/7371 Gerontology in Audiology	Emphasis: Assessed:	None Not Assessed	None Not Assessed	None Not Assessed	None Not Assessed
AUD 530V/7193 Independent Study	Emphasis: Assessed:	None Not Assessed	None Not Assessed	None Not Assessed	None Not Assessed
AUD 5352/7263 Sociolinguistics	Emphasis: Assessed:	None Not Assessed	None Not Assessed	None Not Assessed	None Not Assessed
AUD 536V/7094 Directed Research	Emphasis: Assessed:	None Not Assessed	None Not Assessed	None Not Assessed	Extensive Project
AUD 540V/7091 Audiology Practicum	Emphasis: Assessed:	Extensive Paper Other	Extensive Paper Other	None Not Assessed	None Not Assessed
AUD 546V/7091 Clinical Externship	Emphasis: Assessed:	Extensive Paper Other	Extensive Paper Other	None Not Assessed	None Not Assessed

ASSESSMENT IMPLEMENTATION PROGRESS REPORT

DOCTORATE OF AUDIOLOGY DEGREE (Au.D.) in the Audiology and Speech Pathology Department

College of Professional Studies

Thomas Guyette, Ph.D., Chair

Nannette Nicholson, Ph.D., Director of Audiology

Betholyn Gentry, Ph.D., CPS Assessment Committee

Audiology Assessment Committee

Au.D. Assessment Committee

Nannette Nicholson, Ph.D. Chair;

Laura Smith-Olinde, Ph.D.

Patricia Highley, Au.D.

M.S. in Communicative Disorders Assessment Committee

Beth McWeeny, M.S., Chair

Thomas Guyette, Ph.D.

Stacey Mahurin, M.S.

Kathy Shapley, Ph.D.

B.S. in Speech Pathology Assessment Committee

Betholyn Gentry, Ph.D. Co-Chair

Laura Smith-Olinde, Ph.D. Co-Chair

Richard Zraick, Ph.D.

Greg Robinson, Ph.D.

ANNUAL REPORT

MARCH, 2010

Department Mission

The mission of the Audiology and Speech Pathology (AUSP) department is to educate professionals who serve persons with communication, swallowing, and balance disorders at local, state, national, and international levels. The department is dedicated to excellence in (a) teaching and lifelong learning in a student-centered environment (b) service in a patient-centered environment based on academic excellence, leadership, and the ethic of community responsibility and (c) research that supports communication science and the practice of audiology and speech-language pathology (AUSP Strategic Plan, 2007). The department contributes to the College of Professional Studies (CPS) mission by advancing collaborative problem-solving, entrepreneurial public leadership and effective use of communication to develop dynamic, healthy and safe communities through theoretic and applied research and instruction (CPS Strategic Plan, 2007); and to the mission of the University of Arkansas at Little Rock (UALR) by developing the intellect of students; discovering and disseminating knowledge; serving and strengthening society by enhancing awareness in scientific, technical, and cultural arenas; and by promoting humane sensitivities and understanding of interdependence. Within this broad mission are the responsibilities to use quality instruction to instill in students a lifelong desire to learn; to use knowledge in ways that will contribute to society; and to apply the

resources and research skills of the University community to the service of the city, the state, the nation, and the world in ways that will benefit humanity (Adopted by the UALR Faculty Senate, 1988).

Audiology Program Goals

The Department of Audiology and Speech Pathology will continue to expand its influence as a dynamic, collaborative, and innovative consortium program striving to meet the following goals (a) improving academic programs to attract outstanding students and promote intellectual development, (b) engaging in service that strengthens our ties to the community, region, and state, (c) strengthening research programs through scientific inquiry and scholarly endeavors, and (d) increasing fiscal self-sufficiency.

The goals of the Audiology Program include producing audiology graduates who will demonstrate the knowledge and skills necessary to:

- a. Competently evaluate children and adults for hearing and/or balance disorders
- b. Provide appropriate intervention for children and adults with hearing and/or balance disorders
- c. Understand and evaluate research in the field of audiology and/or related areas, and
- d. Understand and apply the principles of ethical and professional conduct

Audiology Program Objectives

Four general program objectives have been identified.

1. The graduate must have the knowledge and skills to perform audiologic assessment using behavioral, physiologic, electrophysiologic, psychophysical and self-assessment measures.
2. The graduate must have the knowledge and skills to develop and implement treatment plans using appropriate data.
3. The graduate must have knowledge of the principles and practices of research, including experimental design, statistical methods, and application to clinical populations.
4. The graduate must have knowledge of the principles and practices of professional conduct, ethical behavior, and application to clinical work.

Four areas for assessment have been identified within the Department of Audiology and Speech Pathology: Au.D. program, Audiology Clinic assessment, student assessment, and community and consumer assessment. The assessment plan for the Doctor of Audiology (Au.D.) program within the department of Audiology and Speech Pathology includes rotating the focus of assessment each year following a three-year cycle.

Five Year Assessment Plan

The five-year assessment plan for the Audiology program in the department of Audiology and Speech Pathology and the College of Health Related Professions at the University of Arkansas for Medical Sciences and the College of Professional Studies at the University of Arkansas at Little Rock is presented below. The Audiology program assessment plan includes changing the focus of assessment each year following a five-year cycle.

First Year Assessments (Yearly): The primary objective during the first year will be to further develop the assessment plan and to synchronize the Au.D. assessment with the graduate Master's Degree in Speech Pathology (M.S.) assessment. Every year of the department's three-year assessment cycle involves gathering data related to assessment of the program and clinic. This assessment process includes the following instruments: Graduate Exit Surveys, Graduate Course Evaluations, Graduate Practicum Evaluations, Practicum Supervisor Evaluations, and the Consumer Evaluation of Services. Results of the Audiology Town Hall meeting if held will also be included. Data from these instruments will be or have been collected each semester. These data are currently being used to evaluate program effectiveness by obtaining input from three of our major stakeholders: faculty, students and on-campus clients. Results from these instruments have also been used for program improvement and decision-making.

Second Year Assessments (2008): During the second year of the three-year cycle assessment efforts will focus on graduate student assessment. In addition to the yearly clinic and program assessment efforts, the graduate student assessment data will be reported every two years and will include: Doctor of Audiology Capstone Examination and results of the American Speech-Language-Hearing Association (ASHA) Knowledge and Skills Areas (KASA) objectives in Audiology. Data from these instruments will be used to make decisions about the Au.D. program curriculum.

Third Year Assessments (2009): During the third year of the three-year cycle assessment efforts will focus on assessment of our graduate program by the community and consumers. In addition to the yearly clinic and program assessment efforts community and consumer assessment will be conducted in the third year of the three year cycle and will include: Employer Surveys, Nine-month Post Graduation Surveys, and Focus Group Meetings (as needed). Data from these meetings will be used to get input from the community and alumni about our graduate program. These data should indicate how well the program is meeting the needs of the community.

Fourth Assessment Year (2010): During the fourth year of the five-year plan the clinic and program assessment process will be repeated. The assessment tools will include: Graduate Exit Surveys, Practicum Supervisor Evaluations, Graduate Course Evaluations, and Consumer Evaluation of Clinical Services, and a Town Hall meeting, if held. These data will be used to assess the effectiveness of any changes made to the graduate program after the first year assessment of the clinic and program.

Fifth Year Assessment (2011): During the fifth year of the five-year plan the focus of assessment will again shift to graduate student assessment. In addition to the yearly clinic and program assessment efforts the graduate student assessment process will be repeated and will include: Doctor of Audiology Capstone Examination, and results of the KASA objectives in Audiology. Additionally, any new assessment issues can also be implemented depending on the needs of the graduate program.

**Audiology Graduate Program
Five-Year Assessment Plan (2007 - 2011)**

Assessment Tool	Cycle	Year
<u>Program and Clinic Assessment</u>		
Audiology Exit Survey (Appendix A) (will not have graduates until 2009)	yearly	2008
Audiology Course Evaluation (Appendix B)	yearly	2008
Audiology Practicum Supervisors (Preceptors) Evaluation (Appendix C)	yearly	2008
Audiology Externship Site Evaluations (Appendix D)	yearly	2008
Audiology Student Practicum Evaluation (Appendix E)	yearly	2008
Consumer Evaluation of Clinical Services (Appendix F)	yearly	2008*
Town Hall Meeting (Appendix G)		as needed
<u>Student Assessment</u>		
Audiology Capstone Examination (Appendix H)	2 nd year	2008
Au.D. Comprehensive Examination Student Survey (Appendix I)	2 nd year	2008
Audiology KASA Objectives (Appendix J)	2 nd year	2008
<u>Community and Consumer Assessment</u>		
Audiology Employer Survey (Appendix K)	3 rd year	2009
Audiology Nine-month Post Graduation Survey (Appendix L)	3 rd year	2009
Focus Groups (Appendix M)	3 rd year	2009
Community Outreach (Appendix N)	3 rd year	2009
Program Recruitment (Appendix O)	3 rd year	2009
<u>Program and Clinic Assessment Repeated</u>		
	4 th year	2010
<u>Student Assessment Repeated</u>		
	5 th year	2011

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Program and Clinic Assessment

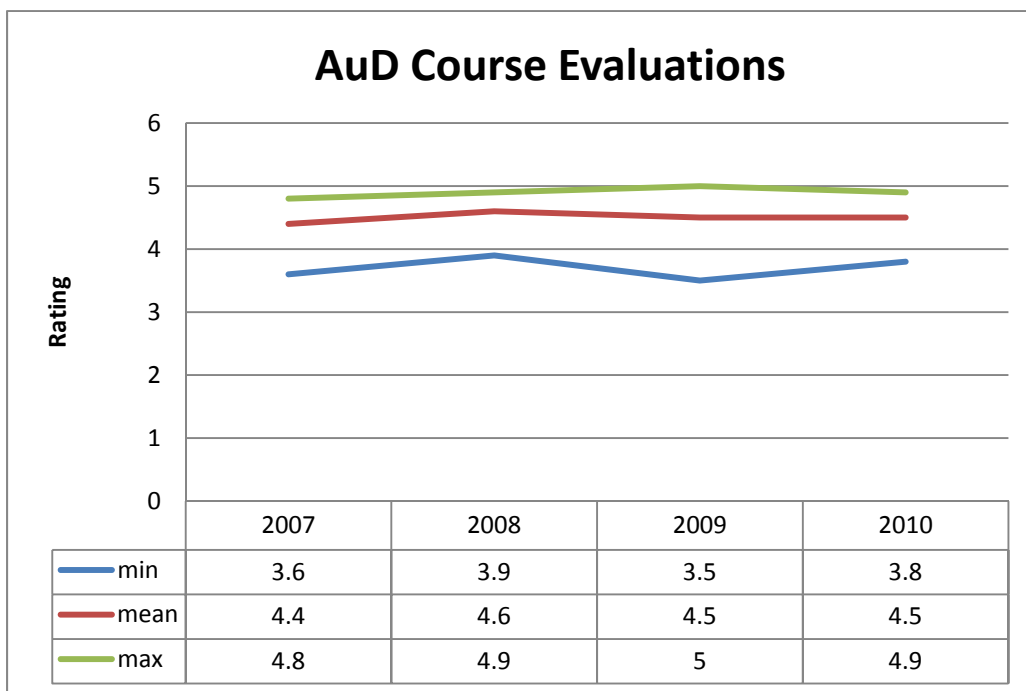
Audiology Graduate Exit Survey

The second Au.D. program cohort graduated Spring 2010. The Audiology Graduate Exit Survey (**Appendix A**) was completed by eight of eight graduate students approximately one to two weeks prior to their graduation in May, 2010. The Exit Survey used a five-point scale with one (1) indicating strong disagreement and five (5) indicating strong agreement. All questions were worded such that a positive response was always toward five (5) and a negative response toward one (1). There were 13 questions, five covering the knowledge-base, four covering clinical proficiency, three covering behavioral skills and one for an overall program rating. The grand mean for all 13 questions was 4.5 with a range between 3.4 and 4.2. This represents a strong positive trend as the 2009 grand mean was 3.9 with a range between 3.7 and 4.2. For the five knowledge-based questions, the mean was 4.5 with a range between 4.3 and 4.6. Again, this represents a significant improvement (2009 mean = 3.9, range 3.7 – 4.1) in student evaluations of their learning. Students were generally pleased with their ability to identify and interpret diagnostic data but felt they could learn more about therapeutic procedures. For the four clinical questions there was also significant improvement from 2009. The mean was 4.4 with a range between 4.3 and 4.6 (2009 mean was 3.8, range 3.4 – 4.4). On the three questions related to behavioral skills, the mean score was 4.6 with a range between 4.1 and 4.9. The overall rating for the program was 4.5 (where 4 = good and 5 = excellent) which is a significant improvement from the 2009 overall rating of 3.7. In general, these exit interview data indicate students' perceived the strength of the program is improving, and they are more satisfied with the education they received from the Department of Audiology and Speech Pathology. Helpful suggestions were offered by many students regarding topics that need more coverage, course sequencing and practicum placements.

Audiology Course Evaluation

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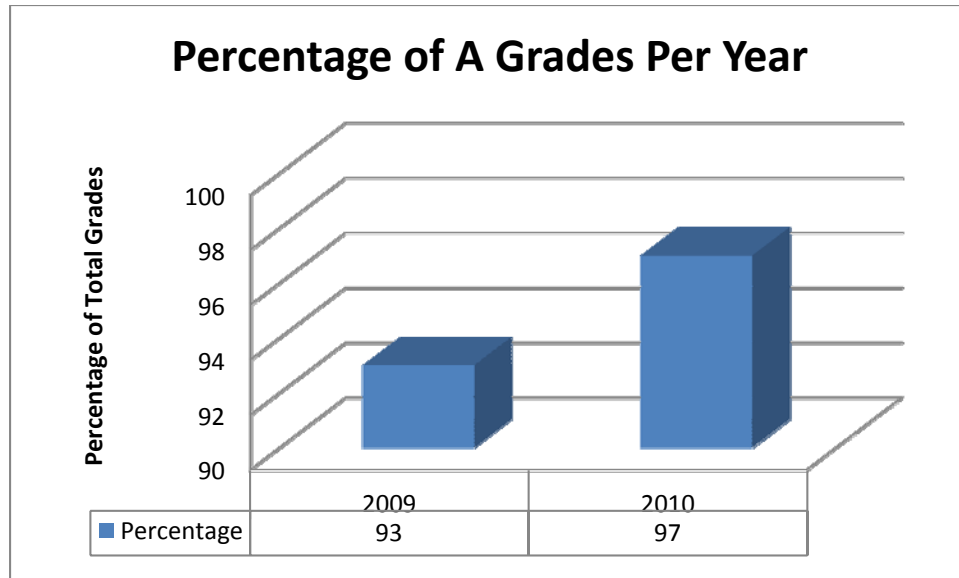
ranged from 3.8 to 4.9 with a mean of 4.5. These scores are essentially the same as they were in 2009 and represent a high level of satisfaction with the teaching provided by the audiology faculty in the Au.D. Program.



Audiology Student Practicum Evaluation

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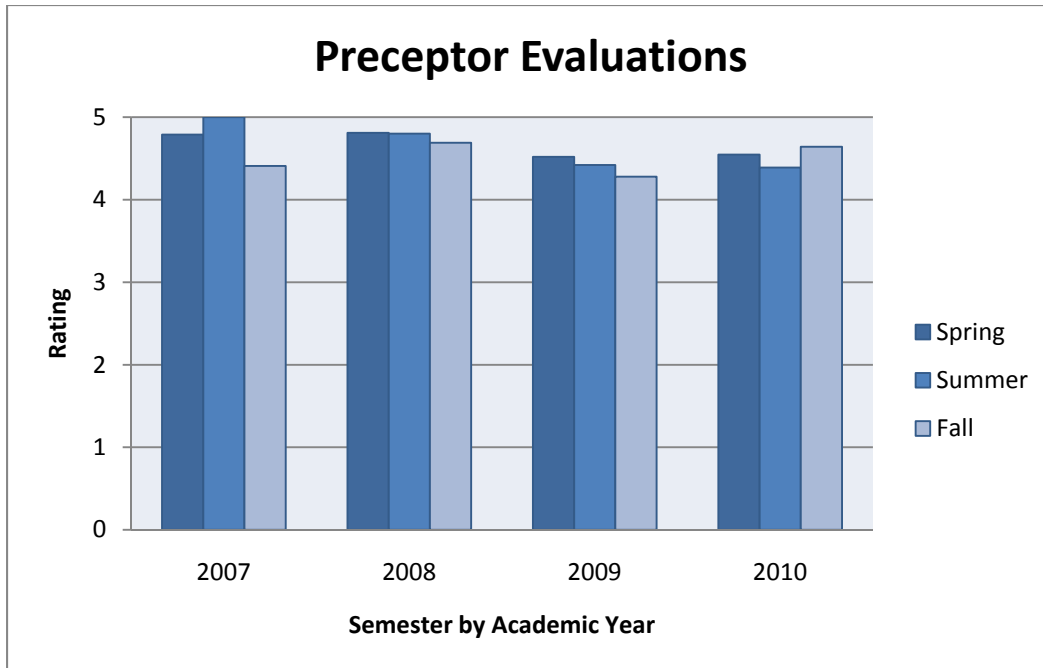


Practicum Preceptor Evaluations

At the end of every semester, all faculty members who supervised students performing their clinical practicum are evaluated by the students using a 12-question form. Faculty are evaluated on items such as their working relationship with the student, how well they assist the student, allowing student input and problem solving, availability to the student, interactions with the student in conferences, etc. A five point Likert scale is used for rating supervisor performance on each of the 12 items, with 5 = outstanding, 4 = excellent, 3 = good, 2 = fair, 1 = poor and NA = non-applicable (**Appendix D**).

During 2007, three on-campus clinical faculty and 18 off-campus preceptors were evaluated by 24 Au.D. students with a mean rating 4.73. During 2008, three on-campus clinical faculty and 17 off-campus preceptors were evaluated by 24 Au.D. students with a mean rating 4.77. During 2009 three on-campus and 10 off-campus preceptors were evaluated by 24 Au.D. students with a mean rating 4.41. During 2010, three on-campus clinical faculty and 25 off-campus preceptors were evaluated by 27 Au.D. students with a mean rating 4.53.

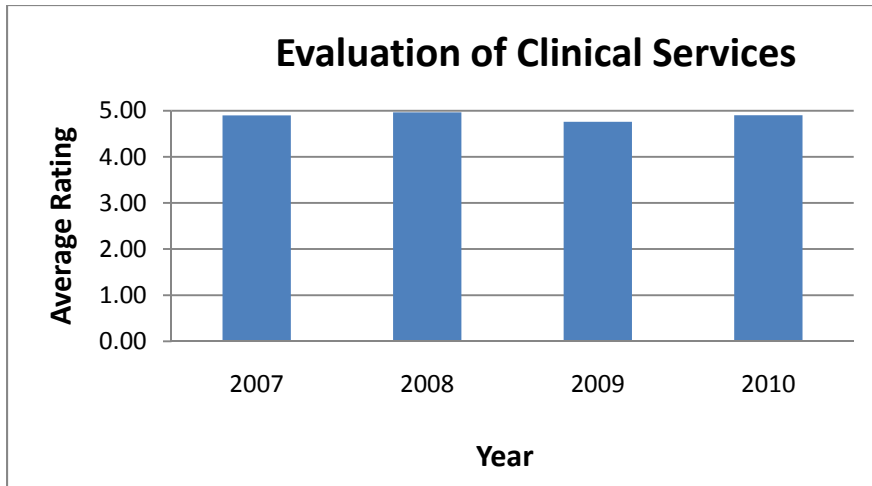
Data for Spring, Summer and Fall terms for 2007 to 2010 are depicted in the graph below. These data indicate on average our faculty were rated in the “excellent” range with regard to practicum supervision. The results of the preceptor evaluations were given to individual faculty members for modification of supervision techniques. Feedback was also given to individual faculty members during the annual review process.



Evaluation of Audiology Clinical Services

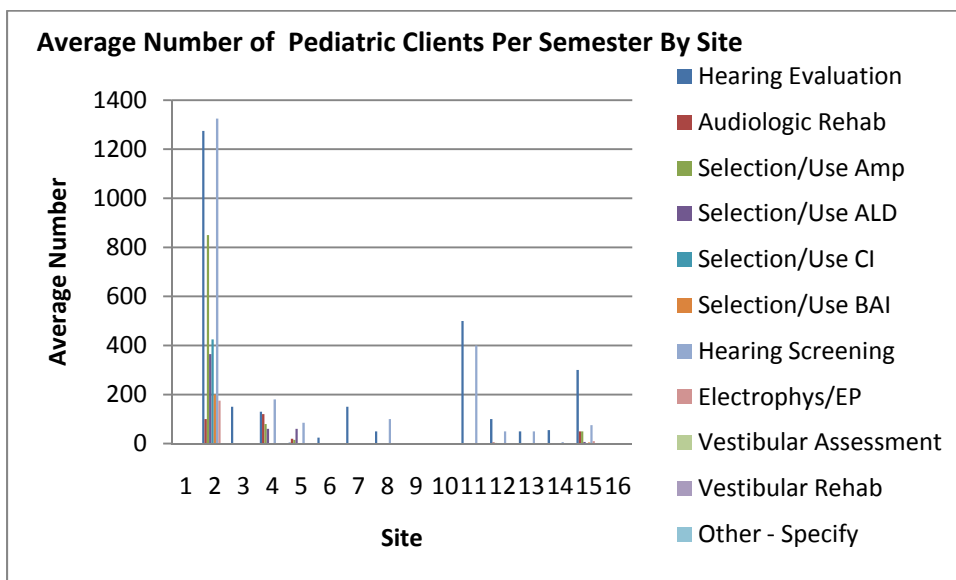
The Consumer Evaluation of Clinical Services form is presented in **Appendix E**. All students in clinical practicum provide supervised services to adults and children with communication disorders. Students are evaluated by consumers who received services or by their parents with regard to 18 clinical behaviors on a scale of 5 (excellent) to 1 (poor) or 0 if not applicable. The Evaluation of Clinical Services Form from each semester is filed in our clinic file room. The consumer evaluation forms for audiology services from 2010 were chosen for evaluation and are graphed with 2007, 2008 and 2009 audiology clinical service evaluations. The results indicate that that our clients are pleased with our services and consistently rate us as a “high average”. The mean rating for 2010 was 4.90.

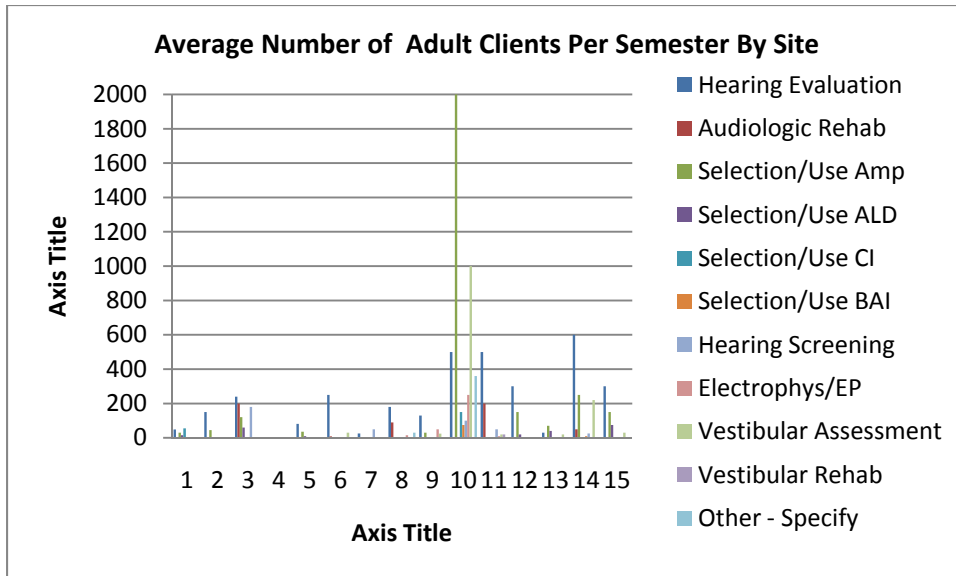
The number of students and clinical supervisors providing clinical services in audiology varied from semester to semester and from year to year, as did the number of clients providing ratings. Of the 60 clients who returned audiology consumer surveys in 2010, no individual client provided an overall rating of clinical services lower than 4.5. On average, consumers of audiology clinical services over the past five years have consistently indicated that the audiology services provided at the UALR Speech and Hearing Clinic are “high average” to “excellent.”



Audiology Site Evaluations

Students enrolled in practicum and externships complete an Au.D. Externship Site Summary of Services form (**Appendix F**). This assessment tool informs the audiology faculty of the experiences provided at the site, populations served, type of site, estimate of the clinical population, type of equipment, average number of clients per academic term, and a summary page of open ended questions. For 2010, students completed summary surveys on Arkansas Children’s Hospital, Arkansas Otolaryngology Center Conway Public School System, Cooper Clinic, Hot Springs, Jenkins, Medical University of South Carolina, Memphis Veteran’s Administration, Paparella ENT, Saline Audiology, Searcy Audiology, South Arkansas Hearing Services, Texas ENT, and the Audiology Clinic located in the Department of Head and Neck Surgery at the University of Arkansas for Medical Sciences. The following two graphs show the average number of clients per academic term for each type of service provided by site for both the pediatric population and for adult clients.





Graduate Capstone Examination

Each year the 3rd year students complete a comprehensive examination and a graduate capstone examination survey (**Appendix G**) prior to beginning their 4th year externship. In 2009, 7 students passed comprehensive exams and 2 students completed remediation exercises. In 2010, 7 students (100%) passed comprehensive examinations. Below is a summary of 2009 and 2010 student survey tabulated responses.

Statement	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1. The comprehensive examination adequately sampled my knowledge of audiology		11	4	2	
2. I feel the comprehensive examination, in its current format, will/did help me study for the Praxis.	3	6	5	3	
3. Some of the items were not clearly written.	7	5	4		1
4. The written guideline and procedures I received prior to the examination were clear and understandable.	10	6			1
5. The room chosen for the examination was conducive to take the exam.	14	2			1
6. The administration of the examination was satisfactory.	13	3		1	
7. My knowledge could be assessed more adequately using another format.	4	2	10	1	

Students were also asked the major strengths and/or features they liked about the examination (Question # 8). These comments are provided below.

2009: Students commented that the test (all multiple choice) had too many and too many lengthy questions for the time allotted. Another commented they appreciated having zero “all of the above” or “A & B only” kinds of answers. There were comments that the test covered a broad sampling of the material within the program.

2010: In general the students liked the addition of the essay questions, as that allowed them to better demonstrate their knowledge of audiology, in their opinion. In contrast to the previous year’s comments regarding the length and confusion of the questions, students in 2010 stated most of the questions were clear and understandable. One student commented that general information was covered but that some questions required not only basic knowledge but also critical thinking.

In response to the question (# 9) about major weaknesses and/or questionable features about the comprehensive examination, students answered the following:

2009: The comments revolved around not being given enough time to complete the test in that year’s format, with some questions repeated within the test.

2010: Students commented that the distribution of questions did not seem appropriate, i.e., some areas were over-represented, others under-represented. There were complaints that the essay questions were not clearly written and also that the time distribution for the essays was not good, i.e., not enough time for the first essay but too much time for the second two essays.

Question #10 elicited suggestions for improvement. The following suggestions were provided.

2009: Allow more time to complete the test; add an oral component; provide a study guide or practice questions.

2010: More clearly written questions; a better time distribution to answer the essay questions; allow all students to type answers.

Knowledge and Skills Areas (KASA) Objectives

All students from 2009 and 2010 graduating classes completed their KASA objectives tracking form (**see Appendix C**) during their tenure in the program. In addition, 100% of the graduated students have passed the National Praxis examination.

Stakeholder Involvement

Five sets of stakeholders contributed or will contribute information to the current assessment report: (a) faculty, (b) students, (c) consumers of clinical services, (d) employers and (e) working graduates. All faculty members participate in the evaluation of students, both in the clinic and classroom. Additionally, all faculty are involved in collecting, analyzing and summarizing relevant assessment data for this report.

Graduate students perform course evaluations, evaluations of practicum supervisors and complete the Graduate Exit Survey in the semester they finish all requirements. In addition they serve as representatives on faculty committees such as the curriculum committee.

The consumer/community group evaluates the department's provision of clinical services (e.g., the Technology Access Center).

Employers and working graduates will evaluate how well our educational program is preparing our students for the work setting.

Curriculum Revision

During 2010, an extensive revision of the curriculum was undertaken. The prefix for the UAMS course number for all audiology courses was changed from ASP to AUD to help reduce course number confusion. A number of new courses were added and existing courses revised. The curriculum map has been modified to incorporate these changes.

Future Assessments

The validation process for the comprehensive examination is ongoing; this initial test was administered for the first time in 2009 and again in 2010. We now have 150 questions in our test bank for graduate comprehensive examination. The comprehensive examination must be successfully completed by students in the third year of their program during the Spring term prior to beginning their fourth year externship.

The KASA objectives in audiology have become an integral part of the department's assessment of students, as they are, in large part, how eligibility of our graduates will be determined for national certification and state licensure. These objectives and this process will continue to evolve over the next several years.

The department plans to continue conducting periodic community focus group meetings in order to receive feedback on how our students and programs are meeting the needs of the community and region.

The department continues to participate in recruitment activities to attract high quality Au.D. students. Additionally, our graduate Open Houses have been a great success and will be continued.

Summary

The Doctor of Audiology (Au.D.) program continues to make progress toward synchronization of assessment activities with the Master's Degree (M.S.) in Speech Pathology. This report represents the first assessment of this program since we began admitting students in 2005. This year's assessment has led us to examine current processes (e.g., timing and notification of practicum assignments, curriculum issues, and student preferences regarding a recognition ceremony). Program changes will likely occur as a result of this assessment process and will be reflected in next year's (2011) assessment report. The curriculum map is presented on the following pages followed by the appendices.

Curriculum Map

Curriculum Assessment Map: Degree Program Assessment Doctor of Audiology Au.D. Degree

Emphasis: Extensive Somewhat Little None
Assessed: Exam Paper Project Other Not Assessed

The mission of the Audiology and Speech Pathology (AUSP) department is to educate professionals who serve persons with communication, swallowing, and balance disorders at local, state, national, and international levels. The department is dedicated to excellence in (a) teaching and lifelong learning in a student-centered environment (b) service in a patient-centered environment based on academic excellence, leadership, and the ethic of community responsibility and (c) research that supports communication science and the practice of audiology and speech-language pathology (AUSP Strategic Plan, 2007).					
Courses and Activities	Objectives:	Outcome #1 The graduate must have the knowledge and skills to perform audiologic assessment using behavioral, physiologic, electrophysiologic, psychophysical and self-assessment measures.	Outcome #2 The graduate must have the knowledge and skills to develop and implement treatment plans using appropriate data.	Outcome #3 The graduate must have knowledge of the principles and practices of research, including experimental design, statistical methods, and application to clinical populations.	Outcome #4 The graduate must have knowledge of the principles and practices of professional conduct, ethical behavior, and application to clinical work.
	How Outcomes are Addressed and Assessed				
AUD 5013/7360 Research Methods in Communication Disorders	Emphasis: Assessed	None Not Assessed	None Not Assessed	Extensive Exam	None Not Assessed
AUD 5023/7380 Basic Diagnostic Audiology	Emphasis: Assessed	Extensive Exam Project	None Not Assessed	None Not Assessed	None Not Assessed
AUD 5033/7330 Educational Audiology	Emphasis: Assessed	Extensive Exam Project	Extensive Exam Project	None Not Assessed	None Not Assessed
AUD 5041/7181 Clinical Laboratory	Emphasis: Assessed	Extensive Exam Project	None Not Assessed	None Not Assessed	None Not Assessed
AUD 5043/7331 Anatomy and Physiology of the Auditory and Vestibular Systems I	Emphasis: Assessed	None Not Assessed	None Not Assessed	None Not Assessed	None Not Assessed
AUD 5053/7332 Acoustics and Psychoacoustics	Emphasis: Assessed:	None Not Assessed	None Not Assessed	None Not Assessed	None Not Assessed
AUD 5063 /7333 Auditory Processing	Emphasis: Assessed:	None Not Assessed	None Not Assessed	None Not Assessed	None Not Assessed
AUD 5073/7381 Advanced Diagnostic Audiology	Emphasis: Assessed	Extensive Exam Project	None Not Assessed	None Not Assessed	None Not Assessed
AUD 5083/7382 Clinical Electrophysiology	Emphasis: Assessed:	Extensive Exam Project	None Not Assessed	None Not Assessed	None Not Assessed

AUD 5103/7383 Medical Audiology	Emphasis: Assessed:	None Not Assessed	Extensive Exam Paper	None Not Assessed	None Not Assessed
AUD 5113/7321 Instrumentation in Audiology & Speech Pathology	Emphasis: Assessed:	None Not Assessed	None Not Assessed	None Not Assessed	None Not Assessed
AUD 5123/7335 Advanced Psychoacoustics	Emphasis: Assessed:	None Not Assessed	None Not Assessed	None Not Assessed	None Not Assessed
AUD 5132/7222 Speech Perception	Emphasis: Assessed:	Extensive Exam Project	None Not Assessed	None Not Assessed	None Not Assessed
AUD 5133/7367 Infant-Toddler Communication: Development- Assessment	Emphasis: Assessed:	Extensive Exam Project	None Not Assessed	None Not Assessed	None Not Assessed
AUD 5143/7323 Advanced Electrophysiology	Emphasis: Assessed:	Extensive Exam Project	None Not Assessed	None Not Assessed	None Not Assessed
AUD 5152/7261 Organization and Administration	Emphasis: Assessed:	None Not Assessed	None Not Assessed	None Not Assessed	None Not Assessed
AUD 5153/7334 Pediatric Audiology	Emphasis: Assessed:	Extensive Exam Project	None Not Assessed	None Not Assessed	None Not Assessed
AUD 5162/7224 Genetics of Hearing Loss	Emphasis: Assessed:	None Not Assessed	None Not Assessed	None Not Assessed	None Not Assessed
AUD 5163/7320 Auditory Based Speech Language Intervention	Emphasis: Assessed:	None Not Assessed	Extensive Exam Project	None Not Assessed	None Not Assessed
AUD 5173/7365 Counseling in Communication Disorders	Emphasis: Assessed:	None Not Assessed	Extensive Exam Project	None Not Assessed	Extensive Exam Project
AUD 5183/7326 Outcomes Research and Evidence- Based Practice	Emphasis: Assessed:	None Not Assessed	None Not Assessed	Extensive Paper	None Not Assessed
AUD 5192/7230 Cultural Competence in Audiology	Emphasis: Assessed	None Not Assessed	None Not Assessed	None Not Assessed	Extensive Exam Project
AUD 5193/7336 Anatomy and Physiology of the Auditory and Vestibular Systems II	Emphasis: Assessed	None Not Assessed	None Not Assessed	None Not Assessed	None Not Assessed
AUD 520V/7087 Topics in Audiology	Emphasis: Assessed:	None Not Assessed	None Not Assessed	None Not Assessed	None Not Assessed
AUD 5212/7227 Hearing Conservation	Emphasis: Assessed:	None Not Assessed	None Not Assessed	None Not Assessed	None Not Assessed

AUD 5222/7228 Professional Issues in Audiology & Speech Pathology	Emphasis: Assessed	None Not Assessed	None Not Assessed	None Not Assessed	Extensive Exam Project
AUD 5223/7384 Amplification	Emphasis: Assessed	None Not Assessed	Extensive Exam Project	None Not Assessed	None Not Assessed
AUD 5232/7229 Audiology: Practice Management	Emphasis: Assessed	None Not Assessed	None Not Assessed	None Not Assessed	Extensive Exam Project
AUD 5233/7385 Pediatric Amplification and Intervention	Emphasis: Assessed	None Not Assessed	Extensive Exam Project	None Not Assessed	None Not Assessed
AUD 5243/7386 Audiologic Rehabilitation: Adult	Emphasis: Assessed	None Not Assessed	Extensive Exam Project	None Not Assessed	None Not Assessed
AUD 5253/7351 Amplification II	Emphasis: Assessed:	None Not Assessed	Extensive Exam Project	None Not Assessed	None Not Assessed
AUD 5263/7350 Evaluation & Treatment of the Balance System	Emphasis: Assessed:	Extensive Exam	None Not Assessed	None Not Assessed	None Not Assessed
AUD 5273/7325 Implant Device Technology	Emphasis: Assessed:	None Not Assessed	Extensive Exam Project	None Not Assessed	None Not Assessed
AUD 5282/7282 Learning Disabilities	Emphasis: Assessed:	None Not Assessed	None Not Assessed	None Not Assessed	None Not Assessed
AUD 5283/7371 Gerontology in Audiology	Emphasis: Assessed:	None Not Assessed	None Not Assessed	None Not Assessed	None Not Assessed
AUD 530V/7193 Independent Study	Emphasis: Assessed:	None Not Assessed	None Not Assessed	None Not Assessed	None Not Assessed
AUD 5352/7263 Sociolinguistics	Emphasis: Assessed:	None Not Assessed	None Not Assessed	None Not Assessed	None Not Assessed
AUD 536V/7094 Directed Research	Emphasis: Assessed:	None Not Assessed	None Not Assessed	None Not Assessed	Extensive Project
AUD 540V/7091 Audiology Practicum	Emphasis: Assessed:	Extensive Paper Other	Extensive Paper Other	None Not Assessed	None Not Assessed
AUD 546V/7091 Clinical Externship	Emphasis: Assessed:	Extensive Paper Other	Extensive Paper Other	None Not Assessed	None Not Assessed

APPENDIX A

Au.D. GRADUATE EXIT SURVEY

Department of Audiology and Speech Pathology

The primary goal of the Department of Audiology and Speech Pathology is to prepare the graduate to function as a competent audiologist or speech-language pathologist. This survey is designed to help the department faculty determine its' strengths and areas needing improvement. All data will be kept confidential and will be used for program evaluation purposes only.

BACKGROUND INFORMATION:

Name: _____ Address: _____
Phone Number: _____ Email address: _____
Have you accepted a professional position? _____
If so, where? _____

Consider each item separately and rate each item independently of all others. Circle the rating that indicates the extent to which you agree with each statement. Please do not skip any rating.

If you do not know about a particular area, please circle NA.

5 = Strongly Agree 4 = Generally Agree 3 = Neutral (acceptable) 2 = Generally Disagree
1 = Strongly Disagree NA = not applicable.

I. KNOWLEDGE BASE (Cognitive Domain)

The Program:

- | | | | | | | |
|--|---|---|---|---|---|----|
| A. Helped me acquire the knowledge necessary to function in my work setting | 5 | 4 | 3 | 2 | 1 | NA |
| B. Prepared me to identify and interpret pertinent data from patient charts/records. | 5 | 4 | 3 | 2 | 1 | NA |
| C. Prepared me to identify and interpret pertinent diagnostic and prognostic data | 5 | 4 | 3 | 2 | 1 | NA |
| D. Helped me to acquire the knowledge necessary to recommend and conduct appropriate therapeutic procedures. | 5 | 4 | 3 | 2 | 1 | NA |
| E. Trained me to use sound clinical judgment while functioning in this work setting. | 5 | 4 | 3 | 2 | 1 | NA |

II. CLINICAL PROFICIENCY (Psychomotor Domain)

The Program:

- | | | | | | | |
|--|---|---|---|---|---|----|
| A. Prepared me to perform the clinical skills appropriate for my level of training | 5 | 4 | 3 | 2 | 1 | NA |
| B. Prepared me to perform accurate patient assessments. | 5 | 4 | 3 | 2 | 1 | NA |

- C. Prepared me to perform and interpret diagnostic procedures. 5 4 3 2 1 NA
- D. Prepared me to perform appropriate therapeutic procedures. 5 4 3 2 1 NA

III. BEHAVIORAL SKILLS (Affective Domain)
The Program:

- A. Prepared me to communicate effectively in a clinical setting. 5 4 3 2 1 NA
- B. Prepared me to conduct myself in an ethical and professional manner. 5 4 3 2 1 NA
- C. Taught me to manage my time efficiently while functioning in a clinical setting. 5 4 3 2 1 NA

IV. ADDITIONAL COMMENTS
OVERALL RATING:

Please rate the OVERALL quality of the program in Communication Disorders and Sciences (*please circle one*)
 5 = excellent 4 = very good 3 = good 2 = fair 1 = poor

Were any of the practicum or traineeship sites to which you were assigned within a one hour drive of your residence when you were a student? Yes No

If yes, approximately what percentage of them was within that distance? _____%

Please identify two or three strengths of the program.

Please make two or three suggestions to further strengthen the program.

THANK YOU!

DATE: _____

Graduate Exit Survey/May, 2007

APPENDIX B

**Au.D. Graduate Course Evaluation
Section 1 Form**

Instructor Last Name:
Instructor First Name:
Course #
Students
Course Name
Semester

College of Health Related Professions
Student Evaluation of Instruction
Instructor:
Course #:
Course Name:

Please mark your answers in the bubbles on the right using the scale shown.

This
Not this

NA = Not Applicable/No Opinion
5 = Strongly Agree
4 = Agree
3 = Neither Agree Nor Disagree
2 = Disagree
1 = Strongly Disagree

	1	2	3	4	5
Speaks Audibly and Clearly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fluent in English	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Organizes Presentations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lectures Cover Objectives/Goals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Discusses Current Developments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stimulates Thinking and Discussion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Keeps Scheduled Appointments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Treats Students with Respect	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrates Enthusiasm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tests Cover Course Objectives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

After you have marked your answers, give this sheet to the Proctor face down. PLEASE DO NOT FOLD

**Appendix C: ASHA KASA Standards
2007/2011 Side By Side Comparison**

KNOWLEDGE AND SKILL REQUIREMENTS

The 2011 audiology standards are cross-walked with the 2007 audiology standards to illustrate where a knowledge or knowledge and skill was addressed in 2007 standards, or if this is a new knowledge or knowledge and skill expectation.

2011 Knowledge and/or Skill Requirements	Previously addressed or new expectation	2007 Knowledge and/or Skill Requirements
A9. Patient characteristics (e.g., age, demographics, cultural and linguistic diversity, medical history and status, cognitive status, and physical and sensory abilities) and how they relate to clinical services.	Previously addressed. Continues as expectation of knowledge only.	B2. Patient characteristics (e.g., age, demographics, cultural and linguistic diversity, medical history and status, cognitive status, and physical and sensory abilities) and how they relate to clinical services.
A10. Pathologies related to hearing and balance and their medical diagnosis and treatment.	Previously addressed with some modification of wording. Continues as expectation of knowledge only.	B16. Medical/surgical procedures for treatment of disorders affecting auditory and vestibular systems.
A11. Principles, methods, and applications of psychometrics.	Previously addressed. Continues as expectation of knowledge only.	B13. Principles and practices of research, including experimental design, statistical methods, and application to clinical populations.
A12. Principles, methods, and applications of psychoacoustics.	Previously addressed. Continues as expectation of knowledge only.	B9. Principles, methods, and applications of psychoacoustics.
A13. Instrumentation and bioelectrical hazards.	Previously addressed. Continues as expectation of knowledge only.	B11. Instrumentation and bioelectrical hazards.
A14. Physical characteristics and measurement of electric and other non-acoustic stimuli.	Previously addressed. Continues as expectation of knowledge only.	B14. Physical characteristics and measurement of electric and other non-acoustic stimuli.
A15. Assistive technology.	Previously addressed as part of a knowledge area. Continues as knowledge only.	B21. Manual communication, use of interpreters, and assistive technology.
A16. Effects of cultural diversity and family systems on professional practice.	Previously addressed with some modification of wording. Continues as expectation of knowledge only.	B18. Ramifications of cultural diversity on professional practice.
A17. American Sign Language and other visual communication systems.	Previously addressed with more specificity in new standards. Continues as knowledge only.	B21. Manual communication, use of interpreters, and assistive technology.

KNOWLEDGE AND SKILL REQUIREMENTS

The 2011 audiology standards are cross-walked with the 2007 audiology standards to illustrate where a knowledge or knowledge and skill was addressed in 2007 standards, or if this is a new knowledge or knowledge and skill expectation.

2011 Knowledge and/or Skill Requirements	Previously addressed or new expectation	2007 Knowledge and/or Skill Requirements
A18. Principles and practices of research, including experimental design, statistical methods, and application to clinical populations.	Previously addressed. Continues as expectation of knowledge only.	B13. Principles and practices of research, including experimental design, statistical methods, and application to clinical populations
A19. Legal and ethical practices (e.g., standards for professional conduct, patients rights, credentialing, and legislative and regulatory mandates).	Expansion of previous knowledge statement.	B1. Professional codes of ethics and credentialing.
A20. Health care and educational delivery systems	Previously addressed. Continues as expectation of knowledge only.	B17. Healthcare and educational delivery systems.
A21. Universal precautions and infectious/contagious diseases.	Previously addressed. Continues as expectation of knowledge only.	B12. Infectious/contagious diseases and universal precautions.
A22. Oral and written forms of communication.	Previously addressed as a prerequisite skill.	A1. The applicant must have prerequisite skills in oral and written or other forms of communication.
A23. Principles, methods, and applications of acoustics (e.g., basic parameters of sound, principles of acoustics as related to speech sounds, sound/noise measurement and analysis, and calibration of audiometric equipment), as applicable to: <ul style="list-style-type: none"> a. occupational and industrial environments b. community noise c. classroom and other educational environments d. workplace environments. 	Previously addressed in some knowledge only standards as well as in some knowledge and skill standard. Expectation is for both knowledge and skill.	B13. Physical characteristics and measurement of acoustic stimuli. B20. Laws, regulations, policies, and management practices relevant to the profession of audiology. C6. Administer conservation programs designed to reduce the effects of noise exposure and of agents that are toxic to the auditory and vestibular systems. D18. Determine whether instrumentation is in calibration according to accepted standards.
A24. The use of instrumentation according to manufacturer's specifications and recommendations.	Previously addressed. Continues as both a knowledge and skill expectation.	D17 and E18. Use instrumentation according to manufacturer's specifications and recommendations.

KNOWLEDGE AND SKILL REQUIREMENTS

The 2011 audiology standards are cross-walked with the 2007 audiology standards to illustrate where a knowledge or knowledge and skill was addressed in 2007 standards, or if this is a new knowledge or knowledge and skill expectation.

2011 Knowledge and/or Skill Requirements	Previously addressed or new expectation	2007 Knowledge and/or Skill Requirements
A25. Determining whether instrumentation is in calibration according to accepted standards.	Previously addressed. Continues as both a knowledge and skill expectation.	D18 and E19. Determine whether instrumentation is in calibration according to accepted standards.
A26. Principles and applications of counseling.	Previously addressed with changes in wording. Continues as both a knowledge and skill expectation.	D14. Provide counseling to facilitate understanding of the auditory or balance disorder. E4. Counsel patients, families, and other appropriate individuals.
A27. Use of interpreters and translators for both spoken and visual communication.	Previously addressed as part of knowledge only area.	B21. Manual communication, use of interpreters, and assistive technology.
A28. Management and business practices, including but not limited to cost analysis, budgeting, coding and reimbursement, and patient management.	Previously addressed in smaller scope as expectation of knowledge only.	B20. Laws, regulations, policies, and management practices relevant to the profession of audiology.
A29. Consultation with professionals in related and/or allied service areas.	Previously addressed with modifications to wording. Continues as expectation of knowledge and skill.	C1, D1, E1. Interact effectively with patients, families, other appropriate individuals and professionals.
B1. Implement activities that prevent and identify dysfunction in hearing and communication, balance, and other auditory-related systems.	Previously addressed with modifications in wording. Continues as expectation of knowledge and skill.	C2. Prevent the onset and minimize the development of communication disorders. C3. Identify individuals at risk for hearing impairment C4. Screen individuals for speech and language impairments and other factors affecting communication function using clinically appropriate and culturally sensitive screening measures. C6. Administer conservation programs designed to reduce the effects of noise exposure and of agents that are toxic to the auditory and vestibular systems.

KNOWLEDGE AND SKILL REQUIREMENTS

The 2011 audiology standards are cross-walked with the 2007 audiology standards to illustrate where a knowledge or knowledge and skill was addressed in 2007 standards, or if this is a new knowledge or knowledge and skill expectation.

2011 Knowledge and/or Skill Requirements	Previously addressed or new expectation	2007 Knowledge and/or Skill Requirements
B2. Promote hearing wellness, as well as the prevention of hearing loss and protection of hearing function by designing, implementing, and coordinating universal newborn hearing screening, school screening, community hearing and occupational conservation and identification programs.	Previously addressed in smaller scope as expectation of knowledge and skill.	C6. Administer conservation programs designed to reduce the effects of noise exposure and of agents that are toxic to the auditory and vestibular systems.
B3. Screen individuals for hearing impairment and disability/handicap using clinically appropriate, culturally sensitive, and age- and site-specific screening measures.	Previously addressed with slight modification of language. Continues as expectation of knowledge and skill.	C4. Screen individuals for hearing impairment and disability/handicap using clinically appropriate, culturally sensitive screening measures.
B4. Screen individuals for speech and language impairments and other factors affecting communication function using clinically appropriate, culturally sensitive, and age- and site-specific screening measures.	Previously address with slight modification of language. Continues as expectation of knowledge and skill.	C3. Screen individuals for speech and language impairments and other factors affecting communication function using clinically appropriate and culturally sensitive screening measures.
B5. Educate individuals on potential causes and effects of vestibular loss.	Previously addressed, in part, but with substantial changes. Expectation for knowledge and skill.	B10. Effects of chemical agents on the auditory and vestibular systems. C6. Administer conservation programs designed to reduce the effects of noise exposure and of agents that are toxic to the auditory and vestibular systems. D14. Provide counseling to facilitate understanding of the auditory or balance disorder.

KNOWLEDGE AND SKILL REQUIREMENTS

The 2011 audiology standards are cross-walked with the 2007 audiology standards to illustrate where a knowledge or knowledge and skill was addressed in 2007 standards, or if this is a new knowledge or knowledge and skill expectation.

2011 Knowledge and/or Skill Requirements	Previously addressed or new expectation	2007 Knowledge and/or Skill Requirements
B6. Identify individuals at risk for balance problems and falls who require further vestibular assessment and/or treatment or referral for other professional services.	Previously addressed, in part, but with substantial changes and expansion. Expectation for knowledge and skill.	B2. Patient characteristics and how they relate to clinical services. B4. Anatomy and physiology, pathophysiology and embryology, and development of the auditory and vestibular systems. D9. Perform balance assessment and determine the need for balance rehabilitation. D13. Generate recommendations and referrals resulting from the evaluation process. E12. Assess efficacy of interventions for auditory and balance disorders.
C1. Measuring and interpreting sensory and motor evoked potentials, electromyography, and other electrodiagnostic tests for purposes of neurophysiologic intraoperative monitoring and cranial nerve assessment.	Previously addressed, in part, but with substantial changes. Expectation for knowledge only.	D8. Perform electrodiagnostic procedures.
C2. Assessing individuals with suspected disorders of hearing, communication, balance, and related systems.	Previously addressed, in part, but with substantial changes. Expectation for knowledge and skill.	C3. Identify individuals at risk for hearing impairment.
C3. Evaluating information from appropriate sources and obtaining a case history to facilitate assessment planning.	Previously addressed. Continues as expectation of knowledge and skill.	D2. Evaluate information from appropriate sources to facilitate assessment planning D3. Obtain a case history.
C4. Performing otoscopy for appropriate audiological assessment/management decisions, determining the need for cerumen removal, and providing a basis for medical referral.	Previously addressed, in part, but with changes to wording/expectations. Continues as expectation for knowledge and skill.	D4. Perform an otoscopic examination D5. Determine the need for cerumen removal.

KNOWLEDGE AND SKILL REQUIREMENTS

The 2011 audiology standards are cross-walked with the 2007 audiology standards to illustrate where a knowledge or knowledge and skill was addressed in 2007 standards, or if this is a new knowledge or knowledge and skill expectation.

2011 Knowledge and/or Skill Requirements	Previously addressed or new expectation	2007 Knowledge and/or Skill Requirements
C3. Conducting and interpreting behavioral and/or electrophysiologic methods to assess hearing thresholds and auditory neural function.	Previously addressed with substantial wording changes. Continues as expectation for knowledge and skill.	D7. Perform audiologic assessment using physiologic, psychophysical and self assessment measures.
C6. Conducting and interpreting behavioral and/or electrophysiologic methods to assess balance and related systems.	Previously addressed with wording changes. Continues as expectation for knowledge and skill.	D8. Perform balance assessment and determine the need for balance rehabilitation. D12. Interpret results of the evaluation to establish type and severity of disorder.
C7. Conducting and interpreting otoacoustic emissions and acoustic immittance (reflexes).	Previously addressed with substantial wording changes. Continues as expectation for knowledge and skill.	D7. Perform audiologic assessment using physiologic, psychophysical and self assessment measures. D8. Performs electrodiagnostic test procedures. D12. Interpret results of the evaluation to establish type and severity of disorder.
C8. Evaluating auditory-related processing disorders.	Previously addressed. Continues as expectation of knowledge and skill.	D11. Document evaluation procedures and results.
C9. Evaluating functional use of hearing.	Partially addressed in D10. Perform aural rehabilitation assessment. Also addressed in other items. Continues as expectation of knowledge and skill.	D6. Administer clinically appropriate and culturally sensitive assessment measures. D7. Perform audiologic assessment using physiologic, psychophysical and self assessment measures.
C10. Preparing a report, including interpreting data, summarizing findings, generating recommendations, and developing an audiology treatment/management plan.	Previously addressed with some expansions of wording. Continues as expectation for knowledge and skill.	D12. Interpret results of evaluation to establish the type and severity of disorder. E14. Monitor and summarize treatment process and outcomes. E13. Establish treatment admission and discharge criteria. E15. Document treatment procedures and results.

KNOWLEDGE AND SKILL REQUIREMENTS

The 2011 audiology standards are cross-walked with the 2007 audiology standards to illustrate where a knowledge or knowledge and skill was addressed in 2007 standards, or if this is a new knowledge or knowledge and skill expectation.

2011 Knowledge and/or Skill Requirements	Previously addressed or new expectation	2007 Knowledge and/or Skill Requirements
C11. Referring to other professionals, agencies, and/or consumer organizations.	Previously addressed. Continues as expectation of knowledge and skill.	D13. Generate recommendations and referrals resulting from the evaluation process.
D1. The provision of intervention services (treatment) to individuals with hearing loss, balance disorders, and other auditory dysfunction that compromises receptive and expressive communication.	Previously addressed. Continues as expectation of knowledge and skill.	Std. IV-E. The applicant must be competent in the treatment of individuals with auditory, balance, and related communication disorders.
D2. Development of a culturally appropriate audiology rehabilitative management plan that includes, when appropriate, the following: <ol style="list-style-type: none"> a. Evaluation, selection, verification, validation, and dispensing of hearing aids, sensory aids, hearing assistive devices, alerting systems, and captioning devices, and educating consumer and family/caregivers in the use of and adjustment to such technology. b. Determining of candidacy of persons with hearing loss for cochlear implants and other implantable sensory devices and provision of fitting, mapping, and audiology rehabilitation to optimize device use. c. Counseling relating to psychosocial aspects of hearing loss and other auditory dysfunction, and process to enhance communication competence. d. Provision of comprehensive audiology treatment for persons with hearing loss or other auditory dysfunction including but not exclusive to communication strategies, auditory training, speech reading, and visual communication systems. 	Previously addressed in several separate knowledge and skill statements. Continues as expectation of knowledge and skill.	E2. Develop and implement treatment plan using appropriate data. E3. Develop culturally sensitive and age-appropriate management strategies. E7. Perform hearing aid, assistive device, and sensory aid assessment. E8. Recommend, dispense, and service prosthetic and assistive devices. E9. Provide hearing aid, assistive listening device, and sensory aid orientation. E4. Counsel patients, families, and other appropriate individuals. E17. Communicate results, recommendations, and progress to appropriate individual(s).
D3. Determination of candidacy for vestibular and balance rehabilitation therapy to persons with vestibular and balance impairments.	Previously addressed with some expansion of wording. Continues as expectation for knowledge and skill.	Std. IV-E. The applicant must be competent in the treatment of individuals with auditory, balance, and related communication disorders.

KNOWLEDGE AND SKILL REQUIREMENTS

The 2011 audiology standards are cross-walked with the 2007 audiology standards to illustrate where a knowledge or knowledge and skill was addressed in 2007 standards, or if this is a new knowledge or knowledge and skill expectation.

2011 Knowledge and/or Skill Requirements	Previously addressed or new expectation	2007 Knowledge and/or Skill Requirements
D5. Provision of treatment services for infants and children with hearing loss; collaboration/consultation with early interventionists, school-based professionals, and other service providers regarding development of intervention plans (i.e. individualized education programs and/or individualized family service plans).	Previously addressed with more specificity in the new standards. Continues as expectation for knowledge and skill.	E6. Collaborate with other service providers in case coordination.
D6. Management of the selection, purchase, installation, and evaluation of large-area amplification systems.	Previously addressed in several separate knowledge or knowledge and skill statements although greater specificity in wording. Continues as expectation of knowledge and skill.	E9. Principles, methods, and applications of psychoacoustics. E13. Physical characteristics and measurement of acoustic stimuli. E7. Perform hearing aid, assistive device, and sensory aid assessment. E8. Recommend, dispense, and service prosthetic and assistive devices. E9. Provide hearing aid, assistive listening device, and sensory aid orientation.
D7. Evaluation of the efficacy of intervention (treatment) services	Previously addressed. Continues as expectation of knowledge and skill.	E12. Assess efficacy of interventions for auditory and balance disorders.
E1. Educating and advocating for communication needs of all individuals that may include advocating for the programmatic needs, rights and funding of services for those with hearing loss, other auditory dysfunction, or vestibular disorders.	Previously addressed with more specificity in the new standards. Continues as expectation for knowledge and skill.	E14. Serve as an advocate for patients, families, and other appropriate individuals.
E2. Consulting about accessibility for persons with hearing loss and other auditory dysfunctions in public and private buildings, programs, and services.	Previously addressed with more specificity in the new standards. Continues as expectation for knowledge and skill.	E14. Serve as an advocate for patients, families, and other appropriate individuals.
E3. Identifying underserved populations and promoting access to care.	Previously addressed with more specificity in the new standards. Continues as expectation for knowledge and skill.	E14. Serve as an advocate for patients, families, and other appropriate individuals.

KNOWLEDGE AND SKILL REQUIREMENTS

The 2011 audiology standards are cross-walked with the 2007 audiology standards to illustrate where a knowledge or knowledge and skill was addressed in 2007 standards, or if this is a new knowledge or knowledge and skill expectation.

2011 Knowledge and/or Skill Requirements	Previously addressed or new expectation	2007 Knowledge and/or Skill Requirements
F1. Measuring functional outcomes, consumer satisfaction, efficacy, effectiveness, and efficiency of practices and programs to maintain and improve the quality of audiology services.	Previously addressed with more specificity in the new standards. Continues as expectation for knowledge and skill.	E12. Assess efficacy of interventions for auditory and balance disorders. E11. Monitor and summarize treatment progress and outcomes.
F2. Applying research findings in the provision of patient care (evidence based practice).	Previously addressed with more specificity in the new standards. Continues as expectation for knowledge and skill.	E12. Assess efficacy of interventions for auditory and balance disorders.
F3. Critically evaluating and appropriately implementing new techniques and technologies supported by research based evidence.	Previously addressed with more specificity in the new standards. Continues as expectation for knowledge and skill.	E12. Assess efficacy of interventions for auditory and balance disorders.
F4. Administering clinical programs and providing supervision of professionals as well as support personnel.	Previously addressed with more specificity in the new standards. Expanded to knowledge and skill rather than just a knowledge expectation.	B19. Supervisory processes and procedures.
F3. Identifying internal programmatic needs and developing new programs.	Previously addressed with more specificity in the new standards. Expanded to knowledge and skill rather than just a knowledge expectation.	B17. Health care and educational delivery systems.
F6. Maintaining or establishing links with external programs, including but not limited to education programs, government programs, and philanthropic agencies.	Previously addressed with more specificity in the new standards. Continues as expectation for knowledge and skill.	E6. Collaborate with other service providers in case coordination.

APPENDIX D:

Form 75

Audiology Evaluation of Practicum Supervisors (Preceptors)

(Developed from ASHA's Position Paper: Clinical Supervision in Speech-Language Pathology and Audiology)

Name of Supervisor: _____ **Practicum Site:** _____

Semester/Year: _____ / _____ **Date of Evaluation:** _____

A 5-point scale is to be used to rate the items listed below:

5 = Outstanding; 4 = Excellent; 3 = Good; 2 = Fair; 1 = Poor; NA = Non-applicable

The supervisor:

1. Establishes and maintains an effective working relationship with the supervisee. _____
2. Assists the supervisee in developing clinical goals and objectives. _____
3. Assists the supervisee in developing and refining assessment skills. _____
4. Demonstrates for and participates with the supervisee in the clinical process. _____
5. Assists the supervisee in analyzing assessment and treatment sessions. _____
6. Guides the supervisee in maintaining clinical records. _____
7. Interacts with the supervisee in supervisory conferences. _____
8. assists the supervisee in evaluating his/her clinical performance. _____
9. Assists the supervisee in developing skills of report writing and editing. _____
10. Models professional conduct. _____

Additional Comments:

Rev Jan. 2001

APPENDIX E

Consumer Evaluation of Clinical Services

UALR/UAMS Speech-Language and Hearing Clinic

Form 31

**2801 South University, Little Rock, AR 72204
501-569-3155 Phone 501-569-3157 Fax**

EVALUATION OF CLINICAL SERVICES

CLIENT'S NAME: _____ **DOB:** _____
CLINICIAN: _____ **SUPERVISOR:** _____
DATE: _____

5 = Excellent 4 = High Average 3 = Average 2 = Low Average 1 = Poor 0 - Does Not Apply

1. Prompt and accurate attention to request for information or appointment scheduling following you first contact with the facility	5	4	3	2	1	0
2. Efficient and prompt forwarding of reports	5	4	3	2	1	0
3. Courteous treatment by all clinic personnel	5	4	3	2	1	0
4. Special problems noted and assistance provided	5	4	3	2	1	0
5. Considerate answers to all questions	5	4	3	2	1	0
6. Appointments begun at scheduled time	5	4	3	2	1	0
7. Instruction in how to manage the communication problem outside this clinic	5	4	3	2	1	0
8. Clear communication of the results of the evaluation and/or therapy	5	4	3	2	1	0
9. Referral to appropriate service facilities if necessary	5	4	3	2	1	0
10. Clear statement of recommendation	5	4	3	2	1	0
11. Clear statement of how recommendations are to be implemented	5	4	3	2	1	0
12. Opportunity to ask questions after an evaluation or therapy	5	4	3	2	1	0
13. Performance of services at the Speech & Hearing Clinic	5	4	3	2	1	0

14. Student clinician conducts himself/herself in a professional manner	5	4	3	2	1	0
15. Level of confidence instilled in you by your student clinician	5	4	3	2	1	0
16. Professional appearance of student clinician	5	4	3	2	1	0
17. Conferences held away from the presence of nonprofessional personnel	5	4	3	2	1	0
18. Overall acceptability of services received at the Speech and Hearing Clinic	5	4	3	2	1	0

COMMENTS:

APPENDIX F
AUDIOLOGY SITE EVALUTION

Appendix G

AuD Comprehensive Examination Student Survey

Please mark the

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1. The comprehensive exam adequately sampled my knowledge of audiology/speech pathology.					
2. I feel that the comprehensive exam, in its current format, will help me when I study for the Praxis exam.					
3. Some of the questions were not clearly written.					
4. The written guideline and procedures I received prior to the exam were clear and understandable.					
5. The room chosen for comprehensive exams was conducive to taking the exam.					
6. The administration of the exam was satisfactory.					
7. My knowledge could be assessed more adequately using another format.					

8. What were the major strengths and/or features you liked about the comprehensive exam?

9. What were the major weaknesses and questionable features about the comprehensive exam?

10. How could comprehensive exams be improved?