ABSTRACT

Alternative methods to devise curriculum and evaluate student performance were utilized in a graduate course on advanced treatment methods. Curriculum was determined through student input regarding areas in which students felt they needed more instruction. Student performance was evaluated through portfolio assessment and feedback on student video clips. This poster presents quantitative and qualitative data regarding student feedback on the course and thoughts regarding how the course might be modified in response to that feedback. In general, student feedback was highly favorable, but suggestions were made for improvement, particularly as to the difficulty in completing the video assignment.

METHOD

This method of devising curriculum and evaluating student performance was implemented for a new course in advanced treatment methods, CDDS 292, at California State University, Fresno (CSUF). The course was a graduate level class, taken by students in either their last or next-to-last semester. No class schedule was provided before the class met at the beginning of the semester. Instead, the first class session was spent brainstorming with the students as to the areas in which they felt they needed more instruction. Topics selected by the students included augmentative and alternative communication for the adult population, treatment for children who are deaf and HOH, the role of the SLP in the NICU, and treatment of tracheotomized patients, among others. SLPs in the community who were proficient in the areas selected by the students were then contacted and invited to guest lecture. The course schedule was determined by their availability.

An assignment was devised for each topic. Students were given one opportunity to respond to instructor feedback on each assignment before submitting their assignments as a portfolio at the end of the semester. In addition, students were further evaluated through an assignment for a video self-assessment and class presentation. Each student videotaped him or herself working with a client, wrote a self-assessment, and presented the videotape to the class for further feedback.

Quantitative and qualitative data were collected regarding student reactions to this course format and are presented in the Results section of this poster.

BACKGROUND

Student choice: Traditionally, a curriculum has been viewed as something that is “planned for” and “done to” students. University professors are encouraged to respond to student feedback as received via an evaluation process that takes place after the curriculum of a course has been delivered. This traditional viewpoint is perhaps fully justified for courses that provide foundational knowledge. However, this course was a course in advanced treatment methods, taken by graduate students in the latter stages of their training. It seemed appropriate, therefore, to seek their input before the curriculum of the course was determined to inquire as to areas they wanted further addressed.

Portfolio Assessment: The concept of portfolio assessment has no one formalized definition, and portfolio practices vary widely. For the purposes of this course, the portfolio consisted of student assignments submitted for instructor evaluation at the end of the semester. Also, most models of portfolio assessment involve the opportunity for students to respond to feedback before submitting their portfolio, and students in this course were given that opportunity.

Video Self-Assessment: Videotaped examples of delivering therapy or client/parent counseling enable students to reflect upon their clinical practices, reviewing their own behavior, and allowing them to make specific comments regarding their strengths and weaknesses. While such video self-assessment is
common in several fields, including communicative disorders, it is not currently a commonly used practice at CSUF. Virtually every student in the class, therefore, experienced this form of assessment for the first time as a required class assignment and presentation.

**QUANTITATIVE RESULTS**

All courses at CSUF undergo student evaluation every semester. Out of 33 students, 29 responded; average ranking was 4.84 on a scale of 5.0, with higher scores denoting a favorable ranking. In addition, the instructor devised an evaluation form, with values ranging from a 1 for “strongly disagree” to a 5 for “strongly agree” for the following statements

1) Inviting student input was an effective, meaningful way to devise the curriculum for this class.
2) The portfolio assignments given enhanced my learning in this class.
3) Portfolio assessment was an appropriate, meaningful way to measure learning in this class.
4) Viewing videotape of myself delivering therapy helped me learn how to improve my clinical skills.
5) I would recommend this class to other students, even if it were not required.

Nineteen students responded; see the following bar graph for results.

![Bar Graph](image)

**QUALITATIVE DATA**

Students had the opportunity to make comments on both the university and classroom evaluations. A sampling of their comments follows.

**Student Choice:** “I really liked that the professor asked us what we wanted from the class. That was refreshing.”
“I liked how the instructor used this time to give the students a last opportunity for any topics they felt they needed more information on.”

**Portfolio Assessment:** “I believe the portfolio assignments facilitate learning because...we actually get the opportunity to learn from our errors by correcting our mistakes.”
“When I think of a portfolio, I think of a resource that is created by the student for future use, and this end product does not fit that image.”

**Video Self-Assessment:** “Oddly enough, the best part of the class was the dreaded self-critique.”
“We got to see ourselves and look at the good and bad to make improvements and acknowledge our strengths. We also got to see our classmates and get ideas from their treatment techniques.
“the video taping assignment is stressful and nerve wracking.”
“Get rid of the video assignment. It was really hard to coordinate with a supervisor and with a child’s parents.”
CONCLUSION

Students were unanimous in their approval of the concept of allowing them to determine the topics to be covered in this class. Quantitative ratings for the other components of the class were also high, but student comments were more mixed. Several students felt that the portfolio did not fit their own conceptions of what a portfolio should be. Others appreciated the opportunity to respond to feedback before turning in their assignments for a grade. Similarly, students made many favorable comments regarding the assignment for a videotaped self-critique and class presentation. However, some expressed frustration over the difficulty they encountered trying to obtain permission to do the taping. Due to overall favorable ratings, the format for the course will be repeated, with the following modifications:

1) Students will be required to complete assignments and will be given the opportunity to respond to feedback before turning the assignments in at the end of the semester; however, this collection of assignments will not be called a “portfolio.”

2) Alternatives to videotaping a therapy session will be offered, to allow for those students who have real difficulty obtaining permission. For example, students might opt to videotape themselves utilizing interactive storybook reading techniques with typically developing children.

REFERENCES

