

## Systematic Program Review

**Name of Unit: Communication Sciences and Disorders**

**Reporting Official: Dr. Janice A. Maville, Interim Department Chair**

**Item 1**

Is your program (undergraduate, master's or doctoral program, academic support unit, service unit, center, administrative/staff department/unit) currently reviewed on a regular basis (e.g., annually, biennially, every 5 years)? Examples of systematic review include, but are not limited to: academic program review, internal audits, external accreditation, external review by a consultant, peer review, etc.

Yes     No

*If "YES", go to Item 2. If "NO", check that box and return form to OIRE.*

**Item 2**

Type an "X" next to the type(s) of program review that applies to your unit, the date of your last review and the date of the next expected review:

|   | Date of           | Date of             |
|---|-------------------|---------------------|
| <input checked="" type="checkbox"/> academic program review     | 2001 last review  | TBA next review     |
| <input type="checkbox"/> internal audit                         | _____ last review | _____ next review   |
| <input checked="" type="checkbox"/> external accrediting agency | 1999 last review  | 2007 next review    |
| <input checked="" type="checkbox"/> external consultant         | 2005 last review  | Unknown next review |
| <input type="checkbox"/> peer review                            | _____ last review | _____ next review   |
| <input type="checkbox"/> other:                                 | _____             |                     |

**Item 3: Describe how your unit has used/is using the findings/recommendations from its last review to improve the effectiveness of the unit. Include references to goals or objectives listed in recent planning documents, and examples of the use of assessment to improve your programs/services.**

The COMD department has undergone two reviews since the last SACS visit including an accreditation site visit in 1999 and University Program Review in 2001. The COMD department underwent an extensive review including, external consultation, during Spring 2005, in preparation for the accreditation renewal application and site visit from the accrediting agency, the accrediting agency, the American Speech-Language-Hearing Association (ASHA) planned for Spring 2007. Therefore, the following recommendations and actions are briefly address the four Program Review Recommendations and specifically address the most review that correspond to identified accreditation standards.

**Program Review Recommendations and Responses**

- **Program Review Recommendation #1:** Increase the number of full-time faculty positions for the Undergraduate Communication Sciences and Disorders Program
- **Response:** Within the past year, three faculty have resigned and one new faculty member has been hired for Fall 2006. It is anticipated that recruitment for an additional faculty member will resume in the Fall.
- **Program Review Recommendation #2:** Implement a faculty workload policy that provides an 18-hour teaching load per academic year for full-time faculty members with a program of

research and publication or significant academic service responsibilities.

- Response: Three-hour workload reductions are in place for the Undergraduate Program coordinator, the Graduate Program Director, the Clinic Coordinator, and the Department Chair.
- **Program Review Recommendation #3:** Increase operating funds to support current level of growth in the undergraduate program and enable faculty to maintain academic and clinical standards of ASHA.
- Response: Operating funds are sufficient for the current number of faculty. Additional funds have been requested for faculty salaries.
- **Program Review Recommendation #4:** Employ a full-time Clinic Director.
- Response: Ms. Keri Parchman-Gonzalez is employed full-time as faculty with Clinic Coordinator responsibilities. Faculty shortage and decreased clinic census necessitate that the Clinic Coordinator teach with a reduced workload.

### **External Consultant Recommendations According to Identified ASHA Standards**

**Standard 1.2. The program’s mission, goals, and objectives are consistent with ASHA-recognized national standards for entry into professional practice and with the mission of the institution.** Identify three student learning outcomes and a description as to how each is related to the mission of the program and consistent with ASHA standards.”

**Program Response:** The Mission of the Department of Communication Sciences and Disorders consists of the following:

1. The Program prepares students for independent professional practice as speech-language pathologists for service in a diverse and multicultural society.
2. The Program provides students with instruction in speech, language, and hearing through innovative delivery systems that lead to the master’s degree in communication disorders and professional license and certification.
3. Through teaching, research, creative activity, and public service in communication sciences and disorders, the Program prepares students for lifelong learning and leadership roles in the region, state, nation, and world communities.
4. The Program is committed to enhancing the quality of life and communication needs of individuals in the region and state.

The faculty identified the following three learning outcomes with a description of the relationship of each to the ASHA Standards for entry into practice as delineated on the Knowledge And Skills Acquisition (KASA) form and to the Program’s mission. Selective course-specific objectives related to the student learning outcomes are also provided as examples.

1. Graduates of the Communication Sciences and Disorders Program will be able to demonstrate cognitive abilities appropriate to the entry level speech-language pathologist. This outcome meets ASHA Standard III-D: Knowledge of principles and methods of prevention, assessment, and intervention for people with communication and swallowing disorders, including consideration of anatomical/physiological, psychological, developmental, and linguistic and cultural correlates of the disorders. It is consistent with the COMD Program’s mission statement items 1, 2, and 4.

A course-specific objective related to this outcome is from COMD 6340 Phonological Disorders:

The student will be able to identify phonological features that are related to Spanish speakers (clients) acquiring English as a second language. This objective relates to item 2 of the Program’s mission statement and is most pertinent as the region consists of a population that is 85% Hispanic with many having Spanish as their primary language.

2. Graduates of the Communication Sciences and Disorders Program will be able to demonstrate psychomotor skills expected of the entry level speech-language pathologist. This learning objective meets ASHA Standard III-D: Knowledge of principles and methods of prevention, assessment, and intervention for people with communication and swallowing disorders, including consideration of anatomical/physiological, psychological, developmental, and linguistic and cultural correlates of the disorders. This objective is consistent with the COMD Program's mission statement items 1, 2, and 4 and most specifically to item 1 related to independent professional practice.

A course-specific objective related to this outcome is from COMD 6385 Dysphagia  
The student will be able to administer an oral mechanism examination for clients. The emphasis with this standard is on assessment skills.

3. Graduates of the Communication Sciences and Disorders Program will be able to demonstrate the affective behaviors consistent with entry level speech-language pathologist. This outcome meets ASHA Standard IV-G.3 : Communicate effectively using needs, values, preferred mode of communication and collaborate with other professionals in case management, provide counseling regarding communication and swallowing modalities to the client/patient, family and adhere to the ASHA Code of Ethics and behave professionally.

A course-specific objective related to this outcome is from COMD 6335 Language Disorders in Adults  
The student will be able to relate the planning, implementation, and evaluation of remediation strategies for the establishment, transfer and maintenance of target behavior for clients with language disorders.  
This objective is consistent with the COMD Program's mission statement items 1, 2, and 4 and most specifically to item 1 related to independent professional practice.

Beginning in Summer 2005, each course objective for all syllabi will be translated into a knowledge outcome and identified with the correlating ASHA standard. In this manner, students will be able to relate course content with specific learning outcomes and entry level skills. Faculty will be able to use these learning outcomes as guides for instruction and for judging student attainment.

**Standard 1.3 The program's faculty/instructional staff have authority and responsibility for making decisions regarding and for conducting the academic and clinical program, including curriculum, within the institution; and the program's faculty/ instructional staff have reasonable access to higher levels of administration.** The institution should indicate by its administrative structure that the program's faculty/instructional staff are recognized as a body that can initiate, evaluate, and implement decisions affecting all aspects of the professional education program. Programs without independent departmental status should be particularly clear in describing these aspects of the organizational structure. The program should describe how substantive decisions regarding the academic and clinical programs are initiated, developed, and implemented by the program faculty.

**Program Response:** Communication Sciences and Disorders holds Departmental status within the College of Health Sciences and Human Services. Additional administrative oversight was implemented by University officials following the resignation of the previous department chair, Dr. Denis Newman. An Interim Chair, Dr. Janice A. Maville, was appointed in August 2005 to oversee department management operations. In accordance to Standard 1.4, Dr. Nola Radford, PhD. in Speech-Language Pathology was appointed Graduate Program Director beginning Fall 2004, and was replaced with Dr. Teri Mata-Pistokache following her resignation Summer 2005.

Ms. Keri Parchman-Gonzalez replaced Dr. Mary Anne Nericcio as Speech and Hearing Clinic Coordinator October 2004. Curriculum decisions, program policies and professional practice issues are areas where the faculty has the autonomy to make recommendations for change. The process for substantive decisions is that they are initiated by faculty and decided in faculty meetings of the whole. Decisions requiring administrative action are processed via the appropriate university mechanisms.

Faculty has access to higher levels of administration through personal communications, scheduled meetings and arranged meetings as needed. Beginning with the Fall 2004 year, the University has a new President, Dr. Blandina Cardenas, who has made the effort to become personally acquainted with all departments on campus. The COMD department was one of the first to be invited to meet in a briefing session with Dr. Cardenas in October 2004, at which time faculty were encouraged to communicate strengths, challenges, and needs. Access to college administration has been facilitated by including the Assistant Dean, Ms. Karen Chandler, in general faculty meetings and other meetings related to program or student issues.

**Standard 1.6. The program conducts ongoing and systematic assessment of academic and clinical education and performance of its students and graduates. Students have ongoing opportunity to assess their academic and clinical education program. Results of the assessments are used to plan and implement program improvements that promote high-quality educational experiences for students.** A detailed explanation should be made regarding procedures followed in evaluating the quality, currency, and effectiveness of its graduate program, the academic and clinical preparation of its students, the professional performance of its graduates, and the process by which it engages in systematic self-analysis. The plan should indicate the mechanisms used to evaluate each component and the schedule on which the evaluations are conducted. Results of such evaluations should be reported, as well as specific modifications to the program that result from the evaluations.

**Program Response:** An assessment plan was developed Summer 2005 to guide the ongoing and systematic assessment of academic and clinical education and performance of its students and graduates. Identified in this plan are nine areas for evaluation with the instruments/procedures used, schedule of implementation, responsible agents, and reviewers of the data collected.

The quality, currency and effectiveness of the program are evaluated from three perspectives: the student, client, and employer. Specific instruments used include the Client Clinical Services Evaluation Survey, Survey of Program Graduates, and the Survey of Employers.

Two newly developed forms, Student Course Evaluation and Student Program Evaluation were used at the end of the 2005 Spring Semester to provide students with a mechanism to evaluate academic instruction and academic and clinical education respectively in terms of strengths, weakness, and suggestions for improvement of the course or program. Input from the Student Course Evaluations will be used by individual faculty members to enhance their respective courses. Student Program Evaluations for Spring 2005 identified the need for more faculty collaboration and consistency in advisement. As a result, faculty will commence analysis of the graduate advisement process during the summer of 2005 for an improved mechanism in Fall 2005.

Students also have the opportunity to evaluate their clinical supervisors using the Student Appraisal of Supervisory Function form. Recognizing the need for a more specific and measurable tool for evaluation of the program, the faculty have revised the previously used Graduate Student Survey. This survey, given to students during the last weeks in the final semester of the program, specifically addresses physical environment, department/office staff, faculty, clinical issues, and academic and clinical education. The Survey of Program Graduates

(post graduation) will be sent out this 2006 summer to obtain information from Spring 2005 graduates.

Students have the opportunity to evaluate their externship experience by completing the Student Evaluation of Externship Experience and Student Evaluation of Extern Supervisors forms. Clinical performance of students is assessed with the use of the Student Evaluation form-Clinical Skills Final Evaluation. Professional performance of graduates is assessed with the Survey of Employers.

Results of assessment will be used to evaluate the quality, currency, and effectiveness of the program. This plan was implemented Spring 2005 semester with the Client Services Evaluation, Student Evaluation Form-Clinical Skills Final Evaluation, Student Course evaluation and Student Program Evaluation. Results of the Client Services Evaluation were positive regarding treatment. Parking for clients was identified as an area that needed to be addressed in the coming year. Student Evaluation form-Clinical Skills Final Evaluation results indicated that students need more experience with client evaluation and documentation. Beginning Fall 2005 hours in the campus Speech and Hearing Clinic will be increased to enable students to have more experience in this area prior to rotation to external sites. Faculty members are currently evaluating course evaluations in preparation for course revisions for 2005-2006.

**Standard 1.7. The program documents student progress toward completion of the graduate degree and professional credentialing requirements and makes this information available to assist students in qualifying for certification and licensure.**

A list of and a discussion about the types of formative and summative assessments that are used to evaluate students. Discuss how the program ensures accurate and complete maintenance of student records throughout each student's graduate program.

**Program Response:** Methods for formative and summative assessments of students have been identified and evaluated by the faculty. An organized plan has been developed that includes evaluation procedures that have been in operation as well as newly developed procedures. Procedures in operation include employer survey, client clinical services evaluation, and the student clinical supervisor evaluation.

Student portfolios were instituted Spring 2005 as a mechanism for students to maintain documentation of progress throughout the program. Portfolios are evaluated at the end of each semester by faculty to assess progress in the program and to assist in formulating a plan for improvement as needed. In this manner, the portfolio provides for a formative assessment and, once completed, becomes a summative assessment at the end of the program.

**Standard 1.6 requires continuous program improvement.** Describe one aspect of your program that you identified for improvement over the past year. Describe why that aspect was selected, how you evaluated it, and how the results of the evaluation were used for program improvement. Also provide (a) an explanation if the program pass rate for any year falls below the national pass rate, (b) the percentage of your graduates in the last 3 years that have been employed in the profession within one year of graduation, and (c) program completion rates.

**Program Response:** Student scores reported to the department on the PRAXIS have been below the 85% pass rate anticipated over the past several years. In prior years, review sessions were held every week to prepare students for professional credentialing with positive results. They will be reinstated beginning Fall 2005.

The weighting (from 5% to 19%) of the seven areas of the PRAXIS and the present graduate curriculum were assessed. While the present curriculum addresses all areas, some topics need more emphasis including normal language, motor speech as a neurological disorder, and clinical management and professional issues. This information will be used as faculty revise course

syllabi and mentor students in clinical practice.

Those who do not make a passing score on the PRAXIS must also take a departmental comprehensive exam. Those who do not pass the departmental exam receive assistance from the faculty and retake the departmental exam. Recognizing the need for a tracking system for this information, a Student Tracking Form (Attachment O) has been developed for more complete documentation.

The need for SLPs is great in this area of the state and nation and there is continuous demand for graduates from this program as reflected by the 100% employment/placement rates. Many graduates are bilingual (English-Spanish) which is another attraction to employers whose clientele are Hispanic and Spanish-speaking. Current statistics show that 77.2% of the graduate University student population is Hispanic and approximately 85% of the Program students are Hispanic. Pertinent information from the ASHA database has identified that Hispanic membership is only 1.6% of the total membership. Of particular note is that 2.8% of the 7.1% of ASHA members, nonmember certificate holders, and international affiliates self-identified as a racial minority are Hispanic compared to 12.5% of the population of the United States.

Graduation/Program Completion Rates since 2001 range from 87.5% to 95.8%.

**Standard 2.0 Faculty/Instructional Staff** Describe the impact that any significant increases or decreases in student data from the last reporting period may have on the sufficiency of faculty. Provide data on current enrollment figures (including admission and graduation rates and total number of students) in the undergraduate, master's, and doctoral programs,

**Program Response:** Records for part-time, full-time and total admissions are as follows for the past four years:

|           | <u>Part-time</u> | <u>Full-time</u> | <u>Total Admissions</u> |
|-----------|------------------|------------------|-------------------------|
| 2002-2003 | 21               | 43               | 64                      |
| 2003-2004 | 23               | 34               | 57                      |
| 2004-2005 | 14               | 34               | 48                      |
| 2005-2006 | 5                | 22               | 27                      |

The faculty identified a lack of sufficient faculty for the number of students admitted to the undergraduate and graduate programs. In order to have an adequate faculty/student ratio and meet accreditation requirements, the department implemented a two-year plan to reduce the number of graduate students. Beginning Fall of 2005, twenty-seven new graduate (22 FT and 5 PT) students entered the Master's degree program bringing the total graduate student enrollment to sixty-four FTEs. The goal for academic year 2006-2007 is to have between 40 to 50 FTE students with a student to faculty ratio of 6-1. Accordingly, the undergraduate program instituted an admissions criteria, which had not previously existed, reducing undergraduate admissions from an average of 90 students to 50.

Additionally, the department received administrative approval for three positions, one for department chair, and two for assistant professors. Recruitment for these positions occurred in the Fall and Spring of 2005 resulting in one new hire for a faculty position. In addition, administrative support has been provided for the past three years for two part-time and emergency hire positions. Noting the approval for these positions and underscores the support of higher administration for this program.

**Standard 3.0 Curriculum (Academic and Clinical Education)** Describe changes in the curriculum and indicate how the curriculum is consistent with the mission and goals of the program and is sufficient to permit students to meet ASHA-recognized national standards for entry into professional practice; describe the process the program uses to develop, validate, and assess student learning outcomes.

**Program Response:** COMD 6397 Augmentative Alternative Communication is an elective course proposed as a result of the Faculty Retreat held August, 2003, and approved by the Graduate Council in May, 2004. Justification for this course is the increase of severe communication impairments and augmentative and alternative communication (AAC) needs of the handicapped population. This course will provide COMD students with skills and the knowledge base to enable them to carry out their professional role of supporting those who use AAC. Speech pathologists are an integral part of the team that integrates complex arrays of technologies for learning, speech, and general communication. This elective course began in Fall, 2005

The process used to develop, validate, and assess student learning outcomes has included three important aspects. First, are the SACS reaccreditation activities. A Department Assessment Plan and Student Learning Outcomes for undergraduate and graduate programs were developed. Second, in recognition of new 2005 certification standards, the faculty has met as a whole and in work-groups to evaluate the curriculum in terms of knowledge areas and skills.

Another result is that each course syllabi will specify the related standards for the course and how they are to be achieved. Learning outcomes will be validated on the Knowledge and Skills Assessment (KASA) form for each student. Measuring the progress and/or achievement of the knowledge and skills is validated and assessed by the various formative and summative procedures as identified in the response to Standard 1.7.

The third aspect of the process was to acquire the assistance of professional consultation from Dr. Nicholas Bankson in April 2005. With his guidance, the Program faculty was able to critically evaluate course syllabi for student learning outcomes, assess current processes and data collection mechanisms, and review the total curriculum for improvement in addressing the new certification standards. As a result, a curriculum revision plan has been initiated to expand the neuro components and modify existing courses to accommodate the expansion, and relate the entire curriculum to the KASA. The faculty will begin developing this plan for future implementation.