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UNIVERSITY OF NEBRASKA AT OMAHA

Full-semester and time-compressed fluency disorders course: An evaluation of student perceptions of competence, satisfaction, and workload

Shari Deveney, Ph.D. CCC-SLP, Amy Teten, Ph.D., CCC-SLP, & Mary Friehe, Ph.D., CCC-SLP



Time-compressed (TC) (e.g., summer, interim sessions) are becoming more commonplace in higher education. **Outcome differences.** Final course grades for students in TC classes were significantly higher than those of students taking the same courses during a full semester (FS) (Anastasi, 2007; Ferguson & DeFelice, 2010)

Workload rigor. Students spent more time per credit hour (63 minutes per week for a three credit course) when taking a FS equivalent than when taking a TC course (Lutes & Davies, 2013)

Student satisfaction. With instructor teaching style, content, instructional materials, and evaluation components held constant, students in TC courses were more satisfied with student-student communication than in FS courses (Ferguson & DeFelice, 2010)

Motivation for present study. Little research on course delivery model for content specific to SLP field. Recently, UNO graduate program moved course in fluency disorders from a FS format to TC format with instructor, text. etc. held constant.

Research questions

- (1) Are there differences in students' perceptions of fluency disorder competencies at the end of FSvs. TC courses?
- (2) Are there significant patterns of perceived strengths / weaknesses (e.g., identification, assessment, treatment issues) for students' perceptions of fluency disorder competencies across both course formats?
- (3) Are there differences in students' overall satisfaction with the course between formats?
- (4) Are there differences in students' perception of course workload difficulty between formats?

Method

- Participants. SLP graduate students (n = 78); enrolled in Fluency Disorders graduate course over a period of five semesters (2010-2014)
 - •Three of the five courses were FS (n = 50); two were TC (n = 28); Class size range was 10-19 (M = 13.6)
- Measures. Fluency Disorders Competency Checklist (Gottwald et al., 2010) on first and last day of class.
 - •Consists of 23 competencies rated on a scale from 1-5
 - •"1" correlates to a response of "Very Incompetent"
 - •"5" corresponds to a response of "Very Competent"
 - •High level of internal consistency (Cronbach's alpha of 0.887)

Results

- Post-test competency level: No significant differences between groups (U = 846, z = 1.355, p = 0.175)
- Growth in competency levels for identification, assessment, or treatment: No significant differences (U = 706.5, z = -0.077, p = 0.939).
- Students' overall satisfaction: Significant difference (U = 889, z = 2.300, p = 0.021), preference for TC
- Course workload difficulty: Significant difference (U = 973, z = 3.381, p = 0.001), higher for TC

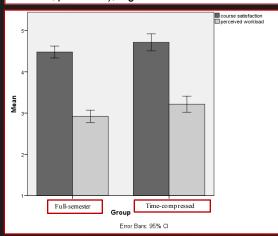


Figure 1. Mean ratings for course satisfaction and perceived workload (on a 15 Likert scale with 1 = "Very Poor" and 5 = "Very Good"). Main findings were significant for Group (at p < .05) on both dependent variables.

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Table 1. Participant pre-/post- responses for the Fluency Disorders Competency Checklist (reprinted with permission by the American-Speech-Language-Hearing Association)

	Fall Pre	Summer Pre	Fall Post	Summer Post
ltem	Total M	Total M	Total M	Total M
Can identify normal fluent speech by describing continuity, rate, and effort.	2.94	2.57	4.59	4.6
Can identify disfluencies by type (blocks, prolongations, repetitions, etc.).	2.48	2.52	4.94	4.85
Can describe effortful behavior and its anatomic/physiological source (e.g., vocal straining) as it related to stuttering.	2.07	2.05	4.48	4.45
4. Can relate other communication disorders to the developmental and/or maintenance of	1.95	2.06	4.26	4.05
stuttering. 5. Can address the needs, values, and cultural/linguistic background of the client and family when conducting assessment and/or treatment for stuttering.	2.46	3.06	4.29	4.55
6. Can identify the need for referrals to other professionals when appropriate.	2.9	3.14	4.41	4.6
Can differentially diagnose developmental stuttering from other fluency disorders such	1.35	1.6	4.41	4.0
as cluttering, neurogenic, and psychogenic stuttering, as well as malingering.				
Can differentiate between a child's normally disfluent speech, the speech of a child at risk for stuttering, and the speech of a child who has already begun to stutter.	1.82	2.22	4.61	4.7
Can obtain a thorough case history by acquiring information about psychological, developmental, linguistic, and cultural variables that may impact stuttering.	2.69	2.92	4.73	4.6
 Can obtain representative speech samples to evaluate for stuttering frequency, duration of stuttering, and speech rate. 	2.58	2.72	4.63	4.3
Can assess clients' use of sound, word, and situational avoidance as well as secondary features.	2.19	2.19	4.44	4.5
Can utilize available and appropriate diagnostic tests to assess stuttering and associated behaviors.	1.82	2.22	4.17	4.05
13. Can identify and measure environmental variables (e.g., time pressure, emotional reactions, interruptions, nonverbal behaviors, demand speech, or the speech of significant	2.29	2.08	4.39	4.65
others) that may be related to stuttering. 14. Can explain clearly to client and/or their family members various treatment options	1.6	1.81	4.15	4.3
and their evidence base. 15. Can, in appropriate consultations with clients or parents, construct a treatment	1.71	1.88	4.02	4.25
program, based on the results of comprehensive testing that fits the unique needs of each client.				
16. Can flexibly adapt the treatment program to meet the specific needs of the client and family.	2.24	2.76	4.30	4.45
17. Can utilize counseling skills to address feelings, attitudes, and coping strategies of clients and their families.	2.84	3.22	4.42	4.45
18. Can identify when the experience of stuttering leads to avoidance, postponement, struggle, and secondary behaviors.	2.3	2.37	4.70	4.7
19. Can help clients work toward a normal fluency and natural sounding speech.	1.87	1.97	4.34	4.4
Can help clients and families make treatment decisions in accordance with the ASHA's Code of Fitnics.	2.41	2.44	4.15	4.5
21. Can implement a variety of procedures to achieve transfer and maintenance of changes achieved in the clinical setting.	1.88	2.18	4.06	4.15
22. Can help client develop a plan for managing the variability of stuttering over time.	1.72	1.86	4.19	4.25
23. Can write evaluation and therapy reports that explain the nature of the client's	1.66	2.1	4.16	4.2
stuttering and its treatment for the client and family.				
D:				

Discussion

In conclusion, students who are highly motivated, self-directed, and mature are more suited to favorably navigate the workload demands of a TC course, a description that aptly depicts typical speech-language pathology graduate students.

Limitations & Future Directions

 Long-term retention; replication with other disorder content; compare with online course delivery formats

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