

Institutional Effectiveness Report

Name of Program:	Master of Speech-Language Pathology
Year:	2020-2021
Name of Preparer:	Frances Burns, Ph.D., CCC-SLP

Program Mission Statement: The Francis Marion University Master of Speech-Language Pathology Program (MSLP) seeks to provide a comprehensive academic course of study combined with diverse clinical experiences in order to prepare outstanding allied healthcare professionals capable of providing high quality assessment and treatment for individuals with communication and swallowing disorders in the Pee Dee, South Carolina area and across the globe.

Program Learning Outcomes

The outcomes for the MSLP program are as follows:

1. Support students' mastery of comprehensive content and methodology in speech language pathology practice.
2. Support use of research for inquiry, problem solving, assessment, and treatment.
3. Develop ethical and professional skills.
4. Support development of student leadership skills
5. Develop opportunities for interprofessional collaboration.
6. Continuously appraise curriculum to optimize completion rates.
7. Continuously evaluate syllabi to ensure licensure and certification attainment.

Executive Summary of Report

Results from five (5) student learning outcomes (SLOs) are included in this report. They are derived from the American Speech-Language-Hearing Association's (ASHA) 2020 *Standards and Implementation Procedures for the Certificate of Clinical Competence in Speech-Language Pathology*.

Direct and indirect assessment methods were identified for the SLOs. Four additional assessment methods were used for the 2020-2021 reporting period. For SLO #1, students are required to submit videos of one treatment session via the HIPAA compliant TORSH platform, along with one Plan of Care (POC), and one SOAP note to the Clinic Coordinator and a minimum of one academic faculty member to review. Students will discuss the treatment session, POC, and SOAP notes in a Round Table fashion with faculty to ensure translation of knowledge learned in the classroom to the clinic setting. This activity proved to be critical for helping the students translate knowledge learned in the classroom to delivery of clinical services. Observation of videotaped treatment session showed that students were not always using the most current best practices for intervention. It appeared that they were learning information to take a test/exam, but not using the information in their clinical practice.

For SLO #2, students will adequately complete a Diversity Experience paper about their own culture, another culture, and a comparison of the two cultures. Students will also complete the Modified Barium Swallow Impairment Profile (MBSImp) online self-study course training to interpret and communicate MBS study results in a manner that is specific, consistent, accurate and objective to earn a certificate. For SLO #3, students will adequately complete Critical Thinking Responses to address information presented in the Professional Issues and Ethics textbook chapters. This assessment method for SLO #3 replaces the one from the 2019-2021 reporting period and allows for individualized assessment of the students' knowledge of the principles of ethics and/or rules from the ASHA Code of Ethics. Students met the target of the prior assessment method to demonstrate knowledge via course assessments well enough to earn a total score of 80 out of 100 points for the 2019-2020 and 2020-2021 reporting periods.

The benchmarks and targets were met for SLO #1 for the 2019-2020 reporting period; however, after faculty review of the weighting for the knowledge and skills assessed in SLP 580 and SLP 621, weighting was increased or decreased to more accurately reflect the level of importance for the target knowledge or skill. This resulted in students earning grades that were better reflective of their overall knowledge and skills. This information is documented in the current report. Eighty-six percent of the students in SLP 580 demonstrated knowledge and skills at the "Present (3)" level in CALIPSO. This is a decrease of 14%. Ninety-six percent of the students in SLP 621 demonstrated knowledge and skills at the "Adequate (4)" level in CALIPSO. This is a decrease of 4%. The decrease of 14% and 4% is reflective of a change in the weighting for some of the knowledge and skills criteria. Benchmarks and targets were met for these assessment methods.

The benchmarks and targets for the direct assessment of SLO #4, "Plan a research study consistent with evidence-based criteria," were not met for the 2019-2020 reporting period due to the COVID-19 pandemic; however they were met for the 2020-2021 reporting period. Students were able to access to Zoom and Teams which allowed for virtual collaborations with each other and faculty. Improvements were made in each section of this assessment method. Baseline improved 8%, 100%, and 20%, respectively from the 2019-2020 reporting period.

The benchmarks and targets for SLO #5, "Demonstrate knowledge of professional conduct" were met for 2020-2021 reporting period; however further review of all the SLOs indicated that SLO #5 needs to be further delineated to better describe what is meant by "Demonstrate knowledge of professional conduct" in the SLP 580 and SLP 621 courses. Consequently, eighty-five percent of the students will achieve a minimum score of 3 (Present) or 4 (Adequate) for each the 16 professional practice, interaction, and personal qualities section of CALIPSO for SLP 580 and SLP 621 respectively during the 2021-2022 reporting period.

Student Learning Outcomes

Students who graduate from the MSLP program will:

1. Apply knowledge of statistics as well as biological, physical, and social/behavioral sciences to diagnostic report writing and client debriefing.
2. Apply current knowledge of the principles and methods of assessment for persons with communication and swallowing disorders, including consideration of anatomical/physiological, developmental, and linguistic and cultural correlates, within a clinical evaluation
3. Apply the principles of ethics and/or rules from the 2010 ASHA Code of Ethics in all clinical interactions.
4. Plan a research study consistent with evidence-based criteria.
5. Demonstrate knowledge of professional conduct.

Assessment Methods:

1. Apply knowledge of statistics as well as biological, physical, and social/behavioral sciences to diagnostic report writing and client debriefing.

Assessment Method	Type of Assessment	Baseline	Benchmark	Target
<p>SLP 580: Clinical Practicum II</p> <p>-CALIPSO (see appendix A)</p> <p>Analyzed by the MSLP faculty, including adjunct clinical educators</p>	Direct	86%	85% of students will meet the target.	<p>85% (or higher) of students will demonstrate knowledge and skills at the “Present (3)” level in CALIPSO</p> <p>Rationale: Students are expected to possess knowledge and skills at the “Present” level in their second semester. Skills may need further development, refinement or consistency. Supervisor provides ongoing monitoring and feedback; focuses on increasing student’s critical thinking on how/when to improve skill (skill is present 51-75% of the time).</p>

SLP 621 Clinical Practicum V	Direct	96%	85% of students will meet the target.	85% (or higher) of students will demonstrate knowledge and skills at the “Adequate (4)” level in CALIPSO Rationale: Students are expected to possess knowledge and skills at the “Adequate” level in their final practicum. Skill is developed and implemented most of the time and needs consistent refinement or consistency. Student is aware and can modify behavior in session, and can self evaluate. Problem-solving is independent. Supervisor acts as a collaborator to plan and suggest possible alternatives. (Skill is present 76-90% of the time).
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Assessment Method	Type of Assessment	Baseline	Benchmark	Target
Round Tables	Indirect	100%	95% of students will meet the target	95% (or higher) of students will submit videos of one treatment session via the HIPAA compliant TORSH platform, along with one Plan of Care (POC), and one SOAP note to the Clinic Coordinator and a minimum of one academic faculty member to review. The students will discuss the treatment session, POC, and SOAP notes in a Round Table fashion with faculty to ensure translation of knowledge learned in the classroom to the clinic setting.

2. Apply current knowledge of principles and methods of assessment for persons with communication and swallowing disorders, including consideration of anatomical/physiological, developmental, and linguistic and cultural correlates.

Assessment Method	Type of Assessment	Baseline	Benchmark	Target
SLP 545: Introduction to Multicultural Issues	Indirect	100%	90% of students will meet the target.	90% (or higher) of students will adequately (i.e., grammar, length, format, references) complete a Diversity Experience paper about their own culture, another culture, and a comparison of the two cultures.

Assessment Method	Type of Assessment	Baseline	Benchmark	Target
SLP 561: Dysphagia	Direct	95%	95% of students will meet the target.	95% (or higher) of students will complete the Modified Barium Swallow Impairment Profile (MBSImP) online self-study course training to interpret and communicate MBS study results in a manner that is specific, consistent, accurate and objective at the 80% level to earn a certificate.

Assessment Method	Type of Assessment	Baseline	Benchmark	Target
<p>SLP 580: Clinical Practicum II -CALIPSO (see appendix A)</p> <p>Analyzed by the MSLP faculty, including adjunct clinical educators</p>	Direct	86%	85% of students will meet the target.	<p>85% (or higher) of students will demonstrate knowledge and skills at the “Present (3)” level in CALIPSO</p> <p>Rationale: Students are expected to possess knowledge and skills to conduct assessments at the “Present” level in their second semester. Skills may need further development, refinement or consistency. Supervisor provides ongoing monitoring and feedback; focuses on increasing student’s critical thinking on how/when to improve skill (skill is present 51-75% of the time).</p>

Assessment Method	Type of Assessment	Baseline	Benchmark	Target
<p>SLP 621: Clinical Practicum V</p>	Direct	96%	85% of students will meet the target.	<p>85% (or higher) of students will demonstrate knowledge and skills at the “Adequate (4)” level in CALIPSO</p> <p>Rationale: Students are expected to possess knowledge and skills at the “Adequate” level in their final practicum. Skill is developed and implemented most of the time and needs consistent refinement or consistency. Student is aware and can modify behavior in session, and can self evaluate. Problem-solving is independent. Supervisor acts as a collaborator to plan and suggest possible alternatives. (Skill is present 76-90% of the time).</p>

3. Apply the principles of ethics and/or rules from the 2010 ASHA Code of Ethics in all clinical interactions.

Assessment Method	Type of Assessment	Baseline	Benchmark	Target
SLP 580: Clinical Practicum II -CALIPSO (see appendix A)	Direct	86%	85% of students will meet the target.	85% (or higher) of students will demonstrate knowledge and skills at the “Present (3)” level in CALIPSO. Rationale: Students are expected to possess the knowledge and skills to conduct assessments and provide intervention at the “Present (3)” level, skills may need further development, refinement or consistency. Supervisor provides ongoing monitoring and feedback; focuses on increasing student’s critical thinking on how/when to improve skill (skill is present 51-75% of the time).

Assessment Method	Type of Assessment	Baseline	Benchmark	Target
SLP 610: Professional Issues and Ethics	Direct	96%	90% of students will meet the target.	90% (or higher) of students will adequately (fully answer questions, answer accurately, answer all parts, meet length and reference requirements) complete the Critical Thinking Responses that are assigned to address information presented the Professional Issues and Ethics textbook chapters.

Assessment Method	Type of Assessment	Baseline	Benchmark	Target
SLP 621: Clinical Practicum V	Direct	96%	85% of students will meet the target.	<p>85% (or higher) of students will demonstrate knowledge and skills at the “Adequate (4)” level in CALIPSO</p> <p>Rationale: Students are expected to possess knowledge and skills at the “Adequate” level in their second practicum. Skill is developed and implemented most of the time and needs consistent refinement or consistency. Student is aware and can modify behavior insession, and can self-evaluate. Problem-solving is independent. Supervisor acts as a collaborator to plan and suggest possible alternatives. (Skill is present 76-90% of the time).</p>

4. Plan a research study consistent with evidence-based criteria.

Assessment Method	Type of Assessment	Baseline	Benchmark	Target
SLP 567: Research Methods I Rubrics for literature review and method sections totaling 100 points (see appendices B and C) Analyzed by the MSLP faculty	Direct	100%	90% of students will meet the target.	90% (or higher) of students will demonstrate knowledge via course assessments well enough to earn a total score of 80 points out of 100 points.
Proposals submitted to the FMU Institutional Review Board for approval (see appendix D)	Indirect	100%	95% of students will meet the target.	95% of students' research proposals will be accepted.
Three student/faculty meetings regarding research proposals intended to provide extra support in developing research proposals and to help students stay on track with deadlines	Indirect	100%	80% of students will meet the target.	80% of students will attend 3 student/faculty meetings.

5. Demonstrate knowledge of professional conduct.

Assessment Method	Type of Assessment	Baseline	Benchmark	Target
SLP 580: Clinical Practicum II -CALIPSO (see appendix A)	Direct	86%	85% of students will meet the target.	85% (or higher) of students will demonstrate knowledge at the “Present (3)” level in CALIPSO. Rationale: Students are expected to possess knowledge and skills to conduct assessments and provide intervention at the “Present (3)” level in their second semester. Skills may need further development, refinement or consistency. Supervisor provides ongoing monitoring and feedback; focuses on increasing student’s critical thinking on how/when to improve skill (skill is present 51-75% of the time).

Assessment Method	Type of Assessment	Baseline	Benchmark	Target
SLP 610: Professional Issues and Ethics	Direct	96%	90% of students will meet target.	90% (or higher) of students will adequately (fully answer questions, answer accurately, answer all parts, meet length and reference requirements) complete the Critical Thinking Responses that are assigned to address information presented the Professional Issues and Ethics textbook chapters.

Assessment Method	Type of Assessment	Baseline	Benchmark	Target
SLP 621	Direct	96%	85% of students will meet the target	<p>85% (or higher) of students will demonstrate knowledge and skills at the “Adequate (4)” level in CALIPSO</p> <p>Rationale: Students are expected to possess knowledge and skills at the “Adequate” level in their second practicum. Skill is developed and implemented most of the time and needs consistent refinement or consistency. Student is aware and can modify behavior in session, and can self-evaluate. Problem-solving is independent. Supervisor acts as a collaborator to plan and suggest possible alternatives. (Skill is present 76-90% of the time).</p>

Assessment Results:

1. Apply knowledge of statistics as well as biological, physical, and social/behavioral sciences to diagnostic report writing and client debriefing.

Assessment Method	Students Assessed in Course	Students in Program	Baseline	Benchmark	Target
SLP 580: Clinical Practicum II -CALIPSO (see appendix A)	23	48	86%	Met	Met

Discussion: Eighty-six percent of the students demonstrated knowledge and skills at the “Present (3)” level in CALIPSO. This is a decrease of 14%. The decrease is reflective of a change in the weighting for some of the knowledge and skills criteria. Benchmark and target met for this assessment method.

Assessment Method	Students Assessed in Course	Students in Program	Baseline	Benchmark	Target
SLP 621: Clinical Practicum V	25	48	96%	Met	Met

Discussion: Ninety-six percent of the students demonstrated knowledge and skills at the “Adequate (4)” level in CALIPSO. This is a decrease of 4%. The decrease is reflective of a change in the weighting for some of the knowledge and skills criteria. Benchmark and target met for this assessment method.

Assessment Method	Students Assessed in Course	Students in Program	Baseline	Benchmark	Target
Round Tables	23	48	100%	Met	Met

Discussion: New assessment. Benchmark and target met for this assessment method. This activity proved to be critical for helping the students translate knowledge learned in the classroom to delivery of clinical services. Observation of videotaped treatment session showed that students were not always using the most current best practices for intervention. It appeared that they were learning information to take a test/exam, but not using the information in their clinical practice.

2. Apply current knowledge of principles and methods of assessment for persons with communication and swallowing disorders, including consideration of anatomical/physiological, developmental, and linguistic and cultural correlates.

Assessment Method	Students Assessed in Course	Students in Program	Baseline	Benchmark	Target
SLP 545: Introduction to Multicultural Issues	23	48	100%	Met	Met

Discussion: New assessment. Benchmark and target met for this assessment method.

Assessment Method	Students Assessed in Course	Students in Program	Baseline	Benchmark	Target
SLP 561: Dysphagia	23	48	95%	Met	Met

Discussion: New assessment. Benchmark and target met for this assessment method. One student did not meet the target. The student earned a grade of incomplete for the course. She then completed the MBSImP assignment and earned the certificate the following week.

Assessment Method	Students Assessed in Course	Students in Program	Baseline	Benchmark	Target
SLP 580: Clinical Practicum II -CALIPSO (see appendix A)	23	4	86%	Met	Met

Discussion: Eighty-six percent of the students demonstrated knowledge and skills at the “Present (3)” level in CALIPSO. This is a decrease of 14%. The decrease is reflective of a change in the weighting for some of the knowledge and skills criteria. Benchmark and target met for this assessment method.

Assessment Method	Students Assessed in Course	Students in Program	Baseline	Benchmark	Target
SLP 621: Clinical Practicum V	23	48	96%	Met	Met

Discussion: Ninety-six percent of the students demonstrated knowledge and skills at the “Adequate (4)” level in CALIPSO. This is a decrease of 4%. The decrease is reflective of a change in the weighting for some of the knowledge and skills criteria. Benchmark and target met for this assessment method.

3. Apply the principles of ethics and/or rules from the 2010 ASHA Code of Ethics in all clinical interactions.

Assessment Method	Students Assessed in Course	Students in Program	Baseline	Benchmark	Target
SLP 580: Clinical Practicum II -CALIPSO) (see appendix A)	23	48	86%	Met	Met

Discussion: Eighty-six percent of the students demonstrated knowledge and skills at the “Present (3)” level in CALIPSO. This is a decrease of 14%. The decrease is reflective of a change in the weighting for some of the knowledge and skills criteria. Benchmark and target met for this assessment method.

Assessment Method	Students Assessed in Course	Students in Program	Baseline	Benchmark	Target
SLP 610	23	48	96%	Met	Met

Discussion: New assessment. Benchmark and target met for this assessment method.

Assessment Method	Students Assessed in Course	Students in Program	Baseline	Benchmark	Target
SLP 621	23	48	96%	Met	Met

Discussion: Ninety-six percent of the students demonstrated knowledge and skills at the “Adequate (4)” level in CALIPSO. This is a decrease of 4%. The decrease is reflective of a change in the weighting for some of the knowledge and skills criteria. Benchmark and target met for this assessment method.

4. Plan a research study consistent with evidence-based criteria.

Assessment Method	Students Assessed in Course	Students in Program	Baseline	Benchmark	Target
SLP 567: Research Methods I Rubrics for literature review (1 and 2), methods (1 and 2), totaling 100 points (see appendices B and C)	23	48	92%	Met	Met
Proposals submitted to the FMU Institutional Review Board for approval (see appendix D)	23	48	100%	Met	Met
Three student/faculty meetings regarding research proposals intended to provide extra support in developing research proposal and stay on track with deadlines	23	48	100%	Met	Met

Discussion: Benchmark and target met for this assessment method. Improvements were made in each section of this assessment method. Baseline improved 8%, 100%, and 20%, respectively from the 2019-2020 reporting period.

5. Demonstrate knowledge of professional conduct.

Assessment Method	Students Assessed in Course	Students in Program	Baseline	Benchmark	Target
SLP 580: Clinical Practicum II -CALIPSO (see appendix A)	23	48	86%	Met	Met

Discussion: Eighty-six percent of the students demonstrated knowledge and skills at the “Present (3)” level in CALIPSO. This is a decrease of 14%. The decrease is reflective of a change in the weighting for some of the knowledge and skills criteria. Benchmark and target met for this assessment method. Benchmark and target met for this assessment method.

Assessment Method	Students Assessed in Course	Students in Program	Baseline	Benchmark	Target
SLP 610	23	48	New assessment	New assessment	New assessment

Discussion: New assessment.

Assessment Method	Students Assessed in Course	Students in Program	Baseline	Benchmark	Target
SLP 621	23	48	96%	Met	Met

Discussion: Ninety-six percent of the students demonstrated knowledge and skills at the “Adequate (4)” level in CALIPSO. This is a decrease of 4%. The decrease is reflective of a change in the weighting for some of the knowledge and skills criteria. Benchmark and target met for this assessment method. SLO #5 needs to be further delineated to better describe what is meant by “Demonstrate knowledge of professional conduct” in the SLP 580 and 621 courses. Eighty-five percent of the students will achieve a minimum score of 3 (Present) or 4 (Adequate) for each of the 16 professional practice, interaction, and personal qualities section of CALIPSO for SLP 580 and SLP 621 respectively during the 2021-2022 reporting period.

Action Items

1. SLO #1
 - a. No action required
2. SLO #2
 - a. No action required
3. SLO #3
 - a. No action required
4. SLO #4
 - a. No action required
5. SLO #5
 - a. SLO #5 needs to be further delineated to better describe what is meant by “Demonstrate knowledge of professional conduct” in the SLP 580 and SLP 621 courses. Eighty-five percent of the students will achieve a minimum score of 3 (Present) or 4 (Adequate) for each of the 16 professional practice, interaction, and personal qualities section of CALIPSO for SLP 580 and SLP 621 respectively during the 2021-2022 reporting period.

Appendices:

Appendix A: CALIPSO Performance Rating Scale and Performance Evaluation

Appendix B: SLP 567 Literature Review Rubric

Appendix C: SLP 567 Method Rubric

Appendix D: FMU Institution Review Board Protocol

Appendix E: MBSImP Certificate

Appendix F: Round Table Documentation Form

Appendix G: Student Round Table Submission Instructions



Performance Rating Scale

- 1 **Not evident:** Skill not evident most of the time. Student requires direct instruction to modify behavior and is unaware of need to change. Supervisor must model behavior and implement the skill required for client to receive optimal care. Supervisor provides numerous instructions and frequent modeling (skill is present <25% of the time).
- 2 **Emerging:** Skill is emerging, but is inconsistent or inadequate. Student shows awareness of need to change behavior with supervisor input. Supervisor frequently provides instructions and support for all aspects of case management and services (skill is present 26-50% of the time).
- 3 **Present:** Skill is present and needs further development, refinement or consistency. Student is aware of need to modify behavior, but does not do this independently. Supervisor provides on-going monitoring and feedback; focuses on increasing student's critical thinking on how/when to improve skill (skill is present 51-75% of the time).
- 4 **Adequate:** Skill is developed/implemented most of the time and needs continued refinement or consistency. Student is aware and can modify behavior in-session, and can self-evaluate. Problem-solving is independent. Supervisor acts as a collaborator to plan and suggest possible alternatives (skill is present 76-90% of the time).
- 5 **Consistent:** Skill is consistent and well developed. Student can modify own behavior as needed and is an independent problem-solver. Student can maintain skills with other clients, and in other settings, when appropriate. Supervisor serves as consultant in areas where student has less experience; Provides guidance on ideas initiated by student (skill is present >90% of the time).

Close



Performance Evaluation

Evaluation saved. You can now enter the scores.

Supervisor: Undergraduate Supervisor, .

*Student:

*Site:

*Patient population:

-
-
- Young Child (0-5)
- Child (6-17)

*Evaluation

Type:

Severity of Disorders (check all that apply):

*Semester:

- Within Normal Limits
- Mild

*Course number:

- Moderate
- Severe

Interprofessional (or collaborative) practice (IPP) includes (check all that apply): [?]

- Audiologist
- Dentist
- Dietitian
- Family Member
- Nurse/Nurse Practitioner
- Occupational Therapist
- Pharmacist
- Physical Therapist
- Physician
- Physician Assistant
- Psychologist/School Psychologist
- Recreational Therapist
- Respiratory Therapist
- Social Worker
- Special Educator
- Teacher (classroom, ESL, resource, etc.)
- Vocational Rehabilitation Counselor
- Other

Client(s)/Patient(s) Multicultural Aspects (check all relevant factors that apply): [?]

- Ethnicity
- Race
- Culture
- National origin
- Socioeconomic status
- Gender identity
- Sexual orientation
- Religion
- Exceptionality
- Other

Client(s)/Patient(s) Linguistic Diversity (check all relevant factors that apply): [?]

- English
- English Language Learner
- Primary English dialect
- Secondary English dialect
- Bilingual
- Polyglot
- Gender identity
- Sign Language (ASL or SEE)
- Cognitive / Physical Ability
- Other

Save

~~Performance Rating Scale~~
[Click to see Rating Scale](#)

Please refer to the Performance Rating Scale for grading criteria. Use a score between 1 and 5, in 0.25 increments (1.25, 1.5 etc.)

- Not evident

4 - Adequate

Evaluation

Evaluation	Speech Sound Production?	Fluency?	Voice?	Language?	Hearing?	Swallowing?	Cognition?	Social Aspects?	AAC?
	Refer to Performance Rating Scale above and place number corresponding to skill level in every observed box.								
1. Conducts screening and prevention procedures (std IV-D, std V-B, 1a)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. Collects case history information and integrates information from clients/patients and/or relevant others (std V-B, 1b)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. Selects appropriate evaluation instruments/procedures (std V-B, 1c)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4. Administers and scores diagnostic tests correctly (std V-B, 1c)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5. Adapts evaluation procedures to meet client/patient needs (std V-B, 1d)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6. Possesses knowledge of etiologies and characteristics for each communication and swallowing disorder (std IV-C)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7. Interprets, integrates, and synthesizes test results, history, and other behavioral observations to develop diagnoses (std V-B, 1e)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
8. Makes appropriate recommendations for intervention (std V-B, 1e)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
9. Completes administrative and reporting functions necessary to support evaluation (std V-B, 1f)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10. Refers clients/patients for appropriate services (std V-B, 1g)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Score totals:	<u> 0 </u>	<u> 0 </u>	<u> 0 </u>	<u> 0 </u>	<u> 0 </u>	<u> 0 </u>	<u> 0 </u>	<u> 0 </u>	<u> 0 </u>
Total number of items scored: <u> 0 </u> Total number of points: <u> 0 </u> Section Average: <u> 0 </u>									
Comments:									

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Intervention

Intervention	Speech Sound Production?	Fluency?	Voice?	Language?	Hearing?	Swallowing?	Cognition?	Social Aspects?	AAC?
	Refer to Performance Rating Scale above and place number corresponding to skill level in every observed box.								

1. Develops setting-appropriate intervention plans with measurable and achievable goals. Collaborates with clients/patients and relevant others in the planning process (std V-B, 2a, std 3.1.1B)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. Implements intervention plans (involves clients/patients and relevant others in the intervention process) (std V-B, 2b, std 3.1.1B)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. Selects or develops and uses appropriate materials/instrumentation (std V-B, 2c)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4. Measures and evaluates clients'/patients' performance and progress (std V-B, 2d)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5. Modifies intervention plans, strategies, materials, or instrumentation to meet individual client/patient needs (std V-B, 2e)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6. Completes administrative and reporting functions necessary to support intervention (std V-B, 2f)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7. Identifies and refers patients for services as appropriate (std V-B, 2g) ?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Score totals:	0	0	0	0	0	0	0	0	0

Total number of items scored: 0 Total number of points: 0 Section Average: 0

Comments:

Save

Professional Practice, Interaction and Personal Qualities

Professional Practice, Interaction and Personal Qualities	Score
1. Demonstrates knowledge of and interdependence of communication and swallowing processes (std IV-B, std 3.1.6B)	<input type="text"/>
2. Uses clinical reasoning and demonstrates knowledge of and ability to integrate research principles into evidence-based clinical practice (std IV-F, std 3.1.1B) ?	<input type="text"/>
3. Adheres to federal, state, and institutional regulations and demonstrates knowledge of contemporary professional issues and advocacy (includes trends in best professional practices, privacy policies, models of delivery, and reimbursement procedures/fiduciary responsibilities) (std IV-G, std 3.1.1B, 3.1.6B, 3.8B) ?	<input type="text"/>
4. Communicates effectively, recognizing the needs, values, preferred mode of communication, and cultural/linguistic background of the patient, family, caregiver, and relevant others (std V-B, 3a, std 3.1.1B) ?	<input type="text"/>

5. Establishes rapport and shows care, compassion, and appropriate empathy during interactions with clients/patients and relevant others (std 3.1.1B)	<input type="text"/>
6. Uses appropriate rate, pitch, and volume when interacting with patients or others	<input type="text"/>
7. Provides counseling regarding communication and swallowing disorders to clients/patients, family, caregivers, and relevant others (std V-B, 3c, std 3.1.6B)	<input type="text"/>
8. Collaborates with other professionals in case management (std V-B, 3b, std 3.1.1B, 3.1.6B) ?	<input type="text"/>

9. Displays effective oral communication with patient, family, or other professionals (std V-A, std 3.1.1B) ?	<input type="text"/>
10. Adheres to the ASHA Code of Ethics and Scope of Practice documents and conducts him or herself in a professional, ethical manner (std IV-E, V-B, 3d, std 3.1.1B, 3.1.6B) ?	<input type="text"/>
11. Demonstrates professionalism (std 3.1.1B, 3.1.6B) ?	<input type="text"/>
12. Demonstrates openness and responsiveness to clinical supervision and suggestions	<input type="text"/>
13. Displays organization and preparedness for all clinical sessions	<input type="text"/>
14. Sequences tasks to meet objectives	<input type="text"/>
15. Provides appropriate introduction/explanation of tasks	<input type="text"/>
16. Uses appropriate models, prompts or cues. Allows time for patient response.	<input type="text"/>
Total number of items scored: 0 Total number of points: 0 Section Average: 0	

Comments:

Save

Clinical Excellence in Writing

Clinical Excellence in Writing	Score
1. Displays effective written communication for all professional correspondence (std V-A, std 3.1.1B) ?	<input type="text"/>
2. Organizes information following correct format	<input type="text"/>
3. Writes narratives in a logical/concise manner	<input type="text"/>
4. Uses appropriate language/terminology	<input type="text"/>
5. Uses supervisory suggestions and constructive criticism to modify reports/documentation as needed	<input type="text"/>
Total number of items scored: 0 Total number of points: 0 Section Average: 0	

Comments:

Save

Met All	Not Met All	(clear) All	Met/Not Met
<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	1. Personal appearance is professional and appropriate for the clinical setting
<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	2. Arrives to clinic/session on time and ready for sessions
<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	3. Work is completed in a timely manner
<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	4. Uses correct grammar in all written formats

Save

Improvements Since Last Evaluation: Strengths /

Areas Needing Improvement:Recommendations for

Improvement:

Total points (all sections included): 0 Adjustment: **0.0**
divided by total number of items 0
Evaluation score: 0
Letter grade In need of clinical remediation

By entering the student's name, I verify that this evaluation has been reviewed and discussed with the student prior to final submission.

Student name: Date reviewed:

I verify that this evaluation is being submitted by the assigned clinical supervisor and that I have supervised the above named student.

*Supervisor name:

*Date completed:

Final submission (if this box is checked, no more changes will be allowed!)

Save

Standards referenced herein are those contained in the Membership and Certification Handbook of the American Speech-Language-Hearing Association. Readers are directed to the ASHA Web site to access the standards in their entirety: [CFCC Standards](#) | [CAA Standards](#)

Authored by: Laurel H. Hays, M.Ed., CCC-SLP and Satyajit P. Phanse, M.S.

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Appendix B

stated, the reader can The paper is well (correctly) guess where organized, demonstrates the paper will go based on the logical sequencing and

The Review Itself	Inadequate				
	Introduction	Neither implicit nor explicit reference is made to the topic to be examined. 1	Developing The introduction does not offer many hints to the topic and may seem disjointed with respect to what follows. 3	introduction. 5 Despite organization, sequence of topics or structure is illogical. 5 Proficient	
	Body: Flow	No organization, sequencing, or structure. 1	Weakly organized, but sections/paragraphs. 3 While not explicitly	Roadmapping! The reader knows exactly what the review will cover. 7	
	Coverage of Content	Sections are missing and the writer assumes too much background knowledge from the reader. 1	Either necessary content is missing or the writer assumes background knowledge from the reader. 3	Although all topics were included, some was not as in-depth as was necessary based on the purpose of the paper. 5	structure. 7 Every topic that should be covered is and done quite well! 7
	Clarity of Writing/Technique	It is hard to know what the writer is trying to express. Misspelled words and syntax problems. 1	Questions, whether clearly stated or not, are a surprise based on the review. 3	5 Questions flow naturally from the review, but are not clearly stated. 5	Questions flow naturally from the review and are clearly stated. 7 Paper contents properly paraphrased, no concerns from SafeAssign or manual review. 3
	Research Questions	are missing! Questions 1			
	Originality	Plagiarism is readily observed or suspected with a high degree of certainty based on SafeAssign or manual review. 0 on assignment.	2-3 errors. 3	1 error. 5	All citations, parenthetical or within the text, are correct. 7 All citations have a matching reference. All references are cited. 7
	Citations	4+ errors. 1			All references are correct. When they exist, DOIs are included. 7
	Citations Match References	Either a citation does not have a matching reference or a reference does not have a matching citation. 1	Up to 3 errors in references and DOIs may or may not have been included. 3 Writing is generally clear and grammatical, but not concise.	All references are correct, but not all DOIs have been included. 5 Writing is grammatical, clear, and succinct. Uses active voice. Not awkward.	
	References: Form	4+ errors. 1 Clarity is an issue. There may also be grammatical, spelling, or punctuation errors. 3	Meaning sometimes hidden.	Meaning explicit. 7	

APA 6th Edition Style

References: Number	Writer has missed a significant number of sources as determined by a quick search. 1	Writer has missed some relevant sources. 2	Writer relies heavily on a small number of sources even though more are available and relevant. 3	Writer does not rely heavily on just a few sources. Appropriate! 4
APA Conventions	4+ errors or has quoted instead or paraphrasing or seems to have used secondary sources. 1	2–3 errors in style. 3	1 error related to APA style. 5	Correctly used APA conventions (e.g., Latin abbreviations, acronym rules, capitalization, which/that, headings). 7

Total: /70

LitRev2/Analytic Scoring Rubric

Appendix C

Methods 1/Analytic Scoring Rubric

NAME:

LEVELS OF ACHIEVEMENT			
CRITERIA	INADEQUATE	DEVELOPING	
	PROFICIENT		
Participants	Participant characteristics recruitment are not sufficient. (2.5)	Either participant recruitment plan is not sufficient. (3.5)	Number (or range) of participants is specified. Criteria for inclusion/ exclusion documented. Specifies how participants will be recruited. (4.5)
Materials	Section lacks quite a bit of information. Could not reproduce. (2.5)	There is not enough information about at least one aspect of this section. (3.5)	Instrumentation, tests, screens, equipment, software, applications, surveys, and so on are described clearly. (4.5)
Design	Descriptions of both design and variables are lacking. (2.5)	Either the design or variables are not detailed. (3.5)	Research design is stated and described. Variables are defined as appropriate. (4.5)
Procedures	There were no questions and the way forward seems quite unclear. (2.5)	Although procedures are generally clear, some aspects are less so. (3.5)	Steps of the project are clearly explained. How will data be collected? How long will recordings be kept before they are transcribed and originals deleted? Are instructions to participants clear? (4.5)

<p>Clarity of writing and writing technique</p>	<p>It is hard to know what the Writing is generally clear, but unnecessary words are used. Misspelled words, grammar, and punctuation make reading difficult. (2.5)</p> <p>and writer is trying to express. but unnecessary words are used. Meaning is sometimes hidden. Paragraph or sentence structure is too repetitive. (3.5)</p> <p>Writing is crisp, clear, succinct. The writer incorporates the active voice when appropriate. Meaning is explicit. (4.5)</p>
<p>Citations/References: APA 6th per manual/ companion website</p>	<p>Citations for statements included in the paper were not present OR included references were not found in the text. <u>Use of quotes instead of paraphrasing.</u> <u>Possibly used secondary sources.</u> (1.5)</p> <p>Although citations were included and allowed sources were utilized, there were extensive errors in citations and/or references. (2.5)</p> <p>Citations within the body of the report and a corresponding reference list were presented. Some formatting problems exist OR components were missing. Paraphrasing of primary sources used. (3.5)</p> <p>All needed citations were included in the paper. References matched the citations, and all were encoded in correct APA format. Paraphrasing of primary sources used. (4.5)</p>
<p>Originality</p>	<p>Plagiarism is readily observed or suspected with a high degree of certainty based on <i>SafeAssign</i> (0 on assignment)</p> <p>Paper contents are suspected to be the author's own in concert with thoughtful, correct paraphrasing. (3)</p>

Adapted from form created by University of Pittsburgh, CBE Resource Group, 2010, www.cbe.pitt.edu

Appendix D

Francis Marion University Institutional Review Board Human Participants Protocol Form

IRB use only	Proposal Number:	Date Received:
---------------------	-------------------------	-----------------------

Part I: General Information Project Information

Title of Project:

Proposed Type of Project (check all that apply)

	Funded (Account Number):	
	Funding Agency or Agencies (if applicable):	
x	Student Research (student is primary researcher and faculty is only supervising oversight):	
x	Department: Speech-Language Pathology	Course #s: SLP 567 (Sp'19) & 630 (Sp'20)
	Teaching (in-class project)	
x	Proposed Start Date: 05/01/2019	Proposed End Date: 05/01/2020

Requested Review (only check one category)

	Full Review
	Expedited Review
	Exempted Review

Principal Investigator (if student researcher then supervising is principal investigator):

<i>Name:</i> Skye Lewis		
<i>Title:</i> Assistant Professor		
<i>Department/School:</i> Speech-Language Pathology/Health Sciences		
<i>Office Location:</i> CCHS 354		
<i>E-mail:</i> skye.lewis@fmarion.edu		<i>Phone:</i> 661-1885
<i>RB Certificate of Training</i>	Yes	<i>No</i>
<i>If Not Certified, Then Planned Date of submission of Certificate:</i>		

Co-Principal Investigator (actively involved in the design and conduct of research project; add duplicate rows as needed):

<i>Name:</i>		
<i>Title:</i> Graduate Student		
<i>Department/School:</i> Speech-Language Pathology/Health Sciences		
<i>E-mail:</i>		<i>Phone:</i>
<i>RB Certificate of Training</i>	Yes	<i>No</i>
<i>Name:</i>		
<i>Title:</i>		
<i>Department/School:</i>		

E-mail:		Phone:	
RB Certificate of Training	Yes	No	
Name:			
Title			
Department/School:			
E-mail:		Phone:	
RB Certificate of Training	Yes	No	
Department/School:			
E-mail:		Phone:	
RB Certificate of Training	Yes	No	
Name:			
Title			
Department/School:			
E-mail:		Phone:	
RB Certificate of Training	Yes	No	

Student Researcher (add duplicate rows as needed)

Name:	On-campus Phone:
E-mail:	Off-campus Phone:
Name:	On-campus Phone:
E-mail:	Off-campus Phone:
Name:	On-campus Phone:
E-mail:	Off-campus Phone:

Research Assistants (only involved in the collection and analysis of data):

Name:	On-campus Phone:
E-mail:	Off-campus Phone:
Name:	On-campus Phone:
E-mail:	Off-campus Phone:
Name:	On-campus Phone:
E-mail:	Off-campus Phone:

Part II: Basic Participant Information

Information is collected in such a way that participants (check all that apply)

<input type="checkbox"/>	Participant responses can be identified:
<input type="checkbox"/>	Participant responses cannot be identified:
<input type="checkbox"/>	Risks are the same as encountered in daily life or during performance of routine physical or psychological examination or tests:
<input type="checkbox"/>	Risks are more than minimal; either as (a) probability of the harm or discomfort anticipated or (b) the magnitude of the harm or discomfort is greater than encountered in daily life or during performance of routine physical or psychological examination or tests:
<input type="checkbox"/>	Collected information is such that participants may be at risk of criminal or civil liability if their responses are disclosed outside of the research setting
<input type="checkbox"/>	Collected information is such that it may be damaging to the participants' financial, social reputation, employability or public standing if their responses are disclosed outside of the research setting

Estimated Number of Participants:

--

Participant Population (check all that apply):

<input type="checkbox"/>	FMU Students
<input type="checkbox"/>	Normal Adult Community Residents
<input type="checkbox"/>	Minors (under 18 year old)*****
<input type="checkbox"/>	Mentally Disabled/Mentally Ill**
<input type="checkbox"/>	Mentally Retarded***
<input type="checkbox"/>	Institutionalized Patients**
<input type="checkbox"/>	Pregnant Females**
<input type="checkbox"/>	Economically Disadvantaged Persons**
<input type="checkbox"/>	Prisoners/Court Ordered Persons**
<input type="checkbox"/>	Other**

****Requires advised consent of parent/appointed guardian

** Consult with Chair or Designee of the IRB for special requirements

Recruitment Procedures (check all that apply)

<input type="checkbox"/>	Student Participant Pool
<input type="checkbox"/>	Mail-out or Handout (attach for approval of IRB)
<input type="checkbox"/>	Newspaper ads/Flyers/Postings (must be approved by IRB)
<input type="checkbox"/>	School children with request sent to parent
<input type="checkbox"/>	Other (explain)

Exclusion of groups from the study (check all that apply)

<input type="checkbox"/>	No group will be excluded
<input type="checkbox"/>	Women
<input type="checkbox"/>	Minorities
<input type="checkbox"/>	Children under 12
<input type="checkbox"/>	Other (specify)
<input type="checkbox"/>	Justification for exclusion from study:

Location of Study

<input type="checkbox"/>	Check here if this project is to be conducted at locations other than FMU
<input type="checkbox"/>	<i>If the other site carried out an IRB review then attach notices from other IRBs</i>
<input type="checkbox"/>	<i>If you are conducting research at another facility where participants have an expectation of privacy such as a public school, medical facility, etc you must attach a letter of support from the CEO of each site to document permission to use the facility.</i>

Part III: Project Proposal

Project Purpose (provide a brief description of the purpose of your project using non-technical terms:

<p>(text box will expand to include your entry)</p>

Describe all procedures in which participants will participate. If data collection instruments will be used, indicate the time necessary to complete them, the frequency of administration, and the setting in which they will be administered. If follow-up data collection may occur, please describe this. Include copies of surveys, interview questions, assessment instruments (questionnaires, formal tests, etc). Include reference for instruments that have been published.

(text box will expand to include your entry)

Protection of Participants:

Most importantly for the purposes of IRB approval, describe all means by which you will ensure participants confidentiality. Please include physical safeguards for data storage, location of storage, and describe who has access to the data. Also address the timing of destruction of data.

(text box will expand to include your entry)

Part IV: Checklist of documents accompanying application:

Word	Word file sent as attachment to therzog@fmarion.edu
Word	Recruitment documents, if applicable
Word	Sent hard copies of Certificate of Training to Office of Institutional Research
Word	Letters of support, if applicable
Word	Surveys, questionnaires, tests, etc.
Word	Informed consent form or justification for request waiver
PDF	Signed hard copy to Teresa Herzog (CEMC 109)

Agreement and Statement of Assurance by the Principal Investigator: Send a hardcopy of this document to the IRB with signatures.

I have reviewed this research proposal and the consent form, if applicable. I have also evaluated the scientific merit and potential value of the proposed research study, as well as the plan for protecting the human participants and their confidentiality. I have used the Francis Marion University IRB Policies and Guidelines in review and preparation of the proposal and will abide by those policies and procedures. I certify that (a) the information provided for this project is accurate, (b) no other procedures will be used in this project without renewal of project.

I also understand that if the project is approved, then I assure that I will:

1. Report to the IRB any adverse events or research-related injuries that occur;
2. Submit in writing for IRB approval any proposed revisions or amendments to this project;
3. Submit additional information of the project, if requested by the IRB in their approval;
4. Request renewal of the project as necessary; 5. Notify the IRB upon termination of this project.

Last Name	MI
First	

Signature of Principal Investigator	Date
-------------------------------------	------

If a student(s) is the primary investigator, then he needs to certify he will follow the guidance of the principal investigator.

As student working on this project, I certify that I will follow the guidance of the principal investigator and will report all actions or events to the principal investigator.

Last Name	MI
First	

Signature of Student Investigator	Date
-----------------------------------	------

Last Name	MI
First	

Signature of Student Investigator	Date
-----------------------------------	------

Action of IRB
(for use by IRB only)

Proposal Number:
Principal Investigator:

Expedited Exempt Full Requested Revision/Additional Information

Approved Expiration Date:

Certification by IRB Chair/Designee

Last Name	First Name	MI
-----------	------------	----

Signature of IRB Chair/Designee	Date
---------------------------------	------

Comments:

Appendix E

MBSImP *Modified Barium Swallowing
Impairment Profile*



The MBSImP Reliability Zone has been completed by

Date: April 21st, 2021

Score: 82%

Please note: This is not a recognition of certification nor is this certificate valid for speech pathology continuing education credit.
No ASHA CEUs are hereby awarded.

ID: #1293097-41018

Appendix F

**Department of Speech-Language
Pathology Round Table
Documentation Form**

Name:

Date:

Objective: To support student clinicians who are providing direct care in the on-campus clinic and help facilitate theory to practice.

Description of Client/Patient:

Current treatment methods/strategies:

Areas of needed support:

Suggested next steps for treatment:

Student Clinician

Faculty

Faculty

Faculty

Faculty

Appendix G



Round Table Documentation

*** Please only use patient initials and age to maintain HIPAA compliance***

Student Name:

Pt initials and age:

Date/Time of Round Table:

Invited Academic Faculty Members:

Clinical Educator:

Did you send a HIPAA compliant Zoom link? Yes No

Did you send a recent HIPAA compliant TORSH video to the invited attendees? Yes No

Did you send the accompanying HIPAA compliant Lesson Plan and SOAP Note? Yes No

Did you send a HIPAA compliant copy of the most recent Plan of Care (POC)? Yes No

Did you upload this document and submit it into Blackboard for grading? Yes No

In 2-3 paragraphs please describe the Patient's Past Medical History (PMH), and why they need Speech Therapy. Please be sure to include the proper ICD-10 Codes and what CPT codes you are using during your sessions.

In 2-3 paragraphs please describe your therapeutic approach and the evidence behind this approach. Remember APA citation.

Keeping in mind the "Implementation Science" lecture by Dr. Wada, in 2-3 paragraphs review the effectiveness of this approach and your therapy sessions. Please describe potential barriers and ideas for process improvement.