

Institutional Effectiveness Report

Name of Program:	Master of Speech-Language Pathology
Year:	2018-2019
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 beyond.

Program 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

Based on the 2017-2018 action plan, preparation courses for the MSLP program were reorganized to better coordinate with academic and clinical education courses at the graduate level.

Program and student learning outcomes from 2017-2018 were updated to align with expectations for the Francis Marion University Institutional Effectiveness Report. The changes are reflected in this 2018-2019 report. Results from 4 student learning outcomes (SLOs) are included in this report. They are derived from the American Speech-Language-Hearing Association's 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. All assessment methods were implemented during the 2018-2019 academic year, as the first cohort for the program started in 2018. The Clinical Assessment of Learning Inventory of Performance Streamlined Office Operations (CALIPSO)--clinical performance ratings, and a variety of assignments were utilized to evaluate student achievement, including diagnostics evaluation reports, and literature review and method sections for research proposals.

Although the benchmark and target were met for SLO #1, "Apply knowledge of statistics as well as biological, physical, and social/behavioral sciences to diagnostic report writing and client debriefing," examination of reports from clinical educators for the SLP 580: Clinical Practicum course revealed that students required more time and instruction on how to write diagnostic evaluation reports than was expected by the adjunct clinical educators. Since students typically

write their first diagnostic reports in SLP 580, the MSLP program expects that students will need the level of support that was demonstrated. The MSLP program provides additional training for adjunct clinical educators designed to further increase their skill set associated with clinical supervision. Considering the newly identified need to focus on diagnostic report writing, clinical educators will be given additional evidence-supported training and resources to support students' development of clinical writing skills.

The benchmarks and targets for the direct assessment of SLO #4, "Plan a research study consistent with evidence-based criteria," were not met. Analysis revealed that students need additional support in developing research proposals. Research proposals can be more efficiently assessed and students can have more time to collaborate and develop their proposals if the number of research projects for the course is reduced. Students will be grouped to allow more time to collaborate and develop ideas. In addition, faculty will have more time to critique proposals and give critical feedback.

The benchmark and target for SLO #5, "Demonstrate knowledge of professional conduct" were met. However, due to the weighting system of the assessment method (i.e., CALIPSO), several problems with professional conduct were not captured. Faculty will increase the percentage of grading weight for professional conduct. Clinical educators will address inappropriate professional conduct within 24 hours following any incidents and develop remediation plans with the students. Students will also be referred to their academic advisors for counseling about how inappropriate professional conduct may impact their course grade.

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. **Derivative of ASHA Standard IV-A:** 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	New assessment method	85% of students will meet the target.	<p>85% (or higher) of students will demonstrate knowledge and skills at the “Present” level in CALIPSO</p> <p>Rationale: Students are expected to possess knowledge and skills at the “Present” level in their second. Skills may need further development, refinement or consistency. 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).</p>

2. **Derivative of ASHA Standard IV-D:** 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
<p>SLP 580: Clinical Practicum II -CALIPSO (see appendix A)</p> <p>Analyzed by the MSLP faculty, including adjunct clinical educators</p>	Direct	New assessment method	85% of students will meet the target.	<p>85% (or higher) of students will demonstrate knowledge and skills at the “Present” 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 on-going monitoring and feedback; focuses on increasing student’s critical thinking on how/when to improve skill (skill is</p>

				present 51-75% of the time).
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3. **Derivative of ASHA Standard IV-E:** 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
<p>SLP 580: Clinical Practicum II -CALIPSO</p> <p>(see appendix A)</p>	Direct	New assessment method	85% of students will meet the target.	<p>85% (or higher) of students will demonstrate knowledge and skills at the “Present” level in CALIPSO.</p> <p>Rationale: Students are expected to possess the knowledge and skills to conduct assessments and provide intervention at the “Present” level, skills may need further development, refinement or consistency. Supervisor provides on-going monitoring and feedback; focuses on increasing student’s</p>

				critical thinking on how/when to improve skill (skill is present 51-75% of the time).
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4. **Derivative of ASHA Standard IV-F:** Plan a research study consistent with evidence-based criteria.

Assessment Method	Type of Assessment	Baseline	Benchmark	Target
<p>SLP 567: Research Methods I</p> <p>Rubrics for literature review and method sections totaling 100 points (see appendices B and C)</p> <p>Analyzed by the MSLP faculty</p>	Direct	New assessment method	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.
<p>Proposals submitted to the FMU Institutional Review Board for approval (see appendix D)</p>	Indirect	New assessment method	80% of students will meet the target.	80% 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	New assessment method	80% of students will meet the target.	80% of students will attend 3 student/faculty meetings.
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5. **Derivative of ASHA Standard IV-G:** Demonstrate knowledge of professional conduct.

Assessment Method	Type of Assessment	Baseline	Benchmark	Target
SLP 580: Clinical Practicum II -CALIPSO (see appendix A)	Direct	New assessment method	85% of students will meet the target.	85% (or higher) of students will demonstrate knowledge at the “Present” level in CALIPSO. Rationale: Students are expected to possess knowledge and skills to conduct assessments and provide intervention at the “Present” level in their second

				semester. Skills may need further development, refinement or consistency. 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).
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Assessment Results:

- 1. Derivative of ASHA Standard IV-A:** 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)	25	25	New assessment method	Met	Met

Discussion: Benchmark and target met for this assessment method; however, adjunct clinical educators for this course reported that students required an excessive amount of support to complete diagnostic evaluation reports.

2. **Derivative of ASHA Standard IV-D:** 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 580: Clinical Practicum II -CALIPSO (see appendix A)	25	25	New assessment method	Met	Met

Discussion: Benchmark and target met for this assessment method.

3. **Derivative of ASHA Standard IV-E:** 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)	25	25	New assessment method	Met	Met

Discussion: Benchmark and target met for this assessment method.

4. **Derivative of ASHA Standard IV-F:** 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	24	25	New assessment method	Not Met	Not Met

Rubrics for literature review (1 and 2), methods (1 and 2), totaling 100 points (see appendices B and C)					
Proposals submitted to the FMU Institutional Review Board for approval (see appendix D)	24	25	New assessment method	Met	Met
Three student/faculty meetings regarding research proposals intended to provide extra support in developing research proposal and stay on track with deadlines	24	25	New assessment method	Met	Met

Discussion: Benchmark and target were not met. 80% of the students demonstrated knowledge well enough to earn at least 80 out of 100 points for the method section; however, only 72% of the students earned at least 80 out of 100 points for the literature review. 83% of students attended the student/faculty meetings.

5. **Derivative of ASHA Standard IV-F:** 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)	25	25	New assessment method	Not met	Not met

Discussion: Although overall, the benchmark and target were met (i.e., students demonstrated clinical skills at the “Present” level). Due to the weighting system for CALIPSO, several problems (e.g., submitting reports in a timely manner and tardiness) with professional conduct were not captured using the Performance Rating Scale. This outcome is impacted by SLO #1. Students required more time and support to submit diagnostic evaluation reports than expected by adjunct clinical educators.

Action Items

1. SLO #1
 - a. Students required more time and instruction on how to write diagnostic evaluation reports than was expected by the adjunct clinical educators. Students typically write their first diagnostic reports in SLP 580: Clinical Practicum, therefore the MSLP program expects that students will need the level of support that was demonstrated. **Action plan:** Provide adjunct clinical educators additional evidence-supported training and resources to support students’ development of clinical writing skills.
2. SLO #2
 - a. No action required
3. SLO #3
 - a. No action required
4. SLO #4
 - a. Students can have more time to collaborate and develop their research proposals and research projects can be more efficiently assessed and if the number of research projects for the course is reduced. **Action plan:** Group students to allow more time for students to collaborate and develop ideas and more time for faculty to assess and give feedback.
5. SLO #5

- a. The CALIPSO weighting system does not adequately capture all measures of professional conduct. **Action plan:** Increase the percentage of weight for professional conduct. Clinical educators will address inappropriate professional conduct (e.g., tardiness) within 24 hours following any incidents, and develop a remediation plan with the students. Students will also be referred to their academic advisors for counseling about how inappropriate professional conduct may impact their course grade.

Appendices:

Appendix A: CALIPSO Performance Rating Scale

Appendix B: SLP 567 Literature Review Rubric

Appendix C: SLP 567 Method Rubric

Appendix D: FMU Institution Review Board Protocol



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).



Performance Rating Scale

- 1 - Noe evident 4 - Adequate
- 2 - Emerging 5 - Consistent
- 3 - Present

<input type="checkbox"/> Severity of Disorders checked	<input type="checkbox"/> Interprofessional (or collaborative) practice (IPB)	<input type="checkbox"/> Client(s)/Parent(s) Multicultural Aspects	<input type="checkbox"/> Client(s)/Parent(s) Linguistic Diversity
<input type="checkbox"/> Within Normal Limits	<input type="checkbox"/> Audiologist	<input type="checkbox"/> Ethnicity	<input type="checkbox"/> English
<input type="checkbox"/> Mild	<input type="checkbox"/> Dentist	<input type="checkbox"/> Race	<input type="checkbox"/> English Language Learner
<input type="checkbox"/> Moderate	<input type="checkbox"/> Dietitian	<input type="checkbox"/> Culture	<input type="checkbox"/> Primary English dialect
<input type="checkbox"/> Severe	<input type="checkbox"/> Family Member	<input type="checkbox"/> National origin	<input type="checkbox"/> Secondary English dialect
	<input type="checkbox"/> Nurse/Nurse Practitioner	<input type="checkbox"/> Socioeconomic status	<input type="checkbox"/> Bilingual
	<input type="checkbox"/> Occupational Therapist	<input type="checkbox"/> Gender identity	<input type="checkbox"/> Polyglot
	<input type="checkbox"/> Pharmacist	<input type="checkbox"/> Sexual orientation	<input type="checkbox"/> Gender identity
	<input type="checkbox"/> Physical Therapist	<input type="checkbox"/> Religion	<input type="checkbox"/> Sign Language (ASL or SEE)
	<input type="checkbox"/> Physician	<input type="checkbox"/> Exceptionality	<input type="checkbox"/> Cognitive / Physical Ability
	<input type="checkbox"/> Physician Assistant	<input type="checkbox"/> Other	<input type="checkbox"/> Other
	<input type="checkbox"/> Psychologist/School Psychologist		
	<input type="checkbox"/> Recreational Therapist		
	<input type="checkbox"/> Restorative Therapist		
	<input type="checkbox"/> Social Worker		
	<input type="checkbox"/> Special Educator		
	<input type="checkbox"/> Teacher (classroom, ESL, resource, etc.)		
	<input type="checkbox"/> Vocational Rehabilitation Counselor		
	<input type="checkbox"/> Other		

Evaluation	Speech Sound Production	Fluency	Voice	Language	Hearing	Swallowing	Cognition	Social Aspects	AAC
1. Conducts screening and prevention procedures (see IV-2, and IV-8, 1a)									
2. Collects case history information and integrates information from clients/patients and/or relevant others (see IV-3, 1b)									
3. Selects appropriate evaluation instruments/procedures (see IV-3, 1c)									
4. Administers and scores diagnostic tests correctly (see IV-3, 1d)									
5. Adapts evaluation procedures to meet client/patient needs (see IV-3, 1d)									
6. Possesses knowledge of etiologies and characteristics for each communication and swallowing disorder (see IV-4)									

Evaluation	Speech Sound Production	Fluency	Voice	Language	Reading	Spelling	Cognition	Social Aspects	AAC
7. Interprets, integrates, and synthesizes test results, history, and other behavioral observations to develop diagnoses (ref V.9, 1d)									
8. Makes appropriate recommendations for intervention (ref V.9, 1d)									
9. Completes administrative and reporting functions necessary to support evaluation (ref V.9, 1f)									
10. Makes arrangements for appropriate services (ref V.9, 1g)									
Number of items scored: <u>0</u> Number of items remaining: <u>90</u> Section Average: <u>0.00</u>									

Intervention	Speech Sound Production	Fluency	Voice	Language	Reading	Spelling	Cognition	Social Aspects	AAC
1. Develops setting-appropriate intervention plans with measurable and achievable goals. Collaborates with clients/parents and relevant others in the planning process (ref V.9, 2a, ref 3.1.1B)									
2. Implements intervention plans (includes client/parents and relevant others in the intervention process) (ref V.9, 2b, ref 3.1.1B)									
3. Selects or develops and uses appropriate materials/instrumentation (ref V.9, 2c)									
4. Applies tests to meet objectives									
5. Provides appropriate instruction/organization of tasks									
6. Monitors and evaluates clients/patients' performance and progress (ref V.9, 2d)									
7. Uses appropriate models, prompts or cues. Allows time for patient response									
8. Modifies intervention plans, strategies, materials, or instrumentation to meet individual client/patient needs (ref V.9, 2e)									
9. Completes administrative and reporting functions necessary to support intervention (ref V.9, 2f)									
10. Identifies and refers patients for services as appropriate (ref V.9, 2g)									
Number of items scored: <u>0</u> Number of items remaining: <u>90</u> Section Average: <u>0.00</u>									

Professional Practice, Interaction and Personal Qualities	Score
1. Demonstrates knowledge of and independence of communication and swallowing processes (ref V.9, ref 3.1.6B)	
2. Uses clinical reasoning and demonstrates knowledge of and ability to integrate research principles into evidence-based clinical practice (ref V.9, ref 3.1.1B)	
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/industry responsibilities) (ref V.9, ref 3.1.1B, 3.1.6B, 3.1.6C)	
4. Communicates effectively, recognizing the needs, values, preferred mode of communication, and cultural/linguistic background of the patient, family, caregiver, and relevant others (ref V.9, 3a, ref 3.1.1B)	
5. Establishes rapport and shows care, compassion, and appropriate empathy during interactions with clients/patients and relevant others (ref 3.1.1B)	
6. Uses appropriate eye, touch, and voice when interacting with patients or others	
7. Provides counseling regarding communication and swallowing disorders to clients/patients, family, caregivers, and relevant others (ref V.9, 3c, ref 3.1.6B)	
8. Collaborates with other professionals in case management (ref V.9, 3c, ref 3.1.1B, 3.1.6B)	
9. Displays evidence and communication with patient, family, or other professionals (ref V.9, ref 3.1.1B)	
10. Adheres to the ASHA Code of Ethics and Scope of Practice documents and conducts him or herself in a professional, ethical manner (ref V.9, V.9, 3d, ref 3.1.1B, 3.1.6B)	
11. Demonstrates professionalism (ref 3.1.1B, 3.1.6B)	

Professional Practice, Interaction and Personal Qualities	Score
12. Demonstrates openness and responsiveness to clinical supervision and suggestions	
13. Personal appearance is professional and appropriate for the clinical setting	
14. Displays organization and preparedness for all clinical sessions	

Number of items scored: 0 Number of items remaining: 14 Section Average: 0.00

Clinical Excellence in Writing	Score
1. Displays evidence written communication for all professional correspondence (e.g. V.A. and I.I.B)	
2. Organizes information following correct format	
3. Writes narratives in a logical/chronic manner	
4. Writes utilizing a clear and grammatically correct style	
5. Uses appropriate language/terminology	
6. Uses supervisory suggestions and constructive criticism to modify report/documentation as needed	
7. Completes reports and revisions in a timely manner	
8. Meets deadlines for submitting all documentation	
9. Accurately maintains records in client files	

Number of items scored: 0 Number of items remaining: 9 Section Average: 0.00

Appendix B

		Inadequate	Developing	Proficient	
The Review Itself	Introduction	Neither implicit nor explicit reference is made to the topic to be examined. 1	The introduction does not offer many hints to the topic and may seem disjointed with respect to what follows. 3	While not explicitly stated, the reader can (correctly) guess where the paper will go based on the introduction. 5	Roadmapping! The reader knows exactly what the review will cover. 7
	Body: Flow	No organization, sequencing, or structure. 1	Weakly organized, but sections/paragraphs. 3	Despite organization, sequence of topics or structure is illogical. 5	The paper is well organized, demonstrates logical sequencing and structure. 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	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	Clarity is an issue. There may also be grammatical, spelling, or punctuation errors. 3	Writing is generally clear and grammatical, but not concise. Meaning sometimes hidden. 5	Writing is grammatical, clear, and succinct. Uses active voice. Not awkward. Meaning explicit. 7
	Research Questions	Questions are missing! 1	Questions, whether clearly stated or not, are a surprise based on the review. 3	Questions flow naturally from the review, but are not clearly stated. 5	Questions flow naturally from the review and are clearly stated. 7
	Originality	Plagiarism is readily observed or suspected with a high degree of certainty based on SafeAssign or manual review. 0 on assignment.			Paper contents properly paraphrased, no concerns from SafeAssign or manual review. 3
	Citations	4+ errors. 1	2–3 errors. 3	1 error. 5	All citations, parenthetical or within the text, are correct. 7
	Citations Match References	Either a citation does not have a matching reference or a reference does not have a matching citation. 1			All citations have a matching reference. All references are cited. 7
	References: Form	4+ errors. 1	Up to 3 errors in references and DOIs may or may not have been included. 3	All references are correct, but not all DOIs have been included. 5	All references are correct. When they exist, DOIs are included. 7

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

CRITERIA	LEVELS OF ACHIEVEMENT		
	INADEQUATE PROFICIENT	DEVELOPING	
Participants	Participant characteristics as well as recruitment are not clear. Could not reproduce due to lack of detail. (2.5)	Either participant characteristics or 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)
Clarity of writing and writing technique	It is hard to know what the writer is trying to express. Misspelled words, incorrect grammar, and improper punctuation make reading difficult. (2.5)	Writing is generally clear, but unnecessary words are used. Meaning is sometimes hidden. Paragraph or sentence structure is too repetitive. (3.5)	Writing is crisp, clear, and succinct. The writer incorporates the active voice when appropriate. Meaning is explicit. (4.5)

Citations/ References: APA 6th per manual/ companion website	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)	Although citations were included and allowed sources were utilized, there were extensive errors in citations and/or references. (2.5)	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)	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)
Originality	Plagiarism is readily observed or suspected with a high degree of certainty based on <i>SafeAssign</i> (0 on assignment)		Paper contents are suspected to be the author's own in concert with thoughtful, correct paraphrasing. (3)	

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:
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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>		
<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>		
<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>		
<i>E-mail:</i>		<i>Phone:</i>
<i>RB Certificate of Training</i>	<i>Yes</i>	<i>No</i>

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:

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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><i>(text box will expand to include your entry)</i></p>
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Informed Consent:

	Attach the informed consent form you will use in the project.
	Are you seeking a waiver of all required elements of informed consent?
	Are you seeking waiver of selected elements of informed consent?
	Are you seeking waiver of documentation of consent (signature of participant)?
	If yes, then provide justification for a waiver.
	Who will obtain participant's consent?
	PI
	Co-PI
	Research Assistant
	Student Researcher
	Other (specify)

Participant Remuneration (check all that apply)

	Will participants receive course/academic credits for participation?
	Will participants receive monetary remuneration?
	Amount: _____ Payment Schedule: _____
	Will participants receive incentive gifts (prizes, awards, etc)? Explain:
	Other remuneration: Explain.

Nature of Research

	Collection of descriptive statistics
	Survey
	Correlation or individual differences study
	Experiment (manipulation of one or more variables by experimenter)
	Field experiment (manipulation within natural setting)
	Field study (unobtrusive observational study)
	Other (describe)

Research Design:

Describe your recruitment procedure. (Approximately 30-75 words)

(text box will expand to include your entry)

Procedures:

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)
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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
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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
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Last Name	MI
First	

Signature of Student Investigator	Date
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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
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Signature of IRB Chair/Designee	Date
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Comments: