

# MA SPEECH LANGUAGE PATHOLOGY

## Guidelines for Comprehensive Examinations Effective Spring 2025



### Contents

|   |    |
|---|----|
| When am I eligible to take comprehensive examinations?  | 2  |
| What is the format of the exam?                         | 2  |
| What kinds of questions should I expect?                | 3  |
| What is an acceptable answer?                           | 4  |
| How should I prepare for the comprehensive examination? | 8  |
| What is the procedure for comprehensive examinations?   | 8  |
| How is my comprehensive exam graded and by whom?        | 10 |
| APPENDIX- SAMPLE QUESTIONS                              | 13 |

The master's comprehensive examination is a crucial component of the graduate education in Speech-Language Pathology at the University of Maryland. The comprehensive examination is a UMD requirement for students pursuing the non-thesis option and is also required in many M.A. SLP programs nationwide. It provides the opportunity to integrate the major clinical, research, and professional issues that transcend the various disorders within the scope of the profession's practice. Preparing for the comprehensive examination presents a learning opportunity because it requires the student to take a bird's-eye view of the information covered in various courses, while still keeping sight of the details.

In what follows, we have provided information to orient you to the process and content of the exam, helping you to best prepare for it.

### **When am I eligible to take comprehensive examinations?**

Typically, students write the comprehensive examination during the Spring semester of their second year if they

- have completed all relevant coursework with no Incomplete grades or grades below B- in required courses,
- are in good academic standing (that is, not on academic probation), and
- have chosen the non-thesis option

Comprehensive examinations are also offered during the Fall semester for students who do not meet the above deadline or need to re-take their examinations for having failed their first attempt.

### **What is the format of the exam?**

The comprehensive examination is administered in a single day and involves answering three two-hour questions. There will be a half-hour break between questions. Each question will be an integrative question that will combine information from any two of your required courses (e.g., Language Disorders in Adults and Dysphagia). For each two-hour question slot, you will be given two question options (both from the same two course combinations), from which you will choose one to answer.

The typical schedule is as follows:

8:15 am -8:30 am – Instructions and set up

8:30 am -10:30 am – Question 1

10:30 am - 11:00 am – Break

11:00 am – 1:00 pm – Question 2

1:00 pm-1:30 pm – Break

1:30 pm - 3:30 pm – Question 3

## What kinds of questions should I expect?

The content for all questions comes from required courses (disorders and basic science courses) and practicum experiences. Questions tend to be of three general types (outlined below). Sample questions are provided in the Appendix.

- a. Clinical case scenarios. You might be given a list of a client's symptoms, a list of a client's diagnoses or disorders, or a story about a client's recent history. You would be asked to provide the diagnoses, if you were given the symptoms, or the symptoms, if you were given the diagnoses, or maybe both, if you were given a story. You might be asked to create or describe appropriate assessment procedures, typical or expected assessment data or results, initial intervention plans, typical or expected treatment data or results, prognosis, discharge plans, etc. You will almost always be expected to provide your reasoning, not just your conclusion (i.e., don't write "he has Wernicke's aphasia"; tell us which of his symptoms are consistent and inconsistent with that diagnosis, what else it could have been and why you did not draw that conclusion instead, etc.). The clients/symptoms/disorders in such cases may be complex, usually with multiple disorders and often with conflicting or not easily explained symptoms (i.e., recent onset of headaches and tremors in an adult who stutters, or a child with a phonological disorder is in a car accident and gets a head injury).
- b. Research design and interpretation. Here, you would be asked to discuss recent research findings about the nature or treatment of a given disorder or combination of disorders and describe what future research could reasonably contribute to our profession's knowledge. We might direct your attention to a specific theory, problem, or controversy; we might leave it more open. We may ask you to produce a specific research proposal, using an organizing scheme similar to the subsections of a journal article's Method section (e.g., Participants, Materials, etc.), or we may ask for a more theoretical discussion. We might give you a research article, or part of a research article, and ask you to critique it, including describing how well it was done as a piece of research, how it fits with what else has happened in that area, what research should be conducted next, or how research about the basic nature of a disorder or disorders can be relevant to assessment or treatment. Although the focus is on research design and interpreting research, the content of these questions is germane to disorder courses and there is no necessary advantage to students who have taken the Research Design course. Exposure to research article readings in other courses and working on your candidacy paper will sufficiently prepare you for this type of question.
- c. Clinical, professional, research issues and trends. This third type of question can cover just about anything, is difficult to predict, and is a test of your ability to use what you know to answer a question you'd never even thought of or to dig into something more complex the more you look at it. Content areas may include, but are not limited to, evidence-based practice, ethics, multiculturalism, work setting-based issues, and current controversies.

## What is an acceptable answer?

### 1. How specific and detailed do my answers need to be?

Specific enough that somebody in our field with current and extensive knowledge in the areas that your answers address can tell that you are familiar with the relevant details. Specific enough that somebody in your field who is not an expert in that sub-area of the field could learn the pertinent information from your answer.

Specific enough to show your readers that you understand how the relevant details are relevant. And specific enough to answer the question that was asked; don't spend time reciting details that were not asked for.

### 2. How broad and integrative do my answers need to be?

Broad enough and integrative enough that somebody in your field with current and extensive knowledge in the areas that your answers address can tell that you are familiar with the relevant themes, ideas, or controversies. Broad enough and integrative enough that somebody in your field who is not an expert in that specific sub-area of the field could learn the relevant themes, ideas, or controversies from your answer.

Broad enough and integrative enough to show your readers that you understand how the general themes of your discipline fit together. And broad enough and integrative enough to answer the question that was asked; don't spend time discussing general themes that were not asked for.

### 3. Are my answers supposed to be specific and detailed, or are they supposed to be broad? Integrative?

Both – and most importantly, both in the context of the other. We want to see not just that you can recite details or provide lists, but that you can combine and utilize details in support of larger themes; we want to see not just that you can discuss larger themes, but that you can use these themes to illuminate the importance of details. And, again, let the question be your guide; read carefully for what the question is asking you to do.

### 4. Dr. X is biased for/against a certain theory/treatment. Do I have to write what Dr. X believes to pass my comps? Or, a different version of essentially the same question: In the clinic, we were taught ABC, but in Dr. X's course, we were taught XYZ. Should I say ABC or XYZ in my comps? Or, Dr. X taught the course, but Dr. Y is writing the question. How should I frame the answer?

Remember that you are writing for teams of readers, not any one professor. Readers include academic faculty and at least one clinical faculty reader. Also, remember that your academic and clinical professors are colleagues who have a pretty good idea of what everyone teaches and why. They tend to have great respect, admiration, and understanding for each other and the relevant

complexities and circumstances of each other's work, even when there is a true difference of professional opinion. Remember that you are one of the relevant "professionals," and professionals are perfectly capable of understanding, respecting, and explaining the support for the multiple views that other professionals hold about any given topic. That's what we're looking for in your comps, regardless of what Dr. X might have said or might have chosen to emphasize in one course: a professional-level discussion of the relevant issues and their support, leading to your interpretation and your support for your views.

6. Some ideas have come up in more than one course, or a specific course, and in other places, like multicultural issues, collaboration, or the use of instrumentation. Could we have comps questions that include these concepts/areas?

Yes. You would likely be expected to incorporate such ideas into questions that focus on other disorders or issues.

7. What are the most common mistakes on comps, and how can I avoid them?

The most common mistake, by far, is failing to answer the question that was asked, either because the answer just doesn't get to everything, because the answer wanders off into its own territory, or because the answer spends too much time on simplistic things that are related to the disorder mentioned but only vaguely related to the more complex or comprehensive question that was asked. It is very common for students to spend way too much time "dumping" memorized lists of only vaguely relevant information (reciting six definitions of stuttering because there is a question about the clinical assessment of a child who stutters, or reciting Darley, Aronson, and Brown's types of dysarthria with their neurophysiological bases because the question mentions motor speech disorders).

All of these problems can be helped enormously by taking the time to create an outline or a set of subheadings for yourself before you start writing your answer; then write your answer by filling in each of the subheadings you've created. Ensure that you fill in all of them and provide a comprehensive response to the question asked. Unless the question specifically asks you to recite a list of memorized information, don't spend your time reciting a list of memorized information. (You can also help to prevent this by not spending your study time memorizing lists of information, as described below.)

► **Frank errors** – If you happen to incorrectly cite the year of a research article or misspell the name of an author, that's not really a problem. Frank errors mean, as an example, that you indicate that you'd do or not do something clinically that would represent poor clinical practice, might cause harm to a client, violate the Code of Ethics, or would reflect an erroneous knowledge base. Errors also include incomplete answers (failing to answer all parts of a question or not answering the question that was asked) and assertions without explanations, rationales, and supporting documentation.

► **Writing that prevents readers from understanding what you intended** –

Knowing something in your head isn't helpful (now or professionally) if you can't get it down lucidly onto paper. Your understanding must be clearly stated in your response. Preparing an outline before writing – even if it's only a bulleted list of points you plan to include in your answer – will help keep you organized and on track. Make notes to yourself. Be sure that you have used all words (professional terminology and other words) correctly. It is not necessary to write “artistically,” only clearly, even if that means a series of active declarative sentences. When clear “bullet points” are more efficient, it's OK to use those if they're clear, and you have not failed to elaborate, justify, or explain as requested in a question. Sometimes, information gets muddled when sentences get too long. You may want to use headings and subheadings to clearly indicate which parts of the question are being addressed.

► **Errors of logic** – This problem involves drawing erroneous conclusions, proceeding from a faulty or absent rationale, and making illogical assumptions. It also includes failure to connect all parts of the question when needed (for example, failing to connect assessment procedures to what you know about the client/patient or not connecting treatment goals to intake and diagnostic information).

► **Disorganized presentation** – This issue can be attributed to fuzzy thinking, poor writing, or inadequate organization. Several suggestions may help with this problem.

- Be certain that you address all aspects of the question, and be sure that you have alerted your readers to the fact that you are answering one or another facet of the question. One way to do this is to number (letter) sections of your answers so that they correspond to the letter or number of the question sections.
- In your paragraph topic sentences, use wording that indicates what you are addressing.
- Liberal use of section/paragraph headings is also strongly encouraged.
- When you complete a response, you are advised to re-read the question to make sure you have addressed all the important points and that what you've written makes sense.

Also, be sure not to wander; make your presentation “tight.” Avoid just stringing together a series of assertions without indicating what relationship they bear to each other or to the questions. Make your assertion/statement, and follow it with a

reason/rationale for making the statement, including documenting from the literature, and then provide an example.

Organization also becomes a problem when you “free associate” from one point to another rather than making a point, expanding on it, giving examples and documentation, and then moving on to your next point. You don’t have to write everything you know to answer the question successfully. Over-inclusive answers do not give you extra credit; they eat up precious time that is better spent writing a well-focused response to another question. Producing a good answer depends as much on knowing what to leave out as it does on what to include.

► **Insufficient documentation** – Everything we do clinically has some basis in our and others’ professional/scientific literature. It is important to be able to support clinical decisions with documentation from relevant literature covered in those courses. Good documentation in an integrated answer involves making a point, then citing the literature that contains information or data backing up your point. By contrast, providing a series of paragraphs, each summarizing an article, is not good documentation.

Clinical experiences are valuable practical sources of information that you should draw from to inform your thinking. Although these experiences provide excellent insights and sources of examples to use in your answers, these resources should not be used to document your responses instead of research literature.

► **Superficial coverage** – Sometimes students write too superficially or too little. This is often the result of not explaining, documenting, and giving examples as indicated above. This may be a particular problem for writers who rely heavily on a bulleted format. At other times, students use their time unwisely and delve too deeply into one part of a question, leaving insufficient time to cover the remaining portion(s) in sufficient depth.

► **The answer does not directly relate to the question asked** – this frequently happens when groups have tried to “pre-prepare” write-ups for cases that they think will be presented. But if those cases are NOT asked, you will be trying to fit your “pre-prepared” answer to whatever case you thought would be asked, rather than addressing the question that was asked. Therefore, your answer makes little sense in relation to the question and essentially fails to answer it. It also doesn’t let the reader know if each of you is independently able to address the issues presented. What’s more, it doesn’t matter how accurate the information you provide is, if it is not relevant to what is asked. In other words, you won’t get credit simply because what you’ve written is accurate if your answer is not applicable to the question.



- **Academic Integrity and Independent Work** - As you prepare for the comprehensive exams, we would like to remind you of the importance of completing all study and exam responses independently and in accordance with the [University of Maryland Code of Academic Integrity](#).

While studying in groups can be a helpful way to review concepts and deepen understanding, please be aware of the risks associated with dividing sections, relying on another student's prepared answers, or submitting responses that are substantially similar across multiple students. Even if these shared responses are unintentional, groupthink can lead to the spread of incorrect information. If numerous students provide the same inaccurate response, this may raise concerns under the university's academic integrity policy. Any case in which multiple students submit highly similar or identical exam answers, mainly if those answers include the same factual inaccuracies, may be investigated as a violation of the Code of Academic Integrity, and students could be reported to the Office of Student Conduct.

We know how hard you've worked to get to this point, and we trust you to bring your knowledge, reasoning, and clinical judgment to these exams. The comprehensive exam is not only a test of knowledge—it's a chance to show your ability to think critically and independently as a future professional. When in doubt, trust your instincts. And if you have questions about how to prepare responsibly, we're here to help.



## How should I prepare for the comprehensive examination?

If you have retained class notes and read your texts, handouts, supplementary readings/articles, and readings/articles for papers, you should not need to collect any other material to study.

The best suggestion we can give is to metaphorically stand back from everything you've learned over the past few years and try to see the larger patterns in what it all means and how it all fits together. Comps is not about repeating the organizational structure and level of detail that were presented in your courses; it's about creating the next level of organizational structure and about integrating themes and details to come up with a comprehensive view of your world as a member of a science-based clinical service discipline. Studying can be enhanced by working with partners or groups, especially if you enjoy collaborating with others. As long as you discuss grand ideas and occasional details, rather than focusing on whether everyone remembers the list of 10 things from a lecture on October 3, 2025. We also strongly suggest that you make up questions along the lines of those listed at the beginning of this handout (e.g., what types of questions and answers can you create around the combination of: severe phonological disorder, assessing infant prelinguistic communication, and validity issues) and then force yourself to spend 2-3 hours writing about each. Part of what can be challenging about comps is the idea of spending several hours contemplating the multiple levels of a complex question, and the best way to prepare for that is to practice doing so. If you can explain what those seemingly random sets of ideas are about, what they have in common, and why, you're well on your way to being able to demonstrate successfully your comprehensive, integrative, science-based, clinical knowledge.

Students frequently ask about how much time needs to be set aside for preparation. This depends on your learning style, habits, preferences, and circumstances.

Probably the most frequent answer that past students have given to this question is "two-three weeks of concentrated study." This meant they were well-organized and ready to go at the beginning of those two weeks, using that time for concentrated review and integration of the material.

## What is the procedure for comprehensive examinations?

Upon meeting eligibility requirements, you are eligible for the examination.

### 1. What is the format of the exam?

You will answer three questions and have two hours to complete each one. For each two-hour slot, you will choose from two possible questions and answer one. There will be a half-hour break between each two-hour slot.

## 2. What is expected on the day of the exam?

The exam is conducted in a computer lab, location TBD in early fall 2025. The room location of the exam is published on the departmental website for each semester. Each student will be assigned a computer, and a particular student will use the same computer for the entire exam. Each student will also be assigned a confidential code to use for file names.

► Things to bring with you: one double-sided 5" x 8" card of handwritten or typed notes. Students are encouraged to handwrite notes, as this supports deeper synthesis and application rather than memorization or copying and pasting. All other materials, such as blank white paper to write notes and USB drives to save your answers, will be provided to you.

► Allowed

- One (1) 5" x 8" card
- Handwritten or typed (front and back)
- May include key concepts, outlines, acronyms, examples, diagrams, etc.
- No photocopied material

► Not Allowed

- Multiple pages
- Notes on digital devices
- Sharing or copying another student's notes

► Tips for creating notes

- Focus on big ideas and connections between courses
- Include mnemonics, flowcharts, frameworks you use often
- Don't overload it—aim for clarity and utility

► Things not to bring with you – Don't bring food (not allowed in the computer lab), books, notebooks, articles, etc. You will be asked to leave your bags and belongings with the exam proctor while answering the questions.

► You should plan to arrive at the computer lab by 8:00 am and check in with the exam proctor by signing in. After a brief orientation on procedures, you will be provided a confidential code number for identifying your exam and notes, and other materials that you will need.

► For each question, there are two options. You need to answer only one of the two options.

► Naming your file and ensuring anonymity. Please name your word document with the following file name format:

Code-Question#-Option#  
(example: S25-Question1-OptionA)

Please also insert your file name as a header in the Word document and remove your name from the document's author properties by going to File>Save as> and deleting your name in the Author textbox.

► After you have answered each question, you will be asked to unplug the USB drive and hand it over to the exam proctor along with all papers

(questions, scrap, etc.). A blank USB drive will be handed out for the next question. You may leave the computer lab only during the half-hour breaks between questions.

► Lunch – You may eat lunch at your convenience during the breaks between questions. You may not, though, eat in the computer lab. Use the time in whatever way best suits you and your specific circumstances.

During your breaks, we kindly request that you refrain from discussing your answers with others who are also taking breaks. There are many good ways to answer questions, and there are many legitimate options for including and excluding material. Because of this, discussing how one responded to a question tends inevitably to arouse anxiety in others who may not have approached a question the same way or included identical information in their answers, but who both have equally acceptable answers.

### 3. What is the best way to use my time efficiently?

Most students feel that they couldn't possibly know enough to need two hours to write up an answer. Be confident, you know a lot. Some students struggle to complete their write-ups within the allotted time. After you have addressed the case questions, if you still have time, you can go back and refine or polish the answers. Stay focused. Keep your eye on the clock and avoid obsessing over one aspect of the answer to the detriment of other aspects.

Another time management problem involves writing a too-involved outline. Some students prepare detailed outlines on scratch paper and then panic because they feel they don't have enough time to write a fully developed answer. Your outline may be more effective as a list with one- or two-word subpoints that serve as reminders and organizational schemes for yourself. You can then number the lists and points in the order that you will write about them and check off each as you cover it. This allows you to be as sure as possible that you've included everything that needs to be in the answer while maximizing the time you have to prepare a coherent answer.

### How is my comprehensive exam graded and by whom?

Each comprehensive exam answer is read by two faculty members who specialize in the relevant disorder or topic area. Readers are generally, but not always, the individuals who taught the appropriate courses.

#### 1. Will grading be anonymous?

Yes, faculty members will not have access to your name or any other identifying information for grading purposes. This is why you will be assigned a unique code number on the day of the test. It is essential for you to understand that the code number serves as the sole form of identification on the documents. Therefore, DO NOT put your name on your document or notes. Should a re-test be necessary, then a new unique code number will be assigned to the student taking the test. The coordinator will inform a faculty member of the grades they assigned to each student, but only after the faculty member has submitted their final grades.

Although we try our best to preserve anonymity, in some cases, the grading may not be entirely anonymous, for example, if you are the only student taking a re-take of a question or if you have extended time accommodations and your exam is spread over multiple days.

#### 2. What grading system will be used?

Each question will be graded on a Pass/Fail basis. The following general criteria are used to assign grades:

**High Pass:** A thorough response to all aspects of the question, with all facts entirely accurate and highly detailed. If needed, frequent citation of the appropriate literature is provided. Overall, this answer demonstrates in-depth synthesis and critical analysis of the topic areas.

\*Acceptable citations are original peer-reviewed, published journal articles only; references to textbooks, classroom instructors, presentations at meetings, and trade journals are not acceptable.

**Pass:** A comprehensive response to the question, all facts are accurate, may be missing minor details, and if needed, some citing of appropriate literature\*. Overall, this answer demonstrates acceptable synthesis and critical analysis of the topic areas.

**Fail:** Factual inaccuracies, unsatisfactory answer that does not entirely address the question (for a graduate level) for questions that require citations, no citations, or inaccurate citations. A failed answer may be a laundry list of points, showing little to no evidence of critical thinking in response to the question.

### **3. Is it common to fail the comps? And what happens if I fail?**

- Most students pass comps on their first attempt. It is highly unusual for students to fail the entire comps.
- Any student who fails one comprehensive examination question may take a make-up question in the same areas during the same semester on the scheduled re-take date.
  - Students who do not pass any re-administered questions will be required to re-take the entire comprehensive examination during a subsequent semester.
  - Note that topic areas and their question combinations for re-takes in another semester will be different from the original examination.
- A student who fails two or more examination questions will be judged to have failed the comprehensive examination and will have to re-take the entire exam during a subsequent semester.
- Any student may take the entire comprehensive examination only twice. Failure to pass any questions on the second full administration of the comprehensive

examination will result in termination from the program without earning a diploma. (see MA Handbook).

#### **4. When and how will I find out if I've passed?**

Typically, the turnaround time for communicating the results permits at least a few days to prepare for a possible re-take. The amount of time it takes to report the results bears no relationship to how well the group or any individual has performed. Factors such as the number of students taking comps, faculty availability, and the time of year exert the most significant influence on turnaround time. Once the exam coordinator has received all grades, the grades are compiled and communicated to you, either via phone or email, whichever you prefer.

#### **What do I do if I have accommodations?**

If you have testing accommodations, please contact the Comprehensive Exam coordinator at the earliest opportunity, preferably at the beginning of the semester when you plan on taking comps. The coordinator will review your accommodations and develop an administration plan. Please note that the examination may have to be spread over two days, depending on the time extension in your accommodations. To preserve the integrity of the comps, different questions may be used for students with extended time.

## SAMPLE QUESTIONS

### 1. Neurological Bases of Communication and Child Language Disorders

What is your understanding of the genetic and neural bases of child language disorders? How do these differences manifest themselves clinically?

Note: You can approach this question by either selecting specific language disorders, such as SLI and ASD, or by addressing general findings.

Discuss how you would incorporate principles of neural plasticity into intervention planning for childhood language disorders. Provide specific examples to illustrate your point.

### 2. Speech production disorders across the lifespan and Diagnostic Procedures

As a speech-language pathologist working in a private practice, you receive a request for SLP evaluation from the parents of a 4 ½ year old child whose speech is “unintelligible”. You have two 90-minute sessions on two consecutive days to evaluate your client, followed by an additional hour to meet with the family and/or teacher.

Identify what model of assessment you would choose as your approach (i.e., medical, behavioral, social systems, etc). Start with your “clinical question(s)”, identify principles/methods of information gathering, move through a detailed description of the cognitive-speech-linguistic domains or skill areas that you would prioritize in assessing this client, and finish with recommendations for all the specific tests or non-standardized measures you would implement. Please provide clear rationales/explanations for all of your decisions at each phase of the process.

Once the assessment data has been collected, how will you differentially diagnose this child’s speech production skill profile? How will you evaluate the possible concomitant presence of communicative deficits other than speech sound production? What impact might this speech sound disorder have on the child’s future performance in related areas? What key information you would provide to the child’s family and preschool teacher upon completion of the assessment?

### 3. Autism and Counseling<sup>1</sup>

You are a consultant for a preschool program for children with special needs. A 3 ½ year old boy, recently diagnosed with an autism spectrum disorder, has just started in the program. His cognitive skills are estimated to be in the low-average range. He demonstrates limited functions and means for communicating. Problem behaviors include screaming and biting (staff, students, and parents at home). Both his teachers and parents are at a loss and are seeking your input and guidance.

<sup>1</sup> Counseling is not a required course, we are just giving you an example of the format



Your response should include both A and B below:

A. As you begin to work with the team, what are some of the underlying feelings experienced by the teachers, parents, and you (as the clinician)? Discuss your rationale for expecting these feelings.

B. Describe how your knowledge of the cognitive, social and communicative learning style in autism will influence the content of what you teach the team, as well as the strategies you would use to counsel.

Your response might include, but is not limited to, the following:

- Steps to establish the counseling relationship.
- Specific counseling strategies you would consider, and why.
- Important content of his treatment plan and why these goals are essential.
- Teaching strategies and environmental supports for both the home and classroom settings to help manage problem behaviors and teach needed skills to the client, parents, and staff.