# Keeping It Real(ish):
## A Journey Towards Authentic Assessment in a Communication Sciences and Disorders Program

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## EXECUTIVE SUMMARY

*In the United States clinical higher education programs can be perceived as having 'nailed' the concept of authentic assessment. College programs for nurses, physical therapists, and mental health counseling, for example, all have clinical experience requirements in which students are assessed. Communication sciences and disorders (CSD) programs have the potential to be viewed in a similar light. However, as one examines CSD programs a bit more closely, they see that the programs typically fall short of the mark of infusing authentic assessment into the curriculum in a consistent and beneficial manner. This chapter discusses these shortcomings and shares one CSD instructor's meandering journey to implementing more authentic assessment while respecting the necessity of traditional assessment in allied health professional training.*

## INTRODUCTION

In the United States clinical higher education programs can be perceived as having 'nailed' the concept of authentic assessment, using a definition of authentic assessment developed by Gulickers et al. (2004, p. 69) "an assessment requiring students to use the same competencies, or combinations of knowledge, skills, and attitudes that they need to to apply in the criterion situation in professional life."

College programs for nurses, physical therapists, and mental health counseling, for example, all have clinical experience requirements in which students are assessed. Students spend time at various clinical locations gaining exposure and hands-on experience performing tasks within their respective scopes of practice. This "differs from an examination type assessment because it requires the student to reflect, plan, and create during the experience (Maude et al., 2020, p. 4)." Communication sciences and disorders (CSD) programs (encompassing my own field of audiology and its sister profession of speech-language pathology) have the potential to be viewed in a similar light. However, as one examines CSD programs a bit more closely, we typically fall short of the mark of infusing authentic assessment into our curriculum in a consistent and beneficial manner.

## CSD AND THEORY-FIRST EDUCATION

As discussed by Folkins (2016), CSD education follows a theory-first model of education versus a reflective model of education. In theory-first programs of study students spend the beginning of their curriculum on foundational theory, first broadly and then narrowing as they progress in their programs with real-world practice opportunities taking place last in the sequence. In contrast, reflective models of education infuse real-world practice opportunities throughout the program, from the very beginning, with more direct instruction on 'how to' in the beginning stages of education and less in the later stages as students explore the theory related to their own practice. In CSD programs clinical practice experiences are typically reserved for graduate programs; in the United States the profession of speech-language pathology requires a masters degree for licensure and the profession of audiology requires a clinical doctorate for licensure. Graduate program accreditors, state licensure, and national certifications identify requirements for clinical hours and experiences at the graduate level, even going so far as to place a specific limit to the undergraduate experiences that may 'count' towards these requirements. This has forced programs to 'save the best for last' by reserving the bulk of, if not the entirety of, clinical experiences for graduate students. Graduate students are 'required' to have a certain number of hours and a diversity of clinical experience and there are only so many clinical opportunities to go around. This consideration became amplified during the pandemic as educators found clinical partnerships strained or canceled completely. Unfortunately, this has forced CSD education to make decisions based on logistical resource allocation and not pedagogical best practices.

Despite the fact that graduate programs include clinical practicum experiences, which one might argue are the de facto authentic assessment, there is still room for improvement on the academic side of the educational house. Graduate program

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