Eastern New Mexico University

**Academic Program
Review AY 2014-2019**

Undergraduate and Graduate Programs

Degree/Major/Emphasis: Communication Disorders

Department: Health and Human Services

College: Liberal Arts and Sciences

February 3, 2020

Table of Contents

I. Five-year Executive Summary: 2014-2018

We want to preface this review with a little narrative. We are a complex program with many moving pieces. We have a bachelor's, a second bachelor's a leveling program, and a graduate degree. Each of these programs is available on campus and through distance education.   The graduate program requires 400 clock hours of clinical service delivery across the lifespan, disabilities/disorders, and scope of practice-services. Each student must minimally work at 5 different facilities to accrue these hours and experiences. We further deliver clinical services at several sites, including running a full-service speech-language-hearing clinic on campus in Lea Hall and an outpatient clinic at Roosevelt General Hospital (RGH) We are an educational program to be sure, but we also provide a valuable service to the community. This is part of our mission (and part of our funding) and so we have included this information for your review as well. We apologize in advance for the length of this report, but this is the nature of our business. We are accountable to many stakeholders (including accreditors) and feel this data may be useful in your appraisal of our efforts.

A. Significant Accomplishments/Outcomes/Results

(1) <u>Faculty accomplishments</u> such as grants submitted/funded, publications, presentations, creative activities, professional development activities, awards, etc.

- Multiple faculty members *presented* at NMSHA (6), ASHA (2), and various other conferences.
- Several faculty members *served on various professional boards* at the state and national levels. Three of our faculty were elected/appointed to service positions in NMSHA (1 served in 2014 and the other 2 served from 2015 to present). Two of our faculty serve on ASHA/AAA committees and several also *peer review articles, textbooks, CEUs, or state SLP publications* on a regular basis. Two faculty members made significant *progress toward completion of their doctorate*. One is in the dissertation phase and is expected to complete in 2020 sometime. Another faculty member was recognized as a Certified Brain Injury Specialist Trainer by the Brain Injury Association of America and currently serves as an appointed NM Brain Injury Advisory Council member. The program was also accepted as National Aphasia Association Affiliate serving Eastern New Mexico.
- We *completed 224 graduate student research projects in the last 5 years.*   Faculty supervised each one of these.
- Program faculty *earned multiple ACE awards* from ASHA in the last 5 years (Award for Continuing Education) https://www.asha.org/ce/CEUs/ace/.
- Multiple CDIS faculty members serve(d) in notable positions at ENMU during this review period (e.g., faculty senate president x2, IRB Chair, SRCC Co-Chair, Assessment committee, HLC committee, etc.)

(2) <u>Improvement in program curriculum, attainment of learning outcomes, infrastructure</u>

- *Responsive curriculums that are student-competency and community-career driven* – Based on certification and licensure changes, we shifted the program from a composite major to a major/minor in 2015 and built the Health and Human Services and CDIS minors in 2015. We built the second bachelor's in 2017 and aligned it with the leveling pre-requisites. All undergraduate courses have KASA outcomes that align with subsequent graduate KASAs. In Fall 2019, we built the Clinical Practice minor to strengthen the skills of stop-out ASL/SLPAs and to make our undergrads stronger candidates for graduate programs. We developed multiple electives that now feed our minor degrees and will also contribute substantially to the AA in SLPA we are proposing this spring. This includes our "career-oriented" seminar course that will assist students in choosing the pathway that best matches their aptitudes and needs. We have a significant graduate catalog revision coming live in Fall 2020 that updates our graduate curriculum for today's learner and that also aligns best with current trends in the professional scope of practice and patient population.

- *Flexibility* - We successfully maintained enrollments for the "5 time per year" entry point for undergraduate courses. *Students can begin the CDIS undergraduate/leveling program 5 times per year: August, October, January, March, and June.* Lecture capture sessions are available for every required (core) class, and we have been able to offer 16-, 1st 8- and 2nd 8-week sections for each course. Required courses are also offered in the summer. GenEd courses (144 and 320) are offered each semester, and each elective is offered one time per year.

- *Progressive teaching and assessment* - Our faculty members continue to implement dynamic and innovative teaching strategies. We now teach our graduate courses via Zoom for live interaction, Skype for discussion groups and postings, Google docs for shared analysis/edits, and Mediasite for lecture capture and later student review (all simultaneously). Though more prominent at the graduate level, our courses include team based, case based, simulation models, grand rounds, portfolio, and flipped style classrooms which emphasize application learning.
  - The following are required in our courses:
    - Real video observations - Master Clinician
    - Virtual and authentic patient applications - Simucase
    - Standardized patient videos in grand rounds
    - Standardized swallow protocol - MBSImP
    - Virtual billing applications - SimEMR
    - We also adopted an electronic medical records (Clinic Note EMR) for the Speech and Hearing Rehabilitation Outreach Center (SHROC).
  - We use interactive and arena-based team evaluations for 501 students (with individual evaluations thereafter).
  - We've implemented practicum labs for 501, 502, 503, 505.
  - We've begun group supervision with peer feedback for 501 students.
  - We use PICO teams for research-presentation in 500, 557, 511, 540, and 525.
  - We teach the students with a flipped classroom pedagogy in 516 and 526.
  - We developed SLP specific professional writing (578) for at-risk students.

- o We developed a telepractice (542) course and funded the telepractice lab to see clients at a distance and teach students about tele-health.
- o We've developed a range of remediation options for multiple learning and assessment styles (re-test, REX, independent study 579s).
- o We require community-based service learning and IPE team projects in 504.
- o We've facilitated 33 professional presentations in our Invited Speaker Program in the last 5 years.
- o We transitioned to electronic portfolios for 590.
- o We continue to require our two-week hands-on 540 oral-motor lab each summer. We have also developed a FEES/scoping lab and an AAC Lab that are distance education friendly (more on these later).

- *Attainment of outcomes:*
  - o *> 95%* of undergraduate students *attained all KASA outcomes* prior to graduating. *100%* of graduate students *attained all KASA outcomes* prior to graduating.
  - o Our *undergraduate completer ratio* is *33%*; Our *graduate completer ratio* is *34%.*
  - o *96.4%* of graduate students complete *within their expected timeframe.*

(3) Student Accomplishments (awards, employment/graduate or professional school admittance, student organizations, undergraduate research, etc.

- Graduate Student Research Projects: We have *increased our SRCC participation and completion of projects by 100%* in 4 years. We *complete about 50 projects per year* on average totaling 224 Graduate Student Research Projects in 5 years. This translates to *448 SRCC poster/presentation entries during this reporting period.* We've graduated 35 poster winners and 34 presentation winners.
- PRAXIS Results: 207 of 208 ENMU CDIS graduate students taking the *PRAXIS* National Examination in Speech-Language Pathology and Audiology (*NESPA*) passed the exam (*99.6% pass rate*).
- Employment Rates: *100%* of our 1415-1819 graduate students found *employment* within 3 months of graduation.
- Program Completion Rates *average 96% for on-time and 97% overall* completion rate.
  - o Data tables are available at https://my.enmu.edu/web/cdis/graduate-program-outcome-measures.
- Clock Hours Accrued – Three-year graduation audits show that M.S. students complete with an *average of 606.52 clock hours*. Certification only requires 400.

(4) Program Growth

- Head Count Enrollment: Graduate continues to grow slowly (*up 188% since 12-13 and 64%* since 1415). We had 253 graduate students enrolled in 1819. Undergraduate is largely static and holding steady around 900 enrolled per year.
- Student Credit Hour Production: Again, graduate continues to grow slowly (*up 131% since 1213 and 54% in the last 5 years*). Undergraduate has averaged about 6700 SCH over the last 2 years with a *12% increase* since 1415.

- Number of Majors and Minors: Our undergraduate program has *grown our majors about 12%* since 1415 (we average about 200 majors per year). We have *grown our minor by 283%* in the last 4 years (we average about 100 minors per year). Our graduate program has *grown majors by 61%* in the same 4 years (we average about 200 students per year at the present).
- Student Practicum & Internship enrollment: We've posted *59% growth* in practicum/internship headcount enrollment in since 1415.
- The CDIS Graduate Program contributes *73% of all graduate SCH in CLAS, and 21% of all graduate SCH generated at ENMU*. We further produce *22% of all upper division hours in CLAS, and 14% at ENMU*.

(5) Civic Engagement

- Approximately *300 (314 students)* completed community-based service-learning projects/presentations during this reporting period.
- Faculty and students completed *345 hearing evaluations* and *320 hearing screenings* during this reporting period.
- Faculty and students completed *748 speech-language screenings* and *964 speech-language evaluations.*
- We have *grown our screenings by over 300%.*
- We have *grown our number of therapy clients by over 200%.*

(6) Other Program Accomplishments

- Accreditation

  We have received *favorable decisions* on all annual accreditation reports during this reporting period. The Council of Academic Accreditation (*CAA*) has reviewed our current reaccreditation application and found no areas of non-compliance. Our November site visit summary report identified multiple areas of notable strength and no areas of concern. Evidence was sufficient to verify compliance with all standards and sub-standards. We currently await the CAA's final decision with every expectation of reaccreditation for the maximum 7-year time period.

Clinical:

- We have *significantly expanded practicum placements, sites, and client bases*.
- We *significantly expanded screenings, evaluations, treatments and the variety of clinical services* we offer in the SHROC.
- We have *expanded services at RGH* with an on-site clinic. It currently operates two days per week, but with additional staffing can operate 4-5.
- *Tele-practice services are now available* from the SHROC. This allows us to treat rural clients and clients with health and mobility limitations who cannot travel.
- SHROC hearing services have expanded significantly and we *added hearing aid services.*
- We moved all our *clock hour log tracking* to CALIPSO. This increased efficiency,
- We *upgraded to Electronic Medical Records* for the SHROC by adding ClinicNote, also increasing efficiency and giving students a meaningful first learning experience with EMRs.

Equipment:

- We updated our *audiology suite.*
- We updated our *clean lab with all new computers and Clinic Note EMR.*
- We purchased various *clinical encryption software and external drive* materials.
- We purchased necessary *equipment for telepractice therapies.*
- We purchased a state of the art *nasoendoscopy and FEES unit* and developed "Zoom Room Lab 1" to host it. This includes a *75" interactive touch display/computer and the cameras* needed to broadcast classes to our distance education students with Mediasite
- We developed a state of the art *AAC Lab* and outfit "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.
- We developed a new *CSL Lab with a new Visi-Pitch.*
- We purchased a *HIPAA compliant Zoom package* for telepractice and course delivery.
- We adopted the *OhMD secure app* for HIPAA compliant messaging between students and supervisors.
- We developed the *HHS Student Lounge and the CDIS Study Room*. 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 together in a secure ENMU location.
- We purchase *multiple assessments and materials* to support clinical placements yearly.
- We purchased new *digital recorders* for our student clinicians.
- We purchased and installed a new *camera system for the SHROC*.
- A new *audio system for the clinic* is also in progress.
- We purchased a new *poster plotter* to support our SRCC participation.

Administrative

- We moved our M.S. Program to *rolling admissions*. This allows us to consider applications and admit students on a year-round basis. We also developed an *early admission* category that enables us to "lock-in" students for both leveling and graduate school. With our *new FA20 graduate curriculum and yearly rotation*, this should attract increasing numbers of graduate students (especially since we have reduced the residency requirement to one semester only). Placing this in the second semester improved retention as students will be loath to lose a semester of coursework completed. This should reduce the number of no-shows and quit-before-census students we often see in our graduate program.
- We moved our *graduate application process to CSDCAS*. This has already increased the number of applications we are receiving and streamlines the process for the university and the program. Additional analytics are now available for program planning.
- We shifted our *interview process to CASPer*. This is a standardized interview service that is distance education friendly. This has increased reliability of applicant scoring and has also freed up a significant number of faculty and staff manpower hours.

- We significantly *revised our placement process* (including reporting). This has allowed us to be more responsive to student requests and markedly improved our lines of communication. This took SO much work, and we still have a bit left to do.
- We *improved student communication, feedback, and reporting* in other areas as well. We send KASAs each March and October now and can report placement status weekly. We developed an anonymous question/feedback mechanism for students – The CDIS Suggestion Form and Comment Card. We now publish costs associated with the ENMU CDIS Graduate Program on our portal pages.
- We successfully petitioned and were granted an additional 1.0 FTE Professional Staff line – *Practicum Placement Liaison*. (This was converted from an HHS recruiting line.) This person is responsible for securing placements for all 502, 503, and 505 students.
- We successfully petitioned and were granted an additional 0.33 FTE Support Staff line – *Data Specialist*. (This was converted from a NURS recruiting line). This person is responsible for collecting necessary accreditation data for program directors as requested. The program directors then analyze and interpret the data. For example, this person handles our CALIPSO and Castle Branch accounts in CDIS. She also moves data from the practicum packets and site information forms to Excel spreadsheets for the director.
- We successfully petitioned and were granted the conversion of a secretarial position to another *Support Specialist* line. This staff member handles admissions, purchasing, and billing on top of prior secretarial duties. She is responsible for the business aspects of both academic and clinical components of the program. She provides budgetary and account balance data for the program as requested. She also safeguards paper-copy clinical records, completed scheduled data backups, and serves as our safety-accessibility-and HIPAA compliance officer.
- We developed a HHS Risk Management Plan SU19 (complete with protocols for the CDIS program and the SHROC)

B. Plans for Improvement/Expansion

Provide a simple list of the program's plans for improvement over the next five years (based on key results of the previous five years), as will be documented in this program review.

We have several areas we will address.

1. Faculty Sufficiency – We added .75 FTE to the program with the return of Dr. Linda Weems full-time in 2019. We are also requesting (and have been awarded) a new faculty line for 20-21 that will add an additional 1.0 FTE to the program.

2. Curriculum

   a. Constructing the AA in SLPA degree – We have most of the courses already in place.
   b. Building an Audiology emphasis
   c. Reviving the HHS minor

3. Outcome and KASA Documentation –These require annual updates.

4. <u>Student-Site Placement Matching</u> – Students and sites need to be more carefully matched. We need to update our practicum placement request process and develop new forms. Written policies and procedures must be included.

5. <u>Teaching</u> – SLP students require much of our faculty. We must constantly update our teaching styles to fit new technologies and student needs.

6. <u>Graduate Recruitment/Retention</u> – ENMU's applicant pool noticeably thinned in 16-17 and 17-18. We discuss this at the end of this review.

7. <u>Increasing Undergraduate Enrollment</u> – We're scrambling, but holding on.

8. <u>Improving undergraduate retention/completion</u> – We're also holding steady, but think we can improve here.

9. <u>Developing Specialty Clinics at the SHROC</u> – We're on our way. We currently have AAC and FEES/Scoping available, and we're currently working on both literacy and autism clinics.

10. <u>Risk Management</u> – We needed to begin audits.

C. Mission/Vision

Provide a short mission/vision statement for the department. The statement should link to the mission/vision of the university (and graduate school if applicable).

https://my.enmu.edu/web/cdis/mission-statement

1. Indicate whether the mission/vision statement(s) have been modified from last year (if applicable).

The mission has not been modified in the last 5 years.

2. How does the program mission fit with the University's mission?

Please see below.

ENMU CDIS Program Mission

The mission of the communicative disorders program is:

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

Students obtaining a baccalaureate degree 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 the American Speech-Language-Hearing Association (ASHA) accreditation policy and as specified by Knowledge and Skills Acquisition (KASA) learning outcomes. ASHA is the national professional, scientific, and credentialing organization for speech-language pathologists, audiologists, and speech, language, and hearing scientists. The use of KASA learning outcomes as recommended by ASHA's Council for Clinical Certification (CFCC) demonstrates compliance with accreditation standards related to preparing students to meet ASHA certification requirements. The KASA learning outcomes link knowledge and skills area standards as specified by the CFCC with specific graduate curriculum knowledge and skills that must be acquired by the conclusion of the graduate program. The overall mission of the Graduate program in CDIS is to prepare students for national certification and licensure as practicing speech-language pathologists.

ACADEMIC GOALS
The <u>undergraduate</u> program is designed to:

- Provide students with a general liberal arts education
- Provide a basic foundation in normal communication processes
- Provide a basic foundation in disordered communication
- Provide students with fundamental training in the understanding, assessment, and treatment of speech, language, and hearing disorders

The <u>graduate</u> program builds upon the undergraduate program with the following academic goals. We aim to:

- Produce skilled, certification eligible speech-language pathologists
- Provide advanced training in communication development
- Provide advanced training in disordered communication
- Provide advanced training in assessment and treatment of speech, language, and hearing disorders (including swallowing disorders).
- Provide students with the knowledge and skills required by the New Mexico Speech-Language Pathology, Audiology, and Hearing Aid Dispensing Practices Board, and the American Speech-Language-Hearing Association for the Certificate of Clinical Competence in Speech-Language Pathology

CLINICAL EDUCATION GOALS
The <u>graduate</u> program intends to:

- Provide students with opportunities for clinical observation
- Provide students clinical practicum opportunities
- Provide students with sufficient classroom and clinical experiences to achieve all knowledge and skill outcomes as developed by the Program and in accordance with Standards for the Certificate of Clinical Competence.

Link to Our University Mission

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

Eastern emphasizes liberal learning, freedom of inquiry, cultural diversity and whole student life. The ENMU CDIS program supports the tenets of the <u>ENMU mission</u> through advanced critical thinking and application tasks during applied learning and life activities, particularly

those which work toward the understanding of communicative and cultural diversity (including the diversity of disability). We promote leadership through both individual and community pursuits during service learning, interprofessional education, and academic/clinical exercises. Active learning takes place during case study, laboratory, and clinical practicum exercises, as does scholarship as students design and complete various data-gathering and research activities to improves services to the clients they serve. This enables our students to collect and analyze information efficiently, allowing our students to respond quickly and positively to changes that occur with individual clients, in workplace settings, and within the profession of speech-language pathology. Our academic and clinical curricula prepare our students to work with a wide range of client/patient populations across the life span and from culturally/linguistically diverse backgrounds to address various types and severities of communication and/or related disorders, differences, and disabilities. This prepares our students very well for careers and for advanced study should our students so desire.

Link to our College of Liberal Arts and Sciences Mission

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

Link to our Graduate School Mission

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

D. Academic Offerings

List all approved degrees, emphases, or minors offered by the program.

- **Degree**: Bachelor of Science (B.S.)
  - Major: Communicative Disorders
    - Minor: Communicative Disorders
    - Minor: Health and Human Services
    - Minor: Clinical Practice
    - Minor: Clinical Practice (Bilingual)

- **Degree**: Master of Science
  - Major: Communicative Disorders
    - Emphasis: Speech-Language Pathology

1. For emphasis areas, describe how each supports the mission of the program.

- We have but the one emphasis area and it is at the graduate level.

2. If the program or emphasis area fulfills a specific niche, please explain. Furthermore, what are the unique features of this program or emphasis area that set it apart from comparable programs at other New Mexico or regional institutions?

- **Niche:** There is a national shortage of speech-language pathologists so the career outlook for SLPs is very positive. Speech-language pathology 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 **27%** growth rate through 2028. Speech-language pathology currently ranks within the top 20 "large growth" occupations requiring advanced degrees - 153,700 SLPs were employed in 2018 and 195,600 are projected as needed by 2028. The average annual vacancy listing for SLPs is currently 10,400 unfilled jobs per year. The ENMU CDIS Programs train professionals to meet this need.

Quick Facts: Speech-Language Pathologists

2018 Median Pay	$77,510 per year $37.26 per hour
Typical Entry-Level Education	Master's degree
Work Experience in a Related Occupation	None
On-the-job Training	Internship/residency
Number of Jobs, 2018	153,700
Job Outlook, 2018-28	27% (Much faster than average)
Employment Change, 2018-28	41,900

- **Niche:** The need for bilingual SLPs is even greater than SLPs in general. Our new Clinical Practice Bilingual minor is designed to address this need.

- **Unique Features: Undergraduate**
  - Our undergraduate program can be completed as a first bachelor's or as a second bachelor's.   Undergraduate courses can also be taken as a graduate leveler or as a non-degree seeking student.
  - Students can move between online and on campus programs as they wish.
  - Students can move between full-time and part-time matriculation plans as desired.
  - All required major courses are offered each semester (including summer) and can be taken in first 8-week, second 8-week, and 16-week formats in fall and spring. All required minor courses are offered one time per year. All courses contributing to GenEd are offered each fall and spring, with our upper division global diversity course additionally offered each summer.
  - All online courses have AW or lecture included sections available to meet diverse student learner needs.
  - Our minors were designed for specific audiences. Our CDIS minor is designed for related professionals. Our HHS minor allows our students who leave the major to leave with a minor completed – This is especially pertinent as our students who leave us very often go to SWK. Our Clinical Practice minor with contribute to our AA in SLPA and eliminates the need for additional pre-req work before moving on to graduate study. It also allows ENMU grads to begin their practicum without delay.
  - Our undergraduate program also educates students about graduate school prep and guides those who wish to "stop-out" into relevant careers with a master's entry pathway in the future.

- **Unique Features: Graduate**
  - Our program is QUITE distinct in that our on campus and distance education programs are fully integrated. Students take the same courses from the same instructors in the same sequence. Most SLP programs admit students to either the on campus or the distance education programs. They have separate directors and their students are educated apart from one another. Students cannot change from on campus to distance education in other programs. They can with ENMU.
  - We are one of the very few SLP programs in the US that allows part-time enrollment. We may be the ONLY program that allows students to move freely from full-time to part time (and back) as they need to. This means that students can work part-time during their matriculation (a practice that most other program outright prohibit).
  - Our program requires 5 distinct practicum sites. Very few programs require university clinic, K-5 school, birth to three/preschool, skilled nursing faculty, and hospital/rehab.   Given the difficulty in securing practicum sites, many programs are allowing students to graduate with only 2-3 rotations.
  - Our program requires a research project of ALL students. We have been told by site visitors that our research base is stronger than the vast majority of the programs they review. This includes presentation requirements.
  - Our program is one of the few hybrid SLP programs in the US. We require a one semester on campus residency at the beginning of the program. Students can complete the program through distance education. Most SLP programs are on campus only. The handful of online programs do not require any campus presence.

- Our distance education courses must be taken synchronously. We are one of the few programs that teaches live courses to distance ed students but also allows for review of recorded lectures after the fact. In SLP education it is traditionally live for on campus and online only for distance students. Many distance programs in SLP do not even provide recorded lectures.
- Our program facilities and equipment surpass what most rural programs can offer. Our student lending library is also unique. We were recognized by our accreditation site visitors for development of our local clinical site networks (including the university, the nursing homes, the schools, and RGH). Most rural programs do not have these options.
- Our admissions process is also unique. Many programs use CSDCAS, but we are one of the few programs to use CASPer for interviews. This enables us to have a blind application process.
- According to our site visitors, we are one of the most diverse programs in the US in terms of ethnicity, gender, disability, and geographic origin for our students.

3. How does the program contribute to the institution's General Education offerings?

We offer SIGN 1110 and SIGN 1120 (formerly CDIS 144 and 244). These can be used to meet the humanities requirements. We also offer CDIS 320. This course can be used to meet upper division global diversity requirements at ENMU.

E. Strategic Planning

Provide a short description of how your department engaged faculty in the strategic planning process, program assessment activities, and in the preparation of this program review.

The CDIS Program meets on a regular basis (usually weekly) to discuss programmatic issues. We have a "calendar" of review for admissions, curriculum, KASAs, CPSAs, student practicum reviews, course deficiency reviews, survey results, assessment results, effectiveness plans, strategic plans, CAA annual reports, risk management reviews, etc. We each gather data per student and report in KASAs every semester, as well as in classes (reported in assessment surveys every semester). Directors compile the data and present this in the faculty meetings. We discuss what needs to be done, and then we decide who will do it. We do it, then collect data and the process starts all over again.

- **Strategic Plan/Report FA2014-SU17**
- **CDIS Strategic Plan FA2017-SU20 (in progress - working document)**

An in-depth explanation of how the program systematically evaluates its progress toward fulfilling its mission and goals can be found in our re-accreditation application Standard 1.5 (pp. 18-22).

We use data from our multiple assessment sources to inform any changes we consider. These include:

- ➢ Course evaluations (student assessment of teaching)
- ➢ Evaluations of clinical supervisors (supervisor assessment of student performance)
- ➢ Evaluations of clinical sites (student evaluation of clinical facility)
- ➢ Supervisor evaluation of program/practicum process (supervisor assessment of ENMU clinical process)
- ➢ Student survey for program improvement (student evaluation of total program)
- ➢ Student exit surveys (student evaluation of program effectiveness in meeting SLOs/mission)
- ➢ Alumni surveys (alumni survey of program effectiveness in meeting mission and preparing them for employment)
- ➢ Employer surveys (employer survey of program effectiveness in meeting mission and preparing our students for their first jobs after graduation)
- ➢ Assessment plan report (annual report of program effectiveness in meeting student learning outcomes and ASHA student outcome measures)
- ➢ Effectiveness plan report (annual report of program effectiveness in meeting mission, recruiting/retention/graduation, faculty accomplishments, co-curricular activities, etc.)
- ➢ Strategic planning (monthly) and plan report update (long range 3-year plan for the program)
- ➢ Faculty curriculum review
- ➢ Faculty meetings and sub-committee meeting findings (looking for patterns)
  - o Clinical Practicum Supervisory Committee
  - o Student Academic Support Committee
  - o Student Disciplinary Committee
- ➢ Program administration survey by faculty and staff (of university, program, administrative effectiveness and program needs)
- ➢ Chair review by ENMU (faculty/staff survey of chair effectiveness)
- ➢ ENMU program review (comprehensive review of all program aspects)
- ➢ Student Outcome Data
  - o KASA by student analysis (looking at individual student learning for each course)
  - o KASA by course analysis (looking for course trends – calculation of average scores per outcome and pass rates per outcome)
- ➢ Research sequence analysis (looking for trends in student strength/weakness)
- ➢ Grand Rounds analysis (looking for trends in student strength/weakness)
- ➢ Student Portfolio analysis (looking for trends in student strength/weakness)
- ➢ Client satisfaction surveys (every semester)

Each of these instruments has an identified link to our university, college, and program mission, an accreditation/certification standard, a specific academic or clinical student learning KASA outcome, or a goal/objective the program has chosen for our strategic plan. We review data for each of these measures on an established calendar, and use this information to make changes as necessary to fulfill our mission and goals.

Please attach your "Undergraduate and Graduate Faculty/Staff Vitae" as **Appendix A**. Provide a simple list of all faculty, identifying full-time versus part-time, and which are graduate faculty.

F. Closing the Loop

Provide key examples of how your department "closed the loop" in program assessment in the last five years (i.e. used data results and analysis to make improvements). Be specific and concise. These materials and others (in Section II) will be addressed in total in Section III.

Faculty and staff meet monthly to review program objectives, evaluate progress toward meeting them, and to 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 in order 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.

We routinely aggregate and review this data to improve our program. 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. Instructors/supervisors collect and submit data in one form or another (CPSAs, SLOs, SurveyMonkeys). Program directors compile the data and bring it to the faculty meetings. We use a SWOT framework to strategize and draft initial plans. Then we Plan-Do-Study-Act: we discuss what needs to be done, how best to do it, 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. We use Gap Analysis to assess where we are vs/ where we want to be until we achieve the desired outcome (act).

We collect data from stakeholders in multiple ways (see Standard 5.3 p. 187 for a more comprehensive list). 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 is critical to course adjustments and other curricular modifications. *We added assessment credits, evaluation teams, the Clinical Practice minor, and created 528 Lab based on student and course assessment data. We also implemented Simucase and independent studies to address deficiencies here.*
- Course evaluations are used to improve teaching (pedagogy, assessment, content emphasis, etc.). *We added more cases to curriculum and began implementing a "trials to criterion" mindset which allows for more formative assessments with high repetition experiences.*
- 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.*

- 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. *We made 511 a pre/co-req for 502, and this will move to a pre-req only in the new FA20 catalog.* We also decided to *move 511 from the summer semester into a regular 16-week semester* based on class outcome data and student feedback. *This data was the impetus for the graduate curricular rotation changes (beginning FA20).*

- 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.*

- 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.*

More specific examples include:

- Based on supervisor and student practicum data, *we developed practicum labs and also a "mini-mester" 4-week practicum option to be implemented over university breaks*. The labs enable case-based focused advising from a university supervisor during practicum rotations.   The mini-mester allows students who need to accrue additional hours at a different location or with a different population the opportunity to do so. This also provides remediation-specific exercises for identified student deficiencies (from the Clinical Practicum Student Assessment). After intensive work during the mini-mester, students can move forward to the next level of practicum rather than having to repeat a full 16-week semester.

- Student achievement data indicated we should *offer each graduate academic course two times per year.* This will decrease completion time and student-faculty ratios. This goes into effect with the FA20 catalog.

- An audit of our Clinical Clock Hour Logs revealed that more than 50% were not current, either because of student reporting and mathematical errors or because we lacked enough personnel to enter them as they arrived in our office. Based in this information and the need for real-time reporting of student clinical progress, the program made the decision to *use CALIPSO for clock hour log tracking*. This eliminated mathematical and other reporting errors and required that students submit hours on a scheduled basis. As the student enters their own hours into a secure data base, CALIPSO also eliminated the need for ENMU staff to manually enter those hours and freed up important program support resources.

- Based on case study results, we determined that our students need increased guided clinical application of research principles to appreciate and understand their professional responsibilities for EBP in future practice. *We designed a new research sequence for FA20 implementation to address this.* The new research sequence will

focus entirely on the clinical client experience in 501 practicum and will be substantially more efficient for both faculty and students.

- Graduation audits showed that students have graduated with an average of 606.52 clock hours over the last 3 years. Certification only requires 400. Based on this data, *we have reduced on-site practicum requirements for 503 and 505 from 3 SCH to 2 SCH* in the FA20 catalog. This allows students to spend less time in clinic and more time on academic pursuits.

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 systematically evaluates its progress toward fulfilling its mission and goals can be found in our re-accreditation application Standard 5.3 (pp. 189-191, 193) and 5.4 (pp. 197-198). Please advise if you need more examples.

II. Program Contributions to the University Goals and Objectives

> *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.

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

Our Program has a comprehensive assessment process that includes both formative and summative assessment administered in both academic and clinical contexts – This is mandated by our accreditors. As a result, our program must have a veritable plethora of student learner outcomes. Samples of both undergraduate and graduate outcomes in effect during this review period are included in our assessment report and online at the links below.

The program reviews all data at end of each semester. Outcome status reports are available in BB to each student as they complete their assessments, and each instructor must personally notify each student via email of what they did and did not meet along with the requirements for remediation-intervention of that outcome. We also send comprehensive KASA reports to each student each March and October. We also report aggregated outcome data in our assessment and accreditation reports each year.

The faculty analyze aggregated results at the beginning of each semester to discuss program wide changes that may need to occur. We've included a few examples of changes made based on assessment data:

- We adopted the MBSImP program and protocol and developed CDIS 528 Lab (to counter low pass rates on 528 MBSS assessment outcomes)

- We developed mandatory practicum lab courses (to counter student difficulties with professional practice competencies)
- We added 1 credit to the language sequence and divided it into 515 (non-standardized assessment) and 516 (standardized assessment) based on repeated scoring and interpretation errors during assessment in practicum courses and fluctuating pass rates on 516 coding outcomes.   We added more cases to 511 and we're moving it to a 16-week semester format for the same reason.
- We developed 501 assessment teams. Assessment data showed that individual assessments did not provide the depth and breadth of experiences needed to move successfully to 502 assessments. This also addressed the recurrent anxiety our students reported about initial assessments and reduced the need for extensive accommodations with some students.
- Our graduate students consistently fail their CAPD outcome assessment. We added a 1 credit hearing course to address this (and other issues) to the new graduate curriculum.
- Client assessment data shows an increase in autism dx. We added a course at both graduate and undergraduate levels to address this need.
- Analysis of grand rounds cases showed that faculty reacted variably during interactions with different students. Standardized patients are now replacing faculty for these assessments. Though not related to student learning outcomes, we also noted this in prospective student interviews – it's one of the reasons we moved to CASPer.

Assessment result information is detailed extensively in our program's assessment plan. The attached re-accreditation application includes additional (in-depth) examples of how we use assessment data to affect change (pp. 189-191), as well as describing the assessment process itself (Standards 5.1 – 5.8 pp. 175-206).

New graduate KASA outcomes are being constructed this spring to reflect our FA20 catalog changes.   Current KASA documents can be found on our portal pages (https://my.enmu.edu/web/cdis/10/student-forms) at the bullets as listed below.

- KASA Administrative and Program Standards (Student Learning Outcomes) FA18-SU20
- KASA Academic Standards (Student Learning Outcomes) FA18-SU20
- KASA Clinical Standards (Student Learning Outcomes) FA18-SU20
- KASA Research Standards (Student Learning Outcomes) FA18-SU20
- KASA Professional Practice Competencies (Student Learning Outcomes) FA18-SU20

In the space below discuss key results in student-learning assessment over the last five years, and how assessment results informed changes in teaching strategy and curriculum. Include any hardships or barriers to student learning that will be addressed in the "Self-critique of Current Program Resources" section of this review (point III below). If desired, add a summary-table below to quantify your student-learning assessment yield.

> Result: Students need additional case-based learning opportunities in order to successfully move from foundations to practice applications. They require more guidance to appropriately apply academic knowledge to clinical skills. Change:

Increased Simucase in ALL classes; Developed 528 Lab (elective now but required in FA20); Developed AAC and Scoping Labs. We are also standardizing our research sequence and limiting students to clinical applications only beginning with FA20 admissions.

➢ Result: Student writing skills continue to decline. Change: Developed CDIS 578 Professional Writing in Speech-Language Pathology. Students must take this course if scoring less than a 4.0 on the GRE, or as recommended by the Clinical Practicum Supervisory Committee or Student Academic Support Committees.

➢ Result: Student abilities in speech and language assessment do not meet standards for entry level competence. Change: Added Evaluation Teams (formalized as 508 and 508 Lab in FA20); Adding 1 SCH in assessment and split 516 into 515 (2 SCH Informal Assessment) and 515 (2 SCH Formal Assessment); Incorporate more protocols into 511.

➢ Result: Students are underprepared for aural rehab clients (especially patients having cochlear implants and CAPD). Change: Reviving 531 Hearing Disorders for FA 20 curriculum.

➢ Result: Students need more instruction in autism and other low incidence disabilities. Change: Add autism to AAC course (550 becoming 551).

➢ Result: Student pass rate in 511 is challenging in the 8-week summer semester. Change: Move 511 to a fall/spring semester.

➢ Result: Students need additional faculty mentorship during practicum placements on and off-campus. ASHA added new standards for professional practice competencies and IPE/IPP. Change: Added credit to existing off-load practicum labs for 501, 502, 503, and 505 (+4 SCH).

➢ Result: Student pass rate is compromised by a large number of working students who overload themselves because courses are only offered once per year. Change: Offer courses two times per year (beginning in FA20). This will also improve time to completion by allowing course re-takes in a timely manner.

➢ Result: Personological variables increasingly impact student learning. Students require a certain program "culture" that supports their personal and emotional development. When students do not have this, the report high levels of dissatisfaction with the program. Change: Developing seminar classes to ease transition and provide a faculty connection for support.

Please attach the program's last five annual assessment reports as **Appendix B** at the end of this review. Each assessment report should include defined learning outcomes, curricular map, measures of these outcomes and the results (e.g., outcomes met/not met). If reporting on multiple programs, please include them as separate appendices labeled B.1, B.2, etc.

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

a. List key pedagogical, technological, and curricular initiatives from the last five years in areas such as:

(i.)   Changes in instructional delivery, professional-development activities by faculty (e.g., workshops and conferences attended, certifications/CEU's), etc.;

Instructional Delivery:

- Our undergraduate program offers both 8 and 16-week courses on campus, with asynchronous web, and with traditional WW options. All required major courses are offered each semester (including summer) and can be taken in first 8-week, second 8-week, and 16-week formats in fall and spring. All required minor courses are offered one time per year. All courses contributing to GenEd are offered each fall and spring, with our upper division global diversity course additionally offered each summer. All online courses have AW or lecture included sections available to meet diverse student learner needs.

- Our graduate program is offered on campus or via hybrid distance courses. Our graduate program requires synchronous viewing. We use Zoom for live interactions, Skype for group activities, and Mediasite for lecture capture (reviewing Zoom lectures). We use Google.docs for group projects and spreadsheets. We can also use one of our Zoom labs for instructional purposes at any time.

- We use a good number of real-case and simulation programs in our curriculum now (e.g., MBSImP, Simucase, Sim EMR, etc.). Our students respond best to hand-on repeated experiences with personalized feedback. Using videos and sims, they can do it again and again until they get it right.

Professional Development:

CDIS faculty members must be certified and licensed through both ASHA and the State of NM. As such, we are required to complete professional development to maintain those credentials. All faculty in CDIS complete a minimum of 10 CEU hours each year, usually in a direct practice area of some kind.

- Most of us go to NMSHA every year and some additionally attend TXSHA. These are practitioner conferences and focus on skill building.

- The ASHA Program and Clinical Directors attend CAPCSD each year for 2-3 days. We attend more sessions on administration, supervision, curriculum, and program review at these conventions. We also cover CFCC and CAA changes, accreditation, and student learning issues here as well.

- When the annual ASHA Convention is held in the south or southwest, all interested full-time faculty attend with full program support (from generated clinical revenues). This occurred in CA 2 years ago.

- The majority of faculty members 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 area specifically.

- Each year, several faculty members are given full support to "specialty train" in an area of clinical interest (e.g., Bougie/Bratcher in 1819 for scoping, Bucknell for literacy in 1920, Sherman for autism in 1920, etc.).

- Several of us earn ACE awards from ASHA each year (Award for Continuing Education), and most of us have earned multiple ACEs during this reporting period. https://www.asha.org/ce/CEUs/ace/. Many of us have earned some kind of specialty certification. It's common in our profession.

Faculty leave and travel requests for conferences are customarily approved. In the last 5 years, we have funded CEUs in billing, MBSS, stuttering, nasoendoscopy, vital stim/e-stim, LSVT, advanced FEES training, scoping, literacy, autism/ADOS administration, and all kinds of other things. Partial support is ALWAYS given. In 2017-18 alone, 5 faculty members attended ASHA, 7 attended NMSHA, 2 attended TXSHA, and 2 attended CAPCSD (including the preconference). In 2018-19, 2 faculty members attended ASHA, 7 attended NMSHA, and 2 attended CAPCSD (including the preconference). Our audiologist also attends the AAA Annual Conference each year.

Multiple faculty members attend Blackboard, Quality Matters, or Mediasite training at ENMU on a regular basis. Frequent faculty training from ENMU experts continues (e.g., disabilities training, online best-teaching strategies, technology issues and learning management system issues, etc.).

(ii.)   Technological updates/innovations in labs or classrooms;

Here are the highlights of equipment and services we purchased for the last several years. We also included the funding source in case that's of interest. We did not include technologies and services we use that students pay for (e.g., CastleBranch compliance monitoring, Simucase, Master Clinician, etc.)

- Equipment for telepractice therapies (student practicum fees)
- HIPAA compliant Zoom package for telepractice (generated clinical 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 clinical 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 clinical revenues).
- Visi-Pitch ER&R in conjunction with generated clinical revenues).
- A new audiology suite (one-time university grant) and miscellaneous equipment for the audiology suite including three portable audiometers (ER & R funds), a new OAE unit, tympanometry equipment, a Maico Eroscan, and a Noah license for audiology (generated clinical revenues). We must calibrate all this equipment yearly (generated clinical revenues).
- Multiple assessments and materials for clinical placements (student practicum fees and generated clinical revenues)
- CALIPSO for student clock hour log tracking (generated clinical revenues)
- OhMD secure app for HIPAA compliant messaging between students and supervisors (free)
- Various encryption software and external drive/jump drive materials (student practicum fees and generated clinical revenues)
- ClinicNote electronic medical record system (student practicum fees)

- Development of the HHS Student Lounge and the CDIS Study Room. 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 (student practicum fees, admission fees, and generated clinical 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)
- New computers for our "clean lab" (student practicum fees)
- Stethoscopes, IM mats/switches, and other small therapy equipment (student practicum fees)
- Optical AAC device (generated clinical revenues)
- Hand dryers, emergency pagers, sanitizing equipment (student practicum fees)
- New clinical (therapy) computers, printers, a new plotter and a new industrial shredder (generated revenues)
- Interactive Metronome (ER & R funds)
- Clinical assessments, protocols, and therapy/stimulus (student practicum fees and generated revenues)
- Evacuation chair (university police)
- SimEMR (added this semester – clinical practicum fees)

(iii.) Changes in program curriculum or teaching innovations, including those prompted by student-evaluation comments.

As mentioned earlier, we are keeping our emphasis on case-based learning as much as possible, and we maintain our universally adopted simulated patient exercises (Simucase) and video observation (Master Clinician). We also use state-of-the-art swallowing MBSImP software to train our student clinicians in best practice swallow diagnosis. We are currently using actors as patients in grand rounds, but also implement other computerized patient experience options. We have ordered and are using more patient training manikins for swallowing and nasoendoscopy. We plan to add additional manikins for trach/speaking valve training and auscultation if possible.

Here are a few curricular changes prompted by student-evaluation (and survey) comments:
- We added Zoom for all graduate courses. This was all them.
- We developed 528 Lab (in part) based on student comments.
- We upped rotations to offer graduate courses 2x per year (in part) based on student comments.
- We moved to CALIPSO for clock hour log tracking based on student comments.
- We added more information on autism (in part) based on student comments. CDIS 350 P - Survey of Autism and Augmentative and Alternative Communication was created in response to student requests. We are adding more information in hearing at both graduate and undergraduate levels (in part) for the same

reason. Students are requesting it.

- We added undergraduate electives and the Clinical Practice Minor based on student comments. Our CDIS 488 P - Seminar in Speech Language Pathology was created solely because students asked for it. We are also bringing back the HHS minor option based on student comments.
- We created the Zoom Room Labs in response to student requests for more experience with scoping. This allows on campus students to perform more FEES/Scopes and allows distance students to view and comment in real-time during labs.

We have made many administrative changes to policy and procedure based on student comments (e.g., revising clinical dress code and absence policy, creating anonymous comment cards, changing student feedback systems). We did not include these examples as they do not peak to curriculum, but would be happy to provide those on demand. This information is also located in our re-accreditation application in Standard V: Assessment (pp. 175-213).

Briefly discuss salient impacts on the program mission. If desired, add a table below to quantify your production and/or add a separate appendix for faculty development activities. Include any hardships or barriers to pedagogy/ technology/curriculum that will be addressed in the "Self-critique of Current Program Resources" section of this review (point III below).

Though our technological evolution has allowed us to extend our reach to both students and clients, our program mission has not changed. We can now see patients through telepractice and we can broadcast that to students if we like (though we won't, as that would be a HIPAA violation). We will broadcast teaching activities with other students as volunteer clients for AAC use, scoping/FEES, and all kinds of other demonstrations. Simulated and video cases allow students repeated opportunities to acquire new skills in a safe environment that does not compromise the quality of care delivered to patients/clients. Technology has made that possible.

Scheduling Mediasite rooms is a bit of a challenge. We can always broadcast by Zoom alone when we need to, but we typically do not record those sessions. Students prefer to have their classes recorded so they can review them later. Additional Mediasite rooms would also be helpful in recording instructional lectures for online courses (especially those that need a document camera). This is difficult with MyMediasite desktop recording.

Students in CDIS online undergraduate courses are increasingly demanding, especially the graduate levelers and second bachelor's degree seeking students. Smaller class sizes would be beneficial to meeting their need for individual attention and "mentorship" in online courses.

We have attached **Appendix A.1** detailing professional-development activities by faculty.

b. Attach a copy of the program's current undergraduate and graduate curriculum at the end of this review as **Appendix C**. Place an asterisk (*) next to new degrees, emphases, minors, and courses added during the last 5 years.

All CDIS minors have been added during the last 5 years.
* Communication Disorders
* Health and Human Services
* Clinical Practice

*The second bachelors in CDIS was added in the last 5 years.

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

Currently, the CDIS Program pays registration and travel to NMSHA for all CDIS faculty, as well as for unlimited Special Interest Division CEUs. We additionally support curricular, clinical, and research focused continuing education activities for faculty as requested to augment research or teaching (see example above). As mentioned previously, all faculty in CDIS complete a minimum of 10 CEU hours each year and we are frequent ACE (Award for Continuing Education) winners with ASHA (https://www.asha.org/ce/CEUs/ace/). We have never denied a travel request for discipline based CEUs, and we typically provide at least partial funding for our faculty and staff.

Our audiology lab was updated substantially three years ago. This allows our audiologist, SLP faculty, and interested students to conduct research with state-of-the-art equipment. We were also able to replace our scope, and we hope that we can continue our research with the Vocal Arts program at ENMU. We updated our CSL and Visi-Pitch this academic year so speech science projects should additionally be good to go. Our AAC lab is also updated on a regular basis and can certainly be used for research.

Our multiple test purchases for the ENMU SHROC and surrounding practicum sites 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. Faculty supervisors were involved in this process.

The CDIS faculty have been extremely active in supervising and supporting cooperative research with students. We have completed 224 projects with students in the last 5 years. Some of these have been presented at NMSHA, while others have been presented at ASHA. We have multiple papers that we could tweak a bit and submit to professional journals; however, this is not accomplished as often as it could be or should be due to persistent faculty overloads. We don't have the time. It's quite a waste – much of this is very good research. Our faculty earn banked credit that we could use periodically if there were someone to cover our workload. Each of us lose copious amounts of banked credit on a regular basis.

As a group, CDIS faculty decided we wanted to change the "university research template" somewhat and so we are currently exploring our first every program research project. We are choosing research that we will all contribute to and that we will publish together.   It will be a fully cooperative effort across all faculty. Everyone will play a role. We believe the group aspect will help us to be more accountable and that the work will also be more manageable and enjoyable. We are choosing our project this year, and we will begin our research in FA20. We currently have it narrowed down to a few topics, one of which is developing and standardizing an adult language test. THAT'S a big one.

As for more traditional scholarly endeavors, ENMU had two faculty who presented an invited 3-hour seminar at NMSHA in 1718 (with all expenses paid by ENMU). We had several faculty members who also presented at other well-established conferences in 1617, 1718, and 1819, as well as faculty who served and currently continue with various professional boards at the state and national level. ENMU financially supported at least part of these expenses in all cases. We also provide for release time as needed. Two of our faculty serve on ASHA/AAA committees and several also peer review articles or state SLP publications. Two faculty members made significant progress toward completion of their doctorate. One is in the dissertation phase – he is expected to complete in 2020 sometime. These accomplishments are pretty typical for CDIS faculty.

Our faculty are productive. Their vitas contain additional detail. Please see the next section for more information about faculty/student collaborative research projects. **Appendix A.2** specifies years, title, students, and faculty supervisors for each CDIS Special Research Project completed in the last 5 years.

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

For points 3 and 4 (above), list key faculty and student research (basic and applied) and creative activities (clinics and workshops hosted, concerts performed and conducted, exhibitions, etc.) from the last five years. Please include any fruitful grants, faculty-student collaborations, mentorships, student scholarly travel, etc. Discuss salient impacts on advancing knowledge and the program mission. If desired add a table below to quantify your production and/or add a separate appendix.

The CDIS Program has produced *224 student-faculty research projects* in the last 5 years. That's 224 poster presentations and 224 paper presentations at ENMU's SRCC – 448 total presentations. Abstracts are available at (www.enmu.edu/src).   We've also presented multiple student/faculty posters at ASHA and NMSHA with students each year.   Several students present their research at Graduate Student Education Day representing ENMU at the legislative sessions each year as well. Additional information about research in CDIS is available at https://my.enmu.edu/web/cdis/research.

CDIS Graduate Student Research Projects								
1415	**1516**	**1617**	**1718**	**1819**	**5 yr avg**	**% Change 1 year**	**% Change 2 years**	**% Change 5 years**
30	41	47	46	60	44.8	+30%	+28%	**+30%**

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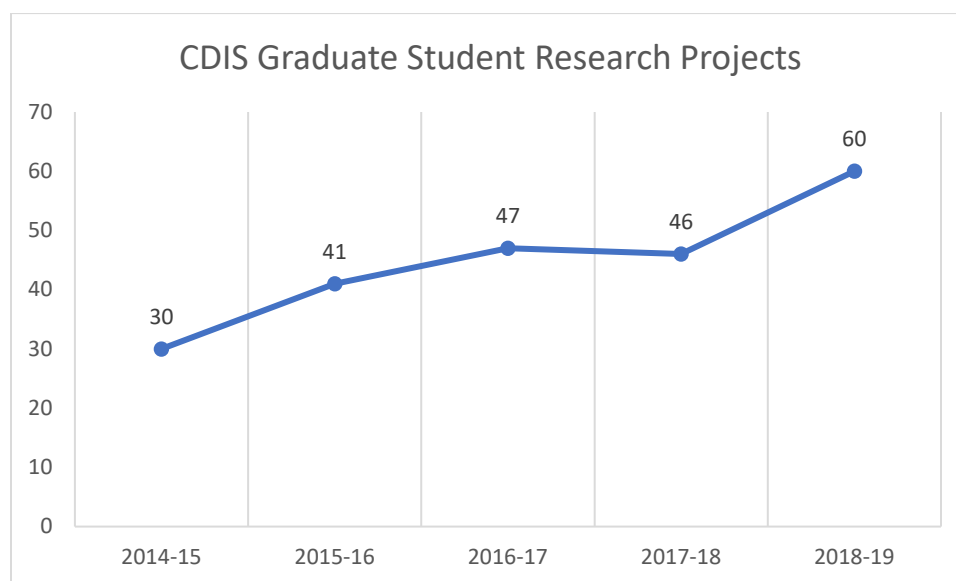
540 Assessment and Treatment Lab (Feeding Lab):
All students in CDIS 540 are required to be on campus for applied learning activities in oral-motor assessment and treatment. This is ALL "hands-on" and includes feeding.

Nasoendoscopy/Videostroboscopy and FEES/Scoping Labs 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 512 and 528, and during recurring semester FEES/scoping workshops for our practicum students. It is also one of our recruiting tools used to attract our best graduate students to the program as other universities either do not have this equipment on campus or do not allow their students to use it.

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

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

<u>Practicums and Internships</u>:
All our graduate students must complete at least 4 practicums and one full-time minimum 8-week internship. We obviously hold this as our highest accomplishment as it speaks most directly to our mission – to train competent SLPs. We judge our ultimate effectiveness by this landmark. With 185 graduate student majors in 2018-19, we arranged for approximately 418 practicums and internships last year alone (fall spring, and summer enrollments). We additionally enrolled 3 undergraduate students in on-campus clinical practicums. This is an elective for qualified and approved undergraduates.

Supervised services were provided across 108 different cities (19 in NM) in 2018-19. A brief summary of practicum/internship sites is listed below. More detail about the clinical portion of our program is available later in this document.

Practicum Placements and Enrollment									
	1415	1516	1617	1718	1819	Avg	% Change 1 year	% Change 2 years	% Change 5 years
Enrollment	200	268	275	305	317	273 (5 yr)	+4%	+15%	+59%
Placements	*	*	329	382	418	376 (3 yr)	+9%	+27%	*

*Data not kept

Practicum/Internship Placements

1819	418
1718	382
1617	329
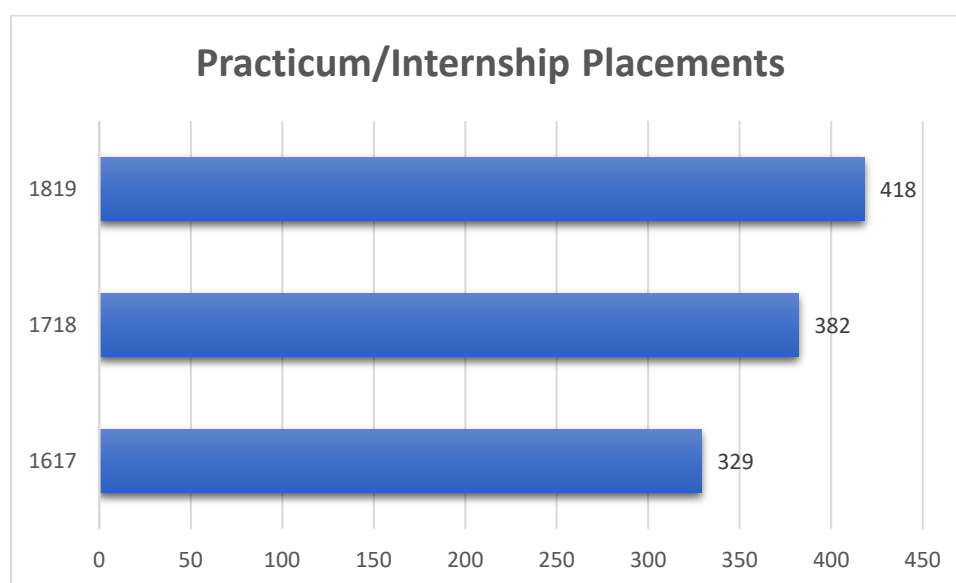
*Please note that students may have more than one placement per semester; ergo, this number will be higher than Student Practicum Enrollments below.

Student Headcount Practicum Enrollment

	2014-15	2015-16	2016-17	2017-18	2018-19
Headcount	200	268	275	305	317

Practicum/Internship Total Placements by Setting

Setting	1617	1718	1819
SHROC	88	80	92
School	81	75	79
B3	9	19	19
SNF	41	47	51
Hospital	36	74	49
Home Health	2	2	3
Other	31	47	41

Practicum/Internship NM Placements by Setting

Setting	1617	1718	1819
SHROC	88	80	92
School	30	40	30
B3	6	11	8
SNF	13	15	15
Hospital	1	11	13
Home Health	1	2	1
Other	6	10	7

In addition to placing students for practicums at "non-ENMU" sites, the ENMU CDIS Program provides diagnostic and therapy services to the community and New Mexico agencies by directly serving clients.

During 2014-19, ENMU CDIS provided services for:
- 1 hospital (RGH)
- 1 nursing home SNF (Heartland Continuing Care Center)
- 1 preschool (ENMU Child Development Center)
- 3 area schools (Elida, Grady, and Clovis Christian)

We further assisted 2 area schools in providing specialized services (Portales, Texico, & Elida).

We also run the SHROC. ENMU's **Speech and Hearing Rehabilitation Outreach Center (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 (speech-language pathologist) or CCC-A (audiologist). These services fulfill our dual mission of serving the community while providing our students with hands-on opportunities to translate academic classroom knowledge to clinical therapy skills under the supervision of a one on one licensed and certified CCC-SLP.

Our clinic can provide articulation, accent reduction, language, voice, stuttering, hearing/hearing aid, CAPD, swallowing/MBSS, scope, AAC, literacy, and anything else in our speech-language scope of practice for the entire calendar year. Due to the rural nature of our program and to the shortage of SLP services across the state of NM, we purchased telepractice equipment and can now provide services to clients who are unable to travel to our clinic. We also added hearing aid service checks to our list of available services.

These services are delivered in Roosevelt and surrounding counties directly supervised or delivered by ENMU SHROC personnel. We've included several charts for your perusal below. We hope these will give you a picture of our clinical program. In some cases, we have presented data for 2018-19 only as graphic representations across multiple years was judged a little overwhelming by prior reviewers.

Clinical Services Delivered									
	1415	1516	1617	1718	1819	5 yr avg	% Change 1 year	% Change 2 years	% Change 5 years
H Screens	0	9	70	103	138	64	+34%	+97%	+13,800%
H Evals	68	12	57	111	97	69	-13%	+70%	+43%
H Aid Evals	0	0	0	36	36	14.4	0	NA	+3600%
SL Screens	56	112	159	175	246	149.6	+41%	+55%	339%
SL Evals	136	197	237	265	129	192.8	-51%	-46%	-5%
SL #Tx Clients	93	264	384	315	295	270.2	-6%	-23%	+217%
SL #Tx Hours	2422	2777	3190	3807	4292	3297.6	+13%	+35%	+77

HEARING SERVICES IN THE SHROC
NUMBER OF CLIENTS SERVED

LOCAL SPEECH-LANGUAGE SERVICES
NUMBER OF CLIENTS SERVED

LOCAL SPEECH-LANGUAGE SERVICES
NUMBER OF THERAPY HOURS PROVIDED

| 1415 | 1516 | 1617 | 1718 | 1819 |
| 2422 | 2777 | 3190 | 3807 | 4292 |

Number of Local S-L Clients by Site in 1819

Hours of Local S-L Tx by Site in 1819
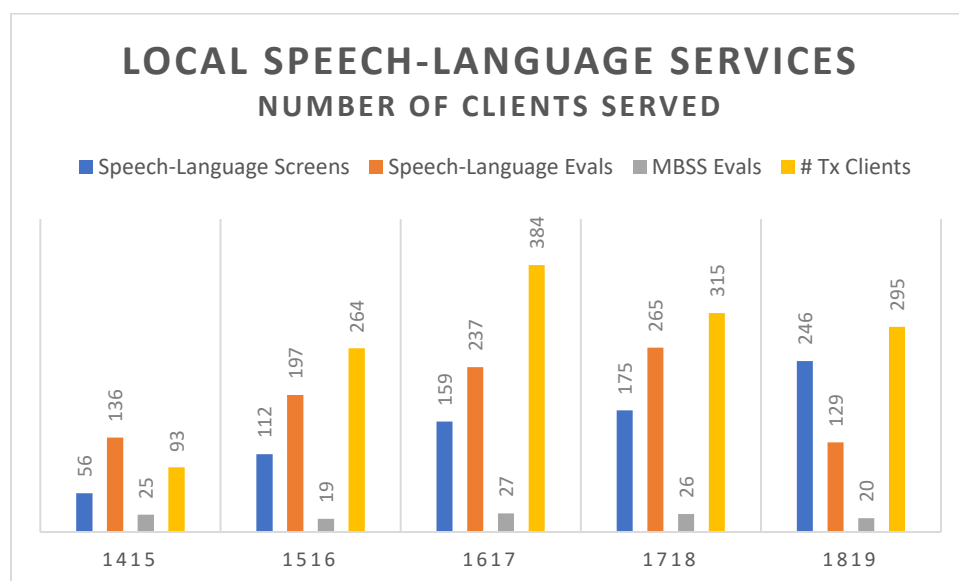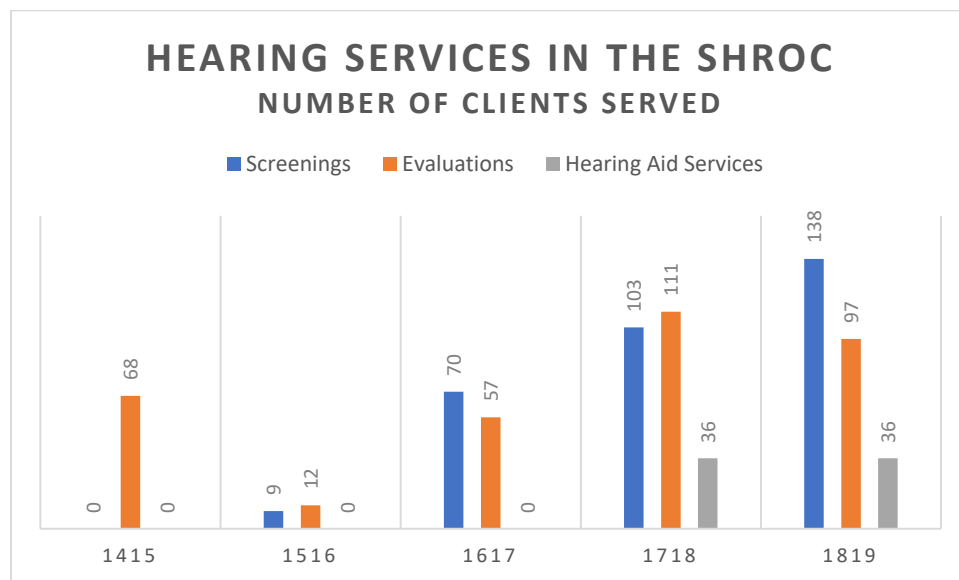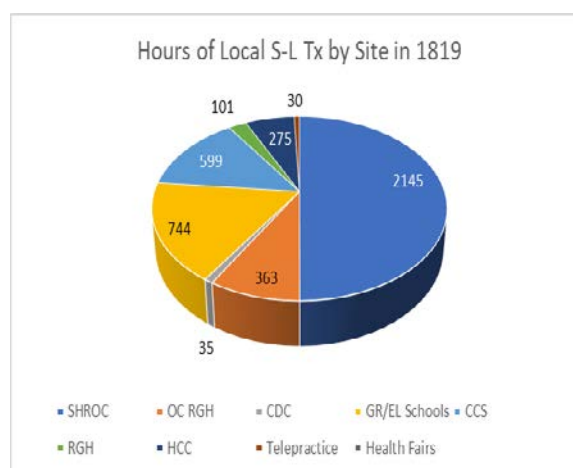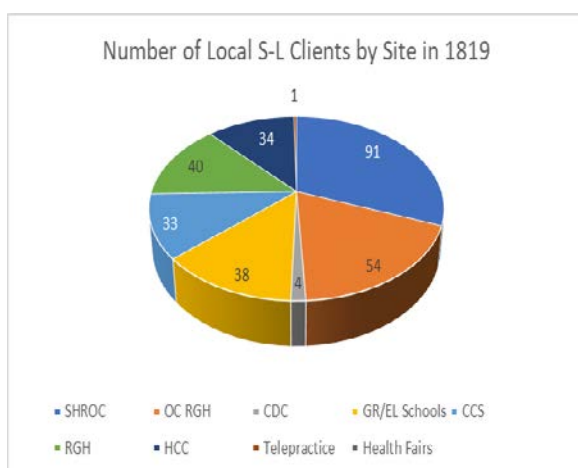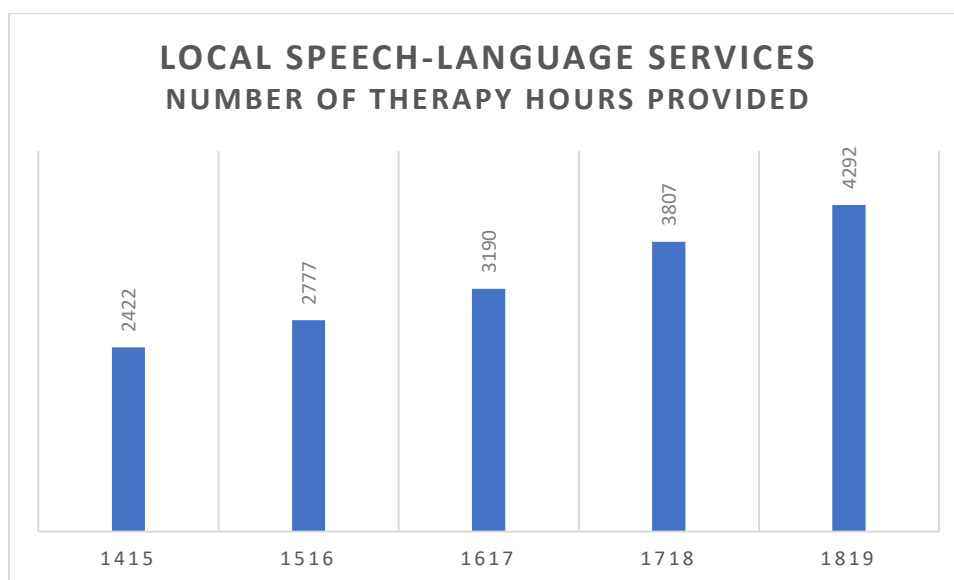
The SHROC routinely provides free early childhood screenings for all students enrolled at CDC, free speech screenings and accent modification services to all ENMU Teaching Assistants and CDIS students, reduced cost baseline stroboscopies for vocal performance majors, and free or reduced speech-language therapy services for multiple clients in our on-campus clinic (including clients who reside in local children's homes).   We do this each semester. We also provide free speech-language-hearing-swallow screening to anyone in the community on demand, as well as reduced cost therapy and advanced diagnostic services to ENMU students. CDIS students are never charged for services.

On-campus services met the needs of the community (wait time < 30 days), and we have been consistently able to respond to all referrals for all disciplines. ENMU Child Development Center, Elida, Grady, and Clovis Christian services remained relatively stable during this review period. RGH and SNF inpatient services fluctuated throughout the year according to their census, but numbers increased in cumulatively for both and continue to rise in 2019-20. We maintained our integrative language stimulation/interaction services for at-risk preschool students at CDC. Literacy services remain in great demand for after-school clients, as are swallowing evals and

assessment-intervention for aging adults (leading to an increase in hospital-based services). Services for children with autism (including feeding) are increasing.

We continued our community support group for aphasic patients last year. This group was free of charge to any interested party and met every week to provide patients and their families with a forum for sharing problems, feelings, and solutions with one another. In 2018-19, we successfully added a pragmatic skills social group. This is a similar forum and structure, but is focused around patients with higher functioning autism and TBI.

Screening Events: We participate in (and host) multiple speech-language and hearing screenings several times throughout the year. Screenings are another applied learning opportunity for students in our program. We completed the following events last year.

- CDC Screenings (FA18 and SP19)
- CCS Concussion Baselines (FA18 and SP19)
- Grady Child Find (SP19)
- Heritage Days (SU19)
- RGH Health Fairs (FA18 and SP19)
- RGH Screening (SU19)
- SHROC (year-long)

Number of Local S-L Client Screens by Site in 1819

Number of Local S-L Evaluations by Site in 1819

LOCAL HEARING SCREENINGS BY SITE 1819

Site	Value
SHROC	138
CDC	13
CCS	36
HEALTH FAIR	92
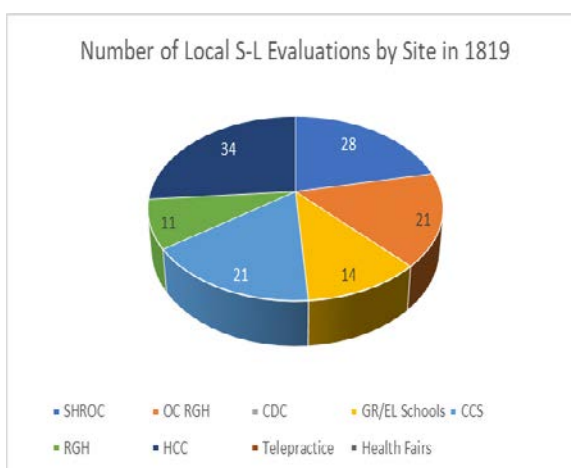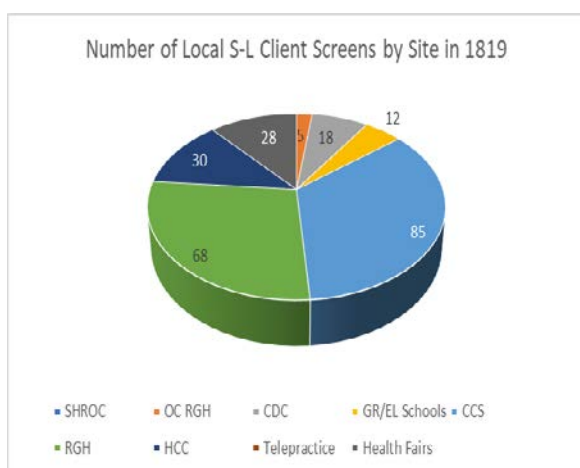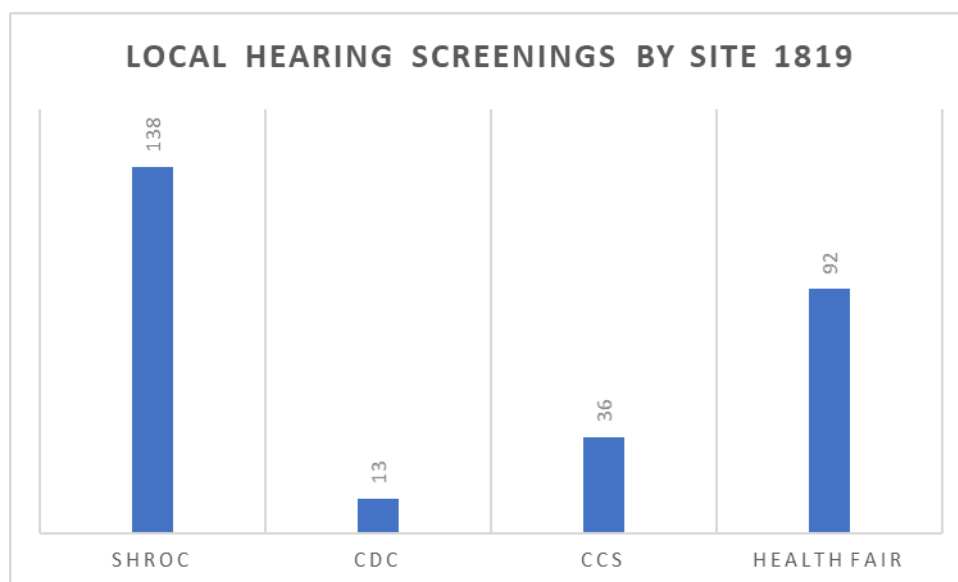
Directed Studies (579s):

Students and faculty completed numerous 189 SCHs of independent studies in 2018-19. The majority of these were focused remediation plans for graduate students. These studies give students another chance to work cooperatively with faculty and to learn/show competency with student learning (KASA) outcomes outside of the traditional classroom and practicum frameworks.

CDIS 579 Independent Study SCH Production

Year	Value
2015-16	3
2016-17	5
2017-18	26
2018-19	189
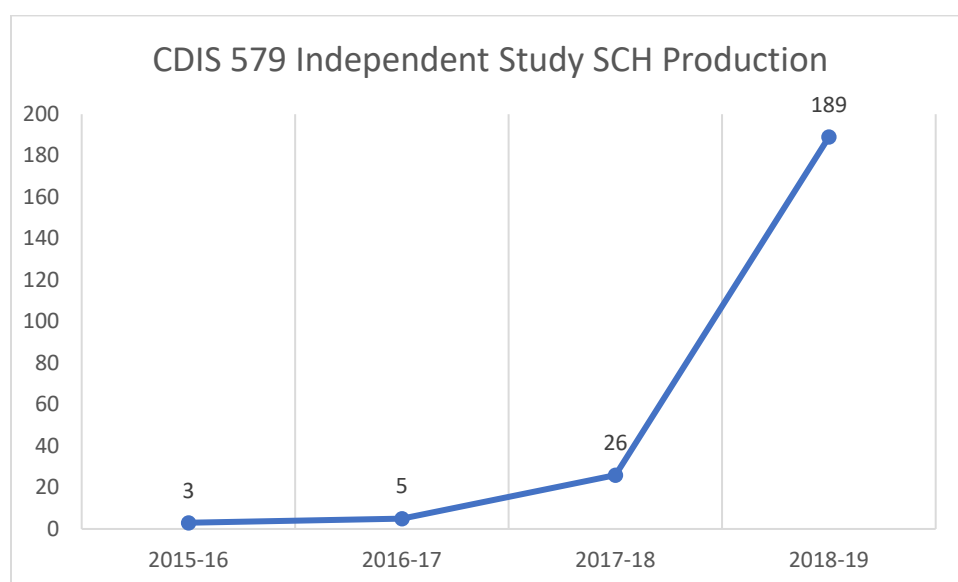
Please see **Appendix J1.4 Applied Learning** on the attached Excel spreadsheet for additional examples of other applied learning activities we use in CDIS.

Include any hardships or barriers to scholarly advancement among faculty and/or students that will be addressed in the "Self-critique of Current Program Resources" section of this review (point III below).

As mentioned previously, we don't have a lot of time. We recognize that no one else does either, but as practicing SLPs in a real-patient clinic, we're **ethically required** to hold paramount the welfare of the client at all times. This means we MUST put student clinical training before research. Since the acquisition of academic knowledge must take place before competencies can be translated to clinical skills, that tenet likewise holds for classroom instruction. Research and evidence-based practice are necessary and critically important components of any SLP's practice, but the dissemination of findings in a formal published paper is getting a very small market with 2020 audiences. Applied research is moving directly to some CEU venues these days, and that's a whole different online-convention kind of animal. We plan to explore that a bit in the next 5 years. Can our research be distributed in different ways? Few SLPs read journals anymore. What do they read? We're excited to explore this.

1.5. Response to program review

Briefly discuss the final findings/recommendations from your previous program review (if applicable) and the program's response to those recommendations during the last five years.

From the Program Review Sub-Committee Report - 02/26/2015
"It is the sub-committee's finding that the Communicative Disorders program is viable as currently structured for both the undergraduate and graduate programs. In general, the committee had the following comment:

- The program is strong in recruitment, curriculum, and assessment. The only problem the sub-committee finds is in the area of efficiency. The program's resources, in terms of faculty and staff, seem to be overused, which can take a toll on the program and negatively impact the quality of the program. When the sub-committee brought this concern to the program, the department chair was in agreement and suggested the addition of a support staff person to aid with setting up practicum placements/affiliation agreements, entering clock hours for each student, and maintaining clinical files. All of these necessary items require substantial amounts of time and effort for the faculty to maintain and keep current.

In light of the strength of this accredited program, the sub-committee supports additional resources, in the form of an additional support staff hire, to be devoted to this program. This will allow the current faculty to focus their time and efforts on maintaining current enrollments, student success, and clients."

Re: VPAA Final Recommendations, Program Review, Spring 2015

Based on the information provided by the department, and the reviews and feedback provided by the Program Review Committee, the dean of the College of Liberal Arts and Sciences, and

the Academic Assessment Committee the following represent the Key Findings and Recommendations for the Communicative Disorders program:

- Program: By all measures the Communicative Disorders program has been highly successful. The self-study clearly documents a high-quality academic program committed to the success of their students. The program administration, faculty and staff are commended for their efforts.
- Assessment: As noted by all levels of review, the program's assessment efforts have been commendable. The program has specific, measurable outcomes for each degree program that are clearly linked to the program's goals. The outcomes are appropriately assessed, and the data is used to identify changes in pedagogy, curriculum, requirements, etc.
- Resources: The program has experienced tremendous growth over the review period. The Program Review Committee has recommended the addition of an additional FTE. Based on the success and continued growth of the program, I am pleased to support this recommendation.

Briefly, the CDIS Program has the same problems today that it did 5 years ago: The program's faculty and staff are still "over-used." University administration (led by our VPAA and supported by our CLAS and Graduate Deans) have done much to alleviate this pressure, but we continue to grow and don't plan to let up as long as the university continues to allocate additional resources to our programs. At such time as they cannot or will not, we will back down our enrollment. Until then, we will stay the course with slow and steady growth and trust that our leaders will back us up. They have been true to our mission and we have no doubt they will continue to do this far into the future to the best of their ability. Growth creates problems, but they are good problems to have.

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. **(See Appendix F – 2019 Initial Observations)**

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. **(See Appendix F – 2019 SVR Final)**

Our current accreditation cycle is 3/1/2012 - 2/28/2020. This means we should receive the final decision from the CAA by Summer 2020. The outlook appears promising.

Our next annual report is due February 1, 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.

2.1. <u>Find ways that co-curricular activities can enhance students' college experience</u>

List key campus-experience opportunities for students that your program provided in the last five years, including those for on-campus and off-campus students. Examples may include student-fees-funded co-curricular activities, pre-professional clubs and organizations, service learning, ad hoc student groups, off-campus co-curricular travel, etc. Note where initiatives allowed students to engage with our broader communities to advance leadership, civic responsibility, student learning, and the program mission. If desired, add a table below to quantify your production and/or add a separate appendix for co-curricular activities.

Include any hardships or barriers to student-engagement that will be addressed in the "Self-critique of Current Program Resources" section of this review (Section III below).

Our program offers undergraduate course credit for significant experiences in CDIS 489. Students are also encouraged to observe and volunteer with their local therapists in their senior level courses. We offer at least one professional development activity through our Invited Speaker's Program each fall and spring semester, bringing in experts in selected topics of student interest. These have totaled at least *33 presentations in the last 5 years*. Presentations are recorded (when the speaker allows) and all are free and open to any ENMU student (Please see **Appendix A.4** for a partial listing of CDIS CEUs offered over the last 5 years).

ALL degree seeking graduate students must complete inter-professional education (IPE) activities with nursing and social work students when taking CDIS 504. Almost *300 CDIS graduate students have completed these IPE modules* in the last 5 years. This advances leadership and student collaboration with related professionals in truly essential ways. ALL degree seeking graduate students must additionally complete a *community service-learning project/presentation* in CDIS 504. This has totaled *approximately 100 civically focused education and prevention projects in 5 years*. 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. This data was presented earlier. 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. These speak to our academic, clinical, and community-based missions.

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 A.3 to see some of the NMSHA Co-Curricular Activities** and **Appendix J2.1.a Co-Curricular Organizations and J2.1b Co-curricular Faculty** on the attached Excel spreadsheets for additional detail.

2.2. Recruitment, Retention, and Completion Initiatives

Recruitment – Student and Clinical:

Clinical -
We participated in 9 major community screening events in 2018-19. These screenings are designed to recruit clients to our clinic, to provide hands-on clinical practice for students, and to deliver services for community members in need. Hearing and S-L screenings are always free at the clinic on request. We routinely announce our free screenings and our range of services offered on our college announcement boards and with Rooney-Moon Broadcasting. We have placed SHROC brochures in the Education building next to the coffee shop and in the counseling office on campus. We hand out flyers and complete screenings at the local county fairs, Heritage Days, the Peanut Valley Festival, and the Roosevelt County Health Fair. Our homecoming parade float and Trunk-or-Treat participation also advertise our program and services each year. We keep our PSAs on the local radio stations and have clinic webpages on enmu.edu and on our own 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 and free early childhood screenings for students at Clovis Christian School. We also provide screenings for CDC each fall and spring. We complete free accent modification screenings and provide no-cost therapy to applicable ENMU graduate teaching assistants who learned English as a second language. As mentioned previously, every student in CDIS 504 in both fall and spring present a community "inservice" on various topics relating to the prevention and management of speech, language, swallowing, and hearing disorders. All of these serve as "community recruiting" 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 enter a CDIS float in the Homecoming Parade annually and make presentations in voice and freshman seminar classes. We present in CDIS 144 and 244 dual enrollment courses. We post our available options on the web, and we send email flyers

to other universities. We also send Program Newsletters to all students and stakeholders that further publicizes our program (see https://my.enmu.edu/web/cdis/home for examples). We host an annual booth at NMSHA to recruit graduate students and undergraduate transfers. Every few years, we host a booth at ASHA to recruit graduate students. We further send students to Graduate Education Day to present posters of their research each year in Santa Fe.

We've sent printed materials to potential recruiting pools in the past with limited results. We sent postcards 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).

Detail regarding our student recruiting and retention activities can be found in **Appendix D Recruitment, Retention, and Completion Plan**. We are currently working with Comm Services to build new landing pages we will use for an internet "follow-me" campaign. We are hope that this will attract more undergraduate students especially.

Results –

Undergraduate -
Our undergraduate semester credit hour production grew slowly and steadily through 2017-18, but was largely flat in 1819. Here is what we've done/are doing to change this:

- Revive the Health and Human Services minor. We made a mistake when we discontinued this. We did not realize how many non-CDIS majors had declared it. It was also an effective way for those who left the major to use the courses they had in CDIS. Students have requested we bring it back and we agree.
- Advertise the Clinical Practice and Clinical Practice Spanish minor. We're getting a good number of takers but it's marketable for non-SLPs as well.
- Continue to explore the study abroad options in Costa Rica.
- Advertise our leveling program, including our new course options.
- Continue direct marketing for the SLPA to BS in SLP completion plan.
- Develop the AA in SLPA. We believe this is extremely marketable.
- Build an audiology emphasis.

Our new Clinical Practice Minor lends itself quite well to those students who plan to opt out of the master's degree and work as an apprentice or assistant. This minor offers new classes at the undergraduate level in voice, fluency, AAC, autism, neurogenic disorders, etc. that have not been available in the past. We believe that students who are joining the workforce will better value these courses and will seek out a program that best prepares them for a wider range of potential workplace challenges. We also believe that students who are seeking graduate school admission will see these courses (traditionally available only at the graduate level) as a "leg up" for graduate school admission rankings. We hope this (plus better webpage advertising of our leveling courses) will return us to the slow and steady climb we once experienced.

Graduate

We feel that our efforts at attracting and retaining students have been successful, but we've had some recent challenges at the graduate level that we've not had before. The Council of Academic Programs in Communication Science and Disorders (CAPCSD) reports that SLP and Audiology programs across the country are experiencing a significant decline in applicants during this admissions cycle. **Nationally, there is an average decline of -19.85% of applicants per SLP program and -18.15% of applicants per Audiology program compared with this date last year.**

The ENMU CDIS first felt this trend in 1617 and 1718. We still had applicants, but noted that the number and quality of those applicants had been dropping since 1516. We needed more and better qualified applicants. Even though the number of students who applied to our graduate program still exceed our capacity to serve them, the academic preparation of our graduate applications was declining. The best of our applicants tends to decline our admission offers. Admitting too many "marginal" students does negatively impact our completion rates down the line (these students take longer to matriculate).

We identified several potential reasons for declining applications:
- 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 other universities have instituted new programs. We have more competition for students, and most of these programs are in urban areas where students are more likely to want to relocate. **There are currently 289 programs for SLP listed in EdFind. Thirteen of those are completely online.**
- Students are increasingly seeking fully online graduate programs.
- Students are seeking accelerated programs or those with fewer credit hours required.
- Students are seeking programs that require 15 credits or less as pre-requisites.
- Students are seeking programs which are affiliated with guaranteed practicum sites that do not require they assist with site placement and 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 – the SLPA and ASL licensees are decreasing university graduate program numbers across the nation.

Some of the problems listed above can be addressed, but some cannot. ENMU will always have a longer published completion time as we accept students who have not completed pre-reqs and we allow part-time matriculation. We don't get top 5% students unless they're home grown and come through our program. We take students that no one else will. We have a huge number of non-traditional working students and plenty of millennials who get pregnant in college. You can't have two babies during grad school and finish your clinicals on time. We also

have a much larger than average number of students who speak English as a second language or who have disabilities. We are proud of our students and wouldn't change a thing, but they take a little longer to graduate than do students at "traditional" (inflexible) programs.

We focused on what we could control. Please fine below the steps we have taken/will be taking to lessen our declining applications. As noted in the table below, results look promising thus far.

- We moved our application process to CSDCAS – This is a centralized application service used by most programs in CDIS. It makes us more visible and streamlines the application process for students.
- We shifted to rolling admissions – This essentially removes the due date for applications and allows us to admit students to upcoming cohorts on a year-round basis,
- We added early admission – This has allowed us to "lock-in" leveling students before they finish their requirements.
- We moved our interviews to CASPer – This service makes interviews affordable and convenient for students.
- Our FA20 graduate curriculum is more distance-student friendly. Notable changes include:
  - Required residency requirements have shifted from the first semester to the second (or later for pe-req deficient or part-time students). This means that students can start our program from a distance without the commitment of relocation. This will make the move to Portales seem less daunting, and students will have more time to plan and save for their residency requirement. Students will also have a significant time-financial investment in the university - multiple credits will have been competed before they're required to move to campus. When that requirement occurs in their second or third semester, they will already have a full semester of coursework completed. They will be loath to lose that. This should also decrease our new admission no-shows and drop-outs before census. They take up seats we could've given to other students.
  - The research sequence has been shortened and simplified. We will still appeal to those who want a thesis-like experience but will not repel those who are intimidated by this prospect.
  - The curriculum has been expanded to include additional student interests and to provide more student supports.
  - Courses will be 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 sooner.
  - Other on-campus residency requirements have been removed.
- We've updated our profile in the annual CAPCSD Education Survey. This exports to EdFind, ASHA's online directory for undergraduate and graduate degree programs in communication sciences and disorders (CSD). Our new profile reflects the FA20 catalog. This catalog is more attractive to distance education students.
- We're working with Comm Services to change our webpages. They're not doing us any favors right now. We're going the landing page route.

Our application/admission data is listed in the tables below.

Graduate Program Admission Data							
	Undergraduate GPA	Major GPA	GRE Verbal	GRE Quantitative	GRE Writing	Number of Completed Applications	Date Trend for # of Applications
18-19	3.40	3.48	147	144	3.72	185	-3%
17-18	3.43	3.55	149	145	3.78	190	-30%
16-17	3.52	3.57	150	147	4	271	-20%
15-16	Data lost	3.66	152	148	4	338	+89%
14-15	3.43	3.57	151	146	4	179	+10%
13-14	3.40	3.50	155	151	4	163	+77%
12-13	3.37	3.58	150	144	4	92	+28%

Number of Applicants to the Graduate Program by Academic Year					
	1415	1516	1617	1718	1819
Application number					
• Completed applications	179	338	271	190	185
• Regular admission	5	10	4	2	3
• Provisional admission	86	84	83	85	95
o Total # of students admitted	91	94	87	87	98
• Students declining our admission offer	31	29	22	23	38
• Students accepting admission offer	60	65	65	64	60
• Denied admission	24	39	46	29	39
• Waitlisted	64	205	138	74	48
Of those admitted:					
• Number attending	54	58	61	58	59
• Number deferring	0	0	0	0	0
• Number that did not show or left before census (not included in admitted counts above)	6	7	4	6	1
Notes/Comments:					

Retention:

We begin the retention section with SCH and Headcount data for undergraduate and graduate programs. **As with graduate programs in CSD, other universities have opened new online programs for leveling courses in CSD. There are currently 60 programs listed in EdFind that offer CDIS pre-requisites online.** This has hurt our undergraduate numbers in the last year especially, but not significantly. We've held on and I believe we will weather this storm. Most other SLP Programs have lost enrollment in their undergraduate courses as university competition has increased. As many of these programs are "stand-alone" and function outside of the regular undergraduate curriculum and rotation, I don't know how many of these programs will be able to continue. ENMU's online program is over a decade old and is fully integrated with our undergraduate major and minor degrees. We can teach online forever with no threat to rotations or additional administrative expense.

Here's how we're different:

- ENMU CDIS allows non-CDIS majors to take CDIS courses. Most universities prohibit this.
- ENMU CDIS permits visiting students to take one course only. Many universities require that students take a minimum number of hours with them in order to be allowed into the online pre-req courses. Some limit their pre-reqs to admitted degree seeking graduate students only. We do not do this. Undergraduate non-degree seekers and one course leveling students have impacted enrollment slowly, but positively.
- ENMU CDIS permits undergrads and levelers to choose their courses "buffet-style" instead of requiring them to complete the entire sequence. This was a good decision. Students can take as many or as few courses as they need each semester. They are not locked into a cohort or rotation at ENMU as they are in many other pre-req programs.
- Offering all required courses each semester has allowed us to attract students year-round. Student may begin the program (all required courses ae offered) first 8 weeks, second 8 weeks, and 16 weeks for fall and spring semesters. Summer semesters are also available.
- ENMU CDIS permits students to take courses in any order they prefer (as long as pre-requisites have been met, and there are few).
- ENMU CDIS permits students to take courses as second bachelor's degree seeking and/or leveling students. This has opened the door for different financial aid options that are not available at other institutions.
- ENMU has established differential tuition for second bachelor's and leveling students in CDIS. This has been crucial to recruiting/retention. In-state tuition for 6 credits or less also works well for our part-time students.
- ENMU CDIS offers WW, AW, and online courses with both lecture capture and live meetings available. This meets the needs of diverse learners.
- Allowing non-degree seeking students to take graduate courses has positively impacted enrollment. We have further allowed students who have been suspended to re-take courses as non-degree seekers in order to repair their GPAs and return to the program in good standing.

Our SCH production data is below.

*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 may be substantially higher than what is represented below**. We have presented SCH at census date for this report.*

SCH Census Date Trend Data for CDIS									
	1415	**1516**	**1617**	**1718**	**1819**	**5 yr avg**	**% Change 1 year**	**% Change 2 years**	**% Change 5 years**
UG	5909	6000	6530	6785	6595	6364	-3%	0%	+12%
Grad	2250	2939	2987	3337	3455	2994	+4%	+16%	+54%
Total	8159	8939	9517	10122	10050	9086	0%	+6%	+23%

CDIS Sum of Student Credit Hours at Census Date

	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19
UG	6,051	5,909	6,000	6,530	6,785	6,595
Grad	1,677	2,250	2,939	2,987	3,337	3,455
Total	7,728	8,159	8,939	9,517	10,122	10,050

5 Year Total SCH
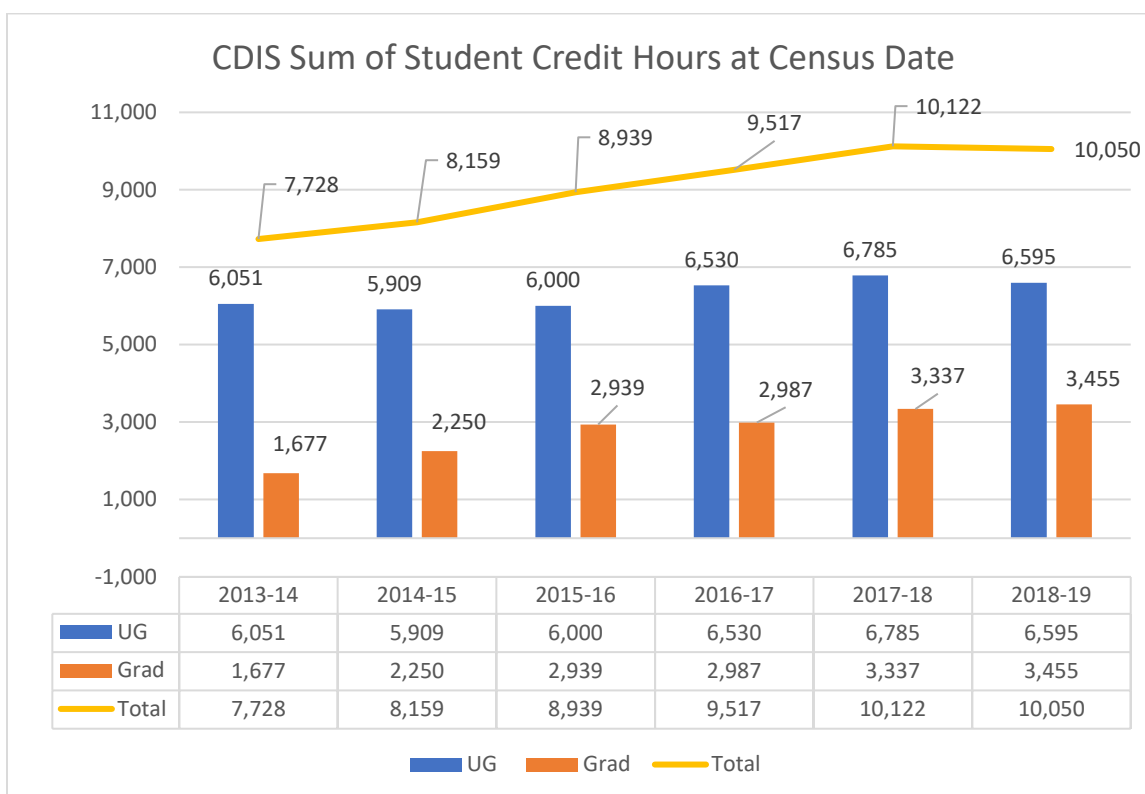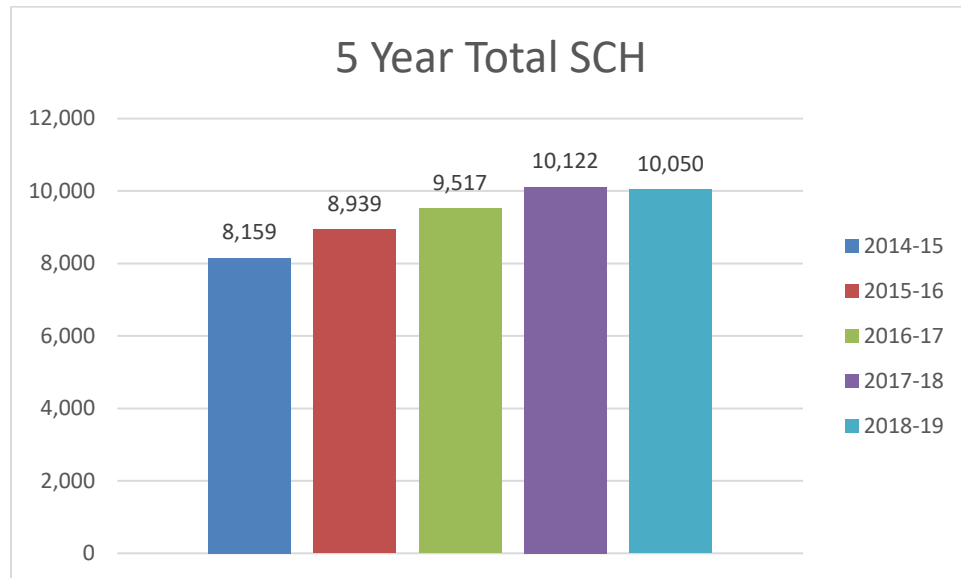
Our end of semester <mark>headcount</mark> enrollment data is below.

End of Semester Headcount Trend Data for CDIS									
	1415	**1516**	**1617**	**1718**	**1819**	**5 yr avg**	**% Change 1 year**	**% Change 2 years**	**% Change 5 years**
UG	869	793	910	909	871	870	-4%	-4%	0%
Grad	154	192	208	230	253	207	+10%	+22%	+64%
Total	1023	985	1118	1139	1124	1078	-1%	0%	+10%

End of Semester Enrollment Headcount

	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19
Graduate	88	117	154	192	208	230	253
Upper Div	492	529	533	578	579	609	607
Lower Div	397	362	336	215	331	300	264
Total	977	1,008	1,023	985	1,118	1,139	1,124
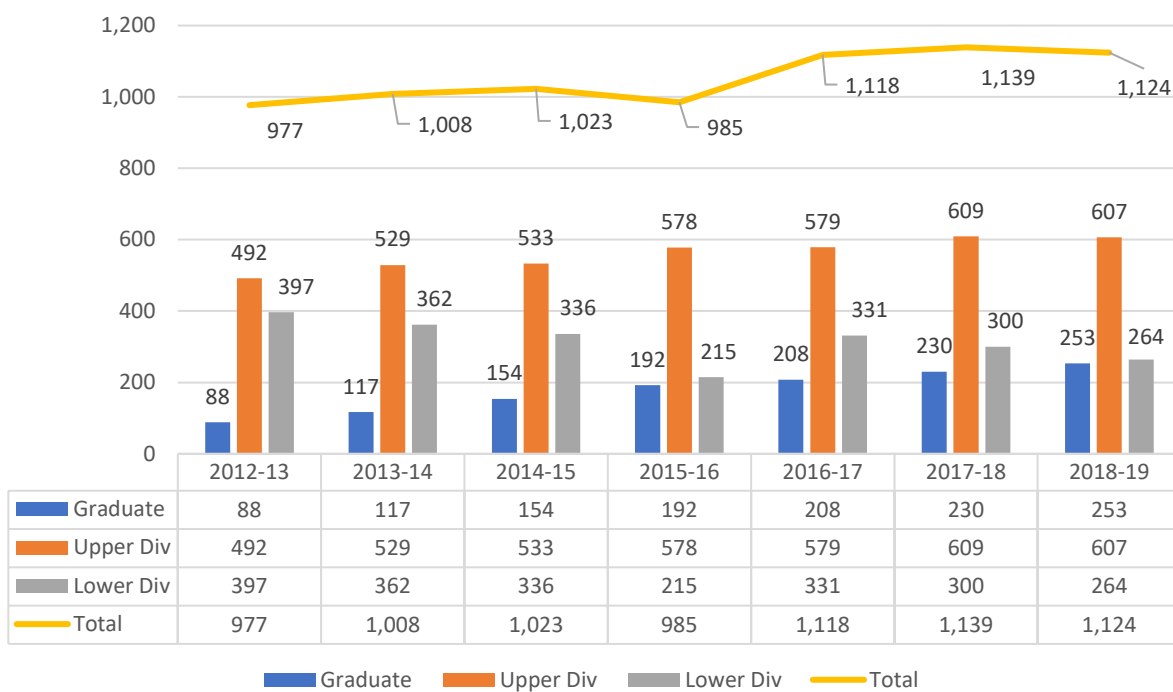
5 Year Total End of Semester Headcount

1023	985	1118	1139	1124

Legend: 1415, 1516, 1617, 1718, 1819
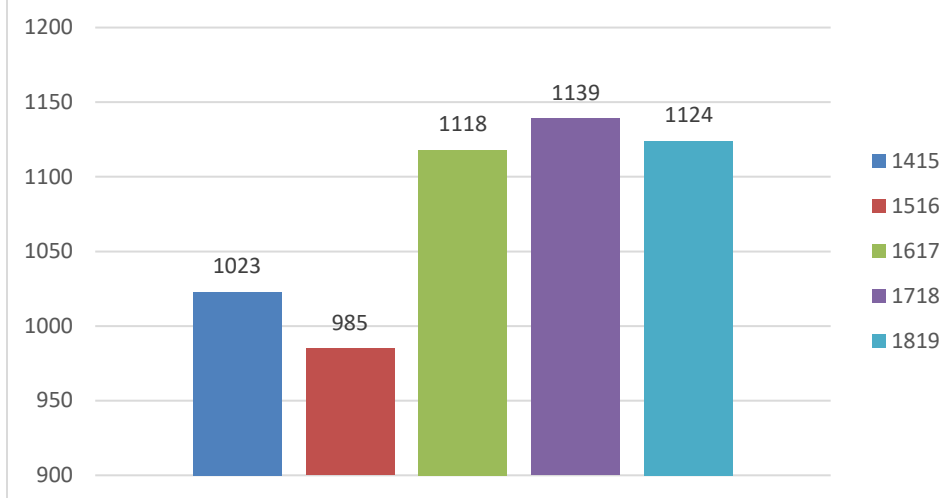
Enrollment Summary:

- Census SCH:
  - UG SCH is down 3% from last year, but up 12% from 2013-14
  - GR SCH is up 4% from last year, and up 54% from 2013-14
  - Total SCH is static (0%) from last year, and up 23% from 2013-14
- End of Semester Headcount
  - UG headcount is down 4% from last year, but static (0%) from 2013-14
  - GR headcount is up 10% from last year, and up 64% from 2013-14
  - Total headcount is down 1% from last year, but up 10% from 2013-14

Number of Majors and Minors:

We've lost a few majors, but we believe our new catalog changes are addressing that. Some of this is cyclical, but the need for SLPs is still increasing so we believe our numbers will rebound. New minor options seem to be having a positive impact.

Undergraduate and 2nd BS Majors								
1415	1516	1617	1718	1819	5 yr avg	% Change 1 year	% Change 2 years	% Change 5 years
180	178	198	213	202	194	-5%	+2%	+12%

UG & 2ND BS MAJORS
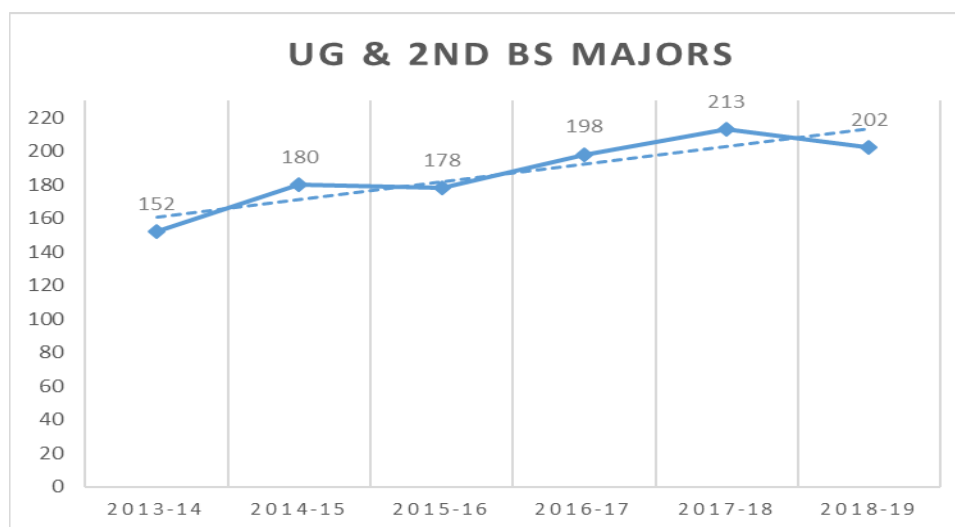
We naturally gained minors when we switched from a composite major to a major/minor format in 1415. We are surprised at the number of "stand-alone" minors we're gaining.

Undergraduate Minors								
1415	1516	1617	1718	1819	5 yr avg	% Change 1 year	% Change 2 years	% Change 5 years
30	100	125	112	115	96	+3%	-8%	+283%

Minors on Census Day (3 Semester Avg)
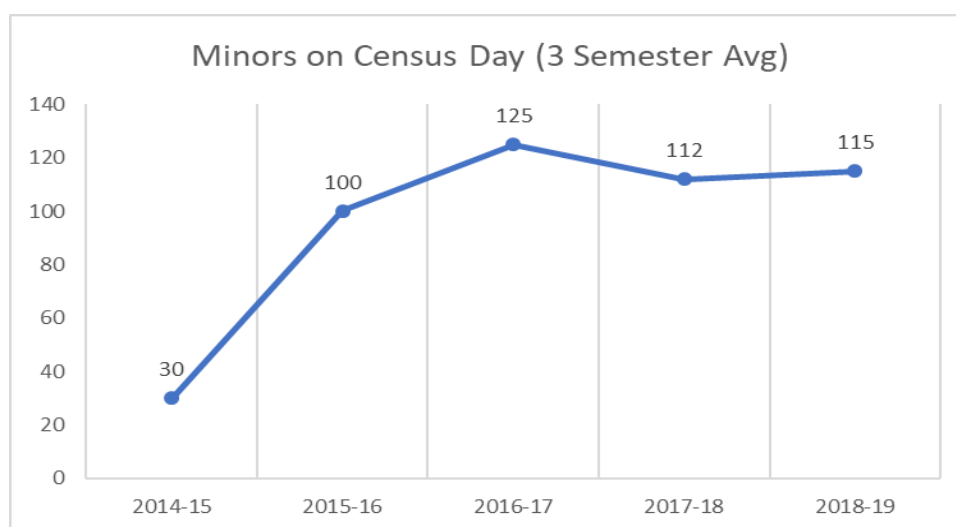
We included this because we found it curious. CDIS students who run out of finacial aid usually default to a BUS degree.

CDIS BUS Majors								
1415	1516	1617	1718	1819	5 yr Avg	% Change 1 year	% Change 2 years	% Change 5 years
3	1	2	2	2	2	0%	0%	-33%

CDIS BUS MAJORS
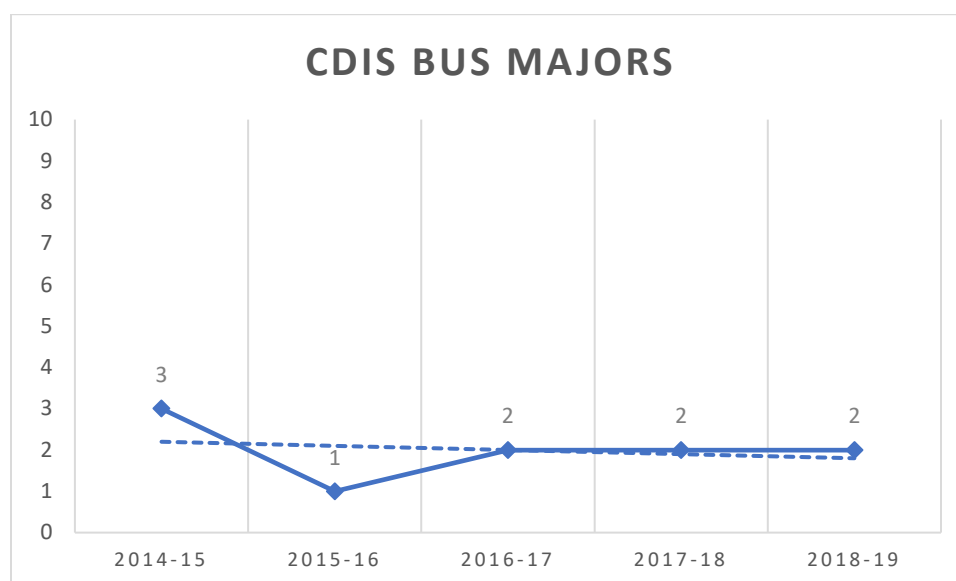
Please note that the number of majors and the number of leveling students fluctuate on a regular basis. Many graduates start as non-degree seeking levelers and then move to the second bachelor's based on the requirements of the master's program they are applying to. Conversely, some students start as second bachelor's degree seeking and then move to leveling when they are accepted at a university that does not require the full degree.

* *Leveling numbers are negatively impacted when students enroll in courses as non-degree seeking undergraduates (which many of them do).*
* *Our degree seeking graduates who are taking pre-reqs concurrent with graduate work do not show up in undergraduate or graduate leveling head counts either.*

*These students do not show up in our major/minor numbers **anywhere**, but their impact can be measured in SCH production numbers presented earlier. Ultimately, SCH numbers are more indicative of "where we are" and perhaps are more representative of our program's health than majors/minors and headcounts.*

We are working with Comm Services to develop a flow chart to assist students in choosing the matriculation path that best meets their needs and to make 2nd bachelor's degree seeking and leveling applications easier to complete. We have asked for this several times. We hope we can get it completed this year.

CDIS Graduate Leveling "Majors"								
1415	**1516**	**1617**	**1718**	**1819**	**5 yr Avg**	**% Change 1 year**	**% Change 2 years**	**% Change 5 years**
125	103	75	70	68	88	-3%	-9%	-46%

CDIS GRADUATE LEVELING "MAJORS"
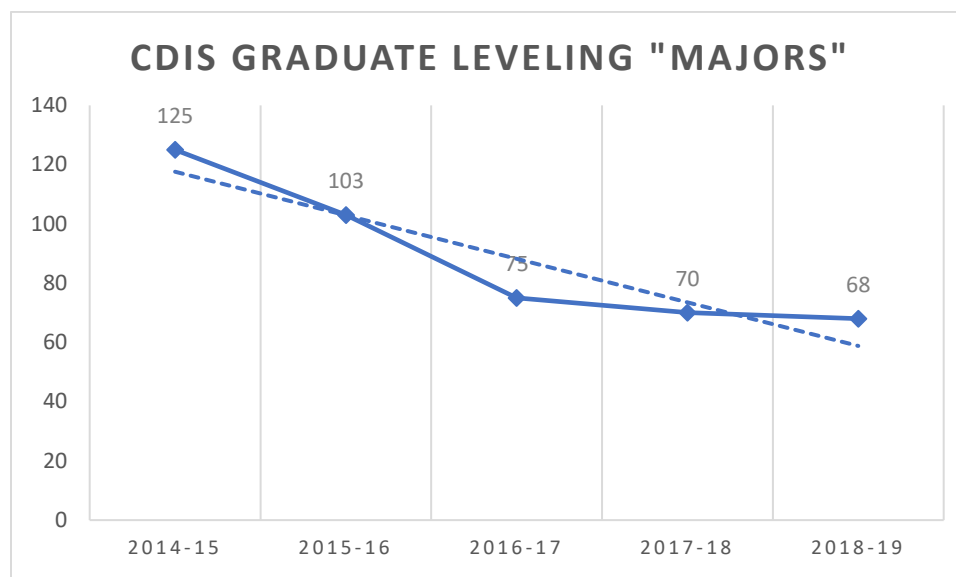
Our declining leveling numbers may have been impacted by our second bachelor's degrees, but we believe the decline is most likely due to:

* Increasing numbers of non-degree seeking student admissions (leveling students who apply incorrectly).
* Decreasing interest in CDIS master's degrees. If you're opting to work as an assistant (vs. going on to complete your master's degree), you do not need as much pre-eq work. We believe that more students are electing to work as SLP assistants.
* Increasing competition from other university programs who now offer online undergraduate/pre-requisite courses.

Surprisingly, employment as an assistant does not always require a degree in CDIS. In some states, the SLPA license requires as little as 15 credits in communication sciences and disorders (CSD). In others, it requires a specialized AA degree. In any event, the sharp decrease in graduate school applicants across the nation tell us that students are leaving school and going to work. The decrease in leveling headcount likely reflects this trend as well, though the new level of comeptition for online students in CDIS may also play a strong role.   Incidentally, we believe that many of these new "start-ups" may not be sustainable as structured. We've already seen a few prominent online programs scale back. It will be interesting to see how these trends unfold.

Graduate M.S. Degree Seeking Majors											
	1213	1314	1415	1516	1617	1718	1819	5 yr avg	% Change 1 year	% Change 2 years	% Change 5 years
Residential	32	40	51	60	28	26	21	37	-19%	-25%	-59%
Distance Education	32	52	64	87	137	147	164	120	+12%	+20%	+156
Total	64	92	115	147	165	173	185	157	+7%	+12%	+61%

GRADUATE M.S. DEGREE SEEKING MAJORS

Chart showing enrollment data with three series (Residential, Distance Education, Total) across years 2012-13 to 2018-19:

Year	Residential	Distance Education	Total
2012-13	32	32	64
2013-14	40	52	92
2014-15	51	64	115
2015-16	60	87	147
2016-17	28	137	165
2017-18	26	147	173
2018-19	21	164	185
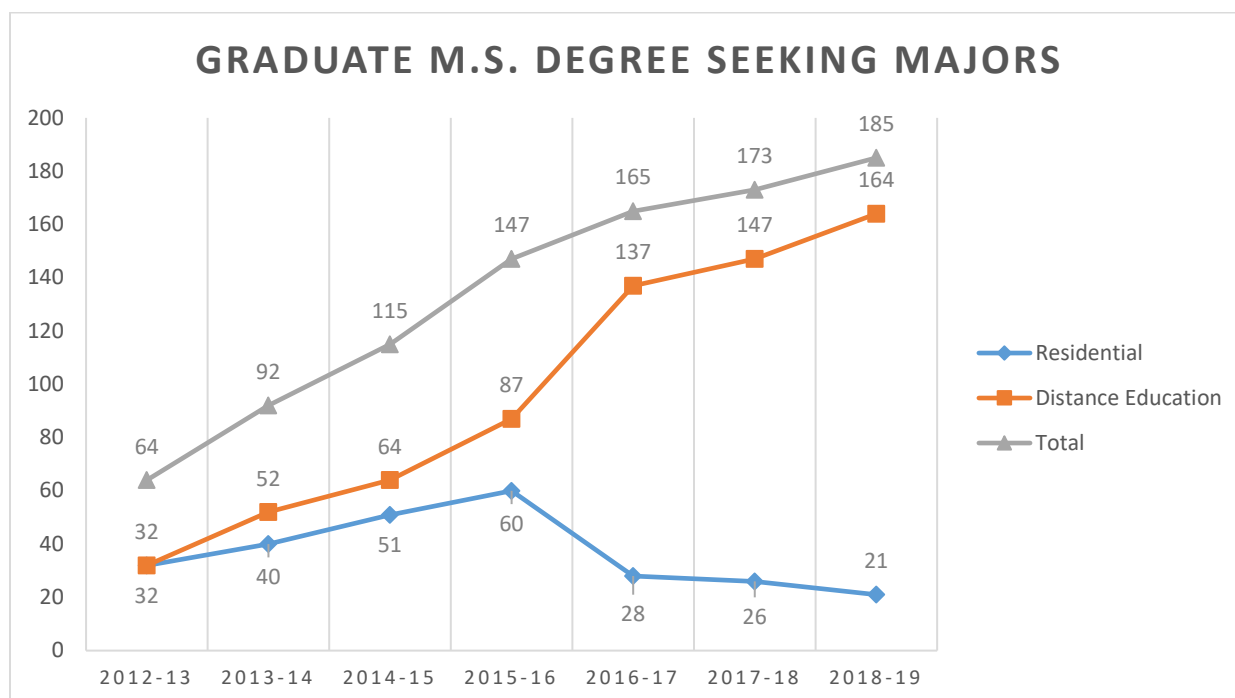
Graduate enrollment is still growing slowly and according to plan. Distance education is clearly our biggest market. We anticipate this will continue.

We are ever so slightly lower than our projections due to the number of students who "no-show" or drop out at graduate orientation and during the first week. We currently charge a $50 admission fee to defer this behavior, but $50 doesn't stop them at all. We also over-admit so that when the quitters quit us, we're still at the right number, but this is a balancing act. We also drop a couple of first year students each year who take a leave of absence to explore other career options and we lose a few second-year students who stop-out to have babies or who go to work and then never return. We do our best to get them back in, but sometimes their interests and life circumstances dictate their path in ways we cannot predict or control. Life happens.

Headcount Enrollments

Please note that the data sets we received for per course enrollment were incomplete. Some of this was due to courses changing numbers, but some courses had been omitted altogether. We requested new data sets, but some of this information clearly did not match prior information that had been given to us. We believe the numbers below are fairly accurate, but there are a few instances where the numbers we were given were substantially lower than what we could calculate ourselves by looking at end of course enrollments in Banner. Also, we understand that you wanted to assess class size and rotation efficiency with the tables below, but this is not how the data was sent to us. Class enrollments for each semester were combined into one section (e.g., the three sections of CDIS 300 available in FA14 were combined into a single FA14 CDIS 300 entry in the data we were sent.). We hope you can trust that our course sizes are robust with very few exceptions. We did the best we could with it.

Overall, undergraduate enrollment has increased over 5 years and is roughly the same for the last couple of years. We have few low enrollments in any of our courses, except for CDIS 244. This course is offered every 1-2 years and is sometimes limited to 10 or so students. All required major and minor courses are offered at least three times per year and average about 25 students per section. Elective courses are offered one time per year except for GenEd eligible CDIS 144.

Percentage of change in individual classes as listed in the table below don't mean much. They go up and down on a regular basis and are influenced by the number of enrolled undergraduate non-degree seekers, graduate levelers, and concurrently enrolled degree seeking graduates we have in the mix.

Student Headcount in Undergraduate Courses
Offered in Support of the Program Major and Minor

Course	1415	1516	1617	1718	1819	5 yr avg	% Change 1 Year	% Change 2 Year	% Change 5 Year
Required Courses									
CDIS 143/243/301	86	68	336	230	185	181.0	-19.6%	-44.9%	+115.12%
CDIS 300	218	256	230	197	210	222.2	6.6%	-8.7%	-3.67%
CDIS 303	193	209	192	164	169	185.4	3.0%	-12.0%	-12.44%
CDIS 210/310	127	139	114	146	146	134.4	0.0%	28.1%	+14.96%
CDIS 250/330	166	142	178	151	167	160.8	10.6%	-6.2%	+0.60%
CDIS 311	118	145	111	141	129	128.8	-8.5%	16.2%	+9.32%
CDIS 332	160	138	113	135	137	136.6	1.5%	21.2%	-14.38%
CDIS 342	131	164	128	141	142	141.2	0.7%	10.9%	+8.40%
CDIS 400	136	162	115	146	158	143.4	8.2%	37.4%	+16.18%
CDIS 421	135	157	158	232	222	180.8	-4.3%	40.5%	+64.44%
CDIS 434	145	151	152	173	185	161.2	6.9%	21.7%	+27.59%
CDIS 441	99	97	107	105	100	101.6	-4.8%	-6.5%	+1.01%
CDIS 441L	0	92	136	110	93	86.2	-15.5%	-31.6%	N/A
CDIS 454	149	136	149	132	113	135.8	-14.4%	-24.2%	-24.16%
Required Course Totals	1863	2056	2219	2203	2156	149.96	-2.1%	-2.8%	**+15.73%**
Minor* and Elective Courses									
CDIS 140	22	35	41	41	43	36.4	4.9%	4.9%	+95.45%
CDIS 144	88	90	75	87	89	85.8	2.3%	18.7%	+1.14%
CDIS 244	24	33	20	12	8	19.4	-33.3%	-60.0%	-66.67%
CDIS 320*	136	120	139	115	118	125.6	2.6%	-15.1%	-13.24%
CDIS 323	0	0	0	38	20	11.6	-47.4%	N/A	N/A
CDIS 324	0	0	0	32	19	10.2	-40.6%	N/A	N/A
CDIS 433	N/A	15	0	20	13	12.0	-35.0%	N/A	N/A
CDIS 445 (off-load)	9	6	7	2	1	5.0	-50.0%	-85.7%	-88.89%
CDIS 446 (off-load)	0	0	0	3	2	1.0	-33.3%	N/A	N/A
CDIS 455*	30	30	51	64	39	42.8	-39.1%	-23.5%	+30.00%
CDIS 491 (off load)	8	1	2	1	4	3.2	300.0%	100.0%	-50.00%
CDIS 493	0	0	52	20	9	16.2	-55.0%	-82.7%	N/A
Elective Course Totals	317	330	387	435	365	31.08	-16.1%	-5.7%	**+15.14%**
Grand Totals	2180	2386	2606	2638	2521	90.52	**-4.4%**	**-3.3%**	**+15.64%**

Headcount in Undergraduate Major Classes

Legend: Y1415, Y1516, Y1617, Y1718, Y1819

Headcount in UG Minor* and Elective Courses

Legend: Y1415, Y1516, Y1617, Y1718, Y1819
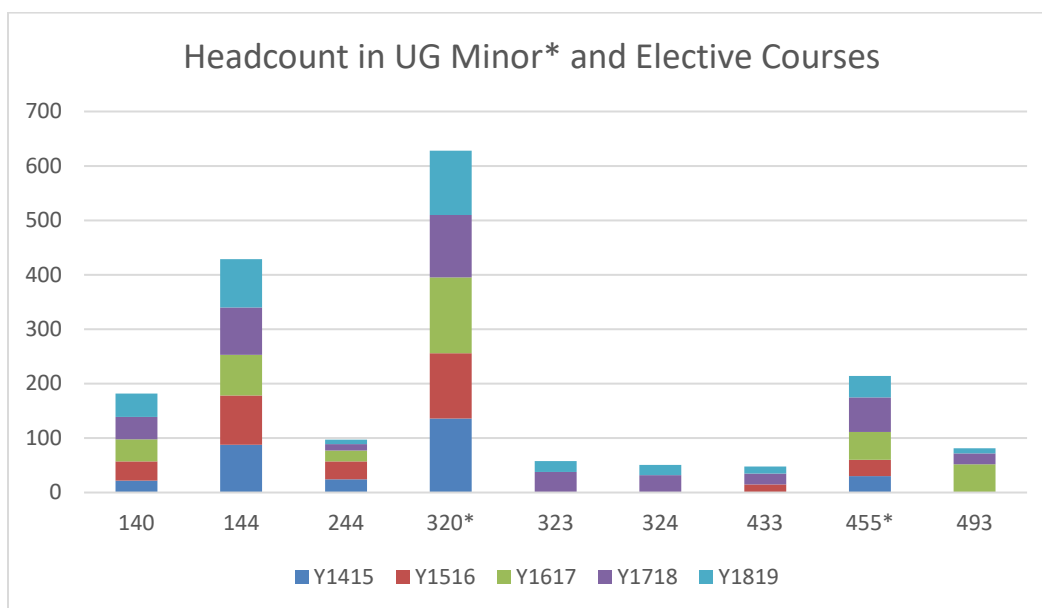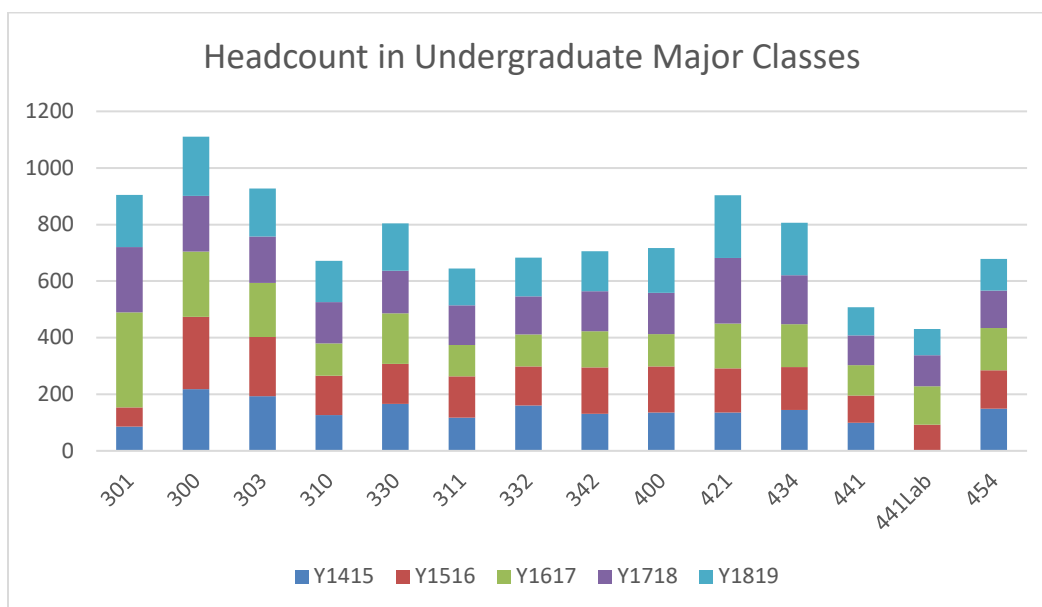
Student Headcount in Support of the General Education Program

Course	1415	1516	1617	1718	1819	5 yr avg	% Change 1 Year	% Change 2 Year	% Change 5 Year
CDIS 144	88	90	75	87	89	85.8	2.3%	18.7%	+1.14%
CDIS 244	24	33	20	12	8	19.4	-33.3%	-60.0%	-66.67%
CDIS 320**	136	120	139	115	118	125.6	2.6%	-15.1%	-13.24%
Totals	248	243	234	214	215	76.9	0.5%	-8.1%	**-13.31%**

∗   CDIS 144 generally makes 2 sections in the fall and 2 sections in the spring. Course caps are low (20) due to the individual instruction needed in sign language courses.

∗   CDIS 244 is offered every spring (when it makes) and every other spring when it does not.

∗   CDIS 320 generally makes 2 sections in the fall, 2 sections in the spring, and 1 section in the summer.
        **Upper Division/Global Diversity course

CDIS GenEd Course Headcount
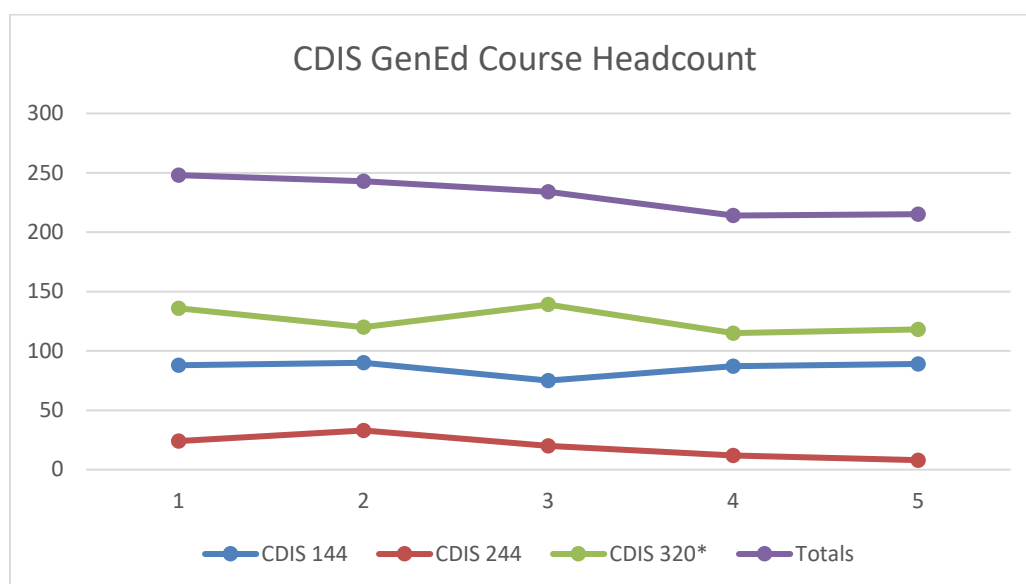
Graduate course enrollment/rotation efficiency is easier to assess than undergraduate as most courses are only offered one time per year. CDIS 501, 504 and CDIS 590 run each fall and spring. CDIS 502, 503, 505, and 589 are practicum/internship courses and combine with other practicum courses each semester to make load as needed. CDIS 593 was offered concurrently/cross listed with a 493 on the same topic.

Again, the patterns don't mean much as all students must take all required courses to graduate. The table shows growth, but 1- and 2- year trend data can be kind of random and fluctuates based on full-time vs. part-time student enrollment. CDIS 525 exploded in 1617 as we offered it twice in one year (instead of 512 – we were swapping semester rotations for those two courses to balance faculty loads). The 2-year percentage of change for both of those courses is misleading, as are 593 numbers (578 was offered as a 593 before it was given a permanent number). What is most meaningful about this chart is the class size for each course. Please see the graph below for more information about that.

Student Headcount in Graduate Courses

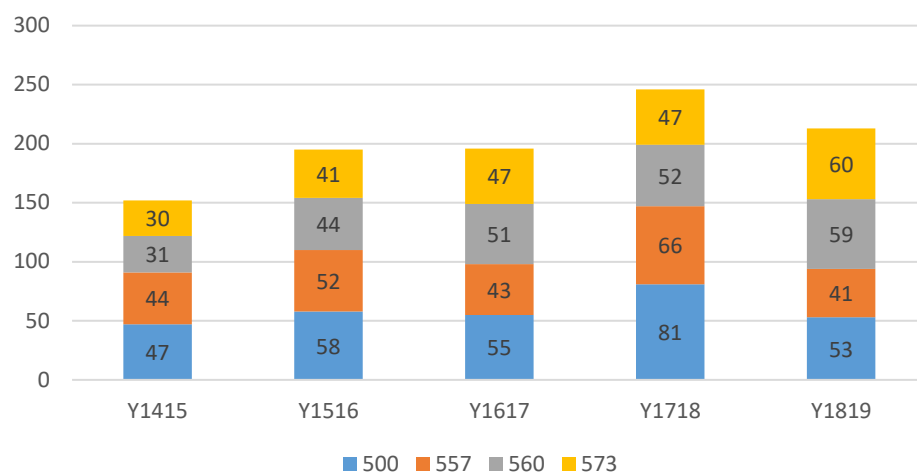| Course	1415	1516	1617	1718	1819	5 yr avg	% Change 1 Year	% Change 2 Year	% Change 5 Year
Required Courses									
CDIS 500	47	58	55	81	53	58.8	-34.6%	-3.6%	+12.77%
CDIS 501	61	68	95	77	86	77.4	11.7%	-9.5%	+40.98%
CDIS 502	56	56	66	77	67	64.4	-13.0%	1.5%	+19.64%
CDIS 503	50	60	37	63	67	55.4	6.3%	81.1%	+34.00%
CDIS 504	58	64	62	60	65	61.8	8.3%	4.8%	+12.07%
CDIS 505	36	48	50	58	60	50.4	3.4%	20.0%	+66.67%
CDIS 511	41	68	66	61	70	61.2	14.8%	6.1%	+70.73%
CDIS 512	55	60	0	53	71	47.8	34.0%	+7100%	+29.09%
CDIS 516	61	56	77	64	74	66.4	15.6%	-3.9%	+21.31%
CDIS 517	30	50	48	65	56	49.8	-13.8%	16.7%	+86.67%
CDIS 525	33	45	122	61	87	69.6	42.6%	-28.7%	+163.64%
CDIS 526	52	67	64	70	75	65.6	7.1%	17.2%	+44.23%
CDIS 527	35	54	52	56	62	51.8	10.7%	19.2%	+77.14%
CDIS 528	51	61	63	63	39	55.4	-38.1%	-38.1%	-23.53%
CDIS 529	53	53	62	64	63	59.0	-1.6%	1.6%	+18.87%
CDIS 540	41	52	55	62	60	54.0	-3.2%	9.1%	+46.34%
CDIS 550	45	77	53	67	55	59.4	-17.9%	3.8%	+22.22%
CDIS 554	28	42	44	49	62	45.0	26.5%	40.9%	+121.43%
CDIS 557	44	52	43	66	41	49.2	-37.9%	-4.7%	-6.82%
CDIS 560	31	44	51	52	59	47.4	13.5%	15.7%	+90.32%
CDIS 573	30	41	47	47	60	45.0	27.7%	27.7%	+100.00%
CDIS 589	19	40	51	49	64	44.6	30.6%	25.5%	+236.84%
CDIS 590	28	42	45	50	53	43.6	6.0%	17.8%	+89.29%
Required Course Totals	985	1258	1308	1415	1449	55.78	2.4%	10.8%	**+47.11%**
Elective and Remediation Courses									
CDIS 528L	0	0	0	0	37	7.4	+3700%	N/A	N/A
CDIS 542 (off-load)	0	0	0	0	1	0.2	+100%	N/A	N/A
CDIS 578	0	0	0	0	17	3.4	+1700%	N/A	N/A
CDIS 579 (off-load)	2	5	5	18	126	31.2	600.0%	2420.0%	6200.00%
CDIS 593	0	0	2	21	4	5.4	-81.0%	100.0%	N/A
Elective Course Totals	2	5	7	39	185	47.6	374.4%	2542.9%	**9150.00%**
Grand Totals	987	1263	1315	1454	1634	51.69	12.4%	24.3%	**65.55%**

Headcount in Required Graduate Academic Courses

Course	Y1415	Y1516	Y1617	Y1718	Y1819
504	58	64	62	60	65
511	41	68	66	61	70
512	55	60	530	71	
516	61	56	77	64	74
517	30	50	48	65	56
525	33	45	122	61	87
526	52	67	64	70	75
527	35	54	52	56	62
528	51	61	63	63	39
529	53	53	62	64	63
540	41	52	55	62	60
550	45	77	53	67	55
554	28	42	44	49	62
590	28	42	45	50	53
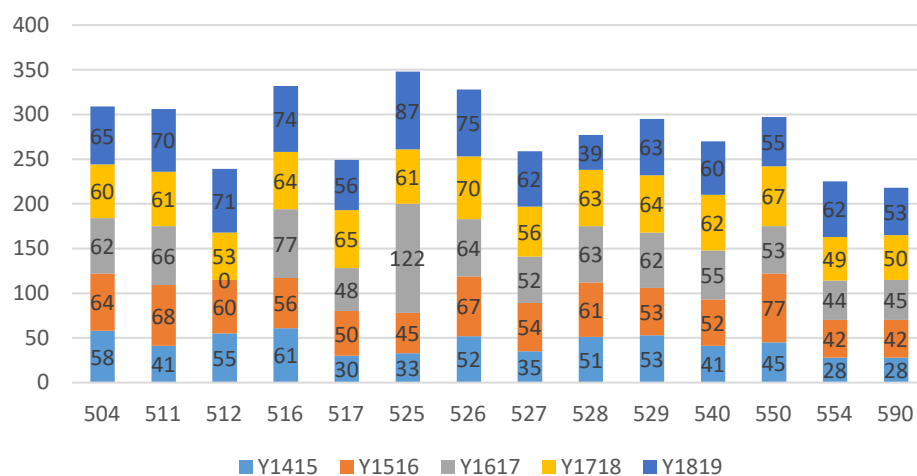
Headcount in Graduate Research Courses

	Y1415	Y1516	Y1617	Y1718	Y1819
500	47	58	55	81	53
557	44	52	43	66	41
560	31	44	51	52	59
573	30	41	47	47	60

Headcount in Graduate Practicum Courses

	Y1415	Y1516	Y1617	Y1718	Y1819
501	61	68	95	77	86
502	56	56	66	77	67
503	50	60	37	63	67
505	36	48	50	58	60
589	19	40	51	49	64

Headcount in Graduate Elective and Remediation Courses

Legend: Series1, Series2, Series3, Series4, Series5

X-axis: Y1415, Y1516, Y1617, Y1718, Y1819

Average Graduate Course Size *at End of Term**

Data points: 2014-15: 40, 2015-16: 52, 2016-17: 55, 2017-18: 59, 2018-19: 59

*Reflects averages for course taught one time per year only

Advising:

In 2016-17, we disseminated our advising across a larger number of faculty members. This has allowed some faculty to "specialize" to more efficiently meet the needs of some of our niche students. The Graduate Coordinator is responsible for all degree and non-degree seeking graduate students. Dr. Linda Weems advises all our 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 (Laura Bucknell)

and clinical supervisors as appropriate.   As CDIS is a year-round program with 9-, 10-, 11-, and 12-month faculty members, advising is available on demand at any time.
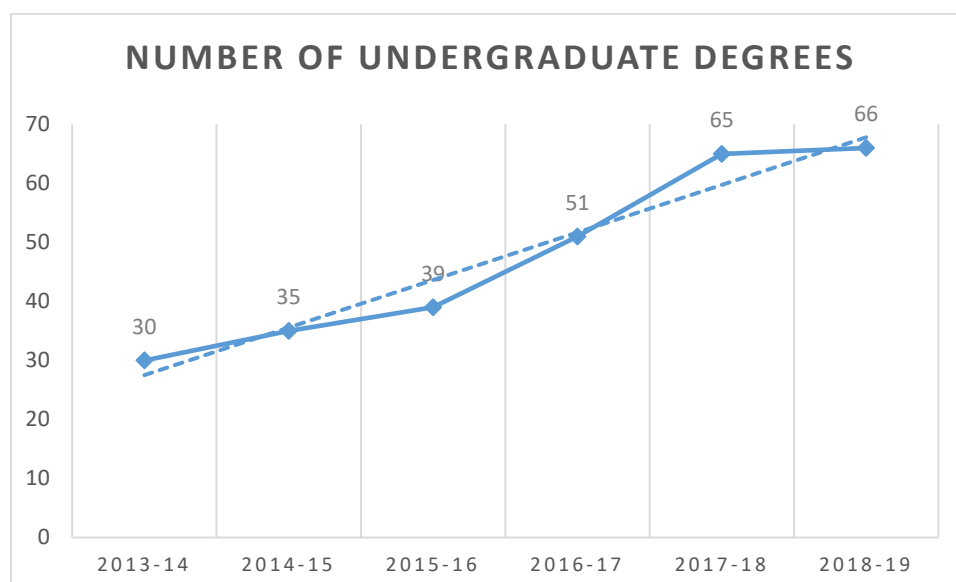
Both graduate and undergraduate students are enrolled on their respective list serves when they're declared/admitted. This enables the program to keep students apprised of current events as they occur and allows us to post program requirements, news, and events as deadlines approach.

<div align="center">Completion:</div>

University generated completion rate statistics for the CDIS Undergraduate Program are unreliable due to the number of graduate students who mistakenly apply as undergraduates and declare the major when they only plan to take a few courses.   We're showing those "completer ratio" graphs as directed, but I'm not sure they're exactly accurate. They're a good ballpark estimate we presume. 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 on a very consistent basis.

Number of Undergraduate Degrees									
1314	1415	1516	1617	1718	1819	5 yr Avg	% Increase 1 year	% Increase 2 year	% Increase 5 year
30	35	39	51	65	66	51.2	+1.5%	+29.4%	+88.6%

NUMBER OF UNDERGRADUATE DEGREES

UG MAJORS/COMPLETERS RATIO

Year	Ratio
2014-15	0.19
2015-16	0.22
2016-17	0.26
2017-18	0.31
2018-19	0.33
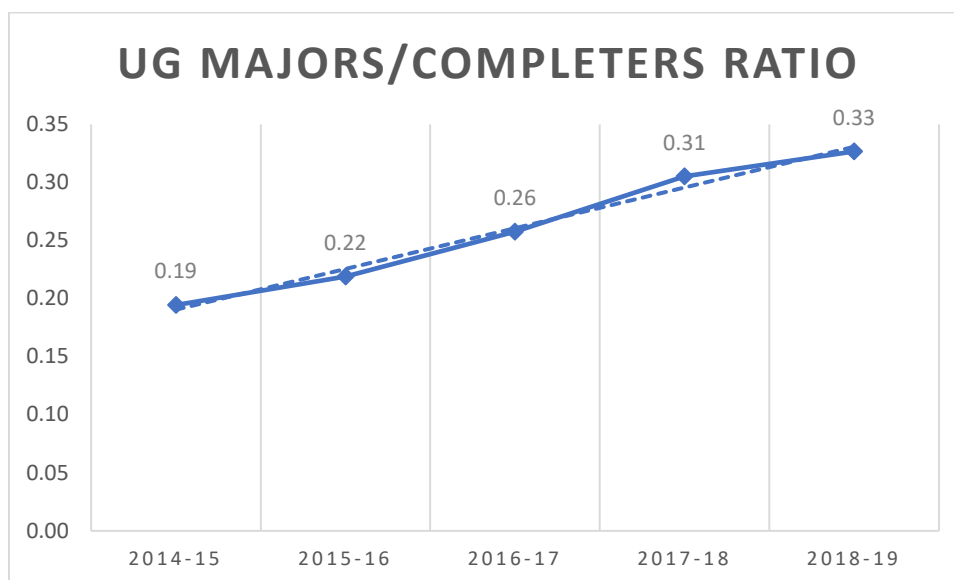
Number of Graduate Degrees										
1213	1314	1415	1516	1617	1718	1819	5 yr avg	% Increase 1 year	% Increase 2 year	% Increase 5 year
17	22	28	37	41	50	51	41	+2%	+24%	+82%

NUMBER OF GRADUATE DEGREES

Year	Number
2012-13	17
2013-14	22
2014-15	28
2015-16	37
2016-17	41
2017-18	50
2018-19	51

GRAD MAJORS/COMPLETERS RATIO
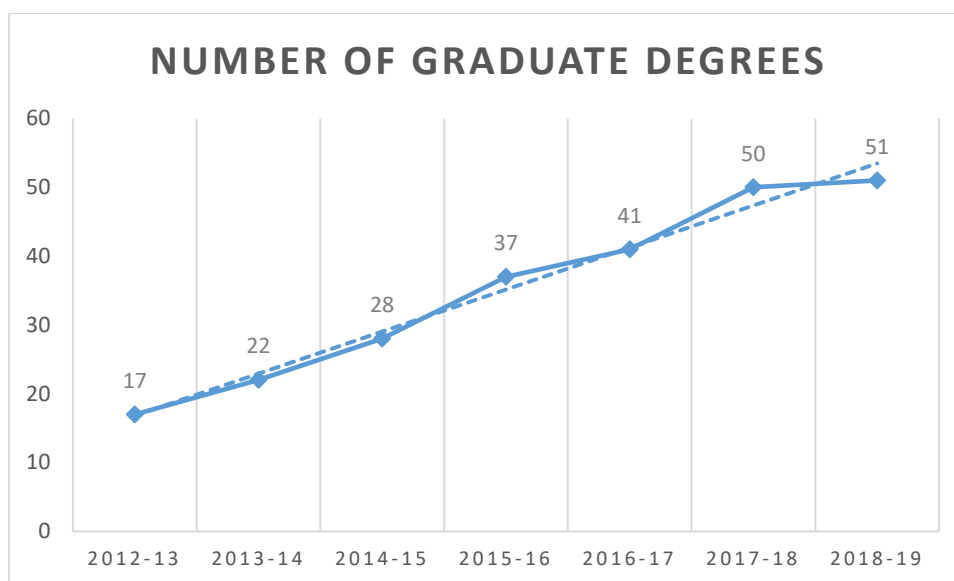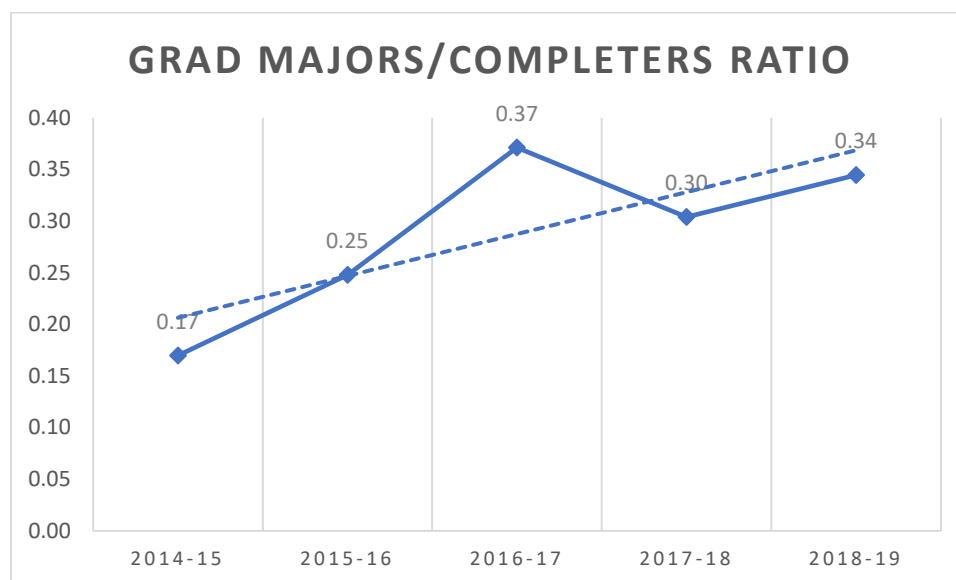
A more specific tracking system is required by ASHA, and so we have included that for your review as well (see below).

Program Completion Rates - Residential and Distance Students

- Students who attend <u>full-time</u> **with** an undergraduate CDIS degree who have **completed all pre-requisites** before admission should complete in **8 semesters.**
    - o <u>Average completion time</u>:
        - 201718 - **6 semesters**
        - 201819 - **6 semesters**
- Students who attend <u>full-time</u> **without** an undergraduate CDIS degree or who have **<u>not</u> completed all pre-requisites** before admission should complete in **11 semesters.**
    - o <u>Average completion time</u>:
        - 201718 - **6.375 semesters**
        - 201819 - **7 semesters**
- Students who attend <u>part-time</u> **with** an undergraduate CDIS degree who have **completed all pre-requisites** before admission should complete in **12 semesters.**
    - o <u>Average completion time</u>:
        - 201718 - **9.33 semesters**
        - 201819 - **9 semesters**
- Students who attend <u>part-time</u> **without** an undergraduate CDIS degree or who have **<u>not</u> completed all pre-requisites** before admission should complete in **15 semesters.**
    - o <u>Average completion time</u>:
        - 201718 - **8 semesters**
        - 201819 - **10 semesters**

| Period		# Completed within Expected Time Frame	% Completed within Expected Time Frame
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
FA15-SU16	Residential	21	100
	Distance Education	16	100
FA14-SU15	Residential	13	87
	Distance Education	15	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
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%)
2014-15	30	17	8	3	0	28	0	2	28 (93%)
Res	15	10	3	0	0	13	0	2	13 (87%)
DE	15	7	5	3	0	15	0	0	15 (100%)

This translates to a **3-year average:**

- o   94% *on time* completion rate
- o   97% <u>overall</u> completion rate.

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

Number of Degrees in CDIS (Graduate and Undergraduate)									
1314	1415	1516	1617	1718	1819	5 yr Avg	% Increase 1 year	% Increase 2 year	% Increase 5 year
52	63	76	92	115	117	93	+2%	+27%	+86%

OF UNDERGRAD/GRAD DEGREES
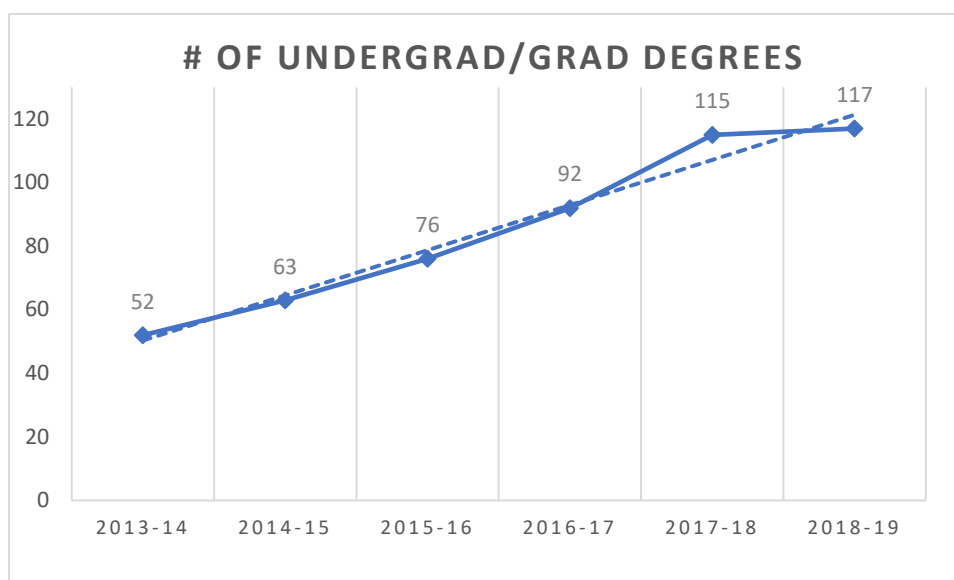
Please see **Appendix D** for the department's current recruitment, retention and completion plan.

Please answer the following questions <u>for your graduate curriculum only</u>.

a. Describe the mechanism by which the program determines whether the curriculum meets current professional/discipline standards, with specific attention to how the program ensures sufficient writing, research, and practical/clinical opportunities.

The ENMU CDIS Program is externally accredited by the American Speech Language Hearing Association (ASHA) Council on Academic Accreditation (CAA).
The CAA has adopted Standards for Accreditation as necessary conditions for accreditation of eligible graduate education programs. Compliance with all standards represents the minimum requirement for accreditation, regardless of mode of delivery, including distance education. All

CAA reviews and decisions, including candidacy, are based on the program's compliance with the CAA's Standards for Accreditation.

The CAA's standards for accreditation set forth very specific requirements for writing, research, and practical/clinical opportunities. Please refer to the Standards for Accreditation of Graduate Education Programs in Audiology and Speech-Language Pathology for additional detail about these standards. **The program's explanation of how it meets these standards has been attached as Appendix F**.

b. Provide a listing of all 400/500 level courses. Discuss whether there are enough 500 level only courses. Describe how the 400/500 level courses fit into the graduate curriculum and the mechanism for ensuring sufficient graduate experiences for students taking these courses.

We currently offer only two split-level courses. Both are electives, though 578 is required as remediation for all accepted applicants who score less than a 4.0 on the writing portion of their GRE and for all students who fail to meet writing competencies in 501 clinical reporting components of the Clinical Practicum Student Assessment (CPSA).

- o 442/542 Telepractice
    - Graduate students participate in telepractice therapies.
    - Undergraduate students do not.
- o 478/578 Professional Writing in Speech-Language Pathology
    - Graduate students write a major literature review and a clinical report.
    - Undergraduate students do not.

We have more than enough 500 level courses.

c. Describe the program's capstone courses or experiences and how those courses or experiences relate to program objectives and learner outcomes.

Successful completion of Graduate Capstone experiences is required prior to graduation approval. These include:

- o A grade of "B" or better in CDIS 590: Graduate Seminar
  This is the course in which we administer grand rounds (see below). These are patient-based comprehensive practice exams.
- o Successful completion of all Graduate Research Project requirements to include a grade of "B" or better on CDIS 573: Clinical Research Colloquium
  This is the final course in the research sequence. Research is required by accreditation standards. Certification standard require that practitioners can use evidence-based practices.
- o Passing marks on the Graduate Student Portfolio
  Accreditation standards require that the program administer a final summative assessment before approving student for graduate. We use the portfolio.
- o A grade of "B" or better in CDIS 589: Internship in Speech-Language Pathology This is the final clinical rotation for the program. Certification requirements dictate 400 clock hours across the lifespan, scope of practice, and disabilities in multiple settings.

- o Achievement of all ENMU Knowledge and Skills Acquisition outcomes (KASA)
  This is a master document of all student learner outcomes for the program. Each student must meet all outcomes prior to graduation. This is an ASHA requirement. These are linked below for your convenience.

  - ENMU ASHA KASA Administrative and Program Standards (Student Learning Outcomes) Fall 2018 - Summer 2020
  - ENMU ASHA KASA Academic Standards (Student Learning Outcomes) Fall 2018 - Summer 2020
  - ENMU ASHA KASA Clinical Standards (Student Learning Outcomes) Fall 2018 - Summer 2020
  - ENMU ASHA KASA Research Standards (Student Learning Outcomes) Fall 2018 - Summer 2020
  - ENMU ASHA KASA Professional Practice Competencies (Student Learning Outcomes) Fall 2018 - Summer 2020

- o Submission of an original copy of NESPA scores to the CDIS Program Director during the last semester of enrollment.
  Passing the NESPA is a CFCC requirement for certification (and licensure in most states).
- o Completion of required program assessment activities as specified by the program director.
  Student evaluation of the program prior to graduation is an ASHA requirement.

Grand Rounds is the final simulated patient experience in our 590: Graduate Seminar course. Students are presented with a standardized patient and given a limited amount of time to interview and assess the patient. The student must then take "comps" (write a preliminary report) over the patient to include answering the following question:

1) Diagnosis,
2) Immediate findings
3) Suggestions for further evaluation(s) or referrals
4) Possible treatment methods/approach
5) Goals and objectives for the patient

Student who fail grand rounds are given once chance to re-test. If they do not pass, they must complete a remediation plan and then repeat grand round in the following 16-week semester.

Graduate Research Special Project - Research requirements are significant our program. Extensive research and writing are expected. Students must identify issues relevant to the field of speech-language pathology, complete a comprehensive literature review, define the problem to be studied, select an appropriate methodology for investigation, select and implement procedures for data collection and analysis, and then describe findings, limitations and suggestions for further study. Students must solicit a supervisor from the ENMU faculty to supervise this project. At the completion of the project, all students will be required to present their research in both poster and presentation formats on the ENMU campus during the annual Student Research and Creativity Conference. This is the culminating event of the research sequence. More information and detail about the GRADUATE RESEARCH SPECIAL PROJECT can be found in our Graduate Student Handbook (pp. 13-16 on the pdf search engine).

The Graduate Student Portfolio – All students are required to complete an electronic portfolio of their graduate work in CDIS 590 during their last semester of coursework. Portfolio material should include a synthesis paper that summarizes the student's learning experience and future goals, a letter of application, a resume, examples of clinical testing, evaluation and progress reports, student presentation handouts, a major paper, evidence of student research and other examples of original student work. Assessment activities and student reflections are also required. This portfolio remains on-file with the department as evidence of compliance to ASHA program standards and of KASA outcome completion. More information and detail about the PORTFOLIO GUIDELINES AND REQUIREMENTS can be found in our Graduate Student Handbook (pp. 16-22 on the pdf search engine).

Capstone grading rubrics are attached as **Appendix B.1**.

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

Identify key initiatives from the last five years, such as graduate exit surveys, alumni surveys or other alumni tracking (career/graduate school), external review by experts in the field, career planning events for graduating students, leadership programs, job/graduate-school fairs, Student/Academic Affairs events for workforce-entry, invited-speaker events, etc. Section should include discussion of salient impacts on future student-success.

Include any hardships or barriers to student success post-graduation that will be addressed in the "Self-critique of Current Program Resources" section of this review (point III below).

All undergraduate and graduates are surveyed before they graduate. Graduate students MUST complete program assessment and feedback surveys before they can be approved to graduate. Alumni and employer surveys are also sent annually. We have a plethora of data here. Please let us know if you would like to see copies of the surveys or results for the last 5 years. Much of the other information listed in the prompt above has been covered elsewhere in this report.

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.

Undergraduate exit surveys reveal that most of our students are applying to graduate school or will be working as SLP Assistants after graduation. The vast majority have not yet received information about their graduate school acceptance or know where they want to work at the time that they take our survey, so hard data is limited. We can relate that nearly 100% of ENMU CDIS B.S. graduates are admitted into our own graduate program when the apply.

Graduate Students:

Graduate students are often recruited for work by their prior 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, who very often hire them after they graduate.

Our 18-19 graduating class (n=51) left our university with:
- An average of 630.96 clock hours earned per student
    - An average of 561.35 direct clinical clock hours earned per student
    - An average of 69.60 observation hours earned per student
    - An average of 623.80 were earned at the graduate level.
    - An average of 31.71 hours were earned at ENMU.

This means 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 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.

As already mentioned, the ENMU CDIS Program surveys both undergraduate and graduate students when they exit the program, and we survey 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.

Here is our graduate employment data:

	Employment Rate in Profession				
Reporting Period	**# of Graduates**	**# employed (as of 11/05/2019)**	**Graduation Year**	**% of Graduates Employed within 1 year of graduation**	**Reason**
2019-20	51	50 (1 has not reported)	**2018-2019**	98% (1 has not reported)	Data as of 11/07/2019
2018-19	50	50	**2017-2018**	100	
2017-18	41	41	**2016-2017**	100	
2016-17	37	37	**2015-2016**	100	
2015-16	28	28	**2014-2015**	100	
2014-15	22	22	**2013-2014**	100	

Reporting Period		Employment Rate in Profession				
		# of Graduates	# employed (as of 11/15/19)	Graduation Year	% of Graduates Employed within 1 year of graduation	Reason for Unemployment
2019-2020	Residential	9	9	2018-2019	100	
	Distance	42	41	2018-2019		
	Total	**51**	50			
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**	**40**		100	
2016-2017	Residential	21	21	2015-2016	100	
	Distance	16	16	2015-2016	100	
	Total	**37**	**37**		100	
2015-2016	Residential	13	13	2014-2015	100	
	Distance	15	15	2014-2015	100	
	Total	**28**	**28**		100	
2014-2015	Residential	9	9	2013-2014	100	
	Distance	13	13	2013-2014	100	
	Total	**22**	**22**		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.

As already detailed, the career outlook for CDIS is very positive. SLP has been ranked as one of the "Top 10 Jobs" for over the last decade and is expected to post a 27% growth rate through 2028. The average annual vacancy listing for SLPs is currently 10,400 unfilled jobs per year and is projected to keep rising. We will likely see 25,000-50,000 unfilled positions by 2028. An aging population having higher incidence of speech or language impairments such as strokes,

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

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 (a standardized ETS PRAXIS exam). 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 the current standards. Once certification has been applied for, applicants have **2 years** in which to complete the certification process, which includes passing the Praxis exam. The CFCC requires that all applicants must pass the national examination in the area for which the Certificate of Clinical Competence (CCC) is sought.

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

_____

Praxis Examination Pass Rates - Residential and Distance Students

2018-19 scores ranged from 160-193 (162 is passing and 200 is maximum)

Graduation Year	# Taking Exam	Pass Rate (%) (as of 11/13/19)	ENMU's Average Score 600/162 required for certification and NM licensure
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)
FA14-SU15	28	100	660/176 (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 11/09/2019)	ENMU's Average Score
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	37	97	177
	Total	50	49	**98**	**177**
FA16-SU17	Residential	8	8	100	174
	Distance	33	33	100	176
	Total	**41**	**41**	**100**	**175**
FA15-SU16	Residential	21	21	100	173
	Distance	16	16	100	173
	Total	**37**	**37**	**100**	**173**
FA14-SU15	Residential	13	13	100	645 & 176
	Distance	15	15	100	690 & 176
	Total	**28**	**28**	**100**	**660 & 176**

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.

C. Goal 3 Objectives

1. Adequate Program Staffing to Sustain the Program
Use data in Tables II-1-6 and Table II-7 (next page) to address program staffing questions:
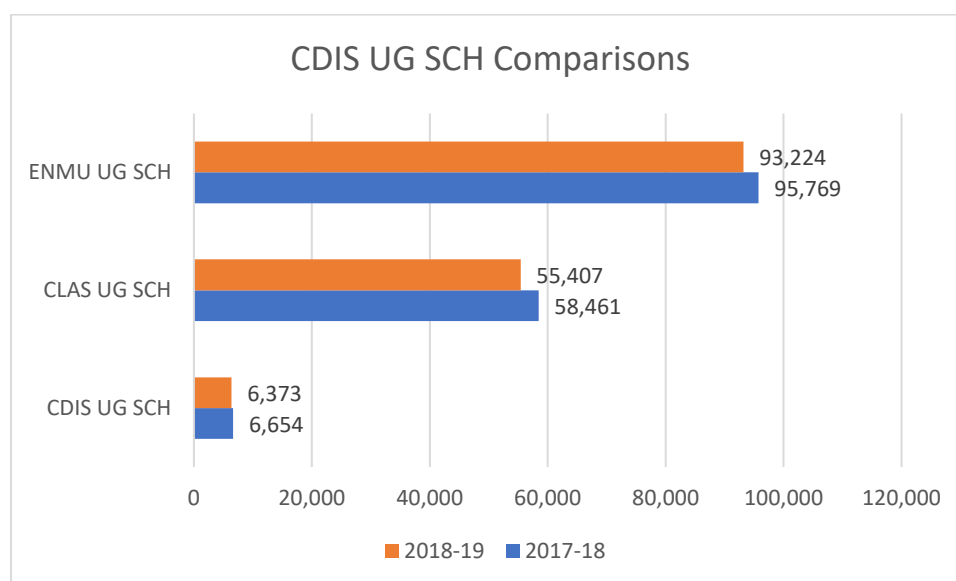
a. Review the number of student majors[1], staff, and faculty and how these changed over the last five years? What are the impacts to the program in these data trends?

b. Discuss program staffing details (including graduate assistantships) and program faculty teaching loads over the last 5 years. Include resource faculty, as well as overloads. What are the impacts to the program in these data trends?

c. For those faculty/staff with <u>temporary</u> graduate faculty status, describe how they were mentored and/or monitored during their teaching assignments.

d. For those <u>graduate faculty with associate status</u>, provide the parameters of this assignment (e.g., what they teach) and the sufficiency of their qualifications for their assignments.

In the last 5 years, our program has experienced slow and steady growth at the undergraduate level, and accelerated growth at the graduate level. Though this was a planned evolution, the teaching, clinical, and administrative needs of our 2018-2019 enrollment is formidable. Graphs are below, and the impact discussion follows those.

CDIS UG SCH Comparisons

	2018-19	2017-18
ENMU UG SCH	93,224	95,769
CLAS UG SCH	55,407	58,461
CDIS UG SCH	6,373	6,654

---

[1] And minors, if the program requests that data, in advance

CDIS Graduate SCH Comparisons

Category	2018-19	2017-18
ENMU GR SCH	16,390	17,368
CLAS GR SCH	4,732	4,775
CDIS GR SCH	3,434	3,286

CDIS Total SCH Comparisons

Category	2017-18	2018-19
CDIS Total SCH	9,940	9,807
CLAS Total SCH	63,236	60,139
ENMU Total SCH	113,137	109,614

CDIS SCH Percentage of CLAS and ENMU Hours

Category	CDIS % of ENMU SCH	CDIS %of CLAS SCH
Total UG	7	12
UD	14	22
LD	2	3
Graduate	21	73
Grand Total	9	16

Table II-7. Program Faculty and Staff Resources.

Faculty	FTE Teaching					NFIP (No reassigned time for research)					FTE Administration				
	Academic Year					Academic Year					Academic Year				
	14 15	15 16	16 17	17 18	18 19	14 15	15 16	16 17	17 18	18 19	14 15	15 16	16 17	17 18	18 19
Andersen				.125	.125										
Atkinson		1.0	.25	.25	.25										
Barrow	.625	.625	.625	.50	.625										
Bennett					.25										
Bougie	1.0	**1.25**	**1.29**	**1.13**	**1.13**										
Bratcher	**1.04**	**1.13**	**1.29**	1.0	**1.13**										
Bucknell	.75	.25	.415	.17	.17										
Copple	**1.08**	**1.21**	**1.25**	**1.21**	**1.13**										
C-Guerra	.375	.625	.625	.50	.50										
Dougherty			.25												
Garcia			.125	.125	.125										
Gray	.625	.75	.875	.625	.625										
Griggs				.125	.25										
Hall	.375	.75	.50	1.0	.50										
Hamilton	.25	.125	.125	.125	.125										
Hancock			.25	.25	1.0										
Howard	.50	.50	.50	.25	.50										
LaPrade	0	.125	.375	.25	.25										
Lebsack	1.0	.50	0	1.0	0										
Lingnau			.75	.75	1.0			.25						.21	
Martin		1.0	1.0	**1.09**	**1.13**										
Mason	.375	.625	.375	.375											
Million	1.0	1.0													
P-Sanchez			.665					.25							
Plummer					.375										
Raade					.375										
Randolph			.875												
Salley	.50	.50	.50	.50	.50										
Sherman				**1.17**	**1.25**										
Swift	**1.75**	**1.42**	**1.59**	**1.29**	**2.0**						.50	.50	.75	.75	.875
Weems	.25	.25	.625	.75	.625						.75	.75	.75	.75	.75
Wilkerson	**1.38**	**1.13**	**1.71**	**1.38**	.75					.50	.25	.25	.25	.25	.25
Worthington	1.0	**1.09**	.50	.375	.375										
Zimmerman				.125	.125										
Totals	13.9	15.9	17.3	16.4	17.2	0	0	.5	0	.5	1.5	1.5	1.75	1.96	1.88

Resource faculty
Full-time faculty. All full-time faculty are graduate faculty.
**Red indicates an overload.**

The following table illustrates FTEs for faculty who have administrative release time. This shows their yearly FTE when teaching was added to administration.

	1415	1516	1617	1718	1819
Swift	2.25	1.92	2.34	2.04	2.875
Weems	1	1	1.375	1.5	1.375
Wilkerson	1.88	1.38	1.96	1.63	1

Laura Bucknell is 1.0 FTE Professional staff. She is assigned to direct clinical lab courses as a part of her directorship duties. I did not include her in the table above as she is not classified as faculty.

This table show the proportion of overloads based on the number of years in the review period (e.g., Nicole Bougie has worked an overload 80% of the time during this review period - 4 of 5 years). Dr. Weems was not included in this chart as she was allocated .75 FTE to the graduate school during the 1415-1819 time period.

FTE Load for Full-Time Faculty SU2014-SP2019
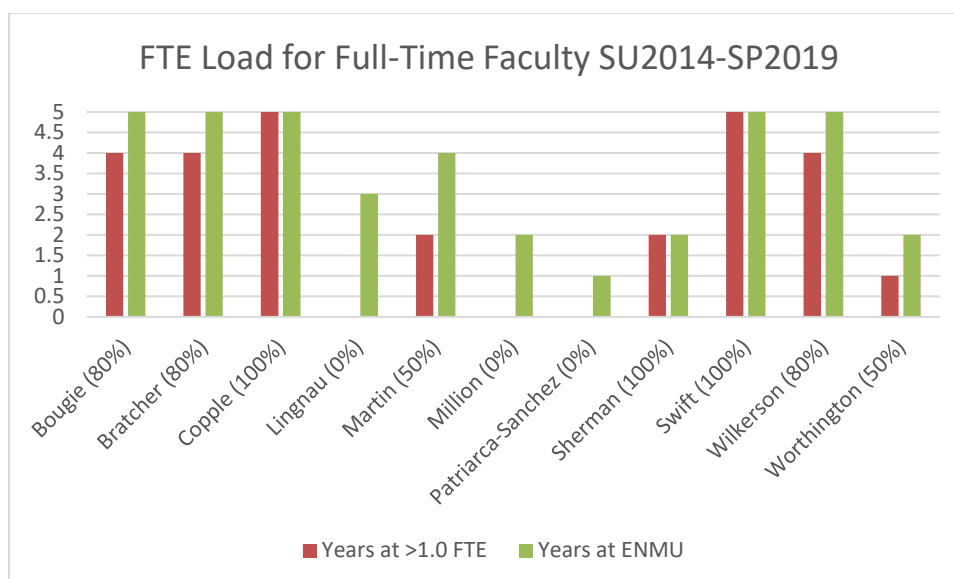
Impact

o Staffing: We have requested and granted an additional faculty line for the 2020-21 academic year to relieve graduate faculty overloads and to ensure that our graduate numbers are sustainable. Undergraduate growth is easily handled via hiring from our deep pool of resource faculty members (many of whom have doctoral level degrees).

- o Graduate Assistantships: We do not use GAs to teach in CDIS, nor can they grade any graduate level work. We do use them extensively to operate our clinical library, as administrative assistants in the SHROC (e.g., checking in patients, etc.), to assist with research projects and other kinds of data collection, and also for tutoring. We have an EXCELLENT tutoring program and GAs are the heart of it. As we have grown our enrollment, the graduate school has increased our GA allocations accordingly. We can always use more, but we do have enough.
- o Other: Mediasite space is always a concern (especially since we must use non-standard class times to allow for clinical rotation completion). Everyone makes it work, but there's usually some push and shove and it's always a bit stressful.
- o Other: 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 requested another therapy room there. We could use another observation room upstairs.
- o Other: Nursing moved to COB so now we have plenty of office space. We've even been able to create student workspaces (that are being used every day!)
- o Other: 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 having a firewall issue with scanned documents that were previously paper. We hope to get this worked out soon.

All full-time faculty in CDIS hold graduate faculty status of some kind. We only have two master's level instructors who regularly teach graduate level academic courses:

- o Mr. Dwayne Wilkerson teaches CDIS 504: Clinical Fundamentals. This is a first semester clinical methods course. Mr. Wilkerson has over 35 years of experience as an SLP and he designed and taught our undergraduate clinical methods course as well. He is currently ABD and is more than qualified to teach this course.
- o Ms. Nicole Bougie teach CDIS 554: Current Trends and Professional Issues. She has 18 years as an SLP and works a most diverse caseload. She has "moonlighted" on the weekends and over holidays in major medical hospitals since 2002. She is very qualified to teach this course.

Other CDIS faculty with graduate faculty status teach clinical courses (supervise practicums) and are qualified to do so via their CCC-SLP and NM state licensure status. All complete required continuing education each year and have completed specific CEUs in clinical supervision of students. All have at least 3 years of experience post clinical certification and meets ASHA's requirements for graduate student supervision.

All CDIS faculty are required to supervise graduate level research.

Please note: Although Laura Bucknell is 1.0 professional staff, she teaches 501 lab courses as a resource faculty member and additionally supervises students in our clinic more than 50% of the time. She will need to be reviewed for graduate faculty status.

2. Adequate Program Facilities
Note where enhancement, addition, or replacement of the program's physical assets are necessary, and provide data to support the observation.

Based on our resource assessment and student feedback, we are usually able to purchase what we need from student practicum fees or from our generated revenue sources without relying solely on the university (e.g., the nasoendoscope and telepractice equipment). We have also used these funds to purchase new AAC devices, clinical assessments, and other therapy or 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 for larger purchases (e.g., Visi-Pitch in 2018-19). We have asked for and believe we will get funding this academic year for an ENT chair. 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 less than optimal technique that also caused error.

We could use a couple of observation rooms in the SHROC. Parents must be in the room. This can be distracting to clients and detrimental to therapy progress, especially when siblings are present.

We could also use some assistance with replacing our microphones. We have a lot of distortion and can't seem to find new ones that work with our cabling system. IT is helping, but it's moving along too slowly. In the meantime, we are having trouble understand what the clinician and the client are saying without being present in the room (see distraction comments above). It also precludes recording and so the clinician cannot review their performance and self-reflect for improvement.

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

D. Goal 4 Objectives

(Optional) The faculty utilizes **external** feedback to improve program curriculum, the measuring of student learning outcomes, and teaching effectiveness.

Include any information you would like to add regarding external feedback that is not already provided above (e.g., under Goals 1 and 2)

We believe we covered this in **Section E. Strategic Planning**. Here are the highlights for external measures:

➢ Course evaluations (student assessment of teaching)
➢ Evaluations of clinical supervisors (supervisor assessment of student performance)
➢ Evaluations of clinical sites (student evaluation of clinical facility)

- Supervisor evaluation of program/practicum process (supervisor assessment of ENMU clinical process)
- Student survey for program improvement (student evaluation of total program)
- Student exit surveys (student evaluation of program effectiveness in meeting SLOs/mission)
- Alumni surveys (alumni survey of program effectiveness in meeting mission and preparing them for employment)
- Employer surveys (employer survey of program effectiveness in meeting mission and preparing our students for their first jobs after graduation)
- Program administration survey by faculty and staff (of university, program, administrative effectiveness and program needs)
- Student Outcome Data
  - ETS PRAXIS (NESPA) pass rates
- Client satisfaction surveys (every semester)

III. Results, Discussion and Closing the Loop

A. Self-critique of Current Program Resources.

Summarize the strengths and weaknesses of your program resources based on this review, evidence from previous effectiveness reports, and other supporting material as needed: staffing, facilities, major equipment, travel and other budgets, etc.

Strengths:
The CDIS Program is dynamic and complex. We are not afraid of change, but sometimes we have to say "no" and let the dust settle a bit before we take on new projects. Our complexity is a strength as it gives us such options, but this program can definitely be hard to wrap your head around. We have a good number of interlocking moving pieces. We have to meet all the requirements of a large EXTERNALLY ACCREDITED academic program(s) as well as delivering quality care that is HIPAA compliant and meets the standards or third-party payers. We have a program, but we also run a placement agency and a clinical business. It takes a lot of administration and cooperation to keep that running smoothly.

We've worked incredibly hard to build our program and we're quite proud of it. We have program flexibility that is 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 developing an AA in SLPA (the first in NM) so we'll be ready to rock when the 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 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 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've moved our application process to CSDCAS and we're ahead of the curve by using CASPer interviews. We're also a frontrunner for our new early admission and rolling admissions policies. Nobody else does this. 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. Our biggest innovation is seeing our students first…this is NOT something SLP programs are good at. 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.

Weaknesses:
Honestly, I (Swift, who is writing this) would say that our biggest weakness is that we're stretched too thin, and we're all fairly specialized in our administrative tasks. When our Clinical Director was out for a semester with health care issues, we were hard pressed to carry that torch. We did it, but there were only a couple of us who knew what needed to be done and how to do it. When our Undergraduate Program Director was gone for the same reason, we fared a bit better as I've done that job before. How will we handle these challenges? One day, CDIS faculty and administrators will get a better offer and leave, or they'll simply retire. We need to plan for these transitions. Can we retain graduate teaching faculty if we allow them to work predominantly from a distance? We're exploring this next year. As we have several doctoral level professors who'll retire in the next few seasons, a successful "experiment" will do much to resolve our impending faculty deficiencies. We cannot replace these doctoral level faculty with similarly qualified professors. This will be a problem. We need to plan for the future. Unless we're gifted some rather large endowment, alternative models will be our salvation.

Staffing Needed:

1. Adding a new Faculty Line –
   We have already submitted our justification (attached as Appendix K) and **we've been granted approval for our new line**. With that being said, we've included the rationale

for the new faculty line below so that the need for the position has been formally recorded and aligns with the university process for requesting resources.

We are struggling to keep up with all our students.

We continue to show modest growth in our graduate program. Though some of this is simply a byproduct of more students taking longer to graduate, some of the increase in "new" enrollment and is due to allowing graduate students to take courses as non-degree seekers. Some of our growth is also secondary to moving our remediation plan process with students into credit-seeking independent study enrollments. This is "off-load" work that does not calculate into faculty load calculations.

Because of this growth, our average graduate course size is becoming unwieldy. We've had an average graduate course size of 58-59 students for the last couple of years at the end of the term.   As graduate courses are typically writing intensive, this can hamper our ability to provide timely and effective feedback to our students (our consistently lowest program ratings in student evaluations of our teaching). Our graduate student learning outcomes also require that students develop proficient presentation skills, and with classes this large, it can be quite difficult to even get all students scheduled for their individual presentations during the semester and still have any time remaining for discussion or other teaching.

Program growth is not only problematic in the classroom. All students must also be placed in clinical rotations each semester, as well as be supervised or monitored by ENMU faculty.   Growth in student practicum enrollment also requires additional faculty involvement. We have also dramatically increased clinical services to the public, as this is necessary to increase opportunities for our students to complete co-curricular and applied learning activities in the profession (something which ASHA's CFCC requires but that our current student base also seems to more noticeably need to pass their courses). Please note that our SLP students complete the preponderance of the hearing screenings shown below during our community awareness events. Other hearing services are completed by our audiologist (either in conjunction with a student or independently when needed).

We have attached a formal justification for a new faculty line to this Effectiveness Plan as required by process. This details our request and provides the facts and figures necessary to support it. Based on this data, we hope you can see the extraordinary effort our faculty has demonstrated toward student success and entry-level student clinician competence in various clinical tasks and settings. The graphs are in the attachment

To sum, our slow and steady growth is putting pressure in our faculty across all fronts: academic load, clinical load, research load, advising, KASA reporting, assessment, record keeping administration, etc. One look at our required and extensive assessment efforts gives even the most novice of reviewers some insight as to what is required of us at the

individual student level as well as at the course and programmatic level. It is daunting – adding even a few more students to each cohort increases our workload exponentially.

Our situation is particularly pressing as our average applicant undergraduate GPA, major GPA, and GRE scores have been dropping over the last 2-3 years, as have the number of applicants for the graduate Program (see table later in this document). We are missing out on many of the best and brightest students these days. This means that we must spend additional time with each student to ensure they acquire the necessary knowledge and skills to become competent SLPs. This, paired with ASHA's CAA mandatory 80% completion rate and time criterion, have resulted in the Program making a conscious decision to extend our published matriculation times to accommodate more non-traditional, part-time/working, ESL, first generation college, and generally more at-risk students. We are very successful with them, but this does come at the expense of our faculty. This is a critical situation that must be addressed before our faculty "burn-out" and/or our students fail to complete on time. Both completion rate and completion on time are CAA measures that the program is required to meet or lose accreditation.

We have been very efficient for quite a long time. All CDIS faculty pull more than their share of the load, always. We would not ask for help if it was not essential. We realize that the addition of a faculty line in CDIS could mean the loss of a faculty line somewhere else on campus. We do not take this request lightly, but please understand that we will have to reduce enrollment and decrease clinical services to the public if relief is not forthcoming. *Simply put, our success has exceeded our capacity.* Our program numbers are not sustainable across time without an additional faculty line.

Note where enhancement, addition, or replacement of the program's physical assets are necessary, and provide data to support the observation. Include your last five resource requests as **Appendix E**, and reference them as appropriate.

Physical Assets Needed:

We've requested funds for an ENT chair. 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 less than optimal technique that also caused error. The CLAS Council review of our request was promising.

We could use a couple of observation rooms in the SHROC. Parents must be in the room. This can be distracting to clients and detrimental to therapy progress, especially when siblings are present.

We could also use some assistance with replacing our microphones. We have a lot of distortion and can't seem to find new ones that work with our cabling system. IT is helping, but it's moving along too slowly. In the meantime, we are having trouble understand what the clinician and the client are saying without being present in the room (see distraction comments

above). It also precludes recording and so the clinician cannot review their performance and self-reflect for improvement.

1. Identify strengths and weaknesses that impact the quality and salience of your academic program in meeting the needs of students and our communities. For example, consider student-learning and its assessment, recruitment-retention-completion, choices in pedagogy-technology-curriculum, etc.

Strengths:
Already discussed. 😊

Challenges:

1. *Adjusting to FA20 catalog changes* – We will have two catalogs running for about 3 years, and this will be a handful to keep straight. It certainly broadens options for students, but advising and rotations will be a logistical challenge. We will need to construct new KASAs, a new handbook, develop new courses, etc. It's exciting, but also a lot of work.

2. *Undergraduate and graduate recruitment/retention* – CSDCAS reports that SLP and Audiology programs across the country are experiencing a significant decline in applicants during this admissions cycle. Nationally, there is an average decline of -19.85% of applicants per SLP program and -18.15% of applicants per Audiology program compared with this date last year. ENMU's applicant pool noticeably thinned in 16-17 and 17-18, but we seem to have stabilized that loss this cycle by offering early admission and by implementing rolling admissions. Our new graduate curriculum is also attractive to students as it requires less time on campus, offers courses two times per year, and allows students at least one full online semester before require campus residency. We hope this will reduce the number of students who "no-show" after accepting admission and shrink those who leave in their first semester before the census date. We believe that students will be better prepared for their move to campus and will be reticent to abandon a full semester of coursework completed because they don't want to re-locate for 16 weeks. This should improve retention. We also shortened and refocused our research sequence to be 100% clinical application. This allowed us to offer additional supports in high student fail-rate areas as well as add instruction in other current "hot-topic" areas that are of interest to students.

3. *Personological variables of students* – Students are less academically prepared and require more accommodations than 5 years ago. They crave "personal connections and mentorship," demand a "supportive caring culture," and "deserve a healthy work-life balance."   (These comments come from our surveys BTW). They also arrive on our doorstep with more mental and physical health issues than ever before. Anxiety meds abound. Most of our students work full-time as undergraduates and then 20 hours per week as graduates. Lastly, we're currently seeing a new and (literally) growing trend in our students: pregnancy. For whatever reason, they seem to think that graduate school

is the ideal time to start a family have one or two babies on purpose. All of this is a hard sell for faculty, but even harder for practicum sites. Internships just don't want a third trimester SLP student in the acute card ward. Most students expect us to fix this. We can't. This wreaks havoc on our completion timeliness.

C. Recommendations to strengthen the program's effectiveness over the next five years.

Include specific initiatives as well as any aspirations on the future direction of the program, both in "Mission" and "Vision."

Our mission and vision remain unchanged. Here is what we will do to further it.

1. *Curriculum*
    a. *Constructing the AA in SLPA degree* – The time is now. SLPA licensure in NM will likely be approved at the next legislative session. The employment outlook for SLPAs is expected to reflect a "faster than average" growth rate of 15%–21%, according to the Bureau of Labor Statistics (BLS) Summary Report for Speech-Language Pathology Assistants. As we were approved for an undergraduate fieldwork "internship," we could certainly capitalize on this national trend if the state will approve the degree. We have most of the courses currently in place. Please note that NM does not have a single ASL/SLPA program, and TX has only one (in Houston). AZ and CO have three. As a result, there is real possibility for growth in this area with a sizeable NM/TX market (and ergo, many additions to the NM and surrounding state workforce resources). As most SLPA programs cannot be completed online, I believe we have a broader US market available here as well.
    b. *Build an audiology emphasis* – We'd like to have this done in the next 2-4 years.
        i. Build Deaf Ed courses compatible with Teacher Ed needs
        ii. Align audiology curriculum with ASL courses
        iii. Explore Audiology Assistant program
        iv. Explore feeder track for TTU Au.D. Program
    c. *Revive the Health and Human Services minor* – We made a mistake when we discontinued this. We did not realize how many non-CDIS majors were taking courses. It was also an effective way for those who left the major to use the courses they had in CDIS.

2. *Outcome and KASA documentation*
    a. Annual updates as required by catalog changes, accreditation standard changes, and certification-licensure changes.
    b. Continue development and implementation of grading rubrics which merge both point values and outcome achievements.
    c. Continue development and implementation of specific outcomes quizzes and assignments – We will need to do this in SP20 for our new graduate catalog.
    d. Develop common rubrics for case scoring.

    e. Develop an undergraduate writing progression from Freshman year to Senior, and from 1st year grads to last year grads with common writing rubrics to improve reporting literacy.

3. *Student-site placement matching* – We need to update our practicum placement request process and develop new forms. Written policies and procedures must be included per 2020 accreditation standards. We had enough in place to show compliance during the site visit, but we have more work to do in this area. Students and sites need to be more carefully matched for strengths/weakness and the aforementioned "personological" variables.

4. *Teaching* – CDIS students are high maintenance. They demand so very much from their instructors. Some of our newer graduate faculty need more support and structure in their teaching.   We may need more active mentorship as we transition into the new graduate catalog. Zoom makes our students feel more connected, but they still want Skype for a place to log comments (and out of class questions). They also want Mediasite so they can review later. This can be difficult to balance and is certainly a challenge to schedule around practicum given the tight schedule of Mediasite rooms. We will keep adding all the lab technologies we can as these give them the chance to try out skills before they use them with clients and dramatically reduce their anxiety. Practicum labs give them a mechanism to discuss and immediate access to personal supports. Peer networking is important for them and we keep this built into our teaching style. We will keep exploring new systems as they become available.

5. *Increasing undergraduate enrollment* – We trust that allowing our students to begin the program 5 times per year and offering every course in 1st 8- week, 2nd 8- week, and 16- week courses will continue to work. Our new Clinical Practice minor is enrolling well, and our new courses will draw in more levelers who need them to apply to other graduate programs. We're working with Comm Services to change the way we present the Program on our website as we don't currently feel we are showing our best side. We need to highlight our SLPA to BS in SLP program better as we have a viable market in CA and TX especially. We think our new AA in SLPA will enroll very well, but we are still 2 years out on that option. Current efforts that need additional attention are:
    a. Advertise our leveling program, including our new course options.
    b. Continue direct marketing for the SLPA to BS in SLP completion plan. We are sending our postcards again this month.
    c. Advertise the Clinical Practice minor (plus the Spanish emphasis)
    d. Continue to explore the study abroad options in Costa Rica.

6. *Improving undergraduate retention/completion* – Our numbers are still complicated by our graduate levelers who seem to move back and forth between B.S. degree seeking and preparatory (non-degree seeking). This is based on their financial aid availability and their needs as dictated by specific graduate programs across the United States, but this practice makes our completion rate look worse than it is. Most of these students only ever intended to take a few courses but applied incorrectly as they mistakenly thought they would get cheaper tuition rates if they applied as undergraduate degree seekers vs graduate levelers (the opposite is true). We have worked with Comm Services to increase the clarity of options as listed on the web, as well as to delineate

distinct pathways that will help them achieve their goals, but apparently, we need to do more. I think a decision-based flowchart may be necessary. We also lose students (appropriately) who are not a good fit for the profession, but who do not discover this until they encounter challenge in the 300 and 400 level courses. We try to handle this with good advising, but some students insist on staying in the major far longer than recommended. _We need to do a better job advising these students into minors._ **We have substantially increased CDIS tutoring within the Program, offering distance education tutoring on an increasing basis.**

7. *Developing Specialty Clinics at the SHROC* – We're on our way. We currently have AAC and FEES/Scoping available, and we're working on literacy and autism clinics.

8. *Risk management* – We needed to begin audits.

IV. Required Appendixes

- Appendix A: Undergraduate and Graduate Faculty/Staff Vitae
    - A1: Faculty CEUs
    - A2: Faculty Research with Students
    - A3: NMSHA Co-Curricular Activities 2015-2019
    - A4: CDIS CEUs offered 2014-2019

- Appendix B: Program Assessment Reports
    - B1: Graduate Capstone Grading Rubrics

- Appendix C: Undergraduate and Graduate Curriculums
- Appendix D: Recruitment, Retention, and Completion Plan
- Appendix E: Resource Requests
- Appendix F: ASHA CAA Documents
    - 2019 Initial Observations Cover Letter
    - 2019 Initial Observations
    - 2019 Site Visit Report Cover Letter
    - 2019 Site Visit Report Final
    - 2017-18 CAA Reaccreditation Application: Completed Survey
    - 2017-18 CAA Reaccreditation Application: Faculty Details
    - 2017-18 CAA Reaccreditation Application: Program Course Details
- Appendix G: CAPCSD Education Surveys
- Appendix H: Strategic Plan Reports
- Appendix I: Effectiveness Plan Reports
- Appendix J: Effectiveness Plan Tables
    - Appendix J1.2 Professional Development
    - Appendix J1.3 Research & Scholarship
    - Appendix J1.3.a Professional Services
    - Appendix J2.1.a Co-Curricular Organizations
    - Appendix J2.1.b Co-Curricular Faculty
    - Appendix J3.0 Recruitment-Retention Plan
    - Appendix J4.0 Applied Learning Activities
- Appendix K: CDIS Faculty Justification New Faculty Line FA19

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

Documents are available at https://my.enmu.edu/web/cdis/10.