Departmental Effectiveness Report

Department of Health and Human Services

CDIS Program

AY 2020-2021

Prepared by Suzanne Swift

Executive Summary
AY 2020-2021

Significant Accomplishments/Outcomes/Results for AY 2020-2021

2020-21 was a grinder. We made progress in many areas, but encountered new challenges in others. Our FA20 graduate catalog ushered in new courses and rotations, but the profession is still challenged by COVID restrictions and limited practicum placements. Our profession has also re-interpreted our prevailing diversity, equity, and inclusion practices and this has required significant revision to all curriculums across the U.S. New standards must be met by January 2023, irrespective of what re-accreditation cycle any program may be in. Add this to an increasingly unprepared and highly demanding influx of graduate students, and it's clear we all have much work to do in the next few years. **2020-21 highlights are listed below**.

1. ASHA CAA Annual Re-accreditation Continued
   * 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.

2. SLPA Program Development
   This program was approved by NM HED and launched at ENMU in the fall of 2021. We're still recruiting heavily for this program, but have been negatively impacted by antiquated state licensure regs and surprisingly, financial aid. The answer is freshmen, but we need to get the advising center on board.

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. Our graduate courses are also now offered 2-3 times per year. This has decreased course size in the fall and will shorten matriculation times. Our AS in SLPA, BS in SLP, and then the MS in SLP are completely "stackable" and provide students with better employment options while matriculating.
     - ✓ **Clinical Simulation Courses** – These electives allow students to accrue up to 75 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.
     - ✓ **KASA Development Courses** – These courses allow students to meet outcomes without re-taking courses or substantially increasing the burden placed on instructors.
   - **Student and competency driven –** Students asked for more specialized options so we made that happen. We also have 4 minors enrolling well that allow students maximal options for retaining credits, even if they change majors. Students also requested a reduces class size to allow for more individual attention. We continue to offer "live" undergraduate options for most courses at least one time per year. All graduate courses (except 1 credit) are required live courses.
   - **Community and career driven –** We're building workforce with the SLPA and bachelor's programs. These programs 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/or master's programs. Our Master's curriculum has been updated with currently relevant coursework (telepractice, DEI, simulations, etc.).

4. Student practicum placements and clinical site development
    - **Clinical Sites**: COVID is still impacting our placements, but we're recovering. School sites and private practices are mostly back to normal. Birth to three is almost there. Medical placements are still hard to come by. Students who refuse vaccinations can seldom be placed. Productivity requirements are also hurting our placements. RGH growth has stabilized, but we have a waitlist there. We do not have enough faculty or students to work RGH to full potential.

5. Increasing undergraduate enrollment
    - We are still posting gains in undergraduate enrollment. Assigning dedicated advisors to second bachelor's and CDIS levelers has been effective, as has arranging 5 program start dates and offering every course in 1st 8, 2nd 8, and 16-week lecture capture formats. Our fledgling SLPA 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. We will report on that next year.

6. Risk management
    - We need to begin audits.

Plans for Improvement in Subsequent Years Based on Results of AY 2020-2021

It's always something in CDIS. Our issues are listed below. We have answers for some, but not for others. As usual, student issues are the most challenging to resolve.

1. Diversity, Equity, and Inclusion standards – ASHA passed these new standards with lightning speed and programs are required to show compliance by January 2023. Programs will be required to show evidence in the curriculum, and there are a LOT of new expectations. We are struggling to find the space to incorporate this necessary work without adding credits to the curriculum. We will have to submit a mid-catalog change in any event.
2. Student performance and behavior – Students are increasingly vocal with their demands that classes (and the program) be structured according to their specific needs (which all vary). The disparity between student and faculty expectations continues to widen as students come to the program knowing less and requiring more. Many students assume they'll receive individual and dedicated personal and professional mentoring, but what we offer is instruction and teaching. A good number demand "respect" in the form of being seen as colleagues and peers (which at this point, they just aren't). Some resist using titles and clapback at faculty and program statements and emails. Some complain on public forums. Some plagiarize and cheat and blame the program for unclear direction. A large number are working too many hours, do not attend class, and present as completely disconnected. Many do not seem to share the same definition of professional ethics that their professors hold. They fluctuate between fearful-helpless and lashing out in ways that faculty and supervisors feel the need to correct. Some threaten and hire attorneys when the program demands they adjust their behavior. Several have left in the middle of clinical placements "because it was too hard" or due to "stressful working conditions" and other anxiety related complaints. Poor communication skills abound, and what we call professional and constructive feedback, they call "insulting and abusive." The level of passive aggressiveness is appalling, and most have little to no understanding of why their behavior is unacceptable. This problem has just exploded in allied health care education programs over the last 2-3 years I've no idea how we're going to address this systemically. Some of our students demand sensitivity and tolerance, but show no grace or patience with others who are still learning. Some demand we do better with diversity, equity, and inclusion, but show NO self-awareness of the work THEY need to do. I do not believe the profession will tolerate this in the workplace.

3. Declining quality of graduate applications – We've done much to retain our graduate students by lowering class size, adding tutoring, restructuring teaching, and adding repeated assessment opportunities to assist students in learning necessary content. We have honored our committed to admit 30 new graduate students each fall and each spring whenever possible, but we do not always have enough qualified applicants who actually accept our offer. This is a national situation (compounded by the alarming number of new CDIS programs recently opened in the US). Most program are 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 and the financial pressures many currently face. Program flexibility accommodating non-traditional, part-time/working, ESL, first generation, and academically more at-risk students has been able to offset this somewhat, but at the cost of timely completion rates. *If the program cannot attract qualified doctoral level faculty OR qualified graduate applicants, it may be time for the program to consider downsizing acceptance rates so that fewer faculty can better educate more qualified students.*
4. Faculty are leaving – It's been a long time coming, but we have three retirements this spring. We have several other faculty who are contemplating their exits and how they can best "scale back" without decimating our ranks. We cannot possibly meet the demands of our profession right now, and it's demoralizing. Healthcare jobs are challenging and teaching wannabe SLPs is tricky at best. These are very prickly students with exacting expectations who, quite frankly, are wearing us out. ASHA CAA accreditation standards were just revised once again, and they added a dozen while subtracting zero. There is no longer a sense of intrinsic job satisfaction for most of us, and the pay we can offer at ENMU does not outweigh the risk right now. Yes, I said risk. Students accuse us of something on a weekly basis. We cannot keep teaching the way that we used to and several of us can't or won't change. There are legitimate reasons for this, but student behaviors and the ever heavy workloads are burning out our faculty and staff. We will keep doing what we can to lessen the load, but I think our morale is at an all-time low. Ways to fix this exist, but they are well beyond any program control and I do worry that the university cannot or will not take the drastic action that may be needed to sustain our programs at this capacity into the next decade. Program models will have to change, and that will be both non-traditional and expensive. ENMU may not want to do that.
5. Securing clinical placements (and encouraging students to complete them) – We are still struggling to find medical sites that will allow students, and struggling with students that will not attend those sites we do find for fear of contracting COVID. Some students are delaying their vaccinations, and most sites will not take them unless they are fully vaccinated. This is negatively impacting our completion rate/timelines.
6. Monitoring practicum placement "best fit" requirements – We did update our practicum placement request process and developed new forms, but we still have not implemented this change due to COVID complications. Placements are scarce enough without adding more paperwork, and our new "best fit" process does add steps to the process. We will be implementing the new written policies & procedure in the Fall 2022, COVID or no COVID.
7. Summer graduate admissions – This is a natural outgrowth of our early admission process. Our first summer admission begin in 2022.
8. Accelerated graduate plan – We're addressing this with our mid-catalog change. The program has identified numerous courses suitable for senior students. The Graduate Dean has indicated he will allow 6 hours.

Goals and Effectiveness Measures
Department of Health and Human Services: CDIS Program
Academic year 2020-2021

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.

- 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: Strategic Plan FA2020-SU2023 (in progress)
- 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 leaning 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 also examine outcome data as evidenced in our annual assessment report.
- 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. We created undergrad courses in voice and fluency, literacy, swallowing, motor speech, and aphasia. KASA audits led to a 528 Lab. 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 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 studies.

- ✓ 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. Team evaluations were a partial outgrowth of this process.*
- ✓ Students also shared feedback via our anonymous suggestion/comment box. *We have made numerous program changes based on student feedback, most recently by offering CDIS 569 P - WKSP/ Virtual Patient Supervision during intersessions so students can gain additional hours without exceeding maximum SCH load.*
- ✓ 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. This is also why we started the AS in SLPA program.*
- ✓ 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. Team evaluations were a partial outgrowth of this process.*

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. **A mid-catalog change will update our KASA for FA22 to incorporate the newly passed diversity, equity, and inclusion standards that must be evidenced by January 2023.**

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) : 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. This is paid by the program from generated clinical revenue accounts.

Here are the highlights of what we acquired, purchased, and implemented from FA20 to present:

- ✓ Equipment for telepractice therapies (student practicum fees)
- ✓ Monthly subscription to therapy materials for telepractice (generated revenues)
- ✓ Nasondoscopy/FEEs examination chair and medical stool (ER&R award)
- ✓ CSL equipment (generated revenues)
- ✓ ELMOs (generated revenues)
- ✓ Completed development of Zoom Room Lab 1 & 2; This included the 75" interactive touch display/computer and the cameras needed to broadcast classes to our distance education students with Mediasite (generated revenues)
- ✓ Supervision monitors (generated revenues)
- ✓ Therapy printers (generated revenues)
- ✓ Miscellaneous equipment for the audiology suite (generated revenues)
- ✓ Multiple assessments and materials for clinical placements (student practicum fees 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)
- ✓ ClinicNote electronic medical record system (student practicum fees)
- ✓ A new audio system for the clinic is also in progress (student practicum fees)
- ✓ …..and, because we still have COVID, **an unbelievable number** of clear masks, face shields, room aerators, sterilizers/ionizers, plexiglass dividers, sneeze guards, and various other disinfectant DON'T GET ANYONE SICK types of items (generated revenues)

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.

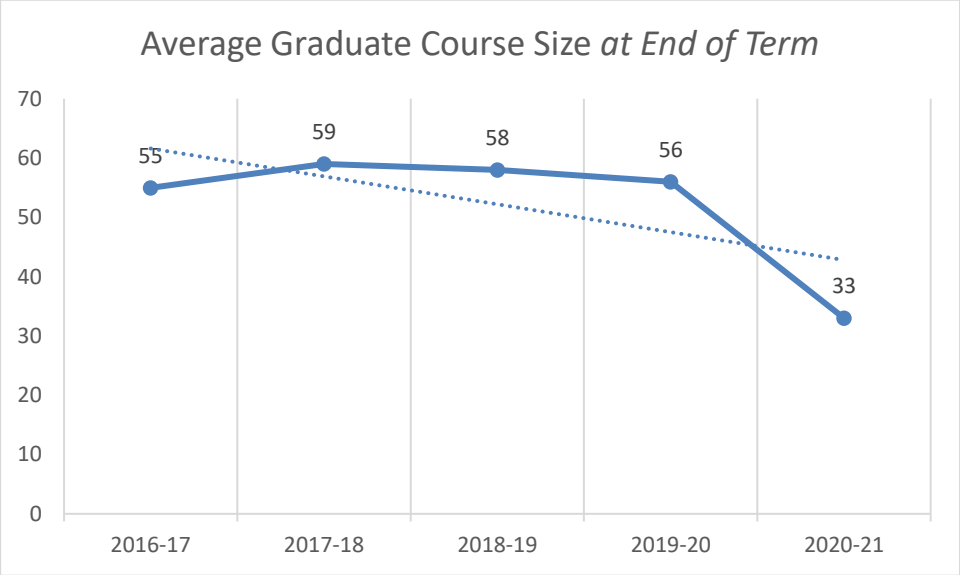
As mentioned previously, we significantly revamped our graduate curriculum to maintain currency with professional developments in FA20. This included adding coursework in autism, transgender voice, myofunctional therapies, linguistics, SLPA supervision, multicultural issues, and certainly telepractice 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, end-of-life care, 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.

On the undergraduate front, our clinical practice minor snaps right into place 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 soon, but archaic NM licensure laws are a significant obstacle right now.

As already explained, we 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 offer our graduate courses 2-3 times per year. We use Mediasite, Canvas, and Zoom on a regular basis.

We incorporate multiple types of interactive software in our courses.

We are still discussing our graduate synchronous attendance requirement for at least some courses, but we are well divided on this. Live attendance is essential for particular topics, activities, and labs, but a fixed course schedule doesn't work when your practicum supervisor works three 12 hours shifts. Unfortunately, when our students miss class, they don't tend to watch the lectures and ask questions later. This adds a burden to the professor outside of class.
We still had issues with average graduate course size in the 19-20 review period (see graph below), but we're moving in the right direction with the FA20 catalog. With adjusted rotations and the addition of a new faculty member in 20-21, we were able to offer each graduate course at least 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. Our required course size averages are below (This list does not include courses not on the official degree plan).



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/.

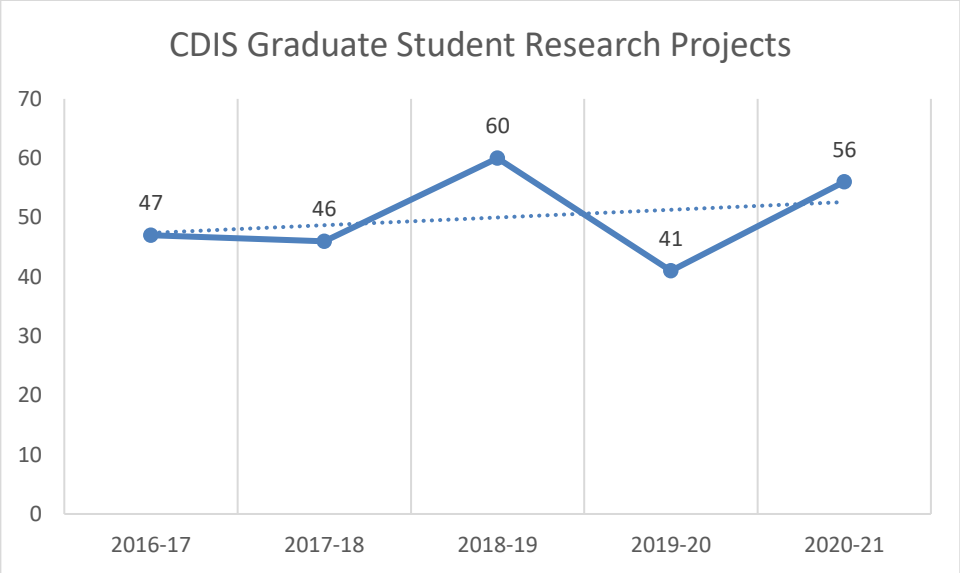
Our audiology lab was updated several years ago, and we try our best to add at least *some* kind of new audio piece each year. This allows our audiologist, SLP faculty, and interested students to

conduct research with state-of-the-art equipment. We finished upgrading our scoping this fall, and we hope that we can revive some prior research we started with the Vocal Arts program at ENMU when COVID has passed. We purchase new assessment materials annually for SHROC/RGH and surrounding practicum sites to allow our students and faculty to choose and complete research projects with standardized assessments and state of the art therapy equipment. 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 completed her doctorate, and another is in the dissertation phase.

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 56 graduate students complete their research in 20-21. This includes developing a poster and completing a PowerPoint presentation. While our new research requirements remain significant, they no longer require presentation at the SRCC. The travel cost for our students to has simply become too prohibitive, and we have also experienced increased difficulty in securing the necessary student release time from practicum and internship rotations to present their presentations "live". Supervisors do not want the schedule interruptions and pushback when students request time off. This, combined with the increased COVID exposure that accompanies travel, 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.

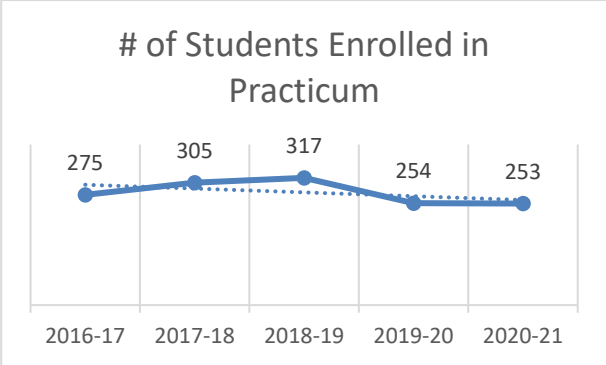


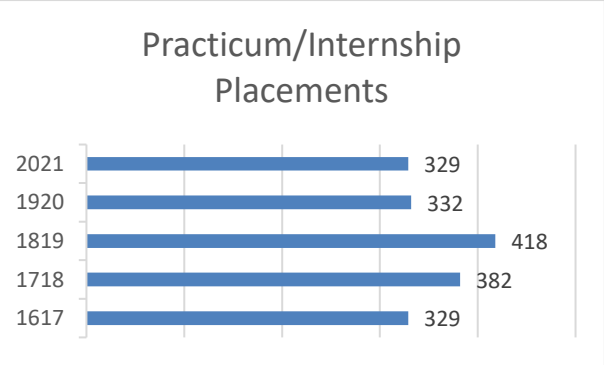
540 Assessment and Treatment Lab (Feeding and Myo Lab):
All students in CDIS 540 have been required to be on campus for applied learning activities in oral-motor assessment and treatment. This is ALL “hands-on” and includes feeding. This has been suspended due to COVID-19, but will resume when masking requirements are lifted.

AAC Lab and Workshops:
Similar to the labs described above, we host an annual AAC Workshop that runs concurrently with our CDIS 551 course. We can also broadcast live from our AAC lab.

Nasoendoscopy/Videostroboscopy and FEES/Scoping Labs and Workshops:
We use this equipment 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. 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. Our numbers continue to be negatively impacted by the pandemic. A brief summary of practicum and internship placements can be found in the subsequent charts.

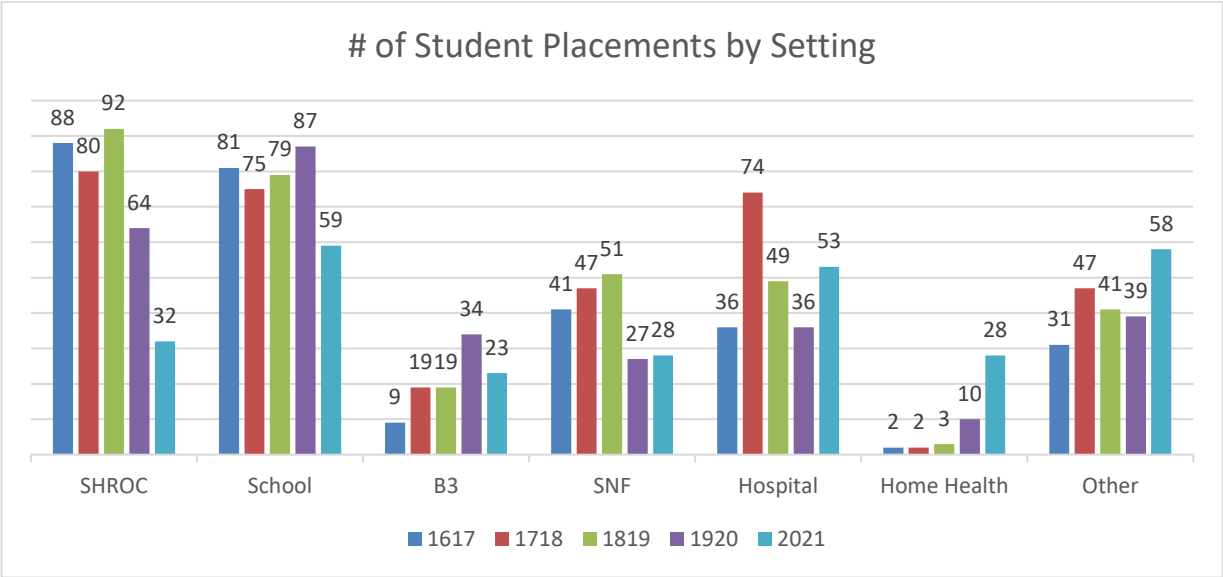


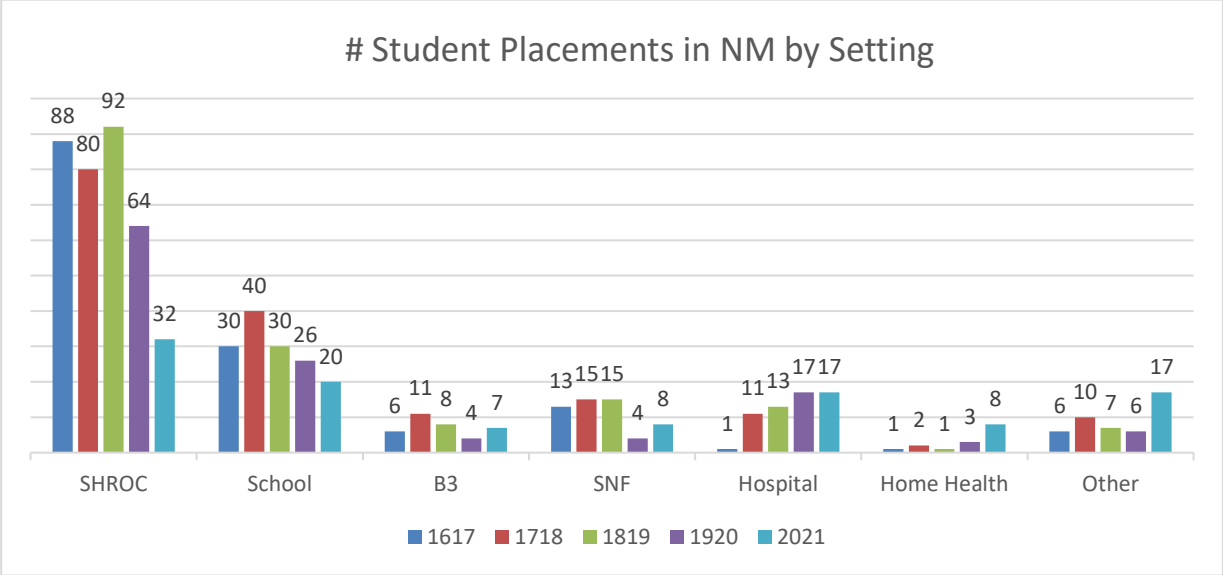


*Please note that students may have more than one placement per semester; ergo, placements may be higher than enrollments.

ENMU students completed 329 practicum/internships (111 NM) across 171 out-of-state and 93 NM placements. We served 109 cities (17 NM) across 219 distinct agencies (50 NM). We placed 2 international students in several Canadian provinces. We had 48 student internships (6 NM).

Graphs on the following page illustrate our practicum placement distribution.





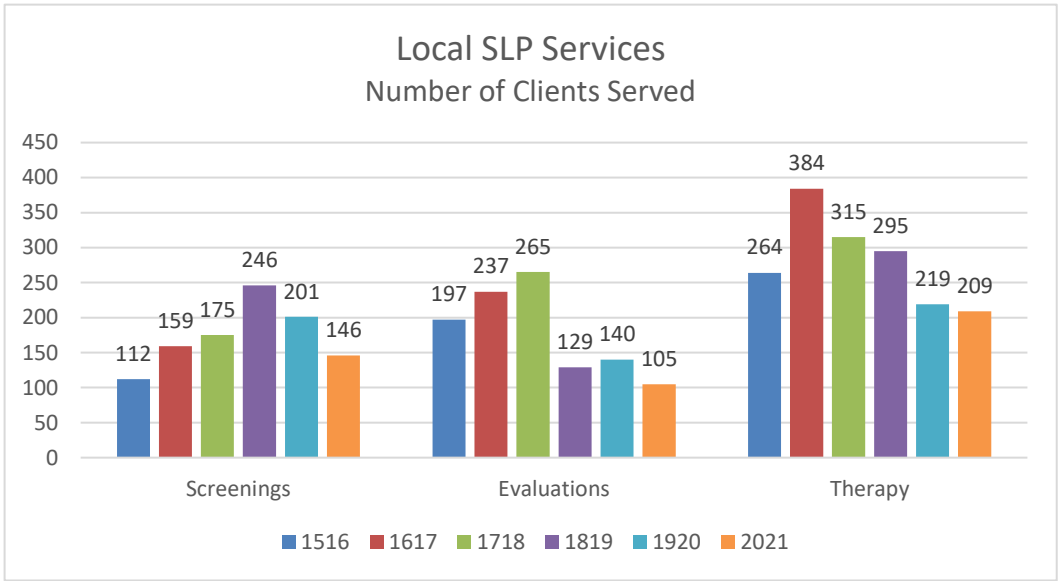
In addition to placing students for practicums at "non-ENMU" sites, the ENMU CDIS Program provides diagnostic and therapy services directly to our communities by serving local NM clients. During 2020-21, ENMU CDIS provided services for:

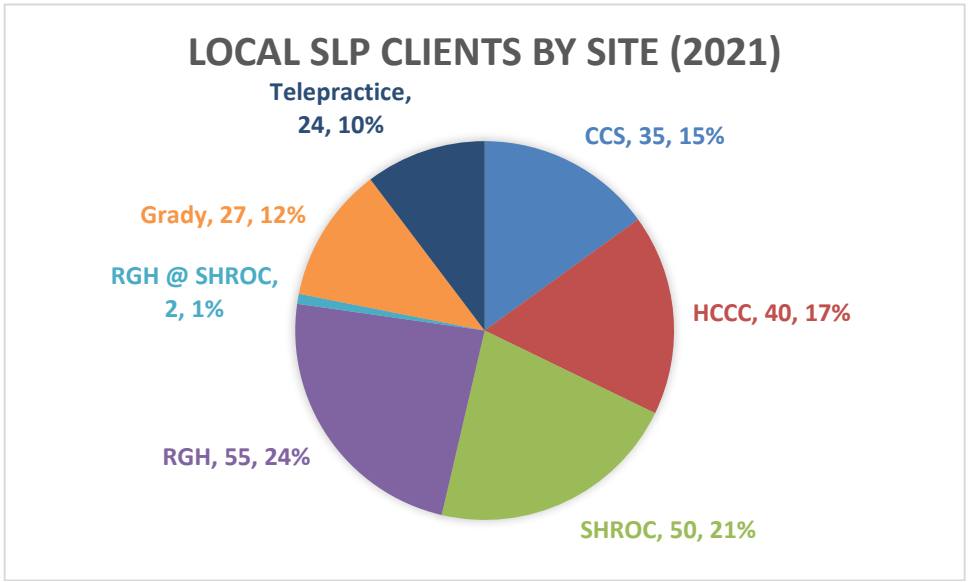
- 1 university clinic (ENMU SHROC)
- 1 hospital (RGH)
- 1 nursing home SNF (Heartland)
- 2 area schools (Grady and Clovis Christian)

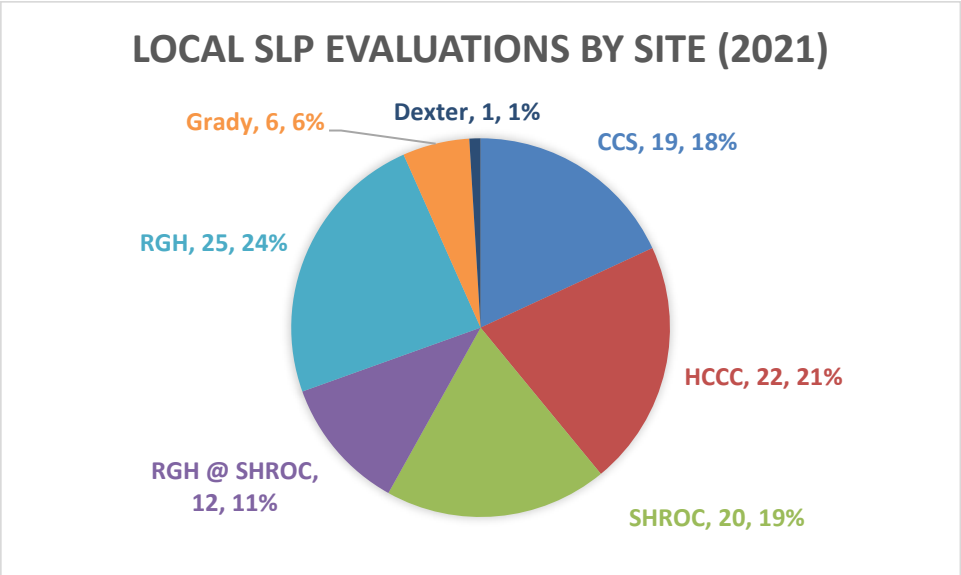
The SHROC serves as a regional diagnostic and treatment center to help clients of all ages with diverse communication disorders. Clinical services are available to the public and are provided by both ENMU faculty and CDIS students enrolled in ENMU's graduate degree program under the supervision of a 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.

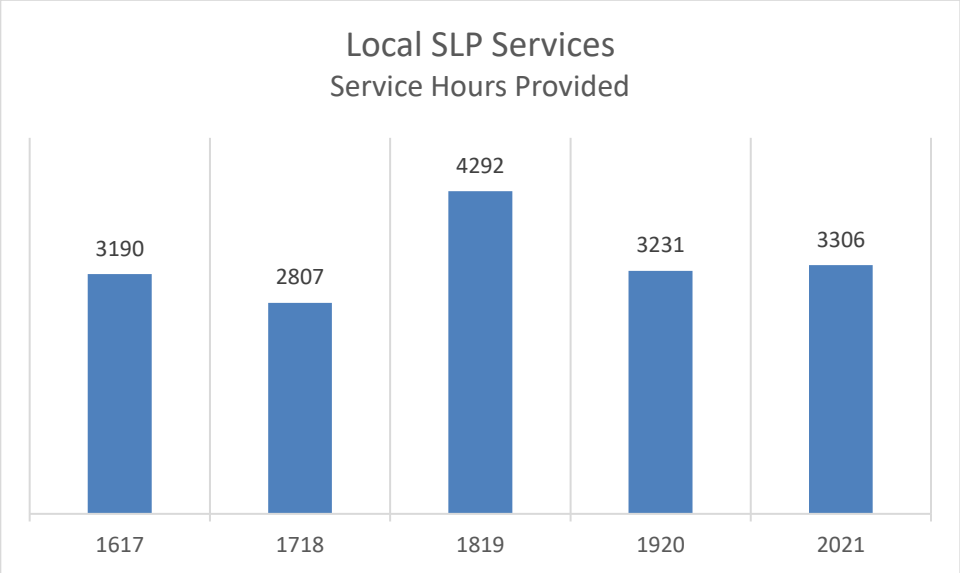
The ENMU CDIS faculty and staff continue to provide services to clients and clinical education to students in multiple ways. We shifted some patients to telehealth, but we also continue our on-campus in-person clinics at both SHROC and RGH facilities using rigid and rigorous safety protocols developed by ENMU faculty and staff that resulted in a zero COVID-19 transmission rate to or from our clients.

Our SHROC and RGH clinics provide 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 excellent 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.





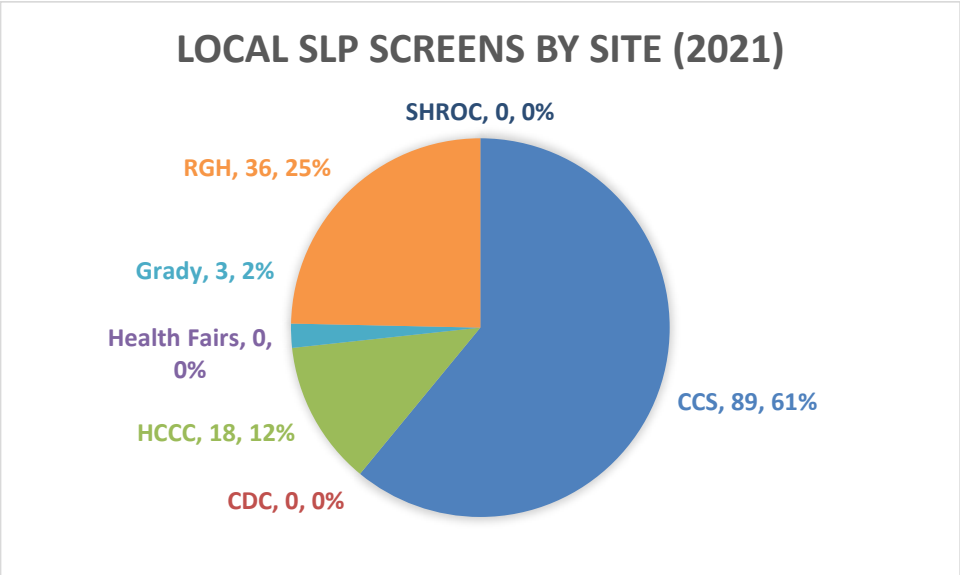




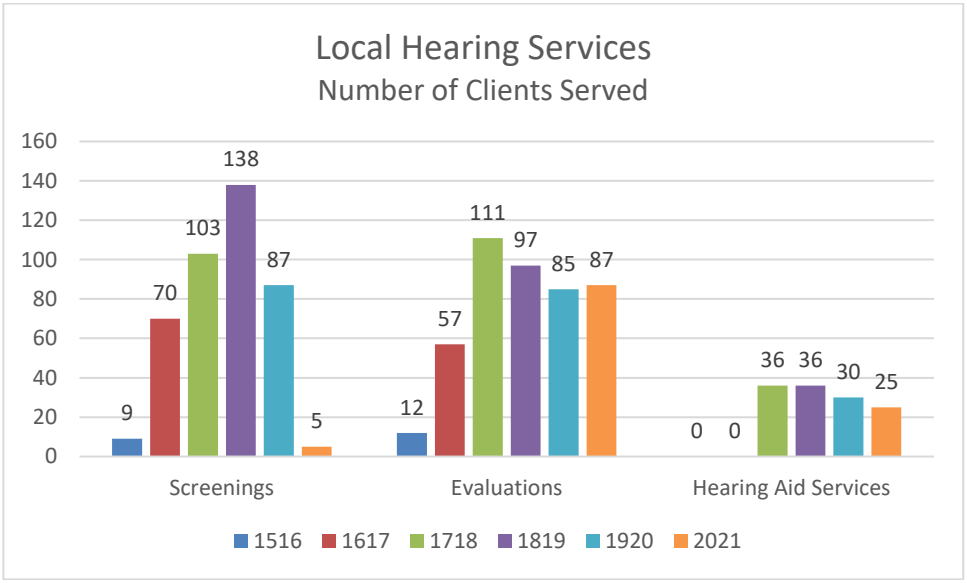
The SHROC also provides accent modification services to all ENMU Teaching Assistants and CDIS students, reduced cost baseline stroboscopies for vocal performance majors, and free or reduced speech-language therapy services for multiple clients in our on-campus clinic (including clients who reside in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

We continued our community support group for aphasic patients and pragmatics social skills groups via 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 and Screening Events: The SHROC provides free early childhood screenings for all students enrolled at CDC as well as free speech and hearing screenings to anyone who comes to our clinic. We also routinely host and participate in speech-language and hearing screenings several times throughout the year. This are applied learning opportunities for students in our program. Though formal events were mostly canceled, we still provided the following services:



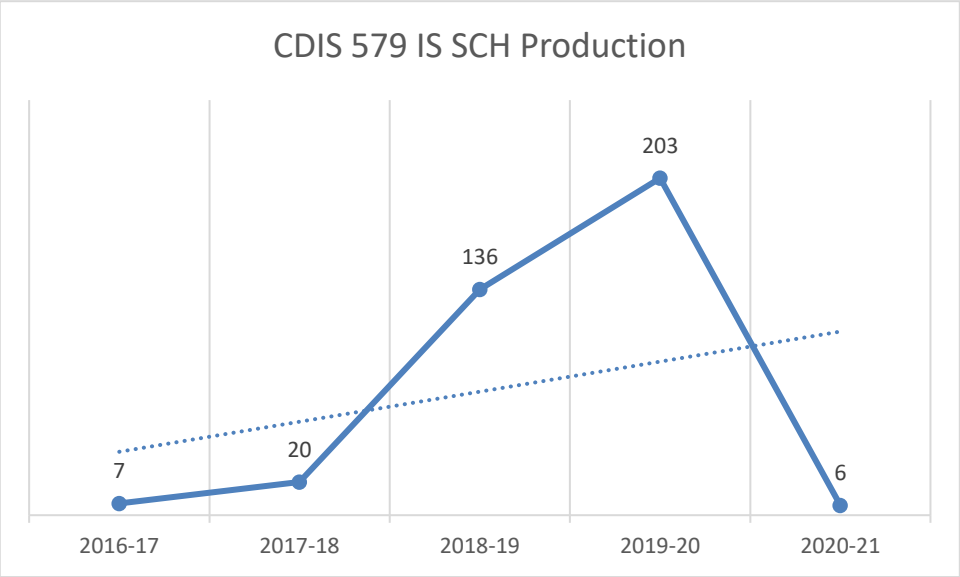
Our hearing clinic provided services to 11 different community agencies including BNSF, QTC, VES, Boeing, local PDs, La Casa Health Clinic, RGH, Vickers, and CAFB plus VA. A summary of these services is illustrated below.

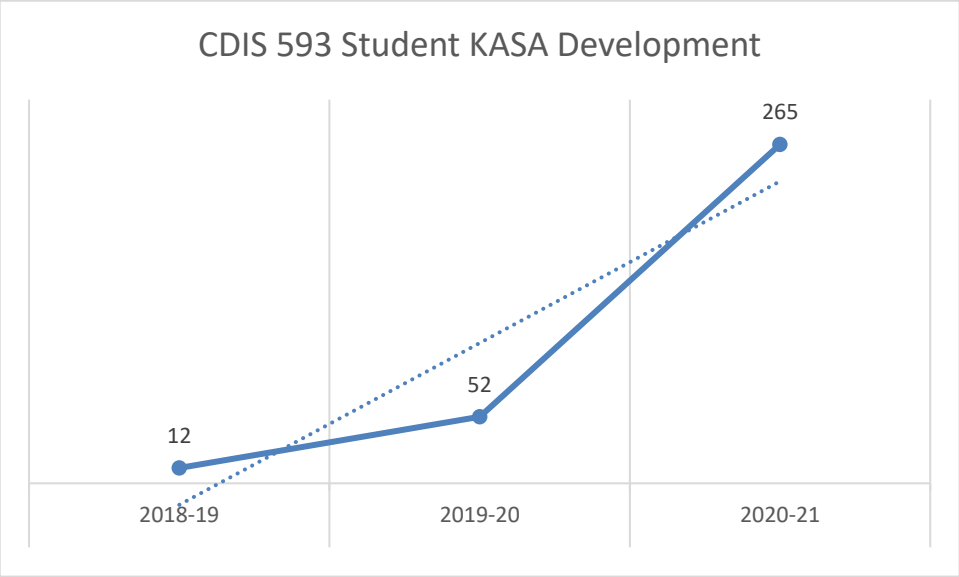


Please see **Appendix B1.4 Applied Learning** on the attached Excel spreadsheet for additional detail.

1.5 Response to program review

ENMU CDIS completed program review in 19-20. 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 we examine the CDIS 579 course offerings. As we were using these for remediation, we had too many. This resulted in recurrent unpaid overload for our faculty. We have since replaced 579 with 593 so that remediations can be paid. Please see the next graph for results of that action.





1.6 Response to discipline-based accreditation review

ASHA CAA Annual Accreditation Report

- 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.

Our next annual report is due February 1, 2022.

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 all ENMU students.

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/department-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 -

Undergraduate enrollment is up for the second year. We attribute these increases to our web landing pages, dedicated advisors, and our diversity of course offerings and options. We believe that students who are joining the workforce value these courses and are seeking out a program that better 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 back up, but it may fluctuate for a few years until the pandemic is over and/or new programs stop popping up. The dearth of doctoral level graduate faculty available for hire will always be a threat to maintaining and building capacity in CDIS programs. Our efforts at attracting and retaining students have been more successful than prior years, but we are still facing current challenges at the graduate level in the *quality* of the students we attract (discussed a bit earlier).

Here is what we did to improve our admission process:

- Moved required residency requirements to the second or third semester. 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 two to three times 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.

Though the changes we made last year have improved our number of applications, there are several potential problems we have yet to solve:

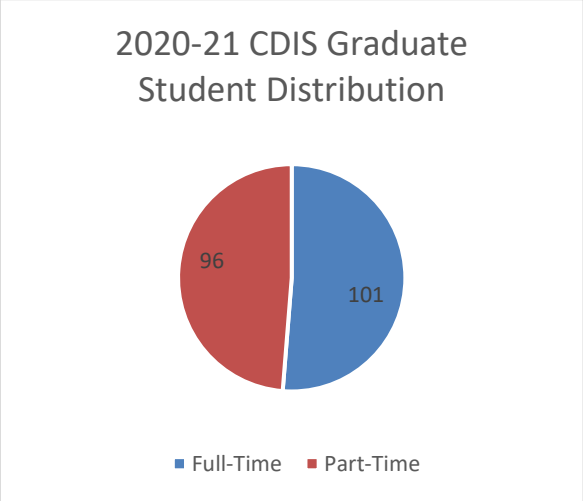
- Pandemic related issues
- CDIS is a long, intensive, and difficult program
- CDIS is an expensive program
- Ever increasing programs opening at other universities. We have more competition for students, and most of these programs are in urban areas where students are more likely to apply. The increase in online program availability will hurt our enrollment dramatically.
- 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.
- ENMU faculty salaries and workloads are not competitive enough to consistently attract and retain on campus faculty.

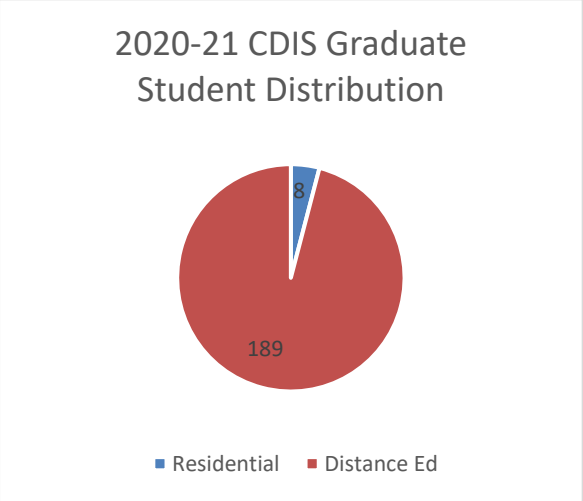
Planned actions for next year include:

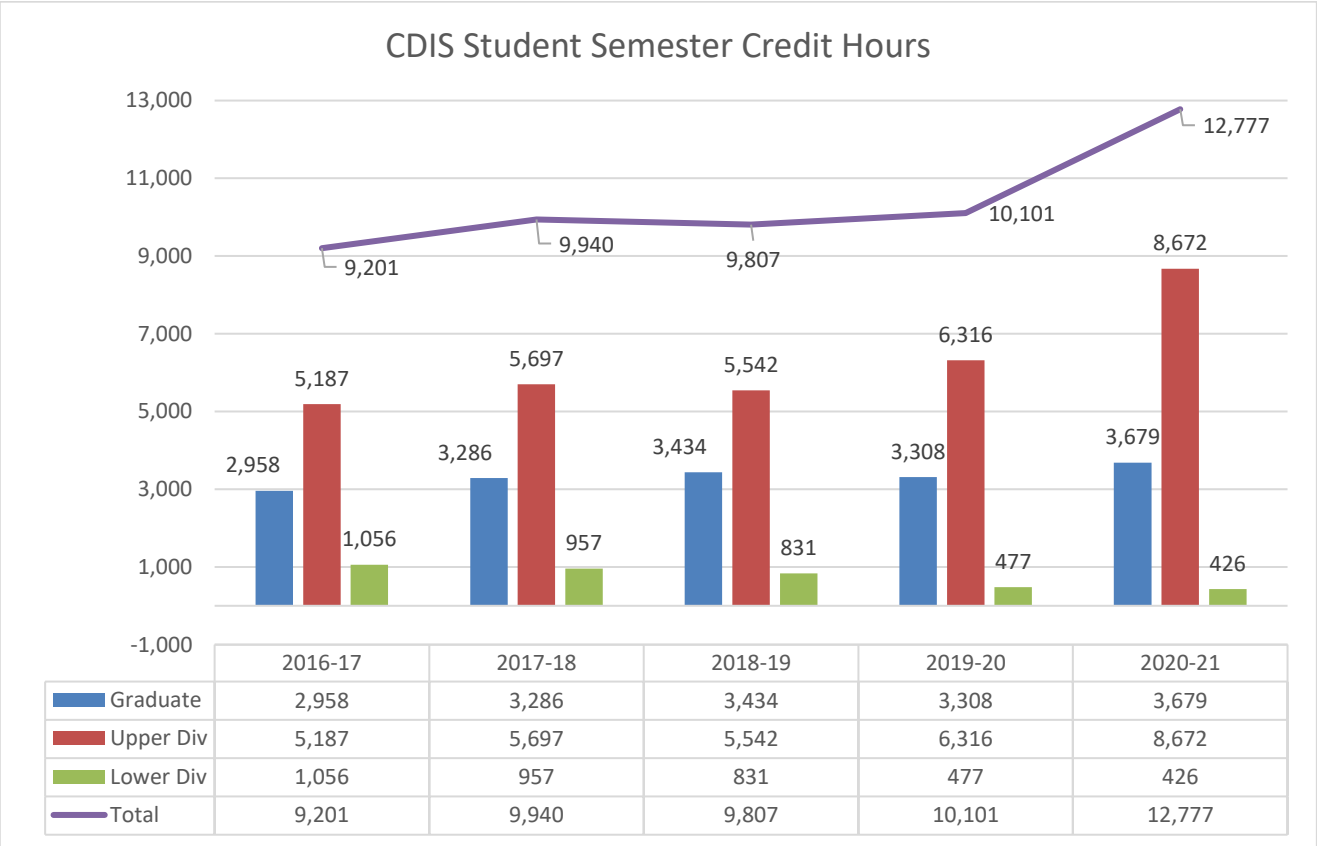
- Continuing our landing pages. The graduate landing page has generated approximately 800 requests for information since 2/28/20.
- Expanding rolling admissions to include the summer semester.
- Continuing early admissions, and expanding this to include an accelerated Master's program. We would like to offer more than 6 credits, but Dr. Montgomery feels that 6 should be the limit.
- Allowing an SLP writing course in lieu of taking the GRE.
- Investigating a 5-year combined Bachelor's/Master's option.

Our admission and enrollment data are listed below. Percentage of change for SCH is listed later in this document.

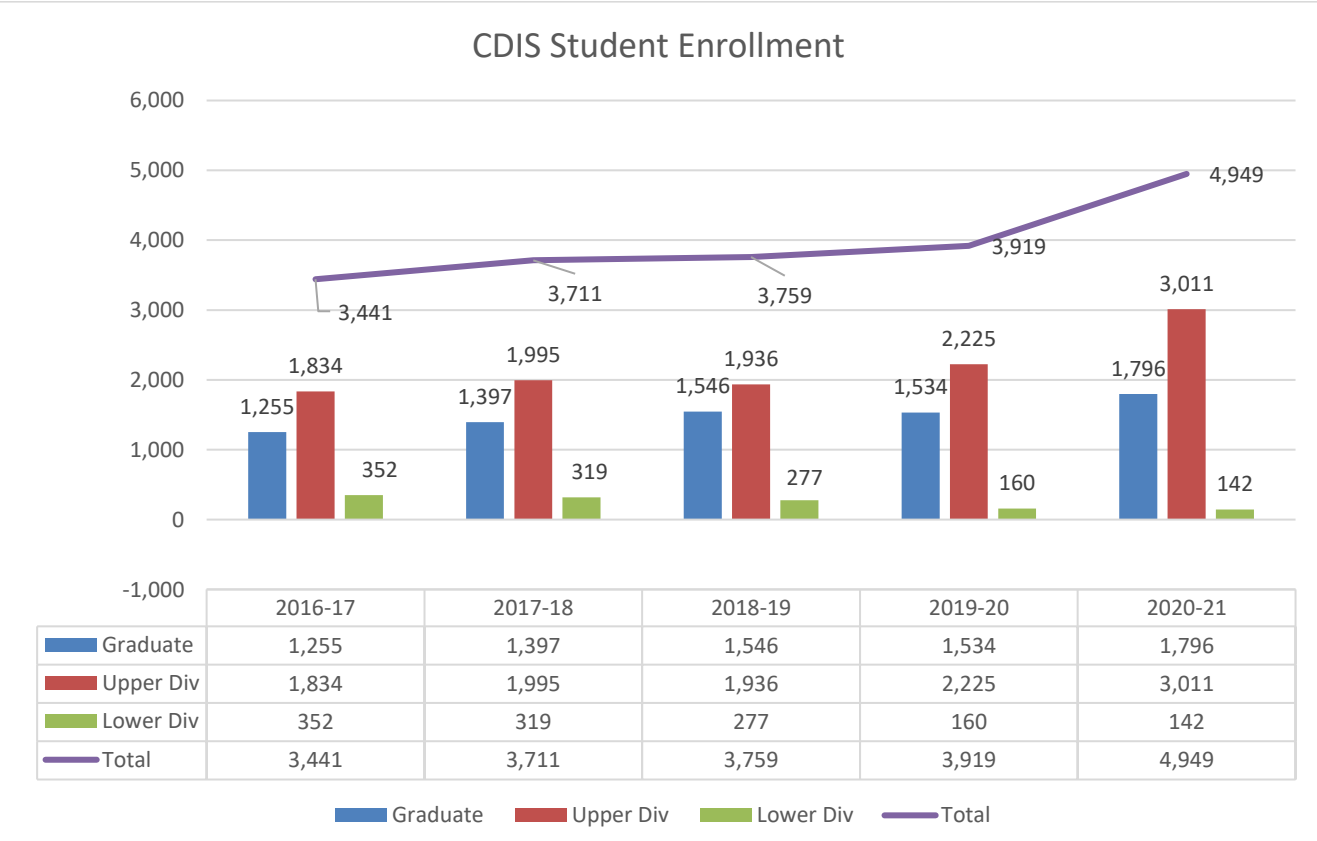
	Graduate Program Admission Data							
	UG GPA	**Cum GPA**	**Pre Req GPA**	**GRE Verbal**	**GRE Quant**	**GRE Writing**	**Completed Apps**	**Data Trend for # of Applications**
20-21	3.35	3.38	3.49	149	145	3.8	177	+6%
19-20	3.21	3.28	3.40	147	144	3.70	167	-10%
18-19	3.40	3.43	3.48	147	144	3.72	185	-3%
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%







	2016-17	2017-18	2018-19	2019-20	2020-21
Graduate	2,958	3,286	3,434	3,308	3,679
Upper Div	5,187	5,697	5,542	6,316	8,672
Lower Div	1,056	957	831	477	426
Total	9,201	9,940	9,807	10,101	12,777

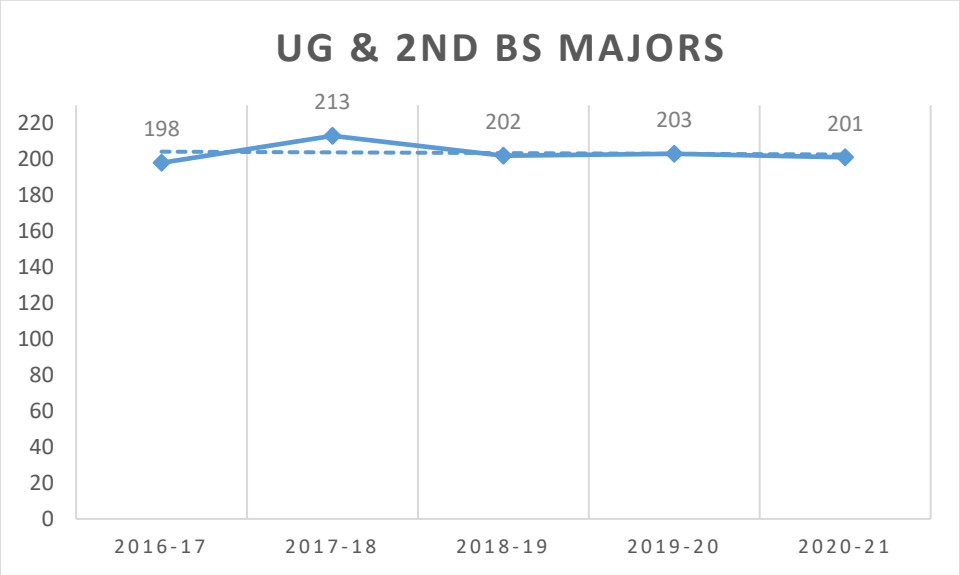


	2016-17	2017-18	2018-19	2019-20	2020-21
Graduate	1,255	1,397	1,546	1,534	1,796
Upper Div	1,834	1,995	1,936	2,225	3,011
Lower Div	352	319	277	160	142
Total	3,441	3,711	3,759	3,919	4,949

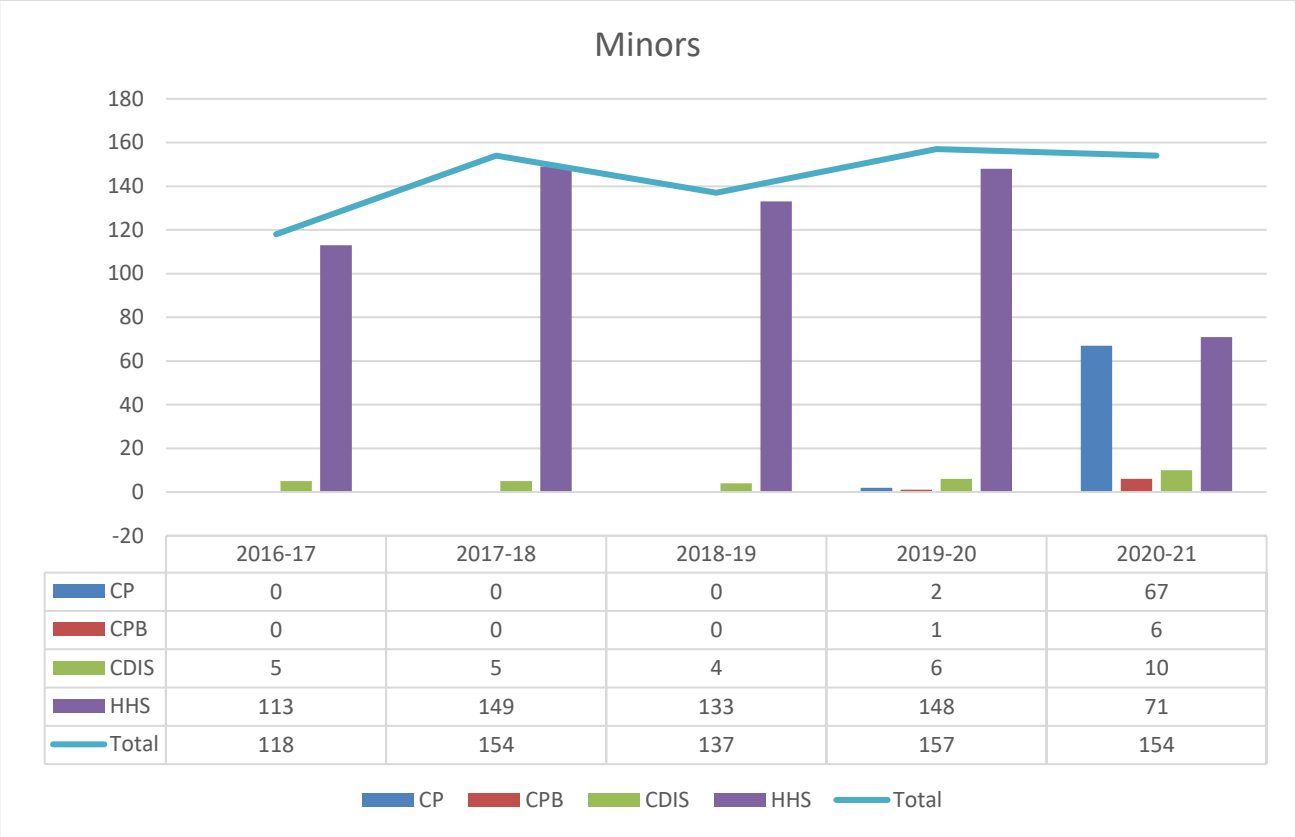
Number of Majors and Minors:

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 promoting the CDIS and HHS minors for related professions (such as SWK) or for those who leave the major.

Undergraduate and 2nd Bachelor's Majors									
1516	**1617**	**1718**	**1819**	**1920**	**2021**	**5 yr Avg**	**% Δ 1 year**	**% Δ 2 year**	**% Δ 5 year**
178	198	213	202	203	201	203	0	0	+13

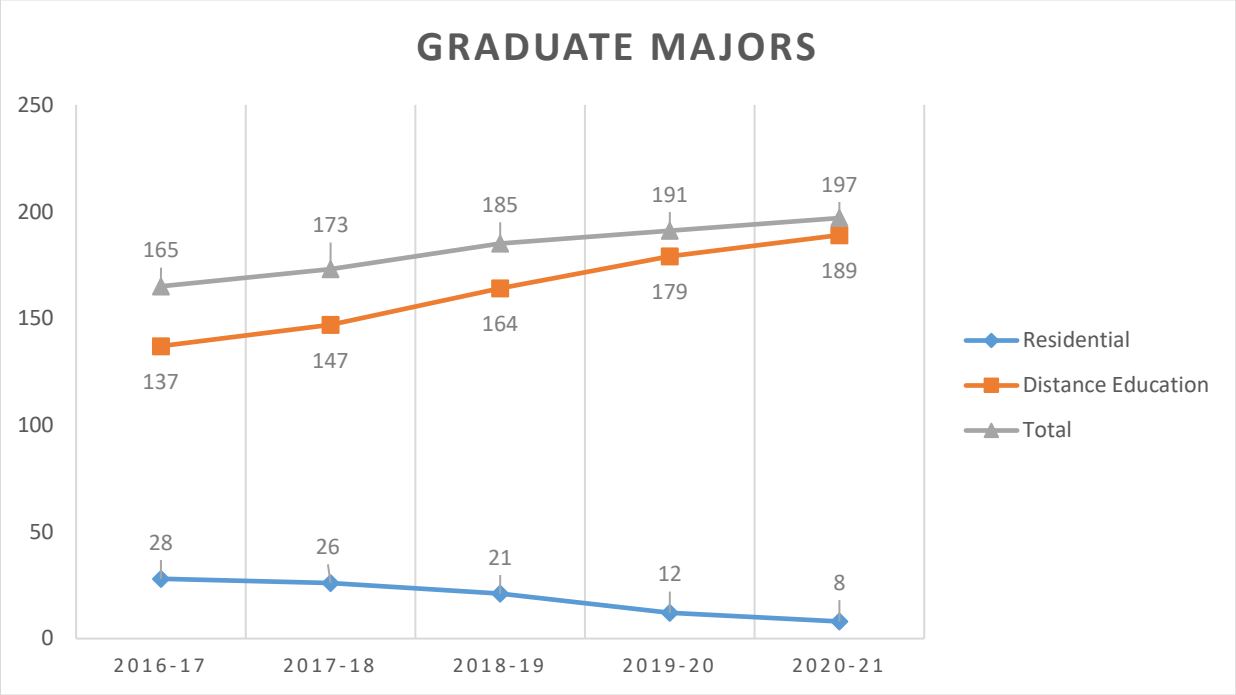


Number of Undergraduate Minors									
1516	**1617**	**1718**	**1819**	**1920**	**2021**	**5 yr Avg**	**% Δ 1 year**	**% Δ 2 year**	**% Δ 5 year**
100	118	154	137	157	154	144	-1	+12	+54



**CP = Clinical Practice, CPB = Clinical Practice Bilingual, CDIS = Communication Disorders, HHS = Health and Human Services

Graduate Majors										
	1516	1617	1718	1819	1920	2021	5 yr Avg	% Δ 1 year	% Δ 2 year	% Δ 5 year
Residential	60	28	26	21	12	8	19	-33	-62	-86
Distance	87	137	147	164	179	189	163	+6	+16	+118
Total	147	165	173	185	191	197	182	+3	+7	+34



Retention:

Our newest retention push is our "stackable" degrees (AA in SLPA to BS in CDIS to MS in CDIS). This will enable 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.

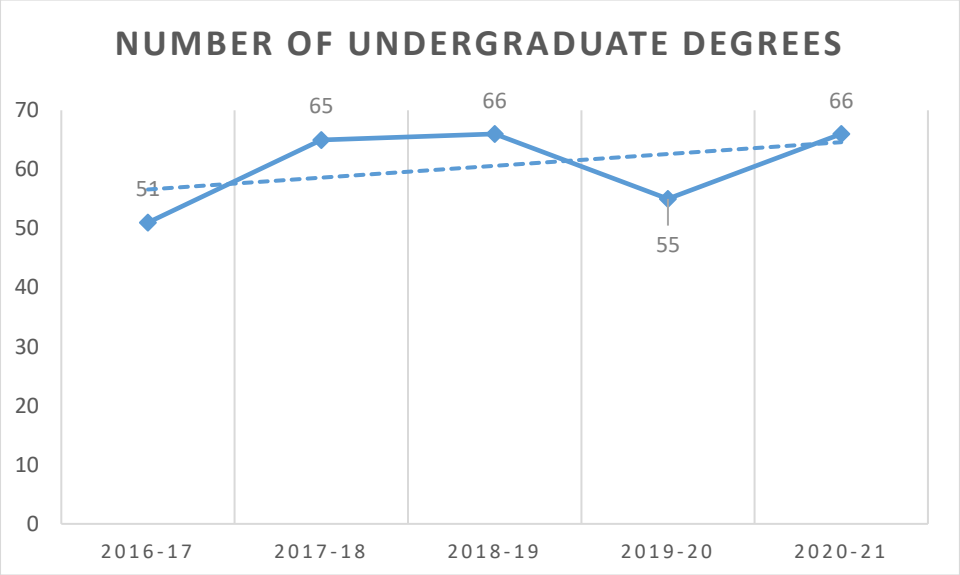
The CDIS Program has "specialty" advisors so that we can more efficiently meet the needs of some of our niche students. The Graduate Coordinator is responsible for all degree and non-degree seeking graduate students. Linda Weems advises all the graduate levelers. The Undergraduate Program Director (Dwayne 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, year-round advising without service interruption is necessary for us. ***If enrollment increases continue, we will need to find a way to compensate a limited number of advisors for consistent "vacation" work.***

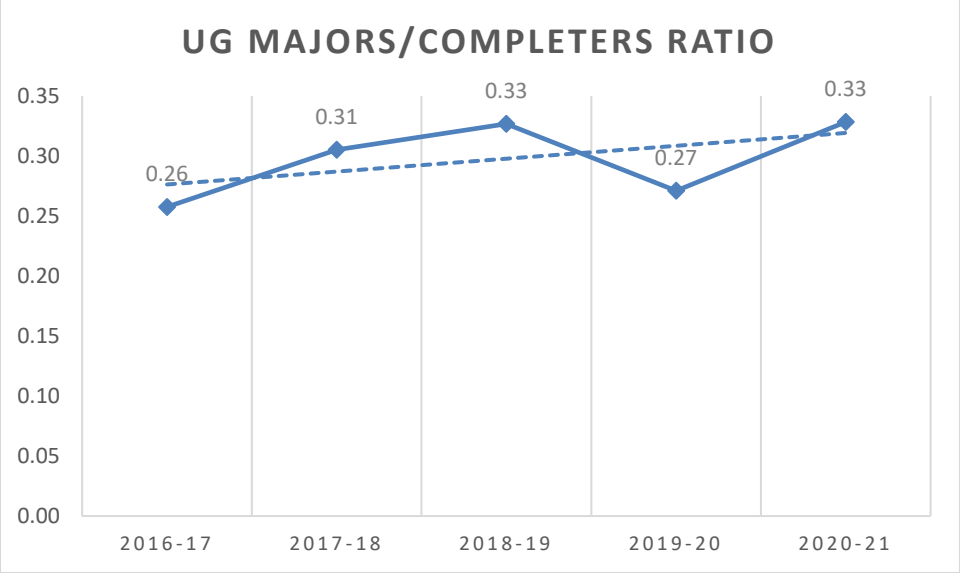
Both graduate and undergraduate students are enrolled on their respective list serves when declared. This enables the program to keep students apprised of current events as they occur and allows us to post program requirements, news, and events as deadlines approach.

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.

Number of Undergraduate Degrees									
1516	**1617**	**1718**	**1819**	**1920**	**2021**	**5 yr Avg**	**% Δ 1 year**	**% Δ 2 year**	**% Δ 5 year**
39	51	65	66	55	66	61	+20	0	+69

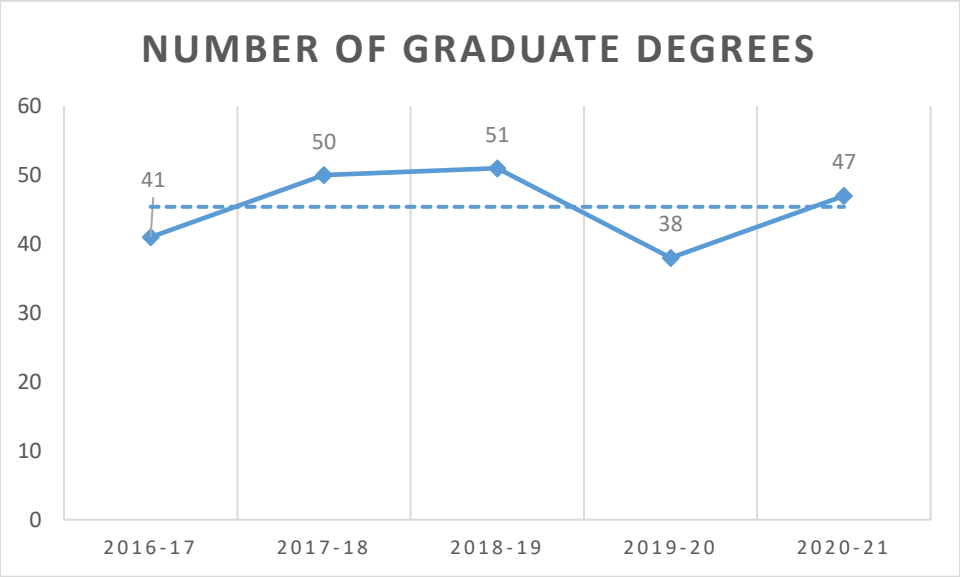


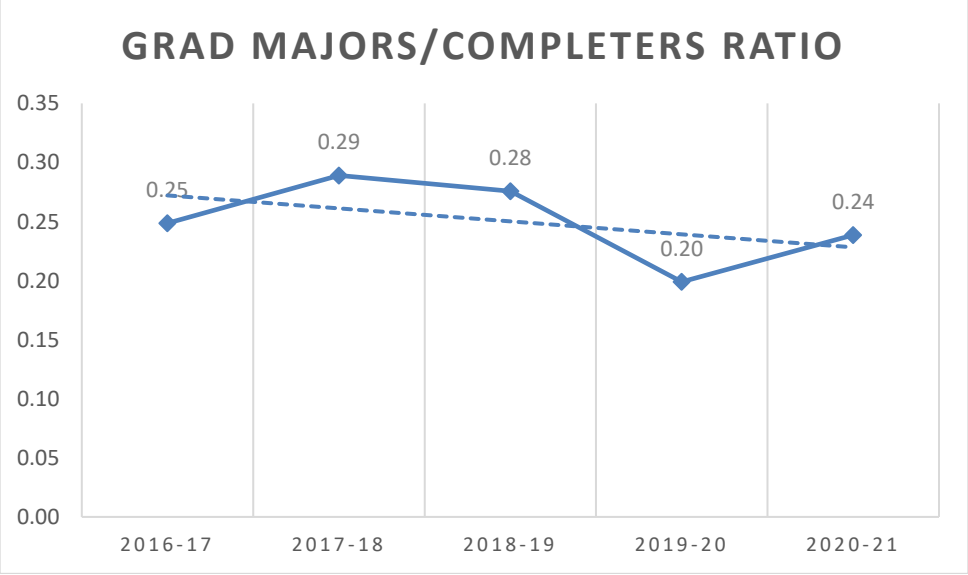


Our graduate numbers differ from university provided data as ENMU provides SU-FA-SP numbers and ASHA requires FA-SP-SU numbers. All graduate information presented is based on ASHA required reporting periods.

We definitely took a COVID hit on these as some students could not graduate due to canceled practicums and internships, but we're showing a nice recovery pattern though it's slower than we'd like. We still have students in the queue, who are waiting for practicum sites.

Number of Graduate Degrees									
1516	**1617**	**1718**	**1819**	**1920**	**2021**	**5 yr Avg**	**% Δ 1 year**	**% Δ 2 year**	**% Δ 5 year**
37	41	50	51	38	47	45	+24	-8	+27

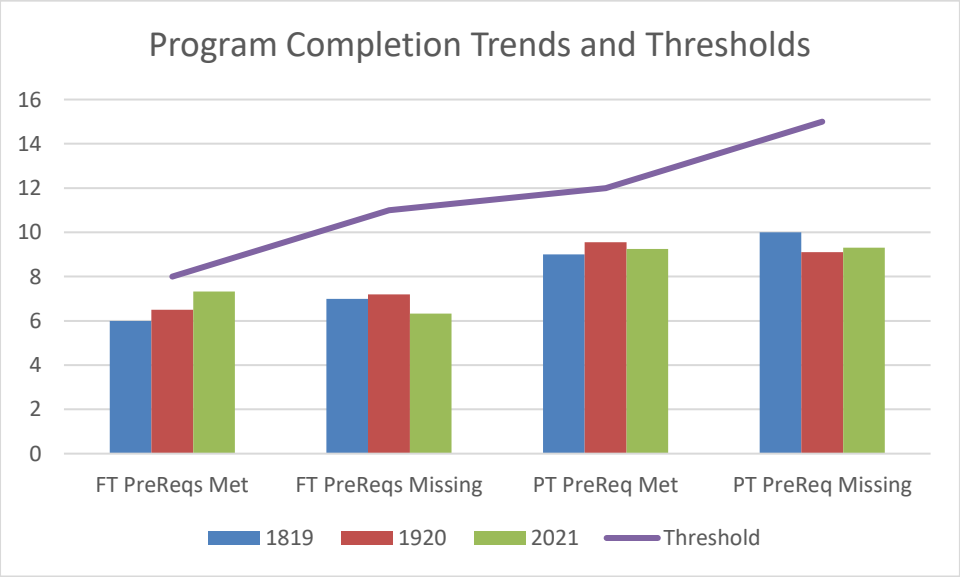




A more specific tracking system is required by ASHA, and so we have included that for your review. We tried to make it colorful as you are no doubt bored to tears at this point.

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:
        - 1819 - **6 semesters**
        - 1920 - **6.5 semesters**
        - 2021 – **7.33 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:
        - 1819 - **7 semesters**
        - 1920 - **7.2 semesters**
        - 2021 – **6.33 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:
        - 1819 - **9 semesters**
        - 1920 - **9.55 semesters**
        - 2021 **- 9.25 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:
        - 1819 - **10 semesters**
        - 1920 - **9.11 semesters**
        - 2021 - **9.31 semesters**



Per Individual Student, the following rates were achieved.

3-year average

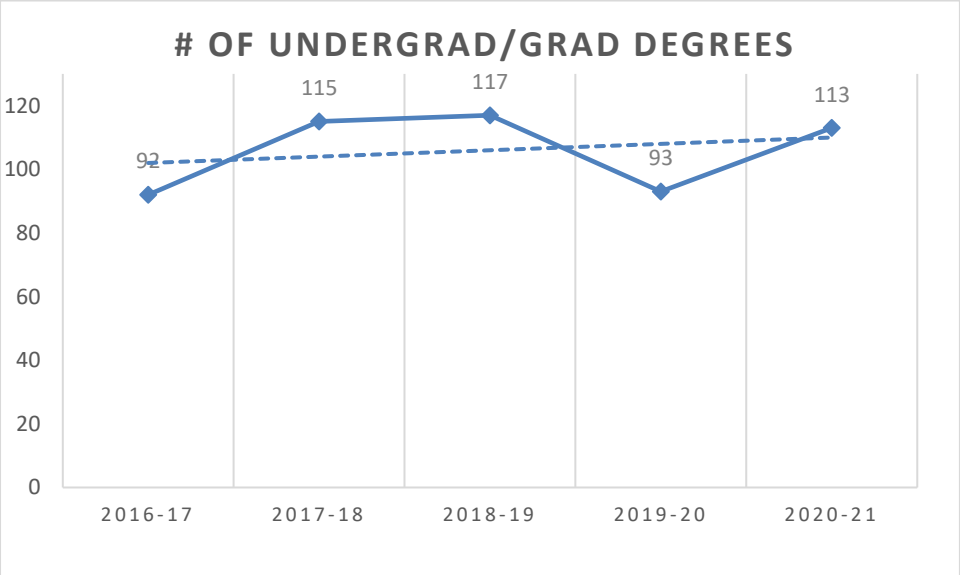
Residential: 95% On-Time Completion Rate
Distance Education: 95% On-Time Completion Rate

Period		# Completed within Expected Time Frame	% Completed within Expected Time Frame
FA20-SU21	*Residential*	N/A	N/A
	Distance Education	47	96
FA19-SU20	*Residential*	4	100
	Distance Education	33	97
FA18-SU19	*Residential*	9	90
	Distance Education	41	93
FA17-SU18	*Residential*	12	100
	Distance Education	37	97
FA16-SU17	*Residential*	8	100
	Distance Education	33	97

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
2020-21	**49**	**20**	**25**	**2**	**0**	**47**	**0**	**2**	**47 (96%)**
Res.	0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
DE	49	20	25	2	0	47	0	2	47 (96%)
2019-20	**38**	**21**	**13**	**2**	**2**	**37**	**1**	**0**	**38 (100%)**
Res.	4	3	1	0	0	4	0	0	4 (100%)
DE	34	18	12	2	2	33	1	0	34 (100%)
2018-19	**54**	**28**	**17**	**4**	**1**	**49**	**2**	**3**	**51 (94%)**
Res.	10	7	0	0	1	8	1	1	9 (90%)
DE	44	21	17	1	3	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.	8	6	2	0	0	8	0	0	8 (100%)
DE	34	26	5	2	0	33	0	1	33 (97%)

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

Number of Degrees in CDIS									
1516	**1617**	**1718**	**1819**	**1920**	**2021**	**5 yr Avg**	**% Δ 1 year**	**% Δ 2 year**	**% Δ 5 year**
76	92	115	117	93	113	106	+22	-3	+49



2.4 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 20-21 graduating class (n=47) left our university with a class average of 686.51 clinical clock hours (613.64 direct clinical and 72.86 observation hours – 615.37 at the graduate level). An average of 31.25 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 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 2-4 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 practicum labs, 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, and 590 on a regular basis.

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 also receive information about graduate school and have access to information about how to increase their chances for admission from NSSLHA advisors. They also receive leadership opportunities as the organization supports attendance for several undergraduate and graduate students to ASHA and/or 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 11/04/2021)**	**Graduation Year**	**% of Graduates Employed within 1 year of graduation**	**Reason**
2021-22	47	35	**2020-2021**		
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	

	Employment Rate in Profession					
Reporting Period		**# of Graduates**	**# employed (as of 11/04/21)**	**Graduation Year**	**% of Graduates Employed within 1 year of graduation**	**Reason for Unemployment**
2021-2022	Residential	N/A	N/A	N/A	N/A	
	Distance	47	35	**2020-2021**	100	
	Total	**47**	**35**		**100**	
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**	

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 29% growth rate through 2030 (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. 158,100 SLPs were employed in 2019 and 203,500 are projected as needed by 2029. The average annual vacancy listing for SLPs is currently over 10,000 unfilled jobs per year. More children with disabilities and an aging population will continue to fuel this need. Persistent career stressors combined with current practitioner demands for part-time work and work-life balance are further exacerbating burn-out and perpetual shortages among licensed SLPs. We do not anticipate post-graduate employment as being problematic for our students.

2.5 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
2020-21 scores ranged from 153-190 (162 is passing and 200 is maximum)

Graduation Year	# Taking Exam	Pass Rate (%) (as of 12/31/21)	ENMU's Average Score 600/162 required for certification and NM licensure
FA20-SU21	47	89	173 (153-190)
FA19-SU20	38	100	173 (162-189)
FA18-SU19	51	100	173 (150-191)
FA17-SU18	50	100	177 (162-193)
FA16-SU17	41	100	175 (162-191)

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
FA20-SU21	Residential	0	0	N/A	N/A
	Distance	47	42	100	173
	Total	**47**	**42**	**89**	**173**
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	42	100	173
	Total	**51**	**51**	**100**	**173**
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**

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:

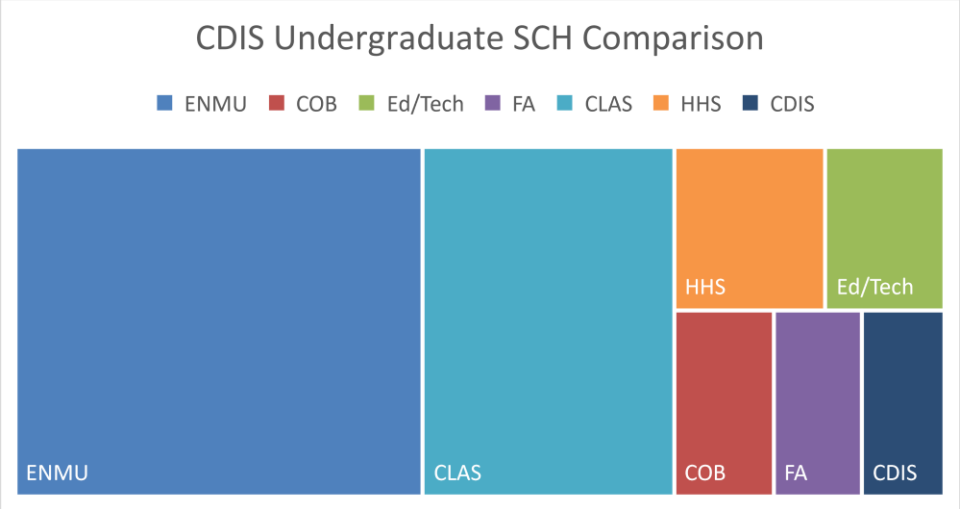
- The university allotted CDIS a new faculty line in 2021, but we were unable to fill it with an on-campus professor. We were able to re-hire a former faculty member to teach "live" but from a distance. This has helped to alleviate overfilled classes and stretched-thin supervision, but we're very anxious about replacing our 3 retiring faculty members (two of whom have research doctorates). We may need to shift a significant number of classes next year, or petition the university to allow additional full-time distance education faculty members. We are pleased to have found a part time adjunct who is supervising tele-practice. This has helped us significantly in the clinic.

- 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 telepractice sustained our struggling clinical program during pandemic shutdowns, but it's very successful and is here to stay for a good number of our clients.
- 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). These have been so popular that we are actually running them as intersession courses this year.
- 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.

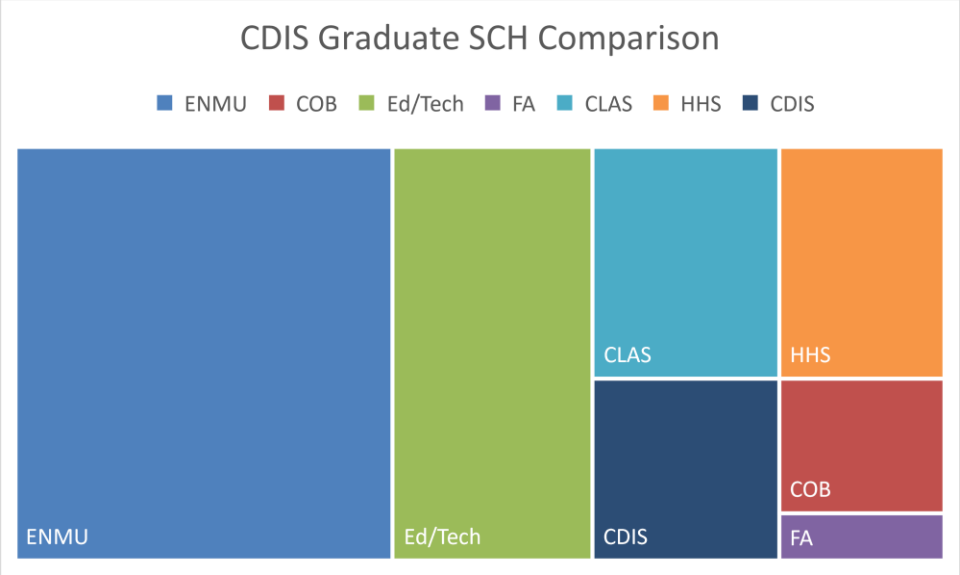
Our biggest challenges (as detailed previously), are student issues and faculty burnout secondary to increased workload and increased student demands.

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

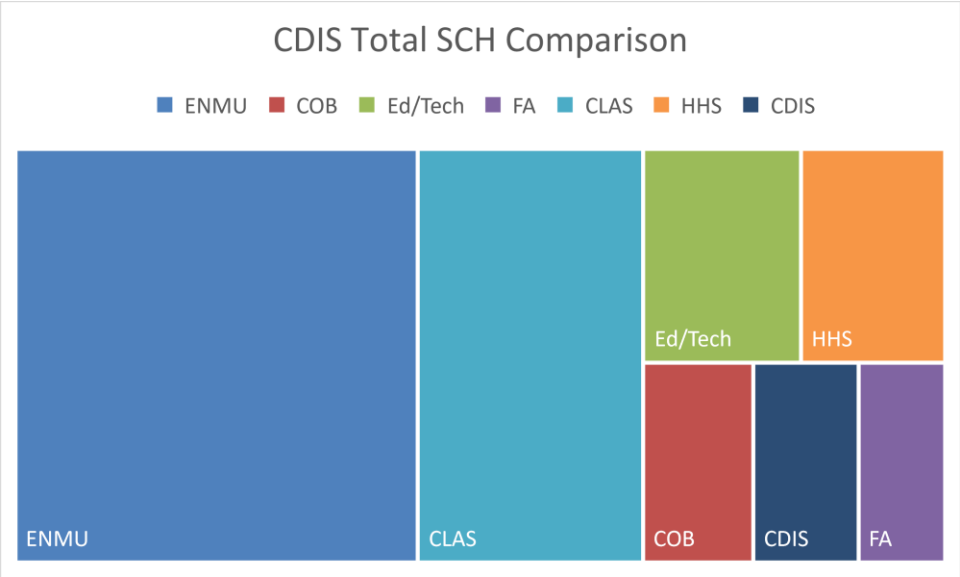
Undergraduate SCH Production Comparisons										
	1516	1617	1718	1819	1920	2021	5 yr Avg	% Δ 1 yr	% Δ 2 yr	% Δ 5 yr
ENMU	103,875	96,397	95,769	93,224	89,364	84,185	91,788	-6	-10	-19
COB	10,347	10,197	10,611	11,078	10,597	10,956	10,688	+3	-1	+6
Ed/Tech	16,389	14,991	14,778	15,195	13,642	11,545	14,030	-15	-24	-30
FA	13,374	12,794	11,919	11,544	11,409	9,682	11,470	-15	-16	-28
CLAS	63,765	58,415	58,461	55,407	53,716	52,002	55,600	-3	-6	-18
HHS	11,532	12,263	13,504	12,564	12,580	14,598	13,102	+16	+16	+27
CDIS	5,693	6,243	6,654	6,373	6,793	9,098	7,032	+34	+43	+60

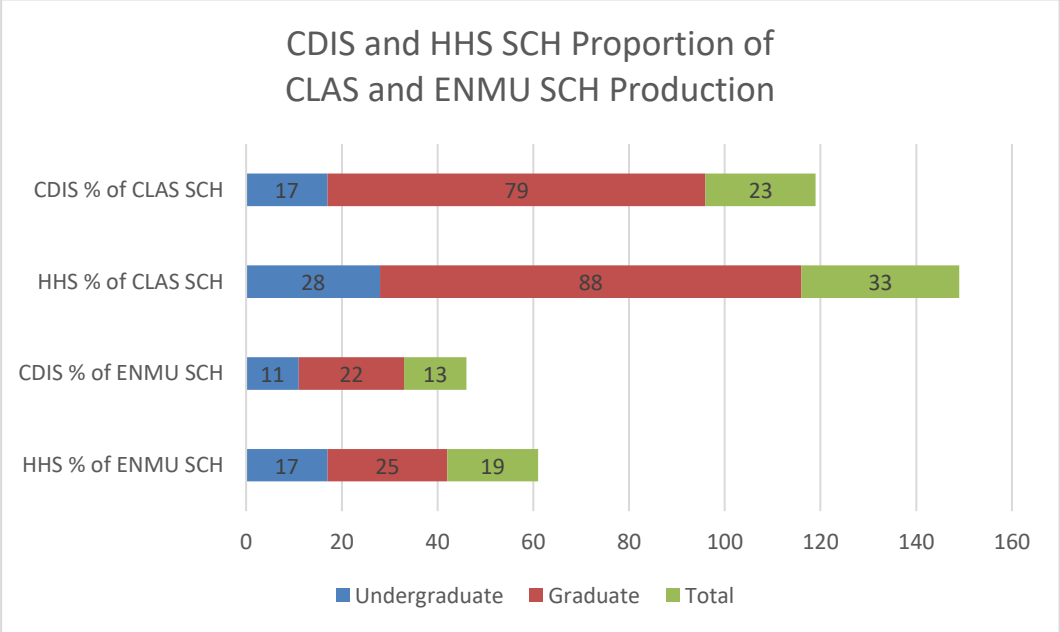


Graduate SCH Production Comparisons										
	1516	1617	1718	1819	1920	2021	5 yr Avg	% Δ 1 yr	% Δ 2 yr	% Δ 5 yr
ENMU	16,133	17,361	17,368	16,390	15,615	16,870	16,721	+8	+3	+5
COB	3,300	3,548	2,766	2,340	2,133	2,403	2,638	+13	+3	-27
Ed/Tech	8,252	9,017	9,200	8,558	8,254	8,941	8,794	+8	+4	+8
FA	391	530	627	760	760	846	705	+11	+11	+116
CLAS	4,190	4,266	4,775	4,732	4,468	4,680	4,584	+5	-1	+12
HHS	3,396	3,439	3,898	4,016	3,827	4,135	3,863	+8	+3	+22
CDIS	2,892	2,958	3,286	3,434	3,308	3,679	3,333	+11	+7	+27



Total SCH Production Comparisons										
	1516	1617	1718	1819	1920	2021	5 yr Avg	% Δ 1 yr	% Δ 2 yr	% Δ 5 yr
ENMU	103,875	113,758	113,137	109,614	104,979	101,055	108,509	-4	-8	-3
COB	10,347	13,745	13,377	13,418	12,730	13,359	13,326	+5	0	+29
Ed/Tech	16,389	23,995	23,978	23,753	21,896	20,486	22,822	-6	-14	+25
FA	13,374	13,337	12,546	12,304	12,169	10,528	12,177	-13	-14	-21
CLAS	63,765	62,681	63,236	60,139	58,184	56,682	60,184	-3	-6	-11
HHS	11,532	15,702	17,402	16,580	16,407	18,733	16,965	+14	+13	+62
CDIS	8,585	9,201	9,940	9,807	10,101	12,777	10,365	+26	+30	+49





Our Program uses several Mediasite classroom across campus for many of our first-year courses. We also have several dedicated labs and student collaborative (distance student enabled) workspaces in Lea Hall. We can use our Zoom Rooms to teach a small number of students on campus while broadcasting to distance students live in those cases where we cannot find Mediasite rooms during the time slots we need.

Our SHROC is packed with clients in the afternoon. We converted one upstairs office to a clinical therapy (instructional) room. This allowed us to serve more clients and supervise additional students. Our RGH clinic is also scheduled to capacity on most days.

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 housed in an electronic medical record system called ClinicNote. 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 in the past with ER&R fund contributions (e.g., scoping chair in 2019-20).

Priority 1:
We are seeking assistance with new audiology for 2021. We do not expect the full cost, but will take any contributions we can get. Audiology equipment ages incredibly quickly and we're already outdated at 6 years old.

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 multiple minors available so that students may align their studies with state licensure and employment trends. We've articulated an SLPA to BS in CDIS pathway and we launched the first AS in SLPA program available in NM. I believe we have about 16 declared majors and we should graduate our first students with this degree in SU22. Our curriculum is progressive, responsive, diverse, and inclusive. 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 any semester while most other programs are 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. Thought it's labor intensive, we left rigid behind and our program is the better for it. We have some issues, but 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.

Thanks for reading……we appreciate your time!

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

Appendix A CDIS 202021 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 CSD Education Survey: Fall 2020 - Summer 2021 Academic Year
Appendix D

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.