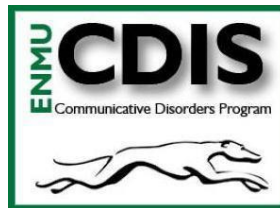


Departmental Effectiveness Report

Department of Health and Human Services

CDIS Program



AY 2019-2020

Prepared by Suzanne Swift

Executive Summary AY 2019-2020

Significant Accomplishments/Outcomes/Results for AY 2019-2020

2019-20 was quite eventful. We launched our new Clinical Practice minor, earned reaccreditation for our M.S. degree, and designed and proposed a new SLPA Program for the university and the state of NM. We prepped for our new fall graduate catalog launch, redesigned the handbook and corresponding forms, and developed new COVID-19 clinical protocols. We searched high and low for practicum sites, created simulation experiences to augment live experiences, and developed formal student KASA remediation courses to assist with meeting academic competencies. Like the rest of the world, we made lemonade. 2019-20 highlights are listed below.

1. ASHA CAA Reaccreditation

I am pleased to relate that during its meeting on February 19-22, 2020, the Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA) voted to continue accreditation for the graduate education program in speech-language pathology at Eastern New Mexico University for a period of 8 years beginning March 1, 2020 through February 29, 2028.

- * There were no areas of non-compliance with accreditation standards.
- * There were no areas for follow-up with accreditation standards.
- * The CAA assessed the program's performance with respect to student achievement and found the program to meet or exceed the established CAA expectations for Program Completion Rates, Employment Rates, and Praxis Examination Rates.

ENMU CDIS was **one of only 12 programs in the U.S. found to be in full compliance** with all *Standards for Accreditation* during the CAA's 1920 review cycle.

2. SLPA Program Development

We researched and developed an AA in SLPA Program for the university. As the bachelor's program is pre-licensure and nationwide SLP graduate program enrollments are declining secondary to economic pressures, the SLPA program was proposed to give students a way to begin the SLP educational journey but still support themselves along the way. This license is already active in most other states, and we believe this will be the newest licensure level for SLPs in NM. This program was approved by NM HED this fall and will go "live" at ENMU in the fall of 2021. We'll be recruiting heavily for this program this spring and summer, and we really hope this will strengthen our BS and grad school pipeline (as well as make us for loss in our grad app pool and current retention issues). We have a lot of work to do on this.

3. Curriculum

• **Flexibility –**

- ✓ We successfully maintained qualifying enrollments for the "5 time per year" entry point for undergraduate courses so that students can begin the undergraduate/leveling program in August, October, January, March, and June. Lecture capture sessions are available for every required (core) course, and we have been able to offer 16-, 1st 8- and 2nd 8-week sections for each course.
- ✓ We modified our graduate curriculum so we could offer each graduate course 2-3 times per year. This has decreased course size in the fall and will shorten matriculation times.
- ✓ **Clinical Simulation Courses** – These electives were developed specifically to allow students to accrue clinical clock hours with zero COVID-19 risk. This has allowed our students who cannot participate in "live" practicums an alternative route to develop their clinical skills, as well as allowing them to meet their "practicum one time per year requirements" to maintain compliance with program standards. This compromise only permits 75 hours and does not negate other practicum requirements, but does provide an "opt-out" option for those students who are not comfortable providing services in their

communities at the present and an “opt-in” option for those who DO want to provide services but who cannot find live placements.

- ✓ **KASA Development Courses** – These were introduced in SU20 to address our “remediation plan” crisis and the huge number of off-load independent studies that student outcome deficiencies required. Our new KASA courses allow students increased opportunities to meet outcomes without substantially increasing the burden placed on instructors. As these courses were created in response to program review concerns, there will be more about this topic later in this report. Suffice it to say that they are working and working well.
 - ✓ I realize that we mentioned this above, but our new SLPA to BS to MS sequence is beautiful. It allows our students to “gap year” as needed to make some \$\$\$ without losing traction. SLPA credits roll into the BS seamlessly and those who complete it are more than halfway done with the BS in any event. It also gives our part-time students sustainable income and meaningful professional experience for their MS studies.
 - **Student and competency driven** - Our clinical practice minor is rolling out nicely and we’ve had a few students choose the bilingual option (which we’re thrilled about). We updated graduate KASAs to reflect the FA20 catalog implementation and revised/developed multiple courses as well. This was our first graduate overhaul in quite some time so there were quite a few changes. It’s been a good deal of work to coordinate prior and present schedules, outcomes, etc. In the end, we’re able to offer all graduate courses twice per year without overloads and we feel this is a significant accomplishment. It will reduce our massive graduate class sizes, allow for more individual attention for each student, and should increase student achievement of KASA competencies and reduce matriculation time in the program.
 - **Community and career driven** – We’re building workforce with the SLPA program. This program will provide SLP assistants for service delivery to clients, as well as provide well-compensated and productive employment opportunities to students as they move through the bachelor’s and master’s programs. Our Master’s curriculum has been updated with currently relevant coursework (telepractice, etc.).
 - **Assessment teams** – We’ve moved from requiring a few 501 solo assessments to requiring a larger number of team assessments. This proved quite productive and the students achieved more success with less frustration. Students derived much benefit from the cooperative group activities and we more than doubled their opportunities for incidental and vicarious clinical learning. We will need to assign another clinical supervisor to assessment teams in SP21 for this arrangement to be sustainable.
4. Student Practicum Placements
- **Clinical Sites:** We completely revamped our process last year, but COVID-19 still wrecked us with placements. We survived and that’s an accomplishment, but we are not without injury. We’re not running at full speed, but we ARE limping forward and gaining traction daily. We’ll talk about this during enrollment and completion discussions later.
5. Clinical Site Development
- **Clinical Sites:** RGH growth is still explosive. RGH opened an entirely new clinical site specifically for SLP services and they want us full-time. I’m not sure we can do this. We’re going to have to shift some resources to keep up with this contract.
6. Increasing undergraduate enrollment
- We did it! Assigning dedicated advisors to second bachelor’s and CDIS levelers has been effective, as has allowing our students to begin the program 5 times per year and offering every course in 1st 8, 2nd 8, and 16-week lecture capture formats. We believe our new SLPA to BS to MS is currently our best avenue to keep the students flowing through the program in a sustainable manner, especially given the current economy and state of the profession.

Plans for Improvement in Subsequent Years Based on Results of AY 2019-2020

We have some new problems we need to handle (which have been created and/or complicated by our little pandemic. Here they are, in order of urgency.

1. Securing Clinical Placements (and encouraging students to complete them) – We are struggling to find medical sites that will allow students, and struggling with students that will not attend those sites we do find them for fear of contracting COVID. Students are refusing to move outside of their comfort zone (both literally and figuratively) and are not willing to travel or relocate or temporarily quarantine to complete practicums. We understand and respect their decisions, but also wonder how they will be therapists when they refuse to work with patients?!?! School placements are a bit easier, but telepractice hours are not the same as in-person hours and are certainly accrued more slowly. Simulation hours are also helpful, but are purely supplemental and cannot develop clinical competence in some areas (e.g., swallowing, stuttering). New students are dropping out of the program at alarming rates because they refuse to complete their 501 on campus and are afraid to see patients. Nearly complete students are deferring graduation because they are limiting travel to externships or they cannot graduate because we can't secure a site who will take them. Some students will not attend a site they feel is unsafe, and some students will not attend any practicum at all because they won't deliver services to strangers that might expose their families to COVID-19. Our students are refusing in-person client experiences at an alarming rate, even when all CDC precautions have been assured. This is wreaking havoc with our SCH production and graduation rates (as evidenced in later charts). We have an extraordinary number of student requests for exception to policies that would allow them to graduate without meeting our required practicum range of hours, but we cannot allow this for certification reasons. We currently have students who are threatening litigation or who have contacted/hired attorneys to seek action against the program because of practicum and remediation plan related issues. This is a lot of extra pressure on the program that we honestly can't bear in perpetuity. We do the best we can, but we cannot guarantee that a student will be able to complete any particular practicum or that they will not contract COVID during the experience. We can allow students to decline a clinical rotation, but we cannot approve graduations until they have met standards. A pilot can't fly until they have the required number of hours in the cockpit and a surgeon can't operate if all their patients are compu-sims. We can only do what we can do, even if your attorney tells you otherwise.
2. Failing students – We made it through spring and summer with *some* decline in student performance, but we assuredly logged a record number of failing grades this fall (I know that we should save this for next year's report but it's a bit of a continuum). Again, we have students threatening and/or filing litigation because of "COVID related stressors negatively impacting grades" that the program is unable to make exceptions for. As ASHA has steadfastly refused to relax accreditation and/or certification standards in response to the pandemic, the program cannot accommodate many of the exceptions requested. This has delayed graduation for some students and will continue to "bottleneck" our completion rates, further complicating the current clinical practicum placement challenges. The aftershock will be noted in our program stats for the next 2-3 years.
3. Declining Graduate Applications, Quality of Applicants, & Retention of Graduate Students – We have honored our committed to admit 30 new graduate students each fall and each spring (60 per year). We continue to do so, but our applicant pool is shallow at best. This is a national situation (compounded by the alarming number of new CDIS programs recently opening in the US). Most program are currently reporting a decline in both the quantity and the quality of students who apply, and ENMU is no exception. This has certainly been aggravated by the COVID-19 pandemic. Students are not applying because they do not

want to see patients who may have COVID. They are not applying because they have lost their jobs and have no money. They are not applying because they have to homeschool their kids. They are not applying because they cannot handle the stress of academic pressures in their already anxiety-filled lives. They are not applying for reasons the program cannot begin to offset. There is little we can do to reverse this at the present.

For those who do apply, there is little competition. We are accepting students who would not have come close to “making the cut” a few years ago. Our average applicant undergraduate GPA, major GPA, and GRE scores continue to deteriorate (see table later in this document). This means we must spend additional time with each student to ensure they acquire the necessary knowledge and skills to become competent SLP and has required that we extend our published completion times so we can meet ASHA’s CAA mandatory 80% completion rate and time criterion. This has allowed us 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. Decreasing class size (via adding a new faculty line) has done much to ease these pressures.

We are also struggling with retention. In FA20 alone, we had 5 students requesting a leave of absence, 4 of whom left the program for health and/or financial reasons related to COVID, and 1 who was suspended. That’s a whopping 10 student loss in SCH for spring. Our graduate numbers now are a little off-target. Our graduate numbers next year may look like sad little scrawny things. I believe our new (and infinitely more flexible) 20-22 catalog cycle is helping (and will ultimately pave the way to our speedy recovery), but we will make more changes this spring to further bolster our attractiveness and efficiency.

4. Monitoring practicum placement “best fit” requirements – We did update our practicum placement request process and developed new forms, but chose not to implement this change in FA20 as we had planned due to COVID complications. Placements are scarce enough without adding more paperwork, and our new “best fit” process does add steps to the process and could make rotations more difficult to secure. Sadly, the need for the change has never been more apparent as we did have a student who was “fired” from practicum this fall because they were not a good match for the placement. This has unfortunately led to the student ultimately seeking legal action against the program. We will be implementing the new written policies & procedure in fall 2021, COVID or no COVID. The program cannot keep fighting with lawyers.
5. Risk management – We still need to begin audits.

Goals and Effectiveness Measures
Department of Health and Human Services: CDIS Program
Academic year 2019-2020

Program Mission:
<https://my.enmu.edu/web/cdis/mission-statement>

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.

In the interest of shortening this novella of a report, the following items can be accessed at <https://my.enmu.edu/web/cdis/mission-statement> should you care to review them.

- ✓ Link to University Mission
- ✓ Link to College Mission
- ✓ Link to Graduate School Mission

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

We use 3 complimentary methods for both strategic planning and assessment:

- PDSA: Plan-Do-Study-Act
- SWOT: Strengths-Weaknesses-Opportunities-Threats
- GAP Analysis
 - Current state, current goal, gaps between them, strategies to close the gaps

An example: Each instructor and supervisor collects and submits data in multiple forms (CPSAs, SLOs, SurveyMonkeys). Program directors compile the data and bring to the faculty meetings. We discuss what needs to be done (GAP), how best to do it (SWOT), and then we decide who will do it (plan). We do it (do), collect and analyze our data (study), and the process recycles based on the results of that data using a SWOT framework with Gap Analysis until we achieve the desired outcome (act).

The CDIS Program meets weekly to discuss programmatic and clinical 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.

Please consider the following application for strategic planning:

- Strategic plans are discussed each January, April, August, and November. Our plan is updated yearly each spring as part of our annual accreditation reporting cycle. Please see: [CDIS Strategic Plan FA2017-SU20 \(in progress - working document\)](#)
- During these meetings, faculty review current goals and the achievement of specific targets toward meeting them. We specifically list challenges and the strategies we will use to address them. We identify and discuss the stages and steps needed to meet goals, and assign tasks and timelines to evaluate progress. We revise based on data as needed.
- Faculty identify new targets as needed each meeting, and goals are updated every 3 years. Specific care is taken to ensure new goals align with ENMU's overarching objectives.

An in-depth explanation of how the program develops and systematically evaluates its progress toward fulfilling its mission and goals through strategic planning can be found in our annual accreditation report for interested parties (Standards 1.3, 1.4, and 1.5).

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).

As mentioned above, program faculty meet weekly. We discuss assessment data monthly, evaluate our progress as a program toward meeting student learning outcomes, and discuss how best to implement the findings of our analysis into curricula, practices, and program policies and procedures. The Clinical Supervisory Committee additional meets 3-4 times per month to address programmatic issues in applied learning experiences (practicum) and to discuss strengths and weaknesses of current clinical practices. These findings are returned to the faculty/staff monthly meetings for discussion among all stakeholders to make recommendations for change. We diffuse these decisions into both academic and clinical courses through method and content revisions, as well as into KASA student learning outcomes (SLOs) as appropriate.

Here is a process example for student learning outcomes:

- All faculty record individual student outcome achievement per class/practicum per each student they taught or supervised into the student's KASA every semester (graduate).
- All faculty report aggregate data for each course outcome at the end of each semester.
- Directors compile achievement data and present this in faculty meetings (graduate & undergraduate).
- Faculty identify “problem outcomes” and other student trends. We discuss course change, clinical changes, curricular change, and overall programmatic change that might be useful to resolve the challenge.
- The program selects the agents who will implement the change(s) and the timeline for evaluating the effect of the change. The agent(s) report back to the program as a whole and the process is evaluated for effectiveness. New problem solving begins as needed.

We collect data from stakeholders in multiple ways. Each data gathering instrument has specific questions designed to feed back into particular program operations. Here are a few examples:

- ✓ Course/KASA audits are used to guide our andragogy, assessment methods, and program curricular design (student readiness, scaffolding, content segues, pre-reqs, etc.). Knowing which outcomes students fail most in critical to course adjustments and other curricular modifications. *We beefed up 301 and created the Clinical Practice Minor after noting specific deficiencies in “ASHA Big 9” pre-req competencies. This led to undergrad*

courses in voice and fluency, literacy development and disorders, even and swallowing, motor speech, and aphasia. We created 528 Lab after KASA audits. We updated 550 to 551, 512 to 513, and significantly revised our research sequence. We also use Simucase and independent studies to address deficiencies here. We've even developed a formal CDIS 569 P - WKSP/Virtual Patient Supervision to help students augment live client hours in hard to find areas with virtual patient experiences. This emerged from clock hour log audits.

- ✓ *Course evaluations are used to improve teaching (pedagogy, assessment, content emphasis, etc.). We moved 504 to pre-req status for 501 based on student feedback. We moved 511 to 16 week semesters. We added a credit to language coding and made it a separate course. All of these changes were based on student comments. We further added more cases to curriculum and also began implementing a "trials to criterion" mindset which allows for more formative assessments with high repetition experiences. After course outcome "freepeats" emerged from this process.*
- ✓ *Evaluations of clinical supervisors and sites are used to help us to "best fit" student needs to practicum placements and to offer specific training modules to interested supervisors. It also helps us to know what our students need when they're at a certain kind of setting, and what they may be missing that we need to add to pre-requisite courses. This is currently informing the development of our new placement request packet and our written policies and procedures for practicum placements. The "best fit" protocol was designed around this data.*
- ✓ *Supervisor evaluations of our students help us to strengthen our clinical program by identifying specific curricular weaknesses and to target student challenges in a timely manner. They also help us to improve program administration efficiency. This was the impetus for the graduate curricular rotation changes. Students now have a full semester of course work before beginning the practicum sequence.*
- ✓ *Alumni and employer surveys help us to identify the application of our student's knowledge and skills to an independent functional workplace setting. Are we meeting the needs of the workforce? Does our definition of "entry-level competent" meet or exceed the demands and expectations of our alumni and their employers? This influenced our new course development in our FA20 catalog (i.e., why 542 is now required and why 550 became 551). This also served as the impetus for adding SLPA supervision and other such topics to the curriculum.*
- ✓ *Client feedback is also essential. Did our student have the knowledge and skills to provide functional benefit as perceived by the client and/or the client's family? If not, why not? This information has resulted in the creation of specific client modules in our practicum labs.*

Both academic and clinical SLOs are reported in KASAs every semester, and at-risk students are referred to the Academic Support Team or the Clinical Supervisory Committee based on the results of their assessments. An in-depth explanation of how the program uses assessment can be found in our annual accreditation document for interested parties (Standard 5).

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

The CDIS Program has a comprehensive assessment process that includes compulsory formative and summative measures administered in both academic and clinical contexts – Annual reporting (with minimal threshold criteria) is mandated by our accreditors. The CAA and CFCC require a veritable plethora of student learner outcome measurements to ensure that students meet certification standards upon graduation. 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 “problem outcomes” and necessary changes. Summary data is detailed extensively in our Program’s assessment plan (and we go through this report page by page as a group).

In-depth examples of how we use this data to improve student KASA achievement and descriptions of our rather arduous assessment process are available in our annual accreditation report for interested parties (Standard 5).

New graduate KASA outcomes were constructed in SU20 to reflect our FA20 catalog changes. Current KASA documents can be found on our portal pages or via the bullets listed below: (<https://my.enmu.edu/web/cdis/10/student-forms>)

2018-20

- ✓ [ENMU ASHA KASA Administrative and Program Standards \(Student Learning Outcomes\)](#)
- ✓ [ENMU ASHA KASA Academic Standards \(Student Learning Outcomes\)](#)
- ✓ [ENMU ASHA KASA Clinical Standards \(Student Learning Outcomes\)](#)
- ✓ [ENMU ASHA KASA Research Standards \(Student Learning Outcomes\)](#)
- ✓ [ENMU ASHA KASA Professional Practice Competencies \(Student Learning Outcomes\)](#)

2020-22

- ✓ [ENMU ASHA KASA Administrative and Program Standards \(Student Learning Outcomes\)](#)
- ✓ [ENMU ASHA KASA Academic Standards \(Student Learning Outcomes\)](#)
- ✓ [ENMU ASHA KASA Clinical Standards \(Student Learning Outcomes\)](#)
- ✓ [ENMU ASHA KASA Clinical Lab Standards \(Student Learning Outcomes\)](#)
- ✓ [ENMU ASHA KASA Research Standards \(Student Learning Outcomes\)](#)
- ✓ [ENMU ASHA KASA Professional Practice Competencies \(Student Learning Outcomes\)](#)

Please see **Appendix A** (or [click here](#)) for our [Program Assessment](#) report.

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

CDIS Program faculty are required to attend a minimum of 10 contact hours of continuing education in our professional field each year in order to maintain our certification and licensure. We also frequently attend trainings and workshops on pedagogical issues offered both on and off campus. Most of us attend at least one state or annual convention annually, and the majority of faculty members also belong to at least one ASHA special interest division where publications and online training in specific areas are available for study and sharing. This keeps us fresh in our teaching areas. Faculty are given full support to “specialty train” in identified areas of clinical need (e.g., Bougie/Bratcher in 1819 for scoping, Bucknell for literacy in 1920, Sherman for autism in 1920, etc.). This is paid by the program from generated clinical revenue accounts.

Here are the highlights of what we acquired, purchased, and implemented from FA18 to present:

- ✓ Equipment for telepractice therapies (student practicum fees)
- ✓ HIPAA compliant Zoom package for telepractice (generated revenues)
- ✓ State of the art nasoendoscopy and FEES unit and development of Zoom Room Lab 1 to host it. This included the 75" interactive touch display/computer and the cameras needed to broadcast classes to our distance education students with Mediasite (generated revenues)
- ✓ State of the art AAC Lab and development of Zoom Room Lab 2 to host it. Again, this included the purchase of necessary equipment for streaming classes to our distance education students without using Mediasite (generated revenues).
- ✓ Miscellaneous equipment for the audiology suite (generated revenues).
- ✓ Multiple assessments and materials for clinical placements (student practicum fees plus generated revenues)
- ✓ New CSL (speech science lab) equipment plus cart (ER&R plus generated revenues)
- ✓ Visi-Pitch (ER&R plus generated revenues).
- ✓ CALIPSO for student clock hour log tracking (generated revenues)
- ✓ OhMD secure app for HIPAA compliant messaging between students and supervisors (free)
- ✓ Recalibrated audiology equipment as required annually (generated revenues)
- ✓ Various encryption software and external drive/jump drive materials (student practicum fees plus generated revenues)
- ✓ ClinicNote electronic medical record system (student practicum fees)
- ✓ Development of the HHS Student Lounge and the CDIS Study Room (generated revenues). These spaces are dedicated to student collaborations and include internet enabled TVs so that on campus and off campus students can work interactively on assigned projects (generated revenues).
- ✓ New digital recorders for student clinicians (student practicum fees)
- ✓ A new camera system for the clinic (student practicum fees)
- ✓ A new audio system for the clinic is also in progress (student practicum fees)
- ✓ AND because it's 2020, **an unbelievable number** of clear masks, face shields, room aerators, sterilizers/ionizers, plexiglass dividers, and various other disinfectant DON'T GET ANYONE SICK types of items.

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 using more patient training manikins for swallowing and nasoendoscopy when we have students on campus. We plan to add additional manikins for trach/speaking valve training and auscultation if possible.

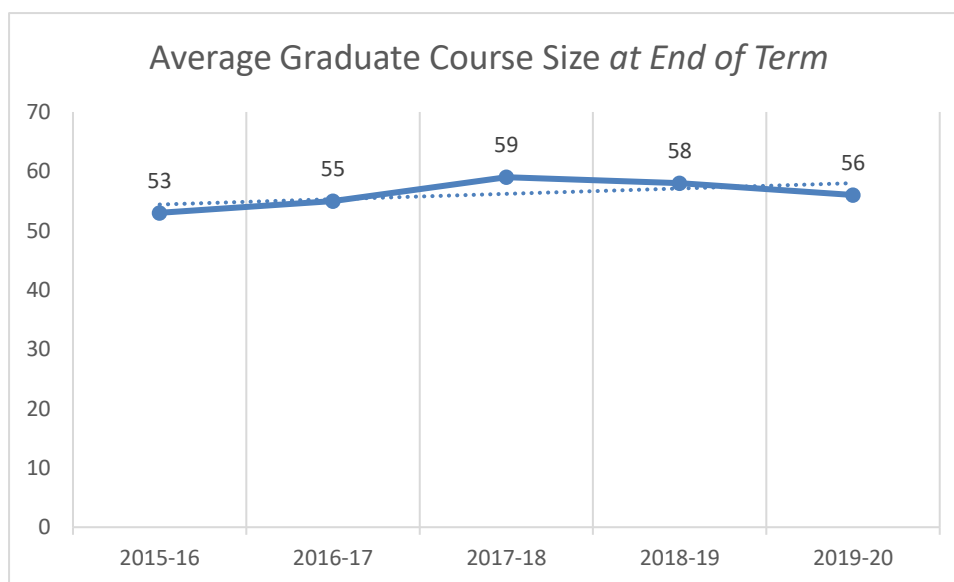
As mentioned previously, we significantly revamped our graduate curriculum to maintain currency with professional developments in FA20. This included adding coursework in autism, transgender voice, myofunctional therapies, linguistics, SLPA supervision, multicultural issues, and certainly telepractice technology. We're adding units in safe practice, counseling, recognizing all forms of diversity, language-based discriminations, conflict management and negotiation, communicating professionally in difficult situations, and self-care among others. We also shifted our traditional research sequence to a 3-course clinical research experience focusing on the use of SSD in the delivery of patient services. This was a significant adjustment, but aligns better with our field's current evolutionary trajectory in evidence-based practice as related to the justification for services. We continue to plan for Saturday session case-based IPE with CDIS & SWK labs, but have yet to make that a reality. 502 would present a school aged client, 503 would present a birth to three client, 505 would present a SNF/swing bed client, and 589 would present a hospital/rehab client. This may be my last huzzah before retirement someday. 😊

On the undergraduate front, our clinical practice minor snaps right into place as planned to bridge the gap between the new SLPA and the current BS program. Our "stackable" degrees allow increased applied learning opportunities for our students and should augment traditional classroom

and clinical curriculums nicely. We are hoping to develop some workforce partnerships in the next year or two. We have a few leads already.

As already explained, we do offer 001, WW, AW, and SW courses in both 8- and 16- week formats. We have also ventured into some intersession courses to help our students graduate faster. We offer all required undergraduate courses each semester (fall, spring, and summer) and now offer our graduate courses 2-3 times per year as well. We use Mediasite, Google docs, Skype, and Zoom on a regular basis. We incorporate multiple types of interactive software in our courses. We are currently discussing removing the graduate synchronous attendance requirement for at least some courses. Live attendance would remain in place as needed for particular topics, activities, and labs, but we're thinking the "one size fits all" blanket program policy is no longer beneficial. We can't go back to evening classes for SO many reasons, but we've got to get with the times for practicum placements. A fixed course schedule does NOT fly when your practicum supervisor works three 12 hours shifts. Our students should not have to choose between attending class or attending practicum. Just no.

We still had issues with average graduate course size in the 19-20 review period (see graph below), but this is phasing out as the new catalog phases in. With adjusted rotations and the addition of a new faculty member in 2021, we are able to offer each graduate course twice per year. This allows for custom matriculations and distributes student enrollment per course across two semesters instead of the one. Twice per year options are also more flexible and forgiving for students, so we judge this as a win-win.



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

All faculty in CDIS are obliged via licensure and certification requirements to complete a minimum of 10 CEU hours each year. Currently, the CDIS Program pays registration and travel to NMSHA for all CDIS faculty, as well as for Special Interest Division CEU testing. We pay annual subscription fees for the ASHA Learning Pass and speechpathology.com unlimited CEU access for all interested faculty. We additionally support specific continuing education opportunities for faculty as requested to augment research or teaching. Faculty who wish to attend ASHA Conferences when held in the southwest may do so with full program funding (paid from generated clinical revenues). The ASHA Program and Clinical Directors attend CAPCSD each year for 2-3 days (a director's conference) and relate all information to the faculty upon return. Several of us earn ACE awards from ASHA each year (Award for Continuing Education)

<https://www.asha.org/ce/CEUs/ace/> .

Our audiology lab was updated substantially several years ago, and we try our best to add at least *some* kind of new audio piece each year. This allows our audiologist, SLP faculty, and interested students to conduct research with state-of-the-art equipment. We upgraded our nasoendoscope last year, and we hope that we can revive some prior research we started with the Vocal Arts program at ENMU (Music is "in", but the project's on hold because, yes, there is COVID). We updated our CSL and Visi-Pitch this academic year so speech science projects should additionally be good to go.

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 a norming site for at least one major test publisher during the 2017-18 academic year and would have been again for 19-20 had the world not been locked down.

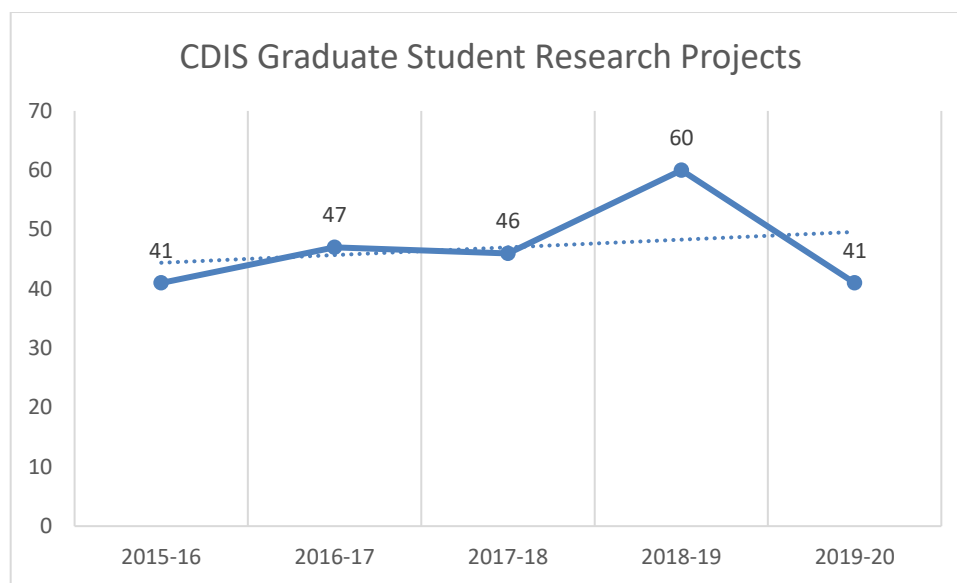
ENMU had several faculty members who presented virtually at well- established conferences and/or other university invited speaker presentations, as well as faculty who served on various professional boards at both the state and national level. ENMU financially supported at least part of these expenses in all requested cases. We also provide for release time as needed. Two of our faculty serve on ASHA/AAA committees and several peer review articles or state SLP publications. One faculty member made significant progress toward completion of his doctorate. (He is in the dissertation phase and is expected to complete in 2021 sometime.)

One of our most exciting projects is actually yet to be defined. We have agreed, as a faculty, to choose a topic of interest and research it together. Our target date for selection was SP20, but that was yet another pandemic casualty. I am personally proposing an ex post facto long term correlational study of essay analysis, CASPer evaluations, CPSA results, and LOR/remediation plans in our January faculty meeting. We need to see if we can tease out some predictor variable(s) to identify students who are most likely to become "high maintenance" or who will "pop" with ethical and professional practice challenges. Our profession has GOT to do a better job in screening out extrinsically motivated students who hold external locus of control values. There is no place for patient blame, entitlement, and egocentric attitudes in a therapy profession. We have a lot of students lately who "have a passion to help others" until their clinical rotation requires some risk or potential personal cost – until their practicum interferes with their "me-time" or "upsets their work-life balance." These students will never make it in today's 95% productivity healthcare model. We need to spend our time educating those who can go the distance so it's imperative we learn to identify the early.

To sum, 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 41 graduate students ready to present their research at the ENMU Student Research Conference in Spring of 2020. This includes both posters and afternoon PowerPoint/Prezi presentations, totaling 82 entries altogether. This number is declining, and will further decrease each year as our 18-20 catalog students complete their CDIS degree. While our FA20 research requirements remain significant, they do not require presentation at the SRCC as prior catalog years did. As so many of our students are scattered across the states, the cost of requiring our students to travel to present at the SRCC (especially so close to graduation) prohibited many of them from attending their own graduation. They simply could not afford to attend both. We have also experienced increased difficulty in securing the necessary student release time from practicum and internship rotations to present “live” on campus. Supervisors do not want the schedule interruptions and pushback when students request time off. This has led us to eliminate the required SRCC presentations from our CDIS graduate curriculum. Our students in the new sequence will continue to present to the program in both formal presentation and poster formats, but this will occur internally in our own “mini-conference.” Additional information about research in CDIS is available at <https://my.enmu.edu/web/cdis/research>.



540 Assessment and Treatment Lab (Feeding and Myo Lab):

All students in CDIS 540 have been required to be on campus for applied learning activities in oral-motor assessment and treatment. This is ALL “hands-on” and includes feeding.

AAC Lab and Workshops:

Similar to the labs described above, we host an annual AAC Workshop that runs concurrently with our CDIS 550 course. We can also broadcast live from our AAC lab.

Nasoendoscopy/Videostroboscopy and FEES/Scoping Labs and Workshops:

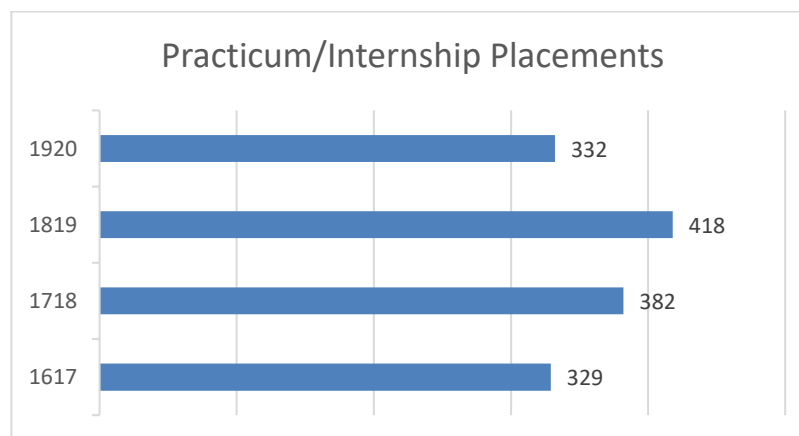
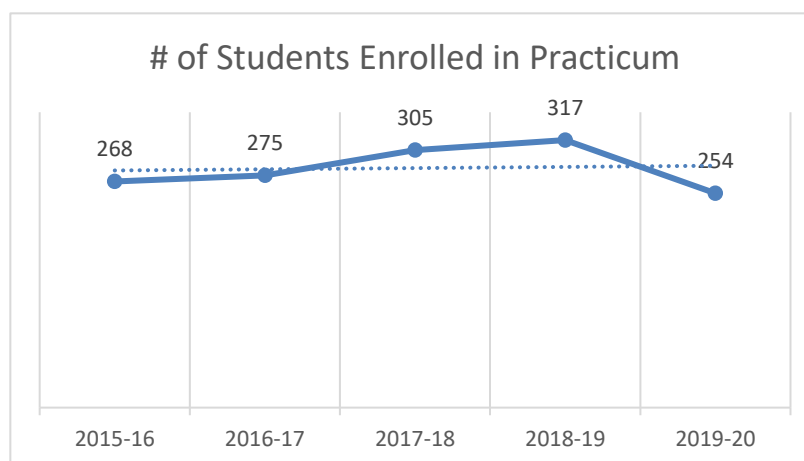
This equipment is used to evaluate voice and swallowing patients for the SHROC and RGH, for CDIS 503/505 practicums, for academic courses CDIS 513 and 528, and during recurring semester FEES/scoping workshops for our practicum students. It is also one of our recruiting tools used to attract our best 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 our equipment for several days each semester. These are coordinated with 501 on campus experiences so that distance students will have maximal opportunity to participate. These activities are broadcast from our scoping Zoom-Room so that students who need a refresher can get one from a distance. This is truly a unique feature of ENMU as experience with scopes and hi-tech AAC is typically never gained until after graduation (i.e., is limited to CCC-SLP practitioners who pay big bucks for a “basic” training course). ENMU has continually offered this to our students since 2008.

Practicum and Internships:

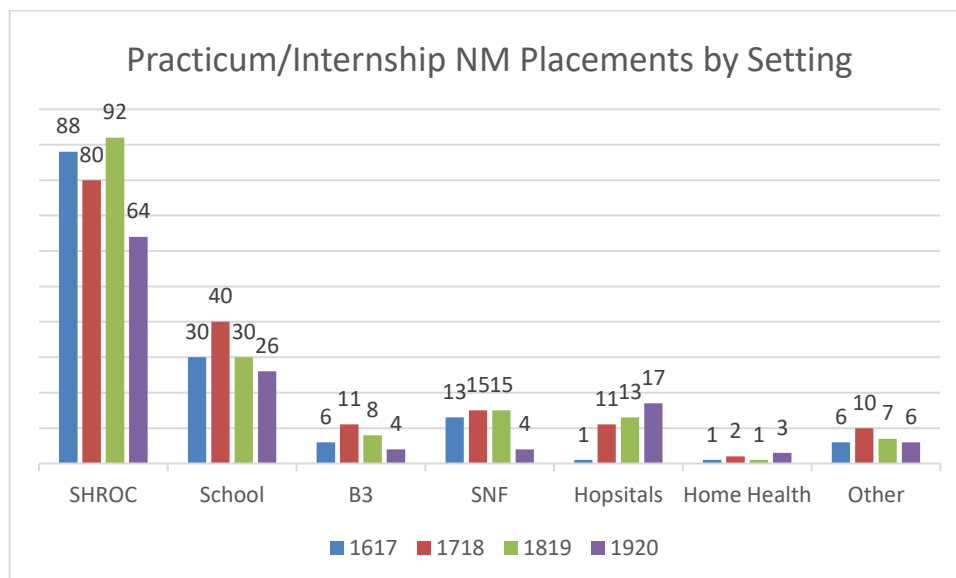
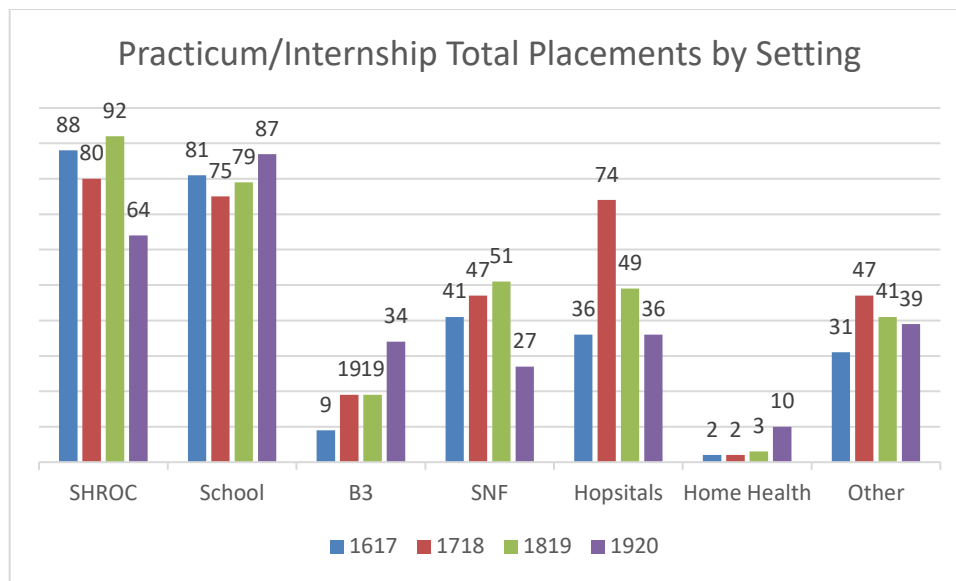
All our graduate students must complete at least 4 practicums and one full-time minimum 8-week internship, and practicum is required minimally one time per year. We obviously hold this as our highest accomplishment as it speaks most directly to our mission – to train competent SLPs. With 191 graduate student majors enrolled in 2019-20, we arranged for 332 practicums-internships last year. Our numbers were negatively impacted by the pandemic and some of our students are in a holding pattern at the present until our practicum sites get start taking students again (slowly but surely). Some of our students are refusing practicum until they feel they can safely see patients. We have a gridlock but the congestion will clear eventually. We just have to keep them engaged (and retained) until it does. We have some new electives that are helping us with this a bit (569, 593, etc.).

A brief summary of practicum/internship placements and enrollments follows.



*Please note that students may have more than one placement per semester; ergo, placements may be higher than enrollments.

Supervised services were provided across 23 states, 96 cities (21 in NM) in 151 distinct facilities. We additionally placed 2 international students in Canadian provinces. 38 students completed internships last year, and 13 of them did so in NM.



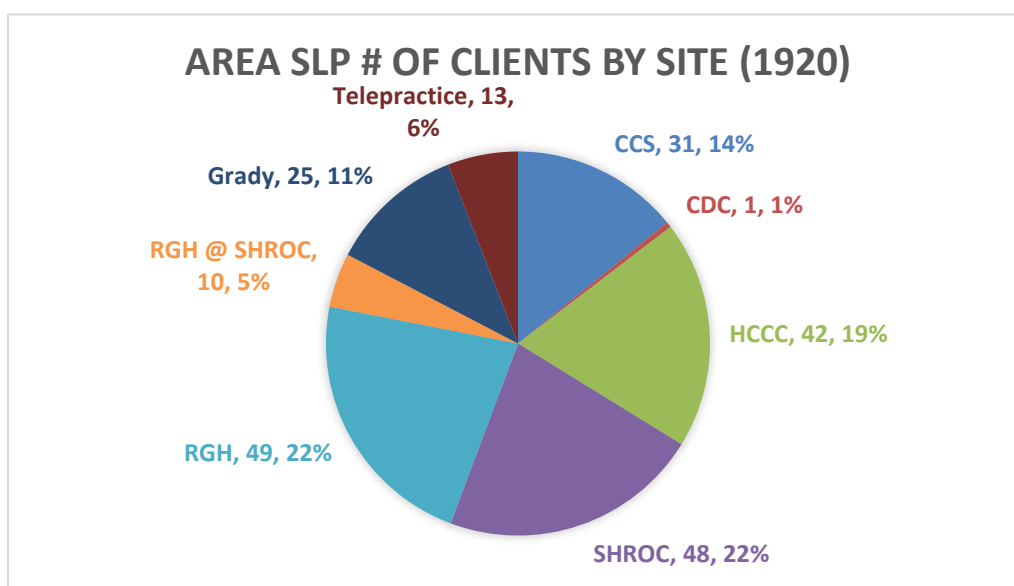
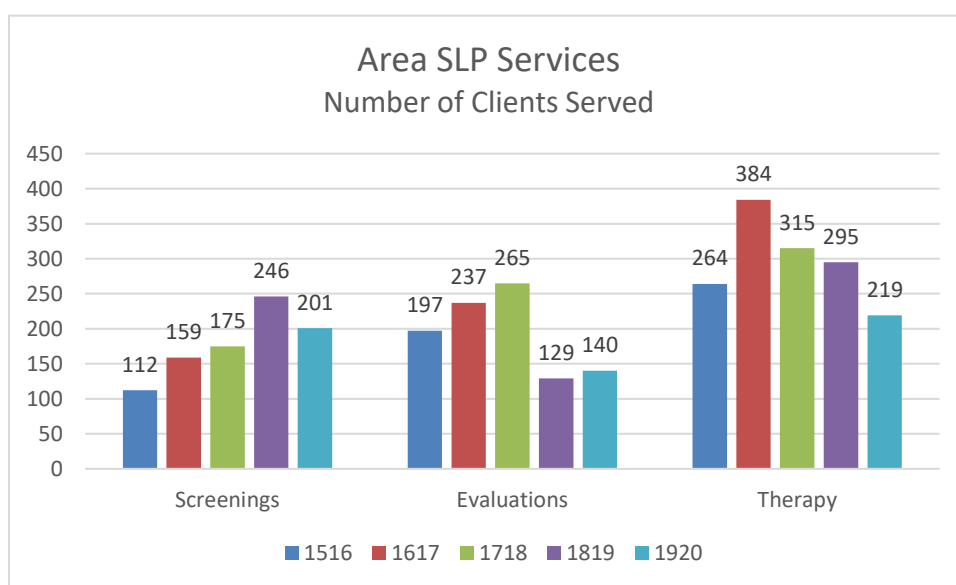
In addition to placing students for practicums at “non-ENMU” sites, the ENMU CDIS Program provides diagnostic and therapy services directly to our communities by serving local NM clients.

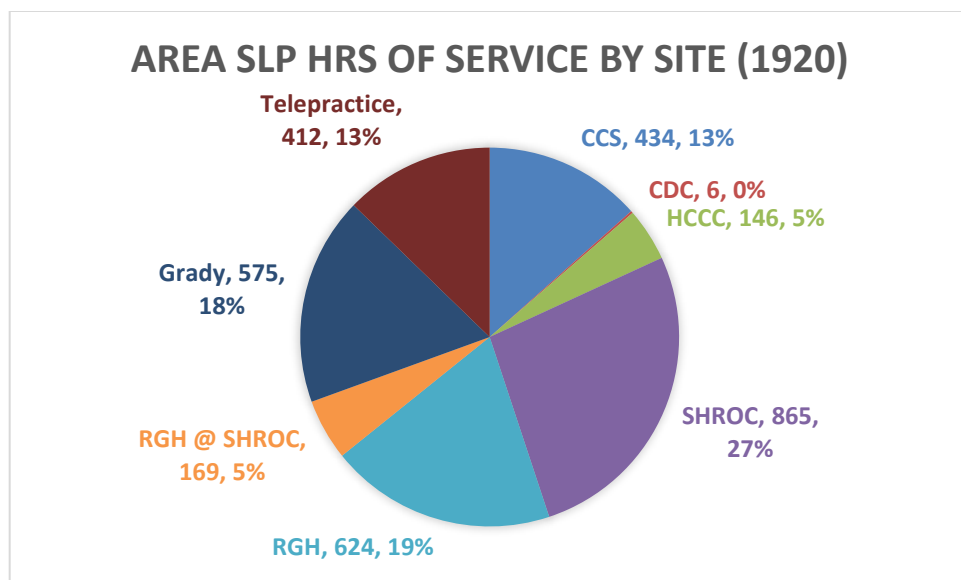
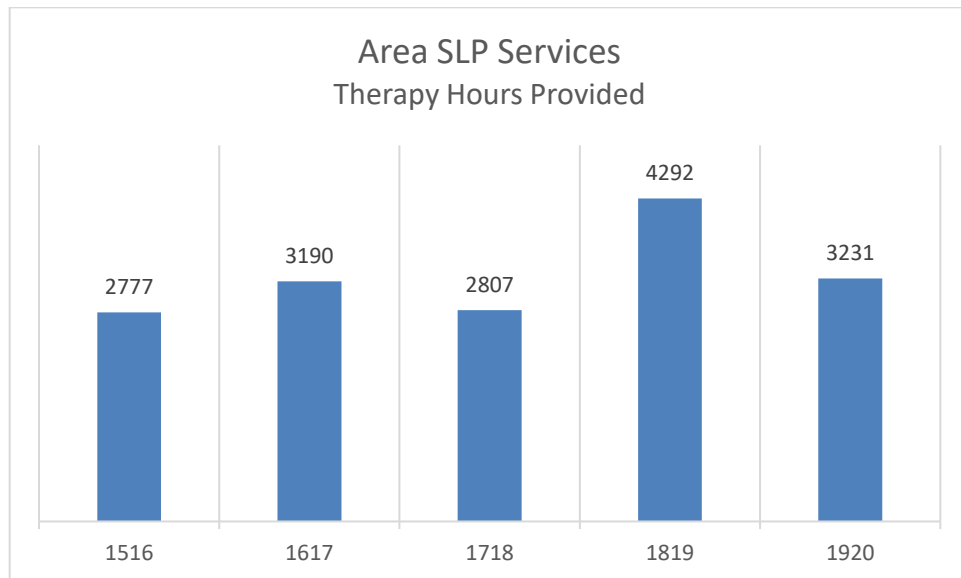
During 2019-20, ENMU CDIS provided services for:

- 1 hospital (RGH)
- 1 nursing home SNF (Heartland)
- 1 preschool (ENMU CDC)
- 2 area schools (Grady and Clovis Christian)

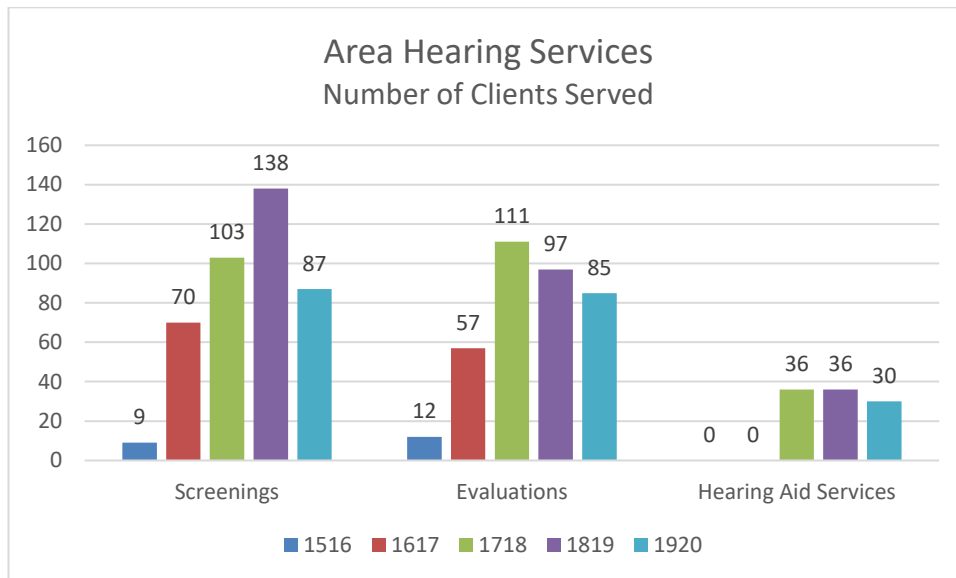
We also run ENMU's Speech and Hearing Rehabilitation Outreach Center (the SHROC). The SHROC serves as a regional diagnostic and treatment center to help clients of all ages with diverse communication disorders. Clinical services are available to the public and are provided by both ENMU faculty and CDIS students enrolled in ENMU's graduate degree program under the supervision of a certified and licensed CCC-SLP or CCC-A. 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 with 1:1 supervision.

Our clinic provides articulation, accent reduction, language, voice, stuttering, hearing/hearing aid evaluations and follow-ups, otoscopy, swallowing/MBSS, endoscopy/nasoendoscopy, AAC, literacy, and most anything else in our scope of practice. Due to the rural nature of our program and to the shortage of SLP services across the state of NM, we have some availability for telepractice services to clients who are unable to travel to our clinic. These services are delivered in Roosevelt and surrounding counties directly supervised or delivered by ENMU SHROC personnel.



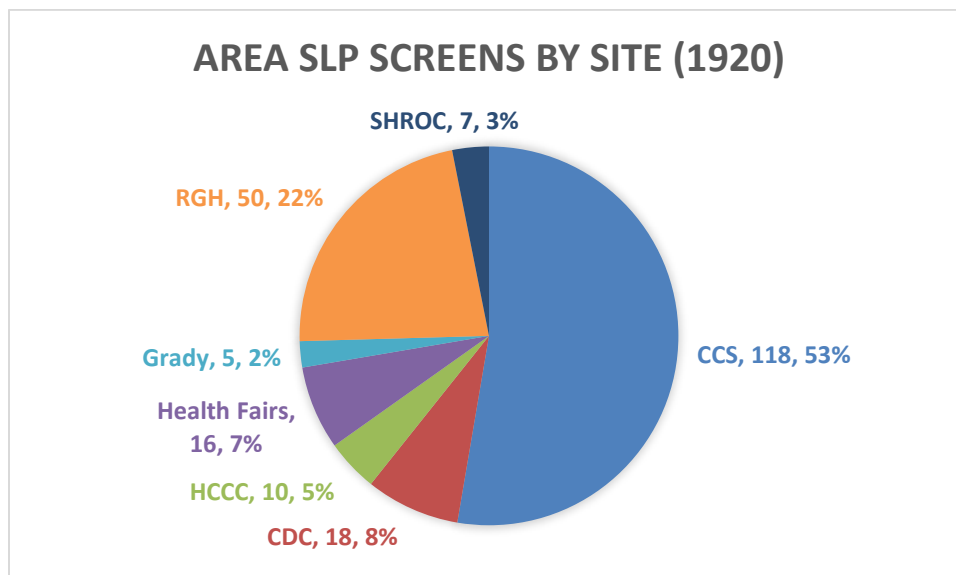


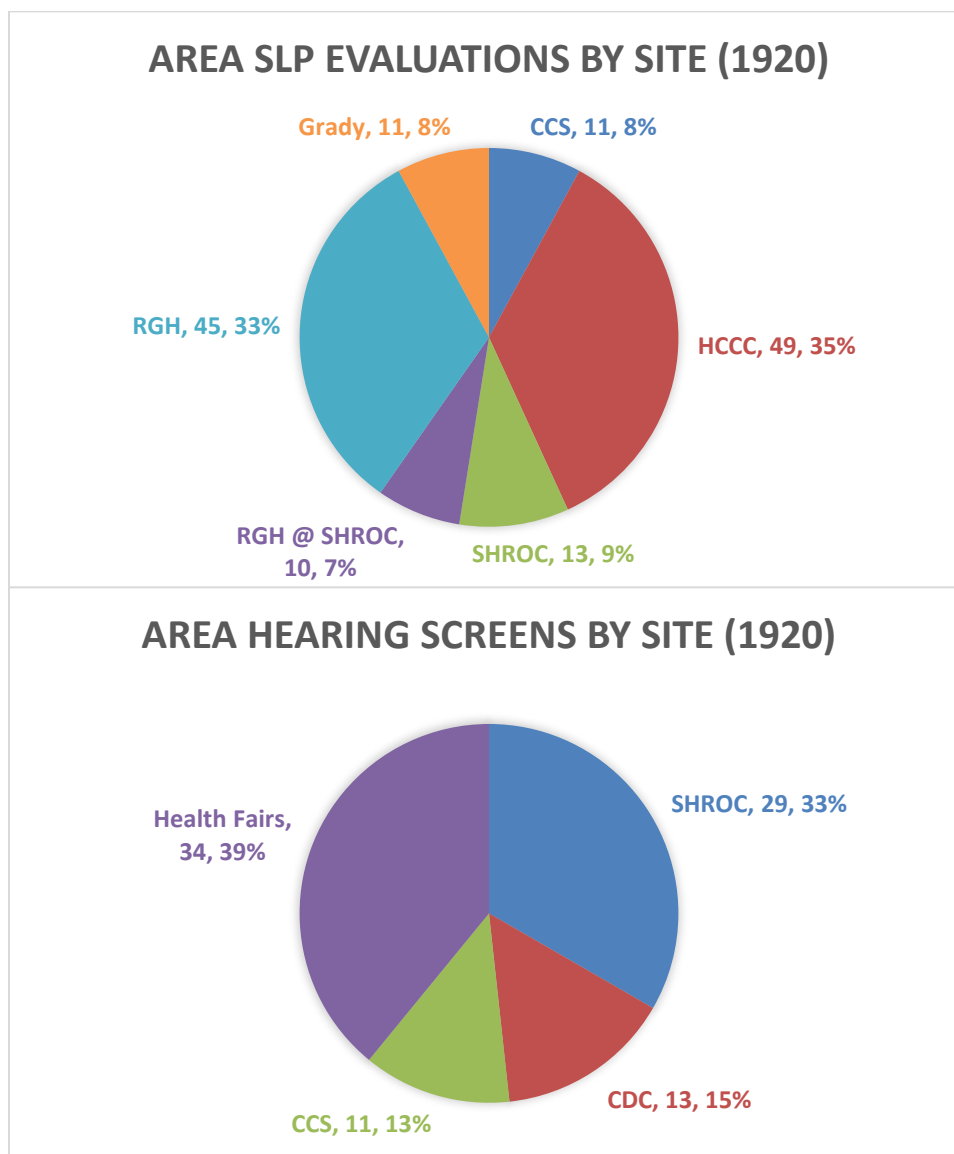
The SHROC provided free early childhood screenings for all students enrolled at CDC, free speech screenings and accent modification services to all ENMU Teaching Assistants and CDIS students, reduced cost baseline stroboscopies for vocal performance majors, and free or reduced speech-language therapy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



We continued our community support group for aphasic patients and pragmatics social skills groups viz Zoom as best we could. These groups were 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.

Screening Events: We routinely host and participate in speech-language and hearing screenings several times throughout the year. This is another applied learning opportunities for students in our program. Though formal events were mostly canceled, we can still post up the following numbers:





Quite apparently, service levels dropped after the pandemic shut-downs started in March. With that being noted, it's abundantly clear that our AUD and SLP services DID NOT STOP and the ENMU CDIS faculty and staff continued to provide services to clients and clinical education to students in multiple ways. We shifted some patients to telehealth, but we also continued our on-campus in-person clinics at both SHROC and RGH facilities using rigid and rigorous safety protocols developed by ENMU faculty and staff that resulted in a zero COVID-19 transmission rate to or from our clients. This is particularly remarkable as we had patients and other RGH personnel on-site who DID contract COVID. We did not catch it and they did not spread it at our facilities.

Although we didn't list this in our significant accomplishments earlier, we are **most** proud of the fact that we continue to ethically serve our patients and provide our students with applied learning opportunities in a safe and responsible manner to the very best of our ability. In a time when many others simply canceled services, I think this commitment to duty should be formally recognized. ENMU CDIS got it done and is *STILL* getting it done for our clients and our students. HOOYAH people. There's no better team than this one.

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

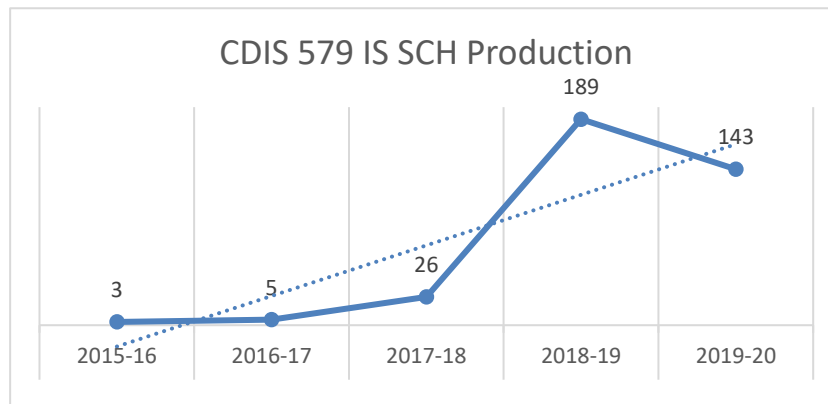
1.5. Response to program review

In addition to reaccreditation last year, ENMU CDIS completed program review. The program review committee expressed concern for faculty burnout, which was addressed by the university when they granted CDIS a new tenure track line for 20-21. The committee also recommended to:

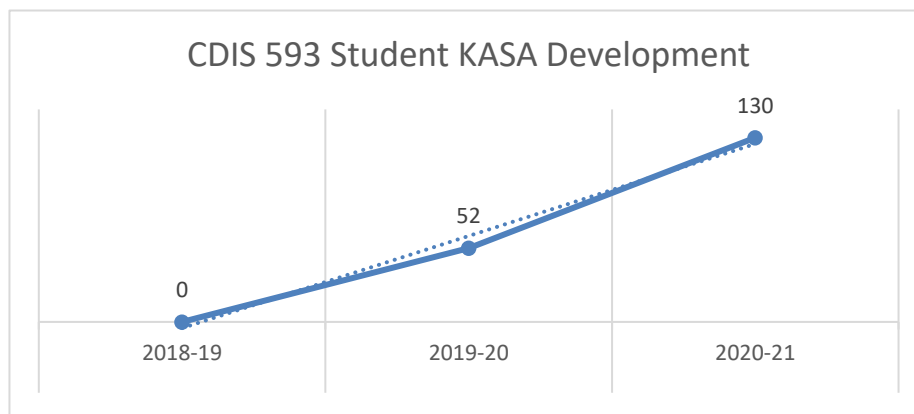
- Examine the CDIS 579 course offering for graduate students. Will the student headcount for this course continue to remain large each semester? Have research projects morphed into a credit-bearing course requirement? If so, will this adjustment in course requirements be made to the 2020-2022 graduate catalog, and how will the course load be distributed between faculty members?

Committee concerns stemmed from this pattern:

Directed Studies (579s):



Down from 189 SCH in 1819, students and faculty completed 143 SCHs of independent studies in the fall and spring of 2019-20. The program replaced 579s with CDIS 593 – TPS/Student KASA Development in various topics as needed by students to meet outcomes. This is a credit bearing course that, as you can see, is already serving to reduce the off-load work that the 579s required of our faculty. We will request a permanent course number for Student KASA Development courses in the next graduate catalog change process.



All other findings were complimentary.

The full program review report can be accessed at <https://my.enmu.edu/web/cdis/10/program-forms> for interested parties.

Program Review also included a review of CDIS course compliance with ENMU's Online Course Standards, which quite frankly, was a complete waste of time. The initial findings sent us were incorrect, and after must CDIS protesting, they agreed to review our results once more. Lo and behold, someone determined that the review committee had reviewed the "wrong version" of our courses and so they would have to reassess us. We didn't receive our final report until July 2020, but this was also incorrect. Since we had zero confidence in their ability to review our work properly at this juncture and their second review findings a) did not follow their own policies (reviewed by committee) and b) appeared clearly retaliatory in nature (almost all course ratings were scored more negatively than in the initial findings), we didn't bother to argue any further. Suffice it to say, the guidelines sent to programs and the criteria used to judge evidence of compliance are NOT the same documents. CDIS does not contest that we can improve our online courses, but the OCS review process was skewed toward program failure from the outset and was applied with a heavy-handed sense of misplaced "authority" (in our opinion at least). Most of us are Quality Matters educated and some of us are even Quality Matters certified reviewers. We know what online course review looks like when it's done properly. Our experience with ENMU's OCS review process was about as far from formative and helpful as it gets folks. We are grateful that the standards were brought to our attention as we had not completed a department wide review in quite some time; however, we simply cannot trust the accuracy or impartiality of this process. We'll address our deficiencies based on internal review. We plan to incorporate this into our transition to CANVAS but expect that we will not be 100% compliant for all courses until the end of the 2022 academic school year. Bigger fish to fry and all that.....

1.6. Response to discipline-based accreditation review

The Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA) approved our reaccreditation application report for the master's program in speech-language pathology on 09/07/2019. There were no areas of non-compliance or partial compliance with accreditation standards noted with only one concern.

The CAA Site Visit Teams completed their on-site assessment of the program on November 7 and 8 of 2019. The team was able to find evidence demonstrating full compliance with all elements of all standards for speech-language pathology (including the area of initial concern). The CAA Site Visit Report was sent to the program on December 30, 2019. The report reflected the findings above without exception.

During its meeting on February 19-22, 2020, the Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA) voted to continue accreditation for the graduate education program in speech-language pathology at Eastern New Mexico University for a period of 8 years beginning March 1, 2020 through February 29, 2028.

- * There were no areas of non-compliance with accreditation standards.
- * There were no areas for follow-up with accreditation standards.
- * The CAA assessed the program's performance with respect to student achievement and found the program to meet or exceed the established CAA expectations for Program Completion Rates, Employment Rates, and Praxis Examination Rates.

ENMU CDIS was **one of only 12 programs in the U.S. found to be in full compliance** with all *Standards for Accreditation* during the CAA's 1920 review cycle.

Our next annual report is due February 15, 2021.

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 working SLP 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 degree seeking 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 representing the CDIS program in the university's Trunk or Treat event each October. 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 using PSAs on the local radio stations. We have SHROC brochures in the Education building next to the coffee shop, in the counseling office on campus, and all over La Casa, Roosevelt Co. Public Health, and RGH. We hand out flyers and complete screenings at the local county fairs, Heritage Days, the Peanut Valley Festival, and the Roosevelt County Health Fair. Our Trunk-or-Treat participation also advertise our program and services each year. We also maintain web and portal pages.

- <https://www.enmu.edu/academics/colleges-departments/college-liberal-arts-sciences/departments-of-health-and-human-services/speech-and-hearing-rehabilitation-outreach-center>

- <https://my.enmu.edu/web/cdis/shroc-speech-and-hearing-clinic> .

The program provides free concussion screenings for athletes, early childhood screenings for at-risk Clovis Christian School students, and for all students enrolled at CDC. We conduct free accent modification screenings and provide no-cost therapy to applicable ENMU graduate teaching assistants who learned English as a second language every semester. Every student in CDIS 504 in both fall and spring presents a community "inservice" on various topics relating to the prevention and management of speech, language, swallowing, and hearing disorders (all of these are service-learning projects delivered by graduate students). All of these serve as "community informing" and are used to recruit both clients and future students to our programs.

Student –

The CDIS Program attends multiple recruiting events: (Junior Preview, Green & Silver View, Career Expo, Caduceus, etc.). We still make semester presentations in voice and freshman seminar classes. We present in sign language dual enrollment courses and love to visit the high school when they let us in. 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. When ASHA is near, we also host a booth there 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. We sent postcards once more to SLPA programs to target our SLP completion program and had a few responses (and subsequent enrollments) resulting. 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>) and we've had quite a large response to our CDIS landing pages (see <https://www.enmu.edu/academics/degrees-programs/graduate-programs/graduate-communicative-disorders> for an example of what these look like).

Details regarding our student recruiting and retention activities can be found in **Appendix B3.0 Recruitment-Retention Plan**.

Results –

Undergraduate -

**Please note that CDIS has a large number of both first and second 8-week courses (we usually have 8 to 9 of each per semester). Census date data will capture first 8-week courses and end of course data will capture second 8-week courses, but we have no way to capture all courses at this time. This means that our enrollment numbers and SCH productions are substantially higher than what is represented below.*

Undergraduate is back up! We credit this to our new Clinical Practice Minor. It works quite well for those students who plan to opt out of the master's degree and work as an apprentice or assistant. This minor offers high demand 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 better value these courses and are seeking 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 are increasingly required to complete these courses as pre-reqs or they are taking them as a "leg up" for graduate school admission rankings. We hope that our SLPA degree will further add to our undergraduate SCH uptick.

Graduate

Graduate is down primarily because students bailed on practicums or can't get placements (thank

you, pandemic). We feel that our new efforts at attracting and retaining students have been more successful than prior years, but we are still facing current challenges at the graduate level (discussed a bit earlier). 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:

- Pandemic related issues
- CDIS is a long, intensive, and difficult program
- CDIS is an expensive program
- CDIS is a major occupational growth area (BLS much faster than average). As a result, many 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.
- 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.
- GA stipends are too small to be 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 – increasing SLPA and ASL licensees are decreasing graduate numbers.

Recent program actions have slowed declining applications. These include:

- Construction of our landing pages. The graduate landing page has generated 451 requests for information since 2/28/20.
- We moved our application process to CSDCAS – This is a centralized application service used by most programs in CDIS.
- We moved our interviews to CASPer – This service makes interviews affordable and convenient for students.
- We shifted to rolling admissions – This essentially removes the due date for applications.
- We added early admissions – Students are eager for guaranteed placements.

Our admission data is listed below.

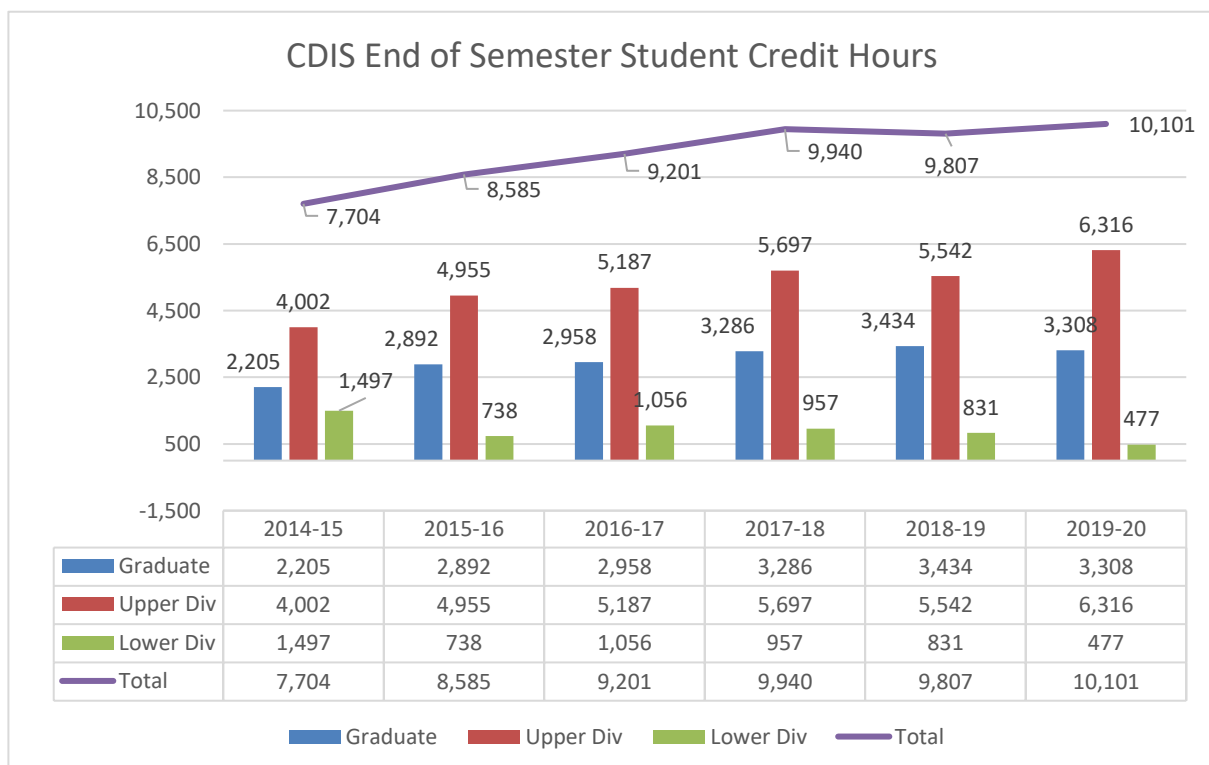
	Graduate Program Admission Data							
	UG GPA	Cum GPA	Pre Req GPA	GRE Verbal	GRE Quant	GRE Writing	Completed Apps	Date Trend for # of Applications
19-20	3.21	3.28	3.40	147	144	3.70	167	-10%
18-19	3.40	3.43	3.48	147	144	3.72	185	-3%
17-18	ND	3.43	3.55	149	145	3.78	190	-30%
16-17	ND	3.52	3.57	150	147	4	271	-20%
15-16	ND	ND	3.66	152	148	4	338	+89%

Our apps are still down, but given the state of the present union, I think we held our own rather well. New program features to recruit and students in FA20 include:

- Required residency requirements have moved from the first semester to the second or third. This means that students can start our program from a distance without the commitment of relocation. When that requirement occurs in a later semester, they will already have a full semester of coursework completed. They will be loath to lose such a substantial financial and time investment.
- The research sequence was shortened and re-focused on clinical EBP. Our program will still appeal to those who want a thesis-like experience but will not repel those who are intimidated by this prospect.
- The curriculum was expanded to include additional student interests and to provide more student supports.
- Courses are now offered twice per year. This provides a “safety-net” for students who need to repeat a course and appeals to those who want to graduate in a hurry. This is not a common option in SLP programs.
- On-campus student attendance requirements were reduced to a single semester.
- We now customize matriculation plans – There are no “set-in-stone” tracks in ENMU CDIS. That is a rare find in SLP programs.
- The ENMU CDIS graduate program can be started in a fall, spring, or summer semester. There are few other programs with this flexibility.
- We support telehealth, live labs, clinical simulations, and still offer live distance education. Few schools have all these options.

End of Semester SCH Enrollment -

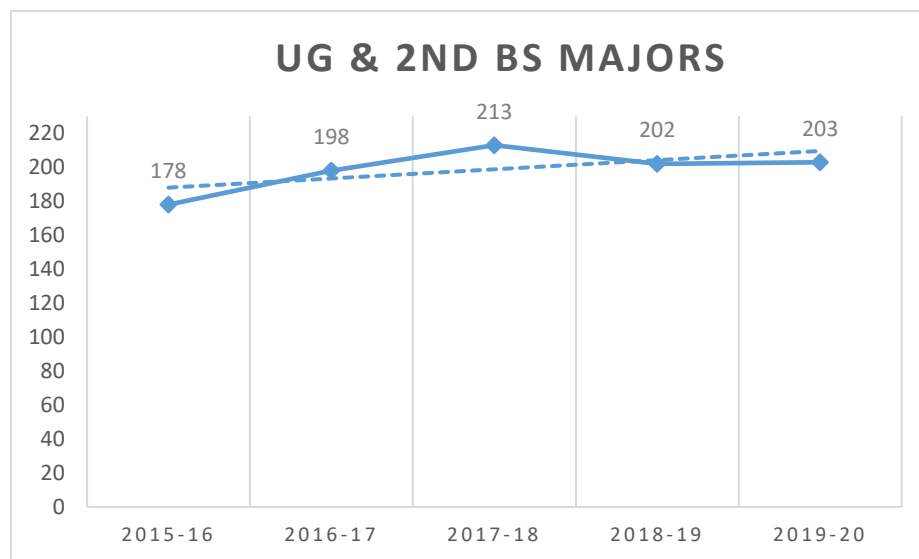
- UG SCH is **up 7%** from last year, and **up 24%** in the last 5 years (2014-15)
- GR SCH is **down 4%** from last year, but **up 50%** in the last 5 years (2014-15)
- Total SCH is **up 3%** from last year, and **up 31%** in the last 5 years (2014-15)



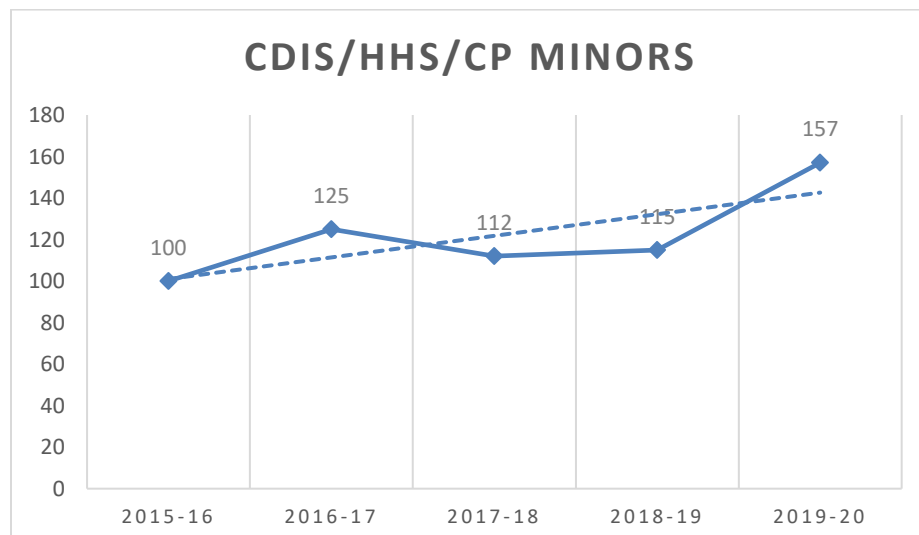
Number of Majors and Minors:

We attribute major growth to the development and promotion of our second bachelor's degree. Students obtain a "new GPA" and have a second degree in hand as they are applying to graduate schools. We attribute minor growth to the CP minor and to bringing back the HHS minor for related professions (such as SWK) or for those who leave the major.

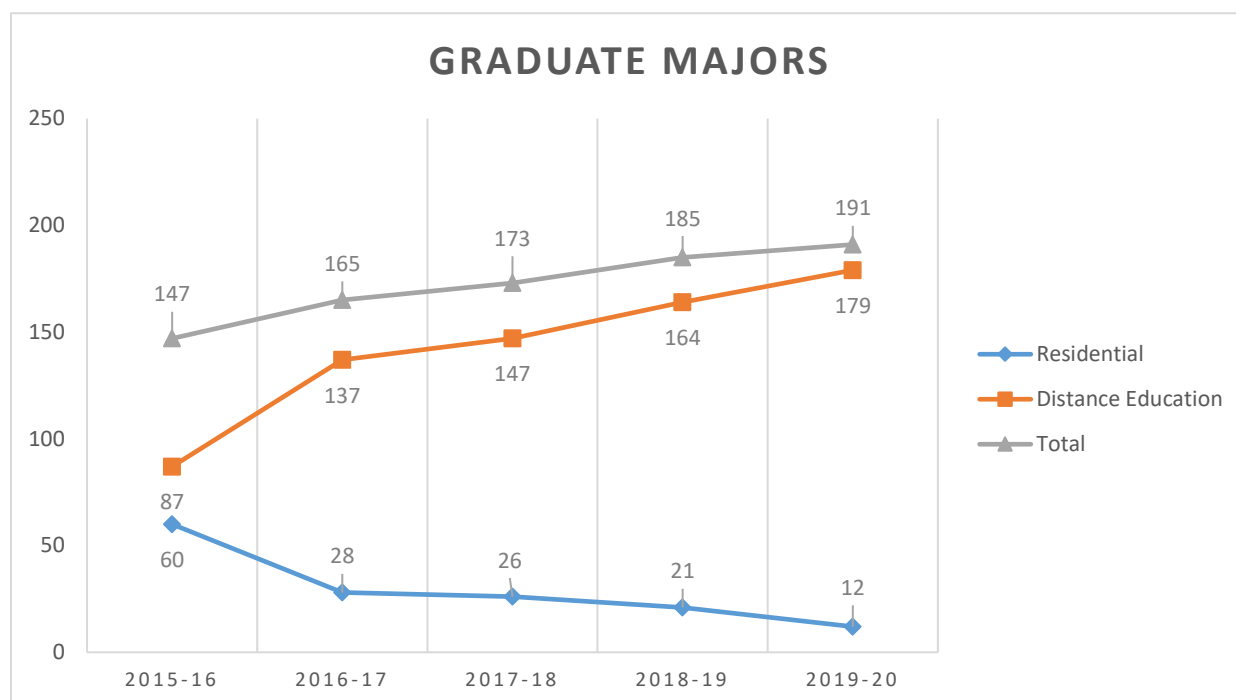
Undergraduate and 2 nd Bachelor's Majors									
1415	1516	1617	1718	1819	1920	5 yr Avg	% Δ 1 year	% Δ 2 year	% Δ 5 year
180	178	198	213	202	203	199	0	-5	+13



Number of Undergraduate Minors									
1415	1516	1617	1718	1819	1920	5 yr Avg	% Δ 1 year	% Δ 2 year	% Δ 5 year
30	100	125	112	115	157	122	+37	-40	+423



Graduate Majors										
	1415	1516	1617	1718	1819	1920	5 yr Avg	% Δ 1 year	% Δ 2 year	% Δ 5 year
Residential	51	60	28	26	21	12	29	-43	-54	-77
Distance	64	87	137	147	164	179	143	+9	+22	+180
Total	115	147	165	173	185	191	172	+3	+10	+66



Retention:

Our newest retention push is our “stackable” degrees (AA in SLPA to BS in CDIS to MS in CDIS). We hope this will help students to maximize the significant time and monetary investments made by “adding on” to complete the next degree. Starting and staying with ENMU will reduce the time to degree completion while providing students the skills they need to secure employment and fund their education. Community partnerships with tuition assistance available will be our next step.

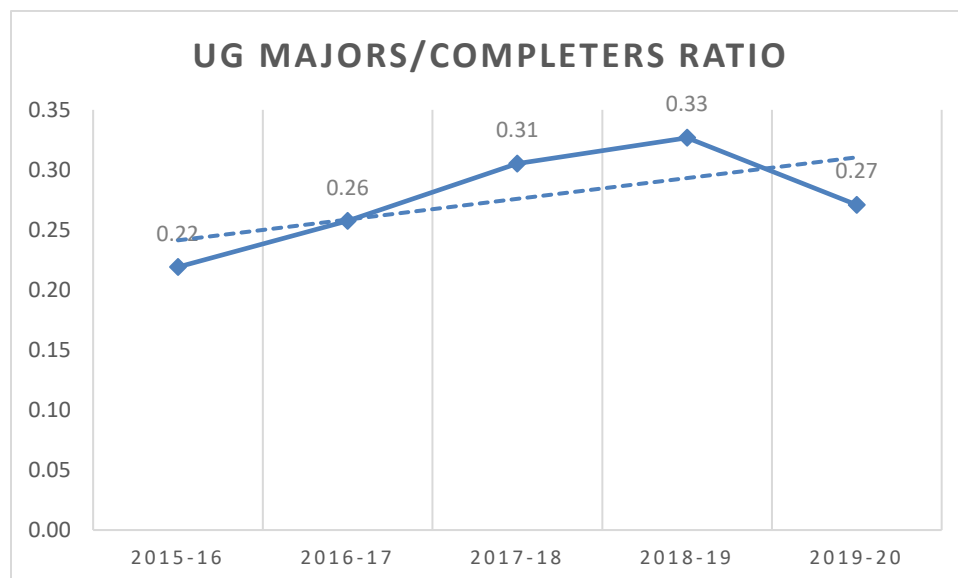
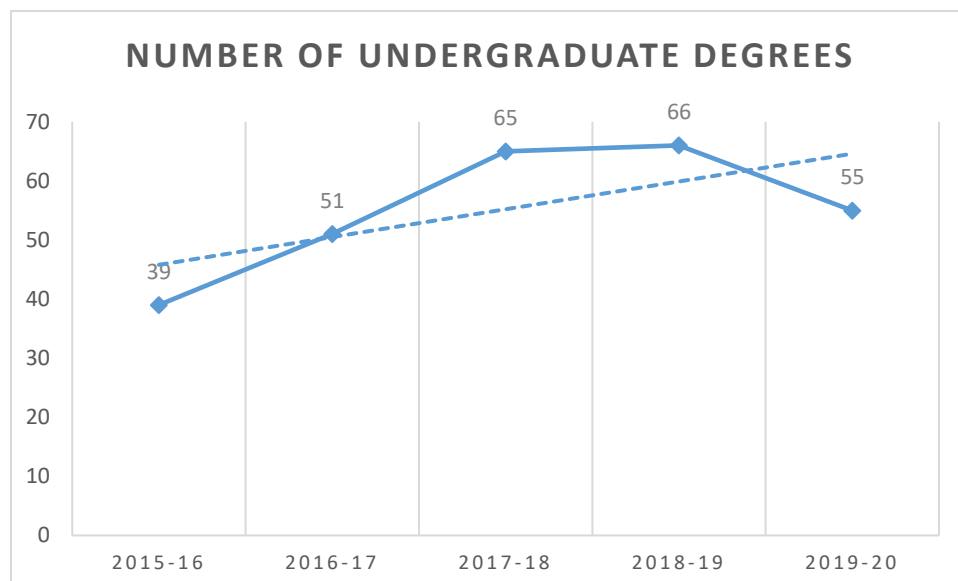
The CDIS Program has “specialty” advisors so that we can more efficiently meet the needs of some of our niche students. The Graduate Coordinator is responsible for all degree and non-degree seeking graduate students. Linda Weems advises all the graduate levelers. The Undergraduate Program Director (Dwayne Wilkerson) 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. As CDIS is a year-round program with 9, 10, 11, and 12-month faculty, year round advising without service interruption is possible for us.

Both graduate and undergraduate students are enrolled on their respective list serves when declared. This enables the program to keep students apprised of current events as they occur and allows us to post program requirements, news, and events as deadlines approach.

Completion:

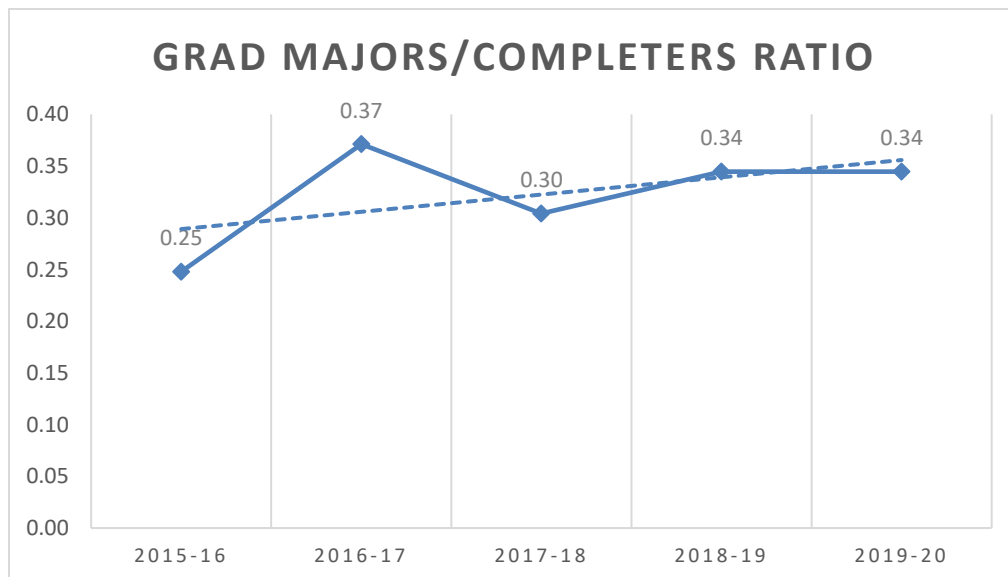
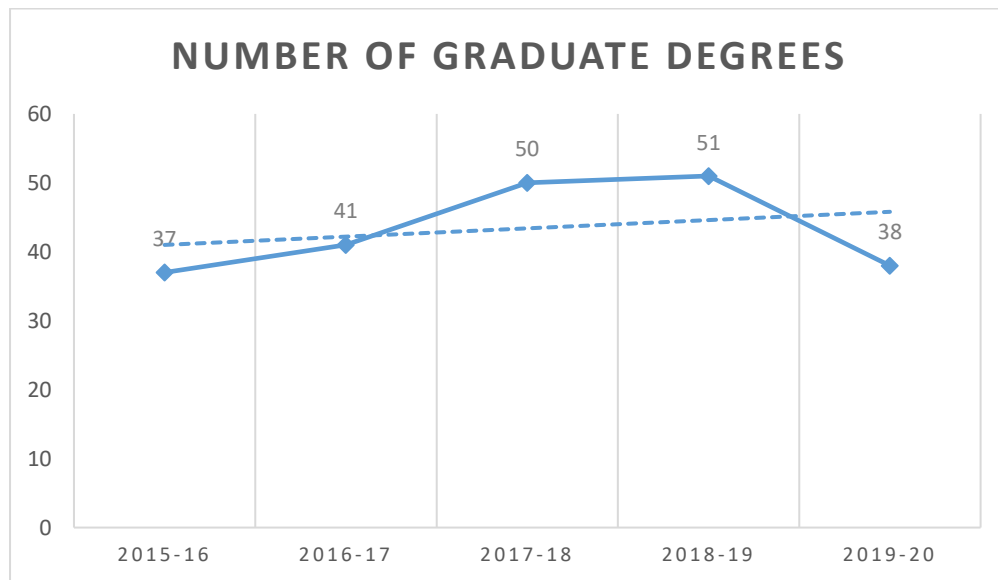
University generated completion rate statistics for the CDIS Program are unreliable due to the number of graduate students who mistakenly apply as undergraduates when they only plan to take a few courses. We're showing those graphs anyway, but I'm not sure they're valid. We also present the number of students who graduate from our program. It's not the same measure, but it does show that we are effectively graduating students on a regular basis. We are pleased to report that our traditional undergraduates do complete on time with total hours very near 120 SCH. We are down a bit in degrees (which may or may not be pandemic related), but we hope this will rise as our enrollment improves. It's so hard to tell about undergrads sometimes.....

Number of Undergraduate Degrees									
1415	1516	1617	1718	1819	1920	5 yr Avg	% Δ 1 year	% Δ 2 year	% Δ 5 year
35	39	51	65	66	55	55	-17	-15	+57



Graduate numbers are easier to explain. We definitely took a COVID hit on these as students could not graduate due to canceled practicums and internships. We'll be feeling these aftershocks in our data for at least a couple of years. They're all in the queue, just waiting for a placement (or waiting until they feel it is safe for them to accept one). Either way, graduations are down and they will stay down until this is resolved.

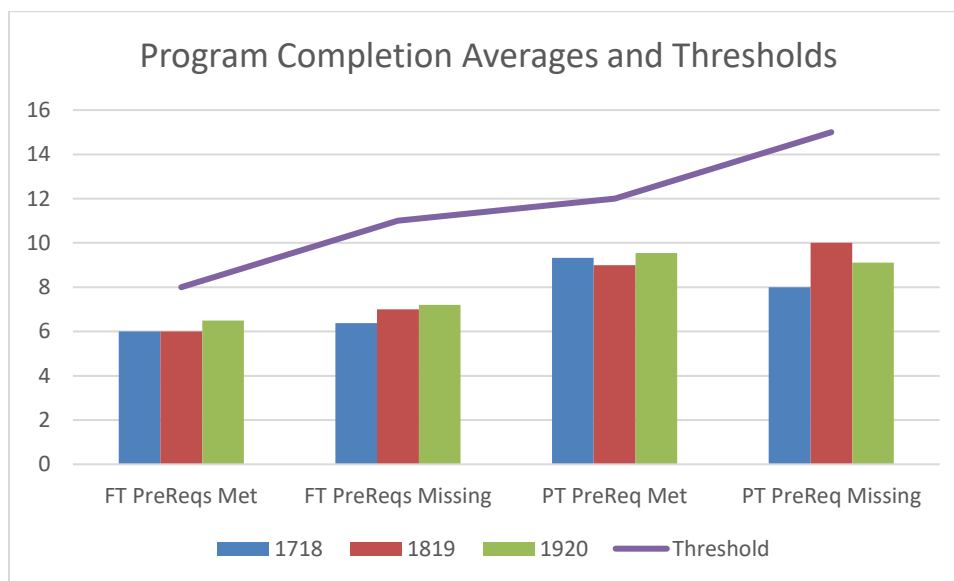
Number of Graduate Degrees									
1415	1516	1617	1718	1819	1920	5 yr Avg	% Δ 1 year	% Δ 2 year	% Δ 5 year
28	37	41	50	51	38	43	-26	-24	+36



A more specific tracking system is required by ASHA, and so we have included that for your review on the next page. We tried to make it colorful as you are no doubt bored to tears at this point.

Program Completion Rates - Residential and Distance Students

- Students who attend full-time **with** an undergraduate CDIS degree or who have **completed all pre-requisites** before admission should complete in **8 semesters**.
 - Average completion time:
 - 1718 - **6 semesters**
 - 1819 - **6 semesters**
 - 1920 - **6.5 semesters**
- Students who attend full-time **without** an undergraduate CDIS degree or who have **not completed all pre-requisites** before admission should complete in **11 semesters**.
 - Average completion time:
 - 1718 - **6.38 semesters**
 - 1819 - **7 semesters**
 - 1920 - **7.2 semesters**
- Students who attend part-time **with** an undergraduate CDIS degree who have **completed all pre-requisites** before admission should complete in **12 semesters**.
 - Average completion time:
 - 1718 - **9.33 semesters**
 - 1819 - **9 semesters**
 - 1920 - **9.55 semesters**
- Students who attend part-time **without** an undergraduate CDIS degree or who have **not completed all pre-requisites** before admission should complete in **15 semesters**.
 - Average completion time:
 - 1718 - **8 semesters**
 - 1819 - **10 semesters**
 - 1920 - **9.11 semesters**



Per Individual Student, the following rates were achieved.

3-year average

Residential: 96.15% On-Time Completion Rate

Distance Education: 95.69% On-Time Completion Rate

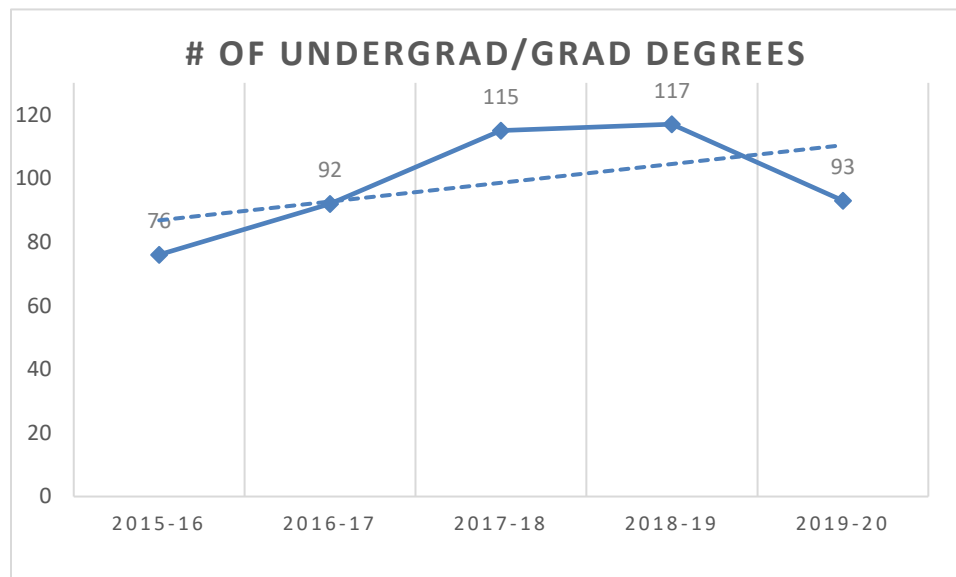
These are shown in table form on the next page.

Period		# Completed within Expected Time Frame	% Completed within Expected Time Frame
FA19-SU20	<i>Residential</i>	4	100
	<i>Distance Education</i>	34	97
FA18-SU19	<i>Residential</i>	9	90
	<i>Distance Education</i>	41	93
FA17-SU18	<i>Residential</i>	12	100
	<i>Distance Education</i>	37	97
FA16-SU17	<i>Residential</i>	8	100
	<i>Distance Education</i>	33	97
FA15-SU16	<i>Residential</i>	21	100
	<i>Distance Education</i>	16	100

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
2019-20	38	4	5	11	18	37	1	0	38 (100%)
Res.	4	0	0	2	2	4	0	0	4 (100%)
DE	34	4	5	9	16	33	1	0	34 (100%)
2018-19	54	14	8	13	17	50	1	3	51 (94%)
Res.	10	7	0	0	2	9	0	1	9 (90%)
DE	44	7	7	13	15	41	1	2	42 (96%)
2017-18	50	34	13	2	1	49	1	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	32	7	2	0	41	0	1	41 (98%)
Res.	9	6	2	0	0	8	0	0	8 (100%)
DE	33	26	5	2	0	33	0	1	33 (97%)
2015-16	37	34	3	0	0	37	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%)

Statistics for our combined undergraduate and graduate program degrees are below.

Number of Degrees in CDIS									
1415	1516	1617	1718	1819	1920	5 yr Avg	% Δ 1 year	% Δ 2 year	% Δ 5 year
63	76	92	115	117	93	99	-21	-19	+48



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 of 400 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 19-20 graduating class (n=38) left our university with a **class average of 623.54 clinical clock hours (557.03 direct clinical and 66.51 observation hours - 590.46 at the graduate level)**. Only an average of 31.97 hours was earned at the ENMU SHROC, 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 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 at least 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.

Undergraduate students receive information about scope of practice, certification, and licensure in CDIS 301. They receive information about application to graduate schools in CDIS 488. 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 are reviewed.

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.

	Employment Rate in Profession				
Reporting Period	# of Graduates	# employed (as of 12/31/2020)	Graduation Year	% of Graduates Employed within 1 year of graduation	Reason
2020-21	38	38	2019-2020	100	
2019-20	51	51	2018-2019	100	
2018-19	50	50	2017-2018	100	
2017-18	41	41	2016-2017	100	
2016-17	37	37	2015-2016	100	

Employment Rate in Profession						
Reporting Period		# of Graduates	# employed (as of 12/31/20)	Graduation Year	% of Graduates Employed within 1 year of graduation	Reason for Unemployment
2020-2021	Residential	4	4	2019-2020	100	
	Distance	34	34	2019-2020	100	
	Total	38	38		100	
2019-2020	Residential	9	9	2018-2019	100	
	Distance	42	42	2018-2019	100	
	Total	51	51		100	
2018-2019	Residential	12	12	2017-2018	100	
	Distance	38	38	2017-2018	100	
	Total	50	50		100	
2017-2018	Residential	8	8	2016-2017	100	
	Distance	33	33	2016-2017	100	
	Total	41	41		100	
2016-2017	Residential	21	21	2015-2016	100	
	Distance	16	16	2015-2016	100	
	Total	37	37		100	

Note: The employment rate reporting period is not the year of graduation. The data for each reporting period represent the individuals who graduated from the program one year prior.

The career outlook for CDIS is very positive. SLP has been ranked as one of the “Top 10 Jobs” for several years running by U.S. News and World Report and national employment rates for SLPs is expected to demonstrate a 25% growth rate through 2029 (much faster than average). Speech-language pathology currently ranks within the top 20 “large growth” occupations requiring advanced degrees and a shortage of qualified applicants has been identified for SLPs nationally. 162,600 SLPs were employed in 2019 and 203,100 are projected as needed by 2029. The average annual vacancy listing for SLPs is currently over 10,000 unfilled jobs per year. An aging population will continue to fuel this need. We do not anticipate post-graduate employment as being problematic for our students.

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 the knowledge and skills mandated by 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 pleased to 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 2019-20 scores ranged from 162-189 (162 is passing and 200 is maximum)

Graduation Year	# Taking Exam	Pass Rate (%) (as of 12/31/20)	ENMU's Average Score 600/162 required for certification and NM licensure
FA19-SU20	38	100	173 (162-189)
FA18-SU19	51	98	173 (150-191)
FA17-SU18	50	100	177 (162-193)
FA16-SU17	41	100	175 (162-191)
FA15-SU16	37	100	173 (162-193)

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

Graduation Year	Primary Attendance (more than 50%) # Taking Exam		# Passing Exam	Pass Rate (%) (as of 12/31/2020)	ENMU's Average Score
FA19-SU20	Residential	4	4	100	165
	Distance	34	34	100	174
	Total	38	38	100	173
FA18-SU19	Residential	9	9	100	175
	Distance	42	41	98	172
	Total	51	50	99	173.5
FA17-SU18	Residential	12	12	100	177
	Distance	38	38	100	177
	Total	50	50	100	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

Data for each reporting period **does NOT** include test scores for those who took the exam 3 or more years after graduation. 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.

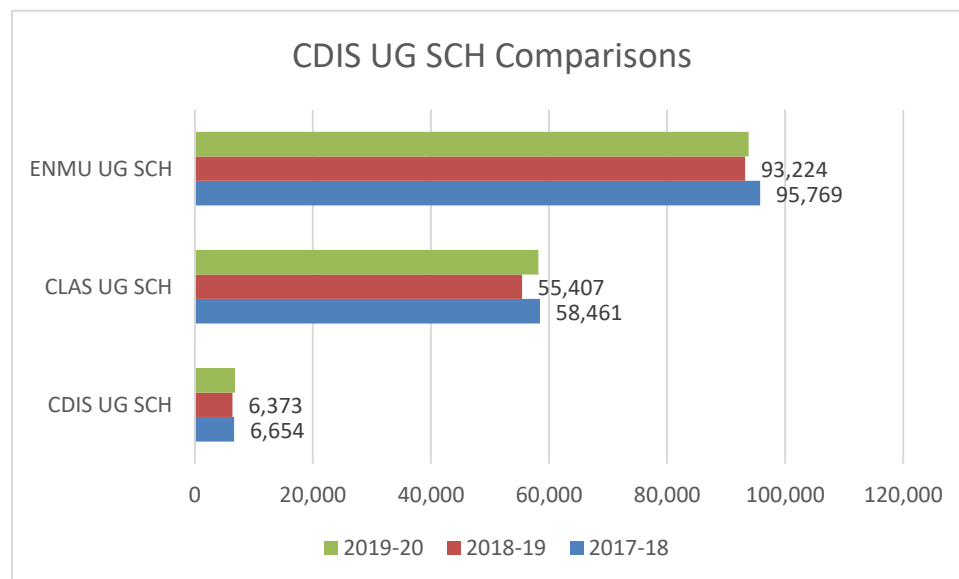
The teaching, clinical, and administrative needs of our CDIS programs are formidable. Here are the highlights of how we're coping:

- The university allotted CDIS a new faculty line in 2021. This has done much to alleviate overfilled classes and stretched-thin supervision.
- Creation of the Student KASA Development courses dramatically reduced the huge number of off-load remediation plans that were eating away at our souls. These have encouraged student self-reflection and taking ownership for unmet outcomes.
- Developing telehealth sustained a struggling clinical program during pandemic shutdowns.

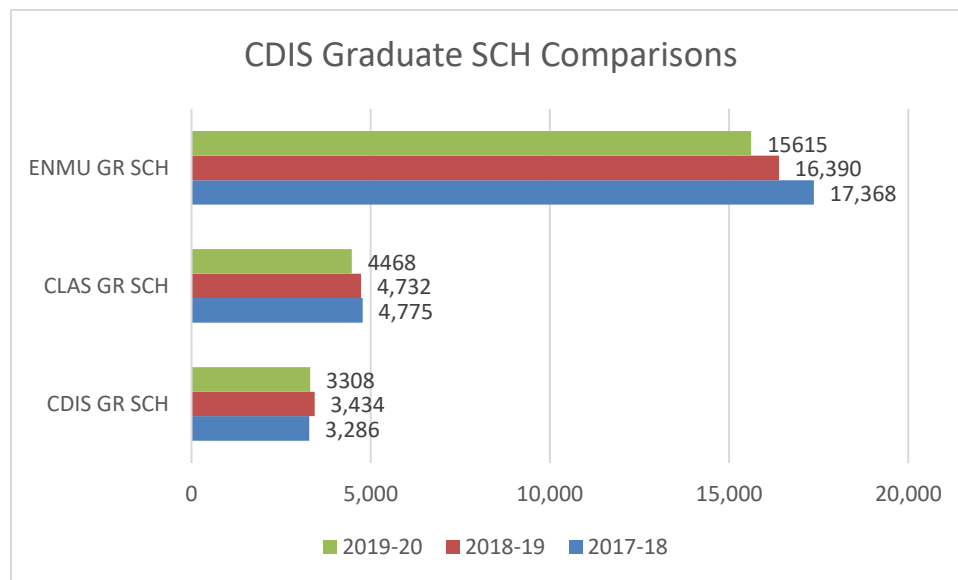
- Virtual Patient Supervision courses have also helped to keep us afloat in practicum-scarce times. Both telepractice and VPS will help us to maintain clinicals from this point forward (even after the world has been COVID vaccinated).
- 20-22 catalog revisions substantially reduced special project supervision requirements by infusing them with clinical practice and distributing the workload more evenly across faculty.
- First semester off campus and early admission with guaranteed placement options attract more students to the program and get them committed both financially and “time-wise” early in their matriculation. This makes it harder for them to walk away from the program and abandon their investment.
- The “stackable” AA in SLPA → BS in CDIS → MS in CDIS should keep students in the pipeline and retain them until graduated.
- Rotation changes have eased matriculation challenges and allow more flexible options to speed student matriculation.

The following charts show our place within CLAS and in the University setting at large.

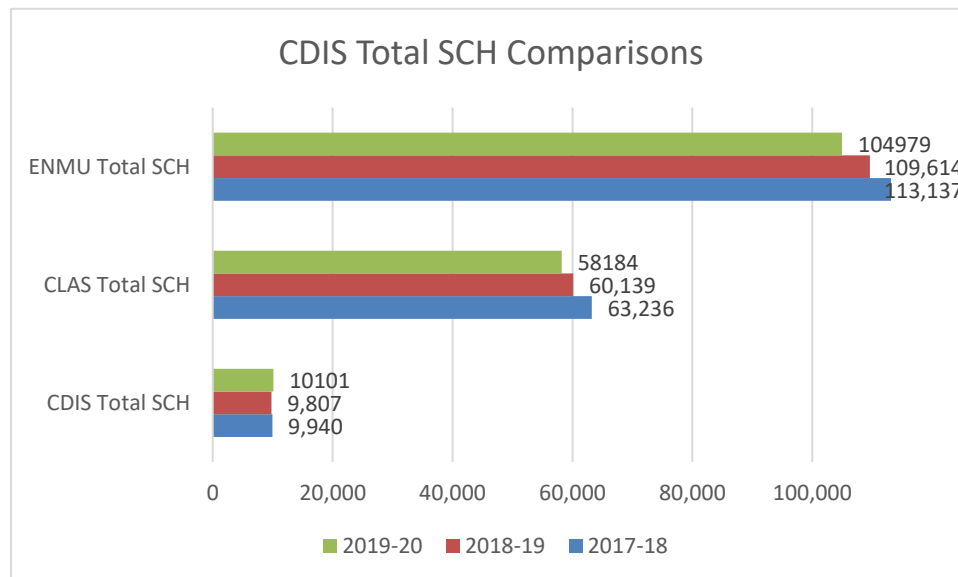
Undergraduate SCH Production Comparisons										
	1415	1516	1617	1718	1819	1920	5 yr Avg	% Δ 1 yr	% Δ 2 yr	% Δ 5 yr
ENMU	102,011	103,875	100,663	100,544	97,956	93,832	99,374	-4	-7	-8
COB	12,294	10,347	10,197	10,611	11,078	10,597	10,566	-4	0	-14
Ed/Tech	16,032	16,389	14,991	14,778	15,195	13,642	14,999	-10	-8	-15
FA	13,540	13,374	12,794	11,919	11,544	11,409	12,208	-1	-4	-16
CLAS	60,145	63,765	62,681	63,236	60,139	58,184	61,601	-3	-8	-3
HHS	11,459	11,532	12,263	13,504	12,564	12,580	12,489	0	-7	+10
CDIS	5,499	5,693	6,243	6,654	6,373	6,793	6,351	+7	+2	+24



Graduate SCH Production Comparisons										
	1415	1516	1617	1718	1819	1920	5 yr Avg	% Δ 1 yr	% Δ 2 yr	% Δ 5 yr
ENMU	14,410	16,133	17,361	17,368	16,390	15,615	16,573	-5	-10	+8
COB	2,405	3,300	3,548	2,766	2,340	2,133	2,817	-9	-23	-11
Ed/Tech	8,130	8,252	9,017	9,200	8,558	8,254	8,656	-4	-10	+2
FA	247	391	530	627	760	760	614	0	+21	+208
CLAS	3,628	4,190	4,266	4,775	4,732	4,468	4,486	-6	-6	+23
HHS	2,613	3,396	3,439	3,898	4,016	3,827	3,715	-5	-2	+46
CDIS	2,205	2,892	2,958	3,286	3,434	3,308	3,176	-4	+1	+50



Total SCH Production Comparisons										
	1415	1516	1617	1718	1819	1920	5 yr Avg	% Δ 1 yr	% Δ 2 yr	% Δ 5 yr
ENMU	116,421	115,818	113,758	113,137	109,614	104,979	111,461	-4	-7	-10
COB	14,699	13,647	13,745	13,377	13,418	12,730	13,383	-5	-5	-13
Ed/Tech	24,162	24,641	24,008	23,978	23,753	21,896	23,655	-8	-9	-9
FA	13,787	13,765	13,324	12,546	12,304	12,169	12,822	-1	-3	-12
CLAS	63,773	63,765	62,681	63,236	60,139	58,184	61,601	-3	-8	-9
HHS	14,072	14,928	15,702	17,402	16,580	16,407	16,204	-1	-6	-17
CDIS	7,704	8,585	9,201	9,940	9,807	10,101	9,527	+3	+2	+31



This data indicates 1% growth for our graduate CLAS rankings and in grand totals for both graduate and undergraduate semester credit hour production.

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. We also have several dedicated labs and student collaborative (distance student enabled) workspaces in Lea Hall.

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 have moved many of our RGH clients offsite to RGH. We have so many clients for RGH, they recently secured a dedicated outpatient building specifically and solely for outpatient speech therapy services provided by ENMU faculty/staff and students. We have further been included in the swing bed expansion for RGH.

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 being converted to an electronic medical record system called ClinicNote, though we are still having a firewall issue with scanned documents that were previously paper. We hope to get this worked out soon.

We have access to all the office technologies we need.

Based on our resource assessment and student feedback, we are usually able to purchase what we need from our generated revenue sources. We have 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 2018-19).

I'm not sure this belongs in this section, but we do feel like it helps us head some troubles off at the proverbial pass so we'll mention it here. We implemented an anonymous suggestion box (emails to the Program Director) where students can post questions or comments without fear of repercussion.

or just looking stupid. We've gotten appx. 200 emails per year since we've done this, and it really seems to let us know what's going on with our students in ways we did not before. We post these responses to the listserve for all to see so it allows us to answer questions more efficiently, and to "read the room" so to speak and make proactive changes to resolve potential drama before it explodes. Sometimes CDIS student flock in unpredictable ways. This suggestion box allows us to get a "heads up" on potential undercurrents and/or see which way the wind is blowing so we can intervene swiftly. I know that's not traditional "sustainability," but it sure has helped us avoid an earthquake or two.

Enough nature-weather cliches.....on to the last.

Priority 1:

We are seeking assistance with new telepractice stations for 2021. We do not expect the full cost, but will take any contributions we can get. These stations will allow us to expand practicum opportunities for students as well as services to clients. We can only serve who we can securely reach so increasing our equipment resources is critical to our future growth.

Priority 2:

We are also seeking assistance with a scoping chair for 2020-21. Again, we do not expect the full cost, but will take any contributions we can get. This chair will facilitate better scoping development for students. We are currently using a classroom chair, so students must scope from a squat position. This causes error, which creates client discomfort. We tried an office chair so we could elevate the client, but these have wheels and thus resulted in a less than optimal technique that also caused error. We were granted this last year, but yeah, there was COVID and everyone lost their dollars.

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 are flexible in ways unmatched by other SLP programs in the state and across the nation. We have online AND on campus options for both graduate and undergraduate degrees, and we've been able to decrease student travel to campus without compromising our courses. We've added a second bachelor's degree to accompany our traditional and leveling programs and have designed a new Clinical Practice minor which updates our undergraduate curriculum to better align with national state licensure and current employment trends. We've articulated an SLPA to BS in CDIS pathway and we're university and state approved to launch our AA in SLPA (the first in NM). We'll have students in the pipeline and be ready to rock when our licensure regulations change. We try to stay one step ahead, and we've found a niche that allows us to compete with larger universities in urban settings who have more resources.

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 use mannikins and case-based computer simulations to augment our teaching. 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 telehealth, MBSS, FEES, nasoendoscopy, CSL, Visi-Pitch, Pratt, AAC programming, 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, including HIPAA compliant messaging (OhMD). They're introduced to EMR via ClinicNote, Paragon, and multiple billing systems (including Medicare/Medicaid) at their practicum sites. The 5 levels of required practicum ensure comprehensive exposure to a wide variety of clients and system structures.

We moved our application process to CSDCAS and we're ahead of the curve with our CASPer interviews. We're also a frontrunner for early admission and rolling admissions policies, and we can now admit students in fall, spring, AND summer while most other programs are still Fall only admits. We allow full-time or part-time with personalized tracks, as well as on campus OR off campus based on student preferences. NOBODY does that. We left rigid behind and our program is the better for it. ENMU CDIS does not accept "we can't do that" very well.....we just keep at it until we find a way that we *can* do that.

We're super excited about the AA in SLPA → BS in CDIS → MS in CDIS. We have a lot of work to do. We'll keep you posted. 😊

Thanks for reading.....we appreciate your time.

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

Appendix A CDIS 201920 Assessment Plan

Appendix B1.0 Short-Term Resource Request

Appendix B1.1 Long-Term Resource Request

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 B3.0 Recruitment-Retention Plan

Appendix C 201920 CSD Education Survey: Fall 2019 - Summer 2020 Academic Year

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

Strategic plans and other program documents are available at <https://my.enmu.edu/web/cdis/10>.