

UNIVERSITY OF MARYLAND
DEPARTMENT OF HEARING AND SPEECH SCIENCES
MA PROGRAM AND SPEECH LANGUAGE PATHOLOGY



GUIDELINES FOR COMPREHENSIVE EXAMINATIONS
Effective Spring 2018

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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 that are within the scope of practice of the profession. Preparing for the comprehensive examination presents a learning opportunity in itself because it requires the student to take a bird's eye view of information covered in various courses, while still keeping sight of the details.

In what follows, we have attempted to provide information that will orient you to the process and content of the exam and to help you to best prepare yourself for it.

When am I eligible to take comprehensive examinations?

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

- a. have completed all relevant course work with no Incomplete grades
- b. are in good academic standing (that is, not on Probation)
- c. have obtained written approval of their candidacy paper by the deadline posted for that semester.

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:

- 8:15-8:30 – Instructions and set up
- 8:30-10:30 – Question 1
- 10:30-11:00 am – Break
- 11:00am – 1:00pm – Question 2
- 1:00-1:30 – Break
- 1:30-3:30pm – 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 asked to describe what future research could reasonably add to our profession's knowledge. We might direct your attention to a specific theory, problem, or controversy; we might leave it more open. We might ask you to produce a fairly specific research proposal, using an organizing scheme like the subsections of a journal article's Method section (Participants, Materials, etc.), or we might ask for a more theoretical discussion. We might actually 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 that is 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/detailed do my answers need to be?

Specific 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 details. Specific enough that somebody in your field who is not an expert in that particular sub-area of the field could learn the relevant details 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/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 particular 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/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 give lists, but that you can combine and use details in support of larger themes; we want to see not just that you can discuss larger themes, but that you can use larger themes to illuminate the importance of details. And, again, let the question be your guide; read carefully for what the question is actually 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, different version of essentially the same question: In 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, The course was taught by Dr. X, but Dr. Y is writing the question. How should I frame the answer?

Remember that you are writing for teams of readers, not playing mind games with any one professor. In most years, the readers include primarily individuals that you think of as “academic” faculty, plus also at least one that you think of as “clinical” faculty. Also remember that your professors and your clinical supervisors are, even though students never believe this, friends and colleagues who actually tend to have a pretty good idea of what everyone teaches and believes and why. They actually tend to have great respect and admiration and understanding for each other and for 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 and 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 had the time to say or might have chosen to emphasize in one 15-week 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 in a specific course and also in other places, like multicultural issues or collaboration or use of instrumentation. Could we have comps questions that include these concepts/areas?

Yes. It is likely that you would 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 more comprehensive question that was asked. In particular, 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. Make sure you fill in all of them, and make sure that all you do within each subheading is address the question that was 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.)

Probably, the easiest way to explain how to answer the questions is to detail the problems that have gotten people "into trouble" in the past, and to try to offer ideas about how to avoid these pitfalls.

► *Frank errors* – This one is fairly obvious at one level but not at another. On the one hand, 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. Rather, 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, is in violation

of the Code of Ethics, or would reflect an erroneous knowledge base. Errors also include incomplete answers (not answering all parts of a question, or failing to answer the question that was asked) and assertions without explanations, rationales, and 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 own understanding must be made clear in your response. Preparing an outline prior to 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 certain 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 as long as 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 answered.

► *Errors of logic* – This problem involves drawing erroneous conclusions, proceeding from a faulty (or absent) rationale, and making assumptions that are illogical. It also includes failure to connect all parts of the question when doing so is 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 problem can be related to fuzzy thinking, poor writing, or to poor organization. Several suggestions may help this problem.

- (1) Be certain that you address all aspects of the question and be absolutely 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.
- (2) In your paragraph topic sentences, use wording that indicates what you are now about to address.
- (3) Liberal use of section/paragraph headings is also *strongly encouraged*.
- (4) When you complete a response, you are well 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, 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 in order 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. What will get you “into trouble” are answers containing no citations at all. Your guideline is to know the major name(s) and study(ies) in an area, roughly the publication year, and the principal finding(s). *Citations of class notes, lectures, or clinical experiences should be minimal and used very sparingly.* Good documentation in an integrated answer involves making a point then citing the article(s) containing information/data that back 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 in lieu 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 go into too much detail on one part of a question, leaving insufficient time to cover the remaining portion(s) in sufficient depth.

► *Answer does not directly relate to the question asked* – This frequently happens when groups have tried to “pre-prepare” write-ups to cases that they THINK will be presented. But if those cases are NOT those that ARE 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 actually *was* asked. So your answer therefore makes little sense in relation to the question and basically *fails to answer the question*. It also doesn’t let the reader know if each of you *independently* is 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 relevant to the question.

How should I prepare for the comprehensive examination?

If you have retained class notes and read your texts, handouts, supplementary readings/articles, 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 helped by studying with partners or groups, if you like working with other people, as long as you talk about grand ideas and the occasional detail, not whether everybody remembers the list of 10 things from lecture on October 3, 2008. 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 hard about comps is the idea of spending several hours thinking about the multiple levels of a complex question, and the best way to study for that is to practice doing it. 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 own 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 has meant that they were well organized and ready to go at the *beginning* of those two weeks and used that time for concentrated review and integration of the material.

What is the procedure for comprehensive examinations?

Upon meeting eligibility requirements (course work and satisfactory completion of candidacy paper by the deadlines posted for the semester), you are eligible for the examination.

1. What is the format of the exam?

You will answer three questions and will have two hours to answer each question. 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 an OACS computer lab in the Lefrak building. The room location of the exam is published on the departmental website for each semester. Each student will be assigned a computer, and the same computer will be used by a particular student for the entire exam. Each student will also be assigned a confidential code to use for file names.

► *Things to bring with you* – You may keep a pen with you. All other materials, such as blank white paper to write notes and USB drives to save your answers, will be provided to you.

► *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.

► *When you arrive* – You should plan to arrive at the computer lab by 8:30 am and check in with the exam proctor by signing in. After a brief orientation of 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 (for faculty who may print responses for grading).

Please also 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 (question, 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 “do lunch” in whatever way is best for you during the breaks between questions. You may not, though, eat in the computer lab. Just use the time in whatever way best suits you and your set of circumstances.

During your breaks, we ask you not to discuss 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. Don't be fooled. You know a lot. In fact, some students have difficulty completing their write-ups within the allotted time. After you've addressed the case questions, if you still have time, you can go back and add to or polish the answers. Stay focused. Keep your eye on the clock and do not obsess 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 an official "fleshed out" answer. Your outline might be better as a list with one or two word sub-points 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. The readers are generally (but not always) the individuals who taught the relevant courses.

1. Will grading be anonymous?

Yes, faculty members will not know 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 important for you to understand that the code number is used as the only form of identification on the papers. 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 let a faculty member know what grades they assigned to each student, but only after that faculty member has handed in their final grades.

2. What grading system will be used?

Each question will be graded on a Pass/Fail basis. Within the pass category, a distinction is made among High pass, Pass, and Low pass. The following general criteria are used to assign grades:

High Pass: A comprehensive and a thorough response to all aspects of the question, all facts are completely accurate and highly detailed, and if needed, frequent citing of the appropriate literature*. Overall, this answer demonstrates in-depth synthesis and critical analysis of the topic areas.

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

Low Pass: Not as strong of an answer as we expect from a graduate student, significant amount of content may be correct, but other minor portions are vague or incomplete. For questions that require citations, these are insufficient*. Some amount of synthesis and critical analysis, but not of the quality expected from a graduate student.

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

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

3. What happens if I fail?

► 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 than what the student was originally examined on.

► 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 turn-around 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 greatest influence on turn-around time. Once all grades have been received by the exam coordinator, the grades are compiled and communicated to you, either via phone or email, whichever you prefer.

APPENDIX- 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 (outlined by Kleim & Jones, 2008) 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 Counseling¹

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.

¹ 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 you would take to establish the counseling relationship.
Specific counseling strategies you would you consider, and why.
Important content of his treatment plan and why these goals are important.
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.