

Eastern New Mexico University

Academic Program Review

2014-2015

Graduate and Undergraduate Programs

Major/Emphasis: CDIS

Department: HHS

College: CLAS

I. Executive Summary

This executive summary allows the program an opportunity to provide a summary of a program's significant accomplishments over the last five years. These can include faculty presentations, student presentations, published journal articles, student growth, and student organization accomplishments.

Both graduate and undergraduate programs have seen dramatic change in the last 5 years. We are proud to pronounce that our evolution has been proactively designed rather than reactively mandated: We watch, we analyze, we plan, we implement, and the cycle is ever ongoing. Though we have much we find noteworthy, please find below our selections for the "CDIS Top 7 Qualities" list.

1. Spreading the Word –

- a. After some petitioning, ASL was formally recognized as a legitimate second language at ENMU. We now offer a series of sign language courses which enroll to capacity every semester. We get to educate and open doors to a "hidden" culture for undergrads *beyond our own majors*. We feel very good about this.
- b. Following several years of watching our GenEd and lower division students completely misunderstand "disability", our program developed a course to teach on these topics. This course, Issues in Disability, also came to fill a diversity/critical thinking niche in the education of other majors and so was proposed as an UD/GD course. It also was approved, and enrolls to capacity every semester. Again, we get to educate and open doors to a "hidden" culture for undergrads *beyond our own majors*. We feel very good about this too.

2. Keeping the Curriculum Updated and Useful –

- a. We noted several gaps in the education of our majors and developed courses specifically to address them (language science, preclinical, undergraduate research, etc.). We have been pleased to note that other programs in CDIS across the nation seem to be doing the same thing. We will claim we were first.
- b. Both undergrad and grad programs have been adapted to meet changing standards in SLP and the changing needs of students. We have been able to add new content and courses without adding more credit hours to the degree, and have recently revamped our degree once again in order to streamline the degree process for second bachelor's degree seeking students (more discussed below in 2c).
- c. We are also proud to have brought in nationally recognized presenters/ASHA fellow to speak to our students. This is new for us, and was enabled through faculty connections....and it was free! We hope this can continue.

3. Flexibility and Responsiveness -

- a. Our program now offers both 8 and 16 week course options for every undergrad course in the catalog. Every course is also offered both online and on campus at least once per year, and most are offered in both fall and spring. Asynchronous and synchronous courses with lecture capture are also options for every course, as are traditional web (no video) courses. With the final component of robust summer course offerings, we are

exceptionally proud to note that students can get through our leveling sequence in a single year (even when starting in any semester) and can enroll for courses which best match their learning style.

- b. Our graduate program has been adapted to allow students to finish their degree through distance education after completing a single semester on campus. Even more impressively, our students can move between on campus and distance education options seamlessly and without degree plan changes. They are not confined to a “track” in any way, allowing them maximal flexibility in completing their degrees. This is a SIGNIFICANT accomplishment in a clinical program subject to stringent external accreditation standards, but has allowed students who would otherwise be excluded from an MS in SLP to graduate in a timely manner. In addition, we have been able to tweak our course rotations in such a way that we can now admit students in both fall and spring, and students can graduate in any semester, including summer. Finally, and after extensive explaining to ASHA, we have been able to “jump the track” for traditional matriculation timelines....our students can not only attend graduate school part-time (a rare find), but can also switch back and forth between full-time and part-time (and on campus or distance) as need be. Though we have no data to back this claim, we do contend that there are few, if any, accredited programs in the U.S. which have pulled off this feat.
- c. Our program is responsive to feedback. We query our students and make changes for improvement. Our most recent change came in response to the needs of second bachelor’s students to complete a new degree without the auxiliary courses required in the composite major. This facilitated our upcoming move from the current composite major model to a major/minor model and creating a new minor to replace lost courses for the first bachelor’s student. This process will enable us to recruit and serve an increased number of second bachelor’s degree seeking students (who will be eligible for financial aid) without compromising the integrity of the original major for the first bachelor’s student. Though all examples are too numerous to list, this feedback has resulted in many of the curricular and programmatic modifications which has served to improve our program substantially.

4. Innovation, Integration, and Productivity -

- a. We were one of the first online leveling programs to offer CDIS and also one of the first to offer the full degree at the B.S. level. We are also one of the first to figure out how to offer synchronous course delivery for distance students and how to maximize their learning through later review of lecture capture sessions in asynchronous instruction.
- b. Few distance course options integrate distance and on campus students to any real degree. We require this, and students reap the benefit through purposeful team-based learning and flipped classroom exercises. We have truly transformed all courses to teach our students to observe data, integrate that with prior knowledge, predict and integrate possible extraneous variables impact outcomes, select for most desirable results, implement change, and then analyze results. We are VERY proud of this, especially as many of our students arrive with a “memorize it” mentality.
- c. Our ability to offer flexibility with degree plans and provide non-traditional students access to both B.S. and M.S. degrees is something to tout. Likewise, we feel our ability to offer our programs at a distance while absolutely maintaining the integrity of the experience and our educational standards is unparalleled by other CDIS programs.

- d. We could not be prouder of our research process. We have integrated the value of research and EBP across the curriculum in ways which has transformed our students into reflective, creative, effective, and efficacious practitioners. They learn skills which are “real” and far more valuable to their lifelong careers than what is offered in most programs. In the last 5 years, our faculty have completed 75 projects in cooperation with 77 students, all of which have been presented at ENMU’s student research conference each spring. Some of these projects have resulted in state and national presentations at speech-language conventions, as well as in many pending papers. Our process has further inspired many students to plan for a doctoral education, a trend we hope to begin tracking in the next few years. We anticipate an additional 31 projects this year....and these are legitimate. We have both qualitative and qualitative perspectives that demonstrate entry-level competence with in-depth analysis.
- e. We completely redesigned our admission process. We eliminated the collection of useless information, and developed an innovate application essay/scoring rubric, and reweighted our data computation formulas. Based on preliminary cohorts, this seems to be working well. Time will tell.

5. Growth -

- a. Our SCH production in both undergraduate and graduate courses has improved EVERY year, despite economic changes, competing online programs, heightened accreditation requirements, and a tougher student market all around. Again, we are proactive and try to predict trends so that we can have changes in place to “stay ahead of the curve” so to speak. This has been complicated by an environment which requires data to rationalize change and more data to justify results. With support and a good deal of blind trust from some faculty and administrators, we have proved this effective. As our market has softened, we implement newer models (hence, undergraduate degree changes for FA15). Knowing full well that the bubble will undoubtedly burst in the health care industry at some juncture, we have built our house with sustainability and quality in mind.
- b. Our growth has also included quality. We have intentionally INCREASED our requirements for the variety of practicum placements our students must complete in a time when other programs are DECREASING this requirement. Our students further graduate with more clock hours than expected, with our 3 year average being 541 for a 400 required ASHA standard. We have also re-established undergraduate practicum opportunities to increase the viability of our undergrads to the graduate programs they apply to, despite this being eliminated in the majority of program across the U.S.
- c. We have expanded clinical placement sites through establishing a plethora of off-campus affiliation agreements across the U.S. This is ambitious, time consuming, and difficult, but was even noted as remarkable in our last reaccreditation site visit report.
- d. We have grown our faculty, including resource/adjuncts. This may be inconsequential in the eyes of some, but the number, qualifications, and scope of expertise contained in our little faculty group is SUBSTANTIAL. Doctorates in SLP are quite rare, and those who have actually practiced for the number of combined years we have are even rarer. Our knowledge base literally covers the entire lifespan and scope of practice, and we even have areas of overlap. For a program in a town the size of Portales, this is truly incredible. This has not been

accomplished without a truly dynamic team and could not be possible in any respect without the support of administrators who embrace “out of the box.”

- e. We have expanded our billable services to our faculty capacity. Once upon a time, we had one Head Start site. Though this is no longer active, we currently have more billable contract sites than we can serve. We provide services at a nursing home, two public schools, one private school, two health care corporations and one hospital. We additionally have contracts with a birth to three agency and a rehab company that we do not have the resources to serve. We also have two other agencies on our waitlist for services.

6. Efficiency -

- a. With increased growth has come the increased need for efficiency. We have more students than ever and they require more support, more data tracking, more paper grading, and more attention from faculty. We do NOT have additional clerical support, nor have we had any budgetary increase for supplies or travel to accompany our increased number of faculty. This has made us inventive. We have transitioned to digital student files and use electronic tracking systems secured in a faculty-access-only shared drive which can be accessed anywhere via remote server connections and a password. We have converted our practicum, student, alumni, program, and all other surveys to electronic formats. Our graduate students apply electronically and the entire admissions process is predominantly paperless. We use Excel to track data extensively and communicate effectively with one another and with students using multiple (mobile) formats. We counsel more effectively, teach more effectively in both academics and clinic, and write things into handbooks so we don't have to say them twice. Forms and policies and procedures are posted online for students, and BB shells are used extensively for classes and practicums. We have switched to an external agency with a properly secured hosting server for background checks and storage of confidential immunization records, and further negotiated for monitoring and other “renewable” records storage. We are doing more with less, and doing it faster and more accurately. We feel our productivity is more than adequate, but will continue to improve as we find more ways to streamline.
- b. We make information public. Our webpages may not be slick (or pretty) but they contain a large amount of information that student can readily access. This has saved us an unbelievable amount of time. Sending a link is an incredible way to move information.

7. R-E-S-P-E-C-T

- a. We used to be “that other program” that UNM and NMSU sent their “rejects” to. We are quite pleased to steal their very best these days. UNM and NMSU faculty now speak well of us to their students, and comment favorably on our work and our research at state meetings and conventions. Our students routinely beat out other larger university programs for practicum placement sites after showing their skills in clinical interviews (across the nation, no less). We frequently get placements that other students cannot readily access (trauma, NICU, etc.). Our alumni are known for the diversity of their knowledge, the accuracy of their clinical skills, their creativity in solving problems, and their outstanding work ethic. We have a reputation for being comprehensive and intense, attributes we regard with some satisfaction. Booyah.

- b. We have successfully created a face for ENMU at the state level through recruiting and invited faculty and student research presentations at our annual convention. We dominate each and every poster presentation session and garner a good deal of attention for the scope, depth, and overall quality of our work. We are affectionately known as “the little university that could.”
- c. We are currently one of the largest online undergraduate/leveling programs in the U.S. and believe we have an excellent reputation. A host of schools recommend ENMU to their Master’s students who need leveling courses. We are listed on other university websites and in their acceptance materials as an approved site to accrue pre-requisite work. Booyah again.

Program Description

Provide a brief overview of the program, including discussion of the primary mission of the program and a listing of all approved graduate degrees and emphases.

A degree in communicative disorders prepares students for exciting careers in speech-language pathology and audiology. Certified speech-language pathologists and audiologists work with a wide variety of different-aged clients to address a broad spectrum of communication difficulties. This may include clients with language, articulation, fluency, voice, swallowing, and hearing disorders who range in age from infants to the elderly. In addition, speech pathologists and audiologists may also work in a variety of settings such as schools, private clinics, hospitals, rehabilitation centers, state-agencies and private practice. A degree in communicative disorders may lead to careers in speech science, deaf education, or other related areas.

ENMU offers 2 degrees in Communication Disorders.

1. The Bachelor of Science in Communicative Disorders provides pre-professional instruction in the normal and disordered processes of speech, language and hearing.
2. The Master of Science in Communicative Disorders provides advanced training and certification preparation in assessing and treating speech, language and hearing disorders.

Program Mission:

The mission of the Communicative Disorders Program is:

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

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

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

Link to University Mission:

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

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

Link to College Mission:

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

Link to Graduate School Mission:

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

For emphasis areas, delineate how the emphasis area specifically supports the mission of the program.
We have no emphasis areas.

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 institution?

The US Bureau of Labor Statistics reports that employment opportunities for speech-language practitioners is expected to grow by 23 percent from 2010 to 2020, faster than the average for all occupations. As the large baby-boom population grows older, there will be more instances of health conditions that cause speech or language impairments, such as strokes, brain injuries, and hearing loss. This will result in increased demand for practitioners in this field. We seek to help fulfil this need.

ENMU offers both on-campus and online courses in CDIS. All required courses are offered at least one time per year in both traditional and distance education formats.

ENMU CDIS undergraduate courses can be used for 3 purposes:

- To complete undergraduate requirements for the Bachelor of Science in CDIS.
- To satisfy an emphasis area requirement for the Bachelor of University Studies (BUS) degree.
- To satisfy leveling requirements necessary to gain admittance into a Graduate Program in Communicative Disorders.

Students completing these courses may additionally be eligible for licensure as an Assistant Speech-Language Pathologist (ASL)/Speech-Language Pathology Apprentice (SLPA). Requirements vary from state to state and students interested in this option must consult their State Regulation and Licensing Board for exact requirements.

We fill a niche in providing an undergraduate degree that can be taken on campus or online, with students able to begin any semester (despite pre-req issues). Our students can further get lecture capture courses (not common in CDIS) and can take courses in either 8 or 16 week formats. Students may switch from on campus to online, an option not common in most online programs (in which students must be admitted to on campus or distance and may not take courses in the non-admitted option). We also offer multiple high demand courses in the summer when most CDIS programs are taking a break.

Our courses can be used to satisfy leveling requirements for graduate students preparing for M.S. applications, and can be completed in a year (which allows them financial aid eligibility they won't get in other places). We are one of the few online programs that allows students to take only the courses they need, versus applying and being accepted to the "leveling program" which requires them to take certain classes at certain times, even if they do not actually need those courses.

Our new degree (FA15) will offer the ability for second bachelor's degree seeking students to complete their second degree in a year. This will appeal to those students who need to replace poor undergrad GPAs from prior degrees in order to gain admittance into particular programs. This means our degree will not only appeal to traditional undergrad first degree seekers, but also to second degree seekers as well as graduate levelers who may pick and choose from our courses.

Our grad degree is a hybrid program which allows students to complete the remainder of their program off campus following a successful first semester on campus. The distance education program is not distinct from the residential program. Students on and off campus have the same course and practicum requirements and follow the same course rotations. On and off campus courses are offered at the same time and are listed as 1 course with two sections (001 for on campus and 1SW for Mediasite/Skype). On and off-campus students attend the same classes at the same time via synchronous technologies, share the same learning management system, are loaded into the same Blackboard shells, are placed on the same class-based learning teams, take the same tests and quizzes, complete the same assignments, attend the same meetings, and are bound by the same rules and regulations as specified in their shared catalog and graduate handbook.

Our Mediasite/Skype option gives students all the advantages of “live” courses with the convenience of home or work-site viewing, with the added benefit of recorded sessions which can be reviewed on demand at a later date for additional study. Our program is not tracked (educational vs. medical, distance vs. on campus, full-time vs. part-time) and students are free to make the choices which are most likely to ensure their success in any given semester. VERY few (if any) other programs in CDIS allow such variability.

Our final bit of “specialness” is our cost. Our out of state tuition is cheaper than what many states charge for in-state. We have no application fees, do not charge admission fees, and our students pay regular tuition rates (vs. the differential tuition rates charged in some other programs). We handle applications ourselves (vs. using the ever growing and pricey CSDCAS system) and we have yet to resort to a commercial program for KASA monitoring, clock hour tracking, student practicum ratings, portfolio development, and survey/data collection from students, alumni, etc. Though these programs undoubtedly save time, they come at a substantial cost to the student which we have been able to avoid by developing our own tools. We only resorted to an external background checking system and health care records storage as we could no longer legally hold such records without storage security layers and ORI clearances we were unable to obtain (though we did apply).

Does the program collaborate with other units in delivering its curriculum?

We work a bit with Psychology and Social Work about courses we need to be offered and when. We also talk with Statistics.

Are there extra-curricular functions of the program, and if so, how do they contribute to student learning?

We're not really sure what this question means. Based on what we think it means, we will answer “yes.” Our Program has contractual agreements to provide services with several agencies in our area (e.g., Roosevelt General Hospital, Heartland Skilled Nursing Facility, Elida Municipal Schools, etc. We also have contracts with several distant agencies to provide audiological evaluations in our clinic. Faculty in our program provide these services alongside students who they are supervising and teaching. We use these locations and clients as dedicated off-campus clinical teaching sites for practicum students each semester. The funds generated from these locations contribute to the support of the program and are used to buy clinical materials, required continuing education, licensure/certification fees for faculty, and other such purchases needed for faculty to supervise and for students to matriculate in our clinical program.

How does the program contribute to General Education?

We teach ASL courses, of which CDIS 144 and 244 have been the most popular. These are approved for Humanities GenEds. We also teach CDIS 320 (Issues in Disability) which has also seen good enrollment from CDIS, SWK, NURS, EMGT, PSY, SOC, and Education majors.

Describe the anticipated future direction of the program, both in “Mission” and “Vision”.

We have no plans to change this significantly. Though the wrapping paper may change with the season, the present within remains the same. We aim to create SLPs.

II. Curriculum

In Appendix A, attach a copy of the program's current curriculums.

Done

If there have been important curricular changes over the last 5 years, please describe the changes and provide the rationale and the outcomes.

Graduate:

We have had several significant modifications to our curriculum. One of our major changes was to replace our comps with our current KASA process (to be explained in assessment), a much more productive use of everyone's time. We established an ambitious portfolio project, downsized over the last year as courses and clinical have assumed responsibility for documenting many of the standards we used portfolio to substantiate. We also revise our tired special project process by deleting the "special project course" and replacing it with our current four course research sequence. We were especially pleased to find a way to do that without adding any hours to the degree plan. We feel this has been very successful in teaching our students how to research (77 papers/posters in the last 5 years, with 31 more expected this spring - An exhaustive list can be found at <http://liberal-arts.enmu.edu/health/cdis/research.shtml>). Our students learn to collect and use data to support their actions and instigate change. They also learn to be superior consumers of research, advanced critics of statistics, polished presenters, and competent technical writers.

One of our more notable changes was not to curriculum per se, but to practicum placements and to the order and combination of courses taken at various points in the program. Implementation of the FA12-SU14 catalog facilitated a reorganization of student course sequencing: we reconfigured our course groupings/recommended course of study to require completion of all high incidence disabilities/disorders and medical issues coursework in the first year of clinical study, and moved those which addressed more specialized issues to the second year. This allowed students to immediately apply skills learned in class to a clinical setting with expediency, and also motivated the students to approach their classroom academics with an ultimate clinical focus in mind. It more tightly aligned their courses with their clients, and helped our students to understand the importance and need for academic learning as a critical step to developing clinical competence. It also permitted our students to serve a wider diversity of clients in a broader spectrum of clinical sites with greater proficiency much earlier in their matriculation than previously, significantly expanding their opportunities for clinical sites in their second year of study. Although only in effect for a year and a half thus far, we are pleased to report this seems to be very successful in encouraging our students to apply knowledge learned in courses to skills useful for practicum earlier rather than later. We are not waiting as long for that "a-ha!" moment since students are required to use course-taught EBP/EBP process in clinically required therapy plans and progress notes.

Clinically, FA13 also saw the second year of our "first semester with ENMU" rule. This required all students to take clinical practicum during their first 16 week semester after admission with an ENMU supervisor on campus or at one of our controlled

intervention sites. This has facilitated a more productive clinical experience and has led to more specific identification of student strengths/weaknesses and targeting of individual needs, ultimately resulting in more accurate practicum placements in subsequent semesters. This has also enabled us to more readily identify at-risk clinical students *within the first few weeks of their matriculation*, which has allowed us to intervene earlier and prevent failure for both the student and the client. We have also noted this requirement has resulted in a strong "mentor" bond for a good number of our clinicians...a productive relationship that has lasted for many of them throughout the second and third years of their matriculation thus far (despite not being assigned this supervisor in subsequent semesters). Identification of clinical problems has also informed our academic program, as professors can emphasize particular areas of weakness identified in practicum during class activities and assignments and better tailoring of our classroom teaching to the needs of ALL levels of clinicians. This targeted remediation of both academic and clinical deficiencies seems to be decreasing our fail rate in both classes and clinic.

The required semester on campus is decreasing our fail rate in other ways as well. We have found that combining our new admits together earlier and with other (more advanced) students to be an important step in helping them to develop positive collegial and supportive relationships with their classmates. As many of our courses operate using a case-designed team-based flipped classroom pedagogy, the ability to be able to work productively with their peers in their assigned classroom teams is critical to their success in certain assignments: group quizzes, case-based exercises, etc. This initial semester on campus facilitates the students becoming more familiar with one another so they can better work out their differences in person. We believe that forming these bonds during their first semester positively impacts their continued success in later semesters as students transition from residential to distance education venues and move off campus during second, third, or fourth semesters. We also feel this team-building among students is crucial to the development of professional behaviors and conflict avoidance strategies in outcome-based settings. Forming these partnerships early helps our students to create a strong network of peers/colleagues, which serves to support them both professionally and personally throughout the program. We believe this is ultimately a positive influence on retention and timely completion, but also on their ability to work with other related professionals in future employment settings.

Our current catalog cycle also saw changes in our practicum courses and credits. We created another practicum course (505) to add to CDIS 501, 502, and 503 so that students would be required to complete practicum 4 semesters prior to internship rather than 3. Though this was the usual situation anyway (as students often needed to repeat 503 prior to being approved for 589 Internship), creating a distinct 4th semester practicum was more transparent for the students with regard to clinical expectations. We also (in response to student requests), began offering practicum for variable credit so that part-time students could complete clinical rotations part-time and so that students could enroll in one credit only as needed to remediate specific skill weaknesses.

As another part of our catalog changes, CDIS 531 Hearing Disorders was removed from the graduate curriculum. Content coverage for hearing remains adequately addressed as anatomy and physiology of the hearing mechanism, basic audiology, and aural rehabilitation were established as pre-reqs for the graduate program and are required prior to graduation with the M.S. in CDIS. CAPD content was moved to CDIS 516. HI/HOH, aural rehab, and working with interpreters content was moved

to CDIS 511 for speech and CDIS 517 for language. OM/myringotomy and cul-de-sac resonance content was moved to CDIS 527. Removing CDIS 531 as a required course allowed us to allot an extra credit hour to CDIS 516 to cover additional content in CAPD, literacy, language coding, and autism assessment (as requested by students).

We have added additional content in pre-linguistic communication, CAPD, literacy/writing, language coding, and autism assessment to keep us compliant with the Scope of Practice in our profession. Nasoendoscopy workshops (flexible + rigid scope) were created in the academic curriculum, and have been joined by the Modified Barium Swallow Impairment Profile: MBSImP™ Standardized Training as a requirement for CDIS 528. The use of iPad apps continues to be infused across the curriculum as appropriate, and we are using ever-increasing amounts of case-based examples with audio/video and "mock" assessment/intervention planning activities. Grand rounds and PRAXIS/NESPA prep were implemented in CDIS 590 (the NESPA is the National Exam in Speech Pathology and Audiology, which all students take before they leave the program and must pass before they may be certified as SLPs). In the 2014-16 catalog, we have removed 2 credits (and 2 weeks) from our 6 credit, 10 week internship course so that students could better complete their internship in the 8 week summer session should a site allow. These 2 credits were reallocated to CDIS 554 and 590 so we could add content as required by Standards to emphasize additional current trends, professional issues, billing, counseling, culture, and advocacy. This has been well received by both students (who requested many of these topics) and faculty members (who perceived the need for more attention to some of these issues). Specific KASA outcomes were expanded for clinical assessment activities. Our Clinical Practicum Student Assessment (CPSA) was revised based on student and supervisor feedback (language clarified).

All of our graduate courses are taught at least one time per year. In Spring of 2014, the program began accepting spring admits which then required that we offer CDIS 504: Clinical Fundamentals and CDIS 590: Graduate Seminar offered each semester. As 504 must be taken the first semester and 590 must be taken in the last, these courses must now be offered each fall and spring so that students may begin their studies or graduate from the program with greater flexibility. Full-time fall admissions are able to complete the CDIS Program within 7 semesters (2 years including summers), and full-time spring admit students are able to complete in 7 to 8 semesters (depending on the start date and length of their internship). We publish a 7-8 semester time frame for completion (applicable to full-time students).

Again, to accommodate our non-traditional students, our program freely allows individualized degree planning with extended graduation timelines for part-time students. We have established 3 and 4 year matriculation plans and work with our students to customize these, or occasionally to extend them to 5-6 years in specific cases where personal circumstances require. All students are required to take identical courses, but may take less than a full-time load each semester. Our rotations provide enough flexibility that students who need to voluntarily extend their matriculation time due to work and family issues are able to do so without penalty, even when such extensions must occur rather abruptly. Clinical practicum supervision for students is available on a 12 month basis.

Undergraduate:

We started by designing a composite major which provided the breadth and depth of CDIS and related curricular knowledge to make our students excellent candidates for graduate school. This worked well and we were happy. We next decided that we could teach this material online, so we developed 8 week courses targeting post-baccalaureate leveling students and offered them. This also worked. We then decided to integrate the post-bac class numbering with the major CDIS classes (it was the same content in a different configuration) so that students could take courses online OR on campus and use them both for degree plans if they wished. All was well. We finally determined that we could offer these courses in 16 week formats, and by this time, they were so well enrolled that we could offer them most every semester. Gradually, we've added, lecture capture, synchronous/asynchronous sections, and all the other bell and whistle options.

In the last year or so, we noted that we had a good number of students who were degree seeking, but were matriculating as second bachelor's seeking students and the composite major configuration we held required them to take more hours than they needed to be accepted into a graduate program. After a bit of discussion, we devised a new major/minor degree plan which would better serve our second bachelor's students and also developed a new minor that could be paired with the major to retain the "composite" factor in our degree that we feel is so important for first time undergraduates. This will go live in the fall.

With regard to content specific changes, we added CDIS 303 Language Science to address poor language coding skills in our graduates and were pleased to see that other program on CDIS have begun to do the same. We also increased the course level of our Intro course to 243 and our 200 level courses to the 300s. This is more indicative of their difficulty level and also aligns with what other universities are doing at this juncture.

Provide a brief view of possible future curricular changes based on program direction, program assessment, program enrollment trends, and program disciplinary changes.

We will most likely be deleting our thesis option in the next graduate catalog change. We are revising portfolio scoring and integrating it into CDIS 590 (already in progress). We are revising special project scoring and integrating it into the 4 course research sequence (already in progress). A levelling certificate is (hopefully) in the works.

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.

Our accreditation process requires that we meet specific standards in each of these areas, and also that we provide ample opportunities and document student progress toward meeting specific learner outcomes in each of these areas. We are required to submit an annual report each year which entails explaining and submitting evidence that we meet each standard. (please see attached pdfs for our most recent annual report). In short, writing competence is accomplished by teaching the students to write clinical and research reports of various types. Entry level competence with research principles is established during our 4 course research sequence and culminates in required poster and oral research presentations at the ENMU Student Research Conference prior to graduation. Competence with knowledge outcomes is established through meeting

established criteria in class (please see [ENMU/ASHA KASA Outcomes \(2014-16\)](#) for the list of these objectives). Practical/clinical competence is established through completion of our 4 clinical courses and our full-time 8-10 week internship process (CDIS 501, 502, 503, 505, and 589). Students must complete a minimum of 400 clock hours which include prevention, treatment, and evaluation across the disorders and across the lifespan. At ENMU, this means they must complete practicum in the ENMU SHROC setting, a school-based setting, a skilled nursing facility, and a medical/rehab facility and that they must have experience with children aged birth to five, school aged children, and adults to include geriatrics in language, articulation, and swallowing. Other sites and populations are also available for students on request.

Each student is evaluated each semester for academic progress using the KASA checklist. Clinically, they are rated each semester using our Clinical Practicum Student Assessment (CPSA), which corresponds directly to the clinical portion of their KASA outcome tracking document. All student progress in practicum is reviewed each semester by the Clinical Supervisory Committee and recommendations about future practicums are made to the Clinical Director. Each student's practicum experiences are recorded on an Excel spreadsheet as they are accomplished, with detailed information about clock hours earned, clinical settings, client/patient populations, types of activities, and age groups the student has worked with. At the end of each semester and prior to enrollment in any additional practicum, the clinical and graduate program directors review the breadth and depth of each student's clinical experiences from this data alongside the achievement of knowledge based outcomes reflected in academic coursework assignments. Students request practicum placements based on their progress each semester. Students who meet all KASA outcomes for on campus placements may request external placements within the U.S. Students requesting such placements are discussed by the Clinical Supervisory Committee and potential matching sites are identified according to student strengths and needs. Based on team recommendations, the clinical and Program directors jointly determine in what areas each student lacks competence and/or experience (with consultation with academic program faculty as appropriate) and then assignments are made accordingly. Allowing our students to take academic courses synchronously through distance education technology while completing practicum experiences in the geographic area of their choice has allowed us to expand our practicum sites substantially and ensures a variety of clinical settings, client/patient populations, and age groups.

Provide a listing of all 400/500 level courses. Discuss whether there is a sufficient number of 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 have no 400/500 level courses.

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

For the graduate program, successful completion of Graduate Capstone experiences is required prior to graduation approval. These include:

- A grade of B or better in CDIS 590: Graduate Seminar
- Successful completion of all Graduate Research Project requirements to include a grade of B or better on CDIS 573: Clinical Research Colloquium.
- A grade of B or better in CDIS 589: Internship in Speech-Language Pathology
- Passing marks on the Graduate Student Portfolio
- Achievement of all ENMU Knowledge and Skills Acquisition outcomes (KASA)
- Submission of an original copy of NESPA scores to the CDIS program director during the last semester of enrollment.

CDIS 590: Graduate Seminar requires that students complete their Portfolio (described below) and also that student pass Grand Rounds, a clinical test in which students must interview faculty members (who are serving as mock patients), dx their disorders, and develop an initial plan of care in a timed exam format. Portfolio material must include a synthesis paper that summarizes the student's learning experience and future goals, a letter of application, a resume, an itemized catalog of student generated clinical evaluation and progress reports, presentation handouts, a major paper, evidence of student research, and other examples of original scholarly activity. The student must additionally present evidence of program feedback/survey completion as a part of the portfolio. Specific portfolio requirements are detailed in the CDIS Graduate Student Handbook found at [Degree Requirements](#). Graduate Seminar process contains specific KASA outcomes which can be found at [ENMU/ASHA KASA Outcomes \(2014-16\)](#) (see CDIS 590). The portfolio process also contains specific KASA outcomes (see the 800s at the same address.) The Portfolio Scoring Rubric can also be found at [Portfolio Scoring Rubric](#).

Graduate Research Project requirements are significant and are specified in the Graduate Student Handbook. Students must identify issues relevant to the field of speech-language pathology, complete an extensive literature review, define the problem to be studied, select an appropriate methodology for investigation, select and implement procedures for data collection and analysis, and describe findings, limitations, and suggestions for further study. Though data collection does not have to be completed on the ENMU campus, all research must be approved by the ENMU Institutional Review Board and research supervisors must be selected from the faculty at ENMU. Students selecting the thesis option will be required to orally defend their research on the ENMU campus prior to graduation. All students selecting the non-thesis option will be required to present their research on the ENMU campus during the annual Student Research Conference. Specific graduate research project requirements are detailed in the CDIS Graduate Student Handbook at [Degree Requirements](#). The research process contains specific KASA outcomes for each course which can be found at [ENMU/ASHA KASA Outcomes \(2014-16\)](#) (see CDIS 500, 557, 560, 573, and 900s). The scoring rubric for the final research project can be found at [Graduate Research Special Project Scoring Rubric](#).

CDIS 589 is the final practicum course for ENMU CDIS graduate students. Internships must be full-time (4 days per week, 36-40 hours per week minimum), must be at least 8 weeks in duration, and result in at least 125 clinical clock hours accumulated at the 589 placement. At the end of all clinical experiences, students must have accrued a minimum of 400 supervised practicum hours (325 at the graduate level) to include 25 hours of observation and 375 clinical contact hours. These hours must encompass screenings/evaluations/assessments, and hours serving multiple client/patient populations across the life span and from culturally/linguistically diverse backgrounds. Practicum must show experience with client/patient populations having various types and severities of communication and/or related disorders, differences, and disabilities. ENMU students must minimally complete practicum at the university clinic, a public school, and a medical facility prior to graduating. They must further complete hours with clients aged birth through 3rd grade, 4th grade to age 25, and age 26 through the remainder of adulthood. The practicum process contains specific KASA outcomes for each course which can be found at [ENMU/ASHA KASA Outcomes \(2014-16\)](#) (see CDIS 501, 502, 503, 505, and 589). The Clinical Practicum Student Assessment for each level of practicum, including CDIS 589, can be found at [CPSA CDIS 445, CPSA CDIS 501, CPSA CDIS 502, CPSA CDIS 503, CPSA CDIS 505, and CPSA CDIS 589](#).

Achieving all outcomes set forth in the Knowledge and Skills Acquisition (KASA) checklist is critical to both graduation and the development of entry-level competent speech-language pathologists. Information regarding the ENMU KASA requirements is detailed in the CDIS Graduate Student Handbook (see links above for both the Handbook and the KASA outcomes). The student must additionally present evidence of NESPA completion scores.

For the undergraduate program, students are required to take CDIS 455 Introduction to Research in Communicative Disorders as a capstone course. This course serves as an introduction to principles of CDIS research, with emphasis on reading and interpreting professional journal articles. Topics include fundamentals of qualitative and quantitative design (e.g., scientific inquiry, statistical reasoning, grounded theory, observation, interviewing and ethical considerations). Academic writing is required. This course serves as the “knowledge” capstone for the undergraduate program as it requires students to synthesize pre-requisite information from their undergraduate courses to identify a current clinical problem or “gap” in the literature base and then develop a research proposal to address that issue. CDIS 445 Speech-Language Practicum is also encouraged as a capstone course, but is not required as it cannot be made available to distance students. This course is a supervised clinical experience including speech-language and/or aural habilitation/rehabilitation intervention, speech-language hearing screenings, conferences and record keeping. This course serves as the “skills” capstone for our students in which they actually put their undergraduate curriculum to practical use through delivery of supervised services to an actual client.

III. Assessment

Learner outcomes for graduate courses are guided by ASHA required standards. These standards are dictated to all accredited programs who must then convert them into individual learner outcomes distributed across the curriculum. These standards must include outcomes for both knowledge and skills. These are commonly called the Knowledge and Skills Acquisition (or KASA) checklist.

We are required to document and report student progress toward meeting each standard individually for each student during their matriculation each semester. We must certify that all students meet all standards prior to graduation. If a student does not meet a standard/outcome during the course or practicum or activity designated to measure that standard, the program must further devise, implement, and document a remediation plan for that student to assist them in meeting that standard/outcome.

ASHA Standards are:

Standard IV: Knowledge Outcomes

Standard IV-A

The applicant must have demonstrated knowledge of the biological sciences, physical sciences, statistics, and the social/behavioral sciences.

Implementation: Acceptable courses in biological sciences should emphasize a content area related to human or animal sciences (e.g., biology, human anatomy and physiology, neuroanatomy and neurophysiology, human genetics, veterinary science). Acceptable courses in physical sciences should include physics or chemistry. Acceptable courses in social/behavioral sciences should include psychology, sociology, anthropology, or public health. A stand-alone course in statistics is required. Research methodology courses in communication sciences and disorders (CSD) may not be used to satisfy the statistics requirement. A course in biological and physical sciences specifically related to CSD may not be applied for certification purposes to this category unless the course fulfills a university requirement in one of these areas.

Standard IV-B

The applicant must have demonstrated knowledge of basic human communication and swallowing processes, including the appropriate biological, neurological, acoustic, psychological, developmental, and linguistic and cultural bases. The applicant must have demonstrated the ability to integrate information pertaining to normal and abnormal human development across the life span.

Standard IV-C

The applicant must have demonstrated knowledge of communication and swallowing disorders and differences, including the appropriate etiologies, characteristics, anatomical/physiological, acoustic, psychological, developmental, and linguistic and cultural correlates in the following areas:

- articulation;
- fluency;
- voice and resonance, including respiration and phonation;
- receptive and expressive language (phonology, morphology, syntax, semantics, pragmatics, prelinguistic communication and paralinguistic communication) in speaking, listening, reading, writing;
- hearing, including the impact on speech and language;
- swallowing (oral, pharyngeal, esophageal, and related functions, including oral function for feeding, orofacial myology);
- cognitive aspects of communication (attention, memory, sequencing, problem-solving, executive functioning);
- social aspects of communication (including challenging behavior, ineffective social skills, and lack of communication opportunities);
- augmentative and alternative communication modalities.

Implementation: It is expected that course work addressing the professional knowledge specified in Standard IV-C will occur primarily at the graduate level.

Standard IV-D

For each of the areas specified in Standard IV-C, the applicant must have demonstrated current knowledge of the principles and methods of prevention, assessment, and intervention for people with communication and swallowing disorders, including consideration of anatomical/physiological, psychological, developmental, and linguistic and cultural correlates.

Standard IV-E

The applicant must have demonstrated knowledge of standards of ethical conduct.

Implementation: The applicant must have demonstrated knowledge of the principles and rules of the current ASHA Code of Ethics.

Standard IV-F

The applicant must have demonstrated knowledge of processes used in research and of the integration of research principles into evidence-based clinical practice.

Implementation: The applicant must have demonstrated knowledge of the principles of basic and applied research and research design. In addition, the applicant must have demonstrated knowledge of how to access sources of research information and have demonstrated the ability to relate research to clinical practice.

Standard IV-G

The applicant must have demonstrated knowledge of contemporary professional issues.

Implementation: The applicant must have demonstrated knowledge of professional issues that affect speech-language pathology. Issues typically include trends in professional practice, academic program accreditation standards, ASHA practice policies and guidelines, and reimbursement procedures.

Standard IV-H

The applicant must have demonstrated knowledge of entry level and advanced certifications, licensure, and other relevant professional credentials, as well as local, state, and national regulations and policies relevant to professional practice.

Standard V: Skills Outcomes

Standard V-A

The applicant must have demonstrated skills in oral and written or other forms of communication sufficient for entry into professional practice.

Implementation: Individuals are eligible to apply for certification once they have completed all graduate-level academic course work and clinical practicum and been judged by the graduate program as having acquired all of the knowledge and skills mandated by the current standards.

The applicant must have demonstrated communication skills sufficient to achieve effective clinical and professional interaction with clients/patients and relevant others. For oral communication, the applicant must have demonstrated speech and language skills in English, which, at a minimum, are consistent with ASHA's current position statement on students and professionals who speak English with accents and nonstandard dialects. In addition, the applicant must have demonstrated the ability to write and comprehend technical reports, diagnostic and treatment reports, treatment plans, and professional correspondence in English.

Standard V-B

The applicant for certification must have completed a program of study that included experiences sufficient in breadth and depth to achieve the following skills outcomes:

1. Evaluation

- a. Conduct screening and prevention procedures (including prevention activities).
- b. Collect case history information and integrate information from clients/patients, family, caregivers, teachers, and relevant others, including other professionals.
- c. Select and administer appropriate evaluation procedures, such as behavioral observations, nonstandardized and standardized tests, and instrumental procedures.
- d. Adapt evaluation procedures to meet client/patient needs.
- e. Interpret, integrate, and synthesize all information to develop diagnoses and make appropriate recommendations for intervention.
- f. Complete administrative and reporting functions necessary to support evaluation.
- g. Refer clients/patients for appropriate services.

2. Intervention

- a. Develop setting-appropriate intervention plans with measurable and achievable goals that meet clients'/patients' needs. Collaborate with clients/patients and relevant others in the planning process.
- b. Implement intervention plans (involve clients/patients and relevant others in the intervention process).
- c. Select or develop and use appropriate materials and instrumentation for prevention and intervention.
- d. Measure and evaluate clients'/patients' performance and progress.
- e. Modify intervention plans, strategies, materials, or instrumentation as appropriate to meet the needs of clients/patients.
- f. Complete administrative and reporting functions necessary to support intervention.
- g. Identify and refer clients/patients for services as appropriate.

3. Interaction and Personal Qualities

- a. Communicate effectively, recognizing the needs, values, preferred mode of communication, and cultural/linguistic background of the client/patient, family, caregivers, and relevant others.
- b. Collaborate with other professionals in case management.
- c. Provide counseling regarding communication and swallowing disorders to clients/patients, family, caregivers, and relevant others.
- d. Adhere to the ASHA Code of Ethics and behave professionally.

Implementation: The applicant must have acquired the skills referred to in this standard applicable across the nine major areas listed in Standard IV-C. Skills may be developed and demonstrated by direct client/patient contact in

clinical experiences, academic course work, labs, simulations, examinations, and completion of independent projects.

The applicant must have obtained a sufficient variety of supervised clinical experiences in different work settings and with different populations so that he or she can demonstrate skills across the ASHA Scope of Practice in Speech-Language Pathology. *Supervised clinical experience* is defined as clinical services (i.e., assessment/diagnosis/evaluation, screening, treatment, report writing, family/client consultation, and/or counseling) related to the management of populations that fit within the ASHA Scope of Practice in Speech-Language Pathology.

Supervisors of clinical experiences must hold a current ASHA Certificate of Clinical Competence in the appropriate area of practice during the time of supervision. The supervised activities must be within the ASHA Scope of Practice in Speech-Language Pathology to count toward certification.

Standard V-C

The applicant for certification in speech-language pathology must complete a minimum of 400 clock hours of supervised clinical experience in the practice of speech-language pathology. Twenty-five hours must be spent in clinical observation, and 375 hours must be spent in direct client/patient contact.

Implementation: Guided observation hours generally precede direct contact with clients/patients. The observation and direct client/patient contact hours must be within the ASHA Scope of Practice in Speech-Language Pathology and must be under the supervision of a qualified professional who holds current ASHA certification in the appropriate practice area. Such supervision may occur simultaneously with the student's observation or afterwards through review and approval of written reports or summaries submitted by the student. Students may use video recordings of client services for observation purposes.

Applicants should be assigned practicum only after they have acquired sufficient knowledge bases to qualify for such experience. Only direct contact with the client or the client's family in assessment, intervention, and/or counseling can be counted toward practicum. Although several students may observe a clinical session at one time, clinical practicum hours should be assigned only to the student who provides direct services to the client or client's family. Typically, only one student should be working with a given client at a time in order to count the practicum hours. In rare circumstances, it is possible for several students working as a team to receive credit for the same session, depending on the specific responsibilities each student is assigned. For example, in a diagnostic session, if one student evaluates the client and another interviews the parents, both students may receive credit for the time each spent in providing the service. However, if student A works with the client for 30 minutes and student B works with the client for the next 45 minutes, each student receives credit for only the time he/she actually provided services—that is, 30 minutes for student A and 45 minutes for student B. The applicant must maintain documentation of time spent in supervised practicum, verified by the program in accordance with Standards III and IV.

Standard V-D

At least 325 of the 400 clock hours must be completed while the applicant is engaged in graduate study in a program accredited in speech-language pathology by the Council on Academic Accreditation in Audiology and Speech-Language Pathology.

Implementation: A minimum of 325 clock hours of clinical practicum must be completed at the graduate level. At the discretion of the graduate program, hours obtained at the undergraduate level may be used to satisfy the remainder of the requirement.

Standard V-E

Supervision must be provided by individuals who hold the Certificate of Clinical Competence in the appropriate profession. The amount of direct supervision must be commensurate with the student's knowledge, skills, and experience, must not be less than 25% of the student's total contact with each client/patient, and must take place periodically throughout the practicum. Supervision must be sufficient to ensure the welfare of the client/patient.

Implementation: Direct supervision must be in real time. A supervisor must be available to consult with a student providing clinical services to the supervisor's client. Supervision of clinical practicum is intended to provide guidance and feedback and to facilitate the student's acquisition of essential clinical skills. The 25% supervision standard is a minimum requirement and should be adjusted upward whenever the student's level of knowledge, skills, and experience warrants.

Standard V-F

Supervised practicum must include experience with client/patient populations across the life span and from culturally/linguistically diverse backgrounds. Practicum must include experience with client/patient populations with various types and severities of communication and/or related disorders, differences, and disabilities.

Implementation: The applicant must demonstrate direct client/patient clinical experiences in both assessment and intervention with both children and adults from the range of disorders and differences named in Standard IV-C.

ENMU's conversion of ASHA Standards to KASA outcomes can be found below. These are measured during each course and recorded/reported to students at the end of each semester.

Knowledge and Skills Outcomes Assessment (KASA) for Evaluation of Graduate Student Individual Outcomes
[ENMU/ASHA KASA Outcomes \(2014-16\)](#)

ENMU's conversion of ASHA Skills Standards to KASA outcomes per practicum level can also be found below. These are measured during each course and recorded/reported to students at the end of each semester.

Clinical Practicum Student Assessment (CPSA) for Student Evaluation of Clinical Practicum

[CPSA CDIS 445](#)
[CPSA CDIS 501](#)

[CPSA CDIS 502](#)
[CPSA CDIS 503](#)

[CPSA CDIS 505](#)
[CPSA CDIS 589](#)

All students must meet all outcomes before graduation. Additional required assessment outcomes are reported below.

Graduate Student Learning Objectives and Outcomes	
Measure: Intended student learning outcome Outcome: Result	Performance Criteria: Standard against which performance is assessed Action Taken: Use of results to improve student learning

Graduate Learning Objective #1		
CDIS graduate students will acquire entry-level competence with SLP knowledge and skills.		Gen Ed. Competency? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Accreditation Objective? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Measure(s) 1) <u>Classroom based assessment</u> – Students will show proficiency with core curricular knowledge presented in CDIS coursework by meeting all knowledge and skills outcomes (KASA).	Performance Criteria 1) 100% of graduating students will meet 100% of KASA outcomes.	Timeline/Population 1) All 2013-14 CDIS grad classes
Results		
Finding(s) or Outcome(s) 1) 100% of graduating students met 100% of KASA outcomes. Individual results are reported in each student's KASA.	Action(s) Taken 1) Continue plan unchanged	Timeline for Action(s) 1) AY 2014-15

Graduate Learning Objective #2		
CDIS graduate students will learn to be competent researchers.		Gen Ed. Competency? <u>X</u> No _ Yes Accreditation Objective? _ No <u>X</u> Yes
Measure(s) 2) Students will complete research as specified in the CDIS research scoring rubric. This must include: <ul style="list-style-type: none"> • Paper • Poster • Presentation 	Performance Criteria 2) 100% of students will complete the project with a grade of B or better.	Timeline/Population 2) Graduating students in 2013-14
Results		
Finding(s) or Outcome(s) 2) 100% of students graduating during 2013-14 successfully completed their research project requirements with a grade of B or better. Individual results are reported in each student's KASA.	Action(s) Taken 2) Continue plan unchanged	Timeline for Action(s) 2) AY 2014-15

Graduate Learning Objective #3		
CDIS graduate students will demonstrate overall programmatic competence through completion of the capstone portfolio project.		Gen Ed. Competency? <u>X</u> No _ Yes Accreditation Objective? _ No <u>X</u> Yes
Measure(s) 3) Students will complete portfolio projects as specified in the CDIS portfolio scoring rubric	Performance Criteria 3) 100% of students will pass their portfolio projects	Timeline/Population 3) Graduating students in 2013-14
Results		
Finding(s) or Outcome(s) 3) 100% of students graduating during the 2013-14 academic year successfully passed their portfolio projects	Action(s) Taken 3) Continue plan unchanged	Timeline for Action(s) 3) AY 2014-15

Graduate Learning Objective #4		
CDIS graduate students will pass the ETS Praxis National Examination in Speech/Language Pathology & Audiology (NESPA).		Gen Ed. Competency? <u>X</u> No <u> </u> Yes Accreditation Objective? <u> </u> No <u>X</u> Yes
Measure(s) 4) Students will pass their national exam (NESPA)	Performance Criteria 4) 80% of students will pass the NESPA within 1 year of graduation	Timeline/Population 4) Graduating students in 2013-14
Results		
Finding(s) or Outcome(s) 4) 100% of CDIS graduate students taking the exam in 2013-14 passed the NESPA within 6 months of graduation (see table below for detail)	Action(s) Taken 4) Continue plan unchanged	Timeline for Action(s) 4) AY 2014-15

Praxis Examination Category Analysis 2013-14 Graduates

		Basic Human Communication Process	Phonological & Language Disorders	Speech Disorders	Neurogenic Disorders	Audiology Hearing	Clinical Management	Professional Issues/ Psychometrics/ Research
NESPA Range	250-990	0-21	0-22	0-15	0-23	0-6	0-21	0-10
Avg Range	640-740	7-16	12-20	7-14	9-18	N/C	10-17	7-10
ENMU Range*	600-740	6-15	13-20	6-14	7-19	2-5	8-19	5-11
Appx. Pass Score	600	12.6	13.2	9	13.8	3.6	12.6	6
ENMU Mean*	661	12	17	11	15	3	14	9
Student Data	22/22	11/22	22/22	19/22	17/22	9/22	19/22	21/22
ENMU Pass Rate	100%	50%	100%	86%	77%	41%	86%	96%
PCR		57% avg PCR	77% avg PCR	73% avg PCR	65% avg PCR	50% avg PCR	67% avg PCR	90% avg PCR

73% failing in Basic Human Communication Processes (a test of undergrad knowledge) were not ENMU undergrads

Praxis Examination Pass Rates Residential vs. Distance Students

Period	Primary Attendance (more than 50%)	# Taking Exam	# Passing Exam	Pass Rate (%) Taken within 6 months of graduation	ENMU's Average Score
FA13-SU14	Residential	9	9	100	659
	Distance	13	13	100	663
	Total	22	22	100	661
FA12-SU13	Residential	8	8	100	671
	Distance	9	8	89	663
	Total	17	16	94	667
FA11-SU12	Residential	6	6	100	667
	Distance	7	6	86	666
	Total	13	12	92	666
3 yr avg	Residential	7.67	7.67	100	666
	Distance	9.67	9	93	664
	Total	17.34	16.67	96	665

Praxis Examination Pass Rates

5 year rates

	# Taking Exam	Pass Rate (%) Taken within 6 months of graduation	ENMU's Average Passing Score 600 required for certification and NM licensure
FA13-SU14	22	100	661
FA12-SU13	18	94	667.05
FA11-SU12	13	92	666.15
FA10-SU11	9	89	650
FA09-SU10	18	100	679.4

Graduate Learning Objective #5		
CDIS graduate students will complete the program in a timely manner		Gen Ed. Competency? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Accreditation Objective? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Measure(s) 5) Students will complete the program in a timely manner	Performance Criteria 5) 80% of students will complete the program without requesting extension	Timeline/Population 5) Graduating students in 2013-14
Results		
Finding(s) or Outcome(s) 5) 78% of students completed the program within expected timeframes; 85% of students completed the program	Action(s) Taken 5) Continue unchanged; half the students lost were due to factors which could not be controlled by the program	Timeline for Action(s) 5) 2014-15

Program Completion Rates Residential vs. Distance Students

Year		# Begin	# Complete	Complete 2-2.5 yrs	Complete 3-3.5 yrs	Complete 4+ yrs	Complete as Expected	Not Complete	% Complete
13-14	Resident	11	9	3	5	1	(n=7) 78%	2	82%
	Distance	15	13	11	1	1	(n=11) 85%	2	87%
	Total	n=26	n=22	n=14	n=6	n=2	(n=18) 82%	n=4	85%
12-13	Resident	8	8	5	3	0	(n=7) 88%	0	100%
	Distance	11	9	5	4	0	(n=8) 89%	2	82%
	Total	n=19	n=17	n=10	n=7	n=0	(n=15) 88%	n=2	90%
11-12	Resident	7	6	4	2	0	(n=6) 100%	1	86%
	Distance	8	7	2	3	2	(n=5) 71%	1	88%
	Total	n=15	n=13	n=6	n=5	n=2	(n=11) 85%	n=2	87%
3 yr avg	Resident	26	23	12	10	n=1	(n=20) 87%	(n=3) 1	89%
	Distance	34	29	18	8	n=3	(n=24) 83%	(n=5) 1.7	85%
	Total	n=60	n=52	n=30	n=18	n=4	n=44	n=8	
		20 avg	17 avg	10 avg	6 avg	1 avg	85% avg	n=2.7 avg	87% avg

Program Completion Rates

Period	# Admit	% Complete in 2-2.5 years (7 semesters)	% Complete in 3-3.5 years	% Complete in 4+ years	# not Complete	% Complete
2013-14	26	(n=14) 54%	(n=6) 23%	(n=2) 8%	4 (15%)	85
2012-13	19	(n=13) 68%	(n=4) 21%	(n=0) 0%	2 (10%)	90
2011-12	15	(n=8) 53%	(n=3) 20%	(n=2) 13%	2 (13%)	87
2010-11	9	(n=6) 67%	(n=2) 22%	(n=1) 11%	0 (0%)	100
2009-10	21	(n=11) 52%	(n=3) 14%	(n=4) 19%	3 (14%)	86

2013-2014: 2 students suspended due to poor academic performance; 1 student lost her VISA; 1 student changed her major

2012-2013: 2 students left for personal reasons related to parenthood and finances

2011-2012: 2 students left for personal reasons related to relocation needs (marriage and family)

2010-2011: All students completing

2009-2010: 3 students did not complete due to poor academic performance

Graduate Learning Objective #6		
ENMU CDIS graduates will be employed as SLPs		Gen Ed. Competency? <u>X</u> No _ Yes Accreditation Objective? _ No <u>X</u> Yes
Measure(s) 6) Students will obtain employment as SLPs	Performance Criteria 6) 80% of graduates will be employed as SLPs within 1 year of graduation	Timeline/Population 6) Graduating students in 2013-14
Results		
Finding(s) or Outcome(s) 6) 100% of graduates were employed within 6 months of graduation	Action(s) Taken 6) Continue plan	Timeline for Action(s) 6) 2014-15

Employment Rates of Graduates

Residential vs. Distance Students

Period	Employment Rate in Profession			
		# of Graduates	% of Graduates Employed within 3 months of graduation	Reason for Unemployment
2013-2014	Residential	9	100	
	Distance	13	100	
	Total	22	100	
2012-2013	Residential	8	100	
	Distance	9	100	
	Total	17	100	
2011-2012	Residential	6	100	
	Distance	7	100	
	Total	13	100	
3 year average	Residential	7.67	100	
	Distance	9.67	100	
	Total	17.33	100	

Employment Rates of Graduates

Period	Employment Rate in Profession		
	# of Graduates	% of Graduates Employed within 3 months of graduation	Reason for Unemployment
2013-2014	22	100	
2012-2013	17	100	
2011-2012	13	100	
2010-2011	9	100	
2009–2010	18	94	Motherhood

Undergraduate assessment trickles down from the graduate program. Our student learner outcomes have been developed with two purposes in mind:

- a. As pre-requisite courses to ready students for their next courses, and ultimately, for their courses in graduate school
- b. As pre-requisite courses to ready students for practicum experiences.

Undergraduate Learner Outcomes are listed below by course first, and then by parameter.

UG KASA STUDENT LEARNER OUTCOMES BY COURSE

CDIS 250

500.1 Describe how theories of speech and language development explain the emergence of communication	
	CDIS 250
	Paper/Essay
500.2 Construct a chart of developmental milestones to include auditory skills, speech development, language development, cognitive development, psycho-social emotional development, gross/fine motor development, and play skills development	
	CDIS 250
	Chart
600.1 Differentiate the parameters of speech and language according to form, content, and use as well as phonology, morphology, syntax, semantics, and pragmatics	
	CDIS 250
	Case based exercises

CDIS 252

600.2 Transcribe normal speech sample using IPA, diacritics, syllable shapes, and place/manner/voicing analysis	
	CDIS 252
	Speech sample

CDIS 300

100.1 From production through auditory reception, detail all structures and functions required to produce and perceive speech. Students must specifically identify respiratory, phonatory, resonatory, and articulatory components including variations produced in coarticulatory and connected speech contexts with longer linguistic units.	
	CDIS 300
	Paper/Essay
100.2 Develop and implement an oral-motor assessment protocol	
	CDIS 300
	Protocol

CDIS 311

100.3 Relate anatomical structure (e.g., dentition, occlusion and function (e.g. extension, retraction to place, manner, and voicing descriptors for normal phoneme development/production	
	CDIS 311
	Chart/Exam
600.4 Using a normal sample, score NRT and analyze results according to strengths/weaknesses and developmental norms	
	CDIS 311
	GFTA/APP Analysis
600.5 Compose report detailing results of sample	
	CDIS 311
	Articulation Report
800.1 Transcribe disordered speech sample using IPA, diacritics, syllable shapes, and place/manner/voicing analysis; relate to developmental norms	
	CDIS 311
	Speech sample
800.2 Relate anatomical structure (e.g., dentition, occlusion and function (e.g., hyper/hypo to pattern of error	
	CDIS 311
	Assessment Report
800.4 Describe common etiologies and characteristics of speech and language disorders	
	CDIS 311
	Exam/Paper/Essay
800.5 Explain basic differences in delay vs. disorder vs. difference in speech and language profiles	
	CDIS 311
	Case based exercises

CDIS 332

600.3 Transcribe normal language sample; Compute MLU, MLR, TTR, semantic analysis, clause density (e.g., coordination/subordination index	
	CDIS 332
	Language sample
600.4 Using a normal sample, score NRT and analyze results according to strengths/weaknesses and developmental norms	
	CDIS 332

	PLS/TOLD/CELF Analysis
600.5 Compose report detailing results of sample	CDIS 332 Language Report
800.3 Transcribe disordered language sample; Compute MLU, MLR, TTR, semantic analysis, clause density (e.g., coordination/subordination index; relate to developmental norms)	CDIS 332 Language Sample
800.4 Describe common etiologies and characteristics of speech and language disorders	CDIS 332 Exam/Paper/Essay
800.5 Explain basic differences in delay vs. disorder vs. difference in speech and language profiles	CDIS 332 Case based exercises

CDIS 342

300.5 Demonstrate competency with basic principles of audiometric evaluation (to include tympanometry)	CDIS 342 Exam/Skills Demonstration
300.6 Analyze and interpret audiometric report	CDIS 342 Write audiometric report
800.6 Relate type of hearing loss to anatomical structure and function	CDIS 342 Report Summary

CDIS 400

300.1 Create and analyze waveforms for frequency, amplitude, and periodicity	
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	CDIS 400
	Speech lab assignment
300.2 Spectrographically analyze and identify selected vowel and consonant sounds	
	CDIS 400
	Speech lab assignment
300.3 Analyze voice samples for jitter, shimmer, mean harmonics- to-noise ratio, voicing, and pitch spectrographic analysis	
	CDIS 400
	Speech lab assignment
300.4 Define formant and describe the manner in which variations in physiology affect formant frequencies	
	CDIS 400
	Exam/Paper/Essay

CDIS 421

200.1 Identify and explain functions for cranial nerves	
	CDIS 421
	Exam/Paper/Essay
200.2 Differentiate structures within and functions of neurological systems	
	CDIS 421
	Exam/Paper/Essay
200.3 Identify and list functions for UMN and LMN systems	
	CDIS 421
	Exam/Paper/Essay
200.4 Explain the blood supply of the brain and brain stem	
	CDIS 421
	Exam/Paper/Essay
200.5 Identify lobes and their functions	
	CDIS 421
	Exam/Paper/Essay
200.6 Identify cortical structures of hearing and vision	
	CDIS 421

	Exam/Paper/Essay

CDIS 434

800.7 Discriminate and describe amplification systems	
	CDIS 434
	Exam/Paper/Essay
800.8 Discriminate and describe communication methods for deaf and HOH individuals	
	CDIS 434
	Exam/Paper/Essay
800.9 Match amplification and communication method to client need based on type and degree of loss in conjunction with communication profile	
	CDIS 434
	Case based exercises

CDIS 441:

400.1 Integrate basic principles of cognitive psychology into intervention contexts	
	CDIS 441
	Application assignment/ Therapy lesson plan
400.2 Integrate basic principles of behavior modification into intervention contexts	
	CDIS 441
	Exam/Therapy lesson plan
400.3 Address multiple learning styles in therapeutic contexts	
	CDIS 441
	Application assignment/ Therapy lesson plan
700.1 Describe impact of and modifications necessary for successful interactions with diverse multicultural clientele	
	CDIS 441

	Cultural competency exam/ Application assignment
800.10 Discriminate and explain various intervention models for addressing speech and language disorders	CDIS 441 Application assignment/Essay
800.11 Use elementary principles of EBP to justify decision making process	CDIS 441 Application assignment/ Therapy lesson plan
800.16 Apply the ASHA COE to case-based situations	CDIS 441 Application assignment/Essay
800.17 Explain scope of practice, legal policy, etc.	CDIS 441 Application assignment/Essay
800.18 Complete clinical observations as assigned	CDIS 441 Practicum activities
800.19 Complete clinical application assignments	CDIS 441 Therapy lesson plans/ Language sample-analysis
800.20 Prepare and an informational session on communicative disorders	CDIS 441 Application assignment/ Service learning project

CDIS 446

300.5 Demonstrate competency with basic principles of audiometric evaluation (to include	
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tympanometry	CDIS 342/446
	Exam/Skills Demonstration

CDIS 454

700.2 Describe impact of and modifications necessary for successful assessment with diverse multicultural clientele	CDIS 454
	Assessment Report
800.12 Using a disordered sample, score NRT and analyze results according to strengths/weaknesses and developmental norms	Speech
	CDIS 454
	GFTA/APP Analysis
800.12 Using a disordered sample, score NRT and analyze results according to strengths/weaknesses and developmental norms	Language
	CDIS 454
	PLS/TOLD/CELF Analysis
800.13 Complete syllable shape, positional, and place/manner/voice analysis; identify error types (SODA, pattern of error, intelligibility index, and phonetic inventory)	CDIS 454
	Diagnostic Report
800.14 Integrate and analyze findings from case history (social, educational, medical, etc., oral motor structure and function, articulatory and phonological assessments, receptive/expressive language in all parameters (syntax, morphology, semantics, pragmatics, narrative, problem solving, etc., auditory skills, literacy, dynamic assessment, cultural/linguistic variables)	CDIS 454
	Diagnostic Report
800.15 Compose report detailing results of sample; provide preliminary diagnosis, eligibility, statement of functional need, and prognosis; select and construct goals/objectives in order of target need; recommend treatment approach to include modifications; MUST BE SUPPORTED BY REFERREED EBP	Speech
	CDIS 454
	Diagnostic Report
800.15 Compose report detailing results of sample; provide preliminary diagnosis, eligibility, statement of functional need, and prognosis; select and construct goals/objectives in order of target need; recommend treatment approach to include modifications; MUST BE SUPPORTED BY REFERREED EBP	Language
	CDIS 454
	Diagnostic Report

UG KASA Outcomes Data Entry Sheet

<i>Click and Type</i>	<i>Use drop-down menu or click & type</i>
Outcome	Data
Complete undergraduate coursework in biological sciences	
	BIOL
	General education
Complete undergraduate coursework in physical sciences	
	PHYS recommended
	General education
Complete undergraduate coursework in mathematics	
	STAT
	General education
Complete undergraduate coursework in social/behavioral sciences	
	PSY
	General education
Demonstrate knowledge of basic human communication and swallowing processes including their biological bases	
From production through auditory reception, detail all structures and functions required to produce and perceive speech. Students must specifically identify respiratory, phonatory, resonatory, and articulatory components including variations produced in coarticulatory and connected speech contexts with longer linguistic units.	
	CDIS 300
	Paper/Essay
Develop and implement an oral-motor assessment protocol	
	CDIS 300
	Protocol
Relate anatomical structure (e.g., dentition, occlusion) and function (e.g. extension, retraction) to place, manner, and voicing descriptors for normal phoneme	
	CDIS 311

development/production	Chart/Exam
Demonstrate knowledge of basic human communication and swallowing processes including their neurological bases	
Identify and explain functions for cranial nerves	
	CDIS 421
	Exam/Paper/Essay
Differentiate structures within and functions of neurological systems	
	CDIS 421
	Exam/Paper/Essay
Identify and list functions for UMN and LMN systems	
	CDIS 421
	Exam/Paper/Essay
Explain the blood supply of the brain and brain stem	
	CDIS 421
	Exam/Paper/Essay
Identify lobes and their functions	
	CDIS 421
	Exam/Paper/Essay
Identify cortical structures of hearing and vision	
	CDIS 421
	Exam/Paper/Essay
Demonstrate knowledge of basic human communication and swallowing processes including their acoustic bases	
Create and analyze waveforms for frequency, amplitude, and periodicity	
	CDIS 400
	Speech lab assignment

Spectrographically analyze and identify selected vowel and consonant sounds	
	CDIS 400
	Speech lab assignment
Analyze voice samples for jitter, shimmer, mean harmonics-to-noise ratio, voicing, and pitch spectrographic analysis	
	CDIS 400
	Speech lab assignment
Define formant and describe the manner in which variations in physiology affect formant frequencies	
	CDIS 400
	Exam/Paper/Essay
Demonstrate competency with basic principles of audiometric evaluation (to include tympanometry)	
	CDIS 342/446
	Exam/Skills Demonstration
Analyze and interpret audiometric report	
	CDIS 342
	Write audiometric report
Demonstrate knowledge of basic human communication and swallowing processes including their psychological bases	
Integrate basic principles of cognitive psychology into intervention contexts	
	CDIS 441
	Application assignment/ Therapy lesson plan
Integrate basic principles of behavior modification into intervention contexts	
	CDIS 441
	Exam/Therapy lesson plan
Address multiple learning styles in therapeutic contexts	
	CDIS 441
	Application assignment/ Therapy lesson plan

Demonstrate knowledge of basic human communication and swallowing processes including their developmental bases	
Describe how theories of speech and language development explain the emergence of communication	CDIS 250 Paper/Essay
Construct a chart of developmental milestones to include auditory skills, speech development, language development, cognitive development, psycho-social emotional development, gross/fine motor development, and play skills development	CDIS 250 Chart
Demonstrate knowledge of basic human communication and swallowing processes including their linguistic bases	
Differentiate the parameters of speech and language according to form, content, and use as well as phonology, morphology, syntax, semantics, and pragmatics	CDIS 250 Case based exercises
Transcribe normal speech sample using IPA, diacritics, syllable shapes, and place/manner/voicing analysis	CDIS 252 Speech sample
Transcribe normal language sample; Compute MLU, MLR, TTR, semantic analysis, clause density (e.g., coordination/subordination index)	CDIS 332 Language sample
Using a normal sample, score NRT and analyze results according to strengths/weaknesses and developmental norms	Speech CDIS 311 GFTA/APP Analysis Language CDIS 332 PLS/TOLD/CELF Analysis

Compose report detailing results of sample	Speech
	CDIS 311
	Articulation Report
	Language
	CDIS 332
Demonstrate knowledge of basic human communication and swallowing processes including their cultural bases	Language Report
Describe impact of and modifications necessary for successful interactions with diverse multicultural clientele	
	CDIS 441
	Cultural competency exam
Describe impact of and modifications necessary for successful assessment with diverse multicultural clientele	Application assignment
	CDIS 454
Demonstrate knowledge of disordered communication at the pre-professional level	Assessment Report
Transcribe disordered speech sample using IPA, diacritics, syllable shapes, and place/manner/voicing analysis; relate to developmental norms	
	CDIS 311
	Speech sample
Relate anatomical structure (e.g., dentition, occlusion) and function (e.g., hyper/hypo) to pattern of error	
	CDIS 311
	Assessment Report
Transcribe disordered language sample; Compute MLU, MLR, TTR, semantic analysis, clause density (e.g., coordination/subordination index); relate to developmental norms	
	CDIS 332
	Language Sample

Describe common etiologies and characteristics of speech and language disorders	Speech
	CDIS 311
	Exam/Paper/Essay
	Language
	CDIS 332
	Exam/Paper/Essay
Explain basic differences in delay vs. disorder vs. difference in speech and language profiles	Speech
	CDIS 311
	Case based exercises
	Language
	CDIS 332
	Case based exercises
Relate type of hearing loss to anatomical structure and function	
	CDIS 342
	Report Summary
Discriminate and describe amplification systems	
	CDIS 434
	Exam/Paper/Essay
Discriminate and describe communication methods for deaf and HOH individuals	
	CDIS 434
	Exam/Paper/Essay
Match amplification and communication method to client need based on type and degree of loss in conjunction with communication profile	
	CDIS 434

	Case based exercises
Discriminate and explain various intervention models for addressing speech and language disorders	CDIS 441
	Application assignment/Essay
Use elementary principles of EBP to justify decision making process	
	CDIS 441
	Application assignment/
	Therapy lesson plan
Using a disordered sample, score NRT and analyze results according to strengths/weaknesses and developmental norms	Speech
	CDIS 454
	GFTA/APP Analysis
	Language
	CDIS 454
	PLS/TOLD/CELF Analysis
Complete syllable shape, positional, and place/manner/voice analysis; identify error types (SODA), pattern of error, intelligibility index, and phonetic inventory	
	CDIS 454
	Diagnostic Report
Integrate and analyze findings from case history (social, educational, medical, etc.), oral motor structure and function, articulatory and phonological assessments, receptive/expressive language in all parameters (syntax, morphology, semantics, pragmatics, narrative, problem solving, etc.), auditory skills, literacy, dynamic assessment, cultural/linguistic variables	
	CDIS 454
	Diagnostic Report
Compose report detailing results of sample; provide preliminary diagnosis, eligibility, statement of functional need, and prognosis; select and construct goals/objectives in order of target need; recommend treatment approach to include modifications; MUST BE SUPPORTED BY REFERREED EBP	Speech
	CDIS 454
	Diagnostic Report

	Language
	CDIS 454
	Diagnostic Report
Apply the ASHA COE to case-based situations	
	CDIS 441
	Application assignment/Essay
Explain scope of practice, legal policy, etc.	
	CDIS 441
	Application assignment/Essay
Complete clinical observations as assigned	
	CDIS 441
	Practicum activities
Complete clinical application assignments	
	CDIS 441
	Therapy lesson plans/
	Language sample-analysis
Prepare an informational session on communicative disorders	
	CDIS 441
	Application assignment/
	Service learning project

Provide a summary table of student assessment results. Speak to 5-year trends.

Our assessment results are best viewed in the context of our larger report. They can be found at the links below.

Our 5 year quantitative trends indicate that our program meets or exceeds both our required accreditation criteria (3 year averages of 80% or better), as well as our internal criteria as listed on the plans. We are always looking for improvement, which informs both curricular and policy changes on a regular basis. Some of our most important assessment data is obtained in a more formative, qualitative fashion. For example, the regular discussions of our Clinical Supervisory Committee and the Academic/Supervisory Support Review Team have enabled us to better align academic teaching with clinical needs. We meet on a weekly/monthly (PRN) basis to discuss student achievements and struggles, to develop possible interventions, and decide on remediations for clinical and academic issues with students. As most supervisors also teach graduate courses, our conversations naturally influence both clinical and course content and are very effective in determining the most productive schedules and placements for our students each semester. This "think group" has proved critical for supporting students, academic/clinical faculty, and the Clinical and Program Directors and, we believe, has increased success and retention in both students and faculty/staff.

What tools did your program use to assess student learner outcomes?

Knowledge and Skills Acquisition checklist (KASA)

Clinical Practicum Student Assessment (CPSA)

Portfolio

Student Special Research Project (paper, presentation, poster)

Multiple classroom based instruments (quiz/exam, paper, case study, skills assessment, language sample, clinical reports, etc.)

Program Assessment

In Appendix B, attach your program's annual assessment reports for the last 5 years, along with the assessment tools.

[Overview](#)

[Assessment Plan Report 2013-2014](#)

[Assessment Plan Report 2012-2013](#)

[Assessment Plan Report 2011-2012](#)

[Assessment Plan Report 2010-2011](#)

[Assessment Plan Report 2009-2010](#)

[Assessment Plan Report 2008-2009](#)

Assessment tool links for the KASA, CPSA, Research, and Portfolio experiences are listed below.

[ENMU/ASHA KASA Outcomes \(2014-16\)](#)

[CPSA CDIS 445](#)

[CPSA CDIS 501](#)

[CPSA CDIS 502](#)

[CPSA CDIS 503](#)

[CPSA CDIS 505](#)

[CPSA CDIS 589](#)

[Graduate Research Special Project Scoring Rubric](#)

[Portfolio Scoring Rubric](#)

We also use multiple surveys to assess the program, though these are not directly related to student learning outcomes. These include:

- Student exit surveys for undergraduates (when graduating)
- Clinical practicum assessments (all clinicians, every semester)
- Program improvement surveys for graduates (2nd year graduate students each year)
- Program improvement surveys for faculty/staff (every 2 years)
- Student exit surveys for graduates (when graduating)
- Graduate alumni surveys (annually)
- Graduate employer surveys (annually)

These surveys are not linked to this report as they are hosted on Survey Monkey and Fluid Surveys. Copies of these surveys are available upon request from the Assessment Coordinator (Dwayne Wilkerson) or the Program Director (Suzanne Swift).

Results are used to make programmatic changes. Examples include:

1. Faculty and student feedback regarding the timing of student's first required practicum also facilitated an important change which took place in Fall 2013. As our program has begun using more flipped classroom and team based/cased based learning pedagogy in our courses, students who are on campus and those at a distance have DRAMATICALLY increased the number and intensity of their interactive learning experiences with one another. This has not been without "growing

pains", and ALL students AND faculty expressed their very strong opinion that all students admitted into the program be required to be present on campus their first semester so that the cohorts could become more familiar with one another and better work out their differences in person. Based on this feedback, we instituted a "must complete practicum on campus your first semester of admission/enrollment" policy to facilitate this team-building among students. Preliminary data from the FA13 semester indicates that this was indeed, a correct and productive decision.

2. Based on student/supervisor feedback and CPSA/KASA outcome data, faculty expressed concern over the usefulness and validity of CDIS 589 experiences when students were allowed to complete this internship on a part-time basis. They specifically felt that students would miss the opportunity to learn essential skills that would be very helpful for their subsequent full-time employment if they did not complete this course "full-time." After much research and debate, CDIS 589 has been restructured as a variable credit (4-6 SCH) experience that can vary from 8-12 weeks, but which MUST be completed full-time (36-40 hours per week) following the established schedule of the facility. This change will take effect with the beginning of the 2014-16 Graduate Catalog in the fall of 2014. Students admitted to the Fall 2014 cohort and all subsequent classes will be informed of this requirement in the catalog, the practicum procedures and responsibilities checklist, the student clinician webpage, the graduate student handbook, and during the mandatory annual back to school orientation held each year.
3. In their program improvement surveys, students (and some alumni/employers) expressed their opinion that we incorporate additional information regarding billing procedures, resume building/interviewing/job hunting, and counseling specific to SLP populations. They further expressed that they felt the program "over-prepared" them for case-based EBP experiences. As a response to this, the program has slightly reduced EBP cases in CDIS 590 (but retaining grand rounds) in favor of adding requesting content. The program will be adding 1 credit hour to both CDIS 554 and 590 for these express purposes in the FA 14-16 catalog. As our assessment results clearly showed us that the vast majority of our students were accomplishing their final clinical KASA outcomes in CDIS 589 (internship) within an 8 week period, the FA14 catalog will require only 8 weeks of full-time placement vs. the previously required 10 weeks, thereby allowing us to reduce the credit hour required for enrollment in this course from 6 to 4. This permits the addition of those credit hours to CDIS 554 and 590 without increasing the total credit hours required for graduation. CDIS 589 retains the option of 5 or 6 credit hours for those students who do require more intensive experiences to meet KASA outcomes and/or clock hour requirements for graduation.
4. Students also requested that CDIS 590 and CDIS 573 be offered as "intensive" first 8 week options in their final semester so that they could concentrate more fully on those capstone experiences. This would allow them the option of focusing more exclusively on CDIS 589 or other demanding final semester practicum experiences in the second 8 weeks of their final academic semester. We will begin offering these courses in 8 weeks based on their requests in SP 15.
5. Faculty/staff members and students reported frustration with documenting and tracking all of the program and clinical requirements needed to validate that students have been given the information that informs them of program policy and

procedure, advises them regarding KASA outcomes and how progress toward achieving them is documented, and explains various other catalog and administrative issues such as generating degree plans, logging clock hours, using the Clinical Practicum Student Assessment, moving through levels of practicum, verifying identity, etc. Faculty/staff and students also reported concern over meeting and monitoring the multiple requirements for practicum affiliation agreements (immunizations, background checks, MVR records, etc.). Based on this feedback, the program streamlined our CPSA data collection, our KASA documentation process, and has further contracted with an external tracking agency (CertifiedBackground.com) to monitor and safeguard our assurance records and background check and HIPAA protected documents. This has increased the privacy/security of personal/protected legal and health information as well as allowing students immediate and permanent access to all of their records. CB.com also provides the students with a reminder system when requirements are approaching expiration/renewal dates and easy access to all necessary instructions and forms on demand. A Help Desk is provided to guide students through the process and assist them with any difficulties or questions. Faculty/staff access is limited to authorized personnel only and can be achieved on demand. Feedback regarding this change has been overwhelmingly positive. Program faculty/ staff and students have appreciated the convenience as well as the ability to predict and plan for the future expenses and appointments required by most practicum placements.

6. Students expressed concern about the duplication of advising/informational sessions and questioned the necessity for all of them, particularly the required 3 day annual meeting for returning students and the individual meetings with the Graduate Coordinator required each semester. As all first year information is covered in the first year orientation and information for second year students has been integrated into second year courses (among other distribution mechanisms), the requirement for second year students to return to campus for the 3 day meeting was suspended on a trial basis last year (with specific conditions). The requirement for mandatory semester meetings was also supplanted by "email reviews" in which student progress toward degree plan completion, KASA outcome accomplishment, and clock hour accruals are electronically delivered. Meetings, if needed, occur subsequent to this review. Students currently report that they feel well informed about program policies/procedures and well apprised of their status toward program completion. They have stated that they prefer written materials over meetings as these documents can be archived and referred to at their convenience. Decreased meetings will continue on a trial basis for the next academic year until data can be gathered to support a more permanent decision.

Discuss the perceived strengths and weaknesses of the program and/or emphasis area as revealed by the results of the program's annual assessments.

We need to find ways to make the student placement process and establishing affiliation agreements and background checks more efficient. I'm not sure if this can be done, but we have been trying different solutions for about a year now. We also need to find ways to facilitate more clinical evaluations for students in their first semester. In terms of student outcomes, our undergraduates need to start writing research and clinical reports earlier in their matriculation. Graduates need to avail themselves of more university resources to improve their quantitative analysis and writing abilities.

Student Engagement Outside the Classroom/Studio

Describe your program's student engagement outside the classroom/studio.

Our clinical program is significant. 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 general 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).

The SHROC provides a significant service to the region. It houses a full speech science lab and can also provide endoscopic and stroboscopic assessment of voice, swallowing, and resonance. The Center also provides Augmentative and Alternative Communication (AAC) services, hearing screening, hearing testing (pure-tone audiometry), otoacoustic emittance, tympanometry, hearing aid selection, fitting, adjustment and maintenance. We can also assist with CAPD and literacy problems. The SHROC is the only clinic in the region providing these comprehensive services.

The SHROC also provides outreach services. We are the sole speech and language service provider for 1 hospital, 1 nursing home, 1 preschool, and 3 area schools. We offer services to qualified clients and families free of charge, and we consult with area agencies pro bono on a regular basis. Two school districts unable to afford or locate a Speech–Language practitioner secured those services through ENMU. A private school with no therapy services also received services from ENMU. We also assisted area agencies and schools to provide specialized services such as AAC and CAPD evals and we further provide local SLP training free of charge on request.

On average, our clinical program has provided services (in cooperation with agency supervisors) for 90-100 agencies per year via our practicum students, with an average of 50 of these being housed across approximately 20 different NM cities. Our service load statistics are below.

Measure	Actual FY10	Actual FY11	Actual FY12	Actual FY13	Actual FY 14	Summary of Results
Numbers of clients served	<p><u>SHROC</u> Hearing: 57 evals (25 pro bono),</p> <p>S-L: 21 evals (17 pro bono); 90 therapy clients (appx 25 pro bono)</p> <p><u>Off-Campus Medical Sites:</u> S-L: 109 evals, 66 therapy clients.</p>	<p><u>SHROC</u> Hearing: 41 evals;</p> <p>S-L: 33 evals, 90 different therapy clients;</p> <p><u>Off campus medical sites:</u> 123 evals</p>	<p><u>SHROC</u> Hearing: 54 evals;</p> <p>S-L: 23 evals, 62 different therapy clients;</p> <p><u>Off campus medical sites:</u> 75 clients; 77 evals</p>	<p><u>SHROC:</u> Hearing: 47 evals;</p> <p>S-L 33 evals, 95 thx clients;</p> <p><u>On Campus Preschool:</u> 5 S-L evals 2 thx clients;</p> <p><u>Off campus school services:</u> 41 S-L evals, 52 clients;</p> <p><u>Off campus medical services:</u> 124 eval hours, 401 thx hours; Total S-L screening hours = 162</p>	<p><u>SHROC:</u> Hearing: 61 evals;</p> <p>24 S-L evals, 66 thx clients;</p> <p><u>On campus medical services (RGH):</u> 7 evals, 5 thx clients (70.41 hours)</p> <p><u>On campus preschool:</u> 3 S-L Evals; 49 screenings; 1 thx client;</p> <p><u>Off campus public school services:</u> 14 S-L evals, 2 AAC evals, 26 thx clients;</p> <p><u>Off campus private school services:</u> 15 S-L evals, 36 thx clients;</p> <p><u>Off campus medical services (Heartland):</u> 492.33 eval/thx hours; S-L screening hours = 36.62</p>	<p>Growth was noted, but services are working at capacity; On campus services meet the needs of the community with waitlist time <30days; Off-campus school services were expanded, as were medical services. We serve two area school districts (Elida, Grady) and assist with evals in an additional two districts (Roswell and Portales). We also began integrative language stimulation and interaction with at-risk preschool students. We were able to do this with additional staffing and increased student enrollment. We anticipate no reduction for F15 with stable staffing and enrollment.</p>

Aside from the community impact the SHROC/clinical program effects, our clinical activities provide CDIS students, under supervision, with excellent opportunities to work with a variety of clients and therapeutic interventions. Because this program uses hands-on and internship opportunities to integrate classroom learning and practice, this improves both academic performance and ultimately retention as well. Such hand-on experience is essential for career preparation and to integrating classroom knowledge with its application. In fact, opportunities afforded to CDIS students through the SHROC and the clinical program may be the most beneficial experience they have preparing for the work force. Students are introduced to multiple practice sites (clinic, school, skilled nursing, rehabilitative/medical, etc.). This not only enables them to develop diversified clinical skills, but also assists them to determine their initial area of interest for their first employment site. As CDIS majors are classified as a STEM-H field and SLPs are high-need in the state of New Mexico and nationwide, it is very important that students are successfully engaged in their first employment site. Our clinical program assures that this occurs.

How does such engagement impact faculty work effort?

The clinical program has a dedicated Clinical Director who is classified as professional staff and who holds no academic teaching requirement. Most of our faculty generally run a .50 teaching load and a .50 clinical supervision load. Clinical supervision is a condition of hire and an expectation of continued employment.

How is such effort categorized, e. g., reassigned time, research, compensation, service?

Practicum supervision is counted in regular load. Some of our faculty are hired on 10 month contracts as some of our agencies require clinical services outside of 9 month contract timeframes. They stagger their “extra month” across holidays and vacations to ensure we have coverage for 12 months of the year. Other activities (health fairs, NSSLHA activities) are categorized as service.

Mean _a —Mean _b	T	df	P	one-tailed	<.0001
0.166	+5.82	18		two-tailed	<.0001

Student Evaluations of Faculty Teaching

	09-10		10-11		11-12		12-13		13-14		
	FA	SP	FA	SP	FA	SP	FA	SP	FA	SP	AVG
University Total	4.29	4.28	4.32	4.32	4.31	4.26	4.31	4.34	4.35	4.37	4.32
HHS	4.12	4.04	3.97	4.06	4.12	4.07	4.12	4.13	4.26	4.18	4.11
Difference	0.17	0.24	0.35	0.26	0.19	0.19	0.19	0.21	0.09	0.19	0.21

Significant Difference Testing Between HHS and University Aggregates

Data Summary

	A	B	Total
n	10	10	20
ΣX	43.15	41.07	84.22
ΣX^2	186.2021	168.7311	354.9332
SS	0.0099	0.0566	0.2828
mean	4.315	4.107	4.211

Repeated Measures Results

Mean _a —Mean _b	T	df	P	one-tailed	two-tailed
0.208	+9.8	9		<.0001	<.0001

Independent Measures Results

Mean _a —Mean _b	T	df	P	one-tailed	two-tailed
0.208	+7.65	18		<.0001	<.0001

From the table data, review any trends from the 5-year data and discuss the department and program responses, current and future.

Though significant difference exists between our Department's ratings and those of the College and University, I'm not sure how much, if anything, can be said about these comparisons as a few confounding variables currently complicate the interpretation of these results:

1. These aggregates reflect the performance of the entire HHS Department, of which CDIS is only one program. These results also include SWK, NURS, and EMGT.
2. These results do not include evaluations of clinical practicum, a significant component of our program.
3. These results do not discriminate between students taking undergraduate courses (degree seeking vs. leveling) and students who are taking traditional web, asynchronous lecture capture, synchronous lecture, or in campus "in-seat" courses. They do not discriminate between our GenEd, lower division, upper division, first degree seekers, second degree seekers, graduate levelers, first year graduate students, and second year graduate students. We have seen notable differences between these groupings over the last few years, especially as the demand for SLP programs has increased and more seasoned students have begun returning to college. We have also seen the preferences of students change dramatically as technology options have transformed distance education options, and as other universities have entered the online learning option market.

We would be happy to evaluate these numbers when more focused data is available. As Department Chair, I can relate that CDIS teaching is far from perfect, but our problems tend to be related to specific courses and content within them as opposed to systemic. We have work to do, and it is being addressed via specific recommendations given as part of the FEC/APE process. Our undergraduate program does have a higher than average wash-out rate, but I do not believe this is related to teaching or that our losses are any higher than other CDIS program across the nation. It is a long and lengthy degree which is not very accommodating. This makes is a poor fit for many potential candidates.

IV. Program Profile

Describe your process for admission into the program, including your process for discriminating between applicants who are admissible, provisionally admissible, and not admissible.

The CDIS program requires an undergraduate degree in Communicative Disorders with a cumulative GPA of at least 3.00 for “regular” admission into the program. Students having an undergraduate degree in Communicative Disorders but with a cumulative GPA less than 3.00 may be considered for “conditional” admission. If accepted, full-time students must earn a minimum GPA of 3.00 with no grade less than a “B” during their first semester of matriculation. Part-time students must earn a minimum GPA of 3.00 with no grade less than a “B” during their first two semesters of matriculation. Students must show a CDIS GPA of 3.0 or greater on required major and/or leveling courses to be eligible for admission.

Students not having an undergraduate degree in Communicative Disorders must complete the sequence of leveling courses listed below before being considered for admission. Specific leveling course deficiencies and mechanisms for addressing these deficiencies are determined in consultation with the Graduate Coordinator upon admission and during matriculation. Other courses may be required by the student's graduate advisory committee as needed. Applicants are advised to review the ENMU CDIS Program's Professional Functions for Speech-Language Pathologists and our Program Policy on Students and Professionals Who Speak English with Accents and Nonstandard Dialect (posted online at <http://liberal-arts.enmu.edu/health/cdis/professionalfunctions.shtml>) prior to application.

The following courses (or their equivalents) are required for admission into the ENMU CDIS Graduate Program. These courses must be completed **with a grade of C or better** prior to enrollment in specified graduate courses.

- CDIS 250 Speech and Language Development
- CDIS 252 Phonetics
- CDIS 300 Speech-Language-Hearing Anatomy and Physiology
- CDIS 303 Language Science
- CDIS 311 Articulation Disorders
- CDIS 332 Language Disorders in Children
- CDIS 342 Basic Audiology
- CDIS 400 Speech and Hearing Science
- CDIS 421 Neuroscience of Communication

- CDIS 434 Aural Rehabilitation
- CDIS 441 Speech-Language Preclinical
- CDIS 454 Speech and Language Assessment
- STAT 213 Statistical Methods I

Current SLP certification requirements specify one physical science, one life science, and one social science, with the physical science requirement being physics or chemistry for ENMU students. Students are advised that these science courses will be required by ENMU prior to graduating with the M.S. degree in CDIS and also by ASHA prior to the award of the CCC-SLP. Students who apply with undergraduate deficiencies must plan on completing any remaining required courses prior to beginning the program.

The application deadline is **September 1** for spring admission and **February 1** for summer/fall admission. Students must notify the program of acceptance or declination by **November 15** for spring admission and **April 15** for summer/fall admission. If we do not receive notification of student decisions by established deadlines, we award their position in the program to another applicant.

Competitive Criteria for Acceptance

Due to enrollment limitations, the number of openings for admission into the program may vary from semester to semester. The evaluation of all CDIS applicants is completed using a “blind” review process. Identifying information is removed from the applicant’s materials prior to faculty review and random numbers are assigned to applicants. An applicant will be: 1) accepted into the CDIS Program, 2) not accepted into the CDIS Program, or 3) placed on a waiting list for future consideration. A student who is not accepted may take a maximum of nine (9) hours of CDIS graduate credit at ENMU. Students who are not accepted into the Program must reapply each subsequent semester they wish to be considered for admission.

Our graduate application process is described at <http://liberal-arts.enmu.edu/health/cdis/graduate.shtml#Application>. Our graduate application can be found at [A CDIS Program application](#). Our Essay Review Rubric and our Graduate Rating Rubric are not published online, but will be made available to the Program Review Committee upon request from the Graduate Coordinator (Suzanne Swift).

Our [application](#) statistics are below.

	Completed Apps		Offered Admission		Declined Us		Denied Admission		No Response		No Show or Dropped Before Mid-Term		# Attending		# Deferring	
	FA	SP	FA	SP	FA	SP	FA	SP	FA	SP	FA	SP	FA	SP	FA	SP
14-15	106	73	58	32	19	2	48	41	9	2	3	0	27	28	0	0
Total	179		90		21		89		11		3		55		0	
13-14	138	25	53	16	18	2	85	9	4	0	2	0	31	13	0	1
Total	163		69		20		94		4		2		44		1	
12-13	92		53		22		34		DNK		1		28		3	
11-12	72		35		9		26		2		3		27		0	
10-11	DNK		DNK		DNK		DNK		DNK		DNK		20		2	
09-10	DNK		DNK		DNK		DNK		DNK		DNK		18		0	

Due to the large number of students who are accepted in their last semester of undergraduate/levelling coursework who must be provisionally admitted, the Program does not keep data on the numbers of students provisionally admitted.

CDIS Admission Statistics

	Undergraduate GPA	Major GPA	GRE Verbal	GRE Quantitative	GRE Writing	Number of Complete Applications
14-15	3.43	3.57	151	146	4	179
13-14	3.40	3.50	155	151	4	163
12-13	3.37	3.58	150	144	4	92
11-12	3.39	3.51	422	475	4	72
10-11	3.30	3.53	400	464	3.5	Data not kept
09-10	3.22	3.37	376	398	3.75	Data not kept

Beginning in 2014, the program began accepting spring applicants. Our target cohort is 30 students each fall, and 30 students each spring. With the admission of spring 2015 applicants, our program is very near our maximum capacity and further (significant) growth at the graduate level is not anticipated after the 2014-15 numbers are reported.

Use the next table to list the semester credit hours (SCH) and number of students (HC) over the last 5 academic years. Provide data in the next table that includes the required and elective courses offered in support of the degree or emphasis area. Provide the head count (HC) enrollment and semester credit hour (SCH) generation for each course per academic year, HC enrollment and SCH generation for the major or emphasis area per academic year.

Eastern New Mexico University
Graduate - End of Semester Headcount and Student Credit Hours
Summer 09 - Spring 14

GRADUATE		910	910	1011	1011	1112	1112	1213	1213	1314	1314
Course	CR	HC	SCH	HC	SCH	HC	SCH	HC	SCH	HC	SCH
Required Clinical											
CDIS 501	1 to 3	17	51	43	129	42	126	30	30	45	45
CDIS 502	1 to 3	33	99	10	30	30	90	51	140	41	91
CDIS 503	1 to 3	19	57	16	48	16	48	31	82	44	103
CDIS 505	1 to 3	0	0	0	0	0	0	0	0	12	36
CDIS 589	6	14	84	17	102	9	54	10	60	24	144
Total		83	291	86	309	97	318	122	312	166	419
Required Research											
CDIS 500	3	10	30	26	78	35	105	18	54	34	102
CDIS 557	2	0	0	16	32	26	52	21	42	30	60
CDIS 560	2	0	0	0	0	10	20	21	42	19	38
CDIS 565	3	18	54	DC	DC	DC	DC	DC	DC	DC	DC
CDIS 573	2	0	0	0	0	10	20	19	38	21	42
Total		28	84	42	110	81	197	79	176	104	242
Required Academic											
CDIS 504	2	9	18	24	48	21	42	26	52	45	90
CDIS 506	1	11	11	DC	DC	DC	DC	DC	DC	DC	DC
CDIS 511	3	15	30	30	90	0	0	46	138	42	126
CDIS 512	2	18	54	8	16	18	36	41	82	49	98
CDIS 516	3	16	32	28	56	35	70	35	105	33	99
CDIS 517	2	11	22	0	0	18	36	24	48	21	42
CDIS 525	2	12	24	7	14	17	34	28	56	30	60
CDIS 526	3	14	42	10	30	41	123	43	129	35	105
CDIS 527	2	16	32	22	44	11	22	25	50	26	52
CDIS 528	2	13	26	16	32	26	52	32	64	53	106

CDIS 529/530+532	3	29	58	29	87	24	72	30	90	32	96
CDIS 531	2	15	45	7	14	17	34	27	54	DC	DC
CDIS 540	2	15	30	13	26	15	30	25	50	21	42
CDIS 550	2	23	46	14	28	17	34	22	44	30	60
CDIS 554	1	15	15	7	7	11	11	26	26	21	21
CDIS 590	1	12	12	7	7	9	9	25	25	16	16
CDIS 593	1 to 3	4	5	11	21	DC	DC	DC	DC	DC	DC
Total		248	502	233	520	280	605	455	1013	454	1013
Elective											
CDIS 533	3	5	15	0	0	0	0	1	3	0	0
CDIS 579	1 to 3	1	3	3	4	8	17	5	11	3	4
Total		6	18	3	4	8	17	6	14	3	4
Grand Total		365	895	364	943	466	1137	662	1515	727	1678

Eastern New Mexico University
Undergraduate - End of Semester Headcount and Student Credit Hours
Summer 09 - Spring 14

UNDERGRADUATE	910	910	1011	1011	1112	1112	1213	1213	1314	1314
Course	HC	SCH	HC	SCH	HC	SCH	HC	SCH	HC	SCH
Required										
CDIS 250/447	55	165	68	204	151	453	241	723	157	471
CDIS 252/448	47	141	117	351	172	516	171	513	161	483
CDIS 300/449	39	117	102	306	177	531	153	459	161	483
CDIS 302	16	48	74	222	129	387	DC	DC	DC	DC
CDIS 303	0	0	0	0	0	0	0	0	94	282
CDIS 311/451	26	78	98	294	135	405	169	507	155	465
CDIS 320	0	0	0	0	64	192	147	441	156	468
CDIS 332/452	40	120	64	192	118	354	193	579	149	447
CDIS 342/450	28	84	62	186	108	324	127	381	140	420
CDIS 400	7	21	32	96	61	183	122	366	113	339
CDIS 421	28	84	50	150	108	324	111	333	185	555
CDIS 424/454	22	66	9	27	46	138	106	318	123	369
CDIS 434/453	21	63	45	135	95	285	105	315	120	360
CDIS 441/443/444	21	35	14	14	42	42	71	71	DC	DC
CDIS 446	8	8	8	8	10	10	6	6	0	0
CDIS 455	0	0	0	0	0	0	0	0	16	48
Total	358	1030	743	2185	1416	4144	1722	5012	1730	5190
Elective										
CDIS 140	0	0	0	0	40	120	23	69	32	96
CDIS 143	32	96	27	81	25	75	81	243	102	306
CDIS 144	16	48	45	135	63	189	68	204	81	243
CDIS 244	14	42	18	54	20	60	31	93	17	51
CDIS 245	0	0	0	0	5	15	0	0	0	0
CDIS 293	64	192	42	120	0	0	0	0	0	0

CDIS 433	8	24	26	78	44	132	49	147	20	60
CDIS 445	0	0	0	0	0	0	11	11	8	8
CDIS 468	0	0	0	0	0	0	22	66	0	0
CDIS 491	1	3	1	3	0	0	1	1	3	9
CDIS 493	0	0	0	0	0	0	30	60	3	9
Total	135	405	159	471	197	591	316	894	266	782
Grand Total	493	1435	902	2656	1613	4735	2038	5906	1996	5972

Using the data in the previous table, review the 5-year trends in student headcount and in student credit hours for the (required) program courses and for the elective courses offered by the program. Do the 5-year trends indicate a need for the department to adjust its offerings? Be as specific as possible.

Our programs have consistently grown in SCH production, though some years have been better than others. We have kept enrollment alive by teaching online and work to maintain these levels by offering both 8 and 16 week course options with traditional online and lecture formats. As mentioned previously, we have revised our undergraduate degree to be more attractive to second bachelor's degree seeking students and so we hope to see further growth in undergraduate degrees. Leveling students do not earn degrees and so their matriculation does not reflect in our "degree" numbers. We do not know when the healthcare bubble will burst, but we are confident that it will at some point, especially as other universities diversify their programs and develop online courses and degrees. Our differential tuition rates will surely help with that.

We increased graduate enrollment by devising a mechanism by which students could complete the program from a distance and by adapting course and rotations to support a spring admission start date. This has not been without challenges though, as setting up practicum/internship sites for this many out of state students is IMMENSELY time consuming and I'm not sure that we can continue to support this many placements without additional administrative personnel. Time will tell.

Use the next table to list the number of students (HC) who have declared the major or emphasis area and graduates produced by the major or emphasis area over the last five academic years.

Undergraduates:

Number of students and graduates by academic year					
	2009-10	2010-10	2011-12	2012-13	2013-14
Number of students	47	73	102	160	152
Number of graduates	8	11	9	31	30
Notes: Numbers of students declaring the major are inflated by leveling students who applied incorrectly and so were subsequently misclassified. These students declared CDIS as a major in order to be eligible for financial aid but never intended to complete the composite major (but only the CDIS leveling courses needed to gain acceptance into a graduate program. This makes any completion rate calculated with these numbers completely invalid.					

Graduates:

Number of students and graduates by academic year					
	2009-10	2010-10	2011-12	2012-13	2013-14
Number of majors	52	63	93	101	88
Number of graduates	14	18	7	12	20
Notes: Numbers of students declaring the major are again inflated by leveling students who applied incorrectly. They applied as degree seeking but only took 1-2 courses in order to maintain their eligibility for ASL licensure or applied for full-time but were not admitted to the program. As with the prior table, this makes any completion rate calculated with these numbers completely invalid.					

This data above was reported by the institution. The data below is reported according to program records as reported to the Council for Academic Accreditation each year in our annual reporting process (FA, SP, SU). The data below is absolutely accurate. **We currently have 115 accepted degree seeking students in the graduate program.**

Program Completion Rates

Year		# Begin	# Complete	Complete 2-2.5 yrs	Complete 3-3.5 yrs	Complete 4+ yrs	Complete as Expected	Not Complete	% Complete
13-14	Resident	11	9	3	5	1	(n=7) 78%	2	82%
	Distance	15	13	11	1	1	(n=11) 85%	2	87%
	Total	n=26	n=22	n=14	n=6	n=2	(n=18) 82%	n=4	85%
12-13	Resident	8	8	5	3	0	(n=7) 88%	0	100%
	Distance	11	9	5	4	0	(n=8) 89%	2	82%
	Total	n=19	n=17	n=10	n=7	n=0	(n=15) 88%	n=2	90%
11-12	Resident	7	6	4	2	0	(n=6) 100%	1	86%
	Distance	8	7	2	3	2	(n=5) 71%	1	88%
	Total	n=15	n=13	n=6	n=5	n=2	(n=11) 85%	n=2	87%
3 yr avg	Resident	26	23	12	10	n=1	(n=20) 87%	(n=3) 1	89%
	Distance	34	29	18	8	n=3	(n=24) 83%	(n=5) 1.7	85%
	Total	n=60 20 avg	n=52 17 avg	n=30 10 avg	n=18 6 avg	n=4 1 avg	n=44 85% avg	n=8 n=2.7 avg	87% avg

2013-2014: 2 students suspended for low GPA, 1 student changed major, 1 student lost VISA

2012-2013: 2 students left for personal reasons related to parenthood and finances

2011-2012: 2 students left for personal reasons related to relocation needs (marriage and family)

Discuss the 5-year trends from these three tables and what actions the program has taken to improve student recruitment, retention, and completion.

Our best recruiting tools are the web and our alumni. Our web pages have been very effective in disseminating information to interested students, though they could certainly use some “spiffing” by a skilled designer. They get the job done, but are increasingly encountering formidable competition from other universities who have developed online programs and use the web to advertise them. Our hit rate on a google search is dropping and we don’t have the knowledge or tools to fix that. We have a recruiter who works very hard, but most CDIS students come to the program via a different path altogether. You can’t really talk a person into being an SLP....they either fit or they don’t. It’s a very specific (and uniquely different) major.

Undergraduate retention is most negatively affected by the difficulty of course content and the length of educational requirements (a Master’s degree is required to be certified as an SLP). This does discourage many students, and some, quite frankly, cannot afford to attend school for this long. It has become exceedingly difficult to work in any capacity while a graduate student in SLP, and academic and clinical programs are increasingly expensive to run. Some of these costs are intrinsic to the student’s matriculation (background checks, practicum uniforms, liability insurance, immunizations, tracking, training, proctoring, textbooks, travel to sites, relocation for internship, etc.). Other cost are, unfortunately, passed down to the student (practicum fees for clinical needs). We have tried very hard to keep costs down for our students, but we also are feeling “the crunch.” I don’t see school getting any cheaper anytime soon. We have maintained our enrollments by providing maximal flexibility for students by developing part-time and distance education options to help them control their costs.

Other student retention efforts are largely based on curricular revision and instructional design changes to increase student content mastery. The best retention tool in CDIS is success.

What are the benchmarks that the program uses to define success in recruitment, retention and completion?

Full courses, a waiting list for admission, and 80% graduation rate.

Does the program have future recruiting, retention and completion initiatives? If so, is additional support required to execute these initiatives? What is that support?

1. We need additional administrative support staff to help us set up practicum placements. We currently have one secretary who is assigned half time to the academic program and half time to the clinical program. Though we have added a significant number of students, clients, and even faculty, we have not added any additional support or professional staff members to assist us in managing the administrative workload which comes when you change your program model and

double the number of students you teach. Faculty are *collectively* spending appx, 35-40 hours per week on trying to arrange student placements, a time loss which will only get worse as affiliation agreements get more complex and competition for sites among universities increases. Finding placements for 120 students EVERY semester is very time consuming. I fear we will have to **decrease** our admission numbers without some administrative/clerical support. We thought that arranging these placements would get faster over time, but it is actually getting slower as background checks take longer and out of state practicum sites resist developing new affiliation agreements and require more legal review to approve. We need help here, and fast please. If this program review leads to one positive thing, let it be this. **We need assistance before we lose faculty and staff and students because we can't get practicum/internship placements.**

2. We also need some time with a web designer. We can build content and MUST retain control of our pages, but we need someone with graphic design expertise to make these look better. We do not have the software or knowledge to make the banners, etc. We need to get back on first page results in a google search and we need someone with more knowledge than I to help us get back there. We have a very competitive program, but we need some “flashiness” and search tags to get us back in the spotlight. Our programs and courses are very marketable, as are our differential tuition rates. We need to make the most of this and we need help doing it.
3. We could also use a few more permanent graduate assistant positions. As we grow, so does our clinic and so our clinical library needs to be open longer to support this effort. Our GAs man the library. Though our Graduate Dean has been extremely generous in adding to our allocations each year and in funding our seriously overspent budgets, we could sure use more funds to attract new students and retain the ones we have. That out of state tuition waiver helps us to attract and maintain some of our very best students.

Provide data in the next table that includes the program's courses offered in support of general education over the past five academic years. Provide the head count (HC) enrollment and semester credit hour (SCH) generation for each course per academic year.

Courses Offered in Support of the General Education										
Courses	AY09-10		AY10-11		AY11-12		AY12-13		AY13-14	
	HC	SCH	HC	SCH	HC	SCH	HC	SCH	HC	SCH
CDIS 144	16	48	45	135	63	189	68	204	81	243
CDIS 244	14	42	18	54	20	60	31	93	17	51
CDIS 245	0	0	0	0	5	15	0	0	0	0
CDIS 320	0	0	0	0	64	192	147	441	156	468
Totals	30	90	63	189	152	456	246	738	254	762

Using these data, review the 5-year trends in student headcount and in student credit hours in support of general education courses offered by the program. In light of the previous 5-year trends, do the program's student head count and student credit hour production from general education classes indicate a need for the department to adjust its offerings? How so, as specifically as possible.

CDIS 245 is only put into the schedule when we have identified enough students ahead of time who have committed to taking it. It is no longer on a regular rotation. All other courses are growing. We actually had to limit CDIS 244 in 13-14 as we did not have enough instructor coverage to offer all the sections we needed. CDIS 144/244 (our sign language courses) continue to attract students who take the course for humanities/language GenEd credit. As our only upper division/global diversity, CDIS 320 also continues to attract an audience.

V. Program Resources

In the following table, list faculty members and staff members that contribute to the graduate program. With this list, document their FTE in terms of teaching assignments, reassigned time for research, and/or reassigned time for administration (chair, graduate coordinator, directors). In addition, indicate whether the faculty member has Graduate Faculty status, and whether their status is Regular, Associate, or Temporary.

Please understand that these figures are estimates based on “typical” semesters and are calculated for the academic year. These numbers include 9, 10, 11, and 12 month contracts as well as summer contracts for 9 month faculty. Overload courses are not computed into these FTE calculations.

Graduate Faculty/Staff	Grad FTE Teaching	Undergrad FTE Teaching	FTE Research	FTE Administration	GF Status
Ms. Nicole Bougie	.77	.23	0	0	Associate
Dr. Adrienne Bratcher	.88	.12	0	0	Regular
Ms. Laura Bucknell	1.0	0	0	Professional Staff	Associate
Dr. Karen Copple	.76	.24	0	0	Regular
Ms. Stephanie Lebsack	.50	.50	0	0	Associate
Dr. Phillip Million	0	1.0	0	0	Regular
Dr. Suzanne Swift	.50	0	0	.25 Department Chair 2x year .25 GC 1x year .25 Grad Program Director 1x year	Regular
Dr. Linda Weems	.13	.12	0	.75 Graduate Dean	Regular
Mr. Dwayne Wilkerson	.38	.37	0	.25 UG Program Director	Associate
Dr. Tracy Worthington	.50	.50	0	0	Regular
Totals	5.42	3.08	0	1.5	

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

Ms. Nicole Bougie teaches CDIS 554: Current Trends and Professional Issues. She also supervises clinical practicum. As a Master Clinician, she is very qualified to complete these tasks.

Mr. Dwayne Wilkerson teaches CDIS 504: Clinical Fundamentals and supervises clinical practicum. He is our clinician with the most direct practice experience and so is the best instructor for the clinical prep course.

Ms. Laura Bucknell and Ms. Stephanie Lebsack do not teach graduate academic courses at this time, but only instruct graduates in the clinical program. Both hold the CCC-SLP and so are qualified to teach and supervise in this capacity.

Resource Faculty/Staff	Grad FTE Teaching	Undergrad FTE Teaching	FTE Research	FTE Administration	GF Status
Dr. Irene Barrow	0	.75			
Dr. Leslie Costa-Guerra	0	.50			
Ms. Akiko Gray	0	.75			
Dr. Sheree Hall	0	.50			
Ms. Michelle Hamilton	0	.25			
Ms. Malinda Howard	0	.50			
Ms. Charlotte Mason	0	.50			
Dr. Shannon Salley	0	.50			
Mr. Greg Villar	0	.25			
Mrs. Kim Villar	0	.25			
Totals	0	4.75			

How have student numbers, staff, and faculty composition changed over the last five years.

As evidenced by our SCH production, we have grown substantially in the last 5 years. We have increased our majors by offering the program online and through offering 16 week courses with lectures embedded. We have increased our levelers by allowing open enrollment and by offering every course in an 8 week format at least once per year. Having a leveling program that students can complete in one calendar year has been critical in attracting and retaining this audience. We have increased our graduate enrollment by reconfiguring for spring admits and by allowing students to complete the program from a distance.

Administration has well supported the program with additional faculty, adding several coveted full-time lines to our program and funding a copious number of resource faculty members. Finding doctoral level faculty in CDIS is challenging (and finding those who will work in Portales is doubly so), but the Program has been able to fill these positions through use of non-traditional faculty contracts. Due to the higher salaries offered in direct practice, retaining faculty is ever a concern and we do have some turn-over, especially in Instructor lines. The program has been able to work together creatively to keep job satisfaction and flexibility a priority for our team and this seems to be working as well as we can expect it to.

Even though we have more than doubled our size in both bachelor's and master's programs, we still have the same number of professional land support staff that we have always had. We have not increased direct staff to the program (other than a recruiter). This is beginning to hurt our efficiency. With our latest spring admissions, we are currently stretching the limits of what we can do. Despite our best efforts at problem solving, practicum placements just take time and this has to come from supervision or teaching or research or somewhere. Without assistance, we fear that we will not be able to place all of our students in a timely manner and this will delay their graduation and threaten our standing with accreditation. Please, we are currently in need of additional support staff to assist us in securing clinical practicum sites for off campus students.

Document and quantify graduate assistantships, stipends, and program faculty teaching loads over the last 5 years.

Faculty teaching load information is available on faculty load summaries (please see attached).

Our budget for graduate assistants in 10-11 and 11-12 was \$51,000. It has been \$55,250 for all subsequent years, but it should be noted that we have consistently overspent this amount and have been allotted funds left unused by other departments on a regular basis (almost certainly every summer). Though we are not yet at the "mission critical" stage, we could put to use a few more permanent graduate assistant positions. Though these assistants would be used to work in our clinical library for the most part, it would be very helpful for our instructors to have additional support with our larger classes. We would also use them to help with scheduling and training of our new admissions each semester. These funds (and the out of state tuition waiver) would be an attractive incentive to lure more competitive students to ENMU (the higher GRE/gpa candidates that often decline our admission offers).

Please evaluate the current facilities and major equipment used to support the program's mission.

Our building was remodeled recently so it is quite nice; however, we have added a significant number of students and faculty since the remodel and so we are (again) beginning to run low on space. We will repurpose what we can until we have no other options. Our diagnostic equipment is adequate at this juncture and is supported/replaced as needed through ER&R and program generated funds. We may have some deficiencies in audiology, but our equipment is commensurate to our current service delivery in that area and so does not need augmentation at the present. Our camera system is currently dysfunctional. We have "black spaces" in some of our treatment areas which interferes with our student's ability to provide services without an in-person supervisor to monitor interactions. This decreases the number of students we can supervise at one time and, ultimately, the number of clients we can serve. It also has the potential to decrease student practicum hour accrual and delay graduation. Also, sometimes the HVAC does not work and we have to cancel therapy for our more medically fragile clients because of the heat or the cold.

Our offices are spectacular.

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

1. Our camera system is required for security reasons. It is aging and needs updating and maintenance. Without this system, supervisors will have to limit supervision to one student at a time. This will cut our SHROC clinical revenues by two thirds and require us to either decrease the number of students we admit by two thirds or hire several more supervisors. Updating/fixing the camera system will be the cheapest and most practical option, but we need funds to purchase equipment and personnel to install it. Rick Counts does an excellent job, but he is only one person and can't do everything in the timeframe we need him to.
2. We have a room upstairs which needs "stocking" OR repurposing. It was designed to be a digital observation room but we have not been able to secure the funding for the equipment to make it so, even with ER&R proposals. We need to furnish this room as intended or reconfigure it to be a therapy room. Though this is a modest financial expenditure, the program cannot afford to do what we need.
3. ASHA CAA requirements and HIPAA best practices dictate that all clinical reports be completed in the clinic in our clean lab or using encryption technology. Our computers in the clean lab were purchased from a grant quite some time ago and are beginning to age out. As they are not on the ER&R cycle and we can't seem to get approval to purchase new computers, I'm not sure what we will do when they no longer work. We are replacing parts of them now. In addition, we

need a few laptops for our clinical sites off campus as HIPAA protected information needs to be encrypted and really should not be put on personal faculty computers. We have no mechanism for purchasing these.

For each graduate faculty member, provide evidence that demonstrates how he/she is active and maintains currency in the discipline. Include graduate faculty vitae in Appendix C. These vitae should cover only the last 5 years.

All faculty in CDIS are required to complete at least 10 hours of approved continuing education activities per year in order to maintain clinical licensure and retain certification. All of our faculty do that and several have earned the ACE Award from ASHA. Each year, ASHA members and/or certificate holders, who earn 7.0 ASHA CEUs in 36 months and participate in the ASHA CE Registry, are presented the Award for Continuing Education (ACE) by the Continuing Education Board (CEB) in recognition of continued professional study.

How have faculty research/creative endeavors had an impact on program quality and its mission?

Due to the requirements of securing and maintaining accreditation, we have a different definition of “research” in HHS than do some other departments. We research and construct multiple policies, handbooks, assessments, etc., all of which we consider scholarly activity. For example, one of our faculty members is currently the Chair of our new building Risk Management team. This took a lot of research and a lot of writing to put the process, policies, and forms together. Another must collect, analyze and report on data each year for the construction of the CAA annual report. This also is considered scholarly activity. It is further important to note that the Master’s in CDIS is the *entry-level degree* for the field of speech pathology. A practitioner cannot practice independently without this degree. This necessitates that academic and clinical teaching receive more emphasis for our program faculty than research, though we all compete scholarly activity in diverse ways. Some faculty are a critical part of our research sequence for students and serve as advisors and co-investigators in multiple studies each year. Others find personal areas of research to explore, and their finds ultimately filter down to inform their teaching. Though faculty do not have time to complete much individual research given our other responsibilities, all of our classes MUST include data which is backed by evidence based practice. This requires an extensive amount of literature review each semester in order to keep courses current and compliant with standards.

Appendix A: Current Curriculum

Graduate:

The thesis program requires 48 hours of coursework, 6 credits of thesis, and an oral defense of the thesis. The non-thesis program requires 54 credits of coursework. All students must successfully complete capstone experiences (defined below) prior to being approved for graduation. Both the thesis and non-thesis programs require two-three years (including summers) of full-time enrollment to complete the degree requirements. Matriculation is generally completed within 6-8 semesters, depending upon the date of admission, full-time or part-time status, and practicum hour accrual. The recommended rotation is listed below:

Spring Admission

Year 1: Spring-Summer-Fall

Year 2: Spring-Summer-Fall

Year 3: Spring

Summer/Fall Admission

Year 1: Summer-Fall-Spring-Summer

Year 2: Fall-Spring-Summer

Specific course requirements are listed below. Students may begin their matriculation in a fall semester, though this may preclude enrollment in summer practicum and may negatively impact clock hour accumulations. Both full-time and part-time options are available for matriculation, but all degree requirements must be completed within six (6) years. Academic coursework may be completed via distance education, though some on campus activities may be required even with distance enrollment (e.g., research conference presentation, oral-motor practical exams, AAC activities, FEES/nasoendoscopy). All expenses related to matriculating off campus are the sole responsibility of the student. These expenses may include but are not limited to proctoring, attendance at mandatory on campus orientations/conferences/activities, technology, etc.).

All new CDIS graduate students must attend a 3 day informational meeting prior to attending courses their first semester and may further be required to attend an annual Graduate Student Information meeting each year on campus. University policies/procedures, course rotations, degree plan templates, practicum policies/procedures, the portfolio process, comprehensive exams, KASA tracking, remediation plans, and research expectations are clarified at this meeting each year. Identity verification and clinical trainings are also conducted at this time and are mandatory for ALL students. Students who are not on campus for this meeting will have their registration cancelled and will not be permitted to enroll for courses until they have attended the meeting in a subsequent semester. This may require reapplication and readmission to the program.

All students accepted into the ENMU CDIS Program must take practicum on campus for their first regular (16 week) semester of enrollment. Enrolling in CDIS 501 requires a minimum of 2 half days per week on campus. Additional semesters on campus

may be required if all CDIS 501 outcomes are not met by the end of the enrolled semester. CDIS 501 must be taken concurrently with CDIS 504.

Students may only complete off-campus practicum with the approval of the Clinical Director each semester. This permission may be revoked with an unfavorable off-campus student practicum rating. Students may additionally be called back to campus to complete evaluations if needed to ensure KASA outcome completion. Only students accepted into the CDIS Graduate Program may be enrolled in practicum.

Prior to being accepted for clinical placements, students participating in practicum will need to complete various trainings and present a variety of health records (including but not limited to proof of current vaccinations and immunization records). Specific clinical placements will also require drug and alcohol testing, driving records check, and completion of a physical examination by physician. Students will also need to complete a criminal records/background check and secure various items such as liability insurance, clinical uniforms, and clinical supplies. All practicum expenses are the sole responsibility of the student.

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

- A grade of B or better in CDIS 590: Graduate Seminar
- Successful completion of all Graduate Research Project requirements to include a grade of B or better on CDIS 573: Clinical Research Colloquium.
- A grade of B or better in CDIS 589: Internship in Speech-Language Pathology
- Passing marks on the Graduate Student Portfolio
- Achievement of all ENMU Knowledge and Skills Acquisition outcomes (KASA)
- Submission of an original copy of NESPA scores to the CDIS program director during the last semester of enrollment.

Requirements for CDIS 590: Graduate Seminar are specified in the syllabus for this course.

Graduate Research Project requirements are significant and are specified in the Graduate Student Handbook. Students must identify issues relevant to the field of speech-language pathology, complete an extensive literature review, define the problem to be studied, select an appropriate methodology for investigation, select and implement procedures for data collection and analysis, and describe findings, limitations, and suggestions for further study. Though data collection does not have to be completed on the ENMU campus, all research must be approved by the ENMU Institutional Review Board and research supervisors must be selected from the faculty at ENMU. Students selecting the thesis option will be required to orally defend their research on the ENMU campus prior to graduation. All students selecting the non-thesis option will be required to present

their research on the ENMU campus during the annual Student Research Conference. Specific graduate research project requirements are detailed in the CDIS Graduate Student Handbook.

CDIS 589 is the final practicum course for ENMU CDIS graduate students. Internships must be full-time (4 days per week, 36-40 hours per week minimum), must be at least 8 weeks in duration, and result in at least 125 clinical clock hours accumulated at the 589 placement. At the end of all clinical experiences, students must have accrued a minimum of 400 supervised practicum hours (325 at the graduate level) to include 25 hours of observation and 375 clinical contact hours. These hours must encompass screenings/evaluations/assessments, and hours serving multiple client/patient populations across the life span and from culturally/linguistically diverse backgrounds. Practicum must show experience with client/patient populations having various types and severities of communication and/or related disorders, differences, and disabilities. ENMU students must minimally complete practicum at the university clinic, a public school, and a medical facility prior to graduating. They must further complete hours with clients aged birth through 3rd grade, 4th grade to age 25, and age 26 through the remainder of adulthood.

Portfolio material should include a synthesis paper that summarizes the student's learning experience and future goals, a letter of application, a resume, an itemized catalog of student generated clinical evaluation and progress reports, presentation handouts, a major paper, evidence of student research, and other examples of original scholarly activity. Specific portfolio requirements are detailed in the CDIS Graduate Student Handbook.

Achieving all outcomes set forth in the Knowledge and Skills Acquisition (KASA) checklist is critical to both graduation and the development of entry-level competent speech-language pathologists. Information regarding the ENMU KASA requirements is detailed in the CDIS Graduate Student Handbook. The student must additionally present evidence of NESPA completion scores, and program feedback/survey completion as a part of the portfolio.

All students must complete the academic and clinical standards for ASHA's CCC-SLP before the master's degree will be conferred. A listing of certification requirements may be obtained through the CDIS Program office.

According to graduate school policy, students must earn a B or better in all core courses. Students may count only one "C" in other "non-core" courses toward degree requirements for graduation. The CDIS Program considers all courses except CDIS 500, 557, and 560 to be core.

Course requirements for thesis option:

CDIS 500	Research Methods in Communicative Disorders	3
CDIS 501	Practicum I	1

CDIS 502	Practicum II	2
CDIS 503	Practicum III	3
CDIS 504	Fundamentals of Clinical Practice	2
CDIS 505	Practicum IV	3
CDIS 511	Articulation/Phonological Disorders	3
CDIS 512	Voice Disorders	2
CDIS 516	Language Assessment	3
CDIS 517	Language Intervention	2
CDIS 525	Fluency Disorders	2
CDIS 526	Neurogenic Speech Disorders	3
CDIS 527	Craniofacial Anomalies	2
CDIS 528	Dysphagia	2
CDIS 529	Neurogenic Language Disorders	3
CDIS 540	Oral Motor Disorders	2
CDIS 550	Augmentative and Alternative Communication	2
CDIS 554	Current Trends and Professional Issues in CDIS	2
CDIS 589	Internship in Speech-Language Pathology	4
CDIS 590	Graduate Seminar	2
CDIS 599	Master's Thesis	<u>6</u>
Total credit hours		54

Course requirements for non-thesis option:

CDIS 500	Research Methods in Communicative Disorders	3
CDIS 501	Practicum I	1
CDIS 502	Practicum II	2
CDIS 503	Practicum III	3
CDIS 504	Fundamentals of Clinical Practice	2
CDIS 505	Practicum IV	3
CDIS 511	Articulation/Phonological Disorders	3
CDIS 512	Voice Disorders	2
CDIS 516	Language Assessment	3
CDIS 517	Language Intervention	2

CDIS 525	Fluency Disorders	2
CDIS 526	Neurogenic Speech Disorders	3
CDIS 527	Craniofacial Anomalies	2
CDIS 528	Dysphagia	2
CDIS 529	Neurogenic Language Disorders	3
CDIS 540	Oral Motor Disorders	2
CDIS 550	Augmentative and Alternative Communication	2
CDIS 554	Current Trends and Professional Issues in CDIS	2
CDIS 557	Clinical Application of Research	2
CDIS 560	Analytical Approaches to Clinical Research	2
CDIS 573	Clinical Research Colloquium	2
CDIS 589	Internship in Speech-Language Pathology	4
CDIS 590	Graduate Seminar	<u>2</u>
	Total credit hours	54

Undergraduate:

The Bachelor of Science degree with a major in Communicative Disorders (CDIS) provides pre-professional instruction in the normal and disordered processes of speech, language and hearing. This degree is designed to lead to careers in speech-language pathology, speech science, audiology, deaf education or other related areas by preparing students for entrance into a professional graduate degree program (the Master's degree) and for eventual certification and licensure in speech-language pathology or audiology.

The Bachelor of Science with a major in Communicative Disorders does not assure entrance into a graduate program at ENMU or elsewhere. Students are strongly encouraged to maintain high levels of academic performance throughout their undergraduate program in order to increase their chances of being accepted into a graduate program. All CDIS coursework and required coursework in other areas on the CDIS degree plan must be completed with a grade of "C" or higher.

The current Bachelor of Science degree with a major in Communicative Disorders (CDIS) is a composite major. It does not require a minor.

Program Outcomes/Competencies

ENMU CDIS graduates will:

- Accept personal accountability for ethical and competent speech-language pathology practice, as well as for continuing professional and personal development.
- Base clinical practice on methods of scientific inquiry and evidence-based practice – including the therapeutic process – to meet clients' needs for increasingly complex clinical care in various settings.
- Apply concepts from speech-language pathology theories and research, cultural competencies, and the sciences and humanities to assess individual clients', families' and communities' needs for therapeutic intervention.
- Collaborate with clients and other professionals to plan and deliver therapeutic intervention.
- Communicate effectively using 21st century technology, including the oral and written word, to think critically about major concepts and processes central to speech-language pathology (e.g., ethical and effective leadership and clinical excellence).

Communicative Disorders Course Requirements (43 hours)

CDIS 143	Introduction to Communicative Disorders (3)
CDIS 250	Speech/Language Development (3)
CDIS 252	Phonetics (3)
CDIS 300	Speech-Language-Hearing Anatomy/Physiology (3)
CDIS 303	Language Science (3)
CDIS 311	Articulation Disorders (3)
CDIS 320	Issues in Disability (3)
CDIS 332	Language Disorders in Children (3)
CDIS 342	Basic Audiology (3)
CDIS 400	Speech and Hearing Science (3)
CDIS 421	Neuroscience of Communication (3)
CDIS 434	Aural Rehabilitation (3)
CDIS 441	Speech-Language Preclinical (1)
CDIS 454	Speech and Language Assessment (3)
CDIS 455	Introduction to Research in Communicative Disorders (3)

Required courses in other areas (31 hours)

PSY 101 Introductory Psychology (3)

Lower division electives – Choose (3) credit hours from the following:

PSY 200 Human Growth and Development (3)

PSY 201 Child Psychology (3)

PSY 202 Adolescent Psychology (3)

PSY 337 Experimental Psychology I (3)

Upper division electives – Choose (6) credit hours from the following:

PSY 302 Learning (3)

PSY 422 Developmental Psychopathology (3)

PSY 435 Cognition (3)

PSY 443 Theories of Psychological Counseling (3)

PSY 445 Introduction to Multicultural Counseling (3)

PSY 467 Physiological Psychology (3)

STAT 213 Statistical Methods I (4)

SWK 345 Working with Aging Populations (3)

SWK 447 Impact of Child Abuse and Neglect (3)

Any second language (other than English) (6)

Note: For second language requirement, courses do not have to be in the same language. Course work in American Sign Language is acceptable.

Due to national certification requirements for the credentialing of speech-language pathologists, it is strongly recommended that CDIS students should complete both a life science and a physical science during their undergraduate matriculation. Students are strongly advised to choose from the following:

Life Science Component: Biology OR Anatomy/Physiology

BIOL 113/L Biology for General Education (4)

BIOL 207/L Applied Anatomy/Physiology (4)

Physical Science Component: Physics OR Chemistry

PHYS 113/L Survey of Physics (4)

PHYS 123/L Physics of Music (4)

CHEM 113/L Chemistry for Today (4)

Note: This is a composite major and does not require a minor.

Minor: Communicative Disorders (15 hours)

Note: Students who earn a major in CDIS may not minor in CDIS.

- CDIS 143 Introduction to Communicative Disorders (3)
- CDIS 144 Introduction to American Sign Language (3)
- CDIS 250 Speech/Language Development (3)
- CDIS 320 Issues in Disability (3)
- CDIS 332 Language Disorders in Children (3)

New Undergraduate Curriculum for Fall 2015**Communicative Disorders Course Requirements (38 hours)**

- CDIS 243 Survey of Communicative Disorders (3)
- CDIS 300 Speech-Language-Hearing Anatomy/Physiology (3)
- CDIS 303 Language Science (3)
- CDIS 310 Phonetics/Phonology (3)
- CDIS 311 Articulation/Phonological Disorders (3)
- CDIS 330 Speech/Language Development (3)
- CDIS 332 Language Disorders (3)
- CDIS 342 Basic Audiology (3)
- CDIS 400 Speech and Hearing Science (3)
- CDIS 421 Neuroscience of Communication (3)
- CDIS 434 Aural Rehabilitation (3)
- CDIS 441 Speech-Language Preclinical (1)
- CDIS 441L Preclinical Observation Lab (1-3)
- CDIS 454 Speech and Language Assessment (3)

Minor in a different field or a second major.

Note: This major requires a minor or a second major. Students seeking a first baccalaureate degree must complete a minor. It is strongly recommended that CDIS majors select the Health and Human Services (HHS) minor. The HHS minor is designed to prepare students for graduate school, specifically in the areas of research and clinical practice.

Due to national certification requirements for the credentialing of speech-language pathologists, it is strongly recommended that CDIS students should complete both a life science and a physical science during their undergraduate matriculation. Students are strongly advised to choose from the following:

Life Science Component: Biology OR Anatomy/Physiology

BIOL 113/L Biology for General Education (4)

BIOL 207/L Applied Anatomy/Physiology (4)

Physical Science Component: Physics OR Chemistry

PHYS 113/L Survey of Physics (4)

PHYS 123/L Physics of Music (4)

CHEM113/L Chemistry for Today (4)

Minor: Health and Human Services

Health and Human Services Requirements (19 hours)

STAT 213 Statistical Methods I (4)

PSY 337 Experimental Psychology I (3)

SWK 345 Working with Aging Populations (3)

SWK 447 Impact of Child Abuse and Neglect (3)

CDIS 320 Issues in Disability (3)

CDIS 455 Introduction to Undergraduate Research (3)

Minor: Communicative Disorders

Note: Students who major in CDIS may not minor in CDIS.

Communicative Disorders Requirements (15 hours)

CDIS 144 Introduction to American Sign Language (3)

CDIS 243 Survey of Communicative Disorders (3)

CDIS 330 Speech/Language Development (3)

CDIS 320 Issues in Disability (3)

CDIS 332 Language Disorders (3)

Appendix B: Program Assessment Reports for the Last Five Years

[Overview](#)

[Assessment Plan Report 2013-2014](#)

[Assessment Plan Report 2012-2013](#)

[Assessment Plan Report 2011-2012](#)

[Assessment Plan Report 2010-2011](#)

[Assessment Plan Report 2009-2010](#)

[Assessment Plan Report 2008-2009](#)

Appendix C: Faculty/Staff Vitae Documenting Their Last 5 Years

[See attachment](#)