Wichita State University
College of Health Professions
Department of Communication Sciences and Disorders

Doctor of Audiology (AuD) Program Assessment Report

September 2010

Overview

The Guiding Program Document for Communication Sciences and Disorders represents a shared vision among all members of the Department of Communication Sciences and Disorders (CSD). Further, this document serves as a guide for on-going programmatic assessment. The document consists of several components, including the: (1) Organizing Themes; (2) Program Belief Statement; (3) Program topics; (4) Program Goals; (5) Student Outcomes; (6) Statements of Commitment to Diversity, Technology, (7) Alignment with Professional/State Standards, and (8) Program Assessment. Relevant portions of the Guiding Program Documents are included with this report.

Addressing KBOR Strategic Initiative & WSU's Adaptive Challenge: Doctor of Audiology

The Kansas Board of Regent's 2020 Strategic Initiative, and the Wichita State University's Adaptive Challenge, contains the principles that we in our Department of Communication Sciences and Disorders, Doctor of Audiology program are working to achieve. In other words, we are working to educate our students not only with a tradition of excellence, but also through innovation, and to do more, but with less in our efforts to prepare our graduates to be the best professionals in the field of audiology, and to maintain the positive reputation that this program has gained at national and international levels over the past 84 years. Those efforts are evident throughout this report.

Mission: Department of Communication Sciences and Disorders

The mission of the department is consistent with the mission statements for the University and College of Health Professions. Specifically, it states that:

> *The mission of the Wichita State University Department of Communication Sciences and Disorders is to prepare qualified speech-language pathologists and audiologists as scholars/practitioners who are professionally competent to practice in educational and medical settings on behalf of children and adults who have disorders of communication.*

Mission and Goals: Doctor of Audiology Program

Mission

The sole mission of the Wichita State University Doctor of Audiology (AuD) Program is to prepare excellent doctoral level practitioners in the field of audiology who will achieve scholarly initiative, clinical competence in serving infants, children, and adults with impaired hearing, and the ability to think and work independently.

Goals

Further, this Doctor of Audiology Program is designed around specific goals that focus on (a) the quality of its Program, and (b) the quality of its students. Those include:

1. To provide pre-professional education in the field of audiology on behalf of excellent career-oriented students who will be prepared to serve infants, children, and adults in a variety of settings including clinics, hospitals, private practice, and the schools;

2. To provide our students a rich foundation of specialized scholarly and practical studies in audiology based on evidence-based practice in preparation for their work in the profession of audiology;

3. To provide our students the didactic and clinical experiences that will prepare them to work on behalf of infants, children, and adults and their families who are from ethnically and linguistically diverse cultures, and who are aware of the influences of those differences on their diagnostic and treatment services;

4. To provide our students with basic knowledge and practical experiences in the processes involved in research; and

5. To provide our students with integrated preparation and practice opportunities that will enhance their ability to work collaboratively with other service professionals in interdisciplinary service environments.

Program Outcomes

As a result of these program goals, students will:

a. Develop the knowledge and skills that will foster excellence in professional services on behalf of children and adults with impaired hearing, and their families;

b. Achieve independence in the provision of effective services on behalf of children and adults with impaired hearing and their families;

c. Become literate in cultural and linguistic diversity, and the incorporation of the characteristics of diversity into the services that they provide on behalf of children and adults and their families;

d. Demonstrate competence in evidence-based practice in diagnosis, treatment, and prevention of disorders of hearing; and

e. Demonstrate academic, clinical and scholarly initiative, competence, and the ability to function both independently and collaboratively.

Department Review/Assessment—CAA Accreditation

The Department of Communication Sciences and Disorders, including the Doctor of Audiology Program, regularly engages in self-study in the areas of curriculum review, student success, and strategic planning. For much of the 2008-2009 academic year, this self-study was directed toward the preparation of documentation required for national reaccreditation by the Council on Academic Accreditation (CAA). In March, 2009, a site visit was held for the review of two of our graduate programs (MA/SLP and AuD). Both programs were successfully reaccredited for a period of 8 years (see attached letter).

In 2010, the first Annual Accreditation Report was prepared and submitted, and is on file for Graduate School review by the Graduate School and KBOR. The report was received and reviewed favorably by the Council of Academic Accreditation. Reports are submitted each year of the accreditation cycle.

Continued Programmatic Review

Following the reaccreditation site visit, and the favorable report on our programs, department faculty and staff continued to work to evaluate curriculum offerings, clinical assessments, and continue strategic planning. This work occurs during whole Departmental retreats held each semester and the ongoing work of Department committees and Working Groups.

Result of Reaccreditation. Further, as a result of recommendations of the CAA site visit team and Re-Accreditation process, the Doctor of Audiology Program has hired an additional unclassified professional/Clinical Educator. That addition has further strengthened our capacity to prepare excellent doctoral-level audiologists, and to engage in the research that enriches a doctoral-level preparatory program.

Program Assessment Plan

As stated above, the Communication Sciences and Disorders (CSD) department including the Doctor of Audiology Program is evaluated annually by the Council of Academic Accreditation with a site visit every 8 years by that same Council, and every 6 years by the Kansas Board of Regents (KBOR). Reaccreditation by the CAA for the MA/SLP and Doctor of Audiology programs was extended through 2017. The KBOR report is being submitted in 2010.

In addition, the CSD department functions within the framework of the University, the Graduate School, and College of Health Professions (CHP). This department must provide evidence on a regular basis that it is meeting its mission, goal, and activity statements at each level of assessment, and demonstrate that relevant data have been collected that address community, faculty, staff, student, curricular, clinical, and clinical practicum issues and procedures. To provide data for each level of mandated review, it is necessary that this Department have a functioning Assessment Plan that allows for data collection on a regular basis rather than when a particular review is required.

These data are obtained by (1) periodic departmental data collection activities, (2) from the Office of Institutional Research (OIR), and (3) from other entities within the university, college, clinic, our students, and the community.

Periodic Departmental Data Collection Activities

On-going data collection activities consist of but are not limited to:

1. A *CSD Survey of Recent MA, AuD, and PhD Graduates*, administered every three years.
2. A *Survey of Employers of CSD Graduates*, administered every three years.
3. An *Undergraduate CSD Survey* administered to current students in upper division courses every two years.
4. A *CSD Survey for Current Graduate Students,* administered every two years to MA students and every three years to AuD and PhD students.
5. Maintaining and up-dating annually a list of student enrollments, enrollments by program, and enrollments by level.
6. Participation in the SPTE and other assessment instruments designed to provide student appraisal of teaching and clinical experiences
7. Maintaining and updating annually the vitae of all faculty
8. Maintaining a current set of the minutes of all CSD faculty/clinical educator meetings
9. Maintaining a current set of the syllabi of all courses taught through CSD
10. Maintaining a current set of *Faculty Activity Records* or other annual assessment mechanisms for reporting annual accomplishments
11. Maintaining a well-organized and current set of clinical case histories and reports, and maintaining a correct data base of all clients and clinician hours
12. Maintaining client satisfaction surveys from clients/families collected each semester.
13. Performance based assessments of undergraduate, graduate, and doctoral level students.

To accomplish these types of assessment, the following are conducted:

a. Undergraduate: Undergraduate student performance (prerequisite knowledge and skills) across their program will be assessed and reported according to the Knowledge and Skills Assessment (KASA) as outlined by the American Speech-Language-Hearing Association (ASHA).

b. Doctor of Audiology (AuD): Graduate student performance (knowledge and skills) across their program are assessed and reported via the KASA form. These competences are tracked each semester using a web-based assessment package called SAMS (Student Assessment and Management System).

c. Doctor of Audiology (AuD): In addition, each student is required to complete a non-thesis research project. Each project includes the requirement for an oral presentation of the research findings in an appropriate venue (e.g., GRASP, state or national speech-language-hearing association conference, college-based presentation of student research).

d. Doctor of Audiology (AuD): In addition, student performance is assessed using the following measures:

Course/ Experience	Objective: The student will:	Assessment Procedure	Criteria
Completion of all AuD Program requirements	Successfully complete all didactic, practica, externship, and residency requirements.	In-house faculty, clinical educators, external supervisors for externships and residency.	Minimum GPA of 3.0 for all didactic and practica requirements.
Completion of 3rd year Mentored Research Project with presentation and oral examination.	Successfully complete the Project and present the results before faculty and AuD students, and stand for oral examination over project results.	Clinical review of project, project presentation, and results of oral exam by faculty committee. Grade will be assigned by way of a 5 point Semantic Differential rating scale.	Passing score will be 4 out of possible 5 on the Semantic Differential rating scale.
Completion of 4th year full-time Residency.	Successfully complete a full-time Residency in a hospital or other clinical environment in the United States and perform to the level of expectations of this program and the Residency site.	Performance in the Residency program is evaluated by on-site Residency mentors-supervisors who are staff members of the Residency site utilizing a 5 point Semantic Differential rating scale that is designed specifically for the Residency program.	Perform consistently at the level of a minimum of 4 out of 5 according to a 5 point Semantic Differential evaluation scale at the conclusion of each of three semesters of the Residency, with a final grade of a B or better assigned by the on-site Residency supervisor.

The Office Of Institutional Research (OIR)

Indicators of on-going data collection related to department functioning are provided periodically by the OIR, and include but are not limited to:

1. Program Statistical Data, including enrollments at all levels
2. Measures of cost effectiveness as assessed by cost per credit hour, and peer comparisons.
3. Analyses of GU/RU/OOE funding
4. Economic indicators of clinic functioning

Other Indicators of Performance

Some examples of other performance indicators are:

1. Data collection from Cooperative Education regarding employer feedback, including student performance in their organizations.

2. Data collection from contracted service agencies regarding level of performance and success of service and practicum experiences provided.
3. Formative assessment measures in various academic and clinical courses as included in Faculty Activity Reports (FARs).

Key Performance Indicators

Key Performance Indicators (in conjunction with the College of Health Professions) include the following, with a minimum of the first 3 posted for public information. The first four items are included in the annual CAA accreditation reports and are included as part of ASHA's Higher Education Database.

- National examination (Praxis) pass rate (first time pass)
- Program completion rate
- Employment rates
- Diversity (Gender, Age, Ethnicity, Disability, and undergraduate degree background)
- External and Internal funding (grants submitted/awarded, contracts, donations)
- Student credit hours
- Student and Faculty Publications and presentations
- Faculty Continuing Education
- Specialized practicum experiences for students (i.e. externships)
- Evaluation of student performance in 4th Year Residency by external site supervisors.

Annual Self-Study

The department's Program Review Report is submitted to the Dean of the College of Health Professions and the Council on Academic Accreditation of the American Speech-Language-Hearing Association. It includes but is not limited to:

- Compliance with Accreditation Standards
- The statement of how the program relates to the mission and goals of the university and college
- The statement of the quality of the program as assessed by the qualifications, accomplishments, and academic strengths of the faculty and clinical educators
- The statement of the effectiveness of the curriculum and its impact on students
- Praxis Examination Results
- Graduation/Program Completion Rates
- The statement of employment opportunities, needs, and demands, and attempts by the department to prepare students
- The statement of the service that the program provides to its constituents
- The statement of goal-accomplishment and of goals for the next cycle
- Information concerning the graduate curriculum and any changes that have occurred
- The program assessment process and outcomes

Outcomes of the Key Performance Indicators and Self Study

The Key Performance Indictors and Self Study provide data and impetus for making change in our program. Those currently include:

1. Assessing annual department/clinic goal statements and making appropriate adjustments;
2. Measuring and evaluating previous goal accomplishments;
3. Adapting the curriculum and individual course content to meet student/discipline/ employment needs;
4. Adapting clinical preparation to meet community/client/student needs;
5. Assisting in periodic review by accrediting agencies;
6. Addressing possible concerns or "triggers" by the various review agencies and making change where appropriate;
7. Reviewing outcomes which then are re-assessed after appropriate measures for change or adjustments have been taken.

Assessment Matrix

Evaluation Area/Methods	Minimum Frequency						Responsibility
	Each Course / Semester	Annually	Every 2-3 Years	After Graduation	Every 5-8 Years	Ongoing	
Students and/or Faculty							
Undergraduate student survey			X				Student Affairs Committee
AuD student surveys			X				Student Affairs Committee
Doctoral student survey			X				Doctoral Committee
SAMS (student competency evaluation)	X						Faculty
Course evaluations	X						Faculty
National certification exam scores				X			Administrative Assistant
Number of student projects presented		X					Faculty to Administrative Assistant
Program							
Student/faculty attrition		X					Administrative Assistant
Employer survey			X				Administrative Assistant
Curriculum/alumni survey			X				Administrative Assistant
Clinical client satisfaction surveys	X						Clinic Director
Number of faculty presentations/ publications		X					FARS to Chair
Number of research grants submitted/ funded		X					FARS to Chair
Number of graduates		X					Administrative Assistant
Curriculum requirements						X	Academic Affairs Committee to Faculty

Internal program review (Graduate School / KBOR)					X		Faculty/Chair
National Accreditation review					X	X	Faculty/Chair

Feedback Loop—2008 Student Survey

Student survey data for the Doctor of Audiology program are collected every two to three years, with the most recent collected at the end of the Fall 2008 semester. The results were evaluated by the faculty and Clinical Educator of the AuD program, and members of the CSD Departmental Executive Committee (which serves as the AdHoc Assessment Committee). Although the results of the survey were positive, students made constructive recommendations for slight changes in the program. We have followed through on those recommendations, and the results are as follows:

Changes as a result of that most recent student survey are as follows:

1. More emphasis on student orientation to the program for Year 1 entering students;

2. Course work added in the area of balance disorders as they pertain to services by audiologists, which is a rather new area of service by audiologists;

3. More variety in Wichita area Residency sites as opposed to those outside of this region of the state so that students who cannot travel easily have greater access to Residency sites;

Program Actions 2009-2010 Academic Year

1. Reconsideration of prerequisite coursework required for students wishing to enter the Doctor of Audiology graduate program with a degree in another major field.

2. Consideration of opportunities for interdisciplinary collaboration within the College of Health Professions and within the University:
    a. In Fall 2009, students in CSD and the Physician Assistant (PA) program began participating in a joint Research Methods course at the graduate level.
    b. Beginning in the 2008-2009 academic year, students and faculty have participated actively in the Clarion project with students from nursing, PA and the KU School of Medicine-Wichita. This program is being repeated during the 2010-11 academic year.

3. Revision of clinical practicum student assessment format.

4. Addition of one unclassified professional/clinical educator as a result of CAA Accreditation recommendations.

5. Addition of another excellent local Residency site at Heart Spring (former Institute of Logopedics) for students who have difficulty spending a residency year away from the Wichita vicinity because of family or economic circumstances.

Student Performance Outcomes for Doctor of Audiology (AuD)

Evaluation of Students. Students in the programs are evaluated for their performance on targeted learning outcomes consistent with the accreditation standards of the Council on Academic Accreditation (CAA) of the American Speech-Language-Hearing Association (ASHA). Every student completing the Doctor of Audiology (AuD) program has been verified as having met the competencies through their coursework and practica. Faculty and clinical educators are responsible for verifying that students have met the competencies aligned with each course and clinical experience. The summary form for each student is verification that the competencies have been met. Student performance is monitored through both formative and summative assessments, and documented throughout the program. Each student's record is maintained electronically in the student's confidential file in the department. The summary form is verification of completion of the program and is the official documentation necessary for obtaining national and state licensure.

Outcomes Measurements from External Residency Evaluations of Student Performance.

Each fourth year Doctor of Audiology student must complete a year Residency at a hospital or clinic that provides comprehensive experiences in this field with a broad spectrum of patients. Those Residency sites are found in the Wichita area, selected sites around the state of Kansas, and carefully selected out of state sites that offer excellent pre-professional experiences for our students during that full-time experience.

Each student is assigned a certified supervisor/mentor at their Residency site who is an experienced audiologist, who guides the resident through their year of experience. At the conclusion of each of the three semesters of the Residency, the resident's supervisor/mentor evaluates her or him based on a Competency-Based Evaluation format that contains over sixty competencies that each resident is to demonstrate. The evaluation format is based on a five-point Semantic Differential that ranges from **(1)** does not demonstrate to **(5)** consistently demonstrates, and then provides a letter grade that can range from A to F.

Results. Our residents must demonstrate competency at a minimum of a four out of a possible five on the Semantic Differential rating scale, and a minimum of a grade of B in order to remain in their Residency. This program has never experienced a situation in which a resident has demonstrated competence that would be graded by external evaluators below that of a B, which is a record that we are proud of.

Graduation Rates. Graduation rates of 90% over the past three years (see below) are further verification of positive student learner outcomes. The only reason that the graduation rate has been below100% in two entering classes is that in the 2006 entering class, one student chose to leave the program to enter training in the field of radiology, and in the 2007 entering class of students, one student moved to enter another AuD program that was closer to her home for

economic purposes. Otherwise, 100% of students who have chosen to remain in the WSU AuD program have graduated at the appropriate time.

Performance on Assessments for Graduation. Only those students meeting all of the knowledge and skills defined in the KASA (Departmental Competency-Based Assessment) are determined to be eligible for graduation. Further verification of students' learning and clinical performance is validated by performance on the National Board Examination (PRAXIS). Of the 13 Doctor of Audiology students completing the degree program over the past three years, 13 have passed the National Board Examination (PRAXIS) on the first try prior to completing the AuD degree (see below). This examination is one of the criteria established for obtaining licensure at the national level (Certificate of Clinical Competence) from ASHA and the Kansas Department of Health and Environment.

Four Factors for Graduation. These four factors, **(1)** performance in Departmental Competency-Based Assessment (KASA), **(2)** the PRAXIS (National Board Examination), **(3)** meeting all requirements of the full-time 4th Year Residency, and **(4)** graduation are the **four indicators** of positive student learning outcomes. The WSU program in CSD exceeds the national performance average in each of these areas (80%).

National Examination (Praxis) Performance (Re = Residential program at WSU); data reported through August, 2010. Performance exceeds national average.

Program Data (Doctor of Audiology)

Period	# of students taking exam			# of students failed exam			Pass rate (%)		
	Re	DE	S	Re	DE	S	Re	DE	S
Current year	2			0			100		
Prior year	6			0			100		
2 years prior	5			0			100		
3 year average							100		

Program Completion Rates (as of August, 2009). Rates exceed national average (80%).

The expected completion time is based on the program's accreditation standards for length of time to degree completion—four years including the fourth year Residency. The current year's completion rate is calculated as the number of students who graduate this year divided by the number who began the program at the point in the past specified by the program's expectation for completion time (e.g., 16 academic semesters). Previous years are calculated in the same manner.

Period	# of completed program within expected time frame			# completed later than expected time frame			Number not completing			Completion rate (%)
	Re	DE	S	Re	DE	S	Re	DE	S	
Current year	2				0			1		83.33
Prior year	6				0			1		80
2 years prior	5				0			0		100
3 year average										87.78

**Reason for low number of students in 2009-10 graduating class. The reason for the low number of students in the 2009-10 graduating class of the Doctor of Audiology program is that only three students met criteria for admittance to the degree when they were admitted in 2005. Further, one of those students left to enter a program in radiology at another university.

450% Increase in Graduating Class: It is important to note that between the 2009-10 graduating class and the 2010-11 class, we will have experienced a 450% increase in graduates; 9 in 2010-11 vs. 2 in 2009-10.

Future Graduating Classes. As stated above, the 2010-2011 graduating class will have 9 doctoral students graduating in May, 2011. The graduating class of 2011-12 will consist of 8 doctoral students, the 2012-13 graduating class will consist of 7 doctoral students, and the 2013-14 graduating class will consist of 8 doctoral students. So, the entering class sizes have increased significantly, and have exceeded the capacity of the program in regard to faculty/clinical educators and facilities.

Student Capacity of Doctor of Audiology (AuD) Program Has Been Reached. Full student capacity of the Doctor of Audiology program as approved by the Kansas Board of Regents in 2003 is 6-8 students per admission annually, based on the number of faculty and resources available to support the program, for a total of 28 students over the four years of the program.

Year	Number Applied	Number Admitted
2007	15 applied	9 admitted
2008	16 applied	8 admitted
2009	26 applied	7 admitted
2010	28 applied	8 admitted

Note: If additional faculty and clinical educators were appropriated, and program expansion approved, it would be possible to increase the number of students who are admitted to the program.

Student Accomplishments:

1. One of our doctoral students received the Starkey 2009 Outstanding Student Clinician Award.
2. Two of our Doctor of Audiology students serve on the Executive Board of the National Student Audiology Association.
3. Our Doctor of Audiology students regularly present scholarly papers at either the Convention of the American Academy of Audiology, the Academy of Rehabilitative Audiology, or the American Speech-Language-Hearing Association.
4. One Doctor of Audiology student was awarded a National Institutes of Health Research Fellowship through the National Center for Auditory Research, Portland, OR, for a summer emersion into the process of auditory research. As a result, she was awarded an all expense paid trip to the annual Convention of the American Auditory Society to present the results of her research project.

Diversity of Total Doctor of Audiology Program

2009-2010: 3 Asian; 10 Anglo-American
2010-1011: 5 Asian; 1 African-American; 2 Hispanic-American; Anglo-American 21

Overall Conclusions

The Doctor of Audiology Program has reached its maximum capacity in relation to the number of students who can be prepared in light of the number of faculty/clinical educators available to teach the students and the capacity of our clinical facilities utilized for preparing our doctoral students. The maximum number of students as authorized by the Kansas Board of Regents in 2003 when the program was initiated was 28 over four years of the program. Currently, we have 30 doctoral students in the Doctor of Audiology Program.

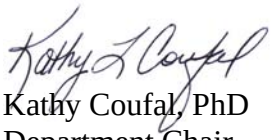
Program Is On Track. The program is on track with regard to the number of students admitted and graduating, program rigor, student performance outcomes, and curriculum review and revisions. There is continued emphasis on securing external funding to support faculty development and graduate student education.

Regular program assessment is ongoing in compliance with the multiple requirements of various reporting areas. The assessment results are consistently utilized for making adjustments and changes in student preparation as are appropriate and feasible.

The Doctor or Audiology Program (AuD) and the MA program in Speech-Language Pathology were successfully reaccredited in 2009 for another 8 year period by the Council on Academic Accreditation (CAA), the American Speech, Language, Hearing Association's (ASHA) accrediting body. The overall assessment results from the CAA are available in the office of the Department of Communication Sciences and Disorders for review.

Submitted by:

Raymond H. Hull, PhD
Coordinator, Doctor of Audiology Program



Kathy Coufal, PhD
Department Chair

9/28/10

Attachments: CAA Accreditation letter
Proposed assessment matrix beginning 2011

COUNCIL ON ACADEMIC ACCREDITATION
AUDIOLOGY | SPEECH-LANGUAGE PATHOLOGY

CERTIFIED RETURN RECEIPT

August 28, 2009

Kathy L. Coufal, PhD
Wichita State University
College of Health Professions
Dept. of Communication Disorders & Science
1845 N Fairmount
Wichita, KS 67260-0075

CAA File #118 – Clinical Doctoral program in audiology

Dear Dr. Coufal,

I am pleased to inform you that during its meeting on July 29 – August 1, 2009 the Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA) voted to re-accredit the graduate education program in **audiology** at Wichita State University for a period of **8** years beginning **June 1, 2009** through **May 31, 2017**.

The issues provided in the attached **Accreditation Action Report** should be addressed in the program's next annual report. Your first annual report will be submitted using the on-line report format via the Higher Education System and according to the revised Annual Report submission date on **August 1, 2010.** Approximately three months prior to the due date of your reports, you will be sent a reminder that the program's next report to the CAA is due for submission.

Notification of Program Changes:
In accordance with Standard 1.5 and 1.7, notification of any change to the program director must be provided in writing to the CAA within 30 days of the change. This notification should include reporting temporary or interim replacements resulting from searches for a new program director and sabbatical leave. Notice of a change should also include a vita for the new/interim director and the program's plan for implementation of the change.

Congratulations to you, the faculty and staff in the program, as well as the administration, on this national distinction.

Sincerely,

Judith L. Page

Judith L. Page, PhD, Chair
Council on Academic Accreditation in Audiology and Speech-Language Pathology

cc: Gary Miller, Provost and Vice President for Academic Affairs & Research
Susan Flesher, ASHA National Office
CAA Members

Council on Academic Accreditation in Audiology and Speech-Language Pathology

ACCREDITATION ACTION REPORT

The Council on Academic Accreditation in Audiology and Speech-Language Pathology took the following accreditation action at its July 2009 meeting regarding the following program:

Name of Program: Wichita State University

File #: 118

Professional Area:

Audiology	☒
Speech-Language Pathology	☐

Residential Program	☒
Distance Education	☐
Satellite Campus	☐
Contractual Arrangement	☐

Degree Designator: AuD

Current Accreditation Cycle: 6/1/04-5/31/09

Action Taken: Accredit for a period of 8 years

Effective Date: July 30, 2009

Accreditation Cycle: 6/1/09 – 5/31/17

Next Review: Annual Report

Notices: The program is advised to adhere to the following notices that are appended to this report.

- COMPLIANCE EXPECTATIONS
- PUBLIC DISCLOSURE OF ACCREDITATION STATUS

In its comprehensive review, the CAA found the program to be in compliance with all accreditation standards except those noted below.

AREAS OF NON-COMPLIANCE

The program was determined not to be in compliance with the following standards for accreditation. Non-compliance means that the program does not have in place the essential elements necessary to meet the standard. The program should report its progress made toward addressing these concerns in the Prior Concerns section of the next Annual Report or according to the time line specified below. The CAA will indicate in its review of that report whether the program has adequately addressed these areas.

- **There are no areas of non-compliance with accreditation standards.**

AREAS OF PARTIAL COMPLIANCE

The program is in partial compliance with the following standards. Partial compliance means that the program has in place some, but not all, of the essential elements necessary to meet all aspects of the standard. The program should report its progress made toward addressing these concerns in the Prior Concerns section of the next Annual Report or according to the time line specified below. The CAA will indicate in its review of that report whether the program has adequately addressed these areas.

- **There are no areas of partial compliance with accreditation standards.**

AREAS FOR FOLLOW-UP (clarification/verification)

The program should provide an update in the next Annual Report on the issues related to the following standards. The CAA did not determine the program to be out of compliance with these standards at this time, but will require additional information in the next Annual Report in order to monitor the program's continued compliance in the stated areas.

Standard: **2.2; 3.1A**

Std. 2.2 **The number of full-time doctoral-level faculty in speech-language pathology, audiology, and speech, language, and hearing sciences and other full- and part-time faculty is sufficient to meet the teaching, research, and service needs of the program and the expectations of the institution. The institution provides stable support and resources for the program's faculty.**

Std. 3.1A **The curriculum (academic and clinical education) is consistent with the mission and goals of the program and prepares students in the full breadth and depth of the scope of practice in audiology.**

Evidence/Rationale:

The small number of full-time doctoral-level faculty in the AuD program is considered minimal and therefore a potential source of vulnerability.

Because of the limited number of faculty in the AuD program, some faculty are teaching courses in which they have limited expertise.

Steps to be Taken:

Please keep the CAA apprised of any changes in the FTE of faculty in the AuD program.

STRENGTHS/COMMENDATIONS - *OPTIONAL*

The CAA identified the following strengths and commends the program in these areas:

- The mission of the CAA is to "promote excellence in graduate education in the discipline of communication sciences and disorders for the professions of audiology and speech-language pathology through a peer review process of establishing and promulgating accreditation standards that encourage continuous quality improvement". Results of the 2009 CAA re-accreditation review of the Department of Communication Sciences and Disorders at Wichita State University *is an example of continuous quality.*
- Dr. Kathy Coufal's effective leadership skills have been reported as a strength of the program. This program appears to have taken opportunities for growth and future development by the horns and broken into a full sprint. It is apparent that this program is poised to meet its future needs head on. Students, faculty, consumers and other members of this constituency appear to be pleased with the outcome of the department's efforts. Congratulations on this achievement.

As a recognized accrediting agency, the CAA has evaluated the program regarding its performance with respect to student achievement and provides the following report, as required by the US Secretary of Education [34 CFR 602.17(f)(2)].

PERFORMANCE WITH RESPECT TO STUDENT ACHIEVEMENT

Comments/Observations:

The CAA found the program to meet or exceed the established expectations for student achievement (as described in accreditation standard 5.0-Assessment) in the following areas:

- ☒ *Program Completion Rates*
- ☒ *Employment Rates*
- ☒ *Praxis Examination Rates*

NOTICE TO PROGRAM

CAA's recognition by the United States Department of Education (ED) requires that, if an accrediting agency's review of a program under any standard indicates that the program is not in compliance with that standard, the agency must require the program to take appropriate action to bring itself into compliance with the agency's standards within a time period that must not exceed two years. [34 CFR 602.20(a)(2)(iii)] If, after review of a reaccreditation application or an Annual Report, the program remains out of compliance with any standard and sufficient progress toward compliance has not been demonstrated, CAA may act to place the program on probation in accordance with the policy and procedures outlined in the Accreditation Manual on the CAA Web site. If the program does not bring itself into compliance within the specified period, the accrediting agency must take immediate adverse action. If the program continues to remain out of compliance with any standard at the end of the specified period, CAA will withdraw accreditation, unless the CAA judges the program to be making a good faith effort to come into compliance with the evaluative criteria. In such case the CAA may, for good cause, extend the period for achieving compliance and may determine to continue the accreditation cycle and to monitor the program's progress. CAA defines a "good faith effort" as 1) an appropriate plan for achieving compliance within a reasonable time frame, 2) a detailed timeline for completion of the plan, 3) evidence that the plan has been implemented according to the established timeline, and 4) reasonable assurance that the program can and will achieve compliance as stated in the plan.

PUBLIC DISCLOSURE OF THIS DECISION AND ACCREDITATION STATUS BY THE PROGRAM AND INSTITUTION

The US Department of Education recognition requires all recognized accrediting agencies to provide for the public correction of incorrect or misleading information an accredited or preaccredited institution or program releases about accreditation or preaccreditation status, contents of reports of on-site reviews, and accrediting or preaccrediting actions with respect to the institution or program. [34 CFR 602.23(d) and 602.23(e)] The institution and program must make accurate public disclosure of the accreditation or preaccreditation status awarded to the program. If the institution or program chooses to disclose any additional information within the scope of the ED

rule, such disclosure also must be accurate. Any public disclosure of information within the scope of the rule must include the accrediting agency's name, address, and telephone number as described in the Accreditation Manual located on the CAA Web site. If an institution or program misrepresents or distorts any action by the CAA with respect to any aspect of the accreditation process, its accreditation status, the contents of the site visit report, or final CAA accreditation actions or decisions, the CAA will notify the chief executive officer of the institution and the program director, informing them that corrective action must be taken. If corrective action is not taken, the CAA will release a public statement that provides correct information and may invoke other sanctions as may be appropriate. If the Accreditation unit discovers that an institution or program has released incorrect or misleading information within the scope of the ED rule, then it, acting on behalf of CAA, will make public correction, and it reserves the right to disclose this Accreditation Action Report in its entirety for that purpose.

CSD Assessment Matrix

Indicator	**Target** **(Based on CSD Strategic Plan, 2008)**	**Measures and Sources-data collected annually**	**Responsible party**	**Data due to report writer**	**When Obtained/ compiled**	**When due/Where Reported**	**When Presented to Department**
National Exam Scores	At or above national average	Praxis (1st time taken)	Grad coordinator	June 1	Ongoing from Aug to July	• ASHA- July 1 • KPI/CHP-July 1 • Grad Assmnt rpt.- Oct. 1	Spring and Fall Dept. meetings
Graduation rates- MA/AuD	95%	Percentage within one year of cohort graduation date- MA/ AuD	Grad coordinators	June 1	Ongoing from Aug to July	• ASHA- July 1 • KPI/CHP -July 1 • Grad Assmnt rpt.- Oct. 1	Spring and Fall Dept. meetings
Student progress toward degree/ credentialing	100%	• SAMS	Academic Affairs Comm & Clinic Director	June 1	Ongoing from August to July	ASHA – July 1	Spring and Fall Dept. meetings
		• Plan of Study	Graduate Coordinators	May 15			
Graduation rates- PhD	95%	Percentage within six years of admission/ PhD	Grad coordinators	Aug 15	Ongoing from Aug to July	Grad Assmnt rpt.- Oct. 1, (KBOR rpt.in Nov)	Spring and Fall Dept. meetings
Graduation rates- BA	95%	Percentage within six years of admission/ BA	UG coordinator	Aug 15	Ongoing from Aug to July	UG Assmnt rpt.- Sept. 1	Spring and Fall Dept. meetings
Faculty/Student Scholarship- refereed publications and presentations, theses and dissertations	Increase pubs by 20% and presentations by 50%; increase # of theses	Strategic plan goals- 5.1, 5.4, 5.5	Academic Affairs	Jan 30	Ongoing from Jan to Dec	• KPI/CHP – July 1 • Strategic plan- March 1	Spring and Fall Dept. meetings
		# of student presentations	Academic Affairs	Jan 30			

Last updated: 03/09/2010

CSD Assessment Matrix

Diversity/ Globalization- students, faculty, staff	Increase 3% each year for 3 years across all grad programs	Strategic plan goal- 3.1: students, faculty, and staff, program application (optional data)	Admissions	Jan 30 + May 15	Ongoing from August to July	• KPI/CHP – July 1 • Grad School report – Oct 1 • Strategic plan- March 1	Spring and fall Dept meetings
			Administrative Assistant	Jan 30 + May 15			
			Clinic Director	Jan 30 + May 15			
		Strategic Plan 7.1	?	Jan 30 + May 15			
		FAR	TPFR	Jan 30		• Strategic plan- March 1	
External funding- grants and contracts, outright giving, faculty/staff giving	Increase by 50%	ORA	Chair	Jan 30 + May 15	Ongoing January to December	• KPI/CHP – July 1 • Strategic plan- March 1	Spring Dept meeting
		Foundation	Chair	Jan 30 + May 15			
		Strategic plan goals- 5.2a, 5.3	Academic Affairs	Jan 30		• Strategic plan- March 1	
Internal grant funding	Increase by 50%	ORA	Chair	Jan 30	Ongoing January to December	Strategic plan- March 1	Spring Dept meeting
		Foundation	Chair	Jan 30			
		Strategic plan goals 5.2b	Academic Affairs	Jan 30			
Engagement- Dept., college, university, community *This needs to be fleshed out --- what are we actually measuring?*	*100%??*	FAR	TPFR	Jan 30	Ongoing January to December	• Strategic plan- March 1	Spring and fall Dept meetings
		# of clinical agencies	Clinic director	June 1		• KPI/CHP – July 1 • ASHA – July 1 • Grad School report – Oct 1	
		WSUSSHLA activities	WSUSSHLA advisors	June 1			
		Faculty, staff and student awards	FSS committee; Doctoral committee	June 1			
		Leadership activities	FSS committee; Chair	June 1			
		CHP engagement survey	Chair	June 1			

Last updated: 03/09/2010

CSD Assessment Matrix

		Strategic plan goals- 1.1, 1.2, 2.7, 6.1, 6.2, 6.7	FSS committee	June 1			
Scholarship funding- rates, value of endowments	Annual increases	# of students receiving scholarship/ fellowships	Chair	June1	Onging August to July	KPI/CHP report – July 1	fall Dept meetings
		# of new scholarship/ fellowships	Chair	June1			
		endowment values	Chair	June1			
		Set calendar dates for scholarship applications	CSD F/S/S Comm	June 1			
Student satisfaction scores	Rating scale (Muma): 4.5 or better	Dept. (UG, Gr, PhD)	UG, Grad, Doc. Coordinators	June 1	Ongoing from August to July	• ASHA – July 1 • Grad School report – Oct 1 • KPI/CHP report – July 1	Spring meetings
		College (UG?)	Chair	June 1			
		Grad school student surveys (MA, AuD)	Grad Coordinators	June 1			
Student credit hours	Stable or annual increase	# student credit hours	Chair	June 1	Ongoing from August to July	KPI/CHP report – July 1	Spring and fall Dept meetings
Student/ faculty ratios	Stable	ASHA formula Student/faculty attrition	Chair	June 1	Ongoing from August to July	• ASHA report – July 1 • KPI/CHP report – July 1	Spring Dept meetings
Qualified college personnel	Stable	Administrative evaluations Student course evaluations	Chair	June 1	Ongoing from August to July	• ASHA report – July 1 • KPI/CHP report – July 1	Spring Dept meetings
		FAR	TPFR	Jan 30			
Pre-professional students	Stable or annual increase	# of pre-majors	UG Coordinator and Chair	June 1	Ongoing from August to July	KPI/CHP report – July 1	Spring and fall Dept meetings

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CSD Assessment Matrix

Ongoing and systematic formative and summative assessment of program	Documented review 4.0 + on 5.0 scale	Curriculum/syllabus review (Strategic plan 2.3, 2.4	Academic Affairs	Jan 30 + June 1	Ongoing August to July	• ASHA Report – July 1 • Grad School report • KBOR report • Strategic plan- March 1	Spring Dept meetings
		Alumni survey	Chair	Jan 30 + June 1			
		Clinic/client surveys	Clinic Director	Jan 30 + June 1			