2022-2023 Academic Program Review External Review Report
Communication Sciences and Disorders
February 8th-9th

Review Team Members
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Carol Bishop Mills, Ph.D., Florida Atlantic University

Part 1: Overview
On February 8th and 9th, the team of Drs. Dan Halling (Grand Valley State University), Laura Plexico (Auburn University), and Carol Bishop Mills (Florida Atlantic University) reviewed FAU's Communication Sciences and Disorders department, and the M.S. degree in Speech-Language Pathology. Debra Szabo provided the reviewers with a self-study and associated documentation. A detailed itinerary was provided by Dr. Paul Peluso, Senior Associate Dean, College of Education. The interviews were conducted via zoom.

The findings below are based on a review of the self-study document, and the information shared by faculty, students, and administrators during the site visit.

The team met with:
Administrators and Staff:
Ms. Debra Szabo, Director of Assessment, Accreditation and Articulations
Steve Silverman, Ph.D. Dean, College of Education
Dr. Dale Williams, Department Chair
Dr. Bill Kailes, Interim Dean of Graduate Studies
Dr. Karin Scarpinato, Executive Associate Vice President for Research
Mr. Jeremy Bayne, Program Coordinator, Communication Sciences

Academic Faculty and Clinical Faculty:
Dr. Ali Danesh, Professor
Dr. Connie Porcaro, Associate Professor
Jenna Luque, Adjunct Instructor
Stephanie Lebsack, Adjunct Instructor
Terry Clark, Clinic Director
Kelly Steele, Full-Time Supervisor
Lori Bargas, Adjunct Clinical Faculty
Cindy Pearlman, Adjunct Clinical Faculty
Ellen Stern, Adjunct Clinical Faculty

Students:

Bree Vance, Student
Samson Eagen, Student
Josie Fry, Student
Briana, Student

A. Degree Programs by Level

Bachelor's (BA): None

Master's (MA): Communication Sciences and Disorders

B. Summary of Visit

The Master of Science in Speech-Language Pathology, housed in the Department of Communication Sciences and Disorders (CSD), is an established academic program with an on-campus clinic to support the program. The university is in the process of change as it adopts an aggressive growth in expectations for scholarly outcomes. This growth, in turn, is requiring that programs step up their research productivity and, if need be, change their culture.

CSD is in a position to support institutional change but must find ways to do so without an immediate influx of revenue and other resources to support that change. This requires that the program make some difficult and strategic decisions, particularly related to where they are going to direct their limited resources, what is the purpose of the clinic and how is it going to help or hinder their own growth and support of institutional change, how they can work more effectively as a team with shared vision, and how they can streamline their curriculum so as to continue to produce well-prepared students while redirecting resources devoted to teaching to other priorities such as growing their research profile.

C. Major changes since the last program review

The department has been through the pandemic which impacted all activities at the university. They have a new dean and a new department chair. Thus, many changes suggested may not have been met due to change. Others may not be in the long-term best interest of the program itself.

1. Communication Sciences and Disorders should explore the feasibility of offering an on-line post-Baccalaureate Prerequisite Leveling Curriculum.
We do not know if the department explored the feasibility, but it was mentioned several times by interviewees. Currently, they are not offering an online post-bac level curriculum. The faculty

did not discuss or provide this as a current strategic initiative. In large part, this team does not believe they have the adequate resources to develop this option, but with increased faculty, the team would continue to support this recommendation. However, we strongly believe the department would need to financially benefit or receive more resources (i.e., faculty lines) from its addition. Otherwise, it simply continues to strain an already overburdened and understaffed program.

2. Faculty of CSD should be actively engaged in niche research initiatives such as FAU Health with similarly minded scholars.

The existing faculty appear to be engaged in research and collaborating with each other and other faculty on campus. However, there are opportunities to better engage with other health service areas. We did not have the opportunity to meet with the other health organizations on campus but given that it is a strategic priority of the university, increasing collaborations could be critical for long-term success. As FAU builds out the medical school and dental school, the College should leverage the need for including Communication Sciences as important aspects of health research and services provision.

3. Relocate or renovate the CSD Clinic and Department facilities such that they are sufficient to capitalize on the program strengths. The clinic can easily become an avenue for recognition.

It was a consistent theme that faculty and staff wanted to improve and relocate clinic facilities. Those decisions need to be tied to the larger strategic plan for the department (see above about leveraging the health focus or expanding). There is no evidence that this has been done, but the clinic is also in need of a clearer strategic plan and integration with courses. It is not clear how clinical faculty engage with research faculty. The interviewees often referred to this being seen as "gem" of the university, but it is not being supported to maximize the teaching or outreach mission.

4: Curriculum Review:

It is sound practice to frequently review courses and credit hours to parallel the practice world. It is not necessary to alter the total credit hours required for graduation if credit hours shift to more accurately align with the changes in the profession.

Part 2: Findings

A.   Strengths

- Hard-working dedicated faculty and staff. Significant dedication to the teaching mission of the program and the clinical preparation of students.

- Faculty have been remarkably productive in their scholarship given the very limited workload devoted to research (8.33%), lab space, equipment, travel funds, etc.
- Plenty of students, plenty of placements, plenty of employers
- Strong curriculum, resulting in well-prepared students
- Overall, happy/content students. Students praised face-to-face course experiences and enjoy how engaged they are with the faculty.
- Location, location, location (recruitment for faculty and students)
- The program manager is dedicated and accomplishes a broad range of tasks for the department.

B.   **Weaknesses**

- The department needs more faculty to be consistent with institutional, college, and program strategic plans for FAU Health.
- The salary available for the two faculty searches is not competitive. Start-up packages will also need to be increased to be more competitive to effectively recruit within our professional environment. Within our field there is currently a PhD shortage with more positions than candidates for hire. SREB average for an assistant professor in communication disorders is $71,963. Start-up packages for faculty with R1 research expectations often start at $70,000.
- To meet the research and teaching mission of the department, there are not enough resources provided for supplies and equipment. The process for strategically maintaining and accruing needed equipment to meet teaching and clinical training needs is not clear and needs to be established.
- The department does not appear to strategically budget for technological advances or equipment repairs. For example, the system currently used to record sessions is out of date and not easily accessible for students. How could or would the department position itself to update the current system?
- To both meet the institution's goal for increased scholarship and to increase faculty success for promotion and tenure, research lab space and resources appear to be limited for faculty with research expectations.
- The mentoring process for junior faculty to be successful is not clearly defined.
- The service obligations for the department are high. Faculty are overly burdened with outside service given current instructional demands and faculty shortage.
- There are no department bylaws that would provide guidance for how the department would conduct departmental business.
- The process for administrator feedback and review is not clear.
- The program is credit heavy when compared to other communication disorders programs.
- The onboarding process for adjunct faculty needs improvement. Adjunct faculty need to be communicated with more regularly and provided access to university systems (e.g.,

Canvas, live text etc.) and other systems and resources (e.g., templates) in a timely manner.
- There is a disconnect between the institutional strategic plan and the resources available to the program. The "Race to Excellence", which clearly includes significantly increased focus on scholarship productivity (moving toward R1 classification) is inconsistent with faculty salaries, workload determinations, equipment and space allocations.
- The clinic lacks visibility, a marketing budget, and standard janitorial services. The budget and cleaning process of the clinic needs to be addressed.
- For the clinic to thrive, there needs to be a clear vision for the services offered (revenue generation, student training, outreach, etc.). That mission must be clearly identified and agreed upon throughout the college.
- Student engagement with the clinic in the first semester could be improved. Student clinic handbook containing clinic policies and procedures is not readily available to students on the website for review.

C.   Recommendations

- During a time with limited budget, faculty, and resources, the program needs to be very strategic in what they devote resources toward.
- The students in the program do not appear to need the core courses required in the College of Education. Given that Communication Sciences is often in various colleges, this curriculum does not align with typical curriculum offering for peer and aspirational programs. The department needs to advocate for a better aligned curriculum.
- Would trimming the curriculum allow the program greater flexibility with workload planning? Many students are coming in with observation hours already.
- What can be done with the clinic to better accomplish the strategic plan and objectives? Clinics are workload intensive. Yet, adjuncts could not clearly articulate their assignment expectations. There needs to be clear expectations for assignments.
- Do you grow the clinic or reduce it and still accomplish its purpose? Is there assurance that if you grow the clinic you would retain revenues to deal with the apparent budget shortfall?
- Would admitting more students justify hiring more faculty? The typical bottleneck for programs admitting more students is the availability of placements. At FAU it appears to be faculty/supervisor availability.
- Students should not be sharing clients if the clinic model is to be utilized.
- Align the department strategic plan with the university and college level strategic plans.
- A clear vision and mission for the clinic needs to be established. Growth and a first-floor location alone are not a vision and mission.
- Ensure that students are getting proper practices in the clinic, such as appropriate sterilization and cleaning protocol. There needs to be money for all cleaning supplies, and

time for proper cleaning protocol at all times. This is critical to maintain professional standards, as well as client health.

- Develop a communication plan between entities (academic and clinic, faculty and staff, department, and college). Messages from each differ significantly (e.g., sufficiency of budget, fit of CSD in COE, future growth, etc). It does not appear that tenure/tenure track and clinical faculty are working effectively as a team.
- Develop plans for more IPE
- The team shares concern over the upcoming CAA Site Visit and recommends that the faculty meet and discuss compliance with each standard. They need to have a united message coming from all parties. They need to clarify integration of academics and the clinic for providing a quality program.
- For the program and clinic to grow, there needs to be additional dedicated support staff and infrastructure. Though incredibly engaged and competent, the current person is taking on too many disparate roles for both academic and clinic functions.   In the interim, the department and clinic could employ work study students to perform rudimentary tasks.

Considerations:
- Can the program trim the curriculum and eliminate unnecessary courses (EDF 6481 and STA 6113).
- Could the UG leveling courses be eliminated? These are offered online from other sources. Could these faculty resources be redirected to address deficiencies in the graduate program?
- Why not start clinic first semester?
- Is there integration between the academic class/content and the practicum sequence? It was hard to see if students could clearly make those connections.
- Can you initiate clinic/training fees in the registration process to help ensure there are proper supplies that now appear to be lacking?
- Can there be increased engagement with FAU Health/ Research Committee/ Grant Consultants?

Questions from the department

1. Can the department hire academic and clinical faculty to grow the program?

This is a particularly difficult recruiting year as many/most programs are hiring from a limited pool. Still, there are qualified people out there. Given what we learned about the likely starting salary and start-up packages that you may be offering, we consider it unlikely that you will attract the type of candidates that are going to take you where you want to go as defined by your strategic plan.

2. Given that future research is likely to be collaborative and utilize physiologic and/or neurologic instrumentation, what support will the department receive from the university?

This is a question that must be answered by your administration. Administrators appear to be supportive of the CSD program, including providing competitive salaries and start-up funds for the two new faculty that are being recruited.

3. How can CSD play a role in university areas such as the FAU Health Network, the future dental school, and related departments such as Neurology, Pediatrics and Otolaryngology?

Again, you know the possibilities and personalities at play here. The reviewers were told that the Medical School may be interested in affiliating with the CDC in order to share and maximize the institutional resources for clinical activity.

4. Given the continuing education requirements of the field, how can travel support be increased?

As a team, we are not terribly concerned about travel support for CE. There are many outstanding CE opportunities available online in this post-pandemic period. Perhaps the bigger concern than CE is faculty having the opportunity to disseminate their scholarship with limited travel support. This may be a motivation for administrators to consider alternative sources of travel support for active scholars.

5. How can CSD establish meaningful partnerships within FAU (e.g., the IPE office) and the community (professional organizations, hospitals, schools, etc.) to increase the clinical and academic educational outcomes of our students?

This is a local resource question that the team cannot best address. You may consider creating an advisory board with local professional leaders and engaging them to develop those relationships and provide you with additional contacts, as well.

Student Learning Outcomes

For this program, student learning outcomes must reflect minimal professional standards, so assessment is to ensure that they are meeting these standards. This is necessary for accreditation.

As presented, the SLOs appear to be in line with current accreditation standards. However, there is currently no evidence of a granular review to ensure students have competencies that can be improved beyond those minimal professional standards or that the data is being used in a way that can better improve student learning, professional knowledge, and clinical skills. How are

the faculty using the outcomes? How are the outcomes being used to redesign or innovate curricular changes? We did not see evidence of how that is happening.

Q1: Are outcomes and assessment methods in line with promoting student success in the industry and the university/college/program mission?
- 1.1 is directly related to the first objective identified in the program's mission
- 2.1 has to do with written communication and is tied to a specific assignment in SP 6410. (Please note that Learning Goal 2 addresses oral communication while the program's objective is in written communication).
- 3.1 has to do with critical thinking skills for selection appropriate evaluation tools ties to a specific CA in SPA 6505
- 4.1 has to do with DEI and is on hold as the university addresses changes in mandates from the State of Florida

Q2: Is analysis of outcomes being used for program improvement?
- 1.1: No. This is a minimal requirement for accreditation and, therefore, not amenable to future program improvement.
- 2.1: No. This is also a requirement for accreditation.
- 3.1: No. Same
- 4.1: N/A