

Initial Report

Last Modified: 08/29/2012

*grad exit
interviews
SP 2012*

1. What is your major?

#	Answer	Bar	Response	%
1	Deaf Education		1	13%
2	Speech-Language Pathology		7	88%
	Total		8	

Statistic	Value
Min Value	1
Max Value	2
Mean	1.88
Variance	0.13
Standard Deviation	0.35
Total Responses	8

3. For which areas of your field do you feel most prepared?

Text Response

Assessment and treatment of speech sound disorders, language disorders, fluency disorders, dysphagia, aphasia, and motor speech disorders Evaluating and conducting clinical research

Assessment and Treatment of speech and language disorders. I feel Fran covered this section very well, I would have liked to have the class split into assessment and treatment for children and the second half of the semester assessment and treatment for adults.

Treatment in articulation, language and dysphagia

General childhood language, artic, and fluency ax and tx.

Dysphagia, Motor Speech Disorders, Aphasia, Language, Autism. The knowledge I gained concerning normal anatomy and physiology, disorders of speech and language, and assessment of the areas listed above was invaluable.

I feel most prepared in my treatment skills with children. I feel the coursework and the on-campus clinic experience really helped prepare me.

I feel the most prepared to work in the school setting.

Preparing lesson plans and communicating with parents/families.

Educational setting

Statistic	Value
Total Responses	9

4. In which areas of your field do you feel you are lacking skills?

Text Response	
AAC Assessment and treatment measures specific to cleft palate Aural rehabilitation Dementia Treatment for children with voice disorders	
<p>I feel I am lacking in medical terminology and medical conditions that might affect cognition and swallowing. I (and several other graduate students before me and in my semester) felt that it would have been very beneficial to have the swallowing class and TBI class separated into two different classes. If someone is going into the medical setting they need all this valuable information and to have it only covered in half a class was not enough. To make it more productive the swallowing class should be by itself, include lots of hands on training in class, INCLUDE some sort of medical terminology section and include observation hours of swallowing treatment/assessment. Just like we have a student teaching class taught while we are taking student teaching I think we should have some sort of medical class while we are in our medical setting. Lastly, although I enjoyed the AR and cranio graduate classes these two classes should really be combined. Those are two topics that apply to very specific populations. I also enjoyed the advanced clinical methods class, two things I really enjoyed from this class were the video critics (very helpful) and the panels of guest speakers...This goes for all guest speakers, it is much more informative and helpful when you have a wonderful panel of guests. One suggestion is that professors come in and discuss comps in that class (e.g. Fran come in and talk about swallowing, Freed come in and talk about Aphasia, Skelton come in and talk about Phono).</p> <p>Fluency and voice (not due to the lack of education in classes, only because of the lack of practicum experience).</p> <p>Medical field... TBI should've been an entire class because there's so much to learn! There was no undergrad class that truly prepared us for the medical setting so that would have been helpful. Maybe just 1 class that touches on the basics of all areas of the medical field and only the medical field. Also, more required hands on tx experiences in undergrad would have been MUCH MUCH MUCH appreciated. First grad semester was a doozy because of the lack of hands on tx experiences.</p> <p>Assessment and treatment of Articulation and Phonological Disorders, Cognitive evaluations and implementing TBI treatment programs. Our classes did not focus enough on how to carry out treatment techniques. I did not feel that our classes prepared us to handle the IEP process in the schools. Also, more guidance is necessary with RPE and Credential paperwork for students finishing the program.</p> <p>I feel I am lacking skills in working with adult clients. In all of my clinical practicum, I worked with children and did not have the opportunity to work with any adult clients. The only experience I gained with an adult was during diagnostics and audiology clinic. The courses taught by Dr. Pomaville and Dr. Freed were very helpful, informative and they really helped prepared me academically. My lack of skills just has to do with the fact that I did not have any hands on experience.</p> <p>Medical field. I feel that our program is geared towards the school setting; therefore, when we are placed in our medical externships we feel a bit unprepared. The dysphagia and TBI subjects are combined into one class. Half of a semester for dysphagia and half of a semester on TBI is NOT a sufficient amount of time to understand and grasp those topics. I feel that the TBI portion of that class could be a class in and of itself. Dr. Pomaville is extremely knowledgeable in both TBI and dysphagia and I think that there is so much more to learn in each of those topics than what she was able to teach in half a semester. We were taught half of a semesters worth of dysphagia...and for those of us that went into acute with 90% of our day being filled with swallow evals, it was a bit scary. I also feel that for the medical externships they should be spent at not just one site. It should be spread out among acute, rehab, and SNF (maybe 3 weeks at each) because they are each very different.</p> <p>None</p> <p>Medical. I also feel that we could have had more experiences/learning about children with a variety of disabilities as well as how to differentiate a language disorder vs. 2nd language learner vs. language difficulties due to disabilities. I also would have liked to learn more about all the laws pertaining to working with children in the school setting.</p>	
Statistic	Value
Total Responses	9

5. What type of setting are you planning to work in now that you have completed the program?

Text Response

School setting

I enjoy working with adults so I may go into the medical setting when I graduate. I enjoyed my time in this hard program and I learned alot. I feel that although I may be lacking in some areas I have tools and skills to know where to get information and fill the gaps. Thank professors for your time and dedication :)

Schools

School setting

Elementary School and Acute Medical Setting.

I am planning on working in a school setting. I really have a passion in working with children and I feel more confident in my clinical skills in that area.

The school setting; however, once I have worked for a few years, finished my RPE and CFY...I plan to do medical per diem.

Classroom, early intervention

Educational.

Statistic	Value
Total Responses	9