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A COVID-19 Informed Benchmark Portfolio of Teaching for SLPA 988: Dementia

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Abstract

The focus of this peer review of teaching portfolio was SLPA 988: Dementia. The course is offered in the Department of Special Education and Communication Disorders within the College of Education and Human Sciences at the University of Nebraska-Lincoln. This is an elective course at the graduate level which has a primary target of students in the master's degree program in speech-language pathology. It is an advanced 900 level course and comes after students have completed at least one semester of clinical work with patients. My goal was to better understand how to improve the course as it transitions from a 1-credit hour 5-week mini session to a 2-credit hour 15-week session. Initially, I had planned to develop and assess reflection as a major component of change. However, the COVID-19 pandemic required a shift in teaching strategy and the focus became on what students would find most valuable as online teaching tools. The results indicated a shift in what students initially believed would be most useful to them in online learning at the start of the mini session compared to the end of the session. Future changes to the course assessments are discussed. This benchmark portfolio is a reflection on my course goals, teaching methods, and student learning outcomes.

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Section 1: Memo 1

The portfolio is organized into a series of memos which are created throughout the peer review of teaching process. Memo 1 is created at the start of the portfolio process, Memo 2 is created a few months later and Memo 3 is completed when the course is complete. The purpose of Memo 1 is for the participant to 1) identify the course goals, 2) identify the course learning outcomes, 3) to explain the context of the course, 4) to delineate the enrollment/demographics, and 5) provide explanations of how this course fits with others in the department and the university. This portfolio work is done through the guidance of the book *Making Teaching and Learning Visible* (2006) by Daniel Bernstein, Amy Nelson Burnett, Amy Goodburn, and Paul Savory. Many of the headings utilized in each memo are suggested from the book text.

What is this Course?

Overview

The course I have selected to target is SLPA 988, Dementia (see Appendix A). The course is an elective course in the Speech-Language Pathology program within the Department of Special Education and Communication Disorders. The course provides knowledge and skills to students who have interest in the practice area of dementia as they pursue their careers as speech-language pathologists. The course provides the opportunity for students to expand their knowledge and improve their ability to serve the needs of this population as practicing speech-language pathologists. The class is currently one credit but is slated to increase to 2 credits in Spring 2021.

Students

The students in the course have selected the SLPA 988 course as one of their 6 elective credits in their master's degree program. The students are either first year master's level graduate

students or second year master's students in the Speech-Language pathology program. Students have completed at least one semester of graduate school and typically bring at least one semester of clinical practice (not necessarily in the area of dementia) to the course. They have completed basic methods and clinical decision-making coursework and therefore have a basic understanding of the clinical process and have applied it to a few patients with various diagnoses.

Specifics of the Course

This class is not a part of curricula in other departments. It is an elective course in the Speech-Language Pathology program; and therefore, not all students in the program take the course. This course will assist students in developing skills needed for clinical practice in adult settings of the profession. Speech-Language Pathology is a broad profession and the master's degree is the entry level for practice. Students within the program of Speech-Language Pathology may be thinking about careers in schools, private practice, or medical settings. Some of these medical settings will have individuals experiencing dementia who require the services of a speech-language pathologist (SLP). Dementia is a practice area that is within the scope of practice of a SLP and it represents an area of practice that is expanding rapidly. The knowledge and skills acquired in this course can be applied to other populations of individuals requiring the services of a SLP. Specifically, knowledge of the assessment and treatment of memory, attention, and executive function and the inclusion of caregiver education and training is applicable to other populations. This course is an "additive" course in that it allows students to develop advanced skills in clinical practice especially for those students who anticipate working in skilled nursing facilities. All courses in the Speech-Language Pathology program serve the purpose of training SLPs to provide high quality service. The American Speech-Language Hearing Association (ASHA) has program accreditation requirements which must be met. This

course deepens the competency in the area of "cognition" which is one of the ASHA "big nine" competencies.

What are the Course Goals?

As the instructor I want the students to know two core concepts: 1) knowledge of the core knowledge and skills in dementia, and 2) additional psychosocial skills. The two overarching knowledge and skills concepts are the assessment and treatment of the disorder. The bottom line is that students who leave the course need to be ready to conduct assessment and treatment in dementia with the support of a clinical mentor. The additional objectives assure the quality of the two main objectives and include differentiating types of dementia based on etiologic, neurological, cognitive, and physiological factors (types of dementia in objective 3 written below.) Additionally, students need to understand the difference between normal aging, mild cognitive impairment, and dementia. Services including assessment and treatment should include family education and training, and consideration of quality of life. These additional goals are subsets of the two core goals of the course in that when they are present, the quality of the assessment and treatment is improved.

Core Course Objectives:

1) Students will apply the principles and procedures used in **the diagnosis** (assessment) of people with dementia as implemented by an SLP.

2) Students will apply the principles and procedures used in **the treatment** of people with dementia as implemented by an SLP.

Additional Objectives supportive of the primary Course Objectives:

3) Students will differentiate and understand the common characteristics of various types of dementia including Alzheimer's Disease, Vascular Dementia, Frontotemporal Dementia (i.e.,

Pick's disease and Primary Progressive Aphasia), Dementia with Lewy Bodies, Dementia in Parkinson's Disease, Dementia in Huntington's Disease, and HIV-associated Dementia and AIDS Dementia Complex as they apply to the assessment and treatment by an SLP .

4) Students will distinguish normal aging from Mild Cognitive Impairment and Dementia in support of appropriate speech-language and diagnosis and treatment

5) Students will implement assessment and treatment strategies that include consideration for quality of life and participation patterns of individuals with dementia and their caregivers.

6) Students will devise strategies that support the role of caregivers and family in the assessment **and** treatment of individuals with dementia.

A key concept I want students to remember from the course is the relationship between cognition and communication. Additionally, I want them to have general recall of the topics covered in the course such that they would identify and utilize resources provided in the class in the future. The general concepts of the formal assessment measures, informal assessment measures and family/caregiver inclusion in assessment are key for objective 1. For objective 2, key concepts of treatment that matches the stage of dementia and type of dementia should be retained over time. I want them to retain the severity groupings of dementia (mild, moderate, severe) and recall of at least two treatment starting points for each stage would be ideal. Lastly, I would like students to retain the concept of quality of life as a key indicator of success in assessment and treatment.

In terms of psychosocial development, the attitude of a clinician is imperative to success with any given patient. I want them to understand the role of the speech-language pathologist in giving voice to people who do not have the ability to speak for themselves and the knowledge and skills to impact the people who will deal with the individual with dementia every day. I want

them to have compassion and empathy as well as strong knowledge and skills. I would like the following attitudes to be developed in students 1) Respect for all (diversity, SES, Gender, history, behavior), 2) Work Quality (the idea that they give their best every day for those without a voice), 3) Team-work (the idea that they cannot assess or treat the client in a vacuum- they need the support of family/caregivers and other professionals), 4) Quality of Life (an understanding that in the end, the outcome for the patient is quality of life not a % increase or decrease in a particular behavior), and 5) Evidence (the idea that what they do is based on solid evidence of effectiveness).

These elements (objectives and attitudes) are key to quality care of individuals with dementia (and other communication impairments). Without strong knowledge and skills SLPs can fall into a pattern of doing what they see being done rather than evaluating the true needs of the client, linking those needs to effective and evidence-based practice (assessment and treatment), and assuring the practices are focused on quality of life. Quality of health care cannot be improved if practitioners lack knowledge and skill. To achieve improved healthcare outcomes improved practitioner competency is needed. If students have these skills, they are likely to be highly sought after and are more likely to be leaders within their health care implementation community. The course structure includes many hands-on applications that emphasize the goals of the course. Traditionally, students engage in learning about assessment and treatment through small group and classroom-wide problem-solving around cases. In this semester due to COVID-19, live discussions gave way to online discussions.

Why this Course?

I chose this course because it is part of a curriculum revision wherein it will increase from 1 to 2 credits. Additionally, I have expertise in the area of dementia, and I am very

passionate about this course content which makes it an interesting topic to work with. Additionally, the assessment and treatment of individuals with dementia is a growing area of clinical practice for SLPs and therefore attention to this subject is important. Lastly, there is an underutilization of SLP services and at times inappropriate SLP services in this area which makes it an important area of clinical practice to address.

This course is a 5-week 1 credit hour course which makes it a challenge for this particular portfolio project. Although the course will be changing to a 15-week 2 credit hour course, in its current form the timing is difficult. To front load the material to prepare the students for the level of analytical thinking required for the course assessments, students feel overwhelmed at the end. Spreading out assessment across the course would be a desired outcome of this process. Is there a way to assess throughout the 5 weeks incorporating high levels of thinking and have less a less project heavy final weeks? Or, do I simply prepare students for the fact that the course will be assessment heavy in the end due to the nature of the timing? These are questions I continue to grapple with.

Key Goals to Accomplish in the Portfolio

I want to assure course objectives have corresponding assessments and that I am assessing the objectives in my course objectives. I see this portfolio as a way to evaluate my teaching, improve my teaching, and provide documentation of attempts at continuous teaching improvement for promotion.

What Kind of Portfolio?

This will be a benchmark portfolio which documents the course overall and my teaching style in general. I hope it can help me to identify my areas of strength as well as my weaknesses. In general, I tend to like to work with my strengths rather than work to improve weaknesses. In

baseball they call this "play to your strengths". Instead of learning to bat as a left hander when I am a right hander, I want to learn to bat better right-handed. I take this approach to my professional life and I am hoping this portfolio can help me to continue to develop my strengths. This may be because I am a seasoned instructor and my weaknesses are less likely to change, than my ability to improve upon my strengths.

Section 2: Memo 2

The purpose of Memo 2 is to delineate 1) teaching methods, course materials, and outside activities used; 2) rationale for teaching methods; and 3) illustration of changes from previous years/sections. This section was meant to be written in the fall of the semester before the start of targeted class. This memo was updated in the spring after the COVID-19 pandemic.

Methods

Initially, I planned to use the methods of small lecture segments addressing key elements from the readings I believed students would need help elaborating upon. A large part of this course is based in discussion. This is my general practice for graduate elective coursework. My rationale for this is the need to teach not only the content but how to have access to the changing content of the future. Because my area of expertise is in an allied health field, changes occur rapidly. Additionally, the current state of science is that there is an information abundance. This makes selecting good sources of information important. Additionally, it has been my experience that encouraging reading leads to deeper understanding and better writing outcomes. For that reason, I tend to use lecture time to enhance reading rather than to review what the book/articles have already elucidated. Discussions generally occur both in large group and small group partner/triad interactions.

Additionally, I use material-based interactions to create learning. For example, I may bring a test and the accompanying protocols and break students into groups to review the material. This review is based on a set of questions the smaller groups should reflect upon. Sometimes each group has the same question and sometimes each group seeks to answer a different question. In all cases the small groups report their findings back to the larger section for the benefit of all.

Lastly, I use guided video interactions as way of giving more hands-on experiences to students. I play videos of individuals who have dementia interacting with their caregivers. I stop the video frequently and ask students to tell me what they observed. I typically do this as a whole group activity. In this way, I guide students through HOW to assess environment, communication, memory, language, support systems, and caregiver interactions. This has generally left students with good feelings about what they are learning; but previous feedback has indicated that they are not always sure what they will be tested on in relation to the time spent in observations.

In summary primary methods of instruction were:

a) Small lecture segments that expand on key concepts in the book

b) In-class discussions

    a. Large group

    b. Small group

c) In-class demonstrations of materials

d) Guided observations

In the midst of the COVID-19 pandemic, the university moved to "remote" instruction. As such, I reflected on each element of instructional method and sought to find an alternative. The following methods were utilized to replicate in class teaching

a) Small lecture segments were recorded using VidGrid © software and posted to canvas in a weekly module. Once weekly Zoom office hours were offered for synchronous interactions with students around topics of their choice as well as topics identified by reviewing the discussion boards and weekly reflections.

b) In-class discussions were reflected in an active discussion board around topics from the book. I sought to use discussion boards to balance general knowledge (e.g., How is assessment of Alzheimer's disease different than the assessment of Dementia associated with Parkinson's disease) versus application (e.g., write a treatment objective for Alzheimer's disease and Parkinson's disease and discuss the differences in how you approached this. Reflect and give feedback to your peers on their objectives). Small group interactions naturally occurred within the discussion board as smaller groups interacted around topics of interest.

c) In-class demonstration of materials was accomplished by finding You Tube © videos and other web-based sources of materials and including reviews and analysis of these within the course modules and the discussion boards. I also used the last 3 Zoom meetings to provide a material or test with live interactions around that test or material.

d) Guided observations were accomplished by using VidGrid © as a vehicle for using video with embedded questions and answers. This required the students to watch a video and answer questions – much like we would do in class. They requested and were given the answers to the observation questions.

Course Activities

The primary focus of most of my courses is the creation of an assessment and treatment plan for a client. The idea is for the plan to be brief but content laden. A rubric is provided with general guidelines (see syllabus in Appendix AA); but I encourage creative ways of arranging and communicating the material. My rationale for this type of rubric is to allow students to develop their own ways of organizing the materials into cognitive schemas as well as to encourage them to think about organization and communication with patients and families. In

clinical practice, students will not have "models" for all the communication they do. I attempt to nudge students into finding their own ways of doing things. I see this as a way to improve self-expression and self-exploration which are skills they will need in the future.

Students complete a pre and posttest knowledge survey in the course to help guide the topics covered in the course. This is an ungraded activity by each student, but each of them do complete them as a class activity. With the COVID-9 interruption the pre-test was done as an online Canvas quiz. Remember, this course was a mini course and was slated to start after Spring Break. This then coincided with the COVID-19 shut down and led to this course being entirely online. The use of pre and posttest knowledge survey was chosen to assure that the content is not too simple for the students (i.e., they already have the knowledge), or too difficult for the students (i.e., they don't have the prerequisite knowledge to be successful).

For this peer review of teaching project, I incorporated a self-reflection section for the course. Each week students reflected on what they learned, how they learned it, and how it might impact their future practice. A reflection rubric was created by scouring the internet for examples. Combining several of these created a content specific rubric (Appendix DD). This reflection also allowed students to give feedback to the instructor each week on what was helping them learn and what barriers existed within the course.

Another hallmark of my teaching are projects I call, "independent work." These projects allow students to explore special interests to develop materials for their future practice. A general rubric focused on consent, organization, writing, and presentation is used to grade this project. Students' independent work have spanned projects from writing a children's book explaining dementia to a grandchild to creating assessment probes for memory disturbance.

Students share these projects with one another to create a portfolio of materials for their future practice.

Lastly, I have a final exam over the content of the course. The purpose is to have a summative assessment of the students' knowledge of the course. The exam is also utilized as a measurement of basic knowledge competencies needed for clinical practice in the area of dementia.

Course Materials

The course textbook for this course is a 2020 copyrighted text by three of the foremost authorities on the role of the speech-language pathologist in assessment and treatment of dementia.

Course text:

Bayles, K. A., McCullough, K., & Tomoeda, C. K. (2020). *Cognitive-communication disorders of MCI and dementia: Definition, assessment, and clinical management* (3rd ed.). Plural.

Two supplemental texts are provided for the course. The first, by Bourgeois (2014), is a hands-on resource for developing visual materials with individuals with dementia. The second provides a very recent update on trends in a quickly developing area of clinical practice – Primary progressive aphasia. The supplemental texts are listed here:

Bourgeois, M. S. (2014). *Memory and communication aids for people with dementia*. Health Professions Press.

Utianski, R. L. (2020). *Primary Progressive aphasia and other frontotemporal dementias: Diagnosis and treatment of associated communication disorders*. Plural.

The Barkley Speech-Language and Hearing Clinic has a large resource center where students and faculty have access to tests and materials for people with dementia. These materials

are brought to class and utilized for discussion and lecture purposes to give students hands-on examples of existing resources. Additionally, I have utilized the textbook to gather a repository of supporting literature for assessment and treatment of dementia. A result of the COVID-19 discussion boards was an increase in student driven resource development. That is, students found materials and resources they deemed useful and shared them with the class. Some of those resources were added to my current repository for future use.

In addition to the texts and testing/treatment materials, I use a variety of YouTube videos by experts in the field as well as videos posted by family members. These videos supplement the materials in the book. I was more reliant on these materials after the COVID-19 epidemic caused us to move to remote learning.

Rationale

For the purposes of this memo, I embedded my rationales for each item within the review of the methods and activities. I chose this method of presentation for a clearer flow regarding why particular items were used; and because the presentation of the rationale with the materials better fit my own cognitive schema for course development

Links to the Broader Curriculum

This course links to the broader Speech-Language Pathology Master's program by providing an advanced elective in a medically based topic which is a part of the practice pattern of some SLPs. The basic course content would apply to anyone working in a medical setting; but it applies particularly to those practicing in skilled nursing or non-acute rehabilitation settings. The content itself applies to any adult patient with cognitive communication impairments (i.e., communication impairments driven by cognitive changes such as memory and

attention) and many of the strategies will overlap with other disorders of communication (Right Hemisphere Disorder due to stroke; Traumatic Brain Injury).

My clinical focus over 24 years of teaching has always been on the commonalities across disorder types. In this course my focus on assessment planning, both formal and informal, as well as my focus on treatment planning applies across the entirety of the curriculum. Additionally, my focus on clinical writing within course activities, both in class and through assignments, extends across the entirety of the discipline. These basic principles -- treatment, assessment, writing -- are essential skills for all SLPs. Therefore, the knowledge and skills students obtain through this course extend across their entire clinical practice.

Finally, focusing on reading, writing, critical thinking, and self-exploration are key components of my teaching. These are skills that can be utilized across the curriculum and across the profession. As we look at what the future brings, we should focus our attention on creating 21st century clinicians who have new ideas, can critically evaluate information, and who will one day take care of us or our families in individualized and dynamic ways. Therefore, the essential elements introduced in the first sentence of this paragraph are crucial to the future of the profession and to the patients who will rely upon these clinicians.

Section 3: Memo 3

Memo 3 is meant to 1) provide an analysis of student learning, 2) provide an analysis of particular students and assignments, and 3) analyze grades and grade trends. This part of the memo was written post course completion and after the initiation of the COVID-19 pandemic adaptations.

Analysis of Student Learning

The analysis of student learning is tied to the assessment of course objectives. Due to COVID -19, the instructor focused on the two core course objectives of assessment and treatment with additional assessment of the differentiation and understanding of the common characteristics of various types of dementia. The other objectives discussed in Memo 1 were addressed, but not measured in a quantitative way. Table 1 outlines the course objectives and accuracy rate of students' performance. The table depicts the item analysis for the exam for the entire course (n=25) and the specific grade analysis of 18 students who agreed to participate in the program by signing a release regarding their specific point totals on the assessment and treatment plan they completed. The exam questions were broken into groups to reflect the course objectives and then the percent accuracy was calculated by taking the total number of students who got the question correct over the number of students who took the exam for each area of analysis (assessment, treatment, and knowledge of underlying factors).

Table 1

Objective of Course, Teaching Methods, and Analysis of Exam by Question (n=25) and Case Study Grade Analysis for Students who Volunteered for the Project (n=18)

Learning Objectives Memo 1	Teaching Methods/Activities/Course activities Memo 2	Mechanism used to Evaluate Student Performance Memo 2	Analysis of Student Learning Memo 3
1. Students will **apply** the principles and procedures used in the diagnosis of people with dementia as implemented by an SLP.	Course readings Screen casts Guided observation of assessments	Exam Case Study Reflection (quantitative)	Item analysis of exam = 88% accuracy (n=25) Case study = 97% accuracy (n=18)
2. Students will **apply** the principles and procedures used in the treatment of people with dementia as implemented by an SLP.	Course readings Case-Studies in class with ABC planning of treatment in small groups. Use in class time to write up treatment activities through interactive discussion of various ways to document activities. Video observation of treatment- class discussion.	Exam Case study Reflection (quantitative)	Item Analysis of exam = 96.8% (n=25) Case study = 89.5% accuracy (n=18)
3. Students will differentiate and understand the common characteristics of various types of dementia including Alzheimer's Disease, Vascular Dementia, Frontotemporal Dementia (i.e., Pick's disease and Primary Progressive Aphasia), Dementia with Lewy Bodies, Dementia in Parkinson's Disease, Dementia in Huntington's Disease, and HIV-associated Dementia and AIDS Dementia Complex as they apply to the assessment and treatment by an SLP	Class readings	Exam Reflection (quantitative)	88.7% accuracy rate on exam (n=25)

Of particular note within these data is the decreased accuracy in assessment versus treatment portion of the assessment and treatment plan. Student performed with 97% accuracy on the assessment planning but with 89.5% accuracy on the treatment planning. Informal

analysis reveals particular difficulty linking treatment objectives to the diagnostic information and treatment procedures. The opposite pattern is seen on the exam questions with assessment accuracy at 88% and treatment accuracy at 96.8%. These trends may be explained by emphasis within the assessments. The assessment and treatment case had 10 points focused on case-history and a planned assessment and 80 points focused on treatment and patient education. In contrast, on the exam eight questions focused on assessment and five on treatment. Implications will be discussed in the summary section.

Analysis of Grades and Grade Trends

It is noteworthy, that enrollment in SLPA 988 has increased over the last three years I have taught it. Table 2 outlines the number of enrollees and the average course grade for three years. Additionally, Table2 outlines the overall course grade over 3 years of teaching the course. These data reveal a relatively high-grade average, A- to A level and a steady increase in enrollment. As previously stated, this is an elective graduate course and the increasing enrollment may indicate that it is increasingly seen as a valuable course and high grades reflect the academic aptitude of graduate level students.

Table 2

Enrollment in SLPA 988 Over Time

Year	Enrollment	Average
2018	10	91.32
2019	18	92.51
2020	25	92.85

Analysis of Particular Student Assignments

I have begun to incorporate Pre and Post-test knowledge quizzes to assess if course objectives are met. The quizzes are composed of five objective and six open ended questions. The results in Spring of 2020 indicated that three of the five pre to posttest objective questions

showed a change. One objective question ceilinged out at 100% at pretest. This question was regarding the progression of dementia across different dementia types. This was information the students knew at baseline. The second objective question that did not change was one testing knowledge of modifiable risk factors for dementia. The question asked for the cognitive linguistic predictor of better outcomes in dementia prevention and was 60% accurate at pretest and 56% accurate at posttest. Three objective questions demonstrated change and showed a difference of at least 12%. Specifically, a question about the loss of syntactical ability in dementia improved from 84% to 96%. A question about the prevalence of dementia in the speech-language pathologists case load changed from 64% to 100%; and, a question about continuing brain plasticity past the age of 70 went from 88% to 100%. There were six qualitative questions on which written narrative data was gathered regarding clinical application. These questions included items such as defining the disorder and how to address assessment and treatment. Unfortunately, there was not time to do an in-depth analysis of these data at this writing. The question on writing objectives was omitted because qualitative differences were not easily seen without more in-depth analysis. I chose to focus on the data I obtained regarding switching to online instruction and to minimize the qualitative assessment of pre-post data. I plan to do further qualitative analysis at a later date.

Due to the COVID-19 crisis the course was put completely online. I took the opportunity to assess what the students would predict as the best strategies for learning online at the start of the course and at the end of the course, I assessed if they continued to believe the same tools were the most or least helpful. The survey had two questions that were objective in nature which asked students to rate the most important and the least important learning/teaching strategy. Three open ended questions were on the survey including expected challenges, how the

instructor could assist/improve strategies, and how they would engage in an online community by helping other learners. Appendix C provides the pre and posttest survey. Examples of quantitative responses of students at pre and postsurvey are presented in Appendix D. Appendix E summarizes in table form the changes in perception of online teaching strategies from pre to posttest. There is a rich data set available with these data. For the purposes of this portfolio, I have chosen to focus on the pre and posttest ranking of most beneficial and least beneficial learning strategy.

The data presented on learning strategies is a subset of 17 students at pretest and 19 students and posttest that agreed to participate in the peer review of teaching. At pretest 53% (9/17) of the participants identified live Zoom office hours as something that would be the most helpful. At posttest that dropped to 16% (3/19 respondents). The second most popular learning strategy at pretests was screen casts at 35% of the sample (6/17) that strategy moved to number one at posttest with 58% (11/19) ranking it as the top strategy. Initially, 6% (1/17) individuals thought reflections might be the most useful strategy; but, at post-test, no students identified it as the most useful strategy. In the area of least useful strategy at pretest 47% (8/17) of students identified the discussion board as the least useful strategy, reflections as the next least useful 41% (7/17) and Zoom and screen casts had one student each identify them as least useful for a 6% rate. At the end of the semester the students ranked reflection quizzes as the least useful 68% (13/19) and discussion boards as the next least useful (32% or 6/19). No other items were identified as least useful. These data indicate that some students did change their mind about teaching strategies over the course of the semester.

Section 4: Summary

Overall, the switch of SLPA 988 Dementia from a live to an online format due to the COVID-19 pandemic was successful. Students' overall grades in the course were similar to past years. They increased knowledge as measured on exams, their assessment and treatment project, and their pre-posttest measures. Further analysis of qualitative data may reveal additional trends which could not be delineated in this project due to time constraints. Personally, the amount of time it took to pivot my teaching approach did affect the time I had to develop and analyze the data that resulted.

I believe that my switch to the online format was smooth and that I was able to replicate, as described in Memo 2, my live teaching strategies through the use of live Zoom, discussion boards, course readings, screen casts, and reflections elements of my live course. As previously stated, I have a great deal of teaching experience, but I have taught this course for only three years. I continue to work to develop additional strategies and improve my teaching technique.

In regard to students' achievement of the two core objectives in assessment and treatment of dementia, I feel confident that the students have the core knowledge and skills needed for entry level. The lowest average grade of this cohort of students was 88% for the assessment of dementia and 89.5% for the implementation of treatment, as measured across the exam and the project.

My plan to incorporate reflection into the course had mixed results. Informally, reflections did improve over time, but the depth of reflection was limited. Also, students in their ratings of reflection did not value it as a "most" valuable teaching strategy at the end of the course. There are likely several reasons for this. This was the first time I undertook this as a teaching tool and while I used research to form my reflection questions, I am not sure the questions selected were optimal and elicited deep reflection. Grading on a reflection is difficult

and I found it hard to assign grades weekly in such a condensed (5-week) format. As this course changes to a 15-week two credit hour course, the schedule of reflections should be revised.

The emerging power of the discussion board as a "most useful" tool in the posttest data on teaching/learning strategies was promising. This was substantiated by a movement of the discussion board as the number one least useful strategy to the second least useful. You might look at such data and interpret the data to support that the discussion boards were not valued. But, the qualitative data in the reflections indicated that a subset of the students in the course felt they were useful and the trend over the five weeks was to see them more useful at the end than at the beginning. My approach to discussion boards is unique and is not within the scope of this portfolio but I was pleased to see that discussions dropped in ranking as a least useful tool over time.

I was also pleased to see that Zoom which initially was ranked as the "most useful" fell to the same level of usefulness as the discussion boards on the posttest for teaching and learning strategies. Zoom emerged initially (pretest) as the most useful but fell and tied discussion boards by the end of the class. This indicates that students made the shift from the idea of "live lecture format" and found value in other teaching/learning strategies.

In terms of changes for the future. I believe that both my reflections and my pre-post survey need major revisions. Firstly, the more objective I can make them, the easier it will be for me to gather data quickly on outcomes. That is, I need fewer quantitative responses with increasing class sizes. Additionally, I need to develop pre and post testing that better aligns with my goals for the course. The pre- post test for the spring 2020 course had two questions where "the needle" didn't move; but, these are two questions that are not aligned with my core course objectives.

Finally, in the future I need to evaluate my assessments of learning to assure a more even distribution of assessment in my core objectives for the course (assessment and treatment of dementia). My analysis showed that I had more evaluation of dementia treatment principles than dementia <u>assessment</u> principles contained within the assessment and treatment plan activity. In contrast I had less evaluation of <u>dementia treatment</u> knowledge on the exam than evaluation of dementia <u>assessment knowledge</u>. In the future, I plan to expand the assessment and treatment plan activity to include more elements and points for dementia assessment. I also plan to re-evaluate my exam to assure there is a more even distribution of treatment and assessment elements on the final.

In conclusion, I was not able to devote the time and energy to the development and analysis of my data as I would have liked. I ended up with data I did not expect (learning/teaching strategies) and was not able to analyze to the extent I would have liked, the new reflection strategy in the course. However, I walked away from this experience with a deeper understanding of the inner workings of my course, a renewed hope that students can change their mind about teaching/learning strategies, and new skills in the analysis and understanding of pedological data.

Dementia SLPA 988

Meeting: Online class – Office hours through Zoom 12-1 Wednesdays
https://unl.zoom.us/j/823715114
Credit: 1 hour
Room: Online
Instructor: Kristy Weissling, SLP.D., CCC-SLP
Contact
Information: 472-1699 or kweissling2@unl.edu
Office: 253K BKC
Office Hours: By appointment & Thursday 9-11

Course Description:
Etiology, characteristics, assessment, and intervention pertaining to cognitive and communication disorders associated with various types and stages of dementia. Specifically, this course examines the speech, language, and cognitive characteristics associated with various types and stages of dementia.

Course Objectives and Competencies:
This course will address the following objectives:

- To differentiate and understand the various types of dementia including Alzheimer's Disease, Vascular Dementia, Frontotemporal Dementia (i.e., Pick's disease and Primary Progressive Aphasia), Dementia with Lewy Bodies, Dementia in Parkinson's Disease, Dementia in Huntington's Disease, and HIV-associated Dementia and AIDS Dementia Complex;
- To be familiar with pertinent etiologic, neurological, cognitive, and physiological factors associated with dementia as they affect assessment and treatment by an SLP;
- To understand normal aging;
- To understand Mild Cognitive Impairment and its relationship to dementia;
- To be familiar with the principles and procedures used in the diagnosis and treatment of people with dementia as implemented by an SLP; and
- To recognize the effects of dementia on individuals' quality of life and participation patterns;
- To recognize the role of caregivers and family in the treatment of individuals with dementia and to understand the impacts of the disease on caregiver/family quality of life.

Peer review of teaching objectives:

- Students will **apply** the principles and procedures used in the diagnosis of people with dementia as implemented by an SLP.
- Students will **apply** the principles and procedures used in the treatment of people with dementia as implemented by an SLP.
- Students will **differentiate and understand** the common characteristics of various types of dementia including Alzheimer's Disease, Vascular Dementia, Frontotemporal Dementia (i.e., Pick's disease and Primary Progressive Aphasia), Dementia with Lewy Bodies, Dementia in Parkinson's Disease, Dementia in Huntington's Disease, and HIV-associated Dementia and AIDS Dementia Complex as they apply to the assessment and treatment by an SLP.
- Students will **distinguish** normal aging from Mild Cognitive Impairment and Dementia in support of appropriate speech-language and diagnosis and treatment.
- Students will **implement** assessment and treatment strategies that include consideration for quality of life and participation patterns of individuals with dementia and their caregivers.
- Students will **devise** strategies that support the role of caregivers and family in the assessment **and** treatment of individuals with dementia.

Course Format
The course will utilize your textbook as the greatest source of information. Students are expected to complete the readings. I will provide supplemental materials for you, including videos to watch and screencasts that review concepts related to the readings. The format of this class will be cooperative learning through online discussions, course modules including video, and screencast lectures. Activities will reinforce weekly readings.

Required Text
Bayles, K. A., McCullough, K., & Tomoeda, C. K. (2020). *Cognitive-communication disorders of MCI and dementia: Definition, assessment, and clinical management* (3rd ed.). Plural.

Recommended Text – Buy these if you plan to work with adults with dementia or their families
Bourgeois, M. S. (2014). *Memory and communication aids for people with dementia*. Health Professions Press.

Utianski, R. L. (2020). *Primary progressive aphasia and other frontotemporal dementias: Diagnosis and treatment of associated communication disorders*. Plural.

Course Requirements

Independent Project	*See instructions below. This will be a creative project of the student's choosing.*	*10%*
Case study and materials	*See instructions below. This will be a case study and compilation of materials and treatment plan, and a family centered practice.*	*40%*
Weekly Course Reflections	*These are reflections about your experience and learning in the course*	*10%*
Discussion Board	*These will be weekly interactions with others in the course. The instructor views this as an ongoing discussion between students on topics of related to the weekly material.*	*10%*
Final exam	*Cumulative exam*	*30%*

Activities

Exam

Completion of one final examination based on assigned readings and lecture materials. The score on the exam will count for 30% of the final class grade.

Case Study

The development of a case study. Students will design treatment activities for a fictitious person with a specific type of dementia (you determine). The student will write a description of the individual's background and progression of decline. This description should include information about the person's gender, current age, age at the time of diagnosis, past education and employment, family status, current living situation, disease progression, and performance on appropriate cognitive and communication assessments (e.g., the Mini-Mental State Examination, SLUMS, Global Deterioration Scale, subtests of the ABCD, Trail Making Test, Pyramids and Palm Trees Test, Boston Naming Test, Wisconsin Card Sorting Test, Raven's Progressive Matrices, Rey-Osterrieth Complex Figure Test, etc.). Then, complete the following tasks in a manner appropriate for the case:

a) Make a memory wallet/visual support to improve communicative interaction.

b) Develop treatment plan for the support including a data collection method for this support.

c) Select a theme, collect related materials, write probe questions, and plan an associated physical activity for use in a reminiscence session with your client and others with dementia.

And select one of the following:

a) Specify environmental adaptations for the home/living environment to support independence in performing ADLs.

b) Design an educational program for family/caregivers about ways to deal with current and future communication needs.

c) Design an individual direct intervention program to facilitate the recall of specific biographical information.

The score on the assignment will count for 40% of the final class grade.

See Appendix AA for rubric. You will have the opportunity to review the work of another classmate and have your case reviewed by a classmate.

Independent Project
A self-initiated project – Students will work with the instructor to complete a self-initiated project in an area of their interest. This might include an in-depth review of a research article or research around an area of interest (e.g., perception in aging) or creation of a therapy tool or product that could be used with a variety of clients. Topic ideas will be presented throughout the first few weeks of the course. This will be worth 10% of the final grade.

See Appendix BB for rubric.

Discussion Boards
I will post topics and questions. I will attempt to post things that will require you to apply the information you have learned during the week. You will post to those topics that interest you (you do not have to post to all; but you must judge your own contributions and post an amount that demonstrates your active participation with the material). You will monitor responses and contribute, just like you would in a classroom. In a classroom, you would not "count" how many times you contributed to a discussion. If you use the discussion board to ask questions, dig deeper into the material, and to help others—it will be one of the most useful tools in the course. If you see it as a "task" that must be completed, it will not be an affective learning tool. The rubric in Appendix CC will be utilized to grade each discussion. I will be responding to your posts throughout the week as well. This accounts for 10% of your grade.

Reflections

Weekly you will reflect on your learning. This will be in the form of a practice "quiz" on canvas. There is an assignment in the grade book that will be where your grade is recorded for the reflection quiz. This will be an opportunity for you to self-monitor your learning and identify areas where you may need to continue to learn. Appendix DD has the rubric. This accounts for 10% of your grade.

Classroom Policies

Students are expected to behave professionally during live open office hours and on class discussion boards. This means that all students should show respect to the instructor and their peers. Part of this respect is avoiding the use of cell phones or social media while in live sessions and reading the posts of others before posting to avoid redundancy.

Course Outline:

CLASS DATE	TOPIC	ASSIGNMENT DUE	READING & ASSIGNMENTS
Week of March 30th	• *Dementia introduction, neurology, and physiology*	**Peer review of teaching sign-off due April 5th (no grade)** **Pre-test due March 31st (no grade)** **Remote learning survey due April 3rd (no grade)** **Reflection Quiz** *due Sunday* **April 5th** *– midnight* **Discussion board** *due* **Sunday April 5th--** *midnight*	*Chapter 1, 2, 3 .* *Module material*
Week of April 5th	• *Assessment & treatment*	**Reflection Quiz** *due Sunday* **April 12th** *– midnight* **Discussion board** *due Sunday* **April 12th—** *midnight* **Independent study topic** *should be approved by the instructor by* **April 12th**. *This should be done through the discussion board. (no grade)*	*Clinical management guide sections I, II, III, IV* *Module material*

Week of April 13th	• Associated diseases o Alzheimer's disease o Down Syndrome o Vascular dementia	**Reflection Quiz** due Sunday **April 19th** – midnight **Discussion board** due Sunday **April 19th**-- midnight	Chapter 4, 5, 6,7 (Note: Disorder specific chapters 4, 6, 7, 8, and 10 are the most common causes of dementia) Module material Module material
Week of April 20th	Associated diseases: o Creutzfeldt-Jakob's disease, o Parkinson's disease, o Korsakoff's disease, o Lewy Body disease, o Frontotemporal dementia, o Huntington's disease	**Reflection Quiz** due Sunday **April 26th** – midnight **Discussion board** due **Sunday April 22nd**— midnight **Submit draft of case study** for peer review **April 22nd** NEW DATE APRIL 26th **Independent project Due April 24th** **Peer review** due **April 26th** NEW DATE April 30th	Chapters 8, 9, 10 Module material
Week of April 27th	Assessment and Treatment – Review	**Case Study** is due at midnight April 30th **New Date is May 3rd** **Posttest due May 3rd** (no grade) **Remote learning post-test due May 3rd (no grade)**	Clinical management guide, Appendix V – Reimbursement and documentation Review Clinical management guide I-IV Module material
		******************Final exam: 3:30-5:30, Monday, May 4th-Online exam – times to be announced **************	

Grades

Grades will be determined by weighting scores for a course grade. Percentage scores will be assigned letter grades as follows:

A	92.50-100%
A-	90.00-92.49%
B+	87.50-89.99%
B	82.50-87.49%
B-	80.00-82.49%
C+	77.50-79.99%
C	72.50-77.49%
C-	70.00-72.49%
D+	67.50-69.99%
D	62.50-67.49%
D-	60.00-62.49%
F	< 60.00%

Professionalism and Civility

You are expected to exhibit professional behavior that demonstrates respect for the learning environment. This includes being on time for class, maintaining attention/alertness during class, and refraining from use of technology except as it relates to instructor-directed in-class activities pertinent to the class in session. Cell phones must be silenced and put away while in the classroom. Net surfing, reading emails, working on assignments for other classes, etc. are not permitted during class time as a courtesy to your fellow students and instructor. It is each student's responsibility to monitor your own behavior and wakefulness. If you find yourself feeling sleepy, it is fine to remove yourself from the classroom, take a few minutes to refresh, and then return to the classroom, though you will be responsible for any missed information.

The nature of the course material may include graphic images and information about medical conditions and surgical procedures. Additionally, course content may touch on a variety of controversial topics including matters of race, gender, culture, religion, morality, sexuality, and violence. If you anticipate discomfort during such content, you should sit near an exit so that, if necessary, you may step out of the room for a few minutes. As with any other self-initiated break, you will be responsible for any missed information. Furthermore, you have a right to believe whatever you believe about such matters and to express your views (when relevant to the course and in accordance with the principles of professionalism and civility previously described) even when others in the class may disagree or be offended by your views. You also have the right to express disagreement with the views of others, including the instructor, and to decide whether or not to modify your views. Your grade in the class will be based on understanding and reasoning, not on your opinion, though you should be aware that the ASHA Code of Conduct delineates certain professional behaviors that are mandated regardless of one's personal beliefs.

Your work is expected to adhere to professional standards in terms of spelling, grammar, use of first-person language consistent with IDEA standards, appropriate APA-formatted

citations of work derived from another source, and timeliness. The grade for any assignment submitted late will be reduced by 10% of its available points for each day overdue, unless the student makes other arrangements with the instructor at least 2 days prior to the assignment due date.

Academic Integrity (see the UNL Student Code of Conduct)

Academic integrity is a universal principle in the scholarly community, fundamental to the work graduate students do as researchers, teachers, and students. The Student Code of Conduct outlines the University's expectations regarding academic integrity and an Academic Integrity page provides additional information. Graduate students are expected to know, understand, and comply with the Code and the university's policies on academic integrity, and act at all times with unwavering integrity.

Academic misconduct, when discovered, has serious consequences. In accordance with the established procedures as described in the Code, students who commit acts of academic dishonesty are subject to disciplinary action. These students are granted due process and the right to appeal any decision. Questions regarding procedures for incidents of academic dishonesty may be directed to the Dean for Graduate Studies.

In this course, Students will receive a grade of zero on any assignment where the instructor determines that there is credible evidence of academic dishonesty. Any finding(s) of academic dishonesty and sanction(s) will be reported to the UNL Dean of Students.
Acts of academic dishonesty include, but are not limited to, the following: cheating, fabrication or falsification, plagiarism, abuse of academic materials, complicity in academic dishonesty, falsifying grade reports, impermissible collaboration, misrepresentation to avoid academic work.

See the UNL Student Code of Conduct for further information.

UNL Student Code of Conduct
(http://stuafs.unl.edu/DeanofStudents/Student%20Code%20of%20Conduct%20May%20Rev%202%202014%20a.pdf)

Students are expected to adhere to the UNL Student Code of Conduct. "The community of scholars at the University of Nebraska Lincoln is dedicated to personal growth and academic excellence. By choosing to join the community, each member agrees to comply with certain standards of civilized behavior; and therefore, the University of Nebraska Lincoln adopts this Student Code of Conduct, in order that it might: 1) promote a campus environment that supports its educational, research, and outreach missions; 2) protect the members of the community and its resources from disruption and harm; 3) provide a guide to appropriate individual and group behavior; and 4) foster ethical standards and civic virtues, all in keeping with the STUDENT STATEMENT OF VALUES adopted by the Association of Students of the University of Nebraska Lincoln on January 15, 2014." (page 1)

Professional Conduct

Approved by the UNL Graduate Council, November 2015.

Graduate education must take place in an environment in which free expression, free inquiry, intellectual honesty, and respect for the rights and dignity of others can be expected. Ethical standards of conduct should help ensure, not compromise, these features of the university environment.

All graduate students are expected to maintain the highest standards of academic and professional conduct in all aspects of their training and in all interactions with peers,

faculty, staff, and other members of the academic community. Any failure to do so may be grounds for being placed on probation and/or dismissal.

Professional conduct violations consist of behavior that is inconsistent with the ethical standards in the professional roles for which the student is being trained that are not covered by policies governing academic integrity. This may include the student's performance in the role of researcher or scholar, teacher or mentor, supervisor, service-provider or colleague. Of particular note in this regard are behaviors that make the workplace hostile for colleagues, supervisors or subordinates (e.g., undergraduate students).

Nondiscrimination

In accordance with UNL's [Notice of Nondiscrimination](): UNL is committed to creating a diverse and inclusive work and learning environment free from discrimination and harassment. UNL is dedicated to creating an environment where everyone feels valued, respected and included. UNL does not discriminate on the basis of race, ethnicity, color, national origin, sex (including pregnancy), religion, age, disability, sexual orientation, gender identity, genetic information, veteran's status, marital status, and/or political affiliation in its programs, activities and employment. UNL complies with all local, state and federal laws prohibiting discrimination, including Title IX, which prohibits discrimination on the basis of sex.

The following persons have been designated to handle inquiries regarding non-discrimination policies:

Title IX or Discrimination Inquiries: [Institutional Equity and Compliance]()

Sexual Harassment

The University of Nebraska-Lincoln reaffirms that all women and men — administrators, faculty, staff, and students — are to be treated fairly and equally with dignity and respect. Any form of sexual harassment is prohibited.

Sexual harassment is unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of sexual nature when:

- submission to such conduct is made either explicitly or implicitly a term of condition of an individual's employment or academic standing;
- submission to, or rejection of, such conduct by an individual is used as the basis for employment decisions or academic decisions affecting such individual, or
- such conduct has the purpose or effect of unreasonably interfering with an individual's work or academic performance or creating an intimidating, hostile, or offensive working/academic environment.

Sexual harassment will not be condoned during the work or school day, nor will acts of sexual harassment be permitted outside the work or school environment if such acts affect the normal work environment or student/teacher relationship. UNL provides grievance procedures for violations of this policy. For further information, contact [Institutional Equity and Compliance]().

Appropriate corrective action will be taken in those instances where the foregoing policies have been violated. Any student or employee who is found to have violated any of the aforementioned policies will be subject to disciplinary action.

Student Privacy

Overseen by the Office of the University Registrar, directory information will be available to the public upon request and may be included in student directories published electronically and/or in hard copy. Students have the right to have directory information withheld

from the public. See [Directory Information](http://www.unl.edu/ssd/home) for details on which pieces of data are included and how to manage your privacy settings.

Beyond public directory information, the [Family Educational Rights and Privacy Act (FERPA)](http://www.unl.edu/ssd/home) governs the release of student information.

Requests for Accommodations for Disability (http://www.unl.edu/ssd/home)

The University strives to make all learning experiences as accessible as possible. If you anticipate or experience barriers based on your disability (including mental health, chronic or temporary medical conditions), please let me know immediately so that we can discuss options privately. To establish reasonable accommodations, I may request that you register with Services for Students with Disabilities (SSD). If you are eligible for services and register with their office, make arrangements with me as soon as possible to discuss your accommodations so they can be implemented in a timely manner. SSD contact information: 232 Canfield Admin. Bldg.; 402-472-3787

Weather Emergencies (http://emergency.unl.edu/unlalert)

The decision to close the University because of severe weather or other reasons shall be made by the Chancellor. The Director of University Communications will notify radio and television stations and other appropriate media. Every effort will be made to have closedown information in the news media by 6:00 a.m. for day classes and by 2:00 p.m. for night classes. During an emergency, the UNL community and public will receive information through the web and news media as well as by email and text through [UNL Alert](http://emergency.unl.edu/unlalert).

Safety

The safety of all individuals in SECD is of utmost importance to the department. During this COVID-19 outbreak we will not meet for live courses. General emergency information can be found on the UNL police department website at http://www.unl.edu/emergency/. Faculty and students are strongly encouraged to sign up for the UNL Text Alert system, which provides messages during emergency situations. Sign-up can be completed at: http://emergency.unl.edu/unlalert

The phone number for UNL police is 402-472-2222. If there is an immediate emergency, dial 911.

You will be completing this course from your home. Please consider your safety and make plans for the topics listed below. The following is a list of topics that may require action. Preparation is the best way to manage emergency situations. Please consider reviewing the policies and procedures for the following possible incidents each semester:
Tornado:

http://emergency.unl.edu/procedure/tornado
Fire:
http://emergency.unl.edu/procedure/fire
Active Shooter/Shots fired:
http://emergency.unl.edu/procedure/shooting-incident
http://emergency.unl.edu/shotsfired

Continuity of Instruction

The current pandemic is an example of our desire to continue the continuity of instruction. At this time courses are being offered remotely.

If face-to-face classes are officially suspended due to a pandemic or other catastrophe, I will strive to continue instruction to those that can participate. If face-to-face classes are

suspended, you will receive an email from me, and I will post a Canvas Announcement that details how we will communicate and what you can expect during the time that classes are suspended. Students should check these sources regularly for course information.

Caveat

This syllabus represents a written contractual agreement between us. Occasionally, it may be necessary to revise the syllabus to meet students' or university needs. The instructor reserves the right to revise this syllabus if the need arises. Advance notification will be provided to you.

Appendix AA

Rubric Case Study

Case Study

   Students will design treatment activities for a fictitious person with a specific type of dementia (you determine). The student will write a description of the individual's background and progression of decline. This description should include information about the person's gender, current age, age at the time of diagnosis, past education and employment, family status, current living situation, disease progression, and performance on appropriate cognitive and communication assessments (e.g., the Mini-Mental State Examination, SLUMS, Global Deterioration Scale, subtests of the ABCD, Trail Making Test, Pyramids and Palm Trees Test, Boston Naming Test, Wisconsin Card Sorting Test, Raven's Progressive Matrices, Rey-Osterrieth Complex Figure Test, etc.). Then, complete the following tasks in a manner appropriate for the case:

a) Make a memory wallet/visual support to improve communicative interaction.

b) Develop treatment plan for the support **including a data collection method** for this support.

c) Select a theme, collect relate materials, write probe questions, and plan an associated physical activity for use in a reminiscence session with your client and others with dementia.

Select a theme, collect related materials, write probe questions, and plan an associated physical activity for use in a reminiscence session with your client and others with dementia.
And select one of the following:

a) Specify environmental adaptations for the home/living environment to support independence in performing ADLs

b) Design an educational program for family/caregivers about ways to deal with current and future communication needs

c) Design an individual direct intervention program to facilitate the recall of specific biographical information

* You will make the product below digitally for review. Give a description of the type/size of paper and finishing (how will it be bound; will it be in a sheet protector or laminated, etc.). Another option is to make the materials and take pictures of the final product.

Name _____

Area	Description	Points possible	Points earned
Case History	Written as a case history. Include background, progression of decline, gender, current age, age at the time of diagnosis, past education and employment family status, current living situation, performance on appropriate cognitive and communication assessments.	10	
Memory Wallet/visual support	Support was durable, appropriate to the disorder and age of the patient. The material was visually pleasing and takes into account generalization of the material into everyday real settings.	20	
Treatment Plan	The treatment plan matches the support created. There are two objectives for the support one for the ST session and one for generalization. There is a plan for data gathering. A rationale for why the objectives fit the case based on the history was provided. The plan included an ABC format for each objective.	20	
Reminiscence therapy materials and plan.	Theme, materials and probe questions are well developed for the activity. It is clear that the plan is well thought out and appropriate.	20	
Selected element	The target audience for the material is clear. The development of the selected element was clear, appropriate, and visually appealing. The level of the material fit the intended target audience.	20	
Grammar and Format	The format was easy to read, neat, and visually appealing. Grammar and spelling were appropriate. Academic honesty must be followed.	10	
Total		100	

Appendix BB

Independent Project

A self-initiated, independent project

Students will work with the instructor to complete a self-initiated project in an area of their interest. This might include an in-depth review of a research article or research around an area of interest (perception in aging). Topic ideas will be presented throughout the first few weeks of the course. This will be worth 10% of the final grade.

Name_____

Area	Description	Points Possible	Points earned
Merit of the topic	The topic has clear merit as a potentially important area for student development.	10	
Content	The content of the project is clear, well developed, shows initiative, and is accurate.	30	
Writing and Organization	The format was easy to read, neat, and visually appealing. Grammar and spelling were appropriate. Academic honesty must be followed.	10	

Appendix CC

Discussion Board Rubric

I have taught online for over 15 years. Discussion boards have been a major part of my teaching. I do not believe that it is a "discussion" if I tell you that you must post to every post and you must post X times to other student's posts. That leads to students doing only what is required to get points. Instead, I will post topics. You will post to those topics that interest you. You will monitor responses and contribute, just like you would in a classroom. In a classroom, you would not "count" how many times you contributed to a discussion. If you use the discussion board to ask questions, dig deeper into the material, and to help others—it will be one of the most useful tools in the course. If you see it as a "task" that must be completed, it will not be an affective learning tool. The following rubric will be utilized to grade each discussion.

Points	10	7	3	0
Quality of Post	*Exemplary comments; thoughtful, creative, and reflective. The posts demonstrate integration of material that has not been presented in the book or modules. The post is respectful of others' postings.*	*Appropriate comments are provided. They reflect simple understanding of the original post. Responses are mostly correct but include only basic understanding.*	Minimum effort put forth in the posts or there are multiple errors in the responses. (e.g., I agree, Sam)	No posting.
Relevance of Post to the topic	*Posts ideas related to discussion topic; prompts further discussion of the topic by creating posts that encourage the community to contribute.*	*Posts topics that are related to discussion content and provides some room for others to expand or contribute in a basic way (e.g., what do you think?).*	Posts topics which do not relate to the discussion content; makes short or irrelevant remarks.	No posting.
Contribution of posts to the learning of others	Aware of needs of others; attempts to motivate others in the group discussion throughout the discussion period; presents innovative ideas and approaches that leads to the improved learning of others.	Attempts to direct the discussion as it develops. Presented relevant viewpoints for consideration by group; interacts with others.	Does not make effort to participate in learning community **as it develops**.	No feedback provided to fellow students.

Appendix DD
Reflection Rubric

You will be engaged in weekly reflections around your learning. You will do this reflection as weekly quiz in the canvas site. The following rubric will be utilized.

Points	10	7	3	0
Quality of reflection	*The reflection showed deep insight into the learning that occurred for the week.*	*The response was adequate and showed some reflection on topics. Answers were basic and not well developed.*	*The response was minimal. Not much reflection is noted in the response.s*	*No reflection.*

Appendix B

Example Qualitative Responses to Pre and Posttest Dementia Knowledge Questions

Student	Question	Pretest	Posttest
Student 1	How would you treat Mild Cognitive Impairment?	I'm not sure, I don't know much about MCI.	I would work on prospective memory skills by using a memory aid such as lists and taking notes.
Student 2	Define Dementia	A progressive degenerative cognitive communication disorder.	A neurodegenerative disease that causes progressive decline in cognitive processes (i.e., language, memory, reading, writing, attention, executive function).
Student 3	Define Dementia	Dementia is a cognitive disorder that affects one's memory system as well as other areas of cognition such as reasoning and language.	Dementia affects cognitive-communication. Specifically, there is evidence of a significant cognitive decline in at least two domains (e.g., memory, language) that affects individuals functioning in life (IADLs ADLs). This decline cannot be attributed to other disorders (e.g., schizophrenia) or delirium.
Student 4	How would you approach assessment of a person with dementia?	I would look at their cognitive abilities, family and patient interviews, swallowing abilities, and looking at their case history.	I would interview the client and caregivers about the client's past cognitive abilities and interests. I would want to consider any visual, hearing, and swallowing difficulties that they may have. I would then want to administer cognitive tests (e.g., Rivermead) to get an idea of where the individual lies. Informal testing such as language samples, will also be beneficial to helping me to decide an appropriate and effective treatment plan.
Student 5	What is the difference between MCI and Normal aging?	Mild Cognitive Impairment is the brain degenerating faster than a normal aging brain.	Normal aging usually just refers to slower cognitive processes (e.g. word finding). MCI includes slower cognitive processing, but also includes the beginning of

			episodic memory loss, and other memory issues.
Student 6	What do you hope to learn from this class/What did you learn most about in this class?	I would like to learn the different types of dementia and how they present, as well as know how I can approach planning assessment/treatment.	This class was extremely beneficial in demonstrating and identifying the differences between the types of dementia, as well as direct/indirect treatment methods.
Student 7		I hope to learn all I need to know in order to form a differential diagnosis for dementia versus other possible diagnoses. I would like to gain information on conducting a comprehensive assessment within my scope for someone exhibiting signs of dementia as well as appropriate intervention for an individual diagnosed with dementia. I feel like this is an area that I grow as a clinician in and gather more knowledge I need about assessing and treating the different types of dementia.	When I started this class, I hoped to learn about some assessment and treatment information regarding dementia and how to treat it. I was not aware of all the different types of dementia that there actually are before I took this class. I additionally did not know much about MCI before this class and learned that they are not the same thing. As I was taking this class, it was hard to differentiate the differences in the different types of dementia at first, but I found the textbook tables helpful in addition to screencasts and discussion boards to help learn what differences and similarities exist. I also learned about what SOAP notes might look like for someone receiving services, which was something I was also hoping to learn.

Note. The question on written objectives was not included in this data due to time constraints

Appendix C

Remote Learning Survey

Question 1
Which of the following do you believe will be **the most useful** remote learning tool?

Assigned readings
The discussion board
Screencasts
Reflection quizzes
Live Zoom times

Question 2
Which of the following do you believe will be **the least** useful remote learning tool?

Assigned readings
The discussion board
Screencasts
Reflection quizzes
Live Zoom times

Question 3
What challenges do you expect to face in remote learning?

Question 4
What can the instructor do to make this a better experience for you?

Question 5
How can you help other learners in the course to improve their learning?

Remote Learning Survey Post-test

Question 1
Which of the following was **the most useful** remote learning tool?

Assigned readings
The discussion board
Screencasts
Reflection quizzes
Live Zoom times

Question 2
Which of the following was be **the least** useful remote learning tool?

Assigned readings,
The discussion board
Screencasts
Reflection quizzes
Live Zoom times

Question 3
What challenges did you face in remote learning?

Question 4
What can the instructor do in the future to make this a better experience for you?

Question 5
How did you help other learners in the course to improve their learning?

Appendix D

Qualitative Example of Pre and Post Survey Results for Remote Learning

Question	Student	Pre	Post
What challenges will you/did you face in remote learning?	Student 1	Some challenges that I expect to face will be any internet glitches. My computer had lost internet connection during our last class Zoom so I hope that it is not a continued issue. Being at home creates more distractions for me, so I plan to form myself a schedule where I will not be cramming all the material into one time slot. To effectively learn the material and get the most I can out of this class, I would like to set aside time or set aside days that are specific to reading the textbook, looking and adding to the discussion board, reviewing Canvas material, and etc.	I think the biggest challenge was sticking to a schedule and not getting distracted by other things at home. I tried to space out when I did certain things for the class, such as not doing all my readings at one time. Another challenge I faced was having to learn the material more on my own, whereas with an in-person class, the class already has a schedule to attend class at a certain time and a time to participate in class. I think that it would have been interesting to look at some protocols of some assessments, which is not possible to do so, as we are all off-campus.
What can the instructor do (in the future) to make this a better experience for you?	Student 2	Have live ZOOMs for questions and give clear outlines of assignments and due dates.	I liked the screencasts and the questions that were embedded in them. It was helpful when you knew right away if your answer was correct or not. ZOOM times were helpful and I liked when we did things like write SOAPs.

How did you help other learners in the course to improve their learning?	Student 3	Help to hold each other accountable and interact in all discussion boards and other forms of discussion to the best of our ability.	For me to focus on listening to the screencasts I went really slowly through them and took notes as I did. I helped others by sharing these notes if they were crunched for time in the week or if they just prefer to watch and not sit at take the time to take the notes.

Appendix E

Tables of Pre- Post Learning Strategy Ratings

Pretest – Most Helpful (n = 17)	
Strategy	% of Respondents
Zoom = 9	53%
Screencasts = 6	35%
Reflections = 1	6%
Readings = 1	6%

Posttest – Most helpful (n = 19)	
Strategy	% of Respondents
Screencasts = 11	58%
Assigned readings = 4	21%
Zoom meetings = 3	16%
Discussion board = 1	5%

Pretest Least (n = 17)	
Strategy	% of Respondents
Discussion = 8	47%
Reflection = 7	41%
Zoom = 1	6%
Screencasts = 1	6%

Posttest Least Helpful (n = 19)	
Strategy	% of Respondents
Reflection quizzes = 13	68%
Discussion board = 6	32%