

2010

A 21st Century Communication Sciences and Disorders Program

Judith Montgomery

Chapman University, montgome@chapman.edu

Janet L. Dodd

Chapman University, dodd@chapman.edu

SallyAnn Giess

Chapman University

Kamica Barnes

Chapman University

Follow this and additional works at: https://digitalcommons.chapman.edu/comm_science_articles



Part of the [Communication Sciences and Disorders Commons](#), [Curriculum and Instruction Commons](#), [Scholarship of Teaching and Learning Commons](#), and the [Special Education and Teaching Commons](#)

Recommended Citation

Montgomery, J. K., et al. (2010). "A 21st Century Communication Sciences and Disorders Program." *SIG 16 Perspectives on School-Based Issues* 11(2), 66-70.

DOI: 10.1044/sbi11.2.66

This Article is brought to you for free and open access by the Communication Sciences and Disorders at Chapman University Digital Commons. It has been accepted for inclusion in Communication Sciences and Disorders Faculty Articles and Research by an authorized administrator of Chapman University Digital Commons. For more information, please contact laughtin@chapman.edu.

A 21st Century Communication Sciences and Disorders Program

Comments

This is a pre-copy-editing, author-produced PDF of an article accepted for publication in *SIG 16 Perspectives on School-Based Issues*, volume 11, issue 2, in 2010 following peer review. The definitive publisher-authenticated version is available online at DOI: [10.1044/sbi11.2.66](https://doi.org/10.1044/sbi11.2.66).

Copyright

American Speech-Language-Hearing Association (ASHA)

A 21st Century Communication Sciences and Disorders Program

Judy K. Montgomery, Janet L. Dodd, SallyAnn Giess, and Kamica Barnes,

Chapman University, Orange, CA

Abstract: The focus of graduate programs in communication sciences and disorders has changed greatly in the last decade as a reflection of the changes in society in general. Newly formed graduate programs must account for these societal changes as they prepare students for practice in the 21st century. This article will discuss what is expected of new graduates, how teaching philosophies influence course content, and how a new graduate program in CSD came to be.

The 21st Century Graduate Student

Speech and language pathologists (SLPs) in the 21st century are acknowledging vast changes in all their work settings. More than half of SLPs provide services in schools and find it a very diverse work setting (ASHA, 2009). This diversity is found in many forms – child/adolescent clientele, communication disabilities, collaborative expectations, school politics, and legal and ethical issues. To prepare for work as school-based SLPs, graduate students are required to be knowledgeable about pre-school through grade 12 academic standards of their clientele as well as be responsible for their own clinical preparation in communication sciences and disorders. The call for higher education to meet this challenge is not easy. There has been conversation recently about separate educational programs- one for students pursuing careers as SLPs working in schools and another for students seeking careers as SLPs employed in medical settings. However, this seems highly unlikely, and perhaps not wise. Many SLPs contend that we have much more in common with each other as a professional discipline than differences. In fact many SLPs reap the benefits of moving effortlessly between school to medical settings. Some SLPs supplement their income working per diem in a hospital setting while employed full-time in a school setting and others may find it necessary to transition from one setting to

accommodate changes in their personal lives. In addition, many of the skills typically viewed as exclusive to one setting, such as a school, cross-over to needed skills in another setting, such as a skilled-nursing facility.

Preparing the twenty-first century clinician requires a closer look at today's university program, the students who enter and exit the program, and the job market. Here are some ideas – from models of instruction to elements of program design-- for clinicians and university faculty to ponder. Six models of instruction are commonly found in communication sciences and disorders (CSD) graduate programs (Hadley & Fulcomer, 2009). There are relatively few studies investigating the instructional practices used in CSD graduate programs (Powell & Pannbacker, 2007) and many of the studies that are published focus exclusively on the practicum piece. Hadley and Fulcomer (2009) referred to groups of instructional models called “families” (Joyce, Weil, & Calhoun, 2000) and more specific models of instruction within these families. Four models discussed in greater depth were the social family, the information processing family, the personal family, and the behavioral systems family (Joyce, Weil & Calhoun, 2000). From within these four families, Hadley & Fulcomer reported the models of instruction were used in the following order of preference: problem-based learning; induction; direct instruction; cooperative learning; memory strategy instruction; role play. In practice, a wide variety of instructional strategies are in use, representing all four families.

Problem-based learning, induction, and memory strategy are in the information processing family and are characterized by constructivism in which students create their knowledge with guidance from the professors. Cooperative learning and role play are in the social family using rewards for common tasks and team building; and direct instruction is a behavior model which emphasizes teaching smaller portions of information in a step by step

fashion. These methods of instruction are frequently used in law, medicine, and psychology. Regardless of the model of instruction chosen, it should support the desired outcomes of the course. An example from cooperative learning within the social family would be small group assignments that require students to evaluate their peer's contribution to the group work as part of the project grade.

What matters for practitioners in this century?

Interesting and provocative issues haunt CSD educational programs today. A brief list of these issues includes the following:

- a nationwide shortage of SLPs in both educational and medical settings;
- an increased number of very young and very old persons needing the attention of communication specialists;
- cultural and linguistic diversity in all work settings making multicultural interactions the new norm;
- more technology for intervention, for example using telepractice to deliver services;
- more private practices and burgeoning SLP employment agencies;
- more experienced students in second and third careers;
- graduate students expecting accelerated or distance coursework;
- an emphasis on evidence-based practice (EBP) and applied research; Response to Intervention (RTI) as a new service delivery model in schools (Montgomery, 2008);
- shortage of PhD faculty especially in low incidence disorders; and
- university administration seeking to reduce program costs and increase tuition income with greater numbers of students

Faculty and administration cannot ignore these factors, yet deciding how to address even one is a daunting task. CSD programs may want to focus on preparing SLPs for schools versus medical settings, but they don't have that luxury. Instead they must re-engineer their present resources to try to address a few of the bigger concerns and work collaboratively with professionals in both the school and the medical settings. Hopefully they will identify the "crosswalk" between major work settings so that SLPs can enjoy the mobility that attracts- and retains- many of them in this profession. What follows is a tale of how one new CSD graduate program is attempting to address the unique task of educating SLPs in the 21st century.

Are you starting a new graduate program?

A group of university-focused SLPs decided to create within an urban university, a 21st century academic program that attempted to meet these challenges. Not all the ideas were new, but most of them were assembled in unique ways. Faculty was dedicated to using collaborative efforts to meet multiple goals within traditionally named courses. This became possible when courses did not "belong" to anyone yet, plus all newly hired faculty members could easily create over-arching themes for their program.

Ten elements of the new CSD program are listed below. The elements may be unique to our program but perhaps some remind you of your own program.

1. The CSD program has an academic home within the College of Educational Studies (CES) with seven graduate and two undergraduate programs in a medium sized private university.
2. Students in the CSD program are prepared to work in schools, hospitals, and private practice administration, higher education and sports medicine facilities.

3. The CSD program uses a cohort program, admitting 30 students each fall; this is consistent with three other programs within the CES. At any one time there are 60 students enrolled in the CSD program, 30 first year students and 30 second year students.
4. The CSD program is full time with classes meeting in the evenings. Daytime hours are available for students to participate in their practica which are all in off-campus locations.
5. Students complete the CSD program in two years, including summers and all follow the same sequence of courses. Each faculty member is assigned to a practicum site that links to his or her theory courses. This compliments their research agendas and builds collaborative projects.
6. The college hiring practice requires faculty to have at least five years experience as a practicing SLP.
7. The program connects all of its courses by a single method of evidence-based practice that is used in all foundational and practicum courses (Gillam & Gillam, 2008).
8. Key assignments are identified in six courses that represent key learning for students. These are used as a second check of student knowledge and are reviewed in the Capstone course.
9. CSD program evaluation, merged with state license and state credential expectations, is based on ASHA accreditation standards and the *Knowledge and Skills Assessment (KASA)*. Each syllabus lists the standards for each legal/professional certificate and how each is met. Thus generic assignments are found in each course- such as key

assignments, the electronic glossary for each course, an electronic portfolio, a Seven-Step EBP analysis, etc.

10. Faculty and students are required to take part in a wide range of community service projects related to interests and special projects (Marathon Run for Cancer; Special Olympics Healthy Hearing Screening; Child Language Community Clinic).

Our unique practicum and class schedule gives graduate students the ability to observe and then earn their clinical clock hours in actual schools, hospitals, rehabilitation agencies, private practices, preschools, and hospices during normal work-day hours. Students are placed in a practice setting that corresponds with a theory course taken the previous semester or taken simultaneously with their practicum. The students learn to manage authentic caseloads from the beginning and the university is not competing with the SLP professionals in the community for clients. The surrounding four-county urban area is rich in such professional services and the university saves the costs and resources of building a clinic on campus. Master clinicians are paid to serve as off campus supervisors under a university clinical supervisor. Students are supervised by faculty members and their on-site supervisors. In addition, over a third of the graduate class is fluent in languages other than English; 25% are working part time as Speech Language Pathology Assistants (SLPAs); and 30% qualified for the program by taking 36 units of leveling courses because their bachelor's degree was in another field. To determine which model of instruction predominated at this new graduate program, the CSD faculty took a survey developed by Hadley and Fulcomer (2009). Results of the survey revealed that this faculty predominately used the following ____ models of instruction: This compared to _____ indicating _____. All of these elements create a distinctly adventurous CSD graduate program

that takes into account the students, faculty, resources and work settings of the twenty-first century.

Conclusion

This new program is attempting to address many of the service delivery dilemmas in speech language pathology by maintaining standards and enhancing expectations of faculty and students. Refreshing elements of an educational program to prepare tomorrow's clinicians have to be in place today, or we will never catch up. Collaboration in school teams and healthcare teams is established first in university programs. Students learn differently in authentic clinical settings, and faculty members teach differently when they are also in touch with clients who present those disorders. The science in CSD has become more robust and we all become aware of it when EBP and other key assignments follow the same structure in each of our classes. This program is new and outcomes are still being collected using a comprehensive evaluation matrix shared with the other programs within the College of Educational Studies. Feel free to react to these elements and ponder how much closer universities and all service settings might be able to work together in this century.

References

- American Speech-Language-Hearing Association. (2009). *2009 Membership survey summary report: Number and type of responses*. Rockville, MD: Author. Retrieved April 7, 2010 from <http://www.asha.org/uploadedFiles/2009MembershipSurveySummary.pdf#search=%22Schools%22>
- Gillam, S. L. & Gillam, R.B. (2008). Teaching graduate students to make evidence-based intervention decisions. *Topics in Language Disorders*, 28, 3, 212-228.

- Hadley, A. & Fulcomer, M. (2009). Models of instruction used in speech language pathology graduate programs, *Communication Disorders Quarterly OnlineFirst*, published on March 10, 2009 as doi:10.1177/1525740109332833
- Joyce, B, Weil, M., & Calhoun, E. (2000). *Models of teaching* (6th ed). Boston: Allyn & Bacon.
- Montgomery, J.K. (March, 2008). Models of RTI for SLPs: Is this what we have been waiting for? *Perspectives on Language Learning and Education*, 15, 13-21. doi:10.1044/lle15.1.
- Powell, T & Pannbacker, M. (2007, November). *Toward an evidence-based education: A systematic review of pedagogy in speech-language-pathology*. Paper presented at the convention of the American Speech Language Hearing Association, Boston, MA.