FULL-SEMESTER AND TIME-COMPRESSED FLUENCY DISORDERS COURSE: AN EVALUATION OF STUDENT PERCEPTIONS OF COMPETENCE, SATISFACTION, AND WORKLOAD

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Abstract

This article addresses the effectiveness of a time-compressed four-week course format compared to a full-semester 16-week format for a graduate-level course. Participants were 78 students enrolled in a speech-language pathology course, fluency disorders. No significant differences were noted for student competency self-perceptions. However, time-compressed students reported significantly higher levels of course satisfaction and workload difficulty.

Keywords: *fluency disorders; course format; time-compressed; full-semester; student perceptions, workload, course satisfaction.*

Time-compressed or intensive courses are becoming more commonplace in higher education. Most time-compressed courses run during interim sessions, weekend sessions, summer sessions, and/or within the regular semester at some institutions. Some institutions offer block scheduling with *most* courses offered as time-compressed (see Lutes & Davies, 2012; Scott, 1995). Reasons for time-compressed course delivery include greater convenience and access for non-traditional and part-time students.

Perceived advantages of time-compressed course delivery include setting up students to have maximum focus on one topic and to enable better synthesis of ideas and material at least in the short term. Using qualitative analysis of students' responses in interviews about time-compressed courses, other patterns of advantages have been found (Scott, 1995). Student responses included that they felt material was more memorable in a time-compressed course and that relationships between peers and the instructor were easier to build in a time-compressed course, perhaps contributing to increased learning. Another theme found that some students reported fewer absences and less procrastination on assignments in a time-compressed course. When asked to indicate a preference for time-compressed versus full-semester courses, nearly 83% of students surveyed indicated that time-compressed courses were preferred to full-semester courses (Scott, 1995).

Alternately, there have been reported concerns about time-compressed delivery. These concerns include perception of reduced academic rigor, stress associated with trying

to complete course demands in a shorter time span, and difficulty with assessing long-term retention of course content (Daniel, 2000; Hyun, Kretovics, & Crowe, 2006).

According to the literature, most data related to retention of material is accumulated immediately following the course (Daniel, 2000). Long-term outcomes between time-compressed and full-semester formats were mixed in the literature. Most reported data showed that overall learning as measured through achievement tests or by grade earned was comparable when measured at the end of a course (Austin & Gustafson, 2006; Sheldon & Durella, 2010).

A few studies have examined outcome differences between time-compressed and full-semester courses when instructor, teaching style, contact hours, exams, and assignments were all held constant. Both Anastasi (2007) as well as Ferguson and DeFelice (2010) found that final course grades for students in time-compressed classes were significantly higher than students taking the same courses during a full semester. This pattern was true in the Anastasi (2007) study even though the full semester students exhibited a significantly higher GPA than the students in the time-compressed courses. In contrast, Petrowsky (1996) determined that while students in a time-compressed course performed better than full-semester students on unit tests, they performed worse on comprehensive exams.

In examining the difference between time-compressed and full-semester equivalent courses, Lutes and Davies (2013) chose to examine workload rigor as a means for comparing the two course delivery models. This was measured by the number of minutes spent per credit hour in learning activities in and outside of class. The researchers reported that students actually spent more time per credit hour (63 minutes per week for a three credit course) when taking a full-semester equivalent than when taking a time-compressed course. However, this extra time required for a full-semester course had no practical significance if the course was taught by the same instructor. These findings are in contrast to research done by Smith (1987). Her subjects felt that time-compressed courses did not allow for sufficient time to meet the workload demands. The general consensus was that to accommodate this issue, students who were highly motivated, self-directed, and perhaps older and more mature, might be better able to handle the demand (Daniel, 2000).

Other factors make it difficult to compare the overall learning between the time-compressed and full-semester models. Ferguson and DeFelice (2010) found that, when instructor teaching style, content, instructional materials, and evaluation components were held constant, students in time-compressed courses were more satisfied with student-student communication than students in the full-semester courses. However, students in full-semester courses were more satisfied with student-professor communication than their time-compressed course peers. In terms of perceived learning, students enrolled in a full-semester course, reported their perceived learning as higher than students in a time-compressed course.

Only one study was found that examined course design variables within the field of speech-language pathology (see Mantie-Kozlowski, 2013). The majority of research specific to the field of speech-language pathology coursework focuses on course content, such as case-based learning (see Bloom, 2010; Bellandese & McNamara, 2007) rather than design. The prevailing perspective on disorder-specific coursework indicates that content related to low incidence coursework, such as fluency disorders, is sometimes challenging in regards to turning out clinicians who feel competent to evaluate and treat persons exhibiting the disorder. Therefore, it is important to learn if course format differentially affects student learning in regards to these low-incidence disorders.

When assessing which disorders practicing SLPs prefer to treat, Yaruss & Quesal (2002) determined that stuttering was the least preferred. Kelly et al. (1997) asked practicing educational SLPs to rank-order seven clinical populations according to how prepared the clinicians felt in treating each area at the time of their clinical training. The population the respondents felt *most* prepared to assess and treat at the conclusion of their training program

was assigned a "1." The population the clinicians felt *least* prepared to assess and treat at the end of their training program was assigned a "7." The mean ranking of the SLPs surveyed for the area of fluency was 4.37. When asked to order the populations according to their current level of preparedness, SLPs reported preparedness for fluency was improved (M = 4.15). By looking at qualitative data from the respondents, the authors attributed the perception of improved preparedness to the SLPs seeking out continuing education.

In attempting to determine how a course in Fluency Disorders affected graduate students' perceived competence, Klein and Amster (2010) utilized the Fluency and Fluency Disorders Checklist of Competencies for Assessment and Treatment of Stuttering (Gottwald, Amster, & LaSalle, 2010) as both a pre- and post-test measure. The authors found that students reported increased perceptions of competence regarding their ability to evaluate and treat persons exhibiting fluency disorders. The format of the course (full-semester vs. time-compressed) for this study was not reported.

Aim of the research: In summary, recent student performance measures indicate that time-compressed courses yield higher student outcomes. Previous research supports the notion that students report a higher workload for full-semester formats, but this may be due to student self-perceptions that adequate time to fulfill course demands is not available in time-compressed formats. Finally, students self-report greater satisfaction with student-to-student interactions for time-compressed courses, but greater satisfaction for student-instructor communications for a full-semester format. Together these findings indicate differences in student outcomes and self-perceptions between full-semester and time-compressed formats.

Recently, our graduate program moved a course in fluency disorders from a full-semester format to a summer, four-week time-compressed format. The instructor remained the same during the transition. This created an opportunity to compare the effectiveness of both course formats using the Fluency Disorder Checklist (Gottwald et al., 2010). If differences between the two course formats exist, then instructors may want to examine ways to deliver content in the most effective format. Alternately, if no differences between formats are found, then instructors, programs, and universities have support for advocating for the format more closely associated with their unique instructional preferences. The following research questions were formulated:

- Are there differences in students' perceptions of fluency disorder competencies at the end of a full-semester course compared with a time-compressed course?
- Are there significant patterns of perceived strengths / weaknesses (e.g., identification, assessment, treatment issues) for students' perceptions of fluency disorder competencies across both course formats?
- Are there differences in students' overall satisfaction with the course between formats?
- Are there differences in students' perception of course workload difficulty between formats?

Participants of the research

Study participants included 78 graduate students majoring in speech-language pathology (SLP) at a midwest program accredited by the Council for Academic Accreditation in Audiology and Speech-Language Pathology. All were enrolled in a graduate course on Fluency Disorders over a period of five semesters (2010-2014). Three of the five courses were full semesters (n = 50) while two were four-week, time compressed (n = 28). Overall, there were 63 females and five males. Class size ranged from a low of 10 to a high of 19 (mean = 13.6). The full-semester course enrollment average was 13.3 students while the time-compressed course enrollment average was 14.2 students. The instructor for all of the fluency disorders courses included in

the study was the same, an assistant professor in speech-language pathology who holds the CCC-SLP.

Methods of the research

Participants were asked to complete a Fluency Disorders Competency Checklist (Gottwald et al., 2010) on the first and last day of class. The checklist consists of 23 competencies rated on a scale from 1-5 where a rating of "1" correlates to a response of "Very Incompetent" and a rating of "5" corresponds to a response of "Very Competent" (Table 1.). The checklist had a high level of internal consistency, as determined by a Cronbach's alpha of 0.887.

Table 1. Participant pre-/post- responses for the Fluency Disorders Competency Checklist (reprinted with permission by the American-Speech-Language-Hearing Association)

Item	Fall Pre Total M	Fall Pre Total SD	Summer Pre Total M	Summer Pre Total SD	Fall Post Total M	Fall Post Total SD	Summer Post Total M	Summer Post Total SD
1. Can identify normal fluent speech by describing continuity, rate, and effort.	2.94	.16	2.57	.33	4.59	.11	4.6	.14
2. Can identify disfluencies by type (blocks, prolongations, repetitions, etc.).	2.48	.14	2.52	.11	4.94	.02	4.85	.07
3. Can describe effortful behavior and its anatomic/ physiological source (e.g., vocal straining) as it related to stuttering.	2.07	.06	2.05	.07	4.48	.23	4.45	.07
4. Can relate other communication disorders to the developmental and/or maintenance of stuttering.	1.95	.21	2.06	.07	4.26	.12	4.05	.07
5. Can address the needs, values, and cultural/linguistic background of the client and family when conducting assessment and/or treatment for stuttering.	2.46	.38	3.06	.48	4.29	.37	4.55	.35
6. Can identify the need for referrals to other professionals when appropriate.	2.9	.22	3.14	.37	4.41	.28	4.6	.28
7. Can differentially diagnose developmental stuttering from other fluency disorders such as cluttering, neurogenic, and psychogenic stuttering, as well as malingering.	1.35	.05	1.6	.14	4.29	.08	4.3	0
8. Can differentiate between a child's normally disfluent speech, the speech of a child at risk for stuttering, and the speech of a child who has already begun to stutter.	1.82	.16	2.22	.16	4.61	.07	4.7	.14

Continued Table 1

9. Can obtain a thorough case history by acquiring information about psychological, developmental, linguistic, and cultural variables that may impact stuttering.	2.69	.09	2.92	.03	4.73	.12	4.6	.14
10. Can obtain representative speech samples to evaluate for stuttering frequency, duration of stuttering, and speech rate.	2.58	.25	2.72	.54	4.63	.15	4.3	.14
11. Can assess clients' use of sound, word, and situational avoidance as well as secondary features.	2.19	.16	2.19	.44	4.44	.05	4.5	.14
12. Can utilize available and appropriate diagnostic tests to assess stuttering and associated behaviors.	1.82	.37	2.22	.16	4.17	.26	4.05	.07
13. Can identify and measure environmental variables (e.g., time pressure, emotional reactions, interruptions, nonverbal behaviors, demand speech, or the speech of significant others) that may be related to stuttering.	2.29	.1	2.08	.11	4.39	.25	4.65	.21
14. Can explain clearly to client and/or their family members various treatment options and their evidence base.	1.6	.2	1.81	.28	4.15	.09	4.3	.14
15. Can, in appropriate consultations with clients or parents, construct a treatment program, based on the results of comprehensive testing that fits the unique needs of each client.	1.71	.22	1.88	.31	4.02	.16	4.25	.21
16. Can flexibly adapt the treatment program to meet the specific needs of the client and family.	2.24	.37	2.76	.21	4.30	.11	4.45	.07
17. Can utilize counseling skills to address feelings, attitudes, and coping strategies of clients and their families.	2.84	.18	3.22	.54	4.42	.10	4.45	.07
18. Can identify when the experience of stuttering leads to avoidance, postponement, struggle, and secondary behaviors.	2.3	.24	2.37	.61	4.70	.16	4.7	.28
19. Can help clients work toward a normal fluency and natural sounding speech.	1.87	.21	1.97	.04	4.34	.05	4.4	.14

Continued Table 1

20. Can help clients and families make treatment decisions in accordance with the ASHA's Code of Ethics	2.41	.48	2.44	.23	4.15	.04	4.5	0
21. Can implement a variety of procedures to achieve transfer and maintenance of changes achieved in the clinical setting.	1.88	.27	2.18	.18	4.06	.02	4.15	.21
22. Can help client develop a plan for managing the variability of stuttering over time.	1.72	.2	1.86	.35	4.19	.09	4.25	.07
23. Can write evaluation and therapy reports that explain the nature of the client's stuttering and its treatment for the client and family.	1.66	.29	2.1	.14	4.16	.12	4.2	0

The first three semesters of data were taken during a full-semester course. The last two cohorts were surveyed during a time-compressed summer term course. The same instructor, teaching methods, required readings, assignments, and exams were maintained for all five course offerings.

In addition to the Fluency Disorders Competency Checklist, information from the instructor's course evaluations was collected. Mean ratings for student perceptions of learning, workload, and overall satisfaction with the course were analyzed.

Results and discussion of the research

Descriptive and inferential statistics were used to address the first research question which looked at student perceptions of their fluency disorder competencies at the end of full-semester course compared with a time-compressed course. The IBM SPSS software program (version 22) was used for all inferential statistical analyses. A Mann-Whitney U Test of significance for group differences was not significant (U = 846, z = 1.355, p = 0.175), indicating that the two groups perceived their post-test competency level as similar.

Question two addressed the significant patterns of perceived strengths / weaknesses for student perceptions of fluency disorder competencies across both course formats. To answer this research question, individual competency survey items were grouped into three 'clusters' of similarly-themed response items. These included the following: a) items primarily related to identification (items 1-6), b) items primarily related to assessment (items 7-13), and c) items primarily related to issues of treatment (items 14-23). For each item, a difference score was calculated for each student (i.e., post-test score - pre-test score = difference or "growth" score). Difference scores were then averaged for each cluster.

A Mann-Whitney U Test of significance for group differences for growth in competency survey items grouped as 'identification' was not significant across the two terms (U = 706.5, z = -0.077, p = 0.939). Additionally, no significant difference was noted across the two course formats for competency survey items grouped as 'assessment' related (U = 635, z = -0.812, p = 0.417). Finally, no significant difference was noted across the two course formats for competency survey items grouped as 'treatment issues,' (U = 705.5, z = -0.087, p = 0.930).

Following the Mann-Whitney U Tests, a two-way ANOVA was completed in order to compare the mean differences between two factors, course format (full-semester, time-compressed) and competency survey clusters (identification, assessment, treatment issues). There was not a statistically significant interaction between course format and cluster

areas of student perceived competencies, $F(2,76) = 0.704$, $p = 0.496$, partial $\eta^2 = 0.009$. There was no statistically significant difference between full-semester and time-compressed, $F(1, 77) = 0.137$, $p = 0.712$, partial $\eta^2 = 0.002$. However, there was a statistically significant difference between perceived competency clusters, $F = (2,154)\ 10.634$, $p = 0.000$, partial $\eta^2 = 0.121$. Growth in the first cluster, identification, was significantly lower than that of the 'assessment' cluster, $M = -0.301$, $SE = 0.068$, $p < 0.005$. The average change in the identification cluster score was 1.98 while the average change in the assessment cluster score was 2.3. The identification cluster was also significantly lower than that of the 'treatment issues' cluster, $M = -0.203$, $SE = 0.072$, $p = 0.018$), which showed an average change of 2.19. There was no statistical significance between perceived growth in the 'assessment' and 'treatment issues' clusters, $M = 0.098$, $SE = 0.059$, $p = 0.302$.

Question three addressed the students' overall satisfaction with the course at the end of a full-semester course compared with a time-compressed course. A Mann-Whitney U Test of significance for group differences confirmed a significant difference with student satisfaction between the two course formats ($U = 889$, $z = 2.300$, $p = 0.021$). Students in the time-compressed format were significantly more satisfied with the fluency course compared to students in the full-semester course (see Figure 1).

Finally, question four examined the student perceptions of course workload difficulty in a 16 week full-semester course compared to a time-compressed format. A Mann-Whitney U Test of significance for group differences indicated a significant difference between the student perceptions of course workload difficulty ($U = 973$, $z = 3.381$, $p = 0.001$). Students in the time-compressed format viewed the course as more difficult than students who enrolled in the full-semester course (see Figure 1).

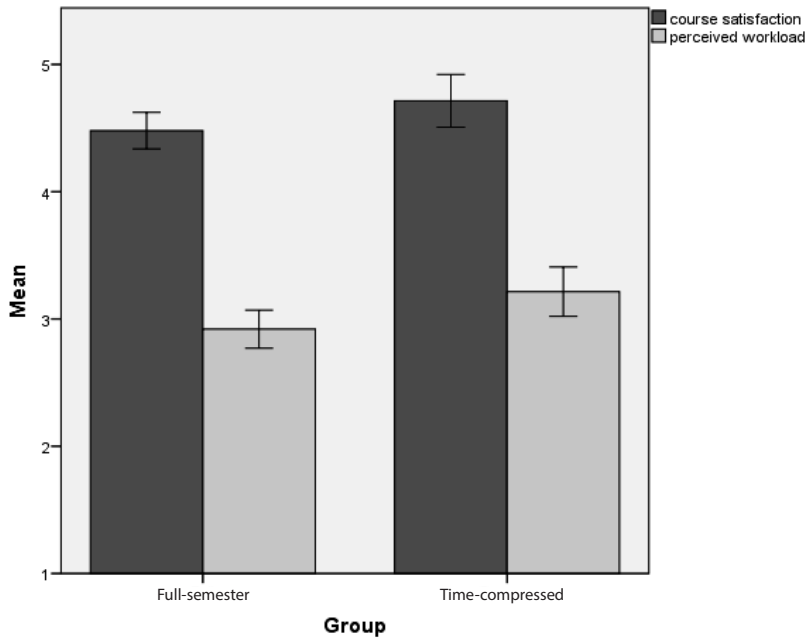

Figure 1. Mean ratings for course satisfaction and perceived workload (on a 1-5 Likert scale with 1 = "Very Poor" and 5 = "Very Good"). Main findings were significant for Group (at $p < .05$) on both dependent variables

The purpose of this study was to compare the effectiveness of a full-semester course format to a time-compressed format for a graduate level course in fluency disorders. The research is unique to the field of speech-language pathology in that no literature was found regarding course format. In the present study, instructor, teaching methods, readings, assignments, and exams were held constant so that any changes could more easily be attributed to course format. Comparisons were considered between student perceptions of competency in identifying, assessing, and treating fluency disorders, overall satisfaction with the course, and course difficulty. Overall, there were no significant differences in student perception of learning when comparing the two formats. Both groups of students exhibited higher perceptions of competence at post-test. This confirms the findings of Klein and Amster (2010) who found that the Fluency and Fluency Disorders Checklist of Competencies for Assessment and Treatment of Stuttering (Gottwald, Amster, & LaSalle, 2010) was sensitive to documenting improvements in perceptions of competence as a result of completing a course in fluency disorders. However, students did report that the four-week compressed course workload was more difficult and that they were more satisfied with the compressed course format.

Course Delivery Comparison

Overall, the students in both course delivery models achieved similar learning outcomes. This is comparable to the findings of several studies (Anastasi, 2007; Austin & Gustafson, 2006; Sheldon & Durella, 2010) in which student achievement was similar between course formats. However, Ferguson and DeFelice (2010), who kept the instructor, assignments, and course materials the same for both formats, as in the current study, actually reported higher course grades for students in time-compressed classes. A post-hoc comparison of students' pre-test perceptions of competencies revealed that students in the full-semester course actually started out with lower overall perceptions of competence. However, both groups reached the same end of course perceived competencies. This post hoc finding may be attributed to the students' time in program prior to enrolling in the fluency disorders course. Students enrolled in the course when it was offered in the fall, typically completed the course in their first semester in the graduate program. Conversely, students enrolled in the course when it was offered in the summer, typically completed the course after two full semesters of instruction in the graduate program that included on-campus clinical experiences. Therefore, students enrolled in the summer course offering presumably had more clinical experiences and instruction in related coursework from which to draw when reporting their initial feelings of competence.

Otherwise, the students taking the summer, four-week compressed course felt that it was more difficult to manage the workload, but at the same time they were more satisfied with the format. This is similar to the findings of Scott (1995) who found differences in student preferences for time compressed learning formats compared to full-semester formats. She reported that over 80% of surveyed students reported a preference for time-compressed courses versus full semester courses. Perhaps the reported satisfaction for the compressed format investigated in the present study stemmed from themes Scott (1995) identified such as students finding the material more memorable and the greater ease with which both peer and instructor relationships were formed in a time-compressed course offering. It is in contrast to research by Smith (1987) who found students were not able to manage the increased workload inherent in compressed formats when the fidelity of the courses was controlled.

The significant findings from the present study regarding student perceptions of workload associated with a time-compressed course offered partial support for previous findings reported in the literature. In contrast to previous research regarding reduced academic rigor/workload associated with time-compressed courses (Daniel, 2000; Hyn, Kretovics, & Crowe; Lutes & Davies, 2013), the present study indicated student perceptions of significantly higher workload

when asked to complete similar academic tasks in a time-compressed course compared with a full semester course. This study's finding of significantly higher workload perceptions was consistent with previous indications of student concerns regarding the endeavor to satisfy workload demands across a shortened period of time (Smith, 1988). Based on the present results, the investigators agree with the conclusion drawn by Daniel (2000) that students who are highly motivated, self-directed, and mature are more suited to favorably navigate the workload demands of a time-compressed course. In short, this description aptly depicts typical speech-language pathology graduate students.

Qualitative Differences in Fluency Content

Consistent with findings from Klein and Amster (2010) using the same pre-/post-measurement tool, student perceptions of competence increased in the areas of assessment and treatment regardless of term cohort. In the present study, these findings were further parsed into categorical groupings to further examine the overall positive effect of fluency disorders course completion on student self-perceptions of competence. The student ratings of competency levels were categorized by the ability to identify fluency disorders, the ability to assess an individual at risk for fluency disorder, and the ability to develop and deliver an intervention program for a person with a fluency disorder.

The major finding was that students demonstrated significant growth in their ability to conduct assessments and develop / implement treatment programs between the beginning and end of the semester. This was true regardless of the course format between fall and summer. Similar gains were not noted for the ability to identify specific disfluency behaviors, describe the anatomy/physiological source of the stuttering episode, and make appropriate referrals. Students seemed confident that they brought these skills with them to the class initially. This finding may assist faculty in planning course materials such that the majority of course time should be focused on assessment and intervention compared to more general identification content.

Limitations and future directions

The failure to find significant differences between the two course formats may have been affected by differing progression in their graduate program sequence. Information on prior clinical exposure to or experiences with fluency disorders was not collected, although typical practice is to delay assigning clientele exhibiting any disorder type until after students have completed the appropriate coursework. Students who were early in their graduate program, perhaps as a first semester graduate student, may not perform the same as later in their program when they have taken more courses and had basic clinical experiences. Replication with other disorder-content courses would lend additional support for this research.

Another limitation may have to do with the instrument used to measure perceptions. While there were differences between the clusters, a factor analysis was not completed nor had the clusters been used before. This would add to the psychometric value of the survey.

No data was taken to examine long-term retention or perceptions of competence for this study or faculty perceptions of student learning across the two course delivery formats. It would be interesting to determine if students enrolled in the two different formats of course delivery had any differences in their long-term perceptions of competence in dealing with persons who exhibit fluency disorders. Learning differences could also be measured using course grades. Indications of faculty impressions regarding student learning differences across the two formats would also enhance interpretation of the present findings.

Suggested extensions of the present study include replication with other disorder content courses undergoing a course format change (e.g., full semester to time-compressed;

face-to-face format to hybrid or solely online) in order to determine the consistency of the current findings across sampled populations. Other course formats, such as online learning communities could be compared to various face-to-face formats (Mantie-Kozlowski, 2013). Comparison of more objective grade outcomes with student self-perceptions would also be of interest. Finally, measurements of faculty perceptions regarding student learning across two course formats would add value to discussions and decision making at the university level regarding changes to course content delivery formats.

Conclusion

When course structure and design is held constant, similar learning outcomes may be expected regardless of the course delivery format as found between a full-semester and a time-compressed design. Instructors may come to expect that students will come to any class with more confidence and familiarity with the initial content dealing with identification of disorders.

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- Are there differences in students' overall satisfaction with the course between formats?
- Are there differences in students' perception of course workload difficulty between formats?

Study participants included 78 graduate students majoring in speech-language pathology (SLP) at a midwest program accredited by the Council for Academic Accreditation in Audiology and Speech-Language Pathology. All were enrolled in a graduate course on Fluency Disorders over a period of five semesters (2010-2014). Three of the five courses were full semesters (n = 50) while two were four-week, time compressed (n = 28). The instructor for all of the fluency disorders courses included in the study was the same, an assistant professor in speech-language pathology who holds the CCC-SLP. Participants were asked to complete a Fluency Disorders Competency Checklist (Gottwald

et al., 2010) on the first and last day of class. The checklist consists of 23 competencies rated on a scale from 1-5 where a rating of "1" correlates to a response of "Very Incompetent" and a rating of "5" corresponds to a response of "Very Competent".

When course structure and design is held constant, similar learning outcomes may be expected regardless of the course delivery format as found between a full-semester and a time-compressed design. Instructors may come to expect that students will come to any class with more confidence and familiarity with the initial content dealing with identification of disorders.