Departmental Effectiveness Report

Department of Health and Human Services

CDIS Program

AY 2017-2018

Prepared by Suzanne Swift

Executive Summary
AY 2017-2018

Significant Accomplishments/Outcomes/Results for AY 2017-2018

2017-18 was business as usual, but we're a dynamic program so that means change. We've been able to maintain our graduate enrollment with improvement in teaching and placement services to students, and have further been able to expand our undergraduate program ever so slightly. We continue to improve our students' overall learning experiences as much as possible. We proposed new matriculation options, expanded available courses and formats, incorporated new hands-on learning tools/labs, and have developed original practicum/field-based learning opportunities. We are especially pleased that, we produce graduates who gain entrance into graduate programs and who find employment quickly, working as competent and productive therapists in their chosen setting. 2017-18 highlights are listed below.

1. Diagnostic and therapy services to the community and New Mexico agencies
   ENMU's Speech and Hearing Rehabilitation Outreach Center serves as a regional diagnostic and treatment center to help clients of all ages with diverse communication disorders. Clinical services are available to the public and are provided by both ENMU faculty and CDIS students enrolled in ENMU's graduate degree program under the supervision of a certified and licensed CCC-SLP (speech-language pathologist) or CCC-A (audiologist). These services fulfill our dual mission of serving the community while providing our students with hands-on opportunities to translate academic classroom knowledge to clinical therapy skills under the supervision of a one on one licensed and certified CCC-SLP.

   In 2017-18, our clinic was able to provide articulation, accent reduction, language, voice, stuttering, hearing/hearing aid, CAPD, swallowing/MBSS, scope, AAC, literacy, and anything else in our speech-language scope of practice for the entire calendar year. Due to the rural nature of our program and to the shortage of SLP services across the state of NM, we purchased telepractice equipment and piloted our first student training project in this area. This enabled us to provide services to two clients who were unable to travel to our clinic. We also added hearing aid service checks to our list of available services.

   These services were delivered in Roosevelt and surrounding counties directly supervised or delivered by ENMU SHROC personnel. **Additional services were also delivered in cooperation with practicum students working under established affiliation agreements at other practicum sites.** We obviously hold this as our highest accomplishment as it speaks most directly to our mission – to train competent SLPs. We judge our ultimate effectiveness by this landmark.

   We remain the sole service provider for:
   - 1 hospital (RGH)
   - 1 nursing home SNF (Heartland)
   - 1 preschool (ENMU CDC)
   - 3 area schools (Elida, Grady, and Clovis Christian)

   We also assisted 2 area schools in providing specialized services (Portales & Elida).

   Including outreach, the Speech and Hearing Rehabilitation Outreach Center (SHROC) served 315 clients for weekly speech-language therapy (2,580 direct weekly service hours - a 29% increase).

In S-L, we served 315 clients for therapy in the 1718 academic year. Specific service totals were:

- *therapy = 29% increase (1617:2000, 1718:2580);
- *screenings = 10% increase (1617:159, 1718:175);
- *evals = 7% increase (1617:237, 1718:265);
- *total service hours (not including evaluations) = 19% increase; (1617:3190, 1718:3807)

In hearing, we provided 111 evaluations (up 95% from 57 in 1617). We also added hearing aid follow up services (36). We provided 40 veteran evaluations, 6 evaluations to LEAs, and also added hearing-aid follow up services to 36 clients.

Services are summarized in the following table. Percentage of change is listed in red.
Clinical Services provided by ENMU faculty, staff, and students in 2017-18 are listed below.

2017-18 Clinical Services Delivered (% +/-)							
	Hearing			Speech-Language			
	Screens	Evals	Hrg Aid	Screens	Evals	# Clients	# Total Hours
ENMU SHROC	103 (+47%)	111 (+95%)	36		42 (+5%)	80 (-34%)	1227 (+3%)
On Campus RGH					34 (-29%)	52 (+126%)	363 (+121%)
ENMU CDC				33 (-15%)	6 (0%)	5 (+0%)	36 (+0%)
Grady & Elida Schools				12 (+9%)	16 (+14%)	33 (+22%)	304 Elida (+3%) 676 Grady (+30%)
Clovis Christian School				98 (+1%)	24 (+41%)	45 (+5%)	710 (+17%)
Off Campus RGH					32 (+31%)	30 (-39%)	15 (-46%)
Heartland SNF				4 (-67%)	109 (+14%)	68 (-41%)	470 (+35%)
Telepractice					2	2	6
Health Fairs				28			
Total	103 (+47%)	111 (+95%)	36	175 (+10%)	265 (12%)	315 (-18%)	3,807 (+19%)

The SHROC provided free early childhood screenings for all students enrolled at CDC, free speech screenings and accent modification services to all ENMU Teaching Assistants and CDIS students (n=6), reduced cost baseline stroboscopies for vocal performance majors, and free or reduced speech-language therapy services for 37 clients in our on-campus clinic (including 10 clients who reside in local children's homes).

On-campus services met the needs of the community (wait time < 30 days), and we were able to respond to all referrals for all disciplines. ENMU Child Development Center, Elida, Grady, and Clovis Christian services remained stable. RGH and SNF inpatient services fluctuated throughout the year according to their census, but numbers increased in cumulatively for both. We continued our integrative language stimulation/interaction with at-risk preschool students at CDC. Literacy services remain in great demand for after-school clients, as are swallowing evals and assessment-intervention for aging adults (leading to an increase in hospital based services). Services for children with autism (including feeding) and CAPD are increasing. Telepractice services were successfully piloted. Audiology services expanded greatly for the second year.

We successfully added a community support group for aphasic patients last year. This group was free of charge to any interested party and met every week to provide patients and their families with a forum for sharing problems, feelings, and solutions with one another. We plan to start a pragmatic skills social group in the 1819 year. This will be focused on patients with higher functioning autism and TBI most likely.

Though we have not added faculty or students, we continue to grow in total services delivered. We were able to secure a full-time no cost dedicated therapy room at the RGH clinic this fall as a part of our contract with them, but we are still at capacity in our clinic and we are out of room to schedule new clients. We could easily expand services with RGH, but only with additional faculty. We could expand services in our clinic, but we are out of space. Our best avenue for additional on campus clinic expansion is with more funding for telepractice equipment.

2. Faculty/Staff
   - **2 Faculty Members** made significant progress toward completion of their doctorate. This is critically important for our program as we will need an additional full-time faculty member in the 19-20 academic year (in addition to the return of Dr. Weems full-time to our program). As securing doctoral level faculty in university settings in our field is difficult, our best strategy for doing so is to "grow our own." We lost a 12-month faculty member last year, and we were able to replace her (albeit with a 10-month hire). We will need to hire resource faculty supervisors to strengthen our summer program due to this change.

3. Curriculum
   - **Flexibility** – We successfully transitioned to a "5 time per year" entry point for undergraduate courses. Students can now begin the CDIS undergraduate/levelling program 5 times per year: August, October, January, March, and June. Lecture capture sessions are also available for every required (core) course.
     - **Student driven**: We've developed new undergraduate electives as requested by students (i.e., CDIS 323 Multicultural Issues and 324: Literacy).
     - **Competency driven**: Data from 2016-17 indicated that our students needed additional evidence-based practice opportunities in undergraduate, and that they needed more applied contexts in SLP research to prepare them for reading and conducting SLP research. To meet this need, CDIS 455 was completely revamped and assigned to a dedicated doctoral level resource faculty member starting in FA18. CDIS 456 has been suspended until data is available for 455. We have also begun infusing Master Clinician observation modules into both graduate and undergraduate levels in both classroom and individual preparatory and deficiency driven student assignments. SimuCase is also being used to address graduate competency deficiencies.
     - **Profession and Community drive**: Due to the rural nature of our university and the increasing student need for knowledge of alternative therapy models, we established a dedicated tele-practice course and piloted implementation of learned skills with real clients.
   - **Responsive teaching** - Our faculty members continue to implement dynamic and innovative teaching strategies. Though more prominent at the graduate level, our courses include team based, case based, simulation models, grand rounds, portfolio, and flipped style classrooms which emphasize application learning. We have moved virtual patient applications into our graduate courses (i.e., Simucase) with great success. We have also added more case-based assessments to our core clinical practice courses so that our students will be better prepared to the increasing demands of 505 and 589 settings.

- **Clinical Practicum Lab Courses** – Once upon a time, we had a 501 lab course that was required for all 501 practicum students. We discontinued that course, thinking it was no longer necessary. Subsequent data revealed that the course was, in fact, beneficial for our students and that this weekly meeting time was extremely useful is assisting our students in meeting therapy and assessment competency based outcomes. We restored the course to the curriculum. We have additionally added a lab course to 502 this fall and will be phasing this in to both 503 and 505 with the SP18 admission cohort. These courses will enable us to address situation specific challenges that students face during each semester of practicum in an immediately applicable way. This will help us be maximally responsive to each student's needs while in field-based settings.
- **Developing the Professional Writing Course for CDIS Graduate Students –** This course was developed and required for CDIS graduate students specifically as a remediation for poor writing skills. Students are placed in this course based on their GRE Writing scores, their performance in CDIS 501, or on remediation recommendation of the Supervisory or Student Support Team. Students and faculty have reported very positively about the usefulness of the course, and we plan to continue it. Students are even beginning to choose the 493 version as an elective at the undergraduate level!
- **Developing the Clinical Practice Minor** – Based on workplace and current licensing trends in the profession, we anticipate that increasing numbers of students will "stop out" after their bachelor's degree to pursue employment options as an Apprentice SLP or an SLP Assistant. These students will be deferring or opting out of their graduate studies altogether. This means that bachelor's level student will be entering the workforce to complete therapy activities with clients without the education needed to ethically and competently do so. To respond to this change, we have dramatically changed our undergraduate curriculum to ensure that students will be presented with a different kind of pre-professional education, one which includes a much larger number of courses directly related to clinical practice (e.g., fluency, motor speech disorders, AAC, etc.). These classes have traditionally been offered only at the graduate level, but we have packaged introductory courses in these clinical areas so that students will have attained at least rudimentary knowledge in these practice areas prior to graduation with the B.S. We have replaced our Health and Human Services minor with the new Clinical Practice minor. This change was approved in the 1718 year and will be implemented with the fall 2018 undergraduate catalog.
- **Outcomes and KASA Documentation** – We have functional, meaningful student learning outcomes (which we call KASAs) that, when achieved, result in students who have become entry-level competent SLPs. After revising and updating our KASAs in 15-16, we began implementing changed to measurement/assessments in 1617. In 1617, we focused on cases. In 1718, we worked on ensuring that final examinations more transparently measured outcomes so that students could immediately see what they have passed and what requires remediation. In 1819, we will be working on fine tuning these exams and will begin tracking first attempt pass rates. Last year was year 2 of this 3-year project.
- **KASA Outcome Data Tracking** - All students must pass all KASA outcomes prior to graduating. Performance criteria vary by outcome and by instructor – entry level competence differs across objectives. The CDIS program has always tracked data at the individual student level in our graduate program. Beginning in 1718, the program began tracking KASA outcome pass rate *for each student's first attempt* at KASA testing. The percentage of outcomes passed on the first attempt is influenced by many factors: undergraduate preparation, student information retention, faculty teaching, validity of assessment instruments, etc. Class and program level data is one of many factors the program considers while modifying courses, curricula, resource requests, faculty load, student tutoring, etc. Though the program ultimately uses student completion data, NESPA scores, and student

employment rates post-graduation to assess the overall effectiveness of the program, we hope to use the data gathered from class and program level analysis to increase our *efficiency* with this effectiveness. This is year 1 of a 5 year data project.

- **Inter-Professional Education** – We developed additional inter-professional education experiences that extend meaningfully into classroom settings. IPE modules with Social Work were launched in FA17 and are successfully changing our student outlooks and knowledge about related professions and roles in practice.
- **Increasing Audiology –** We have updated equipment, added 3rd party contracts, increased services to the community and clinic, and re-established hearing aid services. We have also returned curricular/clinical practicums for undergraduate and graduate students to the catalog. Dr. Lingnau is also teaching CDIS 557, a graduate EBP-PICO focused course so that she can add more hearing topics to the graduate curriculum.
- **Increasing Undergraduate Enrollment** – The second bachelor's degree option is clearly converting levelers to "degree completers." We showed modest increases in student recruitment/retention this year when we offered more "entry-level" undergraduate courses (243, 330, 310) in the summer, as well as in the second 8 weeks of the semester in both fall and spring. This allows students to begin the program at 5 distinct points during the year. This allows us to capitalize on students who express interest, but who do not want to wait until the new semester launches to begin their studies. It also fills a niche – in the face of increasing competition with other online programs, no other program does this.
- **Research** – Our primary emphasis is to increase the quality of research produced by our students. We do this with good instruction and active 1:1 mentoring by faculty.
    - Our students presented 46 posters and 46 presentations at the ENMU Student Research Conference in 2017-18.

4. Student Recruitment, Retention, Completion, and Employment
    - Program survey results indicated students are pleased with their education at ENMU, and are gaining acceptance to graduate schools, CFY supervisors, and employment sites successfully. Undergraduate post-graduation data is still "softer" than we'd like at this time, but is improving with the increasing number of declared second bachelor's degrees (levelers are hard to track). Graduate data is very reliable. This is addressed more extensively in a subsequent section of this report.

5. Student Practicum Placements
    - **Clinical Sites**: Our affiliation pool continues to grow, despite a national shortage of practicum sites. This is an ever-increasing challenge. We arranged for 332 distinct off-campus placements in 2017-18 (+17%), 16 of which provided services directly to NM agencies (9%). Our Practicum Placement Liaison has been critical to accomplishing this mission. We arranged 332 off campus student placements, 71 SHROC 501 placements, and 9 SHROC 503 placements at the ENMU SHROC. This totals to 412 placements in 2017-18. This number does not include RGH clients served at the ENMU clinic.
    - We provided students for 67 public school practicums (32 in NM - 48%), 8 private school practicums (8 in NM - 100%), 19 birth to three early intervention practicum/ internships (11 in NM - 58%), 47 skilled nursing practicums (15 in NM - 32%), 74 hospitals or rehabilitation center practicums (11 in NM - 15%), 2 home health practicums (2 in NM - 100%), and 47 "other" clinical or private practice practicums (10 in NM - 21%).

- Supervised services were provided for approximately 200 different students across 27 NM cities in 75 distinct NM facilities (29 different public schools, 1 private school, 9 different birth to 3 agencies, 14 different skilled nursing facilities, 11 different hospital/rehabs, 2 different home health agencies, and 9 different uncategorized NM agencies). 52 students completed internships last year, and 9 of them did so in NM.
- This translates to more than 3000 hours of "boots on the ground" workforce training in NM for internship students alone. These students are usually from NM and stay in NM.
- Supervised services were also provided across 107 different out of state cities in 155 distinct out of state facilities (33 different public schools, 6 different birth to 3 agencies, 30 different skilled nursing facilities, 59 different hospital/rehabs, and 27 different uncategorized agencies).

Plans for Improvement in Subsequent Years Based on Results of AY 2017-2018

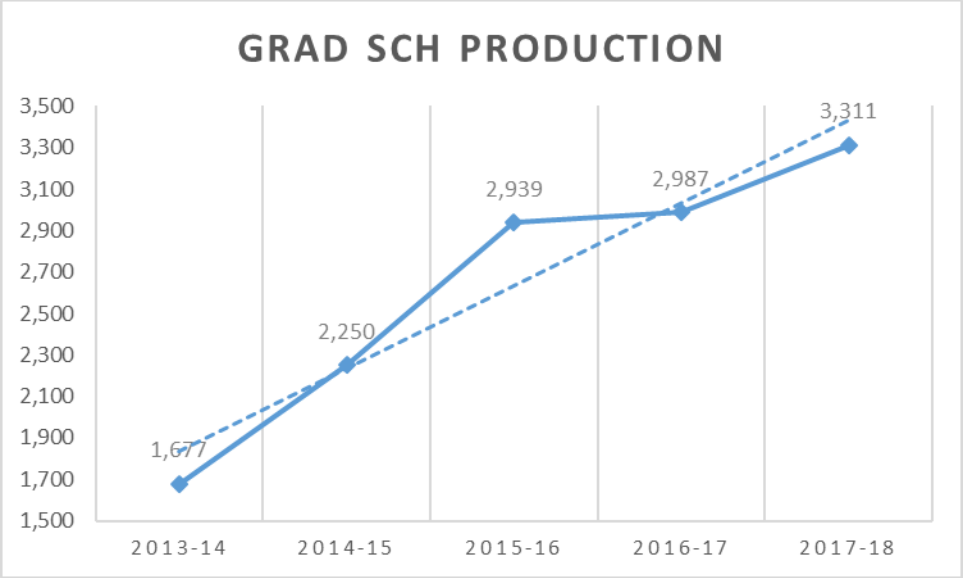
We have several areas that need addressing. As we approach our next CAA ASHA accreditation cycle, our most immediate is faculty sufficiency.

1. Adding a new Faculty Line – We are struggling to keep up with all of our students.

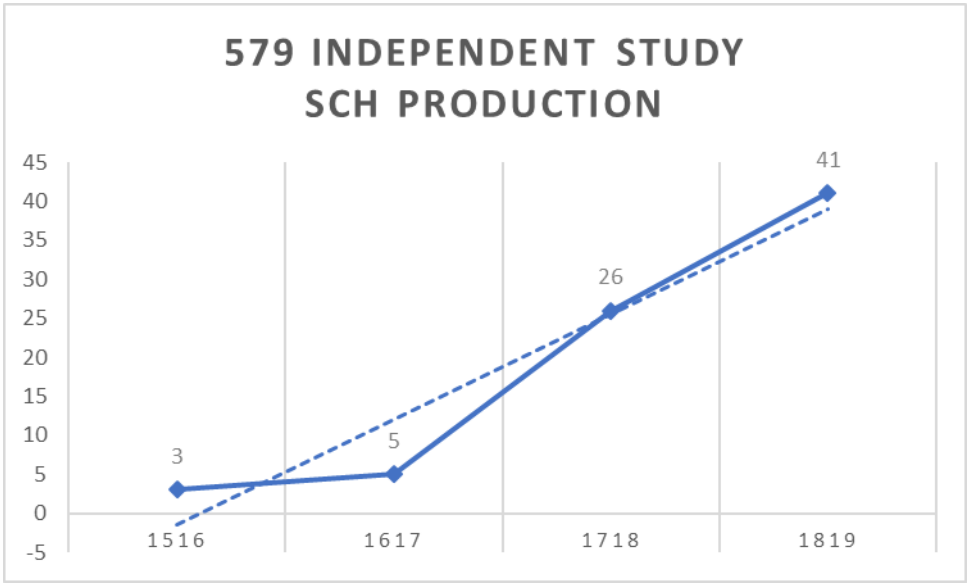
   We continue to show modest growth in our graduate program. Though some of this is simply a byproduct of more students taking longer to graduate, some of the increase in "new" enrollment and is due to allowing graduate students to take courses as non-degree seekers.

   The following chart and graph illustrate our SCH trends at the graduate level. This represents 97% growth over the last 4 years, and 11% from 16-17 to 17-18.

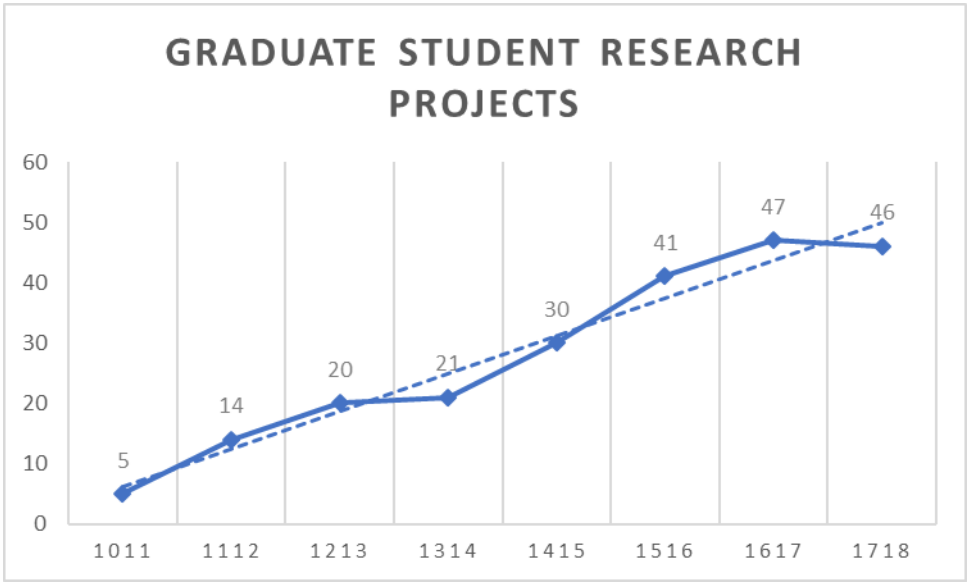
Sum of Student Credit Hours (at Census Date) --- CDIS Graduate Level Courses							
TERM	**LEVEL**	**PREFIX**	**2013-14**	**2014-15**	**2015-16**	**2016-17**	**2017-18**
Summer	GR	CDIS	295	313	460	454	519
Fall	GR	CDIS	694	904	1,193	1,271	1,345
Spring	GR	CDIS	688	1,033	1,286	1,262	1,447
AcYr Total SCH			**1,677**	**2,250**	**2,939**	**2,987**	**3,311**



Some of our growth is secondary to moving our remediation plan process with students into credit-seeking independent study enrollments. This is “off-load” work that does not calculate into faculty load calculations. We posted 41 SCH of independent study in 1819. This is the new norm.



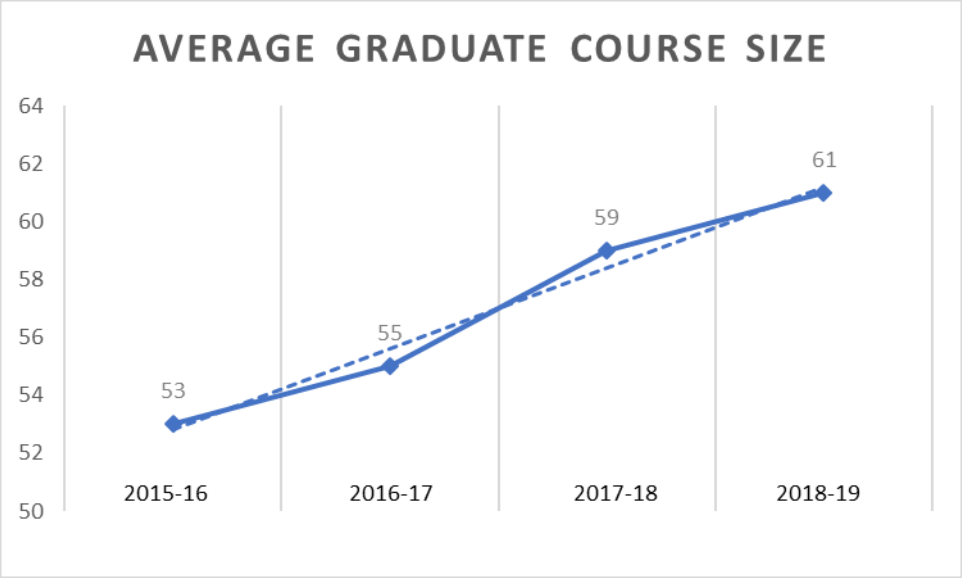
This growth has also increased our “off-load” faculty research with students.



Because of this growth, our average graduate course size is becoming unwieldy. As graduate courses are typically writing intensive, this can hamper our ability to provide timely and effective feedback to our students (our consistently lowest program ratings in student evaluations of our teaching). Our graduate student learning outcomes also require that

students develop proficient presentation skills, and with classes this large, it can be quite difficulty to even get all students scheduled for their individual presentations during the semester and still have any time remaining for discussion or other teaching. These problems must also be considered in light of the fact that our average graduate student is becoming increasingly less academically prepared when compared to those who applied to ENMU in prior years (see admission table later in this document). Our overall number of applicants is also dropping (meaning that we do not always have the most highly qualified applicants to choose from). This requires us to spend more time with each individual student to achieve knowledge and skills outcomes. With the average class size continuing to grow, this is a critical situation that must be addressed immediately before our faculty "burn-out" and/or our students fail to complete. Both completion rate and completion on time are CAA measures that the program is required to meet or lose accreditation.

Average course size for one time per year offerings is depicted below. Average class sizes were already large in 2015 (mean of 53), but we have grown an additional 15% since that time (mean of 61).

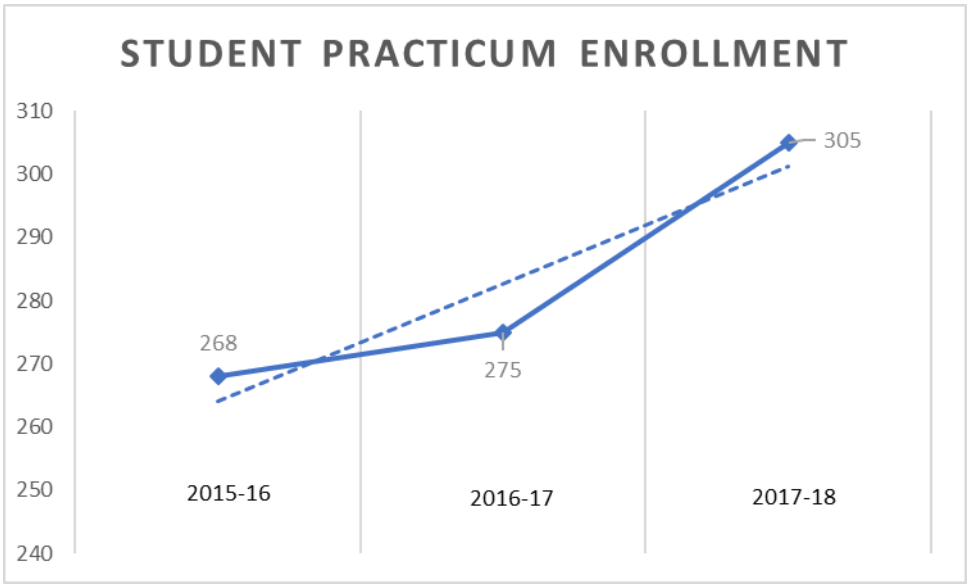


The following table shows our percentage of courses with enrollment over 50, 55, 60, 65, 70, and 75 students *at the end of the semester (exception, FA18 numbers).* Courses naturally begin with more students than this, but all courses lose some enrollment due to withdrawals during the semester.

Academic Class Size Distribution for Courses Offered One Time Per Year

	n	Range	%≥50	%≥55	%≥60	%≥65	%≥70	%≥75
1516	16	44-72	75% (n=12)	44% (n=7)	31% (n=5)	6% (n=1)	6% (n=1)	0
1617	16	42-77	69% (n=11)	44% (n=7)	38% (n=6)	13% (n=2)	6% (n=1)	6% (n=1)
1718	16	46-72	88% (n=14)	75% (n=12)	56% (n=9)	25% (n=4)	6% (n=1)	0
FA18	7	51-69	100% (n=7)	86% (n=6)	57% (n=4)	29% (n=2)	0	0

Program growth is not only problematic in the classroom. All students must also be placed in clinical rotations each semester, as well as be supervised or monitored by ENMU faculty. Growth in student practicum enrollment also requires additional faculty involvement. We have grown 14% in practicum enrollment in the last two years.

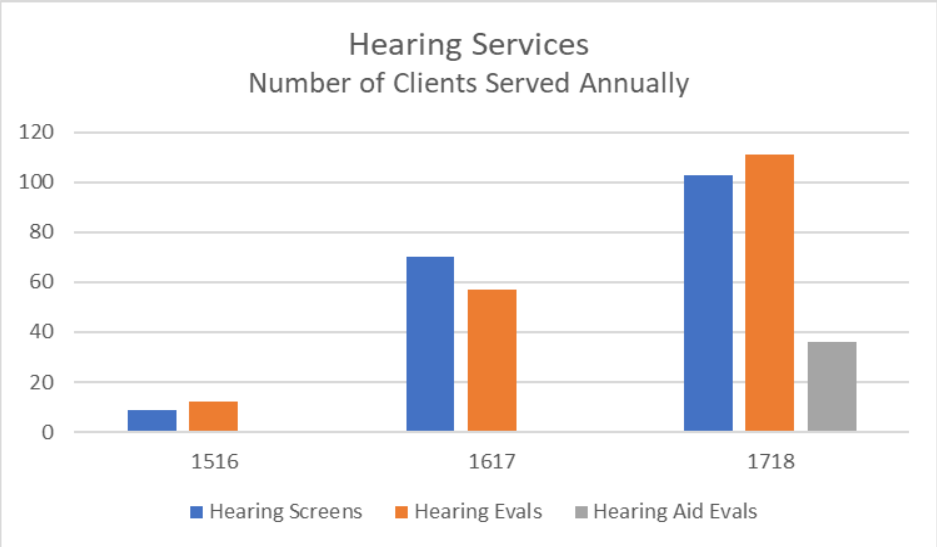


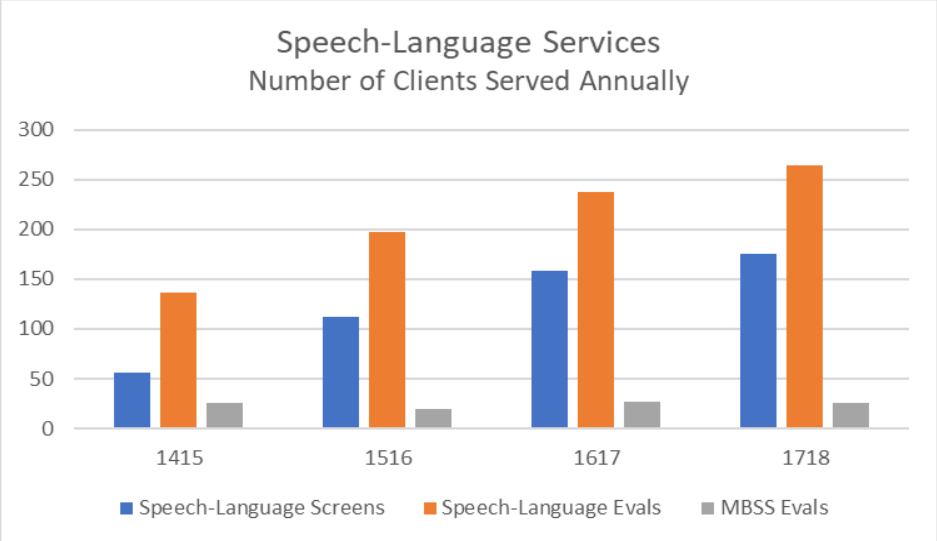
We have also dramatically increased clinical services to the public, as this is necessary to increase opportunities for our students to complete co-curricular and applied learning activities in the profession (something which ASHA's CFCC requires but that our current student base also seems to more noticeably need to pass their courses). Please note that our SLP students complete the vast majority of all hearing screenings shown below during our community awareness events. Other hearing services are completed by our audiologist (either in conjunction with a student or independently when needed).

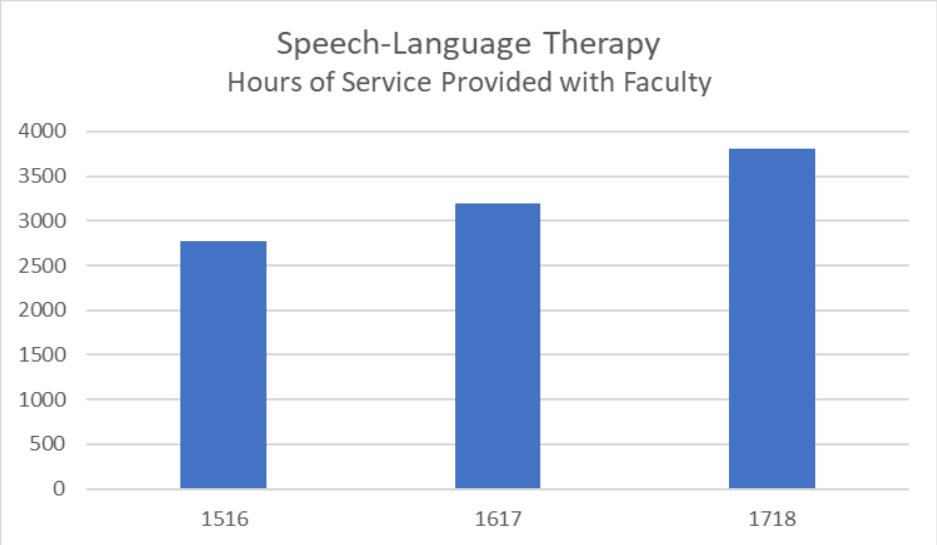
As detailed in the table on page 3 of this document, these figures represent substantial growth in therapy services delivered by and with ENMU faculty. The following table summarizes growth from 1617 to 1718 alone (a single year).

One Year Growth from 1617 to 1718 in Clinical Services Delivered (% +/-)					
	Hearing		Speech-Language		
	Screens	Evals	Screens	Evals	Total THx Hours Delivered
Total	47% increase	95% increase	10% increase	12% increase	19% increase

Subsequent charts show simple increase in clients served and services provided across a multi-year period. Based on these charts, we hope you can see the extraordinary effort our faculty has demonstrated toward student success and entry-level student clinician competence in various clinical tasks and settings.


Hearing Services
Number of Clients Served Annually
120
100
80
60
40
20
0
1516
1617
1718
Hearing Screens
Hearing Evals
Hearing Aid Evals


Speech-Language Services
Number of Clients Served Annually
300
250
200
150
100
50
0
1415
1516
1617
1718
Speech-Language Screens
Speech-Language Evals
MBSS Evals


Speech-Language Therapy
Hours of Service Provided with Faculty
4000
3500
3000
2500
2000
1500
1000
500
0
1516
1617
1718

In the end, the slow and steady growth (combined with increasing student need for more extensive assistance) is putting pressure in our faculty across all fronts: academic load, clinical load, research load, advising, KASA reporting, assessment, record keeping administration, etc. One look at our required and extensive assessment efforts gives even the most novice of reviewers some insight as to what is required of us at the individual student level as well as at the course and programmatic level. It is daunting – adding even a few more students to each cohort increases our workload exponentially. This is particularly pressing as our average applicant undergraduate GPA, major GPA, and GRE scores have been dropping over the last 2-3 years, as have the number of applicants for the graduate Program (see table later in this document). We are missing out on many of the best and brightest students these days. This spells potential trouble for a rural program such as ENMU, especially when our faculty resources are already stretched thin. This means that we must spend additional time with each student to ensure they acquire the necessary knowledge and skills to become competent SLPs. This, paired with the CAA's mandatory completion time reporting, have resulted in the Program making a conscious decision to extend our published matriculation times to accommodate more non-traditional, part-time/working, ESL, first generation college, and generally more at-risk students. We are very successful with them, but this does come at the expense of our faculty.

We have been very efficient for quite a long time. All CDIS faculty pull more than their share of the load, always. We would not ask for help if it was not essential. We realize that the addition of a faculty line in CDIS could mean the loss of a faculty line somewhere else on campus. We do not take this request lightly, but please understand that we will have to reduce enrollment and decrease clinical services to the public if relief is not forthcoming. The 1819 year will culminate with one too many irons in the fire and one too many balls in the air. We were at capacity and then some in 2018-19, and we believe we will officially exceed that capacity in 2018-19. We are currently in the process of completing our self-study report for ASHA's CAA reaccreditation process with a site visit anticipated in October of 2019 (next fall). We fear we will be cited for faculty insufficiency with our present numbers and workload, and we do not want to lose our accreditation or be placed on probation, ***simply because our success has exceeded our capacity!*** Even with the anticipated return of Dr. Weems to the CDIS Program full-time next year, we are struggling to handle our success. We need another 1.0 FTE in our graduate load beginning in Fall of 2019 to maintain our current levels of enrollment. Without additional resources, it is quite possible that our current program size is simply no longer sustainable.

2. Data Management – The CDIS Program loves data and we have a lot of it. Accreditation requires us to document and analyze virtually *everything*. We are transitioning to CALIPSO for clock hour log management – this should dramatically ease the workload for support personnel and will provide updated and accurate data for students regarding clock hour log accruals. This is important for both transparency and for student matriculation planning, and should encourage students to be more proactive, mindful, and appropriate in their placement requests for practicum and internship.
3. Adjusting Program requirements to meet new CAA/CFCC standards – This includes developing additional KASA indicators for understanding ethics, fiduciary responsibility, supervision management, etc. We are knee-deep in this now, with new clinical KASA language launching this fall. We have also added additionally clinical class meetings to 502 this fall, and we'll be phasing in 503 in the spring. CDIS 505 will join the party in Summer and Fall of 2019. We have also added group supervision meetings to our repertoire of practicum resources so that common issues may be addressed more efficiently and also so that students may give and receive peer feedback and additional peer support.

4. Graduate Recruitment –
We have honored our committed to admit 30 new graduate students each fall and each spring, totaling 60 per year. We continue to do so, but our applicant pool has noticeably thinned in the last 2 years. The following table illustrates this data. Please note that the GOA and GRE data summarizes information *for students who were offered admission only*…….it does not reflect the entirety of our applicant pool.

Graduate Program Admission Data							
	Undergraduate GPA	**Major GPA**	**GRE Verbal**	**GRE Quantitative**	**GRE Writing**	**Number of Completed Applications**	**Date Trend for # of Applications**
17-18	3.43	3.55	149	145	3.78	190	-30%
16-17	3.52	3.57	150	147	4	271	-20%
15-16	Data lost	3.66	152	148	4	338	+89%
14-15	3.43	3.57	151	146	4	179	+10%
13-14	3.40	3.50	155	151	4	163	+77%
12-13	3.37	3.58	150	144	4	92	+28%
11-12	3.39	3.51	422	475	4	72	
10-11	3.30	3.53	400	464	3.5	Data not kept	
09-10	3.22	3.37	376	398	3.75	Data not kept	

We are certainly concerned about the declining number and quality of applications received, and we are addressing this with multiple measures. This is discussed in Section 2.2 later in this document.

5. Increasing undergraduate enrollment – We made modest gains last year, but Rome was not built in a day and we are long range planners. We trust that allowing our students to begin the program 5 times per year and offering every course in 1st 8 week, 2nd 8 week, and 16 week courses will continue to work. We had to cancel a few courses in both fall and spring, so this is a bit troublesome. We are hoping this is just a byproduct of new rotations and will fill more consistently as students begin to expect these courses. We plan to work with Comm Services to change the way we present the Program on our website as we don't currently feel we are showing our best side.

6. Improving undergraduate retention/completion – Our numbers are still complicated by our graduate levelers who seem to move from B.S. degree seeking to preparatory (non-degree seeking) sometimes. This is based on their financial aid availability and their needs as dictated by specific graduate programs across the United States, but this practice makes our completion rate look worse than it is. Most of these students only ever intended to take a few courses but applied incorrectly as they mistakenly thought they would get cheaper tuition rates if they applied as undergraduate degree seekers vs graduate levelers (the opposite is actually true). We have worked with Comm Services to increase the clarity of options as listed on the web, as well as to delineate distinct pathways that will help them achieve their goals, but apparently, we need to do more. I think a decision-based flowchart may be necessary! We also lose students (appropriately) who are not a good fit for the profession, but who do not discover this until they encounter challenge in the 300 and 400 level courses. We try to handle this with good advising, but some students insist on staying in the major far longer than recommended. **We have substantially increased CDIS tutoring within the Program, offering distance education tutoring on an increasing basis.**

7. Advancing the audiology/hearing program – Dr. Lingnau has "rebuilt" the program, and she has also begun offering student practicums in audiology to on campus students. This is well on the way. She continues to add hearing contracts with LEAs, VA, LHI, and DodMERB/CAFB, and has also rebuilt the hearing aid dispensing clinic in conjunction with Livingston Hearing Aids (they purchased this equipment, which is housed at ENMU). Remaining goals are long-range goal and include:
    a. Develop CAPD clinics
    b. Increase referrals, external contracts, and consulting
    c. Build DeafEd courses compatible with Teacher Ed needs
    d. Align audiology curriculum with ASL courses
    e. Explore feeder track for TTU Au.D. Program
    f. Explore suite sublet for services beyond our capacity. This would generate income and also assure that community-based services are not restricted by Dr. Lingnau's inability to serve an infinite number of clients.
8. Outcome and KASA documentation
    a. Continue development and implementation of grading rubrics which merge both point values and outcome achievements.
    b. Continue developing specific outcomes quizzes and assignments – We will be meeting to asses where we are on this during graduate curriculum revision meetings this year.
    c. Develop common rubrics for case scoring
    d. Develop a minimum core of outcome-based assignments for each class (ongoing – will evaluate this spring)
    e. Develop a writing progression from Freshman year to Senior, and from 1st year grads to last year grads with common writing rubrics to improve reporting literacy
    f. Remediation Examinations (REXes) for those students who did not meet competencies in their academic coursework have been developed for all courses and are in use, albeit sparingly now; we quickly discovered that these placed a *huge* burden on program faculty to develop, schedule, send to approved proctors, grade, etc., all with little investment on the part of many students. We have since switched to the current Independent Study process (where student may or may not culminate their project with a REX). This has increased our graduate enrollment and, while not eliminating the burden of arranging and grading for the faculty, have resulted in much less stress and much more satisfying results for both students and instructors alike. **The work product is far superior and the outcomes much more definitively met with the 579s.** Students have overwhelmingly requested to enroll in ***and pay for*** an independent study (vs. taking a REX). Go figure.
9. Monitoring practicum eligibility requirements – We have implemented a defined process to ensure that student requirements do not expire in the middle of the semester during their practicum. Our Data Support Specialist is monitoring this process. We are now implementing a more stringent process for ensuring that students are aware of their practicum limitations, and that they take ownership of both what they can/can't do and what they do/don't need in terms of clinical experiences and placements. This has resulted in many revised forms, because we ALL love a new form, right?
10. Reporting to students – Undergraduate advising is now disseminated across all faculty, with Mr. Wilkerson specializing in our second bachelor's degree seeking students and Dr. Swift taking all graduate levelers and degree seekers. We are moving to CALIPSO for real-time reporting of clock hours to students, and we are sending all Excel time logs to each student on the old system each semester. We will begin sending KASA Outcome Tracking Forms to each individual student this spring. Now that we have additional support staff time to assist us, this will continue on a regularly scheduled basis.

11. Increase community outreach – We have accomplished much here, but we will continue to expand as much as we can with the faculty we have. With more students in the program and more challenging students in the program, more clinical opportunities are needed. This means attracting more referrals to the SHROC. Our Outreach Coordinator has already completed multiple area wide screening events with students, and she has also established an on-site treatment clinic at RGH this fall. ***We have more clients at RGH than we can serve with our present number of faculty supervisors at this juncture.*** She continues to meet with multiple stakeholders to better establish our clinical presence in the community.
12. Increasing Community Service Support Groups – We plan to launch a social skills support group this year. This will add to our already robust service learning projects and our newly established aphasia support group.
13. Expanding our telepractice/telehealth services – We did it. It was very successful. ***We could certainly expand in this area quite easily, but we currently do not have the faculty resources to do so.***
14. Implementing Multiple-Mini Interviews (MMIs) in our fall application cycle – We have noted an alarming trend with too many of our graduate students lately – a trend which concerns us deeply: They aren't good with people. We have also noted that fewer students demonstrate the required level of empathy, conflict management skills, ethical decision making, communication abilities, and even ciritical thinking/problem solving. We have spent much time designing and testing our MMI process to see if we can better assess student readiness for our graduate program. We are quite excited to implement our process this October!
15. Risk management – We needed to finalize policy and procedure and then begin audits in the 2016-17 academic year. This has not happened yet. We will try again in 18-19.
16. Strategic plan – Though no longer required by the university, our program continues to develop and implement our strategic plan as required by ASHA. The final report for 14-17 is posted, as is the new report for 17-20. This is placed on our CDIS portal pages. https://my.enmu.edu/web/cdis/10

Goals and Effectiveness Measures
Department of Health and Human Services: CDIS Program
Academic year 2017-2018

Program Mission:

The mission of the Communicative Disorders Program is:

- To meet the needs of the community and to better serve those having communicative impairments by providing high quality but affordable diagnostic and rehabilitative services
- To increase the number of competent therapy providers by increasing the number of Bachelor's and Master's graduates in speech language pathology each year, and,
- To provide a comprehensive outcome-based education supplemented by active learning experiences, both on and off campus to CDIS students at ENMU.

Students obtaining a baccalaureate in CDIS should be academically capable and show proficiency with pre-professional competencies (graduate program pre-requisite skills) in CDIS content areas, basic research, introductory clinical practice, and verbal/written presentation abilities. The comprehensive nature of the undergraduate program, with its emphasis on a broad theoretical foundation in normal and disordered human communication, is to prepare students for graduate study in speech/language pathology and/or audiology.

Graduate students in CDIS must demonstrate entry-level competence as defined by ASHA accreditation policy and as specified by Knowledge and Skills Acquisition (KASA) learning outcomes. The overall mission of the Graduate program in CDIS is to prepare students for national certification and licensure as practicing speech-language pathologists.

Link to University Mission:

Eastern New Mexico University combines a traditional learning environment with twenty-first century technology to provide a rich educational experience. The CDIS program enhances this mission with its diversified learning formats – we offer both synchronous and asynchronous Mediasite courses, internet/WWW courses, and Blackboard enhanced courses each semester. We use Skype, Wimba, and several other live chat venues in our courses, and our students work together in combined teams comprised of both "in-seat" and distance education pupils using Google docs, etc. to complete in-class assignments, quizzes, presentations, and projects. Our courses also offer considerable flexibility in scheduling to meet the needs of both traditional and non-traditional students through course offerings in the evenings, in summers, and in both 8 and 16 week formats.

Eastern emphasizes liberal learning, freedom of inquiry, cultural diversity and whole student life. The ENMU CDIS Program supports these tenets through advanced critical thinking and application tasks during applied learning and life activities, particularly those which work toward the understanding of communicative and cultural diversity (including the diversity of disability). Active learning takes place during case study, laboratory, and clinical practicum exercises, as does scholarship as students design and complete various data-gathering and research activities to improves services to the clients they serve.

Link to College Mission:

The CDIS mission likewise enhances that of the College of Liberal Arts & Sciences in providing courses with content that transcends a wide spectrum of the liberal arts and sciences. Courses address areas such as speech, language(s)/cultural diversity, anatomy/physiology, biology/genetics, acoustics and properties of sound, psychological principles, research, grammar composition/writing, public speaking, and community/client services. As CDIS graduates must provide autonomous services in community based settings, students completing our programs are well prepared for "on your feet" decision making and leadership roles within their occupational placements.

Link to Graduate School Mission:

The mission of the graduate program in CDIS supports that of the Graduate School in multiple ways. The program seeks to encourage research, independent thought, and intellectual/analytical growth by providing up-to-date instruction in the prevention, identification, evaluation, and remediation of speech, language, swallowing, and hearing disorders. The intensive classroom and clinical educational experiences prepare students for state licensure and certification by the American Speech-Language-Hearing Association, and ultimately, to secure successful careers in the field of speech-language pathology and to provide services to clients with communicative disorders. URL: www.enmu.edu/cdis

Provide a short description of how your department engages your faculty in the strategic planning process and in program assessment activities.

The CDIS Program meets on a regular basis (usually weekly) to discuss programmatic issues. We have a "calendar" of review for admissions, curriculum, KASAs, CPSAs, student practicum reviews, course deficiency reviews, survey results, assessment results, effectiveness plans, strategic plans, CAA annual reports, risk management reviews, etc. We don't have to engage each other……we all gather data per student and report in KASAs every semester, as well as in classes (reported in assessment surveys every semester). Program Directors compile the data and bring to the faculty meetings. We discuss what needs to be done, and then we decide who will do it. We do it, then collect data and the process starts all over again.

Provide a short description of how your department "closes the loop" in the program assessment process (i.e. uses data results and analysis to take corrective actions or make improvements).

See above. It's easiest to explain with examples.

1. Based on assessment data results, CDIS 501 weekly on-campus meetings were reinstated as requirements for practicum. These weekly meetings are conducted by the Clinical Director and provide hands-on workshop clinically focused sessions for students to obtain additional assistance on issues they may be having in practicum that week. This gives our Clinical Director an opportunity to discuss common student mistakes and to provide students with immediate feedback regarding how to correct them. It also creates an avenue for the Clinical Director to address any recurrent supervisor concerns (from the Clinical Supervisor Committee meetings) each week and to provide supplementary instruction as necessary to improve client care and student success. This interactive workshop "practice it" focus with real time feedback and problem solving "Q&A" was identified as a need by both students and ENMU faculty members for all first semester clinicians. (Finally, this weekly meeting gives ALL students a chance to develop a more comfortable professional relationship with our Clinical Director....they "get to know her" during this course. This assists them immensely during later clinical interactions/advising sessions - they seem to accept criticism more productively and ask better questions with faulty members more familiar to them. It also helps our Clinical Director to more personally tailor practicum remediation plans since she develops a more comprehensive picture of student learning styles and strengths/weaknesses from her interactions with students in this course.).
2. Based on assessment results for 501, we are phasing these weekly accompaniment meetingss into 502, 503, and 505 during the 2018-19-20 academic years. This will provide our students with specific "real-time" real site support without requiring they pay any extra tuition. We will use this time to address supervisor concerns as listed in CPSAs, as well as recurrent problem themes as noted in student site supervisor and site evaluations. This will

also give the students a chance to develop a real support forum, something they have requested for some time.

3. Based on supervisor and student practicum data, we are implementing a “mini-mester 4 week practicum option to be implemented over winter break. This allows students who need to accrue additional hours at a different location or with a different population the opportunity to do so, as well as allowing students who could not complete 501 assessments during theior initial 501 semsester a chance to do so and then proceed into 502 in the following full semester. This will enable us to address specific deficiencies in our clinic as pointed out by supervisors on Clinical Practicum Student Assessments as well.
4. Based on recent supervisor feedback, it appears that CDIS 511 may need to be taken before or during 502. Based on class outcome data, we also may need to consider moving 511 from the summer semester into a regular 16 week semester. Student achievement data indicates that it would be very beneficial for our program and our students to offer each graduate academic coursetwo times per year…..we suspect this would be beneficial for faculty as well as it would reduce our large course sizes by half. **We will not be able to do this without the full-time return of Dr.Weems to the program, as well as the addition of another ful-time line**, though data suggests it would shorten our completion time for our students and it would certainly increase their clinical competencies in 502 praticum. We are currently beginning the 3-5 year project of collecting and analyzing 1st attempt student outcome achievement data per outcome and per course. This will be a huge project, but should provide us with a wealth of information that will inform future programmatic decisions.
5. An audit of our Clinical Clock Hour Logs revealed that more than 50% were current, either because of student reporting and mathematical errors, or because we lacked sufficie personnel to enter them as they arrived in our office. Based in this information and the need for real-time reporting of student clinical progress, the program made the decision to move to CALIPSO for clock hour log tracking. This eliminates mathematical and other reporting errors, as well as requires that the student submit hours on a scheduled basis or forfeit those hours. As the student is entering the hours themselves into a secure data base, CALIPSO also eliminates the need for ENMU staff to manually enter those hours and frees up important resources for our program’s support.

CDIS uses assessment data in various forms to inform program decisions on a continual basis. It’s why we’ve replaced the REX with a 579, why moved to CALIPSO, why we’re implementing a 4 week “mini-mester,” any why 511 may be moved. It led to our recent re-design of clnical practicum requests, a change in the scoring system for CPSAs, and why we are instituting Multiple-Mini interviews this fall in our graduate admission process. The examples never end. CDIS lives and dies by triangulated assessment. It’s not just what we do…it’s who we are.

Goal 1: High quality academic programs. Support high quality academic programs that both enhance the marketability of graduates and encourage them to remain life-long learners. Develop new programs that reflect and respond to changing student and workforce needs.

Goal 1 Objectives:

1.1 Establish, measure and use student learning outcomes to enhance students' educational experience

Our Program has an OUTSTANDING method for designing assessment, collecting data, analyzing results, and implementing change at a systemic level. We truly work collaboratively to reach consensus and then modify practice and policy as needed to better the program. This occurs during weekly faculty meetings when we discuss issues, as well as during scheduled program, curriculum, and assessment reviews.

Our Program has a veritable plethora of student learner outcomes. Samples of both undergraduate and graduate outcomes in effect during this review period are included in our assessment report.

The program reviews all data at the beginning of each semester to discuss program wide changes. We analyze this data on a regular basis and report outcomes to our students as well as in our annual reaccreditation report. This information is detailed extensively in our Program's assessment plan. Please see the attached document for examples of how we use this data to affect change.

New graduate KASA outcomes were revised after much work in the 2017-18 academic year and went into effect in fall 2018. These documents can be found on our portal pages (https://my.enmu.edu/web/cdis/10/student-forms) at the bullets as listed below.

- ENMU ASHA KASA Administrative and Professional Outcomes Fall 2018 - Spring 2020
- ENMU ASHA KASA Academic Outcomes Fall 2018 - Spring 2020
- ENMU ASHA KASA Clinical Outcomes Fall 2018 - Spring 2020
- ENMU ASHA KASA Research Outcomes Fall 2018 - Spring 2020

Please see **Appendix A** (or click here) for our Program's Assessment report.

1.2. Implement innovative pedagogy, effective technology and up-to-date curriculum(s) that enhance student learning

All faculty in CDIS complete a minimum of 10 CEU hours each year, usually in a direct practice area of some kind. The ASHA Program and Clinical Directors additionally attend CAPCSD each year for 2-3 days and relate all information to the faculty upon return. As the annual ASHA Convention was held in CA last year and airfare was affordable, all interested full-time faculty were able to attend with full program support (from generated clinical revenues)

CDIS Program faculty frequently attend trainings and workshops on pedagogical issues offered both on and off campus. Most of us go to NMSHA at least every other year, and some of us attend each year. Some of us are also licensed in TX, and so additionally attend TXSHA. Most of us belong to at least one ASHA special interest division where publications and online training in specific areas are available for study and sharing.

Here are the highlights of what we acquired, purchased, and implemented in 2017-18:

- Equipment for telepractice therapies (paid from student practicum fees)
- HIPAA compliant Zoom package for telepractice (paid from generated revenue)
- State of the art nasoendoscopy and FEES unit (paid from generated revenue)
- Visi-Pitch (paid from ER&R in conjunction with generated revenue).
- Miscellaneous equipment for the audiology suite (paid from generated revenue).
- Multiple assessments and materials for clinical placements (paid from student practicum fees and generated revenue)
- CALIPSO for student clock hour log tracking (paid from generated revenue)
- OhMD secure app for HIPAA compliant messaging between students and supervisors (free)
- Recalibrated audiology equipment as required annually (paid from generated revenue)
- Various encryption software and external drive/jump drive materials (paid from student practicum fees and generated revenue)

We are keeping our emphasis on case-based learning as much as possible, and we maintain our universally adopted simulated patient exercises (SimuCase) and video observation (Master Clinician). We also use state-of-the-art swallowing MBSImP software to train our student clinicians in best practice swallow diagnosis. We are currently exploring actors as patients and other computerized patient experience options. We have ordered and are using more patient training manikins for swallowing and nasoendoscopy. We plan to add additional manikins for trach/speaking valve training and auscultation if possible. We are additionally working as a faculty to complete the following over the next 3 years:

1. Develop common rubrics for case scoring
2. Track first attempt student learning outcome pass rate by class and by outcome (we already track by student)
3. Develop a writing progression from Freshman year to Senior, and from 1st year grads to last year grads. We successfully created and implemented the graduate professional writing course last year.
4. Expand telepractice services as faculty workloads allow.

We currently offer 001, WW, AW, and SW courses in both 8 and 16 week formats. We offer all required undergraduate courses each semester (fall, spring, and summer). We use Collaborate, Skype, and increasingly Zoom. We incorporate multiple types of interactive software in our courses.

Please see **Appendix B1.2 Professional Development** on the attached Excel spreadsheet for additional detail. Our faculty additionally stay current and engaged in our scope of practice through working in the field PRN (please see **B1.3.a Professional Services**).

1.3. Support basic and applied research, scholarship, and creative activity for faculty

Currently, the CDIS Program pays registration and travel to NMSHA for all CDIS faculty, as well as for Special Interest Division CEU testing. We additionally support specific continuing education opportunities for faculty as requested to augment research or teaching. As mentioned above, all faculty who wished to attend the ASHA Conference in Los Angles last year attended with full Program funding (paid for out of generated clinical revenues). It has been many years since faculty attended, and this was an opportune time for them to be present (especially with our CAA site visit impending in 2019).

Our audiology lab was updated substantially two years ago, allowing our audiologist, SLP faculty, and interested students to conduct research with state of the art equipment. We were alos able to replace our scope, and we hope that we can begin some reasech with the Vocal Arts program at ENMU. We hope to replace our CSL this academic year.

Our multiple test purchases for the ENMU SHROC and surrounding practicum sites also allows our students and faculty to choose and complete research projects with standardized assessments and state of the art therapy equipment. Our ENMU SHROC was also a norming site fo at least one major test publilsher during the 2107-18 academic year. Faculty supervisors were involved in this process.

ENMU had two faculty who gave an invited 3 hour presentation at NMSHA last year, with all expenses paid for by ENMU. We had several faculty members who also presented at other well-established conferences, as well as faculty who served on various professional boards at both the state and national level. ENMU financially supported at least part of these expenses in all cases.

Our faculty are productive. Please see **Appendix B1.3 Research & Scholarship** and **Appendix B1.3.a Professional Services** on the attached Excel spreadsheet for additional detail. Please see the next section for information about faculty/student collaborative research projects.

1.4. Expand applied learning opportunities for students (internships, practicums, research opportunities and presentations)

The CDIS Program had 46 graduate students presenting their research at the ENMU Student Research Conference in Spring of 2018. With 90 total presentations. Abstracts are available at (www.enmu.edu/src). We additionally presented several student/faculty posters at NMSHA and ASHA (or other approved well-established professional conference in FA17). Additional information about research in CDIS is available at (http://liberal-arts.enmu.edu/health/cdis/research.shtml).

540 Assessment and Treatment Lab (Feeding Lab):
All students in CDIS 540 are required to be on campus for applied learning activities in oral-motor assessment and treatment. This is ALL "hands-on" and includes feeding.

Nasoendoscopy/Videostroboscopy and FEES/Scoping Labs:
This equipment is used to evaluate voice and swallowing patients for the SHROC and RGH, for CDIS 503/505 practicums, for academic courses CDIS 512 and 528, and during recurring semester FEES/scoping workshops for our practicum students. It is also one of our recruiting tools used to attract our best graduate students to the program as other universities either do not have this equipment on campus or do not allow their students to use it.

Our Program faculty host hand-on clinics specifically for students to train on this equipment for several days each semester. These days are coordinated with the SRC, summer 540 on campus work, and fall Grand Rounds/lab days so that distance education students will have maximal opportunity to participate. This is truly a unique feature of ENMU, in that this type of experience is typically never gained until after graduation (i.e., is limited to CCC-SLP practitioners who pay appx. $500.00 for a "basic" training course). ENMU has continually offered this to our students since 2008.

AAC Workshops:
Similar to the labs described above, we host an annual AAC Workshop that runs concurrently with our CDIS 550 course. We are considering expanding this to run concurrently with CDIS 540 Lab as well as during and after SRC activities.

Practicum and Internships:
All of our graduate students must complete at least 4 practicums and one full-time minimum 8-week internship. With 173 graduate students in 2017-18, we arranged for more than 412 practicums and internships last year. We additionally enrolled 2 undergraduate students in on-campus clinical practicum. This is an elective for qualified and approved undergraduates.

We also continue to provide services at CDC and various agencies across the United States as described in a prior section of this document. We have currently appointed one of our faculty members as Outreach Coordinator – she is meeting with physicians and other referring parties to organize screenings and increase community awareness about services offered at the SHROC. This will further increase opportunities for students.

A brief summary of practicum/internship sites is listed below.

- 67 public school practicums (32 in NM - 48%)
- 8 private school practicums (8 in NM - 100%)
- 19 birth to three early intervention practicum/ internships (11 in NM - 58%)
- 47 skilled nursing practicums (15 in NM - 32%)
- 74 hospitals or rehabilitation center practicums (11 in NM - 15%)
- 2 home health practicums (2 in NM - 100%)
- 47 "other" clinical or private practice practicums (10 in NM - 21%).

For New Mexico, supervised services were provided across 27 NM cities in 75 distinct NM facilities.

- 29 different public schools
- 1 private school
- 9 different birth to 3 agencies
- 14 different skilled nursing facilities
- 11 different hospital/rehabs
- 2 different home health agencies
- 9 different uncategorized NM agencies

Directed Studies (579s):
Students and faculty completes numerous 26 SCHs of independent studies in 2017-18. The majority of these were focused remediation plans for graduate students.

Please see **Appendix B1.4 Applied Learning** on the attached Excel spreadsheet for additional detail.

1.5. Response to program review N/A

1.6. Response to discipline-based accreditation review

The Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA) approved our annual report for the master's program in speech-language pathology. There were no areas of non-compliance or partial compliance with accreditation standards. **All areas were fully compliant**.

Our next annual report is due February 1, 2019.

Our current accreditation cycle is 3/1/2012 - 2/28/2020. This means our self-study is expected this fall (we are currently working on this now), with a full site visit probable in October of 2019.

Goal 2: A quality campus experience. Prepare students for academic success by providing a positive campus experience and quality student services for online and on-campus students, and promoting students' leadership and civic responsibility.

Goal 2 Objectives

2.1. Find ways that co-curricular activities can enhance students' college experience

Our program offers undergraduate course credit for significant experiences in CDIS 489. Students are also encouraged to observe and volunteer with their local therapists in their senior level courses. We offer at least one professional development activity through our Invited Speaker's Program each fall and spring semester, bringing in experts in selected topics of student interest. These presentations are recorded (when the speaker allows) and all are free and open to any ENMU student.

All graduate students complete a community service learning project/presentation in CDIS 504. In addition, practicum students participate in voluntary community service through provision of clinical services during health fairs, and free developmental screenings at CDC, ENMU SHROC, CCS, CMSD, and PMSD among others. We further offer $10 voice screenings to ENMU vocal performance majors, no-cost accent modification screenings to faculty and graduate assistants, and free hearing screenings to anyone. Students are involved in these activities during their coursework and practicums/internships (discussed previously) – these are the ultimate service learning opportunities. By offering a variety of services to clients in its community, ENMU's Speech and Hearing Rehabilitation Outreach Center provides valuable hands-on training for students in the program and invaluable services to the community.

The ENMU CDIS Program supports a local chapter of the National Student Speech-Language Hearing Association (NSSLHA) for both graduate and undergraduate students. NSSLHA partners with the Program to construct our homecoming float each year, as well as for hosting our CDIS SHROC Community Haunted House. This Halloween carnival is completely free to the public and also serves as a recruiting/public awareness event for our Clinic and Program. NSSLHA also hosts various speech and hearing awareness events on campus and in the community over the year, including fundraisers and charitable events.

Please see **Appendix B2.1.a Co-Curricular Organizations** and **Appendix B2.1.b Co-curricular Faculty** on the attached Excel spreadsheet for additional detail.

2.2. Recruitment, Retention, and Completion

Recruitment – Student and Clinical:

Clinical -
Hearing and S-L screenings are always free at the clinic on request. We routinely announce our free screenings and our range of services offered on our college announcement boards and with Rooney-Moon Broadcasting. We have placed SHROC brochures in the Education building next to the coffee shop and in the counseling office on campus. We hand out flyers and complete screenings at the local county fairs, the Peanut Valley Festival, and the Roosevelt County Health Fair. Our homecoming parade float (advertising our program and services) was recognized for award in 2017-18 for the 5th consecutive year. Our largest community awareness event, our annual "preschool" Haunted House, saw approximately 100 attendees last year. We also continue our PSAs on the local radio stations and small low-cost advertisements in local club "discount" flyers.

The program provided free early childhood screenings on-site this year for at-risk Clovis Christian School students and for all students enrolled at CDC. We also completed free accent modification screenings and provided no-cost therapy to applicable ENMU graduate teaching assistants who learned English as a second language. We presented 18 distinct community "inservices" on various topics relating to the prevention and management of speech, language, swallowing, and hearing disorders (all of these were service learning projects delivered by graduate students). We hosted 3 major community screening events in 2017-18 as well. All of these serve as “community recruiting” and are used to recruit both clients and future students to our programs.

Student –
The CDIS Program continues to attend multiple recruiting events: (Junior Preview, Green & Silver View, Career Expo, Caduceus, etc.). We enter a CDIS float in the Homecoming Parade annually and make presentations in voice and freshman seminar classes. We present in CDIS 144 and 244 dual enrollment courses. We post our available options on the web, and we send email flyers to other universities. We also send out a Program Newsletter to all students and stakeholders that further publicizes our program. We host an annual booth at NMSHA to recruit graduate students and undergraduate transfers. Last year, we also hosted a booth at ASHA to recruit graduate students. We further send students to Graduate Education Day to present posters of their research each year in Santa Fe.

We have sent printed materials to potential recruiting pools in the past with limited results. Our most effective recruiting occurs via in-person promotion and the internet. We update our portal pages each semester (https://my.enmu.edu/web/cdis/home). Detail regarding our student recruiting and retention activities can be found in **Appendix B3.0 Recruitment-Retention Plan**.

Results –
Undergraduate -
Our undergraduate semester credit hour production has risen 9% over the last 4 years, but only 1% from 16-17 to 17-18. We attribute our growth to:

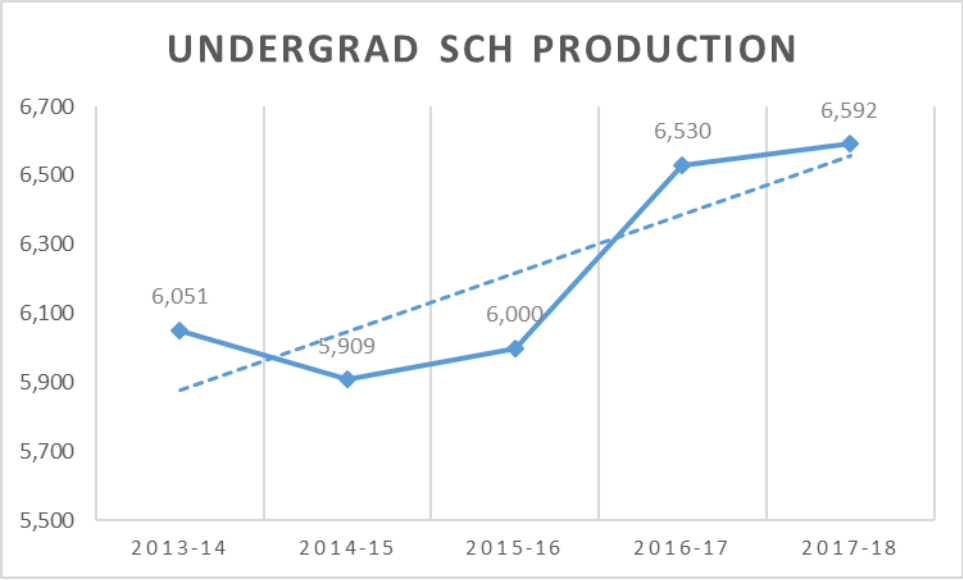
- Creation of our second bachelor’s option
- Aligning our graduate pre-requisites to our bachelor’s degree requirements
- Reduced tuition costs
- Rebuilding our portal and web pages
- Allowing part-time and “buffet” enrollment where students can take as many or as few courses as they need. We have open enrollment and do not require undergraduate cohorts

for leveling - this makes us very different than our competition and gives us a niche that attracts students.

- Changing course rotations to offer entry-level work in the summer and second 8 weeks. This allows our students to begin the program 5 times per year (August, October, January, March, and June). We have also adjusted offerings so that students can enroll in every core course any semester (including summer), and most courses are offered as first 8 week 2nd 8 week, or 16 week. All courses have video options as well. We believe these changes will result in increased growth across the next 2 years.

The following table and graph illustrate these trends.

Sum of Student Credit Hours (at Census Date) --- CDIS Undergraduate Courses							
TERM	**LEVEL**	**PREFIX**	**2013-14**	**2014-15**	**2015-16**	**2016-17**	**2017-18**
Summer	UG	CDIS	1,089	1,110	1,197	1,278	1,286
Fall	UG	CDIS	2,380	2,386	2,343	2,457	2,638
Spring	UG	CDIS	2,582	2,413	2,460	2,795	2,668
AcYr Total SCH			**6,051**	**5,909**	**6,000**	**6,530**	**6,592**



We are somewhat concerned about the slowing down of growth, but we hope to change this pattern with our new Clinical Practice Minor. This program will lend itself quite well to those students who plan to opt out of the Master's degree and work as an apprentice or assistant. This minor will offer new classes at the undergraduate level in voice, fluency, AAC, autism, neurogenic disorders, etc. that have not been available in the past. We believe that students who are joining the workforce will better value these courses and will seek out a program that best prepares them for a wider range of potential workplace challenges. We also believe that students who are seeking graduate school admission will see these courses (traditionally available only at the graduate level) as a "leg up" for graduate school admission rankings. This change will not begin until the fall of 2019, so we are hoping to hold steady until then.

Graduate

We feel that our efforts at attracting and retaining students have been successful, but we are facing current challenges at the graduate level. We need more and better qualified applicants. The number of students who apply to our graduate program still exceed our capacity to serve them, but some disturbing trends are noted over the last 2 years. Both the number of and academic preparation of our graduate applications are declining - We are not getting the "cream of the crop" applicants at ENMU in most cases unless they are home grown and have matriculated through our undergraduate program. We are not attracting the sheer numbers that we used to, and we are also not able to recruit some of our best applicants to come to ENMU even when we offer them admission with GA stipends.

. There are several potential reasons for this:

- CDIS is a long, intensive, and difficult program
- CDIS is an expensive program
- CDIS is a major growth area (BLS 18% growth rate – much faster than average). As a result, many other universities have instituted new programs. We have more competition for students, and most of these programs are in urban areas where students are more likely to apply to.
- Students are increasingly seeking fully online graduate programs.
- Students are seeking programs which are affiliated with guaranteed practicum sites that do not require travel (e.g., university affiliated hospitals, larger clinics, etc.).
- Students do not want to come to Portales for a semester.
- We are not a CSDCAS application program.
- With the elimination of out of state tuition, GA stipends are no longer an effective recruiting tool.
- State licensure laws are changing in such a way that bachelor's level CDIS graduates can now work as assistants/apprentices in perpetuity. Students are no longer required to obtain their master's degree to work in the SLP field – the SLPA and ASL licensees are decreasing graduate numbers.

The following table reflects this trend.

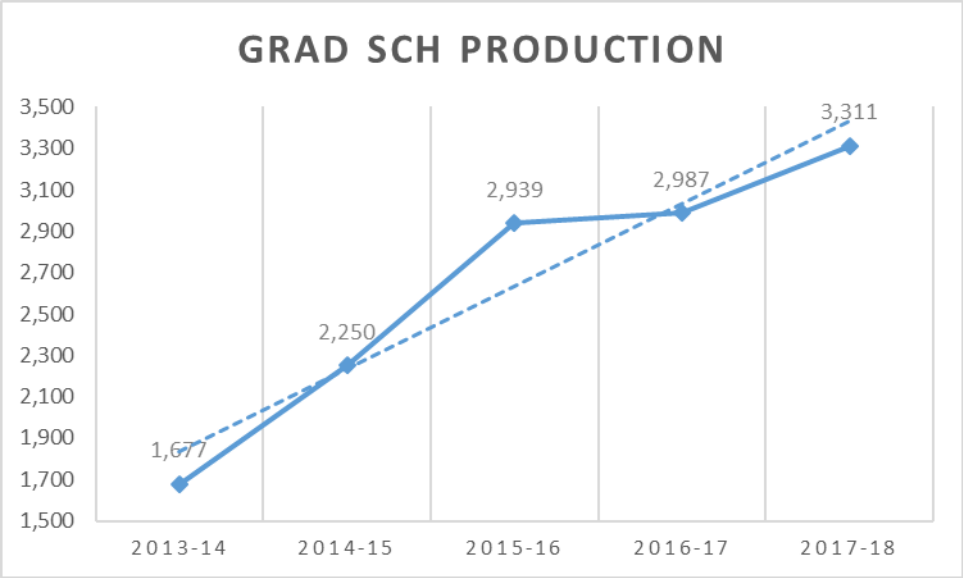
Graduate Program Admission Data							
	Undergraduate GPA	**Major GPA**	**GRE Verbal**	**GRE Quantitative**	**GRE Writing**	**Number of Completed Applications**	**Date Trend for # of Applications**
17-18	3.43	3.55	149	145	3.78	190	-30%
16-17	3.52	3.57	150	147	4	271	-20%
15-16	Data lost	3.66	152	148	4	338	+89%
14-15	3.43	3.57	151	146	4	179	+10%
13-14	3.40	3.50	155	151	4	163	+77%
12-13	3.37	3.58	150	144	4	92	+28%
11-12	3.39	3.51	422	475	4	72	
10-11	3.30	3.53	400	464	3.5	Data not kept	
09-10	3.22	3.37	376	398	3.75	Data not kept	

Still, our biggest growth has been at the graduate level. The qualifications of our applicants are only now beginning to affect our program, and we have thus far been able to fill all seats with qualified applicants that we can work with. We do have concern that we may struggle to meet our enrollment goals if we cannot change the number of applications and the quality of the applicants we receive, and so we are currently discussing strategies to address this. We are going to have to be more aggressive in advertising, especially online, if we are to turn this tide in the future. In 2017-18, we did have 190 applicants for 60 seats so we *were* able to fulfill our mission, but we are mindful of these trends and are working to address them.

Last year, we faced challenges in faculty workload and clinical capacity with our number and types of clients available to students. We are pleased to say that our local clinical capacity has grown dramatically (thanks to our Outreach Coordinator's efforts). Clinical capacity no longer hinders any future growth; however, challenges with our faculty workload capacity do remain. The ENMU CDIS Graduate Program is working at (or above) capacity with our present number of doctorally qualified faculty members. As already discussed, **future growth in our graduate program will not be attainable without additional faculty.**

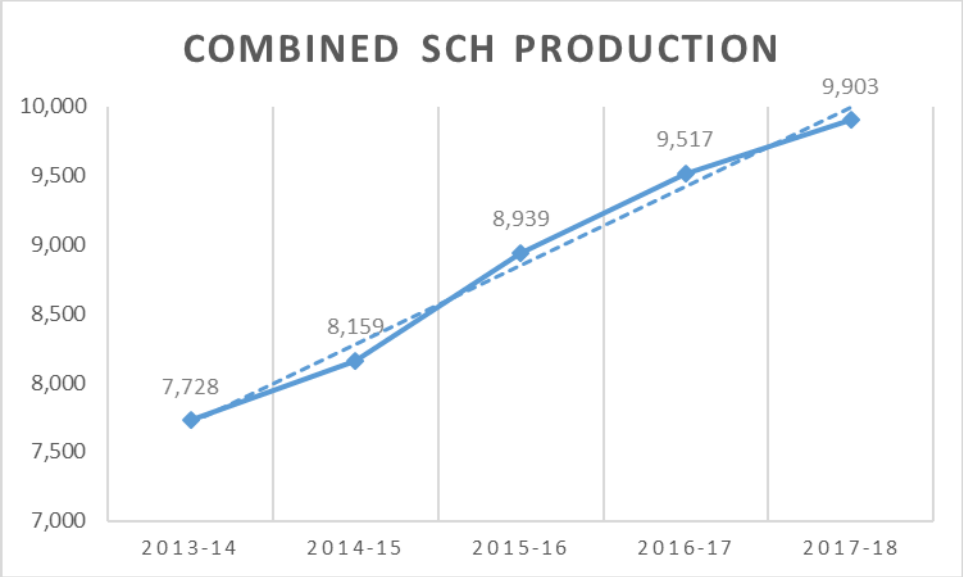
The following chart and graph illustrate our SCH trends at the graduate level. This represents 97% growth over the last 4 years, and 11% from 16-17 to 17-18.

Sum of Student Credit Hours (at Census Date) --- CDIS Graduate Level Courses							
TERM	**LEVEL**	**PREFIX**	**2013-14**	**2014-15**	**2015-16**	**2016-17**	**2017-18**
Summer	GR	CDIS	295	313	460	454	519
Fall	GR	CDIS	694	904	1,193	1,271	1,345
Spring	GR	CDIS	688	1,033	1,286	1,262	1,447
AcYr Total SCH			**1,677**	**2,250**	**2,939**	**2,987**	**3,311**



The following table and chart represent our combined SCH Production for the CDIS Program as a whole.

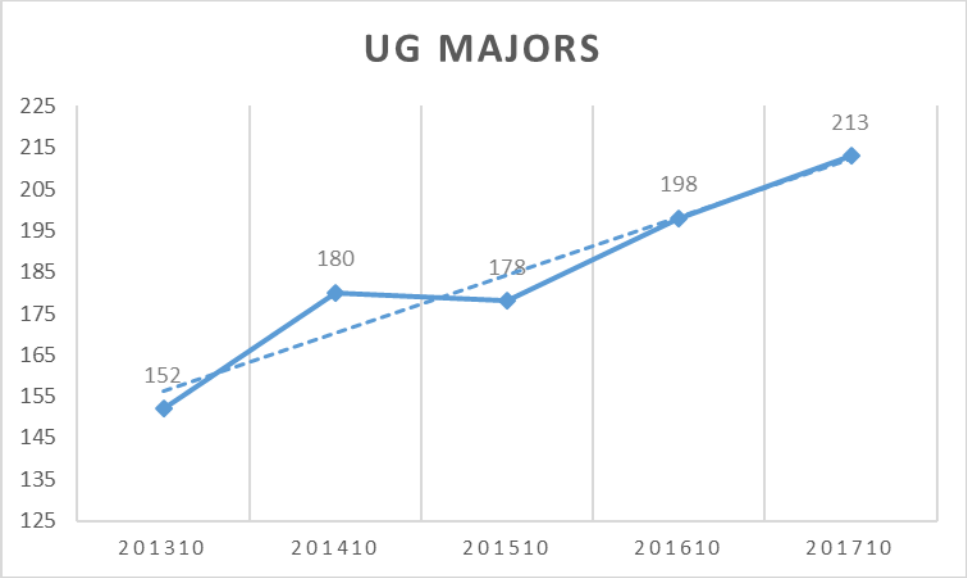
Combined SCH Production							
201314	**201415**	**201516**	**201617**	**201718**	**5 yr Avg**	**% Increase 1 year**	**% Increase 4 years**
7,728	8,159	8,939	9,517	9,903	8,849	4	28



Number of Majors:

We have also seen an increase in our number of undergraduate majors. We attribute this growth to the development and promotion of our second bachelor's degree. Students much prefer to get a "new GPA" and have a second degree in hand as they are applying to graduate schools. In some programs, this certainly makes these students more competitive applicants.

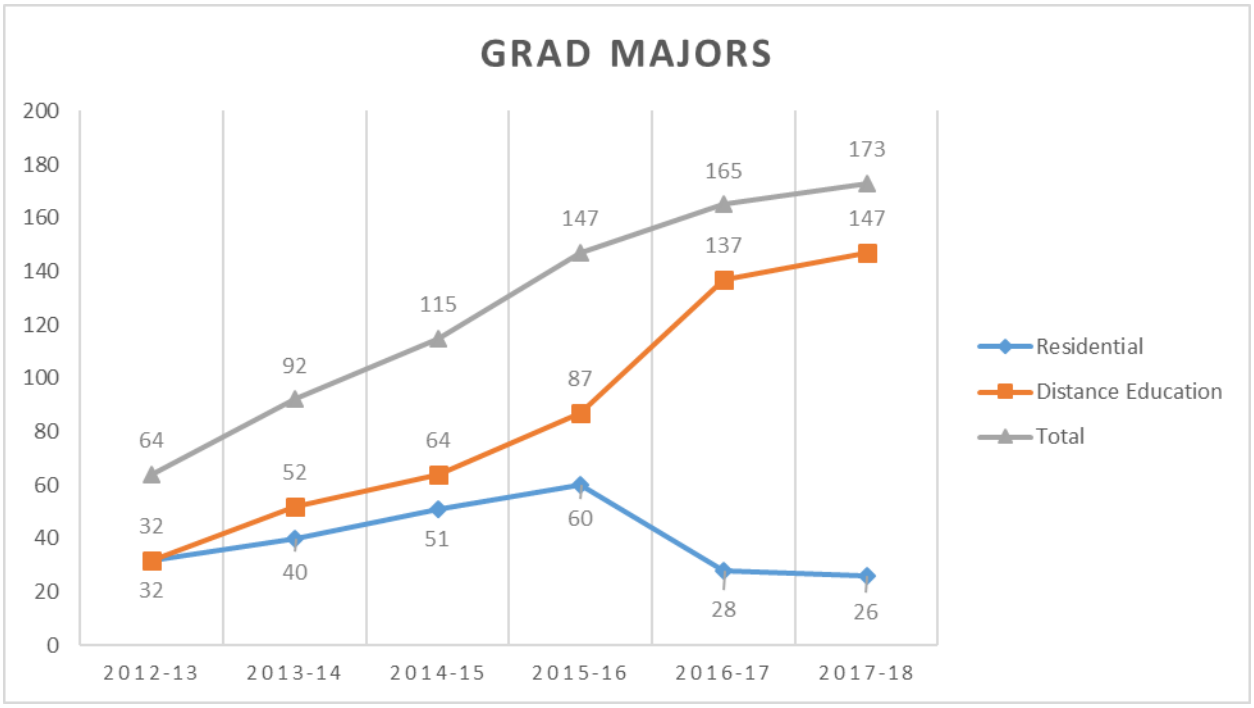
Undergraduate Majors							
201310	**201410**	**201510**	**201610**	**201710**	**5 yr Avg**	**% Increase 1 year**	**% Increase 4 years**
152	180	178	198	213	184	8	40



Graduate major data is presented on the next page.

Graduate Declared Majors						
	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18
Residential	32	40	51	60	28	26
Distance Education	32	52	64	87	137	147
Combined Total	64	92	115	147	165	173

2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	5 yr Avg	% Increase 1 year	% Increase 4 years
64	92	115	147	165	173	138	5	88



Retention:

In 2016-17, dissemination of advising across our more established faculty occurred. This has allowed some faculty to "specialize" to more efficiently meet the needs of some of our Niche students. The Graduate Coordinator is responsible for all graduates and graduate levelers. The Undergraduate Program Director is responsible for all second bachelor's degree seeking students. The remainder of advisees are spread across the rest of our full-time faculty, who are doing an amazing job. Clinical advising is completed by the Clinical Director and clinical supervisors as appropriate. We have continued our shared database and Program faculty will "cover" across breaks so that advising will remain available nearly every day of the year. As CDIS is a year round program with 9, 10, 11, and 12 month faculty, this is possible.

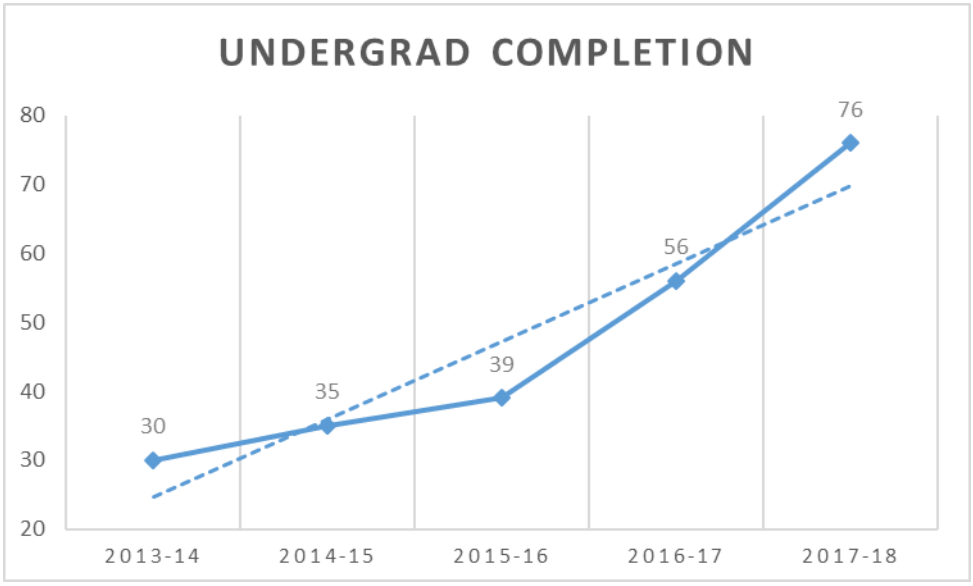
Both graduate and undergraduate students are enrolled on their respective list serves when they're declared or admitted. This enables faculty and staff to keep students apprised of current events as they occur, and this also allows us to post program requirements, news, and events as deadlines approach.

Completion:

The CDIS Program is unable to use university generated statistics to measure our completion rate at the undergraduate level for a variety of reasons (see previous section for discussion). They just aren't so valid. In lieu of that, we present the number of students who graduate from our program. It's not the same measure, but it does show that we are effectively graduating students at a higher rate nonetheless. We are pleased to report that our traditional undergraduates do complete on time with total hours very near 120 SCH.

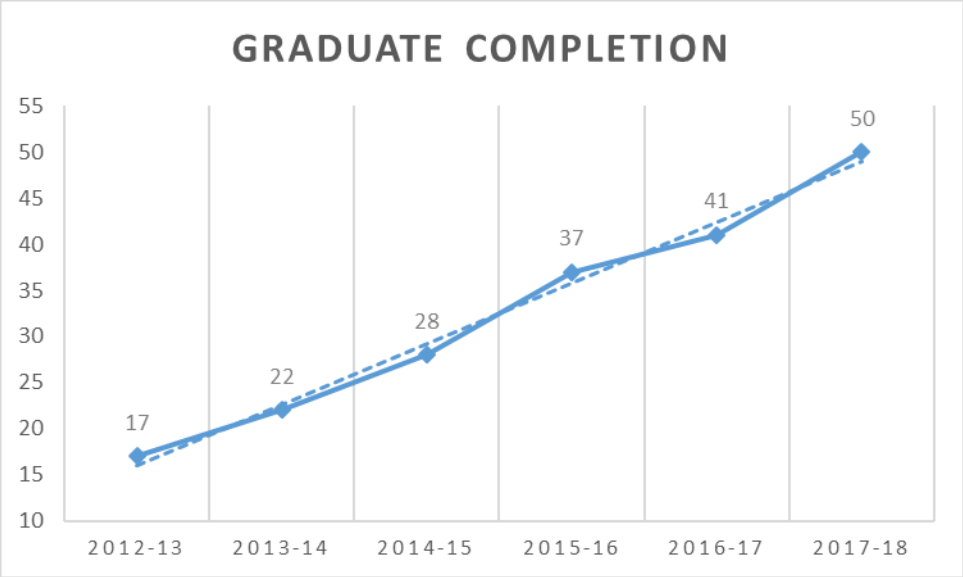
Some of the change below is new recruiting, but some is certainly the impact of converting some of our levelers to second bachelor's degree seeking students.

Undergraduate Completion							
2013-14	**2014-15**	**2015-16**	**2016-17**	**2017-18**	**5 yr Avg**	**% Increase 1 year**	**% Increase 4 year**
30	35	39	56	76	47	36	153



Graduate data is presented below.

Graduate Completion								
2012-13	**2013-14**	**2014-15**	**2015-16**	**2016-17**	**2017-18**	**5 yr Avg**	**% Increase 1 year**	**% Increase 4 year**
17	22	28	37	41	50	36	22	127



A more specific tracking system is required by ASHA, and so we have included that for your review as well (on the next page).

Program Completion Rates - Residential and Distance Students

Students who attend full-time with no pre-requisites needed should complete within 8 semesters
Students who attend full-time who need pre-requisites should complete within 11 semesters
Students who attend part-time with no pre-requisites needed should complete within 12 semesters
Students who attend part-time who need pre-requisites should complete within 15 semesters

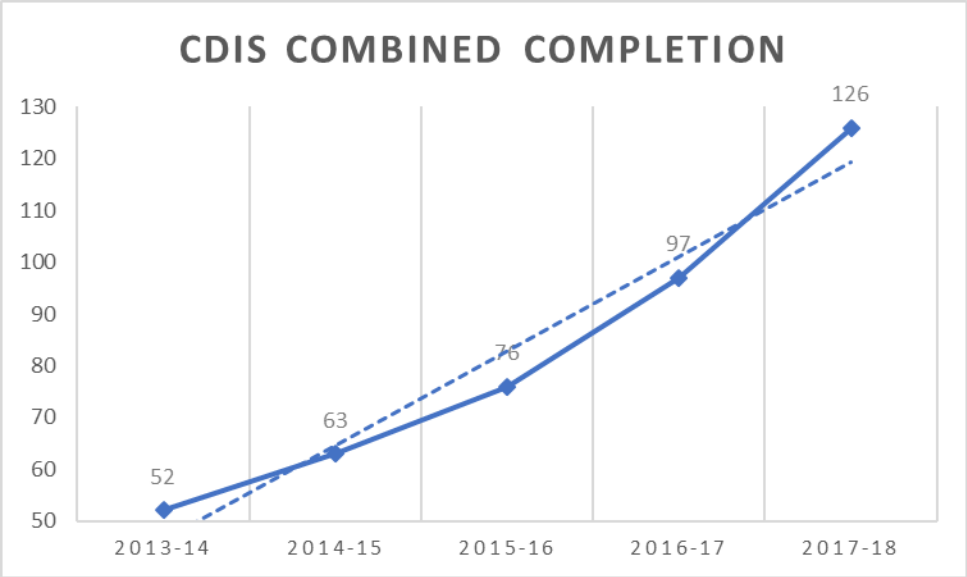
Period	#	# Complete within 8 semesters	# Complete within 11 semesters	# Complete within 12 semesters	# Complete within 15 semesters	# Complete on time	# Complete Later than on time	# not Complete	Total Complete
2017-18	**50**	68%	26%	4%	2%	98%	**2%**	**0%**	**50 (100%)**
Res.	12	9	2	1	0	12	0	0	12 (100%)
DE	38	25	11	1	1	37	1	0	38 (100%)
2016-17	**42**	**76%**	**17%**	**5%**	**0%**	**98%**	**0%**	**2%**	**41 (98%)**
Res.	9	6	2	0	0	8	0	1	8 (89%)
DE	33	26	5	2	0	33	0	0	33 (100%)
2015-16	**37**	**92%**	**8%**	**0%**	**0%**	**100%**	**0%**	**0%**	**37 (100%)**
Res	21	19	2	0	0	21	0	0	21 (100%)
DE	16	15	1	0	0	16	0	0	16 (100%)
3 Yr Avg	**43**	**78%**	**18%**	**3%**	**1%**	**98%**	**1%**	**1%**	**99%**
3 Yr Total	**129**	**100**	**23**	**4**	**1**	**127**	**1**	**1**	**128**
Res	42	34	6	1	0	41	0	1	41 (98%)
DE	87	66	17	3	1	86	1	0	87 (100%)

2016-2017: 1 student suspended for poor academic performance

This data represents a 100% retention/completion rate for residential students and a 100% retention/completion rate for distance education students in the 17-18 academic year. In addition, only one student in 2017-18 completed late than expected (98% on-time completion rate). Of the 129 admitted students measured above, we graduated 128 of them (127 within our established timelines). This translates to a **3-year average** 98% on time completion rate and a 99% overall completion rate.

Statistics for our combined undergraduate and graduate program completion rates are below.

CDIS Combined Completion							
2013-14	**2014-15**	**2015-16**	**2016-17**	**2017-18**	**5 yr Avg**	**% Increase 1 year**	**% Increase 4 year**
52	63	76	97	126	83	30	142



2.3. Provide opportunities to enhance students' entry into the workforce or graduate school; Track student success for entering workforce or graduate/post-graduate school

Clinical Sites:
We continue to add new affiliation agreements for our students, despite a national shortage of practicum sites. Details regarding clinical site placements has already been presented earlier in this report. All students in the ENMU CDIS Program must obtain a minimum direct client clock hours across the range of disabilities for clients across the lifespan before graduation can be approved. They do this in active workplace settings.

Our 17-18 graduating class (n=50) left our university with an average of 536.47 direct clinical clock hours and 57.23 observation hours (581.08 at the graduate level). Only an average of 57.23 hours were earned at ENMU, meaning that the remainder of the hours were accrued at various job sites for SLPs. We consider this significant, as the minimum required for ASHA CCC-SLP certification is 400. This translates to better prepared graduates who are highly competitive in the work force, especially considering that our program requires that students MUST (minimally) complete practicum in four different sites and settings (i.e., the clinic, a school setting, a skilled nursing facility, and an intensive medical placement). Again, this must occur with clients across the disorders and the lifespan. As a result, ENMU CDIS graduate students are recruited heavily (and subsequently employed) by outside agencies. Our next table illustrates this nicely.

ENMU Graduate Employment Rate in Profession Master's Degree Program				
		# of Graduates	% of Graduates Employed within 1 year of graduation	Reason for Unemployment
2017-2018	Residential	*In progress*	*In progress*	
	Distance	*In progress*	*In progress*	
	Total	*In progress*	*In progress*	
2016-2017	Residential	8	100	
	Distance	33	100	
	Total	**41**	**100**	
2015-2016	Residential	21	100	
	Distance	16	100	
	Total	**37**	**100**	
2014-2015	Residential	13	100	
	Distance	15	100	
	Total	**28**	**100**	
3 year average	Residential	14.33	100	
	Distance	14.67	100	
	Total	29	100	

Our faculty and staff receive an average of 5 "open position" announcements each week, which we disperse to our students and alumni via our list serves. CDIS students also learn about jobs through our Invited Speaker's series. We generally allow our speakers to present information about their respective agencies following the conclusion of their CEU offering. We hold 3-4 of these per year.

We instruct our graduate students about how to apply for certification and licensure as a part of their course requirements in CDIS 590. They must construct resumes/cover letters and complete mock interviews in 554 and/or 590, as well as real interviews for practicum placements in 502, 503, 505, and 589. We cover business plans, productivity, insurance and retirement benefits, taxes, and other aspects of practice management in advising, 554, 590, and even 573 as needed.

Current BLS employment figures estimate the need for Speech-Language practitioners as having an 18% (much faster than average) job outlook projected growth rate from 2016 to 2026. An aging population will have higher incidents of speech or language impairments such as strokes, brain

injuries, and hearing loss continue to fuel this need. We do not anticipate post-graduate employment as being problematic for our students.

Undergraduate students have not been so inundated. They receive information about scope of practice, certification, and licensure in CDIS 243, but do not really receive information about application to graduate schools in our capstone course as this is currently geared toward research. They do receive some information from their degree advisors, but this is primarily limited to answering student questions as asked. We have addressed this "coverage gap" somewhat during prior academic years in CDIS 441, but we have proposed a formal course addressing these issues for the future. This course is designed to prepare CDIS majors for life after graduation. Topics include the process for finding and applying to graduate school; obtaining resources to find graduate programs that best fit the student's interest; preparation, and review for the GRE; the process for obtaining letters of recommendation; writing effective resumes for graduate school and/or careers in the field of speech-language pathology and/or audiology, as well as for related career fields; and interviewing tips and practice for potential graduate admission and/or jobs after graduation. Additionally, options for students who do not get admitted to a graduate program will be considered. CDIS 4XX Seminar in Speech Language Pathology was approved for the 2019-21 undergraduate catalog.

If students are members of NSSLHA, they do already receive information about graduate school and have access to information about how to increase their chances for admission from faculty advisors. They also receive leadership opportunities as the organization supports attendance for several undergraduate and graduate students to ASHA and NMSHA annually. They additionally attend legislative sessions in Santa Fe each year, and meet with our NMSHA leadership to provide their input into policy formation.

The ENMU CDIS Program surveys both undergraduate and graduate students when they exit the program, and surveys alumni at various points following their entry into practice. Results have been positive, and have been used to make policy and curricular change which impacts readiness for employment such as curriculum change (adding the undergraduate Seminar course, adding additional billing practices to required course content; adding the practicum weekly meetings to better support students real-time on-site, changing the length of internship requirements, etc.). We will continue this process, as it seems to be working.

Objective 2.4. Other program-specific objectives (Optional)

Praxis (National Examination in Speech-Language Pathology):

All students seeking certification and licensure must sit for and pass the NESPA. Individuals are eligible to apply for certification once they have completed all graduate-level academic course work and clinical practicum and been judged by the graduate program as having acquired all of the knowledge and skills mandated by the current standards. Once certification has been applied for, applicants have **2 years** in which to complete the certification process, which includes passing the Praxis exam. The CFCC requires that all applicants must pass the national examination in the area for which the Certificate of Clinical Competence (CCC) is sought.

ASHA recommends that individuals register and take the Praxis exam **no earlier** than the completion of their graduate coursework and graduate clinical practicum **or** during their first year of clinical practice following graduation. The ENMU CDIS Program requires all students to take the exam as a graduation requirement, and we are please dot report that the vast majority of our students pass this exam prior to graduation. Our pass rates are listed below.

Praxis Examination Pass Rates - Residential and Distance Students
2017-18 scores ranged from 160-193 (162 is passing and 200 is maximum)

Period	***# Taking Exam***	***Pass Rate (%) Taken within 3 months of graduation***	***ENMU's Average Score 600/162 required for certification and NM licensure***
FA17-SU18	50	98	177
FA16-SU17	41	100	175
FA15-SU16	37	100	173
FA14-SU15	28	100	660/176
FA13-SU14	22	100	661

Residential vs. distance education student performance is broken out on the next page.

Period	Primary Attendance (more than 50%)	# Taking Exam	# Passing Exam	Pass Rate (%) Taken within 6 months of graduation	ENMU's Average Score
FA17-SU18	Residential	12	12	100	177
	Distance	38	37	97	177
	Total	**50**	**49**	**98**	**177**
FA16-SU17	Residential	8	8	100	174
	Distance	33	33	100	176
	Total	**41**	**41**	**100**	**175**
FA15-SU16	Residential	21	21	100	173
	Distance	16	16	100	173
	Total	**37**	**37**	**100**	**173**
3 yr avg	Residential	13.67 (n=41)	13.67 (n=41)	100	174.67
	Distance	29 (n=87)	28.67 (n=86)	99	175.33
	Avg. Total	**42.67 (n=128)**	**42.33 (n=127)**	99	**175**

Note: Minimum passing score = 162, with a maximum score of 200 possible.

Goal 3: Sustainable programs and efficient operations. Renovate and maintain facilities that support student learning; develop programs and services that increase efficiency and reduce the University's impact on the environment; educate our students to become responsible stewards of resources for their communities and planet.

Our program has experienced a burst of accelerated growth at the graduate level. Though this was a planned evolution, the teaching, clinical, and administrative needs of our 2017-2018 enrollment (173 graduate students) is formidable. We are requesting an additional faculty line (in concurrence with the return of Dr. Weems' to our program full-time) to ensure that these numbers are sustainable.

Our Program uses the large Mediasite classroom in COB for many of our first-year courses. This space is quite lovely and meets all of our needs. The university had other large capacity classrooms now so we can always find space to teach as needed.

Our SHROC is packed with clients. We converted one upstairs office to a clinical therapy (instructional) room. This allowed us to serve more clients and supervise additional students. We may need to move the clean lab downstairs, but this would go into a classroom.

We are currently out of space for faculty offices in Lea Hall. If growth continues and more faculty lines are added to the Department, I do not know where we will house them. We really need to convert LH 111 into offices, but I do not know if this is possible. If the Nursing Program moves out (which they are considering if they can find a suite of offices to accommodate their needs), this would free up room for both faculty and clinic.

The CDIS Program maintains the preponderance of our paperwork using electronic records systems. Our student files have been converted to a shared database, as have KASA and other student outcome tracking systems. Clinic files are NOT stored in an electronic billing system, but they ARE stored on password protected encrypted jump drives that are housed in a double lock system. This conversion from paper to data for current files is largely complete. We are currently moving to convert older files this academic year.

We currently have access to all of the office technologies we need.

Based on our resources assessment and student feedback, we are usually able to purchase what we need from our generated revenue sources (e.g., the nasoendoscope and telepractice equipment this year). We have also used these funds to purchase new AAC devices, clinical assessments, and other therapy/classroom equipment to enhance client services and student learning. The university has augmented our purchases quite generously in the past with the audiology suite as well as with ER&R fund contributions (e.g., Visi-Pitch in 2017-18).

Please see our resource request in **Appendix A** for additional items we plan to acquire in the next 3-5 year period.

Goal 4: A 21st century university. Create excellent and innovative structures to anticipate and meet needs of our students, faculty and staff.

The CDIS Program is very dynamic. We have worked hard to create program flexibility unmatched by other SLP programs across the state and across the nation. We have online AND on campus options for both graduate and undergraduate degrees, and we have been able to create an online degree at the undergraduate level and a hybrid degree at the graduate level. We have added a second bachelor's degree to accompany our traditional and leveling programs, crafting this option to further improve our ability to meet student needs. We have proposed and were approved to offer a new Clinical Practice minor which updates our undergraduate curriculum to better align with national state licensure and current employment trends. As NM licensure laws are currently slated to change with regard to SLP and ASL/SLPA requirements, we will need to stay apprised so that we can respond at the undergraduate level accordingly. The employment outlook for **SLPAs** is expected to reflect a "faster than average" growth rate of 15%–21%, according to the Bureau of Labor Statistics (BLS) Summary Report for Speech-Language Pathology Assistants. ***As we also proposed and were approved for an undergraduate fieldwork "internship," we could certainly capitalize on this national trend if the university would like us to, AND if they can provide the supports necessary to run a program with this growth rate projected. We have the majority of the courses in place at this time, and most of the rest will be coming online next fall (2019). We could potentially jump into this market with a bit of added infrastructure and a few additional personnel (they will need a Director).*** *Please note that NM does not have a single ASL/SLPA program, and TX has only one (in Houston). Arizona has three: Arizona, Flagstaff, and Avondale. I have no idea if any of these programs are online. We wouldn't even need to have a new degree added at the state level. If the state changes the licensure laws as planned, there is real possibility for growth in this area if the university wants to make that investment.* ***There could be a sizeable market here (and ergo, many additions to the NM and surrounding state workforce resources), but we would certainly need additional personnel ……just sayin'.***

Our undergraduate program offers both 8 and 16-week courses on campus, with asynchronous web, and with traditional WW options. Our graduate program is offered on campus or via hybrid distance courses. We have secured and maintained accreditation for both on campus and distance education programs.

Our students have been familiarized with most major technologies they will be using in practice before leaving ENMU. These include MBSS, FEES, nasoendoscopy, CSL, Visi-Pitch, Pratt, AAC programming, multiple billing systems (including Medicare/Medicaid), HIPAA compliant messaging, electronic medical records, and basic audiometric pure-tone screening methods. They are additionally familiar with using Word, Excel, PowerPoint, statistical software, Google docs, Blackboard, Collaborate, Skype, Zoom, and various interactive discussion boards, blogs, and chats. They use encryption software/drives on a regular basis and are quite skilled with mobile technologies.

Please see attached Excel spreadsheet (Appendix B) for the information below.

Appendix A Assessment Plan
Appendix B1.0 Short-Term Resource Request (descriptions on next page)
Appendix B1.1 Long-Term Resource Request (descriptions on next page)
Appendix B1.2 Professional Development
Appendix B1.3 Research & Scholarship
Appendix B1.3.a Professional Services
Appendix B1.4 Applied Learning Activities
Appendix B2.1.a Co-Curricular Organizations
Appendix B2.1.b Co-curricular Faculty
Appendix C 2016 CSD Education Survey: Fall 2016 - Summer 2017 Academic Year
AY Fall 2017 - Summer 2018 is available on November 1.
Appendix D 2016-17 CAA Annual Accreditation Report for CDIS Graduate Program (Parts 1-4)
AY Fall 2017 - Summer 2018 is available on March 31.

Data tables are available at https://my.enmu.edu/web/cdis/graduate-program-outcome-measures .