Student Self-Directed Professional Development as a Formative Assessment Skill

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Abstract

While professional development is most typically thought of as continuing education beyond the master's degree, we have formulated a process for master's degree students in speech-language pathology to identify and self-evaluate their own professional development. Current standards for preparing graduate students in speech-language pathology focus primarily on introducing students to an extensive array of academic and clinical topics (e.g., disorders, conditions, service delivery models, evidence-based practice). However, indirect support for self-directed professional development can be found in two CAA standards, Standard 3.1B (i.e., "breadth and depth of the scope of practice") and Standard 4.2 (i.e., reasonable accommodations). The authors describe a series of self-reflection activities that are integrated within speech-language pathology course work for the purpose of fostering professional development at the preservice level. Student comments and outcomes to date are described.

During the past few years, we have been encouraging master's degree students in speech-language pathology to identify and self-evaluate their own professional development. Although professional development is often thought of as a post-master's degree activity necessary to maintain one's credentials (i.e., CCCs, licensure, teaching certification), self-directed goals and strategies may be introduced at the master's level.

Graduate courses in speech-language pathology concentrate on introducing students to an extensive array of academic and clinical topics (e.g., disorders, conditions, service delivery models, evidence-based practice) outlined in the Knowledge and Skills Acquisition document of the American Speech-Language-Hearing Association (ASHA, 2003) and the standards set forth by the Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA, 2008). To meet ASHA's certification standards for speech-language pathology, master's degree programs require program personnel (i.e., the program director, clinic director, academic faculty, and clinical instructors) to evaluate students' work through mechanisms such as course and clinic grades and/or criterion-referenced rubrics on professional competency skills. Indirect support for self-directed professional development can be found in two ASHA certification standards. First, Standard 3.1B (i.e., "breadth and depth of the scope of practice") encourages students to self-evaluate

their own practice. Second, Standard 4.2 addresses the needs of students of diverse backgrounds to direct their educationally related accommodations.

Notably, student self-directed professional development often occurs at the discretion of a particular program, instructor, or student. For example, Jane Hindenlang, a clinical instructor at Southern Connecticut State University, requires graduate clinicians keep weekly reflective journals that discuss, in part, the behaviors they need to develop further. Utilizing SOAP notes, students self-evaluate treatment fidelity and state plans for improving one session to the next (McNamara, 2007). Likewise, students who enroll in an independent study or opt to complete a master's thesis usually make these choices after considerable self-evaluation of their learning strengths and interests.

Self-Directed Projects

To introduce master's students to self-guided professional development, students can learn and practice these skills while in a graduate curriculum. Students can be encouraged to self-evaluate their own skill set, identify where they need additional proficiencies, and through faculty mentoring, create self-directed professional development opportunities.

In an academic course entitled *Communication and Developmental Disabilities*, students complete an independent self-directed professional development project. They identify an area or skill in which they need more training, state explicit learning outcomes, and then, within the course's themes, pursue that knowledge and/or experience based on an activity that represents her/his personal learning style and interests. Students initiate a dialogue with the instructor about their topic and the specific learning outcomes they hope to achieve. Then, students identify the length, depth, and structure of the project, along with a proposed final product that represents their new skills. Every 2 weeks, students submit a single-page written update on the project's status. At the course's conclusion, students submit their final project, along with an evaluation of whether the project and its process enabled them to meet their specific professional development learning objectives.

Students are given initial suggestions and encouraged to be creative, flexible, and propose both experiential and academic activities. Examples of activities can be

- A student needing to develop research related skills might engage in a case study, and/or talk with local professionals who conduct research in developmental disabilities.
- Students interested in inclusion might observe and document the language demands of the general education classroom or create a modified curriculum adapted to a child's specific needs.
- Students who need to develop assessment skills might design and implement a protocol that considers both the individual and the environment, followed by a critique of the assessment itself.
- A student who needs to develop professional speaking skills might develop and/or implement an in-service presentation for parents and siblings regarding communication and developmental disabilities.

The following examples highlight three projects completed by students in the fall 2007 semester.

L.K.

Goal: To better understand team member's perspectives on collaboration

No single person or professional has the knowledge and skills required to serve all educational services to children with severe disabilities. This project sought to explore what professionals from various disciplines know about communication characteristics and challenges, as well as their views on working as part of a team. Five professionals were individually interviewed over the course of two weeks, a speech-language pathologist, an occupational therapist, a physical therapist, a special education teacher, and a school psychologist. These professionals currently serve children with severe disabilities and have been doing so for a minimum of 4 years. Trends in the interviews indicated knowledge of others' professional skills could influence one's occupation. Individuals must work together; if this is not achieved then the student's progress suffers. It is crucial for individuals to talk to and learn from their team members in order to truly collaborate. In addition, all individuals stated that they had experience working with a variety of populations and they preferred working with children with severe disabilities. These professionals stated that they used picture boards to display and organize daily activities and therapy goals. When asked to reflect on the team process, all of the professionals had positive comments. In general they believe that it is an essential part of a child's success, especially the involvement of family members. Overall each professional had overlapping yet distinct insights into what it is like to communicate with children with severe disabilities. They all find the work to be very rewarding and thought that teaming is critical to providing services to students in this population.

D.N.

Goal: Professional Skills in Augmentative and Alternative Communication (AAC)

The goals of my independent project were to 1) increase my general understanding of AAC, 2) identify the frequent issues faced by professionals in implementing effective AAC services, and 3) to obtain real-world perspectives from professionals responsible for providing these services within the classroom setting. To actualize this project, I took four steps. I reviewed literature regarding AAC service delivery practices, and the roles, responsibilities, and knowledge required of SLPs. I explored websites of AAC organizations and device manufacturers. I took two online CEU courses in AAC. And, I interviewed a special educator and two SLPs about AAC practice, including the team approach and team roles, inclusion of students who use AAC in the classroom, assessment techniques, curriculum adaptations, and funding issues for AAC devices. As a result of this project, I have increased my knowledge of AAC in general, and gained an understanding of the roles and challenges faced by SLPs. Clinical implications of this project include the need for SLPs to act as team leaders and advocates for encouraging a cohesive team approach to AAC intervention, providing and/or lobbying for additional staff education regarding the importance of AAC, increasing student awareness of the purpose of AAC for

facilitating interaction among non-AAC users, and increasing both social *and* academic opportunities and participation for AAC users within the classroom.

J.F.

Goal: Skills in supporting the siblings and peers of children with autism spectrum disorders (ASD)

The goal of this project was to identify and develop ways in which typically developing peers, including siblings, can be supported to facilitate the communication of students with ASD. Downing (2005) was an invaluable resource for information about teaching communication skills to students with disabilities and the characteristics of effective communication partners. However, specific strategies and instructional methods for peers, beyond the general discussion for all communication partners, were not considered. I wondered how these concepts could be taught effectively to peers, which is vital because inclusion relies upon peer interaction to facilitate communication skills. I carried out a search for peer specific strategies, and, though many resources addressed the emotional concerns of peers, few provided specific information about communication. Accordingly, I developed a children's book by portraying the characteristics of an effective communication partner, including: increasing proximity, establishing eye contact at the student's physical level, looking expectantly to encourage participation, accepting and recognizing all forms of communication, allowing time for the student to respond, and being less directive. As well, I tried to embed ideas about teaching in natural contexts, motivating the student to communicate, offering choices, and shaping, modeling, and prompting desired behaviors. I incorporated the comments of my peers and an 8-year-old boy who has a 5-year-old brother with autistic disorder. Their feedback was carefully considered and invaluable to my creative process.

Special Considerations

Good clinical and academic instruction requires careful documentation of pedagogical issues that prove ineffective and effective. Prior to initiating self-directed professional development activities, there are four topics that should be discussed.

First, professors need to consider whether master's level students are ready to identify their own educational needs and learning objectives. For example, students in a first practicum experience often see themselves as having few strengths and, therefore, in need of every possible clinical skill. We typically advise such students to develop reasonably achievable short-term goals. In an academic course, however, students may be unaccustomed to the idea that they can direct learning outcomes. This unfamiliarity may make students uneasy and apprehensive about stating professional development goals. To alleviate this, faculty may need to explicitly teach students how to create a personally directed project, particularly behaviorally measurable student outcomes.

Second, faculty members need to monitor students' motivation to actively pursue professional development activities. Students, especially those who are unsure about this process, may prefer that faculty members direct students' professional activities (i.e., "What do you [the instructor] think I [the student] should know and

do?"). Here, we encourage students to consider long-term goals so that they might begin to aim clinical practicum experiences and academic courses in a specific direction. For example, students who might be interested in birth-to-three services can be encouraged to develop family. entered skills by interviewing family members of persons with developmental disabilities or participating in a local family support group.

Third, faculty members who implement student-directed professional development activities need to be comfortable in allowing students to direct the acquisition of their skills. By necessity, this type of activity means that the faculty member must be flexible with regard to the different stages of professional skills possessed by students and open to the idea that students are likely to propose activities that may seem too demanding or not demanding enough. In situations like these, the faculty member is encouraged to negotiate with the student by finding a balance between faculty and student expectations, keeping true to the integrity of the course's curriculum.

Fourth, faculty members must investigate the relative strengths and weaknesses of self-directed professional development activities. Interviewing and surveying students can accomplish this to determine the efficacy of this novel pedagogy for enhancing student-learning outcomes.

Engaging students to set up goals of self-directed professional development helps to lay a strong foundation of post-graduate growth. Additionally, it fosters critical thinking and helps student clinicians commit to actively participate in their own professional evolution.

References

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