



ACADEMIC PROGRAM REVIEW

Department of Speech & Hearing Sciences Self-Study Report*

March 1, 2021

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Criterion 1. Introductory Section & Background Information

1A. Executive Summary. *An executive summary that provides a one to two-page summary/abstract of the information contained within the Self-Study Report.*

The Department of Speech and Hearing Sciences at the University of New Mexico is housed in the College of Arts and Sciences and offers a Bachelor of Arts (BA) in Speech and Hearing Sciences and a Master of Science (MS) in Speech-Language Pathology. Its graduate program was re-accredited in 2019 by the Council of Academic Accreditation (CAA) of the American Speech-Language-Hearing Association (ASHA) through March 31, 2028. The department serves 140 undergraduate majors and 65 graduate students. Between 2015-2020, it awarded 186 BA degrees and 120 MS degrees.

The department includes seven tenure-track faculty (7.0 FTE), seven clinical faculty (Lecturers, 6.4 FTE), and two full-time administrative staff members (2.0 FTE). The typical tenured/tenure-track faculty teaching load is two courses per semester, with reduced teaching loads for department administrative service or research buy-outs. Tenured/tenure-track faculty have maintained active programs of research targeting the unique characteristics of the state's population. Research is being conducted in bilingual speech and language acquisition, bilingual phonological assessment, features of oculopharyngeal muscle dystrophy (OPMD), speech intelligibility of individuals with Parkinson's disease, assessment and treatment of individuals with communication disorders following acquired brain injury, and treatment efficacy in pediatric populations who use augmentative and alternative communication devices. The clinical faculty are actively engaged in clinical teaching and mentorship, as well as the development of specialized clinical programs (e.g., social skills groups for adolescents with autism; voice treatment group for transgender individuals; language therapy group for individuals with aphasia; preschool language group for young children with a variety of language impairments). Our faculty generally earn high student evaluations of teaching. Our department provides excellent student mentorship. Despite being a relatively small department, we have maintained high-quality academic and clinical programs.

Since the department's last Academic Program Review, which was held in 2013, we have grown the graduate program from a target cohort of 23 to an average of 27 new students per cohort, added an additional tenure track line, and addressed much-needed academic content area (e.g., adult neurology, developmental disabilities, and phonology). Since the last APR, department leadership has supported tenure and promotion of faculty (e.g., Drs. Arenas and Richardson were promoted to Associate Professor, and Dr. Binger was promoted to full professor) and lecturers (Mary Hartley was promoted to Senior Lecturer), and encouraged thoughtful growth of our program. For example, we instituted differential tuition¹ in our graduate program to support additional faculty members and are in the process of proposing a Ph.D. program to University leadership.

¹ Differential tuition is an additional fee that is attached to each student credit hour. For our department, differential tuition is attached to all SHS graduate student credits.

There are several themes that run through the past accreditation reviews and academic program reviews—too few tenure-track faculty to support the student cohort size and the service load of the department; insufficient administrative support for daily department and clinic operations; and the inability to retain high-level clinical supervisors. These challenges stunt our ability to grow and improve our department. The primary challenge is the service load required to manage a small department, which ultimately limits our ability to grow and advance our mission. This has been noted in the previous academic program review (2013) as well as the recent (2019) CAA re-accreditation. Despite hiring three tenure-track faculty and nine clinical faculty (two of whom are part time) since the last APR, University separations or promotions that resulted in moving out of the department have exceeded the FTE hires. The frequency of turnover is related to our clinical faculty separations. This is largely due to the limitations imposed on the clinic by external factors such as billing. For example, our current billing model does not allow us to accept Medicare and most Medicaid patients. This greatly limits the variety of clients that we are able to serve in our clinic. Another challenge is the limited administrative staff support for the extent of academic and clinical activities. Despite the growth in our graduate program (increasing cohort size from an average of 18 to 27), our tenure track faculty and staff numbers remain static. Finally, despite the department’s growth mindset in our graduate program, we have experienced a cut in our operating budget from \$20,856 in 2017 to our current operating budget of \$15,856. The operating budget limits our ability to support our desired level of excellence

These challenges are partly met through other revenue streams, namely differential tuition and clinic revenue. Departmental differential tuition, which was initiated in July 2014, provides financial support for growth. Our differential tuition supports faculty salaries and graduate student scholarships. Clinic revenue is limited, but it has potential for growth by developing it as a free-standing insurance-based clinic. Currently, the clinic works on a sliding fee scale which allows us to meet our mission of providing services to underserved and economically disadvantaged individuals. In addition to funding clinic materials (both reusable and single use), clinic revenue supports the cost of certification and licensure for our clinical faculty and other professional development fees, the clinic director special administration compensation (SAC), partial salary for the clinic administrative assistant (14% of Ms. Waggerman’s salary), department professional memberships (e.g., CAA, CAPCSD), and graduate-student clock-hour tracking software (Calipso). Also, clinic funds are used to provide bridge funding for new clinical hires.²

In addition to these challenges, our clinic is in need of modifications, including an upgraded recording system (client sessions are currently recorded on DVD) and an electronic medical record system (we currently use paper charts). Further, our clinic facility needs to be redesigned to respect current HIPAA practices. Ideally some outlay of financial support can help us achieve in part the required upgrades and modifications. In March 2020, our department was awarded legislative funding to begin these upgrades. However, to continue to support the current standard of care in our clinical training program, we require a more consistent revenue stream. To that end, we hope to incorporate insurance billing into our

² Two new clinical faculty started January 2021. They will each receive bridge funding of \$10,000 per year for two years from clinic revenue.

clinic. Of course, the additional workload associated with billing cannot be achieved without additional administrative staff. Thus, there is a gap between our desired goals and what we can achieve with the current administrative staffing.

The ability of the department to continue to progress will hinge on these themes and depend upon several mutually dependent factors including (a) successful mentoring and retention of junior faculty; (b) retention of tenured faculty and mentorship to full professor; (c) the hiring of tenure-track faculty to replace senior faculty who retire or move to University leadership; (d) the addition of a doctoral program and additional tenure track faculty to support that program; (e) the advancement of our clinic to incorporate electronic medical records (EMR) and insurance billing as well as increased administrative support to aid in these advancements; and (f) and improved collaborative interactions with academic units and programs across campus, particularly in the Health Sciences Center. Our future success hinges on our ability to grow and maintain our faculty and staff. With greater numbers of faculty, there are various supportive directions that can be explored including offering courses more than once a year, providing better support for student success at both the graduate and undergraduate levels, developing a general education course for UNM's core curriculum, and enhancing our online course offerings.

In addition to the above noted challenges, this past year was quite unique as we faced a pandemic that had multiple impacts on our daily operations. First, an anticipated visiting professor hire, which would have reduced the workload on faculty and supported the ability for greater focus on scholarship, was canceled due to economic uncertainty. Second, our faculty had to quickly switch our face-to-face academic classes and clinic sessions to a remote/telehealth format. This rapid transition added a rather significant workload and stress to our faculty, especially given that many of our faculty had no previous experience in an online or telehealth format. In addition, we experienced a large number of cancellations from our clients and external clinic rotations. To maintain graduation dates, our clinic faculty quickly developed 50 hours of clinic simulations. To support students through case simulation, the department took on the additional financial burden of purchasing a case simulation program. Foundation donations were used to support this purchase as the reduction in our clinic services reduced our clinic revenue. Lastly, our yearly clinical service learning trip to Mexico City was cancelled for 2020 and 2021.

On a positive note, the pandemic did provide us a crash opportunity for on-the-job training in how to do remote teaching and clinical service. It is feasible that this seemingly traumatic event, may yield an alteration to future planned service delivery. For example, we may consider offering some courses online or adding an online leveling program.

Notably, despite the small faculty and a global pandemic, since the last APR, our sponsored projects have grown substantially. This aligns nicely with our current goal of initiating a Ph.D. program. The Ph.D. application is completed and has been approved by the University and the Board of Regents. The program is pending review and approval from the NM Higher Education Department (HED). We are hopeful that the addition of a Ph.D. program will allow us to garner more research funding. These impressive achievements have been completed while also growing the size of our graduate program (increased cohort size).

1B. History. *A brief description of the history of each degree/certificate program offered by the unit.*

The Department of Speech and Hearing Sciences at the University of New Mexico has a long and distinguished history. It began as the Division of Speech Correction within the Department of Speech in 1947. The first bachelor's degrees with a speech concentration were granted in 1952, and master's degrees in speech began to be awarded in 1960. The first master's degrees with a concentration in audiology were awarded in 1970. At that time (1970) the Division of Speech Correction sought and was granted accreditation from ASHA in speech-language pathology (SLP). Shortly thereafter (1972) the division became the Department of Communicative Disorders. The first bachelor's and master's degrees from the Department of Communication Disorders were awarded in 1973. In 1974, the department applied for and was granted accreditation from ASHA in audiology, which it retained until 2002. In 1977 the department lost accreditation in speech-language pathology but it became reaccredited a year later. We have retained accreditation in SLP ever since.

The Department of Speech and Hearing Sciences is located on main campus in the John and June Perovich Business Center. Currently the seven tenure-track/tenured faculty and seven non-tenure track (clinical) faculty members serve approximately 140 undergraduate and 65 master's students. The Department of Speech and Hearing Sciences offers two programs – the undergraduate program in speech and hearing sciences and the graduate program in speech-language pathology. All of the department undergraduate courses are upper division level courses (300 and 400) and emphasize content on the biological, neurological, acoustic, psychological, developmental, and linguistic and cultural bases of human communication and swallowing processes. As currently designed, the undergraduate major is a pre-professional program aimed at preparing students to enter graduate programs in speech-language pathology or audiology. Over the past five years, an average of 140 undergraduate students per year have majored in Speech and Hearing Sciences.

The department offers the Master of Science degree in speech-language pathology. The Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA) accredits the graduate program. Over the past five years, an average of 65 graduate students per year have been enrolled in the master's program in speech-language pathology.

Whereas a graduate degree in audiology was previously offered, it was discontinued in 2000 because of unsuccessful faculty searches and national changes in the training requirements for audiologists.³ Although the degree in audiology was discontinued in 2000, we have one audiologist on faculty to serve as the instructor for undergraduate audiology curriculum and provide audiology services and clinical supervision in our training clinic, as the speech language pathology curriculum includes some audiology training and practicum experiences.

³ The clinical doctoral degree in audiology (Au.D.) is the current minimal educational requirement to become an audiologist. Prior to 2007, the master's degree was the educational requirement for audiology. Unsuccessful audiology faculty searches and the changes in the training requirement led to the end of this degree offering.

The Department of Speech & Hearing Sciences operates an active speech, language and hearing clinic (UNM Speech-Language-Hearing Center; UNMSLHC). UNM SLP graduate students, under the direct supervision of non-tenure track clinical faculty, develop and implement speech and language assessment and intervention plans for adult and pediatric clinical populations at UNMSLHC. Our clinic provides services to specialty groups that are not well served in the community, such as transgender clients and individuals with primary progressive aphasia. Hearing tests and hearing aid dispensing are also performed in our clinic. Clients from the community who attend the clinic for services pay a minimum of \$10 per session. A sliding fee scale is used. Clinic fees are low relative to other public and private clinics in the area, making this clinic an important resource for individuals who do not have health insurance or desire services that are not covered by their insurance company. Our clinical faculty (through MOUs) also provides supervision at University Hospital, Menaul School (an international school), Inspirations (a clinic for medically fragile children), and Young Children's Health Clinic (a pediatric medical clinic for low-income families).

In addition to rotations in our department clinic, UNM SLP graduate students are also assigned clinical rotations at a variety of placements in the greater Albuquerque area. Clinical sites include several hospitals (e.g., Christus St. Vincent Regional Medical Center, HealthSouth Rehabilitation Hospital, Lovelace Rehabilitation Hospital, NM Veteran's Administration Medical Center, University of New Mexico Hospital), public schools (e.g., Eldorado High School, Governor Bent Elementary School, John Adams Middle School); private practices (e.g., Bilingual Multicultural Services, Inc., Christina Brown and Associates, Inc.); and residential healthcare facilities (e.g., Center for Development and Disability, Advantage Home Care and Rehabilitation, RCI, Inc.). Through our department clinic and external placements, our students and clinical faculty provide thousands of hours of speech-language and hearing services to New Mexico citizens. This constitutes a very important outreach effort for UNM, as well as providing our graduate students with excellent clinical education.

1C. Organizational Structure. *A brief description of the organizational structure and governance of the unit, including a diagram of the organizational structure.*

The Department of Speech and Hearing Sciences resides within the College of Arts and Sciences and has a shared governance structure and style. There is a department chair (currently Associate Professor Phyllis M. Palmer), appointed to a four-year term by the Dean with input from the department faculty. Dr. Palmer also serves as the CAA Program Director for the master's program in speech-language pathology.

The clinic director oversees the operations of the department clinic. After the recent retirement of Dr. Sandra Nettleton (December 31, 2020), effective January 1, 2021 Lori Nelson became the Director of Clinical Services and is responsible for the UNMSLHC operations, as well as the clinical education component of the graduate SLP program. Two new clinical faculty were hired to replace Dr. Nettleton and Desiree Stone (who retired July 31, 2020); the new clinical faculty began in the spring semester (January 2021).

Dr. Rick Arenas, Associate Professor, is the graduate student advisor and is appointed by the department chair. The graduate advisor is supported by Haley Waggerman (administrative assistant).

For the purpose of monitoring the department’s fiscal well-being, we have an Executive Committee made up of the department chair (Phyllis Palmer), program director (Phyllis Palmer), and department administrator (Carolyn Souther). When fiscal matters involve the clinic, the director of clinical services (Lori Nelson) is also included in the executive committee meetings. Figure 1 displays the current SHS organizational chart and depicts the chain of command.

Department operations are supported with two administrative staff members—a department administrator (Carolyn Souther) and an administrative assistant (Haley Waggerman). Ms. Souther oversees all purchasing; coordinates searches; manages mid-probationary and tenure and promotion reviews; handles inventories; manages graduate program admissions process; completes all financial reporting; manages financials for sponsored projects; and oversees the operations of the department, including the supervision of the administrative assistant. Ms. Waggerman manages student records; provides assistance to the graduate adviser including semester review and update of graduate student program plans; provides clerical support to the entire department faculty; receives and deposits payments for clinical services; and provides front office/reception for the department and the UNM Speech-Language-Hearing Clinic. Ms. Souther reports to the department chair, and Ms. Waggerman reports to Ms. Souther.

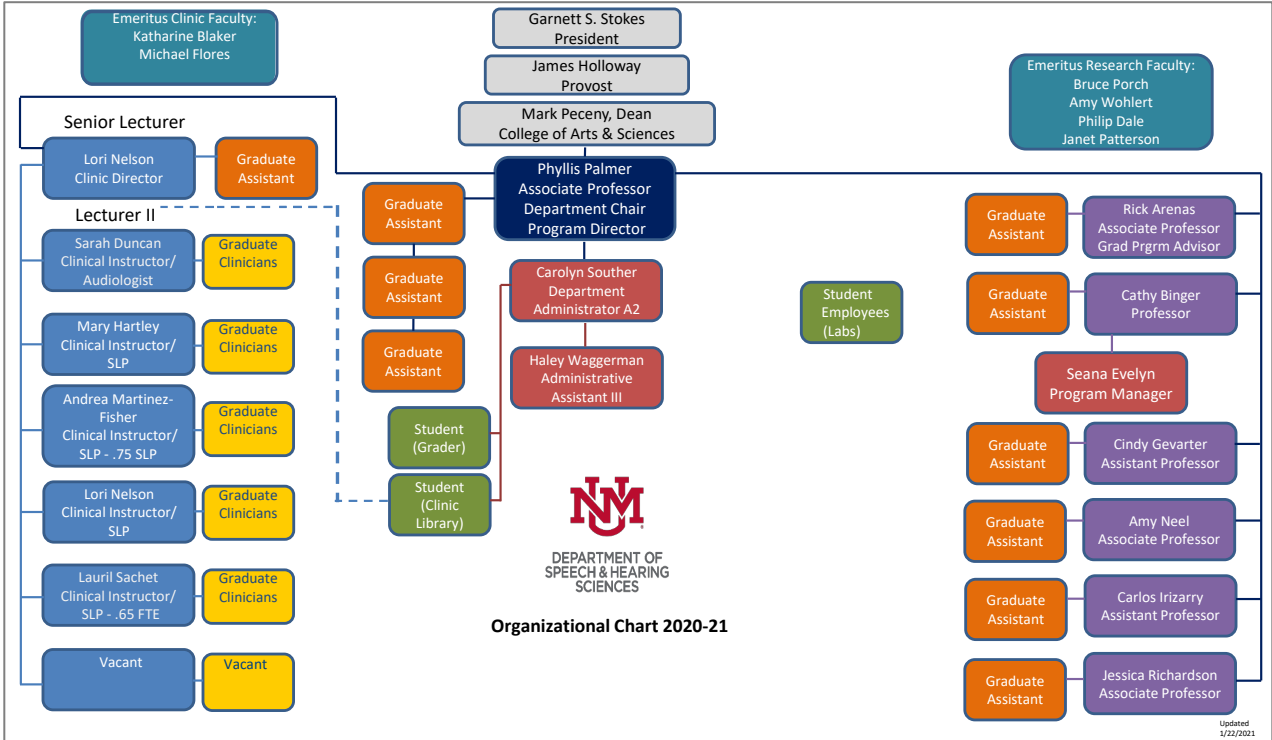


Figure 1. SHS Department Organizational/Governance chart.

All faculty members (tenured/tenure track and clinical) participate in regularly scheduled department meetings a minimum of once per month during the Fall and Spring Semesters. Clinical faculty members hold regularly scheduled meetings a minimum of once per month.

On most matters of policy, the department's faculty, including non-tenure track faculty, function as a committee of the whole and employ a consensus voting system that ranges from 1-5 where 1 implies strong support, 4 implies very weak support, and 5 serves as a block. Any faculty member can block a vote. For example, when implementing a new policy, if one member votes a 5, then the policy is not adopted. For areas where department committees exist (e.g., curriculum committee, admissions committee), the committee first identifies proposals to bring to the full faculty for consideration and vote.

In matters of promotion and tenure, the department works by committee with input from all tenured faculty. The committee makes recommendations to the department chair with detailed support for their recommendation. All tenured faculty submit a voting form to the department administrator (DA).

SHS faculty members serve on other departmental committees (e.g., admissions committee; curriculum committee) with representation of clinical and tenured / tenure track faculty on each committee.

An acting chair is appointed any time the chair is unavailable for more than five business days.

While this has been an effective mode of governance for our department, as the service load grows, the department is considering moving some decisions to committee without the need for full faculty vote (e.g., admissions). This will be addressed in our next faculty retreat scheduled for August 2021.

For guidance and support on most matters of operations, the department chair reports to the Dean of the College of Arts and Sciences. Mark Peceny, Ph.D., has served in this role for the last decade. At the completion of Dr. Peceny's term (scheduled for June 30, 2021), a new Dean (or interim Dean) will be appointed effective July 1, 2021.

1D. Accreditation *Information regarding specialized/external program accreditation(s) associated with the unit, including a summary of findings from the last review, if applicable. If not applicable, indicate that the unit does not have any specialized/external program accreditation(s).*

The unit's graduate program in speech-language pathology is accredited by the Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA) of the American

Speech-Language-Hearing Association (ASHA).⁴ The Department of Speech and Hearing Sciences underwent reaccreditation in AY 2019-20. A CAA evaluation visit team conducted a visit in October 2019, which included interviews with faculty, undergraduate and graduate students, alumni, employers, UNMSLHC clients and families, and the public. The department was granted accreditation for the full eight-year cycle of April 1, 2020 – March 31, 2028 from CAA-ASHA. The report from the site visit team was quite positive. The team members noted the appropriateness of and our success with the multicultural specialty of the department. Identified concerns are detailed in Appendix A and summarized below along with the department action plan to rectify the identified concerns.

- Availability of student outcome measures on department website.
 - At the time of the accreditation visit, the student outcome data were not available and were not updated on the SHS website. Since the time of the accreditation site visit the student outcome data on the department website have been updated through academic year 2018-19. This can be confirmed at <https://shs.unm.edu/programs/master-of-science/index.html>.
- Faculty sufficiency
 - The graduate program is currently down one faculty Full-Time Equivalent (FTE) and
 - The Dean has provided PTI support this year. With the current economic uncertainty, it is unclear when additional tenure track faculty will be approved.
- Interprofessional opportunities & course content
 - The accreditation team notes that the curriculum currently does not offer a plan of study that encompasses professional practice competencies in terms of collaborative practice. The accreditation team also noted that some courses contained multiple content areas.
 - The department's curriculum committee will review the content and flow of the graduate courses.
 - We believe students have varied opportunities to engage in inter-professional interactions during their clinical rotations. Other opportunities include
 - The University has a case-based interdisciplinary class currently co-taught with PT, OT, nursing, pharmacy & nutrition. Our department will join this class and offer it as an elective starting Spring 2022.
 - We invited occupational therapy to join in our yearly mission to Mexico City.

⁴ The CAA is guided by a set of principles first developed in 1994 by the Ad Hoc Joint Committee on Academic Accreditation Issues, which included representatives of ASHA, the Council on Academic Program in Communications and Disorders (formerly the Council on Graduate Programs in Communication Sciences and Disorders) and representatives from the ASHA standard committees. The specific purposes of the CAA are to formulate standards for the accreditation of graduate education programs that provide entry-level professional preparation in speech-language pathology and/or audiology; evaluate programs that voluntarily apply for accreditation; and grant certificates and recognize those programs deemed to have fulfilled requirements for accreditation.

- Completion of academic coursework prior to clinical experiences
 - Stakeholders including clinical instructors, off-site clinical preceptor/supervisors, and students reported that clinical assignments sometimes preceded academic coursework.
 - We are collecting data on the frequency of this occurrence
 - We have developed a student database that will improve matching students to clinical placements based on completed coursework.
- HIPAA Compliance & Clinic recording system is outdated
 - There is concern that our clinical observation rooms allow observers to view multiple clients at one time.
 - We have acquired legislative funding to update the clinic with a server-based observation/recording system and individual observation booths. The reconstruction and installation of AV equipment should be completed by June 2021.
- Insufficient staff and technical support
 - Inadequate administrative staff puts a burden on faculty and reduces efficiency. A request has been made to increase the administrative staff by 0.5 FTE. With the current financial limitations imposed by loss of funding due to COVID-19, new administrative positions are limited.
 - The college provides staff to maintain and upgrade computer systems. However, there is no technical support for intricate technical activities such as routing signals from various pieces of equipment through a desktop-based digital oscilloscope. Unfunded research may have to be altered in complexity to match the equipment and technical support currently available. Recently, we have encouraged PIs to include costs of needed IT support and space into their grant budgets.

1E: Previous APR. *A brief description of the previous Academic Program Review Process for the unit. The description should:*

- *note when the last review was conducted;*
- *provide a summary of the findings from the Review Team Report;*
- *indicate how the Unit Response Report and Initial Action Plan addressed the findings;*
and
- *provide a summary of actions taken in response to the previous APR.*

Previous APR Summary

The last APR was conducted in 2013 with the reviewers' team comprised of Dr. Howard Goldstein (University of South Florida), Dr. Catherine Crowley (Teachers College, Columbia University), and Dr. Sherman Wilcox (Department of Linguistics, UNM). The APR report acknowledged the alignment of the department with UNM's mission and vision and highlighted the department's dramatic improvements from the previous APR in 2001 including new facilities (we moved from trailers to a newly constructed building around 2004) and improved department funding (active federally sponsored grants). The APR also

pointed to the core challenge of the clinic—hiring and retaining sufficient clinical faculty to provide the needed one-on-one clinical supervision for our accredited graduate program. This limitation greatly impacted graduate admissions, which was typically limited to 14 new graduate students per year. This level of graduate admissions was static until approx. 2013, when adequate funds were obtained to hire sufficient clinical instructors to support an increase in our graduate program. We then moved to a goal of 18- 24 students per cohort. With the addition of differential tuition, which supported one additional tenure-track faculty hire, we are now able to support a cohort of 27 graduate students per year. Notably, despite the fact that the APR team identified specific academic deficits across the faculty (namely neurology), the APR committee identified the 2013 faculty as one of the major strengths of the department. This continues to be one of our strengths. (For detailed summary of our last APR as well as department response, please visit Appendix B.)

The 2013 APR team made the following observations and recommendations. More detail of these items is provided in Appendix B.

1. Major 2013 APR recommendations for support of the Department:
 - A. Need for full-time tenure-track faculty
 - i. Despite growing admissions, the number of tenure track faculty had not been increased.
 - B. Need for a full-time audiology instructor
 - i. The department was lacking in a consistent faculty to teach required undergraduate courses to support students who wished to obtain an AuD.
 - C. Need for full professors
 - i. At the time of the APR review the department had only one full professor. He was nearing retirement, which would result in a void in senior leadership that could be reduced with promotions for current associate professors.
2. Major 2013 APR recommendations for the Department:
 - A. Multilingual / multicultural focus
 - i. The department was encouraged to think strategically about how to expand on its multicultural focus. They encouraged hiring bilingual SLPs for the department clinic to attract bilingual-speaking or Spanish-speaking clients. They suggested that the faculty as a whole embrace the multicultural mission.
 - B. Expand collaboration with UNM Health Sciences including inter-professional practice training opportunities and productive research partnerships.
 - C. Retention of UG majors
 - i. Retention of UG majors was noted as a weakness. They suggested we develop recruitment and retention efforts for UG students.
3. 2013 APR suggestions for department resources and planning
 - A. Reclassify administrative staff positions to match the level of skill needed for these positions.
 - B. Bolster tech support needed to enhance technology for research and to support general IT needs in the department.
4. 2013 APR Future Recommendations
 - A. Develop a Ph.D. program
 - B. Develop core curriculum to contribute to UNM’s liberal arts mission

Department Response and Current Status

In its *Response and Action Plan*, the department agreed with the committee's assessment. The full response and action plan can be found in Appendix B Listed below is a summary of the response and action plan that was developed in response to the program review committee's report and a current status update on the action plan.

1. Department agreed that we need more tenure-track faculty.
 - A. In 2013, low number of faculty was a major weakness. It increased reliance on part-time instructors and strained the department's ability to maintain accreditation.
 - B. Our department was lacking in full professors for future leadership.
 - C. Several areas were not being met with the tenure track faculty in 2013—adult neurogenic disorders, craniofacial disorders, phonological disorders, and developmental disabilities.
 - D. The department set the following goals:
 - a. Obtain an additional faculty line and focus on hiring someone in the area of adult neurogenic disease.
 - b. Improve department revenue to support expanded faculty through the use of differential tuition.
 - c. Mentor associate professors for promotion to full professor
 - E. Current status regarding faculty hires
 - a. In 2015 we hired an assistant professor with expertise in the area of adult neurogenics (Jessica Richardson, Ph.D.).
 - b. In 2017 we hired an assistant professor with expertise in developmental disabilities (Cindy Gevarter, Ph.D. in Special Ed).
 - c. In 2019 we hired an assistant professor with expertise in bilingual phonological development and treatment of phonological disorders.
 - d. In addition to tenure-track faculty, we have secured a 1.0 FTE clinical audiologist to teach the undergraduate audiology curriculum and to provide audiology services in our in-house clinic.
 - e. Despite the additional hires, there has been no increase in tenured track faculty due to separations. Please see Table 1 for a summary of hires and separations from 2013-present for the Department of Speech and Hearing Sciences. Please see Table 2 for a comparison of the faculty and their specialty area at the time of the last APR and current faculty. You will note that although the number of tenure-track/tenured faculty is unchanged, there is greater variety in specialty areas. Clinical faculty have increased with the addition of a 1.0 audiologist.

Table 1. Faculty separations and hires from 2013-2020.

2020-2021 Hires	2020-2021 Separations
Renee Garcia, M.S. (CIS) Moira Ellis, M.S. (CIS)	Sandra Nettleton, Ph.D. (Clinic Director)
2019-2020 Hires	2019-2020 Separations
Carlos Irizarry (Nye), Ph.D., Assistant Professor, bilingual phonology) Andrea Martinez-Fisher, M.S.* (CIS) Lauril Sachet, M.S.* (CIS)	Desiree Stone, M.S. (CIS)
2018-2019 Hires	2018-2019 Separations
Lori Nelson, M.S. (CIS) Sara Duncan, M.S. (CIA)	Cindy Simonetti, M.S.* (CIS) Jennifer Hanson, M.S., (CIS) Barbara Rodriguez, Ph.D., Professor** (bilingual child language) Janet Patterson, Ph.D., Associate Professor (bilingual child language)
2017-2018 Hires	2017-2018 Separations
Cindy Gevarter, Ph.D. Assistant Professor (developmental disabilities) Desiree Stone, M.S. (CIS)	Mike Flores, Ph.D. (CIA) Kate Blaker, M.S. (CIS)
2016-2017 Hires	2016-2017 Separations
	Melinda Dolan, M.S. (CIS)
2015-2016 Hires	2015-2016 Separations
Jessica Richardson, Ph.D., Assistant Professor (adult neurology)	
2014-2015 Hires	2014-2015 Separations
Mike Flores, Ph.D. (CIA) Mary Hartley, M.S. (CIS)	
2013-2014 Hires	2013-2014 Separations
Rick Arenas, Ph.D., Assistant Professor (stuttering)	Philip Dale, Ph.D., Professor (child language)

Note: * indicates part time; ** indicates that faculty member did NOT separate from University, but left department for a position as Associate Vice Provost in November 2018; CIS indicates a licensed and certified speech-language pathologist serving as a clinical instructor in speech-language pathology; CIA indicates a licensed and certified audiologist serving as a clinical and academic instructor in audiology.

Table 2. Comparison of faculty at last APR (2013) to present.

	Faculty in 2013 (42 graduate students)	Faculty in 2021 (66 graduate students)
Tenured Full Professor	Dale (child language)	Binger (child language)
Tenured Associate Professors	Binger (child language) Neel (motor speech) Palmer (dysphagia, voice) Patterson (bilingual child language) Rodriguez (bilingual child language)	Arenas (stuttering) Neel (motor speech) Palmer (dysphagia, voice) Richardson (adult neurology)
Tenured-track Assistant Professors	Arenas (stuttering)	Gevarter (developmental disabilities, child language) Irizarry (bilingual phonological disorders)
Clinical faculty SLP	Blaker Dolan Hanson Nettleton (clinic director) *Simonetti	Ellis (new hire, January 2021) Garcia (new hire, January 2021) Hartley *Martinez-Fisher Nelson (clinic director) *Sachet
Clinical Faculty Audiology		Duncan

Note: * indicates part time

2. Improvements in department revenue.
 - A. Differential tuition for graduate students in speech-language pathology was approved in July 2014. Differential tuition pays salary for 1.0 FTE tenured/ tenure-track faculty (Irizarry), 1.0 FTE clinical audiology faculty (Duncan) and 0.5 FTE of clinical SLP faculty (Hartley). As required by UNM policy, 10% of differential tuition funds graduate student scholarships, which are granted to second year graduate students.
 - B. Improve clinic revenue. In addition to supporting the clinic, clinic revenue is used to support faculty salary. Currently it pays \$6100 of the clinic director salary (SAC of \$5000 for fall and spring plus \$1100 for summer). Clinic revenue is also used as bridge funding for new hires. For example, currently two new clinical faculty hires will receive \$10,000 per year each toward their salary from clinic revenue.
 - C. Currently the clinic bills on a sliding fee scale. Credentialing through UNM Medical Group (UNMMG), the billing agency for physicians on UNM's Health Sciences Campus, was completed in Spring 2020. It is our hope that this will lead to a contractual relationship with UNMMG to perform insurance billing for our clinic.
3. Clarify guidelines for promotion to full professor.
 - A. Clear department guidelines for promotion to full professor were defined. Two assistant professors have since been promoted to full professor. One of the full

professors is still working in the department. We obviously need to continue to support promotion to full professor.

4. Acquire additional administrative staff.
 - A. Due to the sheer amount of work required to run the department and the department clinic, while tracking compliance with accreditation standards, two administrative staff are insufficient. While additional administrative staff have not been approved, we did manage to reclassify our administrative positions so that they position level is more commensurate with the duties and responsibilities of the job.
5. Multilingual / multicultural focus should be expanded beyond Spanish speaking and should be infused throughout the curriculum.
 - A. Training speech-language pathologists to serve a multicultural population has been the focus of the department and it was noted by APR that our department was well situated to support this focus based on the diversity of faculty and exceptional diversity of clinical training sites for graduate students. We agreed that a strategic plan should be employed to engage a full department focus in this area.
 - B. Infusion topic: The department identified infusion topics to incorporate in all academic coursework. Multicultural consideration has served as an infusion topic for several years now. Students are exposed to this area in all disorder classes. There is a dedicated required UG course in multicultural considerations. There is also a graduate elective on bilingual language acquisition.
 - C. The department is exploring a certificate focused on multicultural consideration. The proposed certificate will encompass more than Spanish.
 - D. Students have ample opportunities to provide bilingual/multicultural clinical services. Our in-house clinic has three Spanish-speaking clinical instructors. Also, multiple external placements require Spanish-speaking clinicians. Those interested in obtaining experience with a multicultural/multilingual population are provided with clinical placements such that a minimum of 100 clinical hours are performed in a second language.⁵
6. Expand collaboration with UNM Health Sciences (UNM HS) including IPE training opportunities, and productive research partnerships.
 - A. The department has been interested in pursuing research collaborations with UNM HS. Historically this has been challenging, as faculty in Health Science are not required to participate in scholarship. Their focus is primarily clinical excellence. There have been some collaborations between our department and ENT, as well as with the Brain and Behavioral Health Institute.
 - B. Recent interactions with PT and OT have focused on ways to collaborate with our rehabilitative team members. Recently OT has agreed to participate in our yearly service-learning project in Mexico City. Starting Spring 2022, we will provide a joint elective on interdisciplinary care of geriatric patients.
 - C. The hire of Jessica Richardson was supplemented by a COBRE grant through UNM Health Sciences. This hire did not help reduce the service or teaching load of

⁵ Our department primarily supports English/Spanish bilingual experiences and currently has three in-house clinical instructors who are fluent in Spanish. It is our goal to provide opportunities for other languages, as requested.

current faculty. Dr. Richardson received course releases from the department and was mentored through the COBRE grant to support her development of a funded research trajectory. This effort on the part of the department has resulted in several funded research projects including an NIH R01 that will start this upcoming summer.

- D. We have collaborated with the Division of Physical Medicine and Rehab.
 - a. All SHS tenured and tenure-track faculty currently hold an appointment with the department of Neuroscience, division of Physical Medicine and Rehab.
 - b. Three tenure track faculty participate in the PMR training program by providing yearly lectures in areas of expertise such as brain injury, motor speech disorders, and swallowing disorders.
- 7. Bolster tech support
 - A. The College of Arts and Sciences initiated an IT support system. This adequately covers general computer needs. It does not serve as support for advanced technology issues for research.
 - B. The department initiated a Research Coordinator as a faculty service⁶. The role of this person, in addition to mentoring junior faculty to successful scholarship, is to interface with the college and identify sources of support for research advancement in our department.
- 8. Develop a Ph.D. program
 - A. The department was pleased that the APR suggestion was in line with a long-standing goal of the department. This suggestion did stimulate the department to begin more concrete plans.
 - B. The faculty supported this direction and completed a Ph.D. application. The application was approved by the University and is currently under review by NM Department of Higher Education.

1F: Vision & Mission. *Provide a brief overview of the vision and mission of the unit and how each degree/certificate offered addresses this vision and mission. Describe the relationship of the unit's vision and mission to UNM's vision and mission. In other words, to assist the university in better showcasing your unit, please explain the importance of its contribution to the wellbeing of the university, including the impact of the unit's degree/certificate program(s) on relevant disciplines/fields, locally, regionally, nationally, and/or internationally?*

Department Vision and Mission

Vision: The Department of Speech and Hearing Sciences at the University of New Mexico will be a national leader in providing excellence in education. Our program will be firmly grounded in research, which will be integrated into academic and clinical education. We will address diversity and equity in communication and swallowing disorders and differences to positively impact our multicultural and multilingual state.

⁶ In general, 20% of a tenured-track faculty's time is dedicated to service to the department and University. The decision to identify a research coordinator in our department is to provide a clear mentorship plan for scholarship.

Mission: We support the missions of the University and the College of Arts and Sciences by:

- Creating and disseminating basic science, assessment, and intervention knowledge about communication sciences and disorders within our own academic discipline, and in collaboration with related disciplines;
- Providing quality educational experiences in both academic and clinical contexts to prepare students to become effective professionals in speech-language pathology and related professions;
- Providing excellence in clinical service (a) through the University of New Mexico Speech-Language Clinic and affiliated professionals and agencies in the community; and (b) by providing continuing education and serving as a model for clinical services;
- Serving the unique needs of the state of New Mexico by increasing the participation of culturally diverse populations in our disciplines, preparing our students to be leaders in a multicultural and multilingual society, and collaborating with other disciplines to ensure our graduates are prepared to provide comprehensive and effective services; and
- Providing unique opportunities for our students to excel in a multilingual setting, such as the [Comunidad Crecer](#)⁷ program.

Our department mission includes a focus on promoting and respecting all individuals across race, culture, gender identity, sexual orientation, socioeconomic status, religion, and medical and cognitive challenges. We recognize that there is much more to learn⁸, and that we as a department will grow to work towards promoting greater equity.

We commit to rooting out inequities that exist within our department and within the fields of speech-language pathology and audiology. In the words of ASHA, this is a time for evaluating our individual and collective contributions to maintaining the status quo, and our responsibility to change it. We must identify meaningful solutions that address the challenges facing Black, Indigenous, Latinx, Asian, and People of Color to enable every person to be heard, to feel safe, and to thrive.

Each Program's Contributions to the Unit's Mission and Vision

The undergraduate program in speech and hearing sciences and the graduate program in speech-language pathology each uniquely contribute to the department's mission and vision statements.

⁷ Comunidad Crecer is a school for kids with developmental disabilities located in Mexico City. Our department provides a yearly visit to support evaluation and treatment planning for their students with swallowing and communication disorders.

⁸ In Fall 2020, students completed an anonymous survey as our first actionable step to improving our understanding of their experiences with racism. All faculty completed an anti-racism survey to assess our department culture and identify starting points for improvements in promoting equity.

Creating and disseminating basic science, assessment, and intervention knowledge.

The undergraduate program serves the first goal of the mission statement through a curriculum that explores the mechanisms and processes of human communication and that prepares students to pursue graduate education in speech-language pathology or audiology.

The graduate program in speech-language pathology contributes to the first goal of the department’s mission through a curriculum that is designed so that students can complete all academic and clinical requirements for credentialing and licensure eligibility from ASHA and from the New Mexico Speech-Language Pathology Practices Board, respectively.

Providing quality educational experiences in both academic and clinical contexts.

Our tenured/tenure-track faculty are unique in that most (5/7) have worked as clinicians before entering academics. This clinical experience aids in the ability to provide a strong educational experience that is clearly linked to clinical development. Faculty have varied areas of specialty (Table 2) to provide a broad experience to our students.

Engaging undergraduate and graduate students in the department’s research activities enhances the educational experience. Each year, SHS undergraduates volunteer in the bilingual language, voice and swallowing, AAC, stuttering, neurology, or speech science laboratories and assist in research participant recruitment, data collection, and data analyses. Undergraduate McNair scholars participate in specific research projects with a defined mentor and a final research project. Table 3 provides the number of undergraduates who participated in the McNair and ROP program and shows the number of student credit hours earned in independent study. Note that many more undergraduate volunteers do so without student credit hours.

Table 3. Undergraduate research involvement is measured by the number of students who complete a McNair project or ROP project, and by the number of students who take independent study credits with one of our faculty.

	2015-16	2016-17	2017-18	2018-19	2019-20
UG McNair / ROP scholars	0	1	0	0	2
Independent Student credits (SHS 451)	data unavailable	0	2	2	9

Data for credits extracted from <https://registrar.unm.edu/reports--statistics/index.html>.

Graduate students engage in research activities by serving as graduate assistants and research assistants, completing thesis projects, exploring topics through enrollment in independent study credits, or volunteering to participate in the activities of a research laboratory. UNM speech-language pathology graduate students have co-authored manuscripts submitted for publication and poster presentations for annual conventions of the American Speech-Language and Hearing Association and New Mexico Speech and Hearing Association. Table 4 provides an overview of student participation in research and

independent learning by indicating the number of graduate student credit hours focused on an individual research question and on graduate thesis, and the number of graduate student theses completed.

Table 4. Number of graduate student credits independent study (problems credits) or thesis, and the number of theses defended in a given academic year.

	SHS 551 (problems credits)	SHS 599 (thesis credits)	Thesis defense
2016-17	3	13	3
2017-18	2	19	3
2018-19	3	12	1
2019-20	0	25	5

Data for credits extracted from <https://registrar.unm.edu/reports--statistics/index.html>.

Notably, we anticipate the start of a Ph.D. program with its first entering cohort in August 2022. The College has promised additional faculty and graduate assistant lines to support this program. However, keeping in mind that the college does not have the final say in hires, we are prepared to provide this program with or without additional supports. Without additional supports, we will reduce the number of students enrolled in the program. Regardless, the research training provided to doctoral students will enhance our department’s mission by increasing potential faculty available in the field (an area of deficit in our field).

Providing excellence in clinical service.

The department clinic, UNM Speech-language Hearing Clinic (UNMSLHC) is an important part of our mission. Students who are enrolled in our master’s degree program develop clinical skills by providing assessment and intervention for speech and language disorders under the close supervision of certified and licensed speech-language pathologists. The UNMSLHC clinic offers services to a diverse clientele, including individuals who are Spanish-speaking or bilingual with a range of speech and language impairments, adults seeking accent modification services, children with severe motor speech disorders, and male-to-female and female-to-male clients seeking voice and communication therapy.

Serving the unique needs of the state of New Mexico.

New Mexico is a culturally and linguistically diverse state. The importance of cultural and linguistic diversity is infused throughout the undergraduate and graduate curriculum. In the undergraduate program, the importance of this is emphasized in a required course titled *SHS 459 Multicultural Considerations in Communication* in which the unique needs of the state of New Mexico’s population are explored and linked to improved service delivery in a multicultural and multilingual community. This course has been approved to fulfill the University’s undergraduate global diversity requirement. Additionally, a graduate elective course in bilingual language acquisition and assessment is offered via an online format.

Providing unique opportunities for our students to excel in a multilingual setting.

In addition to the coursework described above, our department provides multicultural and multilingual opportunities for students through research and clinic. Research in the department focuses on the unique characteristics of the state's population. For example, Dr. Palmer examines the swallowing characteristics of individuals diagnosed with oculopharyngeal muscular dystrophy (OPMD), which primarily occurs among people of Hispanic ancestry. The largest known geographic cluster of individuals with OPMD in the United States is in New Mexico. Dr. Irizarry's research focuses on bilingual speech and language acquisition in preschool children. His research also evaluates how to train clinicians to work with bilingual children who have speech and language deficits.

The unique needs of our state are also addressed in our graduate student clinical placements. Graduate students are routinely placed in clinical settings that serve patients and clients from culturally, socioeconomically, and linguistically diverse backgrounds. Students interested in an emphasis on bilingual speech-language pathology are provided with a minimum of 100 clinical hours with bilingual (or non-English speaking monolingual) clients.

Every May department faculty and students travel to Mexico City to provide services at Comunidad Crecer, a school for children with varying developmental disabilities. Typically, six SLP graduate students and two SHS faculty are selected for this event. If more than six students apply for this program, then a competitive selection is made based on Spanish language fluency and current academic performance. Under the supervision of our faculty, our graduate students evaluate children in this program and provide treatment plans and needed training to support improved communication, and feeding and swallowing.

Alignment of Department Mission with UNM Mission

UNM's mission. The University will engage students, faculty, and staff in its comprehensive educational, research, and service programs.

- UNM will provide students the values, habits of mind, knowledge, and skills that they need to be enlightened citizens, to contribute to the state and national economies, and to lead satisfying lives.
- Faculty, staff, and students create, apply, and disseminate new knowledge and creative works; they provide services that enhance New Mexicans' quality of life and promote economic development; and they advance our understanding of the world, its peoples, and cultures.
- Building on its educational, research, and creative resources, the University provides services directly to the City and State, including health care, social services, policy studies, commercialization of inventions, and cultural events.

UNM Strategic Plan Executive Summary can be viewed in full on our department website at <http://shs.unm.edu/assets/documents/2021--strategic-plan.pdf>. Key elements of this plan include (1) becoming a destination university, (2) prepare Lobos for lifelong success, (3) promote institutional citizenship and inclusive excellence, (4) enhance health and health equity, (5) advance discovery and innovation, (6) ensure financial integrity and strength, and (7) advance and accelerate economic development.

The Department of Speech and Hearing Sciences' mission and vision statements are strongly related to the University's mission and vision. We provide high-quality academic and clinical instruction to prepare students for careers in speech-language pathology. Our UNMSLHC offers high-quality patient care to individuals in our community who are diagnosed with a variety of communication and swallowing disorders. In the end, we produce enlightened citizens with advanced knowledge and skills who contribute to the state by serving the health care needs of New Mexicans, thereby improving their quality of life.

Both our undergraduate and graduate education programs offer opportunities for students to advance discovery through collaboration in research. The SHS faculty focus on questions that are critically important to advancing health care for the state's population, including how OPMD affects a patient's oral, pharyngeal and laryngeal motor function; how to support the expressive grammar development of children who use augmentative and alternative communication (AAC) and teaching key communication partners to support the language development of young children who require AAC; and how bilingual speech and language acquisition is influenced by a variety of environmental and cultural factors.

The increasing research productivity of the faculty is appropriate to a flagship university. Our faculty are nationally recognized experts in child language development, AAC, bilingual language acquisition, swallowing disorders, stuttering, and speech intelligibility. Published reports of the faculty's research routinely appear in high-quality journals, including the Journal of Speech-language Hearing Research, American Journal of Speech-Language Pathology, and Developmental Science. The department maintains a vital academic climate through opportunities for faculty and students to engage in collaborative research projects and presentation of research findings and state-of-the-art speech-language therapy service delivery to the community.

Criterion 2. Teaching & Learning: Curriculum

The unit should demonstrate the relevance and impact of the curriculum associated with each degree/certificate program. (Differentiate for each undergraduate and graduate degree and certificate program offered by the unit.)

2A: Curricula. *Provide a detailed description of the curricula for each degree/certificate program within the unit.*

- *Include a description of the general education component required, including any contributions from the unit to general education, and program-specific components for both the undergraduate and graduate programs.*
- *Discuss the unit's contributions to and/or collaboration with other internal units within UNM, such as common courses, courses that fulfill pre-requisites of other programs, courses that are electives in other programs, cross-listed courses, etc.*

The Department of Speech and Hearing Sciences offers two degrees: a) Bachelor of Arts in Speech and Hearing Sciences; and b) Master of Science in Speech-Language Pathology. Our department does not deliver any general education courses; all courses offered by our department are upper division courses (300 and 400 level)

Undergraduate Program Curriculum

The undergraduate program in Speech and Hearing Sciences (SHS) is a pre-professional program aimed at preparing students to enter graduate programs in speech-language pathology and audiology. A full course load for UNM undergraduates is defined as 12 credit hours per semester. In addition to required general education courses, students complete the SHS major study requirements which include the following. :

1. Thirty-six hours in the following required courses:
 - *SHS 302 Introduction to Communication Disorders:* The nature of speech, language and hearing disorders in children and adults; overview of speech and hearing anatomy and physiology; multicultural issues; emphasizes the impact of communication disorders on individuals and families.
 - *SHS 303 Introduction to Phonetics:* An introduction to the physiological mechanisms underlying speech production, linguistic classification and transcription of speech sounds, acoustic properties of speech sounds, relationship between phonetics and phonology, and applications to speech pathology.
 - *SHS 310 Anatomy and Physiology of Communication:* Introduction to basic anatomy and physiology for speech, language, hearing and swallowing. Covers five systems: respiratory, phonatory, articulatory, auditory and neurological.
 - *SHS 321 Introduction to Audiology:* Basic hearing sciences, pathological conditions of the auditory system, audiometric testing.
 - *SHS 330 Introduction to Communication Sciences:* Introduction to speech and hearing science. Covers basic science of sound, acoustic theory of speech production, acoustic and physiologic phonetics, sound transmission through the auditory system, acoustic and physiologic consequences of speech and hearing disorders.

- *SHS 425 Aural Rehabilitation*: Appraisal and management of individuals with impaired hearing.
 - *SHS 428 Phonological Disorders in Children*: Assessment and treatment of articulation and phonological disorders.
 - *SHS 430 Language Development*: Developmental sequence of language acquisition and changes in communication behavior across the life span from birth to adulthood. Covers specific areas of phonology, morphology, semantics, syntax, pragmatics, literacy and meta-linguistics.
 - *SHS 431 Language Disorders in Children*: A survey of language disorders in children and intervention. Topics include descriptions of clinical populations, intervention principles and methods, and linguistic, medical, developmental and cultural issues in intervention.
 - *SHS 450 Neural Basis of Communication*: Structure and function of the central and peripheral nervous systems as they relate to normal and disordered communication.
 - *SHS 458 Preclinical Training*: Course content includes behavioral objectives, program design, data collection, client/family counseling, ethnographic interviewing with multicultural families, behavioral management and professional issues including certification and licensure requirements, ethical conduct and federal laws protecting individuals with disabilities.
 - *SHS 459 Multicultural Considerations in Communication*: Knowledge and understanding of how the cultural and linguistic diversity of clients affect communication. Appropriate assessment procedures and intervention strategies will be discussed.
2. Twenty-one hours in required support courses:
- Three credit hours in basic human communication processes. Required: Linguistics 301 Introduction to Linguistic Analysis
 - Three credit hours in biological sciences. Recommended: Biology 123 Biology for Health-Related Sciences and Non-Majors
 - Three credit hours in physical sciences. Recommended: Physics 108 Introduction to Musical Acoustics
 - Three credit hours in college level mathematics. Required: Math 121 College Algebra or more advanced (e.g., Math 123, 150, 162, 180)
 - Three credit hours in college level statistics. Recommended: Psychology 200 or Math 145
 - Six credit hours in behavioral and/or social sciences. Recommended: Psychology 105, 220; Sociology 101; Anthropology 110, 130, 160.

A grade of at least C must be earned in all required SHS courses and required support courses. If a student receives a grade lower than C, they are required to retake the class to apply the credit toward their graduation.

The College of Arts and Sciences requires all students to earn a minor. Recommended minors include American Studies (Southwest Culture Studies), Anthropology, Art, Communication

and Journalism, Computer Science, Criminology, Family Studies, Human Services, Latin American Studies, Linguistics, Management, Physics, Psychology, Sociology, Spanish and Teaching English to Speakers of Other Languages (TESOL).

Graduate Program Curriculum

The Department of Speech and Hearing Sciences awards Master of Science degrees in speech-language pathology under UNM Graduate Studies Plan I (thesis) and Plan II (non-thesis/comprehensive exam). Students must fulfill the academic and clinical requirements for the Certificate of Clinical Competence set forth by the American-Speech-Language-Hearing Association and specified by the department. Although not required, full time course load is defined as 9 credits per semester or 6 with an assistantship. Figure 2 displays students actively participating in coursework.

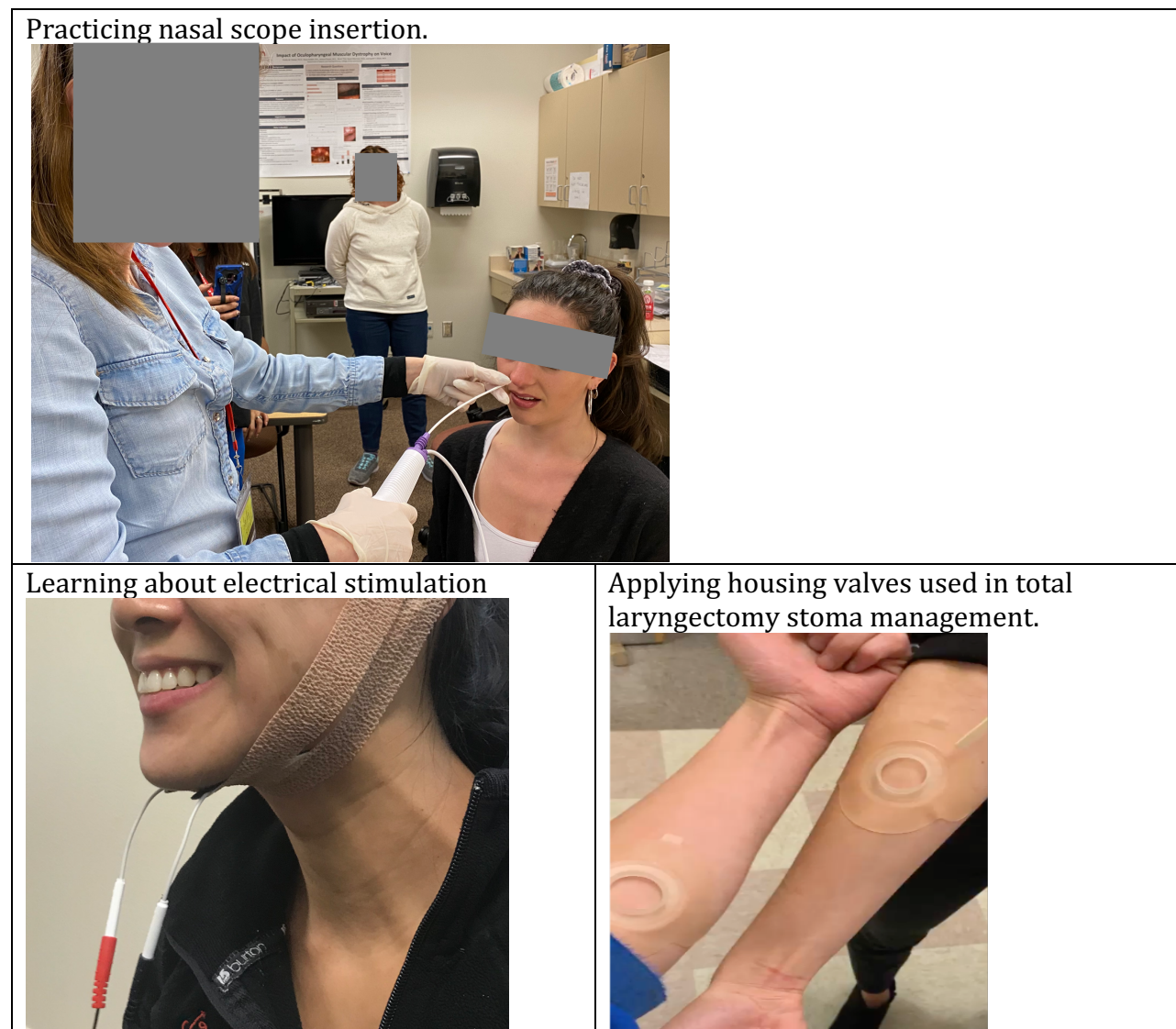


Figure 2. Graduate students participating in coursework.

Academic requirements

Students entering the graduate program with undergraduate degrees in other disciplines and who have not completed the undergraduate SHS coursework (listed above) are required to complete it within the first 3 semesters of graduate enrollment, with a grade of at least B. In addition to the 300- and 400-level courses listed above, SHS graduate students are required to complete 54 graduate credit hours. When a thesis is selected (Plan I), then a minimum of 57 credits are required to complete the degree. The 500-level academic requirements are:

- *SHS 500 Clinical Practicum* – at least 4 enrollments (total of 12 credits): Practicum assignment and seminar covering a variety of topics in clinical practice including diagnostics and evaluation, practice in school and hospital settings, and supervised practice in off-campus sites.
- *SHS 506 Reading and Writing in Research* (3 credits): Based on a scientist-practitioner model, this course is an introduction to research design with an emphasis on conceptual foundations and critical evaluation.
- *SHS 507 Adult Neurogenic Communicative Disorders* (3 credits): Comprehensive survey of predominant adult neurogenic communication disorders. Content includes theoretical issues, etiology, differential diagnosis, symptomatology, prognosis and recovery.
- *SHS 517 Dysphagia* (3 credits): Acquire knowledge relevant to the identification, evaluation, treatment of infant and adult swallowing disorders.
- *SHS 525 Voice Disorders* (3 credits): Based on knowledge of normal voice production, various voice disorders are surveyed and approaches to evaluation and treatment are discussed.
- *SHS 531 Motor Speech Disorders and Stuttering* (3 credits): Overview of symptomatology of child and adult neurogenic speech disorders and fluency disorders with a focus on assessment and treatment.
- *SHS 532 Augmentative and Alternative Communication* (3 credits): Overview and/or hands-on-experience with non-electronic and electronic aids and devices used for augmentative communication. Focus may be on particular disabilities, assessment, therapeutic and/or research issues.
- *SHS 533 Assessing Language in Children* (3 credits): Principles and procedures of assessment for language disorders in children.
- *SHS 534 Intervention: Child Language Disorders* (3 credits): Principles and intervention procedures for child language disorders from early childhood through adolescence. Methods for examining treatment efficacy in clinical and research contexts are examined.
- *SHS 535 Medical Speech-Language Pathology* (3 credits): Topics relevant to practice in a medical setting are reviewed including evaluation and treatment of children with birth defects (cleft palate) and other special populations; professional and administrative concerns are discussed.
- *SHS 539 Bilingual Language Acquisition: Clinical Implications* (3 credits --elective): An examination of contemporary theories of bilingual language acquisition. Principles and intervention for children who are acquiring two (or more) languages are explored.

- *SHS 539 Reading and Language Disorders* (3 credits --elective): An examination of reading and language disorders in children. Assessment and intervention issues are discussed.
- *SHS 557 Professional Issues* (1 credit): An overview of the certification and licensure process, a discussion of preparation for professional career.
- *SHS 558 Clinical Internship* (8 credits)
- *500-level elective* (3 credits required for Plan II)
- *SHS 599 Thesis* (6 credits required for Plan I)

A grade of B or better must be achieved in the required SHS graduate courses and electives. If a student's grade point average falls below 3.0, he/she is placed on probation by Graduate Studies. A student who receives a B- or lower in SHS 500 Clinical Practicum must enroll in additional semesters of Clinical Practicum in order to meet the criterion of four enrollments with at least a grade of B.

Thesis Credits. Students who decide to complete a thesis (Plan I) must complete all the required courses listed above (except for elective credits) and must also enroll for a minimum of 6 thesis credits (SHS 599). Thesis credits are taken on a Progress/No Progress basis. Once initiated, enrollment in SHS 599 must be continuous (fall, spring, and summer) until the completed thesis defended, approved by the thesis committee, and accepted by Graduate Studies. The total required minimum graduate credits with thesis are 57.

Elective Credits. Elective courses may be chosen from offerings within SHS or in any other department of the university. If the elective is not offered within SHS, students submit a petition requesting approval of the course. The course(s) selected must be 500-level, 3-credits each, offered by UNM, and must relate to the student's graduate studies and career goals in a reasonable way.

Comprehensive Examination. Students on Plan II (Non-Thesis option) will take a written comprehensive examination covering the material presented in the undergraduate and graduate programs. The examination is offered yearly in the Spring semester and is taken the last academic year of an individual's program plan. Students who are scheduled to complete their internship during the Spring semester take the comprehensive exam the previous spring. Students answer 4 of 6 essay questions across two testing periods. The outcome of the examination can be: 1) Pass all questions (with or without distinction); 2) Pass two or three questions; or 3) Pass one question or no questions. Students who fail one or two questions rewrite their responses. Students are provided with a copy of the exam question and brief feedback from the graders. Students who fail three or four questions on the initial examination or who fail any questions on a rewrite must retake the exam the following year. The student must enroll for and complete graduate credit during the semester in which the exam is taken. Failure to pass the comprehensive exam on retake will result in dismissal from the program.

Clinical requirements

A minimum of 400 clinical clock hours of supervised clinical experience in the practice of speech-language pathology must be completed, including 25 hours of observation of a

variety of clinical cases, 375 hours of practicum in speech and language evaluation and intervention within the ASHA scope of practice, practicum experience with a wide variety of age groups, and practicum experience with a wide variety of types and severities of communication disorders, differences and disabilities. The clinical requirements are met through enrollment in SHS 458 Preclinical Training, SHS 500 Clinical Practicum, and SHS 558 Clinical Internship.

Table 5. Clinical clock hours obtained by graduate students in our in-house clinic.

	SLP Dx		SLP Tx		Audiology	TOTAL HOURS
	Child Hours	Adult Hours	Child Hours	Adult Hours		
2015-16	248.60	191.67	1276.77	1343.69	210.90	3271.63
2016-17	238.85	246.30	1438.39	1548.98	169.15	3641.67
2017-18	278.15	212.80	1512.74	1578.40	194.80	3776.89
2018-19	343.33	433.52	1661.72	1026.86	218.30	3683.72
2019-20	505.45	736.49	1291	1226.80	241.05	4000.79

Data extracted from the Calipso database from the clock hour summary report.

Students who have not completed 25 hours of clinical observation by the time they enter the graduate program must complete all 25-observation hours by his/her first rotation of clinic practicum.

For a student to earn 3 credit hours in a clinic assignment (SHS 500), each student must accrue a minimum of 40 clock hours during the semester. If the student earns fewer than 40 hours due to the student’s unavailability, he or she will receive a grade of incomplete (I) for the semester and will be required to make up the difference in hours during the following semester in order to remove the incomplete. This also may require that the student register for an additional clinic in a subsequent semester. In general, the first two clinical rotations are completed solely in the department’s in-house clinic. During the third and fourth clinical rotation, students obtain clock hours in external placements. If specific clock hours are needed students in the third and fourth rotation may also complete clock hours in the in-house clinic.

Table 5 shows the total clinical clock hours obtained by graduate students in our in-house clinic. There is a notable increase in clock hours in 2019-20. This is largely due to the impact that COVID had on external placements. That is, multiple external placements were closed to students. In order for students to complete the needed clock hours for graduation, multiple graduate students needed to complete clock hours in our in-house clinic to make up for the reduced hours available through external clinical placements. Table 6 shows the total clock hours across all clinical rotations including clock hours obtained in-house and those obtained at external locations.

Table 6. Total clock hours across all rotations (in house clinic clock hours plus clock hours obtained from external placement).

	grad students (n)	# of CI (FTE)	SLP Diagnostics		SLP Treatment		Audiology
			Child	Adult	Child	Adult	Across the lifespan
2014-15	unknown	5.5	934	1045	3728	2978	479
2015-16	57	5.5	890	820	3881	3891	508
2016-17	60	5.5	835	873	4327	3153	470
2017-18	77	5.5	918	1228	4871	3724	523
2018-19	71	5.5	1169	1842	6643	2827	488
2019-20	70	5.4	1219	1648	5492	3466	489

Clock hour data extracted from the Calipso database from the clock hour summary report. Number of graduate students extracted from <http://oia.unm.edu/facts-and-figures/official-enrollment-by-major-dashboard.html>.

Clinical Internship. During the final semester in the program, students complete an internship. The internship is a full-time placement at an off-campus clinical site. Many internship sites are available in Albuquerque, but the internship may be arranged anywhere in the U.S., provided that appropriate supervision and contract relationship are available. Duration of the internship is a minimum of 10 weeks with the student accruing clock hours to meet the 400-clock hour minimum required for ASHA certification.

In order for students to begin their internship, they must have the following qualifications:

- Successful completion (grade B or better) of all academic coursework and all academic competencies on KASA at “meets standards”
- Completion of 25 observation hours
- Accrual of at least 250 clinical clock hours (in addition to observation hours)
- Completion of all clock hour categories that cannot be addressed at the internship site
- Clear potential to complete any deficient categories during the internship semester

Contributions of SHS to other internal units within UNM.

The Department of Speech and Hearing Sciences does not offer general education core courses for undergraduate students. However, our introductory courses, particularly SHS 302 *Introduction to Communication Disorders*, are popular among students planning on entering a variety of allied health, human services, and education programs such as nursing, psychology, and special education. In fact, SHS 302 is cross listed with the College of Education and serves as an elective for the special education program (SPCD 302). In addition to SHS 302, one other undergraduate course is cross-listed. SHS 303 *Introduction to Phonetics* is cross-listed with the Department of Linguistics as LING 303.

The department has recently received approval to include SHS 459 *Multicultural Considerations in Communication* as a course that fulfills the general education diversity requirement.

2B: Mode of Delivery. *Discuss the unit's mode(s) of delivery for teaching courses.*

As of late, all of our academic courses are being delivered remotely using both synchronous and asynchronous meetings. However, prior to COVID, the SHS faculty employed a variety of modes for teaching undergraduate and graduate courses, including fully online, traditional classroom lecture, lecture supplemented with experiential in-class activities, and lecture enhanced with web-based materials (e.g., on-line lectures or discussion boards). A limited selection of undergraduate and graduate on-line courses are offered, including SHS 302 *Introduction to Communication Disorders* and SHS 561 (formerly 539) *Bilingual Language Acquisition: Clinical Implications*. SHS 302 has been awarded the online best practice certification (referred to at UNM as the Golden Paw).

As a result of the need to quickly change class formats to an online presentation due to COVID-19 in March 2020, we will consider offering planned and approved online courses in the future. This potential move towards online classes will be discussed at our next curriculum review scheduled for our faculty retreat in August 2021.

Criterion 3. Teaching & Learning: Assessment

The unit should demonstrate that it assesses student learning and uses assessment to make program improvements. In this section, the unit should reference and provide evidence of the program's assessment plan(s) and annual program assessment records/reports. (Differentiate for each undergraduate and graduate degree/certificate program and concentration offered by the unit.)

3A: Assessment Plans. *Provide current Assessment Plan for each degree and certificate program in the unit.*

An overview of current goals, outcomes, and assessment processes are included in Appendix C and are summarized below. (Note: these goals were used in our last college assessment report and we plan to continue to use these goals for the next two years.)

B.A. in Speech and Hearing Sciences

The following student learning outcomes (SLOs) are assessed for our undergraduate program.

1. BROAD GOAL 1: Students are expected to demonstrate knowledge of theories and principles of communication development and disorders across the lifespan
 - A. Student Learning Outcome 1a: Students will demonstrate know in describing the basic principles of speech and language development & typical human communication
2. BROAD GOAL 2: Students are expected to demonstrate knowledge of the nature of speech, language, and hearing disorders
 - A. Student Learning Outcome 2a: Students will accurately identify characteristics of common communication disorders
3. BROAD GOAL 3: Students are expected to demonstrate an understanding of basic clinical processes.
 - A. Student Learning Outcome 3a: Students will demonstrate proficiency in applying basic intervention principles to a clinical case

M.S. in Speech-Language Pathology

The following SLOs are assessed for students in our speech-language pathology program.

1. BROAD GOAL 1: Students are expected to demonstrate knowledge and skills to effectively diagnose an individual with a communication and/or swallowing disorder and differences
 - A. Student Learning Outcome 1a: Graduate students will be able to select and administer appropriate assessment tools and interpret findings to diagnose speech, language, and swallowing disorders in patients/clients across the life span.
 - B. Student Learning Outcome 1b: Student will be able to apply prerequisite academic coursework to clinical service delivery
2. BROAD GOAL 2: Graduate students are expected to exhibit knowledge and skills to effectively formulate an intervention plan for an individual with a communication and/or swallowing disorder and differences.

- A. Student Learning Outcome 2a: Students will be able to describe appropriate intervention plans for a patient/client with a communication and/or swallowing disorders or difference.
 - B. Student Learning Outcome 2b: Students will be able to *write* intervention goals and objectives for a patient/client with a communication and/or swallowing disorder or difference.
3. BROAD GOAL 3: Graduate students are expected to develop knowledge and skills to effectively apply the principles of (a) the International Classification of Functioning, Disability, and Health, (b) evidence-based practice, and (c) multicultural competency in clinical service delivery.
- A. Student Learning Outcome 3a: Students will be able to incorporate clients' (and their families') preferences into an intervention plan.
 - B. Student Learning Outcome 3b: Students will be able to select research-based intervention approaches for implementation with patients/clients diagnosed with communication and/or swallowing disorders
 - C. Student Learning Outcome 3c: Students will be able to apply concepts of cultural competence during diagnostic and intervention approaches with patients/clients diagnosed with communication and/or swallowing disorders

3B: Assessment Reports. *Provide current Assessment Report for each degree and certificate program in the unit. Expand on any initiatives/changes that have resulted from these reports.*

Assessment reports for the two degree-granting programs for the last three years are included in Appendix C and summarized below. Note that in 2018, the report format for assessment was modified. For that year the department goal focused on the establishment of new student learning outcomes for assessment. Therefore, no new data were submitted in that year.

Undergraduate Program

In general, the outcome of learning objectives defined in the assessment plan meets or exceeds the desired performance benchmark. Results of the program assessment of student learning associated with the undergraduate program are routinely shared with faculty at our yearly faculty retreat.

Graduate Program

The quality of the graduate program in the Department of Speech and Hearing Sciences is adequately assessed at present. For our program to remain accredited by the American Speech-Language and Hearing Association and for our graduate students to become ASHA certified after graduation, we maintain extensive documentation regarding accomplishments of academic and clinical knowledge and skills. In general, the outcome of learning objectives defined in the assessment plan meets or exceeds the desired performance benchmark.

Results of the graduate student outcomes assessment are routinely shared with the faculty. Summary data are reviewed each year at faculty retreat. See Figure 3 for a sample of data shared during the August 2020 faculty retreat. Other information is shared during faculty meeting and via email. For example, overall performance on comprehensive exams are collated and shared with all faculty on a yearly basis via email.

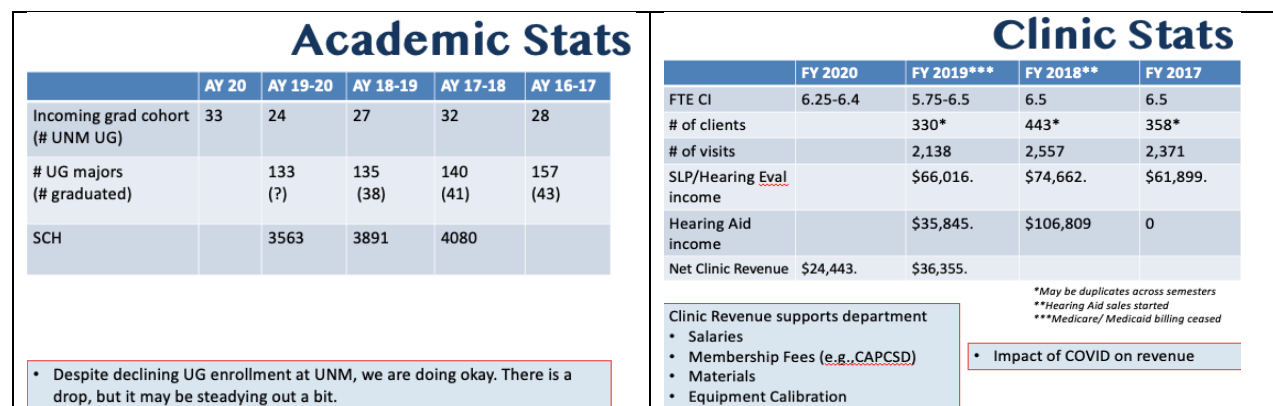


Figure 3. Sample data shared at faculty retreat to provide an overview of state of the department.

3C: Primary Constituents. Describe the unit’s primary constituents and stakeholders. Include and explanation of how the student learning outcomes for each degree/certificate are communicated to students, constituents, and other stakeholders.

The primary constituents and stakeholders of our department include undergraduate students with a major or minor in speech and hearing sciences and graduate students seeking a degree in speech-language pathology, the clients we serve in our clinic, the individuals who benefit from our research, and future employers of our students and the clients they will serve. Additional undergraduate constituencies consist of undergraduates completing the SHS/SPCD 302 Introduction to Communication Disorders course through the College of Education and the SHS/LING 303 Introduction to Phonetics course through the Department of Linguistics.

Although we do not have resources to formally track undergraduates’ post-graduation placements, anecdotal evidence points to a wide range of placements including graduate school admission in audiology or speech-language pathology programs, graduate school admission in related fields such as counselor education and physician assistant programs, apprentice positions in speech-language pathology, and SLP assistants. From our most recent graduating class, we have one undergraduate who received a funded spot at University of Wisconsin, Madison, and another student who accepted a spot at University of Connecticut, Storrs.

Graduate students, along with their employers, are primary constituents of the department. Graduate students receive multiple job offers, in medical settings (e.g., hospitals,

rehabilitation centers, assisted living centers), private practices (e.g., Laurie Ross Brennan and Associates, Bilingual Multicultural Services, Inc., Christina Brown and Associates), schools (e.g., Rio Rancho Public Schools, Albuquerque Public Schools, Taos Public Schools, Santa Fe Public Schools), and early intervention agencies (e.g., Alta Mira, ExplorAbilities, KidPower) prior to completion of the program. Graduate students may choose an emphasis in bilingualism during their graduate program preparing them for the bilingual endorsement provided by the state of New Mexico.

Clients who receive speech and language assessment and intervention services at the UNMSLHC are important constituents of the department. We serve pediatric and adult populations from the Albuquerque metropolitan area. Each year, on average we provide speech and language therapy services for approximately 150 children and 80 adults, and complete 60 diagnostic evaluations. Table 6 summarizes the impact of our clinical services by indicating the number of clinic hours received by our students across all clinical rotations. Table 7 shows the number of clients seen in our in-house clinic for the past four academic years. This represents a significant contribution to the local community.

Table 7. Number of clients served in our in-house clinic.

	SLP Services		Audiology Services		
	Evaluation	Treatment	Clients	Hearing Evals	Hearing Aids sold
2016-17	61	244	68	67	1
2017-18	43	233	148	145	61
2018-19*	102	179	75	40	39
2019-20	23	209	80	50	6

*Data extracted from clinic revenue database. *Note beginning this year, we were prohibited from performing hearing evaluations to Medicare eligible individuals due to our billing paradigm. As most individuals will purchase hearing aids from the clinic that performs the hearing evaluation, the number of hearing aids sold was greatly reduced.⁹*

⁹ We anticipate an increase in hearing aid sales when we begin billing insurance, which is tentatively scheduled to begin in June 2021.

Criterion 4. Students (Undergraduate & Graduate)

The unit should have appropriate structures in place to recruit, and retain undergraduate and graduate students. (If applicable, differentiate for each degree and certificate program offered by the unit). Include specific measures and activities aimed at increasing equity and inclusion.

4A: Recruitment. *Discuss the unit's proactive recruitment activities for both undergraduate and graduate programs, including specific efforts focused on recruiting students of color, underserved students, and students from groups that have been traditionally under-represented in your academic field.*

The department has a designated marketing committee comprised of tenure-track and non-tenure track faculty. The department's service needs combined with limited faculty often play into our recruitment efforts. That is, recruitment is limited by personnel time and availability. The faculty recognizes the need for recruitment because undergraduate students typically are unfamiliar with the Speech and Hearing Sciences major and the professions of speech-language pathology and audiology. Despite limited resources, our department marketing team did participate in various events over the past three years (Table 8). These events are aimed at increasing awareness of the fields of speech-language pathology and audiology and of the academic programs offered by our department. Figure 4 displays images from two marketing events (pre-COVID).

Table 8. A sample of marketing events attended over the past three years

Date	Event
September 2020	<ul style="list-style-type: none">• Explora Science Fiesta• Guest Lectures in each section of UNIV 201: <i>So, you want to work in healthcare?</i>
April 2020	<ul style="list-style-type: none">• World Voice Day Celebration: Virtual videos posted on SLP and care of the human voice
March 2020	<ul style="list-style-type: none">• UNM Spring Preview Day
January 2020	<ul style="list-style-type: none">• UNM Day at the Round House (State Capital)
October 2019	<ul style="list-style-type: none">• Mandy's Farm Harvest Festival• Career Fair at La Cueva High School• Career Fair at Cien Aguas International School• Presentation at UNM's Office of Diversity's High School OutreachLecture Series: What is an SLP / Audiologist?
April 2019	<ul style="list-style-type: none">• World Voice Day Screenings at a local high school
March 2019	<ul style="list-style-type: none">• UNM Health Professions Symposium
October 2018	<ul style="list-style-type: none">• Career Fair at La Cueva High School• Health Science Interprofessional Services (on medical school campus)
April 2018	<ul style="list-style-type: none">• World Voice Day presentation and voice screenings at local high school
February 2018	<ul style="list-style-type: none">• New Mexico Brain Bee presentation

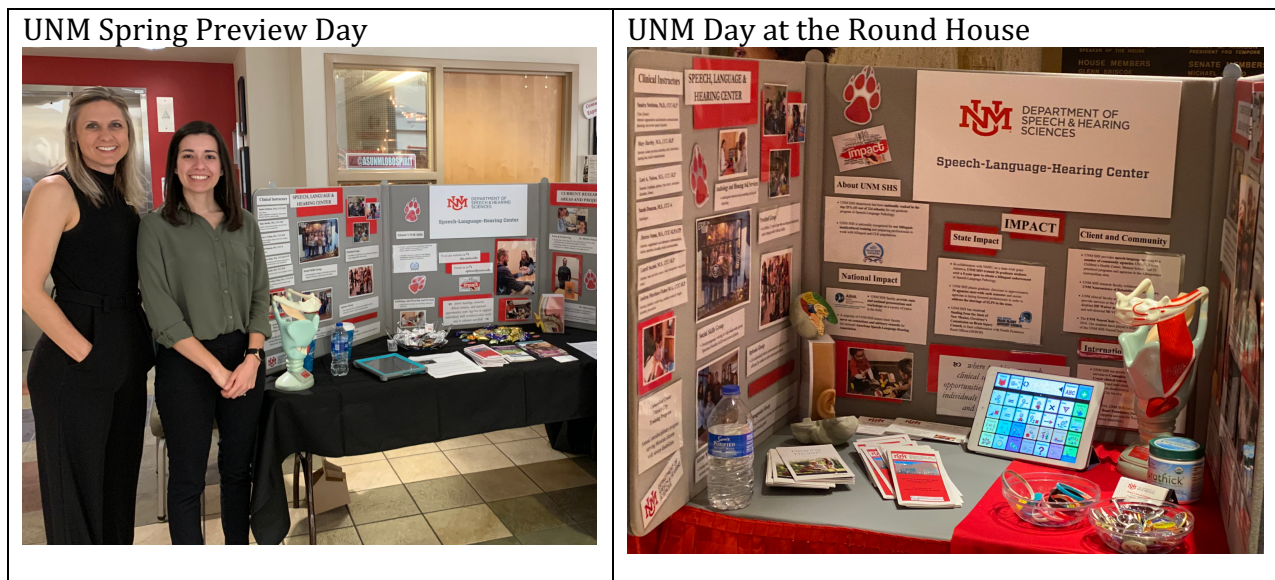


Figure 4. Images from marketing events.

Letter campaigns have been used as an outreach approach to recruitment. Last year, with the help of the University Admissions, our department chair sent letters to all undergraduates admitted into the University who expressed an interest in learning more about our department. To attract graduate students, a similar letter was sent to all McNair scholars across the U.S. who completed projects in topics related to speech-language pathology (over 100 letters sent). Letters to McNair scholars supports our department mission of attracting underserved population into our graduate program. Although this recruitment approach was time consuming and did not impact graduate admissions, we were grateful for the opportunity to share the information about our program with this population. It is unclear if the letter-writing campaign altered undergraduate admissions.

Over the last four years department faculty have routinely presented information about our department and the fields of speech-language pathology and audiology in an undergraduate class focused on allied health professions (UNIV 201 *Topics in Career Exploration: So, you want to work in healthcare?*). This year, faculty also presented about our department and the associated professions to a high school class that is operated through the University by the Diversity office.

Future recruitment efforts should be targeted toward public school students (e.g., career day, world voice day outreach) to increase awareness of the field.

Undergraduate students who are transferring from other institutions contact the College of Arts and Sciences for evaluation of transfer credits and subsequently are instructed to contact our department advisor, Jacobie Webb. Dr. Amy Neel works closely with the College advisor for SHS to evaluate department-specific undergraduate transfer credits. This is an opportunity for us to reach out and invite prospective students to learn more about the

department. However, these are students who are already considering a major in SHS and this may not yield additional enrollment into the major.

Graduate student recruitment activities are somewhat limited. The primary recruitment tool is the department website which includes instructions on how to apply to our program and information about graduate course programming. The web site includes bios for each faculty member and research lab web pages.¹⁰ Also, the department has a YouTube channel that includes tours of each research lab and the department in-house clinic (<https://www.youtube.com/playlist?list=PLR1BdcLnr2EiB37vLTTUQFbmNjyg9jI5C>). This allows prospective students to learn about the various research programs, including faculty members' publications and recent accomplishments.

Over the past two years we have systematically incorporated the use of social media. Each week during the semester we host a "student of the week" posting. We also publicize our clinical and research advances through social media on a consistent basis.

Recruitment of UNM undergraduates to our graduate program is supported through a yearly department presentation focused on the admissions process and the benefits of our program.

Once prospective graduate student applicants are offered admission, the department hosts an open house to allow interested students to visit the facility, meet faculty, and ask questions. Our graduate program is also listed on ASHA's EDFIND (find.asha.org), a database of accredited graduate programs in speech-language pathology and audiology.

An untapped recruitment source is our non-degree (levelling) students. These are typically non-traditional returning students who are seeking a career change. We are working on formalizing a tracking method to engage and interact with the group of individuals who are considering a future in speech-language pathology or audiology.

Despite limited recruitment activities for the graduate program, the department meets its current desired cohort size. Table 9 outlines our admissions numbers for the past five years. There is considerable variability across the time period evaluated. This is largely due to our inability to predict the percent of students who will accept the admission offer. The department needs to evaluate the variables to improve predictability of acceptance and generate a recruitment plan to attract future graduate students. The GPA within the major is relatively unchanged across the evaluation period. Notably, the number of applications has dropped over the time period from 2015 to 2020. To address the drop in applications, the department may consider decreasing its GPA cut-off for application, as our current GPA application requirement (3.4 GPA in the major) is higher than most Universities in our peer group.¹¹

¹⁰ Lab-specific webpages are not easy to update and therefore are often not current.

¹¹ Notably, our current admission cycle, which ended on February 1, 2021 contained 103 applicants. It is unclear if this increase in applications is a trend or simply a response to the reduced application requirements (no GRE and only two letters of support) that were instituted in response to COVID-19.

Table 9. Admission applications received for our graduate program.

	Total Graduate Applicants		Applicants Offered Admission		Applicants Accepted Admission	
	(n)	Average SHS GPA	(n)	Average SHS GPA	(n)	Average SHS GPA
2015-16	134	3.81	34	3.96	24	4.0
2016-17	121	3.76	49	3.84	33	4.02
2017-18	106	3.73	55	3.98	27	4.0
2018-19	80	3.62	46	3.92	24	3.93
2019-20	76	3.74	60	3.83	33	3.78

Note: Data represents the year the files were reviewed. The cohort start date is the following academic year.

4B: Admissions. Discuss the unit’s admissions criteria and decision-making processes (including transfer articulation(s)) for both undergraduate and graduate programs. Evaluate the impact of these processes on enrollment.

Undergraduate Admissions

The University’s Admissions Office completes undergraduate admissions. The department does not require any additional steps for admission into the undergraduate program. The only role our department plays in undergraduate admissions is to review SHS transfer credits when applicable. SHS transfer credits are reviewed by our department non-degree advisor, Amy Neel, Ph.D.

Graduate Admissions

Graduate admission for the Master of Science in speech-language pathology is completed once yearly. Applications are accepted through February 1. Applications are submitted through an online system managed by Graduate Studies. Submitted applications are processed and reviewed by our department. The DA (Carolyn Souther) organizes and manages the admission files with help from the faculty admissions coordinator (Cindy Gevarter, Ph.D.). For August admission, applications are accepted through the previous February 1st. Minimum graduate admission requirements are bulleted below. (*Note: Each starred (*) item in the list below is weighted as described below.*)

- Undergraduate degree in any field
- GRE*
- A minimum of 12 credit hours in speech-language pathology
- GPA of 3.4 or higher in SHS courses*
- Letter of intent*
- Three letters of recommendations*

Initial processing of applications is completed by the DA who assesses completeness (all materials are included) of each application. For those applicants with completed materials, the SHS GPA is calculated. If GPA is over 3.4, the DA prepares the applicant materials for the

admission committee for rating of letter of intent and letters of recommendation. Once all ratings are completed, applicant materials and ratings are summarized in an excel spreadsheet. A total score is calculated for each applicant.

Total scores are generated from the following data points.

- GRE
 - Max of 2.5 points
 - Each of the three components are assigned a rating as defined in Table 10

Table 10. Rating used for GRE scores during graduate admissions.

Verbal	Quantitative	Writing	Rating
<145	≤138	1	0
145-146	139	1.5	0.25
147-148	140	2	0.5
149	141	2.5	0.75
150-151	142	3	1
152	143	3.5	1.25
153-154	144	4	1.5
155-156	145	4.5	1.75
157	146	5	2
158-159	147	5.5	2.25
160+	148+	6	2.5

- The three ratings are averaged
 - $(\text{verbal rating} + \text{quantitative rating} + \text{writing rating})/3 = \text{final GRE rating}$ used in the total admissions score
- SHS GPA
 - Max of 5 points
 - Rated on a 5-point scale as noted in Table 11

Table 11. GPA Five-point rating scale used for graduate admissions.

GPA	Rating
3.95 - 4.0+	5.0
3.90 - 3.94	4.5
3.85 - 3.89	4.0
3.80 - 3.84	3.5
3.75 - 3.79	3.0
3.70 - 3.74	2.5
3.65 - 3.69	2.0
3.60 - 3.64	1.5
3.50 - 3.59	1.0
3.40 - 3.49	0.5

- Letter of intent
 - Max of 1.25 points
 - Two reviewers (typically one tenure-track faculty and one non-tenure track faculty) independently read the letter of intent. Each reviewer rates the letter and these ratings are averaged.

- Three letters of recommendation
 - Max of 2.5 points
 - Two reviewers read the three recommendation letters for each applicant. Each reviewer rates each letter. These ratings are averaged across the two reviewers.

A faculty meeting (all faculty) is used to make final admissions determinations. Each faculty is provided with a copy of the final spreadsheet, which is ordered by total score (highest to lowest). See Appendix D for the spreadsheet format. There are two total columns on the spreadsheet—one with the GRE ratings and one without. The spreadsheet also indicates which applicants are from our undergraduate program and which applicants are from an underserved population. The admissions coordinator makes recommendations, which are voted on by the faculty. Our current goal is to offer admission to enough applicants to get an average cohort of 27 students. This ensures that we have adequate differential tuition to cover faculty salaries linked to that revenue source. To obtain 27 students, we typically offer admission to approximately 55 students. (Refer to Table 9 for admissions data.)

Admissions decisions are finalized using the following steps.

- Using the total column with GRE scores, we identify a cutoff score whereby everyone above the cutoff is offered admission.
- Using the total column WITHOUT GRE scores we identify a cutoff and see if any potential applicants were missed.
- For the applicants below these cutoffs, we do a second look as follows:
 - We review UNM undergrads. Faculty are invited to support any UNM undergraduate applicants whose score was below the designated cutoff.
 - We review applicants from underserved populations for consideration.
- We identify applicants for the wait list.

Equity and inclusion. Currently, our department is reviewing our admission requirements and procedures. We have incorporated this goal into our strategic plan. (See strategic plan in Appendix E.) The purpose of this review is to ensure that our admissions process is equitable for students from historically underrepresented groups. Initial discussions with the entire faculty have focused on creating a unified vision of the purposes of admissions and exploring current research on equitable holistic admissions practices. A smaller faculty group (consisting of the admissions coordinator, non-degree and graduate student advisors, and members of the diversity and equity committee) will be using this information to create specific recommendations to make our admissions process more holistic. These recommendations will be presented to the entire faculty for a discussion and vote. This is scheduled for discussion in faculty meeting this upcoming April.

Upcoming admission cycle. Due to COVID-19 and the associated challenges, the faculty voted to adopt the following changes for the upcoming admission cycle—omit the GRE and reduce the number of required letters of recommendation from three to two letters. For the upcoming academic year our admissions date closed on February 1, 2021. At that time, we had 103 applicants, which is an increase from the previous admissions.

Impact of Admissions on Enrollment

New Mexico is a minority majority state with more than half of our undergraduate population from Hispanic descent. Our graduate admissions process is geared for diversity, with a goal of having graduate student demographics that reflect our state population. Figure 5 lists the percent of students by ethnic identity and compares them to our state speech-language pathology population and our general state population. In fact, it is this data that motivated our decision to reassess our admissions process.

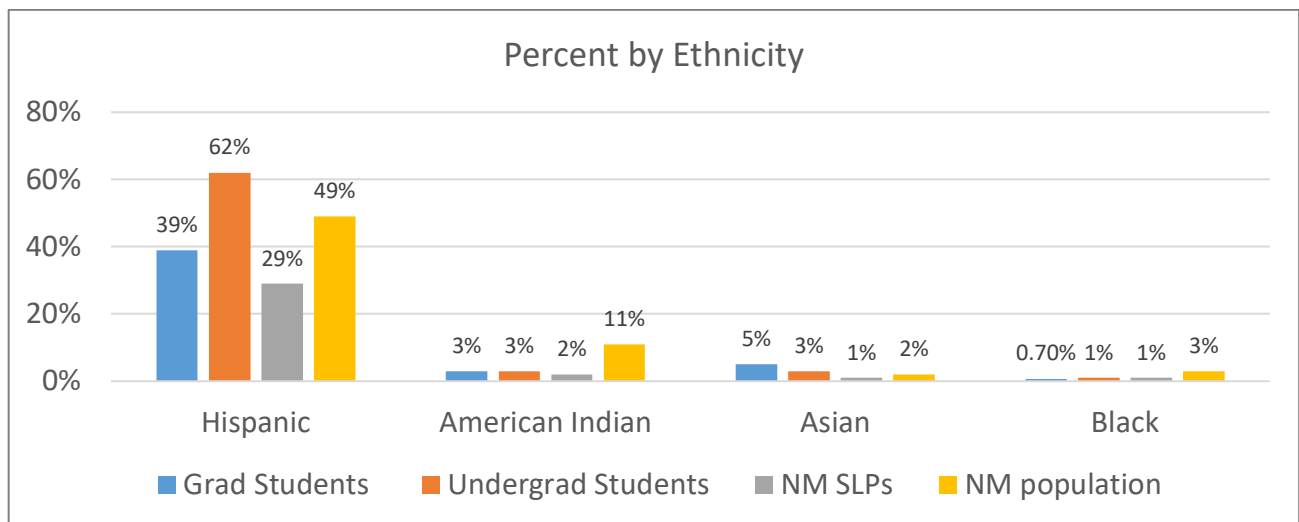


Figure 5. Percent of students by ethnic group as compared to SLPs and the general population in the state of New Mexico. Student data are average over the period from 2018-2020. SLP data was provided by ASHA. New Mexico population data was obtained from the 2019 census estimates.

4C: Department Data. Provide available data and an analysis of the unit's 1) enrollment, 2) retention, and 3) graduation (i.e., time to degree, graduation rates, etc.) trends. Please provide data and analysis on enrollment, retention and graduation rates for students by race/ethnicity, gender, first generation, and Pell grant status, where possible. Include an explanation of the action steps or initiatives the unit has taken to address any significant challenges or issues highlighted in these trends. When possible, data should be obtained from a UNM source such as MyReports or OIA.

Undergraduate Program

Across majors and pre-majors, our department averages approximately 140 undergraduate students in an academic year (major plus pre-majors) (Figure 6). Despite declining undergraduate enrollment, the number of undergraduate SHS majors has remained relatively stable across the past five years. Figure 6 also includes student credit hours by

academic year. Similarly, the stability of student credit hours in our department reflects well given the decline of student credit hours across the college.

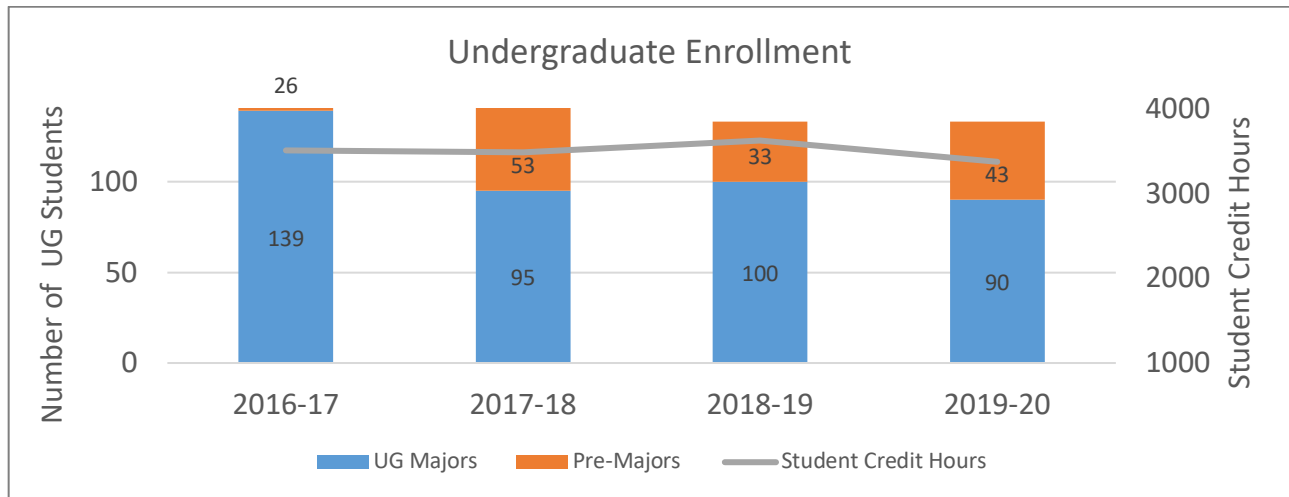


Figure 6. Number of undergraduate majors and pre-majors, and student credit hours from 2015-2020. *UNDERGRADUATE Student credit hours obtained from <https://public.tableau.com/profile/unm.oia#!/vizhome/UNMStudentCreditHoursbyCourseCollege/Sheet1>.*

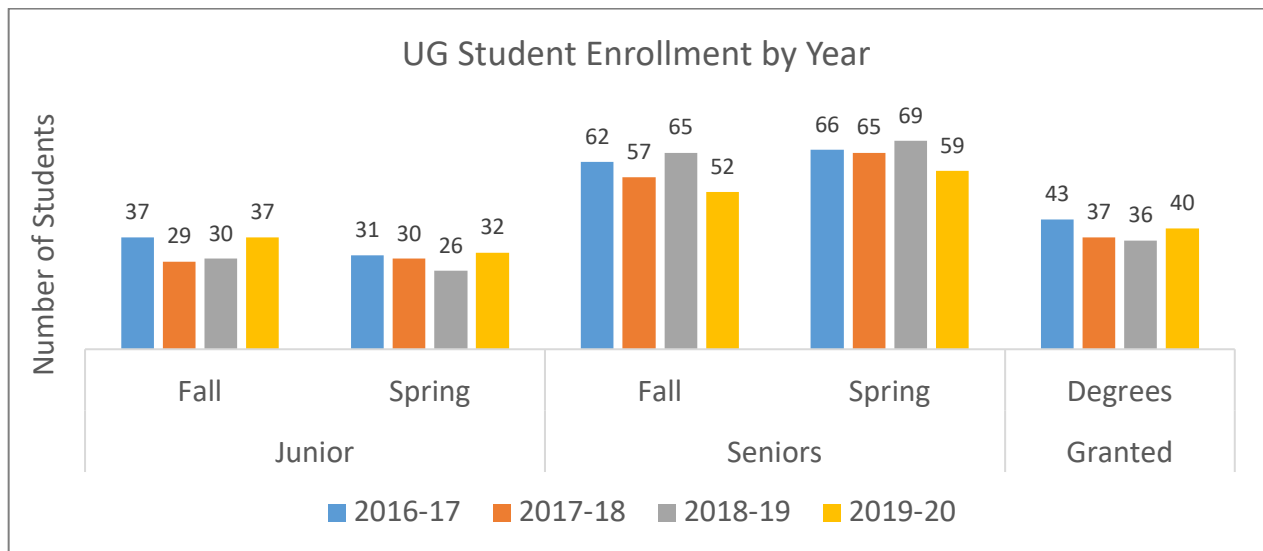


Figure 7. Number of junior and senior undergraduate students enrolled by year, and the number of undergraduate degrees conferred. *Data extracted from <https://oia.unm.edu/facts-and-figures/official-enrollment-by-major-dashboard.html>*

Figure 7 shows a breakdown of undergraduate majors by year. There is a notable increase in seniors when compared to juniors. This is partly explained by the tendency for students to

wait to complete the declaration paperwork or taking five years to complete the degree where they are declared as a senior for the last two years as an undergraduate.

Our department is concerned for the disparity between the number of undergraduates enrolled and the number of degrees granted. This is not a new finding. The department has made several efforts to understand these data and to identify supports to improve this number. In addition to the college-level advisor assigned to our department, we have assigned a tenured-track faculty (Amy Neel, Ph.D.) to serve as a liaison to the undergraduate advisor in hopes of improving our understanding and interpretation of this data.

An important goal for the department is to support student recruitment activities and develop formal mentorship programs to improve the number of undergraduate degree recipients. However, with a limited operating budget, the department is largely dependent upon the university's initiatives, such as the Office of Student Academic Success Early Alert and Graduation Express programs (<http://success.unm.edu>), to support student success. The one consistent action the department has taken is to support our student speech-language-hearing association (local chapter of NSSLHA), which is run by our undergraduate majors, by providing a faculty mentor (currently Mary Hartley, M.S.) and a space for monthly meetings.

This past spring our department initiated an undergraduate student survey. Our plan is to distribute the electronic survey to undergraduate majors during their last semester. We hope to learn more about the barriers to degree completion and use this as a framework to identify variables to support student success.

Along with the survey, we established an undergraduate peer mentoring program in March of 2020. In this program, we match an undergraduate with a graduate student. The graduate student may provide academic and professional support. However, due to COVID the pilot project was never completed.

On a positive note, our undergraduate class is diverse and somewhat reflective of the demographics of the state (Figure 8) with most of our undergraduate students from Hispanic descent. (Recall state demographics that were reported in Figure 5.)

The gender split in our undergraduate majors primarily female and across the past four years this percentage remains stable at approximately 90% female (Figure 9). The predominance of females is typical for the fields of speech-language pathology and audiology. According to Rogus-Pulia et al. (2018) the fields of speech pathology and audiology are approximately 95% female. Thus, our undergraduate majors have a larger percentage of males than is seen in the field of practicing speech pathologists and audiologists.

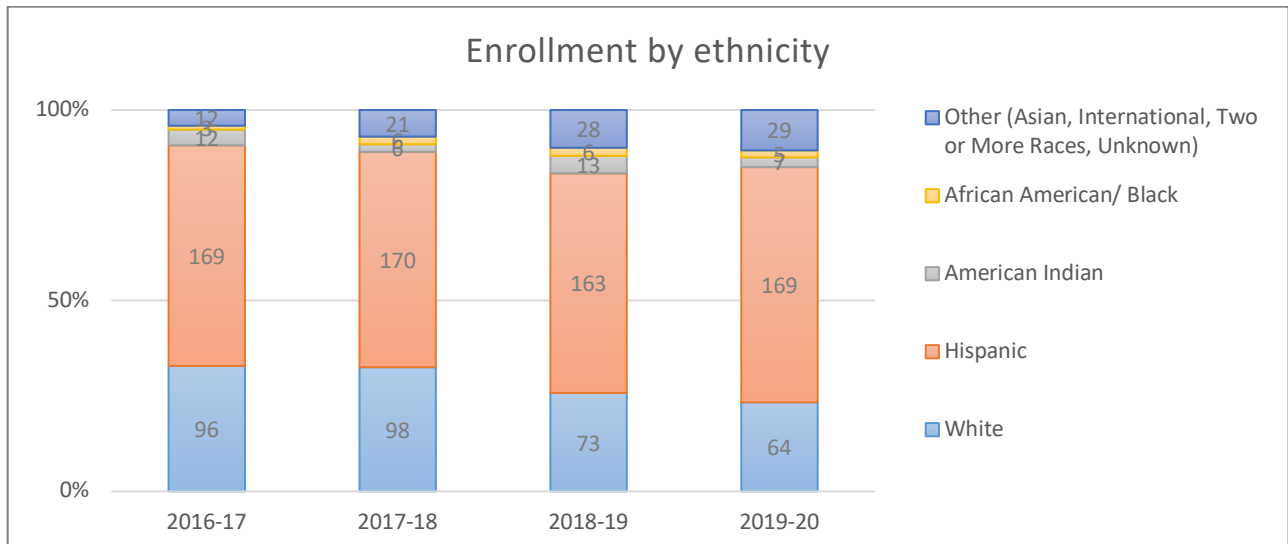


Figure 8. Percent of undergraduate enrollment by ethnicity. Note that enrollment is the sum of three semesters.¹²

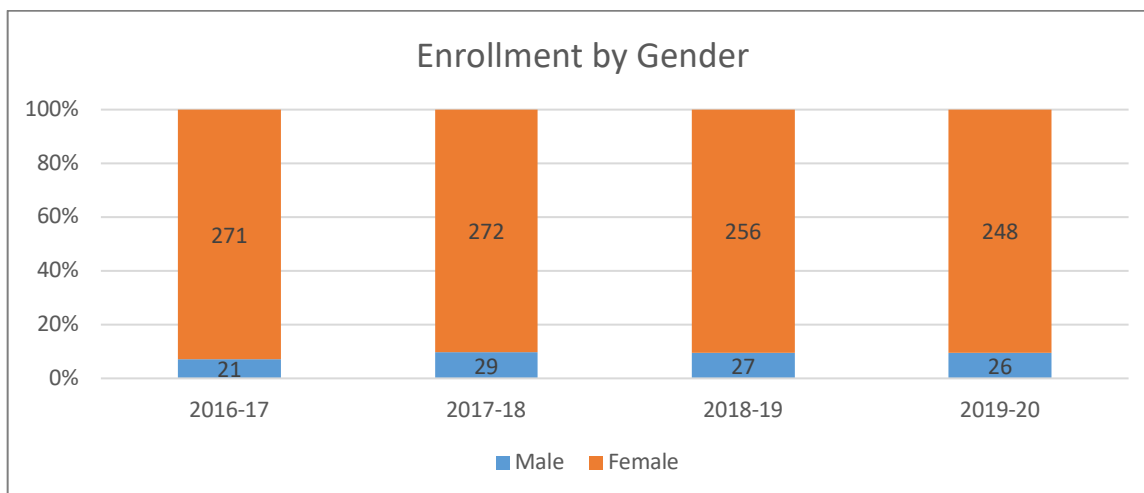


Figure 9. Gender of undergraduate SHS majors from 2016-2020.¹³ Gender disparity is common in the field of Speech language pathology. Data obtained from <http://oia.unm.edu/facts-and-figures/graduate-studies-dashboard.html>.

¹² Ethnicity is self-reported and based on US Federal categories established in 2010. These categories include: Hispanic, American Indian, Asian, African-American, Native Hawaiian/Pacific Islander, White, Two or More Races, Ethnicity Unknown, and Non-Resident Alien. Students who are categorized as Hispanic may have reported themselves to be Hispanic and some other race, but Hispanic ethnicity trumps all others. The Two or More Races category encompasses students who report two or more ethnicities other than Hispanic.

¹³ Due to requirements set by NM Higher Education Department, gender data are extracted from a database that defines gender using a binary system (male or female). The undergraduate electronic admissions submission currently does not allow a missing gender code, so all undergraduates are entered into the system as either male or female.

Undergraduate retention rate is evaluated as a percentage of degree-seeking freshman who remain enrolled in a subsequent semester. It does not include transfer students or non-degree students. As noted in Figure 10, undergraduate retention in our department is slightly better than the average across the College of Arts and Sciences. After five semesters, males are more likely than their female peers to change majors (Figure 11). The limited number of black students that start out with an interest in speech and hearing sciences quickly leave the department (by sophomore year, Figure 12). In Figures 10-12, the drops noted after eight semesters are the result of student graduating. The steep decline after semester eight indicates that students are graduating on time.

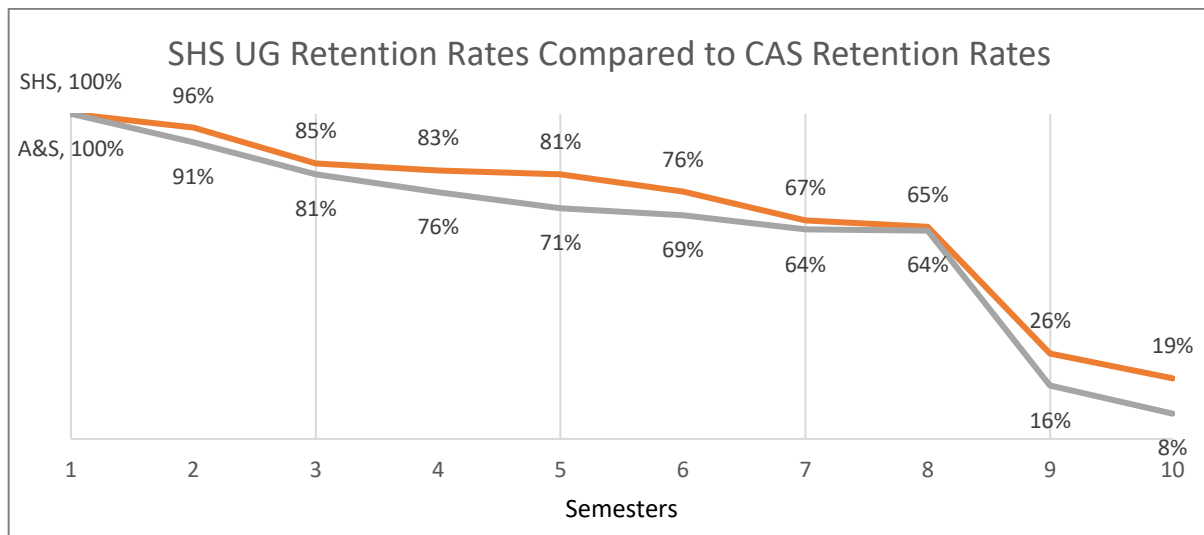


Figure 10. SHS Undergraduate retention rates compared to retention rates across all departments in College of Arts and Sciences. Note SHS consistently has higher retention rates than the CAS. After semester eight, the drops are related to program completion and graduation. Data obtained from <http://oia.unm.edu/facts-and-figures/freshman-cohort-tracking-reports.html>.

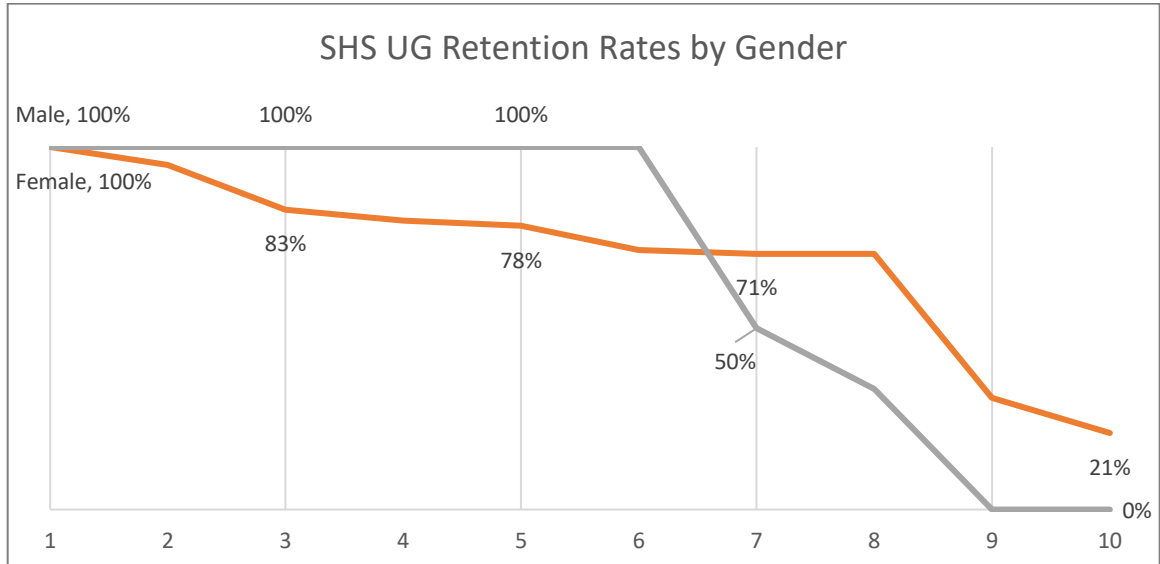


Figure 11. SHS Undergraduate retention rates by gender. Males have lower retention (although they hang in there longer). After semester eight, the drops are related to program completion and graduation. Data obtained from <http://oia.unm.edu/facts-and-figures/freshman-cohort-tracking-reports.html>.

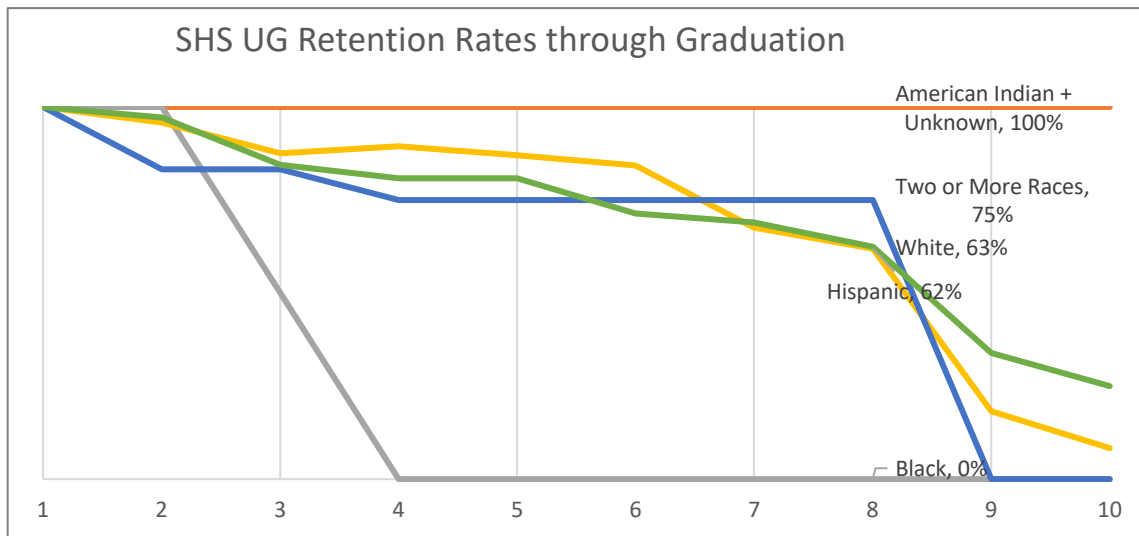


Figure 12. SHS undergraduate retention rates by ethnicity. SHS has a low number of African American students in our major and they are more likely to leave the major. After semester eight, the drops are related to program completion and graduation. Data obtained from <http://oia.unm.edu/facts-and-figures/freshman-cohort-tracking-reports.html>. Note that the drop in students between semesters 8 and 10 are due to graduating students.

Graduate Program

Figure 13 shows graduate student enrollment, graduate degrees conferred and student credit hours by academic year from 2015 through 2020. As shown in Figure 13, from 2015-2020 a yearly average of 24 students received a Master of Science degree in speech-language pathology with a range from 18 (2016-17) to 36 (2019-20). The variability is related to (a) lack of a lock-step program, (b) part-time programs, (c) leveling requirements, and (d) years of low admission due to poor predictability of acceptance. While a cohort starts together, the lack of a lock-step program and the flexible program planning to support our New Mexican student body means that some students attend full-time and complete the program in six semesters, whereas others choose part-time enrollment and may take up to six years to complete the program. Also, we accept students who do not have an undergraduate degree in SHS. For these students, as part of their graduate program, they must first complete any undergraduate coursework, effectively slowing down their program. Finally, each year we attempt to admit a desired cohort size. However, inaccurate predictions on the percent of students offered admission who will accept may yield a smaller or larger than desired cohort. Prediction is particularly challenging when accepting out-of-state students which over the past three years has ranged from 15-20% of our graduate students. Although we employ a waitlist to avoid having a class that is too small, in most cases students on a waitlist have already committed to another graduate program by the time we offer them admission.

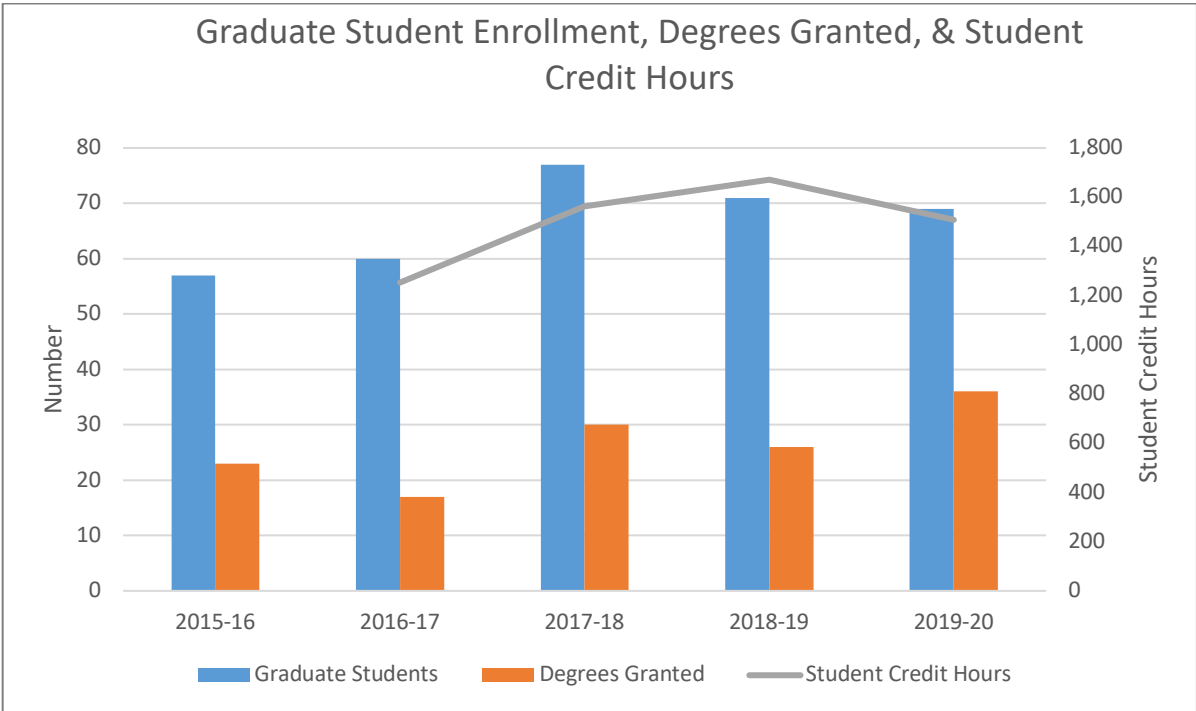


Figure 13. Number of graduate students, student credit hours, and degrees granted for the period of 2015 through 2020. *Note: GRADUATE Student credit data obtained from <https://public.tableau.com/profile/unm.oia#!/vizhome/UNMStudentCreditHoursbyCourseCollege/Sheet1> Number of graduate students obtained from <http://oia.unm.edu/facts-and-figures/official-enrollment-by-major-dashboard.html>*

Despite the department’s mission, which places importance on the ethnic and cultural diversity of our student population, and the fact that UNM is a Hispanic Serving Institution, the diversity of our graduate student body is not reflective of our undergraduate population, nor our state population. (Refer back to Figure 5 for data on ethnicity in our state and undergraduate population.) The percent of Hispanic students varies from 30-40% (Figure 14), which is lower than our undergraduate population. Most notable, Native Americans are under-represented in our field and in our department despite the 11% Native American population in New Mexico. An important goal for the department is to support student recruitment activities and formal mentorship programs to improve the number of SLPs in the state from Native American descent. This data serves as the impetus for our continued minority outreach attempts. However, with limitations related to staff and faculty time, and department financial restrictions, our current minority recruitment efforts are limited. Currently, the department is evaluating the feasibility of adding a bilingual certification program for speech-language pathology. This would likely support an increase in student ethnic diversity in our department.

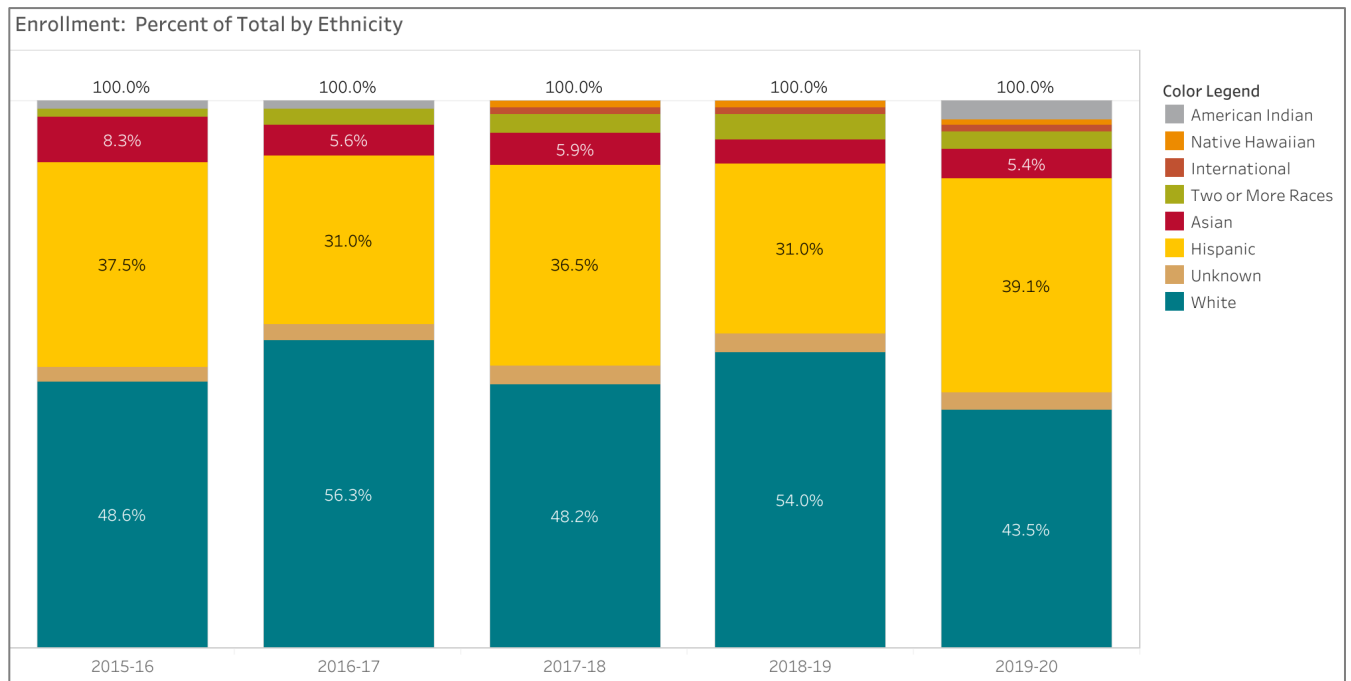


Figure 14. Percent of Master’s degrees conferred by race/ethnicity. Data obtained from <http://oia.unm.edu/facts-and-figures/graduate-studies-dashboard.html>.

In our master’s program, gender is biased towards female students, which is consistent with the field of speech-language pathology. Across the past five academic years, percentage of male graduate students ranged from 10% (2019-20) to 16% (2016-17) (Figure 15). While low, this is above the national average of 5% male in the field of speech-language pathology (Rogus-Pulia et al., 2018).

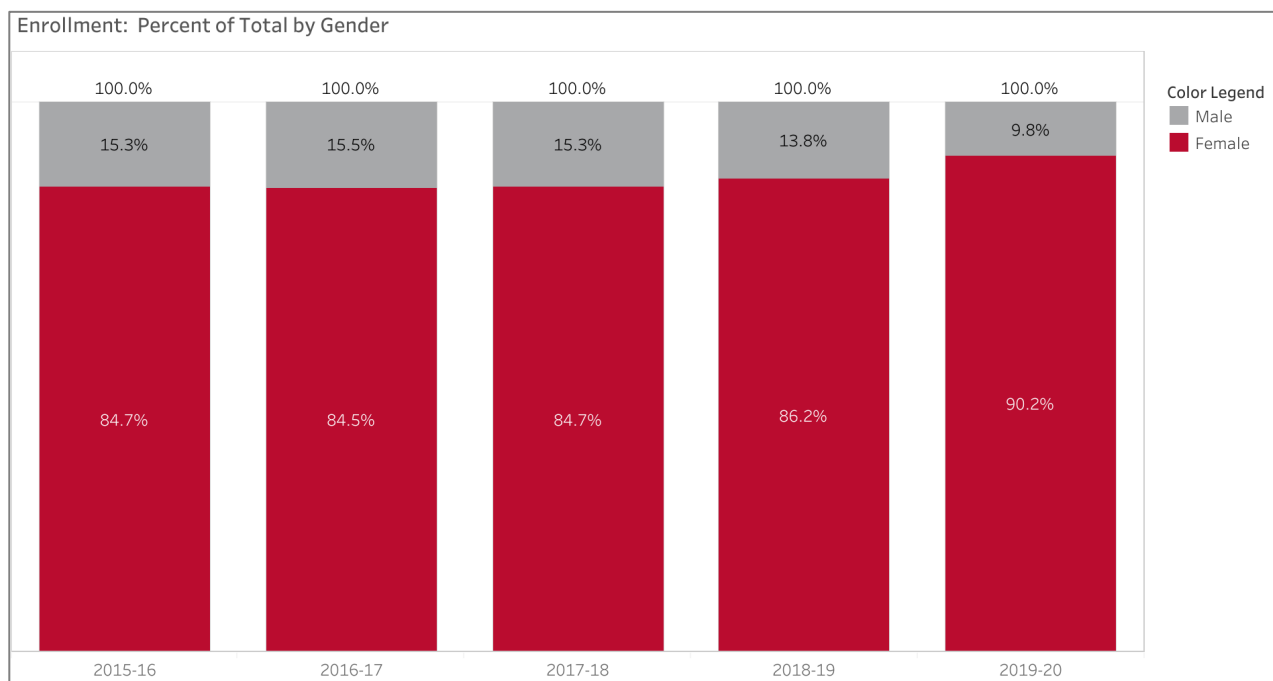


Figure 15. Breakdown of graduate students by gender from 2015-2020. Data obtained from <http://oia.unm.edu/facts-and-figures/graduate-studies-dashboard.html>.

4D: Advisement Practices. *Discuss the unit’s advisement process for students, including an explanation of how the unit has attempted to improve or address issues regarding its advising practices and to ensure inclusiveness and equity in advising.*

Undergraduate program.

The College of Arts and Sciences has a centralized advisement service. The assigned undergraduate advisor is further supported by our UG advisor liaison, Dr. Amy Neel. Typically, the first contact undergraduate students have with the department is through *SHS 302 Introduction to Communication Disorders*. Often undergraduate students enrolled in SHS 302 will contact an SHS undergraduate advisor for assistance in developing an academic plan with SHS as a major area of study. Prior to COVID, the SHS advisor held appointments (scheduled and walk-in) in the department at least 2 days a week.

Graduate program.

Dr. Rick Arenas is the department’s graduate student advisor and receives a SAC (special administrative compensation) to cover the workload associated with summer program plan development. Dr. Arenas meets with each graduate student upon admission to the program to formulate an individualized program of graduate study. Given the department’s mission of inclusivity and equity, there is an effort to accommodate the life circumstances of graduate students. For example, we offer part-time and summers off for options for students with outside constraints that prevent to traditional 6 semester program plan. The department’s

administrative staff member (Waggerman) supports the graduate advisor in required tasks such as tracking compliance to the program plan and completion of any required remediations. The graduate student advisor meets with graduate students as needed to discuss their progress and identify resources to support or enhance their graduate education experience.

In the past two years the department has improved and streamlined the tracking process through the development and implementation of an access database. All graduate students and their prescribed program plan are entered into the database for easy query, data entry and student performance tracking.

4E: Student Support Services. *Discuss any student support services that are maintained by the unit and evaluate the relevance and impact of these services on students' academic success.*

The department provides general advising for undergraduate, non-degree, and graduate students. We have a dedicated faculty member who serves as a graduate advisor and helps students develop their plan of study. Graduate advisor also serves as an interface when challenges arise as indicated by the student or another faculty. A dedicated faculty member serves as an advisor for our non-degree students. The college advising center has a dedicated college advisor for undergraduates who major in speech and hearing sciences. In addition, faculty members informally monitor undergraduate and graduate students' progress and routinely refer students to appropriate university support services (e.g., Center for Academic Program Support – CAPS; Graduate Resource Center – GRC; Writing Across Communities – WAC; Career Services; Student Health and Counseling – SHAC).

Faculty provide individual mentorship to undergraduate and graduate students through formal programs such as the McNair Scholars Program, Research Opportunity Program, and informally through individual advisement and career mentoring, and participation in research and clinical training initiatives.

A percentage of our differential tuition dollars is dedicated to graduate student scholarships. All second-year graduate students are eligible and distribution of funds is based on student need. Awards range from \$1000 to \$7000 per student depending on the number of students who apply and student need. Students are directed to other funding sources through a comprehensive list maintained on our department website (<http://shs.unm.edu/programs/master-of-science/funding.html>).

For students who are selected to participate in our Mexico City Trip, a partial stipend is provided to support student travel.

4F: Graduate Success. *Discuss the success of graduates of the program by addressing the following questions:*

- *How does the unit measure the success of graduates (i.e. employment, community engagement, graduate studies, etc.)?*
- *What are the results of these measures?*
- *Discuss the equity of student support and success across demographic categories.*

Student Success

Undergraduate Students

The department does not currently participate in student success or retention initiatives for undergraduate students. Retention in our department is above the college average. Regardless, we are in the process of identifying variables to lead to student satisfaction (or lack thereof). We have recently (Spring 2020) initiated an undergraduate survey to evaluate the perceived roadblocks to success and potential supports.

Our department does not have a method to track undergraduate success after they graduate. We know through our own graduate admissions and word of mouth (due to relationships students have with the faculty), that many of our undergraduate students go on to graduate school to complete a master's degree in speech-language pathology or audiology.

Table 12. Comprehensive examination analysis for 2015-2020. Students respond to four questions. Pass with distinction is awarded if a student passed all four question on the first attempt and at least two of those responses received a “high pass”.

	Jan 2015	Jan 2016	June 2016	June 2017	May 2018	June 2019	June 2020
Number of comps takers	22	16	7	21	17	35	26
Passed all four questions on first attempt	27%	44%	57%	48%	76%	69%	54%
Passed two or three questions on first attempt	64%	56%	43%	52%	24%	31%	46%
Passed <2 questions on first attempt	9%	0%	0%	0%	0%	0%	0%
Passed with distinction	0%	6%	0%	5%	18%	6%	12%

Graduate Students

Graduate student success is defined by results on comprehensive exams or completion of a master’s thesis, performance on the national PRAXIS exam required for certification and licensure, completion of CFY, and employment. Table 12 summarizes the performance on comprehensive exams for the period from 2015-2020. All students successfully completed the comprehensive exam process. Our students have significant success in passing the PRAXIS exam; of 78 test takers for AY 2016-17 through 2018-19, 100% passed (Table 13). Our graduate students are employed in a variety of clinical settings including University Hospital, Lovelace Hospital, Presbyterian Hospital, Albuquerque Public Schools, Los Lunas Public Schools, and Laurie Ross Brennan, Lisa Sisneros Brown.

Table 13. Highest, lowest, and average Praxis scores for tests taken during the indicated academic years.

	n	Highest	Lowest	Average	Pass Rate
2016-17	26	200	164	189	100%
2017-18	15	193	164	186	100%
2018-19	37	197	164	182	100%

Note the Praxis test is reported on a 100-200 score scale. ASHA requires a minimum score of 162 for certification eligibility.

Criterion 5. Faculty

The faculty (i.e., continuing, temporary, and affiliated) should have appropriate qualifications and credentials and be suitable to cover the curricular requirements of each degree/certificate program.

5A: Composition. *After completing the Faculty Credentials Template (Appendix F), discuss the composition of the faculty and their credentials (i.e., proportion of senior versus junior faculty, proportion of women and underrepresented faculty, etc.). Provide a link to the faculty vitae.*

The Department of Speech and Hearing Sciences currently has seven tenure track and seven non-tenure track (clinical) faculty members. Across the seven clinical faculty, five work a 1.0 FTE, one works 0.75 FTE, and one works 0.65 FTE. Part-time instructors (PTIs) are hired as needed to teach undergraduate and graduate courses or support clinical supervision. Funds for PTIs are obtained through a variety of sources including F &A from funded research, revenue received from the College of Arts and Sciences provided to small departments in support of the department's instructional needs when faculty members are awarded sabbatical semesters, or from clinic revenue when no other revenue source is available. Administrative course releases, such as the two course releases provided to the department chair, are supported with department funds. In other words, due to the rigid flow of coursework and the limited course offerings (most courses are taught once per year), courses cannot be eliminated from the course schedule. A course release for one faculty member requires the course to be taught by PTI or as a faculty overage. Table 14 indicates an overview of the number of credit hours covered outside the typical teaching load as an overage, taught by clinical faculty or taught with part-time instructors (PTI). Although from 2016-2020 the department paid for these credits, in AY 2020-21 the College contributed funds to help pay for PTI.

Table 14. Number of credits taught as overage or by PTI and associated funding source.

	Credits taught as overage and PTI	Funding sources
2016-17	3	Department funded
2017-18	3	Department funded
2018-19	9	Department funded
2019-20	9	Department funded

As a result of the limited number of tenure-track faculty, particularly since the departure of Dr. Rodriguez, the College of Arts & Sciences agreed to hire a visiting lecturer for three years to help cover teaching. However, with COVID, that position was cancelled. For the 2020-21 academic year, the college provided PTI funds to support the teaching mission without sacrificing the research agenda of the tenure-track faculty.

All faculty as of January 2021 are listed in Table 15. Across all current faculty, 29% of tenured/tenure-track faculty are male, and there are no male clinical faculty. 71% of tenured/tenure-track faculty and 63% of our clinical faculty are white, while the remaining faculty are from another ethnicity.

Table 15. Speech and Hearing Sciences faculty by gender, ethnicity, education, and rank.

FULL PROFESSOR			
Ethnicity	Male	Female	Education
White	0	1	Ph.D.
ASSOCIATE PROFESSOR			
Ethnicity	Male	Female	Education
White	1	4	4 Ph.D./ 3 with CCC-SLP
Hispanic	0	0	
Mixed / Other	0	1	Ph.D., CCC-SLP
ASSISTANT PROFESSOR			
Ethnicity	Male	Female	Education
White	0	1	Ph.D.
Hispanic	1	0	Ph.D.-CCC-SLP
Mixed / Other	0	0	
SENIOR LECTURER II			
Ethnicity	Male	Female	Education
White	0	0	
Hispanic	0	1	M.S., CCC-SLP
LECTURER II			
Ethnicity	Male	Female	Education
White	0	5	M.S., CCC-SLP or CCC-A
Hispanic	0	2	M.S., CCC-SLP

All tenure-track/tenured faculty members hold a doctorate in speech and hearing sciences or an allied field (e.g., special education). Five of the seven tenure-track/tenured faculty members also hold a Certificate of Clinical Competence (CCC) in speech-language pathology. As of January 2021, seven of the clinical faculty hold a master's degree in speech-language pathology, and one holds a master's degree in Audiology. All clinical faculty hold their ASHA CCCs and are licensed in the state of New Mexico.

The small number of faculty for our program size has long been identified as a concern. Since our last program review (2013), three tenure-track faculty have left (two retired from the University, and one was elevated to Senior Vice Provost). This loss was alleviated by three hires: Jessica Richardson was hired in August 2015 to fill a hole in a specific knowledge area-Neurology; Cindy Gevarter was hired in August 2017 to replace the departure of Philip Dale; Carols Irizarry was hired in August 2019 to replace the departure of Janet Patterson. Dr. Rodriguez, who is now serving in the Provost's office was not replaced; it is typical at UNM to maintain the faculty line in the home department as upper administration are term positions

and faculty reserve the right to return to their home department at the end of their administrative term.

Since our last APR, we have had considerable turnover in clinical faculty. Review of Table 1 in section one of this report shows that over the past seven years, we have had seven separations. Of these, four were due to retirement (Blaker, Dolan, Stone, Nettleton). The remaining three clinicians left due to concerns about the limited clinical population in our department clinic. These limitations stem from Medicare rules that limit our ability to see Medicare-eligible patients.¹⁴ By limiting the clients we serve, clinic faculty expressed reduced job satisfaction when they were prohibited from serving clients in their clinical specialty areas. Further, despite multiple reassurances of job security, with the addition of reduced clientele due to the pandemic, there was increasing concern that the reduction in clinic sessions would lead to a downsizing of clinical faculty. However, due to the supervision requirements dictated by our accreditation through CAPCSD, the College and University have supported hiring clinical faculty equal to the departures.

5B: Course-Load. *Explain the process that determines and assigns faculty course-load (i.e., how many courses do faculty teach per semester, how does the unit determine faculty assignment to lower division vs. upper division courses, etc.). Describe the faculty-to-student and faculty-to-course ratio, and any impacts this has on unit success.*

Departmental standards for promotion and tenure are rigorous and appropriate for the discipline and to UNM's status as a research-intensive university. (See department promotion and tenure guidelines in Appendix G) The standard teaching load for tenure-track/tenured faculty with active programs of research in the department is two courses per semester. Faculty members with funded research project are allowed a reduction in teaching load (maximum allowable buy out is one course/semester) using grant funds to buy out a course at the cost of 12.5% of their 9-month base salary. Research-related course releases are provided to all new junior faculty who teach a 1:1 course load their first year. Junior faculty also receive a research semester after their mid-probationary review and before their promotion review.

Current departmental administrative buy-outs include a course release each semester (fall and spring semester) for the department chair; one additional course release is granted during CAPCSD reaccreditation cycle. The ASHA program director, who is either the department chair, graduate advisor or clinic director, is granted one course release per year when it is assigned to a tenured faculty.

Table 16 displays the average student faculty ratio in our department. On average, our coursework which is taught by tenured/ tenure-track faculty, has a 30:1 ratio. In general,

¹⁴ Our department is in the process of contracting with a billing agency that will allow us to see any eligible patients. It is our goal to have this billing arrangement in place by June 1, 2021.

undergraduate class sizes range from 30-100; graduate class sizes range from 15 to 40. Clinical faculty carry a lower student to faculty ratio due to the percentage of supervision required by our external accrediting body (ASHA-CAPCSD).

Table 16. Student faculty ratio for coursework and clinical rotations. Note that clinical rotations are completed by graduate students only.

	Coursework			Clinical Rotations		
	students*	faculty	ratio	students**	faculty	ratio
2016-17	225	7	32:1	60	6.5	9:1
2017-18	225	7	32:1	77	6.5	12:1
2018-19	204	8	26:1	71	5.75	12:1
2019-20	203	7	29:1	70	6.4	11:1

**Reflects the number of undergraduate pre-majors, undergraduate majors, and graduate students. Non-degree students and undergraduate minors are not included in these calculations. ** Includes only graduate students*

Our undergraduate program contains only upper division courses. Therefore no, lower division courses are taught by the SHS faculty. Course assignment is largely dictated by specialty area rather than the course level (undergraduate versus graduate). Most tenured/tenure-track faculty teach a combination of undergraduate and graduate courses.

5C: Professional Development. *Describe the professional development activities for faculty within the unit, including how these activities are used to sustain research-related agendas, quality teaching, and students’ academic/professional development at the undergraduate and graduate level. Describe what measures the department takes to ensure appropriate support, mentoring, workload and outcomes for faculty of color and members of groups that are traditionally under-represented in your field.*

Professional Development for Tenured/Tenure-track Faculty

The University has several mechanisms for professional development of tenured/tenure-track faculty. The two primary mechanisms for professional development are the university’s sabbatical policy, which allows a one-semester release from teaching and service (with full pay) or a full academic year’s release (with 2/3 pay), and department research semesters which allow release from teaching for a semester. Tenured faculty are eligible for sabbatical after each six years of full-time service. Research semesters are largely reserved for junior faculty to start their research trajectory and for faculty nearing retirement to complete and close research projects.

Currently, one SHS faculty member have been awarded sabbatical leave: Dr. Cathy Binger – AY 2020-21. Two other faculty members are anticipated to request sabbatical in the near future: Dr. Amy Neel in Fall 2021 and Dr. Rick Arenas in Fall 2022. Dr’s Gevarter and Richardson will submit sabbatical leave requests in the coming semesters.

The university's policy indicates that the number of concurrent sabbatical leaves in any department must not exceed one-seventh of the tenured members of the department. Moreover, the policy recognizes that small departments often are penalized by their inability to absorb the academic loads of faculty on leave; therefore, the UNM administration has a mechanism to permit the appointment of temporary or part-time faculty in departments with seven or fewer tenure-track faculty. FTE at such times as members of the department may be granted sabbatical leave. (See UNM's sabbatical policy C200 in the faculty handbook located at <https://handbook.unm.edu/c200/>).

Professional development for tenured/ tenure-track faculty is financially supported by the department and the College. Over the past several years and prior to August 2019, the department has provided a minimal allotment (\$500) in travel funds for each tenured/tenure-track faculty to present at conferences and attend continuing education activities. The college has also provided \$500 per tenure track faculty. The combined amount of \$1000 falls significantly below the actual cost of most continuing education participation but provides some, albeit quite limited, support for continued participation in national and regional conferences. In 2019, the college increased its professional development fund to \$1000 per tenure track FTE. Thus, in AY 2019-2020, the department did not contribute money to professional development for tenure track faculty. This funding was maintained in the current academic year (AY 2020-21).

Professional Development for Clinical Faculty

Previously, the department has provided a minimal allotment (\$500) in professional development funds for each lecturer II (clinical faculty). This allotment is typically used to cover the cost of state licensure and ASHA certification, which is required for their jobs as clinical educators. However, as costs of licensure and certification increase, effective this academic year (2020-21) the department moved to covering all the fees associated with certification and licensure. In addition to this, to encourage clinical excellence, the department covers the cost one ASHA special interest group for each clinical instructor. The department also provides \$100. per year to each fulltime clinical instructor.

While the College of Arts and Sciences does not provide consistent professional development money to clinical instructors, they do offer a Lecturer travel fund, which was initiated in August 2019. All lecturers (the rank of our clinical faculty) are eligible to apply for these funds. In fact, in Fall 2019, one of our clinical instructors applied for this funding and received money to attend a specialty conference on transgender voice treatment.

Criterion 6. Research, Scholarship, & Service

The unit should have structures in place to promote active engagement in research, scholarly, and creative works among the faculty and students (if applicable, differentiate for each undergraduate and graduate degree and certificate program).

6A: Scholarly & Creative Works. *Describe the scholarly/creative works and accomplishments of the faculty. Explain how these support the quality of the unit; what are particular areas of strength?*

Rick Arenas, Ph.D., is an associate professor with research interest in developmental stuttering. In particular, he is interested in the contextual variability of stuttering: Why is it that stuttering occurs more frequently in particular contexts? His research aims to understand the biological and psychological mechanisms that underlie this variability and to learn how this contextual variability develops over time. Dr. Arenas utilizes a variety of research methods, including measuring autonomic arousal and qualitative interviewing. The overall goal is to translate research findings in to more effective treatments for stuttering in order to lessen the social and emotional impacts of the disorder.

Recent and/or noteworthy scholarly accomplishments include:

- Arenas, R. M., Richardson, J., Dalton, S. G., & Stewart, H. (2019). Abstract #47: Current State of Blinding in tACS Research. *Brain Stimulation: Basic, Translational, and Clinical Research in Neuromodulation*, 12(2), e17. <https://doi.org/10.1016/j.brs.2018.12.054>
- Arenas, R. M., Shoemaker, J., & Phillips, J. (2018). High Prevalence of Pineal Cysts in Adults who Stutter. *Brain and Language*, 177-178, 18-22. <https://doi.org/10.1016/j.bandl.2018.01.006>
- Arenas, R. M., Walker, E., & Oleson, J. (2017). Developmental Stuttering in Children Who are Hard of Hearing. *Language Speech and Hearing Services in Schools*, 48(4), 234-248. http://doi.org/10.1044/2017_LSHSS-17-0028
- Arenas, R. M. (2017). Conceptualizing and investigating the contextual variability of stuttering: The speech and monitoring interaction (SAMI) framework. *Speech, Language and Hearing*, 20(1), 15-28. <https://doi.org/10.1080/2050571X.2016.1221877>
- Arenas, R. M., & Zebrowski, P. M. (2017). The relationship between stuttering anticipation and verbal response time in adults who stutter. *Speech, Language and Hearing*, 20(1), 1-14. <https://doi.org/10.1080/2050571X.2016.1201346>
- Buhr, T., Zebrowski, P., Moon, J., Tumanova, V., Arenas, R. & Loucks, T. (2016). Coordination of opening and closing jaw movements of young children who stutter. *Speech Pathology and Therapy*, 1(115). <http://dx.doi.org/10.4172/2472-5005.1000115>

Cathy Binger, Ph.D., CCC-SLP, is a professor who specializes in augmentative and alternative communication (AAC). She has been a speech-language pathologist for 20 years and has expertise in building functional communication skills with children who use AAC. Dr. Binger is an active researcher who focuses on evaluating the effectiveness of intervention programs designed to enhance the language skills of children who use AAC. Her work also focuses on developing partner instruction programs – that is, programs designed to teach educators and families how to communicate more effectively with children who use AAC. Dr. Binger has been successful at obtaining NIH funding. Dr. Binger has co- authored two books

and one book chapter on AAC and has published numerous research articles in both peer-reviewed journals and clinician-oriented newsletters.

Recent and/or noteworthy scholarly accomplishments include:

- Binger, C., Kent-Walsh, J., Harrington, N., & Hollerbach, Q. (2020). Tracking early sentence-building progress in graphic symbol communication. *Language, Speech, and Hearing Services in Schools, 51*, 317-328. https://doi.org/10.1044/2019_LSHSS-19-00065
- Binger, C., Richter, K., Taylor, A., Williams, E., Willman, A. (2019). Error patterns and revisions in the graphic symbol utterances of three- and four-year old children who need augmentative and alternative communication. *Augmentative and Alternative Communication, 35* (2), 95-108. doi: 10.1080/07434618.2019.1576224
- Kent-Walsh, J., & Binger, C. (2018). Methodological advances, opportunities, and challenges in AAC research. *Augmentative and Alternative Communication, 34*, 93-103. <https://doi.org/10.1080/07434618.2018.1456560>
- Binger, C., Kent-Walsh, J., King, M., & Mansfield, L. (2017). Early sentence productions of three- and four-year-old children who use augmentative and alternative communication. *Journal of Speech, Language, and Hearing Research, 60*, 1930-1945. DOI: [10.1044/2017_JSLHR-L-15-0408](https://doi.org/10.1044/2017_JSLHR-L-15-0408)
- Binger, C., Kent-Walsh, J., & King, M. (2017). Dynamic assessment for three- and four-year old children who use augmentative and alternative communication: Evaluating expressive syntax. *Journal of Speech, Language, and Hearing Research, 60*, 1946-1958. doi:10.1044/2017_JSLHR-L-15-0269
- Binger, C., Ragsdale, J., & Bustos, A. (2016). Language sampling for preschoolers with severe speech disorders. *American Journal of Speech-Language Pathology. http://doi.org/10.1044/2016_AJSLP-15-0100*

Cindy Gevarter, Ph.D., BCBA-D is an assistant professor in the Department of Speech and Hearing Sciences at UNM. Dr. Gevarter received a Ph.D. in early childhood special education from the University of Texas at Austin. Dr. Gevarter's research and teaching interests focus on communication intervention and assessment methods for young children with autism spectrum disorder (ASD) and intensive communication needs. Her research has focused on the application of evidence-based principles to augmentative and alternative communication assessment and intervention, naturalistic/family-centered approaches to early communication intervention, and collaborative training for early intervention providers who work with children with ASD. Dr. Gevarter was recently awarded an NIH grant.

Recent and/or noteworthy scholarly accomplishments include:

- Gevarter, C., Horan, K., & Sigafos, J. (2020). Teaching preschoolers with autism to use different speech-generating device display formats during play: Intervention and secondary factors. *Language, Speech, and Hearing Services in Schools, 51*, 821-838. https://doi-org.libproxy.unm.edu/10.1044/2020_LSHSS-19-00092

- Sigafoos, J., & Gevarter, C. (2019). Introduction to the special issue: communication intervention for individuals with complex communication needs. *Behavior Modification, 43*(6), 767–773. doi: 10.1177/0145445519868809
- Gevarter, C., & Zamora, C. (2018). Naturalistic speech-generating device interventions for children with complex communication needs: A systematic review of single-subject studies. *American Journal of Speech-language Pathology, 27*(3), 1073-1090. doi:10.1044/2018_ajslp-17-0128
- Gevarter, C., O'Reilly, M. F., Sammarco, N., Ferguson, R., Watkins, L., Kuhn, M., & Sigafoos, J. (2018). Comparison of schematic and taxonomic speech generating devices for children with ASD. *Education and Training in Autism and Developmental Disabilities, 53*(2), 222-238. doi:10.1080/10400435.2016.1143411
- Gevarter, C., & Horan, K. (2018). A behavioral intervention package to increase vocalizations of individuals with autism during speech-generating device intervention. *Journal of Behavioral Education, 28*(1), 141–167. doi:10.1007/s10864-018-9300-4

Carlos Irizarry-Perez, Ph.D., CCC-SLP (formerly Dr. Nye) is an assistant professor whose research focuses primarily on speech sound disorders in bilingual children; specifically, he is interested in how to facilitate generalization of speech skills across languages. Dr. Irizarry also researches clinical instruction and how to prepare pre-service clinicians for bilingual work. Dr. Irizarry was recently awarded an ASHA Foundation grant aimed at providing mentorship to initiate and accelerate his research in bilingual speech development.

Recent and/or noteworthy scholarly accomplishments include:

- Irizarry, C. Lugo-Neris, M., Bedore, L. Peña, E.D. (2020). Establishing diagnostic skills in novice bilingual clinicians: A scaffolded approach. *Teaching and Learning in Communication Sciences and Disorders. (submitted)*
- Irizarry, C., Peña, E.D., Bedore, L., (2020). Performance Predictors of Nonword Repetition Performance in Bilingual Children. *Journal of Communication Disorders. (submitted)*
- Nye, C. (2020). Proposal Number: 10853. Treating Speech Delays in Bilingual Children. Proposal accepted at the Annual Convention of the American Speech-Language-Hearing Association, San Diego, CA (Convention canceled).

Amy Neel, Ph.D., CCC-SLP is an associate professor with research interests in speech intelligibility in typical speakers, speakers with dysarthria, and second language learners of English. She has published research on acoustic cues for vowel identifiability in normal speakers, the role of tongue strength in speech production for typical speakers and speakers with dysarthria, and acoustic and perceptual correlates of intelligibility in individuals with Parkinson Disease. She is currently studying the impact of repeated head injury on the speech of professional fighters and perceptual correlates of comprehensibility in accented English.

Recent and/or noteworthy scholarly accomplishments include:

- Chiu, Y.F, Neel, A. & Loux, T. (in press). Exploring the perceptual acoustic relationship of speech in Parkinson Disease. *Journal of Speech, Language, and Hearing Research*.
- Neel, A. (2020). Promoting cultural and linguistic competence in speech science courses. *Perspectives of the ASHA Special Interest Groups*.
- Chiu, Y. F., Neel, A., & Loux, T. (2020). Acoustic characteristics in relation to intelligibility reduction in noise for speakers with Parkinson's disease. *Clinical Linguistics & Phonetics*, advance online publication,
- Chiu, Y.F. & Neel, A. (2020). Predicting intelligibility deficits in Parkinson's Disease with perceptual speech ratings. *Journal of Speech, Language, and Hearing Research*, 63(2), 433-443.
- Hamooni, H., Abdullah M., and **Neel, A.** (2015). Phoneme sequence recognition via DTW-based classification. *Knowledge and Information Systems*, 1-23.
- Neel, A.T., Palmer, P.M., Sprouls, G., & Morrison, L. (2015). Muscle weakness and speech in oculopharyngeal muscular dystrophy. *Journal of Speech, Language, and Hearing Research*, 58,1-12.

Phyllis M. Palmer, Ph.D., CCC-SLP is an associate professor with a research focus on understanding and documenting normal and disordered oropharyngeal motor and sensory function relative to swallowing, and the impact of healthy aging and neuromuscular disease. The goals of this research are two-fold: (a) to continue to grow our understanding of the course of aging and disease on swallow function, and (b) to explore treatment efficacy for patients with neuromuscular disease who also exhibit swallowing disorders. Since 2013, Dr. Palmer has written a digital interactive textbook geared for teaching a graduate level dysphagia course—Swallowing and its disorders across the lifespan.

Recent and/or noteworthy scholarly accomplishments include:

- Palmer, P.M. & Padilla, A.H. (2020, November). *Dysphagia Management: When is the Risk Real? Host Considerations*. Oral Seminar at ASHA Convention, San Diego, CA.
- Palmer, P. M., Padilla, A. H., & Ortiz, A (2019, October). Dysphagia Management: Finding Our Way in a Growing Body of Evidence. Invited oral presentation at New Mexico Speech Language Hearing Association, Albuquerque, NM.
- Padilla, A. H., Palmer, P. M., & Rodríguez, B. L. (2019). The relationship between culture, quality of life, and stigma in Hispanic New Mexicans with dysphagia: A preliminary investigation using quantitative and qualitative analysis. *American Journal of Speech-Language Pathology*, 28(2), 485-500.
- Torres, K. & Palmer, P.M. (2019). *Treatment of swallow disorders in patients with OPMD*. Poster presented at Dysphagia Research Society, San Diego, Ca.
- Thul, N.L., Palmer, P.M., & Sachet, L. (2018, November). *Effects of Percutaneous Endoscopic Gastrostomy Tube Placement in Irradiated Patients with Head & Neck Cancer*. Invited oral presentation delivered at ASHA Convention, Boston, MA.
- Palmer, P.M. (2017). Swallowing and its disorders across the lifespan: a graduate student curriculum textbook. Active textbook (online text). Kapow Medical, Albuquerque, NM.

Jessica D. Richardson, Ph.D., CCC-SLP is an associate professor with a research focus on improving assessment and treatment for adults with communication disorders following acquired brain injury (e.g., stroke, TBI) or due to progressive disease (e.g., primary progressive aphasia). Her lab studies the impact of brain stimulation on brain structure and function, as well as on behavioral outcomes, in these populations. Her lab also uses structural and functional neuroimaging (e.g., EEG, MRI) alongside narrative assessment (and other behavioral measures) to identify diagnostic biomarkers and/or to characterize recovery, disease trajectory, and response to treatment. Recent noteworthy scholarly accomplishments include a book chapter and numerous publications.

Recent and/or noteworthy scholarly accomplishments include:

- Dalton, S.G., Hubbard, H.I., & Richardson, J.D. (2020). Moving toward non-transcription based discourse analysis in stable and progressive aphasia. *Seminars in Speech and Language, 41*(1), 32-44. <https://doi.org/10.1055/s-0039-3400990>
- Dalton, S.G.H. & Richardson, J.D. (2019). A large-scale comparison of main concept production between persons with aphasia and persons without brain injury. *American Journal of Speech-Language Pathology, 28*, 293-320. https://pubs.asha.org/doi/10.1044/2018_AJSLP-17-0166
- Richardson, J.D. & Dalton, S.G. (2018). The neural substrate of language. In R. Andreatta (Ed.), *Neuroscience fundamentals for CSD*. Plural Publishing.
- Richardson, J.D., Dalton, S.G., Fromm, D., Forbes, M., Holland, A., & MacWhinney, B. (2018). The relationship between confrontation naming and story gist production in aphasia. *American Journal of Speech-Language Pathology, 27*(1S), 406-422. https://doi.org/10.1044/2017_AJSLP-16-0211
- Richardson, J.D., Dalton, S.G., Shafer, J., & Patterson, J. (2016). Assessment fidelity in aphasia research. *American Journal of Speech-Language Pathology, 25*, S788-S797. https://doi.org/10.1044/2016_AJSLP-15-0146
- Richardson, J.D. & Dalton, S.G. (2016). Main concepts for three different discourse tasks in a large non-clinical sample. *Aphasiology, 30*(1), 45-73. <https://doi.org/10.1080/02687038.2015.1057891>

6B: Research Expenditures. *If applicable, include a summary of the unit's research related expenditures, including international, national, local, and private grants/funding. How is faculty-generated revenue utilized to support the goals of the unit?*

The departments research related expenditures have greatly increased since our last APR. Table 17 shows the department's funding from research from 2016-2020. There is a notable increase in sponsored projects. This is linked to several variables including (a) an increase on tenure track faculty to eight faculty for 2016-2018, (b) reduced teaching and service load for junior faculty that was previously not possible with smaller faculty sizes, (c) structured mentorship for junior faculty. In fact, one junior faculty member was granted a reduced teaching load for her entire term as a junior faculty (Richardson). With increased sponsored projects, there is an increase in Facilities and Administrative (F&A) received. A portion of F&A goes to the College (approx. 30%), and a smaller portion is returned to the department

(3%). Of the amount returned to the department 10% goes to an index for the PI; the remainder (90% of the 3%) is used to support departmental operations. Historically, the money generated from F&A is used to support department operations (e.g., cost of the copy machine and paper, postage, telecom, etc.). As sponsored projects grow, the department may expand the uses of F&A to support continued research growth.

Table 17. Research funding by fiscal year from grants and contracts.

	2016	2017	2018	2019	2020
# of grants & contract	3	6	6	6	2
Total Grant Expenditures	\$145,569	\$215,839	\$767,407	\$631,816	\$579,952
International Funding Source	\$0	\$0	\$0	\$0	\$0
National Funding Sources (e.g., NIH, ASHA)	\$0	\$0	\$607,172	\$545,827	\$542,148
Other external (e.g., Private, local, foundation)	\$136,069	\$215,839	\$146,892	\$66,321	\$37,804
Internal funding (e.g., RAC, WIS)	\$9,500	\$0	\$13,343	\$19,668	\$0
Department F&A	\$695	\$1,052	\$14,270	\$5,998	\$5,332

Amounts calculated to the nearest dollar. RAC stands for Research Allocation Committee. WIS stands for Women in Stem.

6C: Research Involvement. Give an overview of the unit's involvement with any research labs, organizations, institutes, or other such centers for scholarly/creative endeavors (i.e., formal partnerships with Sandia Labs, CHTM, community organizations, local media, etc.).

Research Relationships

SHS faculty have research relationships with entities internal and external to UNM (Table 18). A sample of these relationships are described below the table.

Table 18. List of research relationships engaged by various tenured / tenure-track faculty.

Internal	Main Campus	<ul style="list-style-type: none"> • Joint research with Department of Special Ed (Project Scenes—described below); funded by NIH with SHS as the primary department • Women in Stem program through Advance (see description below)
	HSC	<ul style="list-style-type: none"> • All TT faculty hold a joint appointment in the department of Neuroscience • Participation in a COBRE grant (Center for Brain Recovery and repair—described below) housed at UNM Health Sciences Center.
External		<ul style="list-style-type: none"> • Joint appointment at the VA • Joint research program with University of Florida (see description below) • Appointment to BIAC to design and disseminate materials on Brain injury (see description below)

HSC is UNM's Health Science Center.

Project Scenes

Project Scenes (Social Communication: Collaborating Early with Naturalistic Evidence-based Supports) was developed to increase the number of special education professionals (including speech-language pathologists) providing early intervention services in NM. Cindy Gevarter serves as the PI for this NIH funded project that received funding effective this year. While housed in our department, the project supports doctoral students in our department and from the Department of Special Education.

ADVANCE

Advance is a funded program at UNM to support the success and advancement of women and minority faculty. They provide leadership training for women and minority faculty; three faculty have benefited from this program. One aspect of this program includes funding for scholarship of women and minority faculty. Since its inception, three of our female faculty (Dr. Amy Neel, Dr. Jessica Richardson, and Dr. Gevarter) have been recipients of funding through their Women in Stem funding program.

Center for Brain Recovery and Repair

The primary goal of the Health Sciences Center's Center for Brain Recovery and Repair is the development of the therapies designed to improve the quality of life for New Mexicans with brain injuries. Dr. Richardson has been a mentored investigator and user of the CBRR since 2016, participating in many research activities including colloquia, mock grant reviews, etc. She now serves as the Outreach Director for CBRR and continues to be funded through the CBRR.

New Mexico Brain Injury Advisor Council

The New Mexico Brain Injury Advisory Council is appointed by the governor to study and make recommendations to the Governor's Commission on Disability concerning case management, community support systems, long-term care, employment, emergency medical services, rehabilitation and prevention and the improvement and coordination of state activities relative to the concerns of persons with brain injuries and their families or other caregivers. Dr. Richardson works collaboratively with the BIAC to develop and disseminate educational materials about stroke and other brain injury. She has recently been awarded a contract through the BIAC for this work.

Project ECHO

Project ECHO is a revolutionary guided-practice model that reduces health disparities in under-served and remote areas of the state, nation, and world. Through innovative telementoring, the ECHO model uses a hub-and-spoke knowledge-sharing approach where expert teams lead virtual clinics, amplifying the capacity for providers to deliver best-in-practice care to the underserved in their own communities. Several faculty members have engaged in Project ECHO events.

University of Central Florida

UNM faculty member Dr. Binger and University of Central Florida faculty Dr. Kent-Walsh perform collaborative research with a focus on building effective interventions for children with severe communication disorders. This collaboration resulted in various research protocols, including a 5-year NIH funded project evaluating the effectiveness of AAC intervention programs for children with severe speech disorders.

6D: Student Opportunities. *Describe the opportunities for undergraduate and graduate students to be involved in research/creative works through curricular and extracurricular activities.*

Both undergraduate and graduate students have varied opportunities to participate in research. Refer to Tables 3 and 4 (from section 1 of this report) which list the numbers of graduate thesis projects and undergraduate McNair/ROP projects completed from 2015-2020, as well as the student credit hours earned in independent study. Independent study credits are achieved through dedicated problems courses (SHS 451 and SHS 551). Undergraduate students participate in UNM's Undergraduate Research Symposium, a yearly event that allows students to present a poster or oral presentation. Over the past 4 years, two our undergraduate students progressed to the final round in the oral competition.

Graduate students have multiple opportunities to participate in research both formally through the completion of a Master's thesis and informally thorough involvement (paid and unpaid) in the various research labs. There has been an increase in graduate student theses since our last APR. In fact, in AY 2019-20, five Master's students successfully defended a thesis. In addition, since our last APR, we have had two students who were awarded ASHA SPARC (Students Preparing for Academic-Research Careers) awards for their research

projects. Student credit hours grossly underestimate the level of student participation in department research activities, as many of them complete research activities as volunteers. This level of student engagement in research results in numerous publications and presentations that include the student work. Table 19 provides a sample of publications and presentations that have included both graduate and undergraduate students. Figure 16 shows a graduate student at UNM's Shared Knowledge Conference, a yearly event where graduate students from across the University share their research. This conference includes a poster presentation and an oral competition (called LoboBites). In 2019, three of our graduate students made it to the final round of LoboBites and one of our students took first place.

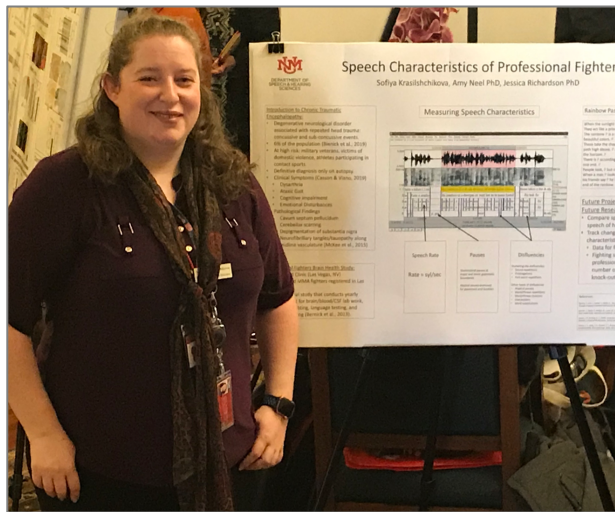


Figure 16. Graduate student presenting her poster at the UNM Shared Knowledge Conference (SKC). This graduate student took first place at the LoboBite competition, an aspect of the SKC where graduate students have 3 minutes to present their research.

Table 19. A sample of publications and presentations with student involvement. Note that students are indicated with underlining.

	Publications	Presentations
2016-17	<ul style="list-style-type: none"> Binger, C., Kent-Walsh, J., & <u>King, M.</u> (2017). Dynamic assessment for three- and four-year old children who use augmentative and alternative communication: Evaluating expressive syntax. <i>Journal of Speech, Language, and Hearing Research, 60</i>, 1946-1958. 	<ul style="list-style-type: none"> <u>Stewart, H., Quevedo-Levesque, G., Dalton, S.G.,</u> & Richardson, J.D. (2016). <i>Gist and coherence during picture description in persons with mild aphasia</i>. Poster presented at American Speech-Language-Hearing Association Convention, Philadelphia, PA. Binger, C., <u>Isakson, K., Kyablue, R., & McNallen, C.</u> (2016, November). <i>AAC Services in the Schools: Parent and Administrator Perspectives</i>. Poster presented at the annual conference of the American Speech-Language-Hearing Association, Philadelphia, PA.
2017-18	<ul style="list-style-type: none"> Binger, C., Kent-Walsh, J., <u>King, M., & Mansfield, L.</u> (2017). Early sentence productions of three- 	<ul style="list-style-type: none"> <u>Tanaka, T, Dalton, S.G.,</u> & Richardson, J.D. (2017). <i>Estimating the impact of assessment and</i>

	and four-year-old children who use augmentative and alternative communication. <i>Journal of Speech, Language, and Hearing Research</i> , 60, 1930-1945.	<i>treatment fidelity on aphasia treatment outcomes</i> . Poster presented at American Speech-Language-Hearing Association Convention, Los Angeles, CA.
2018-19	<ul style="list-style-type: none"> • Dalton, S.G.H., Shultz, C., Henry, M., Hillis, A., & Richardson, J.D. (2018). Describing phonological paraphasias in primary progressive aphasia. <i>American Journal of Speech-Language Pathology</i>, 27(1S), 336-349. • Padilla, A. H., Palmer, P. M., & Rodríguez, B. L. (2019). The Relationship Between Culture, Quality of Life, and Stigma in Hispanic New Mexicans With Dysphagia: A Preliminary Investigation Using Quantitative and Qualitative Analysis. <i>American journal of speech-language pathology</i>, 28(2), 485-500. 	<ul style="list-style-type: none"> • Gevarter, C., & Groll, M. (November, 2018) <i>Early intervention providers' knowledge of evidence-based practices for working with children with autism</i>. Paper presented at the American Speech and Hearing Association Convention, Boston, MA. • Thul, N.L., Palmer, P.M., & Sachet, L. (2018, November). <i>Effects of Percutaneous Endoscopic Gastrostomy Tube Placement in Irradiated Patients with Head & Neck Cancer</i>. Invited oral presentation delivered at ASHA Convention, Boston, MA.
2019-20	<ul style="list-style-type: none"> • Binger, C., Richter, K., Taylor, A., Williams, E., Willman, A. (2019). Error patterns and revisions in the graphic symbol utterances of three- and four-year old children who need augmentative and alternative communication. <i>Augmentative and Alternative Communication</i>, 35 (2), 95-108. • Gevarter, Groll, M., & Stone, E. Dynamic Assessment of Augmentative Alternative and Communication Application Grid Formats and Communicative Targets for Children with Autism Spectrum Disorder. <i>Augmentative and Alternative Communication</i> (in press). 	<ul style="list-style-type: none"> • Tibbetts, J. & Palmer, P.M. (2020, November). <i>A Survey of Practice Patterns in New Mexico of the Evaluation of Swallowing Disorders</i>. Poster accepted for presentation at ASHA Convention, San Diego, CA. (convention cancelled). • Neel, A., Krasilshchikova, S., Richardson, J., Arenas, R., Bennett, L., Banks, S., & Bernick, C. (2020, February). Speech rate, pausing, and disfluency associated with repeated head impacts in professional fighters. Poster presented at Conference on Motor Speech, Santa Barbara, CA.

6E: Community Service. Describe faculty members' service to the UNM community and beyond (local, national, global). Examples include community engagement practices, volunteering on committees, professional organization membership/leadership, etc.

SHS faculty lead and participate in a number of outreach and community activities. Locally our faculty provide preschool speech and language screening, community voice screenings, informational lectures, and supervisor trainings. Under the direction of Dr. Richardson, our department hosts a choir, called NeuroChoir, for individuals with various brain injuries (Figure 17). The NeuroChoir performs at venues around the local area.



Figure 17. Image of NeuroChoir singing at the University's Hanging of the Greens (December, 2019).

Nationally, faculty lead ASHA groups (e.g., Dr. Neel is the Coordinator for SIG 19), help organize symposia at national conferences, serve on national grant review panels (e.g., Dr. Binger serves on an NIH review panel), and serve as editors for scholarly journals.

Internationally, clinical faculty lead a yearly clinical service-learning activity in Mexico City at Comunidad Crecer, a school for children with varying developmental disabilities. Under the supervision of our faculty, SHS graduate students provide treatment for students with communication and swallowing difficulties resulting from cerebral palsy and a variety of genetic syndromes.

Criterion 7. Peer Comparisons

The degree/certificate program(s) within the unit should be of sufficient quality compared to relevant peers. (If applicable, differentiate for each undergraduate and graduate degree and certificate program offered by the unit.)

7A: Analysis. *Choose 3 peer departments from the Peer Comparison Template (Appendix H) to contrast with the unit. After completing the Template for these departments, provide an analysis of the comparison. Please describe aspects of your program that are unique compared to these peers. The unit may choose to select an alternative peer institution designated by a relevant regional, national, and/or professional agency.*

Appendix H provides data on peer institutions. Of the 16 Higher Education Department peer institutions used for this comparison, 12 have programs in speech-language pathology. UNM's Department of Speech and Hearing Sciences ranks 10 out of 13 in faculty size with 14 faculty members (seven tenure-track and seven non tenure-track or clinical faculty). The average faculty size at our peer institutions is 20 faculty members (10 tenure-track and 10 non tenure-track). Only three peers have smaller total faculties than UNM (Florida International with 11, New Mexico State University with 9, and University of Texas at El Paso with 5) and three have fewer tenure-track faculty members than UNM (Eastern New Mexico University has 5, New Mexico State University has 4, and the University of Texas at El Paso website lists only one).

The SHS department's rank of #72 by U.S. News and World Report graduate school rankings is much higher than six peers: Texas Tech University (#82), Oklahoma State University (#109), University of Texas at El Paso (#132), Florida International University (#146), New Mexico State University (#170), and Eastern New Mexico University (#244). The peer programs which rank substantially higher than UNM have larger faculties as well as Ph.D. and Au.D. programs. These include University of Arizona and University of Iowa (#6), University of Texas ranks (#10), Arizona State University (#16), University of Colorado – Boulder (#20), and University of Utah (#32). Put differently, UNM has the highest rank of any master's program (without a Ph.D. program) on this list.

In-state Peer Institution: New Mexico State University

The New Mexico State University Department of Communication Disorders was selected for comparison because it offers one of the three master's degree programs in Speech-Language Pathology in the state of New Mexico. The NMSU department resides in the College of Education. NMSU offers an undergraduate pre-professional Bachelor of Science degree to prepare students for graduate work and a master's degree program in Speech-Language Pathology. NMSU's program received a U.S. News and World Report ranking of 170 with a peer assessment score of 2.5.

Currently, the NMSU CD faculty consists of one tenured professor, three assistant professors, and five clinical faculty members (College Assistant Professors with master's degrees). The new chair, Professor Frank Boutsen, has expertise in motor speech disorders. Assistant

Professor Heike Lehnert-Lehouillier has expertise in phonetics, speech science, voice, and autism spectrum disorders; Assistant Professor Bijoyaa Mohapatra specializes in neurogenic disorders and aging, and Assistant Professor Joan Wilson has expertise in autism. One of the five non tenure-track College Assistant Professors, Genevieve Munoz, serves as the Coordinator of Clinical Education. NMSU has one federally funded research grant (\$50,000) and one state-funded grant (\$200,000).

NMSU's undergraduate program, last revised in 2017, consists of six blocks, a series of courses that must be taken in sequence to progress to the next block. Required undergraduate courses include 11 three-credit courses for a total of 33 hours: Introduction to Communication Disorders, Phonetics, Audiology, Introduction to Speech Science, Language Acquisition, Speech and Language Disorders, Anatomy and Physiology, Clinical Methods and Procedures, Aural Rehabilitation, Professional Thinking and Reasoning, and Neural Bases of Communication Disorders. Undergraduates must also complete nine additional credit hours from a list of elective courses such as special education, psychology, and communication. For NMSU graduate students who enter without a bachelor's degree, NMSU's leveling curriculum includes 27 credit hours in Phonetics, Audiology, Introduction to Speech Science, Language Acquisition, Speech and Language Disorders, Anatomy and Physiology, Clinical Methods and Procedures, Aural Rehabilitation, and Neural Bases of Communication Disorders. The department has 198 undergraduate students and granted 40 bachelor's degrees last year.

NMSU's graduate program contains an in-house training clinic that provides services to individuals with communication disorders. All graduate students are required to complete three rotations in the in-house clinic as part of their graduate training. The clinic is equipped with an electronic medical record (Clinic Note) and an advanced audio-visual system that records and stores clinical session on a vault server. The clinic is open to all individuals who require speech-language pathology services, except for those that are Medicare eligible. No audiology services are provided. Services are provided through a self-pay system; they do not bill insurance. Bilingual clinicians are available for clients who are non-English monolingual speakers, or bilingual.

NMSU's graduate program in Speech-Language Pathology is accredited by the Council on Academic Accreditation (ASHA CAA). For students who enter with a bachelor's degree in speech and hearing sciences, the graduate program consists of 54 to 57 credits with coursework in Research Methods, Assessment, Pediatric Language Disorders, Articulation/Phonology (including cleft lip and palate), Aphasia, Voice Disorders, Fluency Disorders, School-Aged Language Disorders, Dysphagia, Motor Speech Disorders, Clinical Education, and Professional/Multicultural Issues. Students choose one elective from Acquired Neurogenic Communication Disorders, Introduction to AAC, or a selected topics course. An additional 11 to 13 hours are devoted to Clinical Practicum/Externship experiences. Practicum experiences are obtained at NMSU's in-house clinic and at external facilities. NMSU previously offered a bilingual concentration in Communication Disorders using courses offered in collaboration with UNM's Department of Speech and Hearing Sciences. Following several recent retirements and other faculty separations, the bilingual

concentration does not appear to be offered at this time. NMSU has 39 MA students and granted 20 degrees last year.

Aspirational Peer Institution: University of Utah

The University of Utah was selected for comparison because its U.S. News and World Report ranking of 32 (peer assessment score of 3.6) placed it immediately above UNM among our peer institutions. Thus, it serves as an aspirational program for UNM. The University of Utah Department of Communication Sciences and Disorders resides in the College of Health. It offers a Bachelor of Science degree in Speech and Hearing Science, a Speech-Language Pathology Assistant (SLPA) graduate certificate, a Master of Science degree in Speech-Language Pathology, the Professional Doctorate of Audiology (Au.D.) degree, and a Ph.D. in Speech and Hearing Science.

The University of Utah CSD tenured faculty is comprised of five full professors and three associate professors, and there is one assistant professor on the tenure track. Three of the tenure-track faculty have advanced degrees in Audiology and six have SLP degrees. The non-tenure track, clinical faculty consists of 18 members with various position titles. The CSD chair, Michael Blomgren, has a research specialty in stuttering. Other areas of faculty expertise include communication development in cleft palate (Kathy Chapman), speech perception (Sarah Hargus-Ferguson), pediatric hearing loss (Samantha Gustafson), auditory physiology (Skylar Jennings), autism spectrum disorders (Stacy Manwaring), pediatric language disorders (Sean Redmond), voice disorders (Nelson Roy), and motor speech disorders (Julie Wambaugh). The University of Utah has five federally funded research grants (\$9,500,000) and one federally funded personnel preparation grant (\$300,000).

Utah's undergraduate program consists of 45 - 48 hours of coursework including Introduction to Communication Sciences and Disorders, Physics of Speech and Hearing (plus lab), Phonetics, Hearing Science (plus lab), Language Science (plus lab), Introduction to Audiology, Research Methods, Speech and Language Development, Anatomy and Physiology of Speech and Hearing, Pediatric Speech-Language Pathology, Aural Habilitation and Rehabilitation, Medical Speech-Language Pathology, Clinical Methods in Communication Sciences and Disorders, and Psychometrics. At least four courses are routinely offered online (Introduction to CSD, Anatomy and Physiology, Speech and Language Development, and Language Science). The department has an enrollment of 70 undergraduate students, and it granted 30 bachelor's degrees last year.

Utah's master's degree program in Speech-Language Pathology requires the completion of 55 credit hours of coursework, including Articulation and Phonology, Developmental Language Disorders In Young Children, Aphasia, Language and Learning Disorders in School-Age Children, Voice Disorders, Fluency Disorders, Autism Spectrum Disorders (2 credit hours), Scientific Inquiry in SLP, Cross-Cultural Competency Using Interpreters (2 credit hours), Counseling in CSD (1 credit hour), Summer Seminar Series (1 credit hour), Cognitive-Communication Disorders, AAC (2 credit hours), Motor Speech Disorders, Cleft Palate and Craniofacial Dis (2 credit hours), Swallowing Disorders/ Medical Management Issues, and 14 hours of clinical practicum and externship. Students can complete a master's thesis or enroll

in six additional academic credits. For students who do not have a bachelor's degree in the field, eight foundational undergraduate courses must be completed after being accepted to the master's degree program. Special clinical programs in the department include a two-week intensive stuttering program for adults and adolescents, a Parkinson's disease clinic, and a vestibular clinic. The master's degree program currently has 84 students and granted 42 degrees last year.

University of Utah Health's Speech-Language-Hearing Clinic is a professional outpatient clinic that serves the greater Salt Lake City community. The clinic also serves as a training program for graduate students in speech-language pathology and audiology. Audiology services, include hearing-aid fitting and vestibular evaluations. The clinic provides speech-language evaluations and therapy services for children of all ages with speech/language disorders and delays, for children and adults with developmental disabilities such as autism spectrum disorders, down syndrome, cerebral palsy, and services for people with acquired neurological disorders such as aphasia, traumatic brain injury, and degenerative neurological disorders such as ALS, Parkinson's disease, and Alzheimer's disease. Specialty clinics include an intensive stuttering clinic, a pre-school language group, and an aphasia group. Billing is carried out through the University of Utah Health group.

The University of Utah offers an Au.D. for students interested in becoming audiologists and a Ph.D. in Communication Sciences and Disorders for those wishing to become research scientists in the field. The Au.D. program is a 4-year post-baccalaureate degree that is designed to meet all requirements for national accreditation and clinical certification in audiology. The Au.D. program has 45 students enrolled, and 10 degrees were awarded last year. Students with a master's degree in Audiology can waive the fourth year of clinical practice. The Ph.D. requires three full years of coursework, written and oral qualifying exams, a dissertation and a mentored teaching experience. Students can also pursue a joint master's/doctoral program. There are currently 12 Ph.D. students, and two degrees were conferred last year.

Aspirational Peer Institution: Arizona State University

The next highest ranked program above the University of Utah belongs to Arizona State University (U.S. News and World Report ranking of #16, peer assessment score of 4.0). Therefore, we include it as our second aspirational peer comparison. The Arizona State University Department of Speech and Hearing Science resides in the College of Health Solutions. It offers a bachelor's degree in Speech and Hearing Science, a master's degree in Communication Disorders, an Au.D., and a Ph.D. in Speech and Hearing Science as well as a Speech-Language Pathology Assistant certificate.

The Speech and Hearing Science faculty at Arizona State is considerably larger than the UNM faculty, consisting of four full professors, six associate professors, three assistant professors, and 19 non tenure-track clinical faculty and lecturers. Three of the tenure track faculty members have audiology or hearing science related degrees. Research and teaching specialty areas include child language and literacy (Shelley Gray, Beate Peter, and Blair Braden), speech science (Visar Berisha and Ayoub Daliri), motor speech disorders (Julie

Liss), neural bases of speech, language, and hearing (Tamiko Ayuma, Corianne Rogalsky, and Yi Zhou), cleft lip and palate (Nancy Scherer), bilingual language intervention (Adelaide Restrepo), and treatment of hearing loss (Andrea Pittman and Xin Luo). The department has 13 federally funded research grants (\$2,968,733), four federally funded training and career development grants (\$273,000), and one state training grant (\$153,937).

The ASU undergraduate program in Speech and Hearing Science curriculum includes 36 hours of major coursework, including Exploring Communication Disorders in Children and Adults, Introduction to Phonetics, Anatomical and Physiological Bases of Speech, Hearing Science, Language Science, Speech Science, Principles of Audiology, Speech and Language Acquisition, Developmental Speech and Language Disorders, Aural Rehabilitation, Acquired Speech and Language Disorders, and Clinical Methods and Treatment of Communication Disorders. The undergraduate degree is also offered online. According to the ASHA EdFind site, ASU has 670 undergraduate students (403 full-time and 267 part-time), and 85 degrees were awarded last year.

ASU's SLPA undergraduate certificate features nine hours of academic coursework in addition to the required courses for the bachelor's degree and six hours of supervised clinical internship. Academic coursework includes Clinical Methods and Treatment of Communication Disorders, Implementation of Treatment Plans for Individuals with Communication Disorders, and Professional Issues and Ethical Considerations for the SLPA. In 2015-16, the department reported that it had 20 SLPA certificate students enrolled.

Arizona State's master's degree program in Speech-Language Pathology requires the completion of 52 credit hours plus written comprehensive exams. First-year core academic courses include Neural Bases of Communication Disorders, Language Assessment and Intervention in Infants and Toddlers, Articulation and Phonology: Assessment and Intervention, Language Assessment and Intervention with Preschool Populations, Research Methods, Clinical Methods in Speech-Language Pathology, Differential Diagnosis of Communication Disorders, Language Assessment and Intervention with School-Age Populations, Aphasia and Related Neurogenic Language Disorders, and Management of Voice and Swallowing Disorders. Second-year required courses include Augmentative Communication and Language Programming and Professional Issues in Speech-Language Pathology, Communication Disorders in Autism, Fluency Disorders, and Right Hemisphere Syndrome/Traumatic Brain Injury/and Dementia. Students can enroll in six hours of thesis credits or six hours of elective courses in their areas of interest such as Survival Sign Language, Counseling in Communication Disorders, Communication Disorders and Multicultural Populations, and Neuromotor Speech Disorders. Fourteen credit hours are devoted to clinical practicum and internship. 90 master's students are enrolled, and 45 degrees were granted last year.

As part of a U.S. Department of Education Office of Special Education program, ASU offers a graduate certificate in communication disorders in multilingual/multicultural populations. Students in this program complete specialized courses including Counseling in Communication Disorders, Communication Disorders and Multicultural Populations, Spanish Language Acquisition, Multilingual Speech-Language Pathology, and Language Essentials for

Teaching Reading. They also complete a capstone project with a multilingual/multicultural focus and complete at least one practicum with an ASU mentor with culturally and linguistically diverse populations.

ASU also offers a part-time employment track for students to complete the master's program in communication disorders while working in the schools as a speech-language pathology assistant (SLPA) or speech-language technician (SLT). This program offers classes in the afternoons and evenings so students can work part-time during the first year of the master's program. Second-year classes are offered after 3 p.m. and allow students to maintain full-time employment if needed.

ASU's department offers audiology and speech services to the general public which includes a thorough evaluation using modern equipment and procedures; consultation with other medical, developmental and educational specialists; and involvement of family members in individualized treatment programs. The clinic serves as a training and research facility for degree programs in speech and hearing science at ASU's College of Health Solutions. The ASU Speech and Hearing Clinic is a fee-for-service clinic with services provided by graduate student clinicians who are enrolled in clinical practicum; sessions are planned and conducted under the supervision of a licensed and certified speech-language pathologist. Most major health insurances are accepted, although Medicare is not. A cash discount is available upon request. Audiology services include hearing aid fitting and vestibular evaluations. Several summer and group programs are offered, including an after-school articulation and phonology program, a peer socialization summer program for teens with social communication difficulties, and a summer aphasia communication effectiveness program.

The Au.D. program at Arizona State University is a full-time, 3-year, 8-term residential program with a flexible 1-year (3 terms) clinical externship designed to prepare audiologists for autonomous, evidence-based clinical practice. There are 52 Au.D. students enrolled, and 12 degrees were granted last year. Arizona State also has a Ph.D. program in Speech and Hearing Science. Ph.D. students can apply for federally funded training opportunities including PRIDE (Preparing Researchers in Early Intervention for Children with Disabilities from Multicultural Environments) and RIDDLS (Research Interventions for Dual Language Learners with Language Learning Disabilities). Two Ph.D. concentrations are also available: Auditory and Language Neuroscience and Translational Genetics of Communication Abilities. There are nine enrolled Ph.D. students, and two degrees were granted last year.

Summary of Peer Comparisons

Of the 16 Higher Education Department peer institutions used for this comparison, 12 have programs in speech-language pathology. UNM's Department of Speech and Hearing Sciences compares favorably to its peers in several areas, including U.S. News and World Report rankings, number of students enrolled in the master's degree program, number of federal grants obtained by the program, and having a bilingual/multicultural focus to address the needs of the region's population. Six of the 12 peer institutions with speech-language pathology programs were ranked more highly in the U.S. News and World Report Best Grad School Rankings: three of those peers rank in the top ten in the field (University of Arizona,

University of Iowa, and University of Texas – Austin) and five rank in the top 20 of the field (add Arizona State University and University of Colorado – Boulder). The peer institution with the closest ranking to UNM is the University of Utah (#32). UNM’s ranking of #72 is much higher than its in-state peers New Mexico State University (#170) and Eastern New Mexico University (#244).

Compared to peer institutions, UNM’s faculty is relatively small (7 tenure-track and 7 clinical, non-tenure-track). The mean number of tenured/tenure-track faculty among peer institutions is 9.8 FTE, and the average number of non-tenure-track faculty is 10 FTE. For the six peer institutions with higher U.S. News rankings, the mean number of tenure-track faculty rises to 13.5 FTE and non-tenure-track members to 14.2 FTE.

All six of the peer institutions with higher U.S. News rankings than UNM have doctoral programs in both audiology and speech and hearing science/speech-language pathology. UNM currently offers a Ph.D. in Linguistics with a concentration in Speech and Hearing Sciences. Very few students have completed this degree (only one student in the last five years), most likely because the degree requires taking many courses in linguistics and does not align well with most faculty research areas in our department. We are moving toward starting a Ph.D. in Communication Sciences and Disorders. The proposal for this program was approved by the Board of Regents and is awaiting approval from the state of New Mexico. We anticipate admitting our first doctoral cohort in August 2022. The department believes that by offering the doctoral degree, it can amplify its impact on the field by educating more undergraduate students by having the doctoral students perform undergraduate teaching, supervising more master’s students by having doctoral students serve as clinical supervisors, and creating more knowledge about communication development and disorders. Doctoral students substantially impact research productivity, benefiting both their program and the broader field of scholarship. Thus, investment in faculty positions is vital for supporting the growth and enhancing the impact of the UNM Department of Speech and Hearing Sciences in developing clinicians, researchers, and educators that are greatly needed in the state of New Mexico and the nation.

Regarding research productivity, UNM compares well to its peer institutions. All seven of our academic faculty members have active research programs involving collaborations with faculty at other institutions, and with academic and clinical faculty, undergraduate, and graduate students within the department. Of the 10 peers who reported federal grant data (research, personnel prep, training) on the American Speech-Language-Hearing EdFind website, UNM ranked fifth with five federally-funded grants. The peer institutions with more federal grants (ASU, UT-Austin, Iowa, and Utah) have active doctoral programs and substantially larger faculties. Our closest peer in U.S. News rankings, the University of Utah, with Au.D. and Ph.D. degrees and 12 tenure-track faculty members, reported six current federal grants. UNM faculty members are active in the field of speech-language pathology, presenting research at national meetings, mentoring doctoral students in programs outside of the department, serving as journal and NIH grant reviewers, and holding leadership positions in state and national organizations.

In number of master's students enrolled, UNM falls in the middle of its peer institutions. The average number of master's students enrolled in the 12 peer programs is 75.5; UNM has 66 students in its master's SLP program. UNM graduates more than the average number of master's students per year for its peer institutions: the mean number of master's degrees awarded for the 12 peer institutions is 31.5, and UNM awarded 36 last year. Only five peer institutions graduated more master's students last year than UNM.

The basic curricula for bachelor's and master's degree programs differs very little across programs because institutions must address certification standards for the American Speech-Language-Hearing Association. Five peer institutions offer additional coursework or certificates in bilingual or multicultural speech-language pathology to address the need for culturally and linguistically competent clinicians and researchers in the field (Arizona State University, Florida International University, University of Texas – Austin, University of Texas at El Paso, and University of Arizona). Following the completion of UNM's CLASS for ALL NM program, a federally funded training grant for bilingual speech-language pathologists in collaboration with New Mexico State University, UNM continues to address this important issue in the field. The department recently received Faculty Senate approval to offer the graduate course SHS 561 (Bilingual Language Acquisition: Clinical Implications). SHS 459 (Multicultural Considerations in Communication), a course that has been required for SHS for several years, was recently approved to fulfill the undergraduate diversity course requirement for the university. A faculty initiative to infuse multicultural and bilingual information across the undergraduate and graduate curriculum has proved very successful as evidenced by student exit surveys and performance on master's comprehensive examinations. Recent academic and clinical faculty hires with bilingual and multicultural expertise support the department's efforts to work with underserved populations in the community and to recruit students from diverse backgrounds. The department is working toward offering a bilingual graduate certificate in the near future. UNM is well-positioned to impact the field in addressing health disparities in communication disorders.

Notably, our two aspirational peer institutions are housed in units akin to UNM's Health Sciences Center (UNM HSC). Indeed, our rehabilitative partners (physical therapy and occupational therapy) are housed at UNM HSC. We have been engaged in discussions to consider the best location for our department. While we have strong alignment with the HSC, our missions also overlaps with Special Education (housed on Main Campus in the College of Education) and Linguistics (housed on Main Campus in the College of Arts and Sciences). Conversations about the best location for our department are ongoing. However, with COVID, most efforts and energies have been devoted to maintaining our success rather than making large changes to our departmental administrative model.

All peer institutions offer an in-house clinic. Our in-house clinic offers similar services and groups as other programs. However, our current inability to bill insurance providers, like the University of Utah and Arizona State Clinics, significantly impacts our clinic revenue and our ability to train students in billing practices and electronic medical record-keeping.

Several peer institutions offer programs for Speech-Language Pathology Assistants, support personnel who work under the supervision of certified speech-language pathologists. SLPA

certification standards were released earlier this year by the American Speech-Language-Hearing Association. Graduate certificates in SLPA, designed primarily for students who have completed bachelor's degrees in speech and hearing, are offered by Arizona State University, the University of Arizona, the University of Colorado – Boulder, and the University of Utah. UNM is considering instituting an SLPA program and the department chair is a member of the state task force focused on developing SLPA licensure in the state of New Mexico.

Criterion 8. Resources & Planning

The unit should demonstrate effective use of resources and institutional support to carry out its mission and achieve its goals.

8A: Budget. *Provide an analysis of the unit's budget, including support received from the institution and external funding sources. Include a discussion of how alternative avenues (i.e., summer bridge programs, course fees, differential tuition, etc.) have been explored to generate additional revenue to maintain the quality of the unit's degree/certificate program(s) and courses.*

The UNM fiscal year runs from July 1 through June 30. The budget process begins in April with the projection of a budget for the upcoming fiscal year. In preparation for the budget request, the Department Chair and DA examine how funds were spent over the preceding year, discuss upcoming department needs, anticipate large expenditures, and budget accordingly. In August eligible balances remaining from the previous year's budget are carried forward into the current fiscal year and added to the annual allocation from the institution. In January each year the department completes mid-year projections to assess if the anticipated budget is being used as expected, and identification of unexpected expenses.

Departmental sources of revenue are depicted in Table 20. The institution provides support for salaries and a small operating budget. Operating funds are used to cover operational costs for the department including office supplies, computer and printer supplies, telecom, operation and maintenance of the department copy machine, postage, and cost of other miscellaneous items. In FY2018 the department saw a 26% decrease in operating budget along with a mid-year retraction from the FY2017 operating budget.

Table 20. Revenue by fiscal year from July 2015-June 2020.

		2015	2016	2017	2018	2019	2020
Institutional support	Salary	\$805,179	\$851,358	\$876,626	\$885,171	\$773,151	\$996,910
	Operating	\$20,856	\$20,856	\$20,856*	\$15,586	\$15,586	\$15,586
	Profess Develop	\$2,500	\$3,500	\$3,500	\$4,000	\$4,000	\$7,000
Research Support	Course buyouts	\$9,129	0	\$20,666	\$11,269	\$21,714	\$12,723
	F&A Share	\$2,117	\$695	\$1,052	\$14,270	\$5,998	\$5,332
Department Generated	Clinic Revenue	\$70,245	\$66,841	\$71,590	\$189,194	\$112,650	\$73,854
Student Fee Generated	Differential tuition	\$145,119	\$151,011	\$164,874	\$196,707	\$198,789	\$185,878
	Course Fees	\$10,260	\$10,170	\$9,720	\$11,700	\$12,690	\$13,590
Foundation Support	SHS Foundation	\$375	\$1,833	\$1,943	\$16,969	\$8,012	\$4,445
	Lough Fund	\$1,461	\$1,899	\$1,627	\$1,074	\$450	\$251
Legislative Funding		0	0	0	0	\$50,000	\$150,000

**\$5000 of this amount was retracted at the mid-year*

The biggest portion of the Department’s budget is salaries, most of which are provided by the College of Arts and Sciences. Other sources of salary include clinic revenue and differential tuition. Clinic revenue covers the special administrative compensation for the clinic director and 14% of the administrative assistant salary. Differential tuition covers salary for one tenured-track faculty, and 1.5 clinical faculty members. The significant decline in salaries in 2019 reflects the transition of Dr. Rodriguez to the Provost’s office in the role of Senior Vice Provost, the retirement of Dr. Patterson and our administrative assistant, and the departure of two clinical faculty. The increase in salaries in 2020 reflects the hiring of one tenure-track faculty (replacement for Dr. Patterson), an administrative assistant, and two clinical faculty.

Table 21. Common department expenses by fiscal year from July 2015-June 2020.

Revenue Source	Expense	2015	2016	2017	2018	2019	2020
Operating budget from College	Office Supplies	\$8,436	\$9,571	\$4,065	\$8,468	\$6,523	\$6,636
	Copying/Copier rental	\$4,990	\$5,144	\$4,801	\$4,808	\$4,027	\$3,157
	Telecom including LD, voice mail, alarm	\$6,950	\$7,242	\$8,167	\$8,068	\$7,339	\$7,644
	Postage	\$282	\$265	\$168	\$107	\$105	\$88
	Plant Repairs and Maintenance	\$570	\$1,202	\$7,666	\$1,465	\$290	\$2,213
	Computers - internet, software, supplies	\$637	\$2,214	\$6,517	\$6,363	\$6,287	\$6,214
Clinic Revenue	Parking permits	\$2,924	\$3,028	\$3,006	\$520	\$410	\$498
	Faculty Salary from clinic revenue	\$7,679	\$6,889	\$7,095	\$7,043	\$7,107	\$7,313
	Staff Salary from clinic revenue	-	\$1,112	\$2,250	\$2,242	\$3,070	\$5,059
	Certification/ASHA	\$1,035	\$1,554	\$2,115	\$1,853	\$3,746	\$2,175
	Accreditation fees	\$1,660	\$1,660	\$1,910	\$1,910	\$1,910	\$2,101
	CAPCSD, CAA, Calipso	\$350	\$850	\$850	\$850	\$500	\$1,000
	Business Food	\$205	\$1,975	\$1,964	\$1,226	\$936	\$1,035
Student Generated Revenue	Scholarships - Diff Tuition	\$14,000	\$18,000	\$17,000	\$16,000	\$17,000	\$18,000
	Faculty Salary from DT	\$89,026	\$146,063	\$127,806	\$163,346	\$176,135	\$176,006
	Hearing Aid Calibration	\$1,400	\$1,400	\$1,400	\$1,461	\$1,660	\$1,628
Foundation Revenue	Foundation scholarships	\$16,000	\$14,800	\$19,000	\$26,100	\$2,900	\$12,000

Typical department expenses are displayed in Table 21. Operating budget is used to support the cost of daily operations such as telecommunications and data networking, department alarm, and copy machine rental. Our department uses clinic revenue to cover the cost of business associated with the clinic. This includes the cost of licensure and certification renewal for all clinical faculty and special administrative compensation for the clinic director.

The college provides a small budget for professional development. This is provided to tenure-track/tenured faculty only and is allocated for licensure, certification, and professional travel. From 2015-2019 this amounted to \$500 per tenure-track/tenured faculty. In 2020 the amount was increased to \$1000 per tenure-track/tenured faculty.

The department has two accounts that are funded through research. One index is used to deposit money allocated from grants for course buyout. In general, grants that support a course buyout are charged 12.5% of faculty salary for associate or full professor, and 10% of faculty salary for assistant professors. From that money, the college keeps 50% and the remaining 50% is returned to the department. This money is used to support course coverage as needed and junior faculty start-up funds. Currently the college funds only 80% of start-up funds, and the department pays the remaining 20%. The second research account (F&A Share) is for research overhead. This is used to supplement the operating budget relative to the overhead of research. If there are insufficient funds for start-up, F&A is used to pay start-up funds if there are not enough funds in the course buyout account.

Revenue for the department is generated from student fees. Course fees are paid by graduate students enrolled in clinic (SHS 500) courses. This money is used by the department to buy testing and therapy materials for student use in our in-house training clinic. Differential tuition is paid by graduate students and is \$119 per credit hour. As noted above this money is used primarily for salaries. Ten percent of differential tuition is allocated to scholarship funds which is granted to second year graduate students based on financial need.

Our in-house training clinic offers discounted speech-language therapy to the community and collects modest fees for these services. Clinic revenue is primarily used to support the clinic and professional fees associated with accreditation. Note that the values indicated above include revenue received for the purchase of hearing aid. Upon completion of hearing aid purchases, the clinic averages \$15,000 to \$25,000 per semester to support the clinic and the department. In addition to supporting the materials needed for clinic operations, the clinic index also supports the special administrative compensation for the clinic director and 14% of the administrative assistant salary. More recently, clinic funds were allotted as bridge funding for two new clinical hires to replace recent clinical faculty departures. Bridge funding for these two faculty is equal to \$10,000 per faculty member per year for up to two years.

The department also receives modest donations from year to year; the SHS Foundation account is funded by direct donations to the department, often from program graduates. This money is used to support critical needs. For example, at the onset of COVID, when the clinic quickly shifted to simulated cases, the foundation was used to purchase a SimuCase account for our graduate students. Other foundation funds include those that support the clinic and

those that support student scholarship. The Lough Client Fund was started by former clinic director Charlotte Lough to provide supplemental “scholarship” funding for clinic clients who can’t otherwise afford clinic services. The Lough account is entirely donor funded, with a primary donor being our student NSSLHA chapter – they hold annual fundraisers, like selling t-shirts and hosting bake sales, donating their profits to the client scholarship fund.

8B: Staff. *Discuss the unit staff and their responsibilities (including titles and FTE). Include an overall analysis of the adequacy and effectiveness of the staff composition in supporting the mission and vision of the unit.*

The Department has two full-time staff, a DA and an Administrative Assistant.

Department Administrator A2, 1.0 FTE

Carolyn Souther, our Department Administrator (DA) is a valued member of our department. Along with the department chair, the DA serves a key role in the department’s leadership team and aids in strategic and operational decision making. The DA is responsible for the maintenance of more than 30 accounts (indices) with a combined budget of over \$1,000,000. Duties include monitoring purchasing/spending, budgeting, and reconciling. The DA oversees spending of all sponsored projects, and manages F&A associated with sponsored projects. In addition to financial and budgetary roles, the DA also manages all hiring processes including posting positions, managing applications, and completing hiring paperwork for all students, staff and faculty hires. The DA is responsible for annual inventory of equipment, space management, records and resource management, overseeing facility maintenance, and course scheduling. The DA manages the annual admissions process by calculating GPAs, creating and managing application files, providing data and reports to the Admissions Chair and committee, and organizing financial aid applications. The DA oversees other various student processes, such as pre-requisite and program overrides. The DA serves as the building coordinator and oversees assignment of keys and proximity cards¹⁵ for building entry, construction, and fire drills. The DA coordinates our yearly department-specific graduation event which typically includes about 50 graduates and over 300 attendees. Finally, the DA serves as backup to the administrative assistant to cover the clinic during lunch period and other absences.

Administrative Assistant III, 1.0 FTE

Haley Wagberman, the Administrative Assistant III (AA3) is primarily responsible for clinic front desk operations, including client file set-up, client check-in and parking, collecting and depositing clinic visit payments, billing for Medicaid DD Waiver clients, and invoicing as needed. The AA3 answers the phone and responds to student and visitor inquiries. She purchases office supplies and other items as requested by the DA or department chair. She

¹⁵ Our department building remains locked. To enter the building, one must have a proximity card or ring the buzzer to be let in. After hours, in addition to the door lock, there is a building alarm which is set each evening.

assists the clinic director with clinic student preparation, collecting pre-requisite documentation (e.g., proof of vaccines) from students, and sending off background check paperwork. (Note the department typically has 65 graduate students). She schedules and manages clinic observations for undergraduate, non-degree and graduate students. She assists the graduate advisor with tracking program progress by reviewing grades at the end of each semester and tracking the occurrence and completion of remediation plans. She generates and checks graduation lists each semester. She assists with student communication.

These descriptions make it easy to see that the workload exceeds the allotted hours for these employees. However, due to student privacy, these tasks cannot be delegated to a student employee. The department has requested an additional 0.5 FTE to support our administrative staff. However, to date, this not been approved. If a 0.5 FTE administrative assistant was approved, it would be used to support the extensive graduate student tracking (clinical clock hours, vaccinations, background checks, CPR certification, etc.) required for accreditation and eventual student certification and licensure. Once we institute the clinic EMR and insurance billing, staff responsibilities may shift. It is difficult to anticipate the positive and negative impact these changes will have on staff workflow. We plan to shift clinic scheduling from clinic faculty to the AA3. A perk of funneling billing through UNMMG is that it shifts the burden of billing from the AA3 to UNMMG, while the AA3 will take on the monitoring and data entry required for UNMMG to complete the billing processes.

8C: Advisory Board. *If the unit has an advisory board, describe the membership, their charge, and discuss how the board's recommendations are incorporated into decision-making.*

The department has a small faculty with a large service load. Largely for this reason, the department does not currently have an advisory board.

Criterion 9. Facilities

The unit facilities should be adequately utilized to support student learning, as well as scholarly/research activities.

9A: Current Space. *Provide an updated listing from UNM's current space management system of the spaces assigned to your unit (e.g., offices, conference rooms, classrooms, laboratories, computing facilities, research space, etc.). Discuss the unit's ability to meet academic requirements with current facilities.*

- *Explain if the unit has any spaces that are not documented in UNM's space management system.*
- *Explain the unit's unmet facility needs.*
- *If applicable, describe the facility issues that were raised or noted in the last APR. What were the results, if any?*

The Speech and Hearing Sciences Department is housed in the west wing of the John and June Perovich Business Center at 1700 Lomas Blvd NE, Suite 1300 and occupies approximately 13,824 square feet. The construction of the department's current facilities was completed in 2005. The department's facilities include faculty offices; research laboratories; the department in-house training clinic with reception and waiting area, individual and group therapy rooms and audio booths; a classroom; and multiple spaces designated for student use, including a lounge, small computer pod, and study area. Figure 18 provides a layout of the Department facility. Figure 19 displays images from our facility. Table 22 provides a list of rooms and associated square feet.

Table 22. Department rooms and associate square footage.

<u>Room</u>	<u>Description</u>	<u>Area SF</u>	<u>Category</u>
1300	Lobby	75	WWW - Circulation Area
1319	Public Rest Room	123	XXX - Building Service Area
1336	Treatment/Examination Clinic	80	800 - Health Care Facilities
1353A	Research Lab - Clinical/Obser	42	200 - Laboratory Facilities
1301	Public Waiting	381	800 - Health Care Facilities
1320	Office - Faculty	142	300 - Office Facilities
1335	Office Srvc - Circulation	198	300 - Office Facilities
1353	Research Lab - Dry	274	200 - Laboratory Facilities
1352	Classroom - Lecture	673	100 - Classroom Facilities
1369	Office - Faculty	129	300 - Office Facilities
1317	Public Rest Room	49	XXX - Building Service Area
1352A	Classrm Srvc - Storage	132	100 - Classroom Facilities
1371	Office - Faculty	137	300 - Office Facilities
1318	Office - Faculty	131	300 - Office Facilities
1315	Custodial Supply Closet	48	XXX - Building Service Area
1333	Treatment/Examination Clinic	415	800 - Health Care Facilities

1351	Office Srvc - Circulation	406	300 - Office Facilities
1367	Office - Faculty	129	300 - Office Facilities
1316	Office - Faculty	131	300 - Office Facilities
1333A	Treatment/Examination Clinic	186	800 - Health Care Facilities
1349	Treatment/Examination Clinic	77	800 - Health Care Facilities
1365	Office - Faculty	126	300 - Office Facilities
1314	Office - Faculty	133	300 - Office Facilities
1332	Lounge	282	600 - General Use Facilities
1350	Office Srvc - Circulation	245	300 - Office Facilities
1366	Office Srvc - Circulation	309	300 - Office Facilities
1312	Office - Faculty	175	300 - Office Facilities
1330A	Office Srvc - Storage	59	300 - Office Facilities
1348	Treatment/Examination Clinic	76	800 - Health Care Facilities
1364	Office - Faculty	122	300 - Office Facilities
1313	Office Srvc - Circulation	146	300 - Office Facilities
1331	Conference Room	557	300 - Office Facilities
1346	Treatment/Exam Clinic Srvc	78	800 - Health Care Facilities
1362	Office - Faculty	129	300 - Office Facilities
1311	Office Srvc - Work Room	158	300 - Office Facilities
1330	Office Srvc - Resource Room	307	300 - Office Facilities
1347	Treatment/Exam Clinic Srvc	78	800 - Health Care Facilities
1363	Office - Faculty	143	300 - Office Facilities
1309	Office - Graduate Student	125	300 - Office Facilities
1328	Office - Graduate Student	215	300 - Office Facilities
1345	Treatment/Examination Clinic	80	800 - Health Care Facilities
1361	Research Lab - Dry	141	200 - Laboratory Facilities
1310	Conference Room	364	300 - Office Facilities
1329	Office Srvc - Circulation	164	300 - Office Facilities
1343	Office Srvc - Circulation	180	300 - Office Facilities
1360A	Research Lab - Dry	236	200 - Laboratory Facilities
1308	Utility/Mechanical Space	45	YYY - Mechanical Area
1327	Office Srvc - Circulation	218	300 - Office Facilities
1344	Treatment/Examination Clinic	81	800 - Health Care Facilities
1360B	Research Lab - Dry	226	200 - Laboratory Facilities
1306	Office Srvc - Storage	123	300 - Office Facilities
1325	Office Srvc - Circulation	221	300 - Office Facilities
1342	Office Srvc - Storage	34	300 - Office Facilities
1359	Research Lab - Dry	258	200 - Laboratory Facilities
1307	Office - Graduate Student	125	300 - Office Facilities
1326	Treatment/Examination Clinic	225	800 - Health Care Facilities
1340	Treatment/Examination Clinic	77	800 - Health Care Facilities

1357	Research Lab - Clinical/Obser	157	200 - Laboratory Facilities
1305	Office - Graduate Student	125	300 - Office Facilities
1324	Office - Faculty	141	300 - Office Facilities
1341	Treatment/Examination Clinic	76	800 - Health Care Facilities
1358	Research Lab - Dry	402	200 - Laboratory Facilities
1303	Office - Reception	91	300 - Office Facilities
1322	Treatment/Examination Clinic	409	800 - Health Care Facilities
1339	Treatment/Exam Clinic Srvc	78	800 - Health Care Facilities
1356	Research Lab - Dry	199	200 - Laboratory Facilities
1304	Department Administrator	115	300 - Office Facilities
1323	Office Srvc - Kitchenette	187	300 - Office Facilities
1337	Treatment/Examination Clinic	80	800 - Health Care Facilities
1354	Research Lab - Dry	286	200 - Laboratory Facilities
1302	Department Chair	254	300 - Office Facilities
1321	Public Rest Room	140	XXX - Building Service Area
1338	Treatment/Exam Clinic Srvc	78	800 - Health Care Facilities
1355	Research Lab - Clinical/Obser	110	200 - Laboratory Facilities

Research lab space is designated for a specific tenured/ tenure-track faculty with the exception of a shared data collection space. Lab space is shared with graduate assistants.

The department has one classroom (room 1352), equipped with a computer, projector, speakers and videoconferencing technology. Most of the department's graduate classes are held there, with 30 seats available, while the undergraduate classes are held in classrooms on main campus, typically in Dane Smith Hall.

The department has a conference room (room 1310), a file storage room (room 1306), various student study and work spaces, and an office work room (room 1311) which houses the copy machine, mail slots, fax machine, laminator, shredder and recycling bins. The office work room also contains locked cabinets for storage of clinical materials that require locked storage such as clinic i-pads and electrical stimulation machines.

The department houses the Speech-Language-Hearing Clinic, with multiple designated spaces for assessment and intervention services. The clinic is comprised of a large multipurpose room for treatment groups (room 1331), four therapy rooms suited for adult clients (rooms 1344,1345,1348, 1349), and four therapy rooms furnished for children (rooms 1336,1337,1340,1341). The individual therapy rooms have two adjoining observation rooms for the families and clinical faculty to view clinical sessions (rooms 1338, 1339, 1346, 1347). A recent HIPAA review revealed concerns about the adjoining observation rooms that are used by clinical instructors, students, and families of clients, but which allow observation of two individual therapy rooms. In other words, a family can observe not only their family member, but the client on the other adjoined clinic room. Thus,

we are in the process of reconfiguring the clinic space. We are installing an internet-based audio-visual system that will allow us to eliminate the joint observation rooms. The clinic also includes a preschool room with a playground behind the building. There is an audiology booth, and a materials library (room 1330), which contains the testing materials and equipment students might need to use during their practicum experience in the clinic.

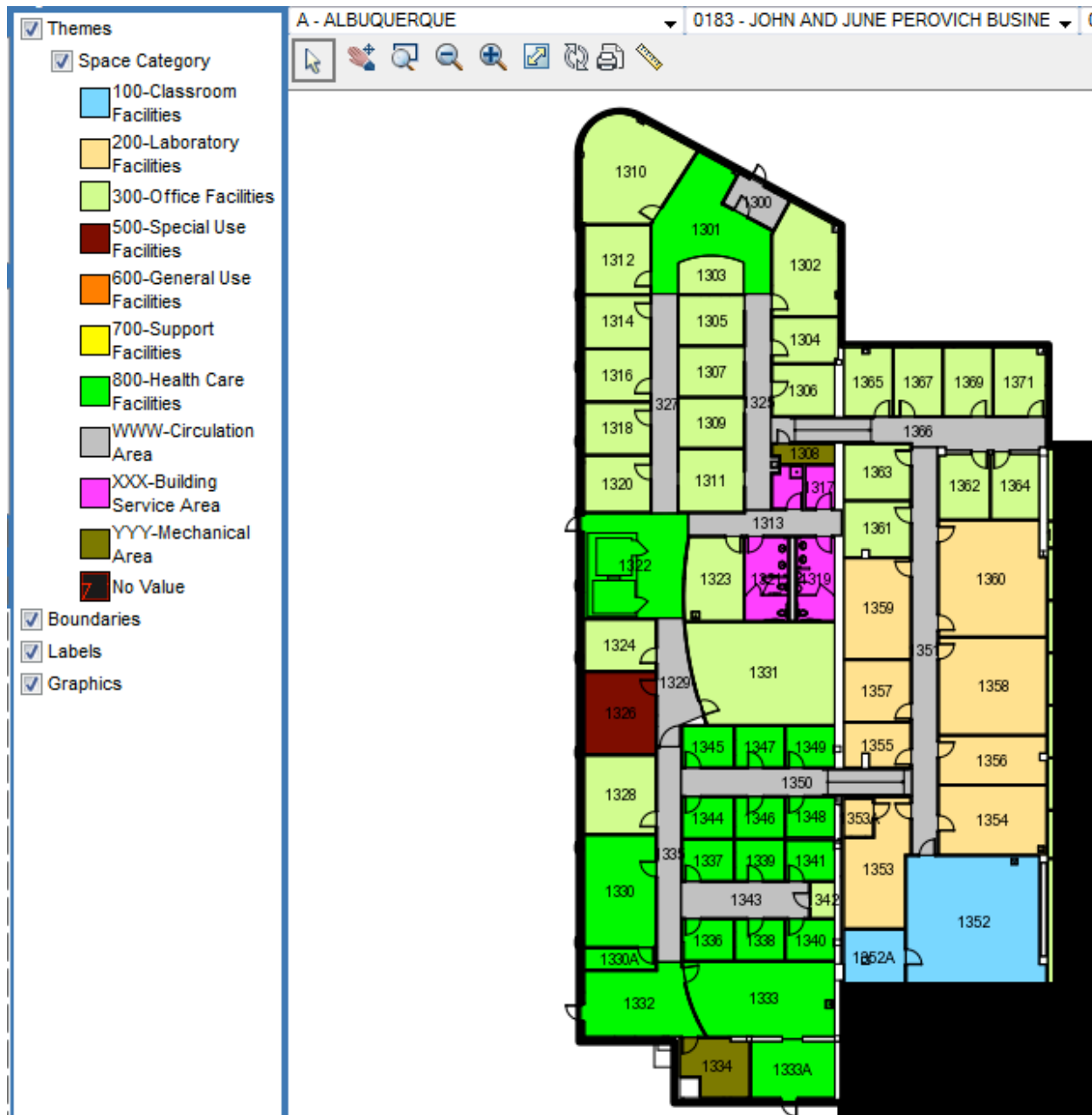


Figure 18. Department floorplan. Note that the figure does not reflect recent changes. Room 1326 has been split in half to provide two office spaces. Room 1360 has been split to create two separate lab spaces. Construction is in process to split room 1358 to create two lab spaces.

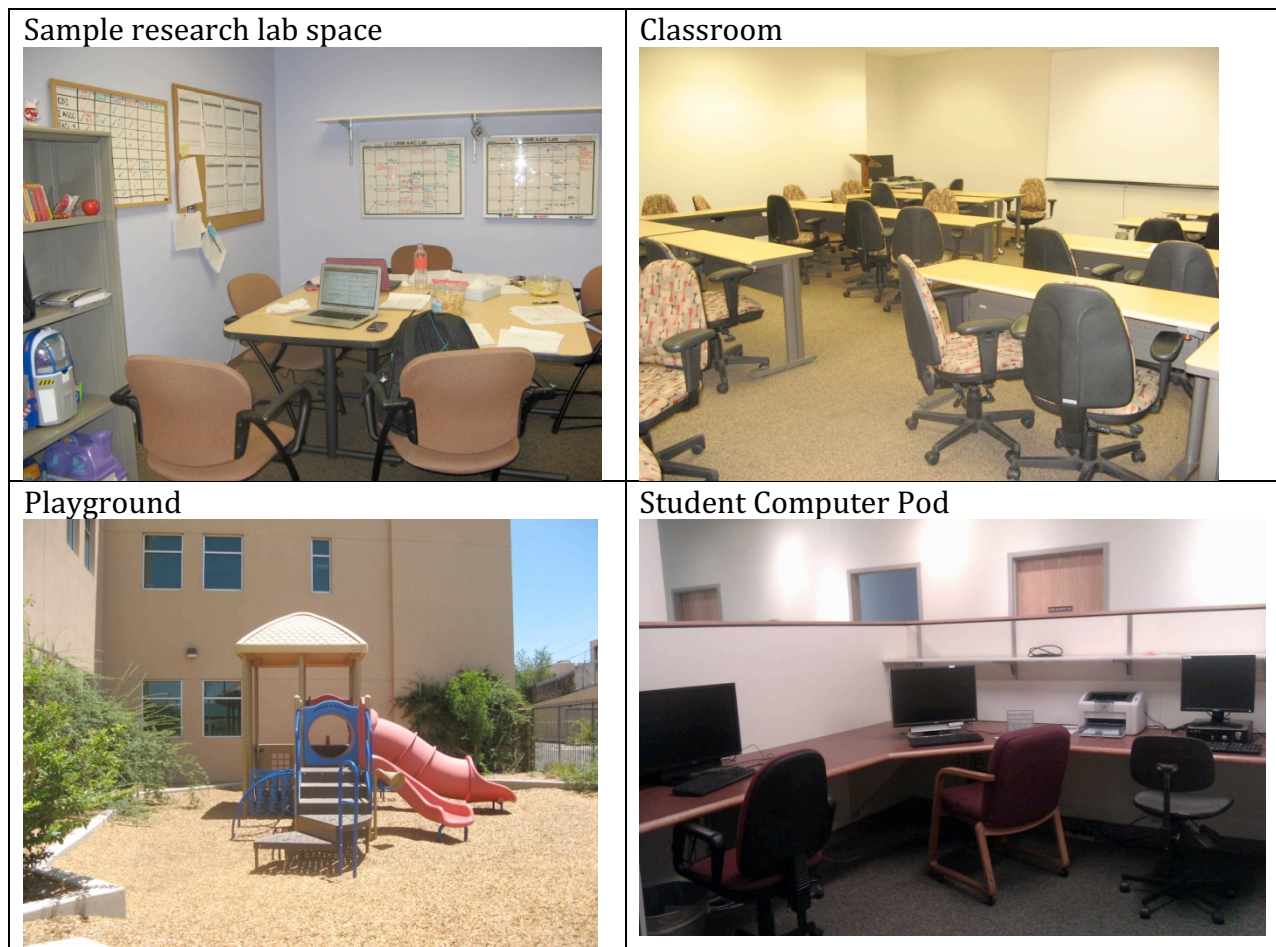


Figure 19. Images of department facility

The department maintains two small computer pods (three computers in one and two computers in the other) for graduate student use to support clinic and course-related activities. The department also recently purchased a color printer (not pictured) that is networked to all computers in the pod, and can also be accessed via flash drive, for printing clinic therapy materials. The department is in the process of updating the student computer pods to accommodate HIPAA compliant work by installing 12 individual work stations. These work stations will support data entry of client information and observation of clinical sessions.

The department does not have an information technologies (IT) technician on staff; however, the College of Arts and Sciences provides IT support through the use of an online ticketing system. The services are requested on an as-needed basis with reasonable responses to service requests. There is no technical support for sophisticated computer software needed for research (e.g., configuration of digital oscilloscopes, etc...).

9B: Future Space Needs. *Discuss any future space management planning efforts related to the teaching, scholarly, and research activities of the unit. Include an explanation of any proposals that will require new or renovated facilities and how they align with UNM's strategic planning initiatives. Explain the potential funding strategies and timelines for these facility goals.*

Our department is focused on our academic and scholarly mission. In addition, our department also supports an active training clinic that serves individuals with various communication and swallowing disorders. This level of activity requires significant space that is ADA compliant and keeps HIPAA risk to a minimum. Currently the space we have is adequate for our clinical mission, but falls short for our research mission and limits growth. Our doctoral program, which we anticipate to begin in the next year or two, brings exciting opportunities for increased scholarship productivity within the department. This highlights the concern that our current lab space is inadequate to support the level of desired scholarship. Research and office space are maximized with limited room for increased faculty or productivity. With the hopeful addition of a Ph.D. program, we plan to increase the size of our tenure-track faculty by 2.0 FTE. There is no available office space or lab space for new faculty hires. Inadequate space limits our ability to showcase our department to desirable tenure-track faculty candidates. Further, to attract competitive graduate students into our doctoral program, we need to identify space for doctoral students to reside within the department as well as space for additional research activity. With limited expansion opportunities within our current space, we may need to look elsewhere to support our department's growth. The college is in the process of submitting a grant for a cohort hire. If this comes to fruition, a central lab space for new hires (outside of our department) may be identified, thus alleviating some of the immediate need. If not, the current faculty will need to review our space and identify a framework for space allocation. Also, PIs are encouraged to include the cost of external space to conduct funded in future grant submissions. Ideally, the university will identify space for productive faculty to support continued excellence in scholarship.

Our clinic has adequate space for the size of our current graduate program. The proposed doctoral degree does not have a clinical component, and therefore does not add burden to the clinic space. However, if space can be identified, the addition of doctoral students who can serve as clinical supervisors, would allow us to grow our Master's program. Granted, forecasting the needs of the clinic in the advent of increased faculty and doctoral students is a low priority compared to the space needs identified above to support our currently-increased research productivity (i.e., increased number of large sponsored projects). Regardless, while the allocated space for the clinic is sufficient, the clinic facilities fall short in common clinical practices. For example, we currently do not have an electronic medical record (EMR), and our recording system used to record clinical session for training purposes, is quite outdated. Further, the configuration of our clinic observation rooms that allow the viewing of multiple clients at once, goes against current HIPAA safety practices. Recent legislative funding has provided us the opportunity to restructure outdated clinic space to reduce HIPAA risk. We anticipate these remodels to happen over the next several months. These include a modernized and HIPAA safe computer space that will allow for private data

entry into a medical record system, and observation of live and recorded clinic session that will be housed on an internet-based Vault network system. The transition to a digital recording and observation system allows us to repurpose the four clinic observation rooms. We are in the early stages of envisioning how to best use the added space. Some of this space will likely be dedicated to Ph.D. students.

Our student computer pods are outdated. As part of the legislation-funded capital project, the computer pods will be reconfigured to support a larger number of simultaneous working students, and ensure that each student has a HIPAA-compliant space to support patient data entry into an electronic medical record system, which we hope to have in place by the end of this year. The reconfigured computer pods will have walls between each computer station and will be outfitted for 12 students as opposed to the current space which supports five computer stations.

Conclusion and Strategic Planning

Discuss the unit's strategic planning efforts going forward to improve, strengthen, and/or sustain the quality of its degree programs (if applicable, differentiate between undergraduate and graduate). Address all criterion, including but not limited to: student learning outcomes, curriculum, assessment practices, recruitment, retention, graduation, success of students/faculty, research/scholarly activities, resource allocation, and facility improvement.

The department of Speech and Hearing Sciences enjoys a collegial and collaborative culture with high standards for academic and clinical teaching and research, which serves as a cornerstone to our success. Department faculty are committed to community service as evidenced through our active speech, language and hearing clinic, our service learning project in Mexico City, and engagement of our faculty in important local, regional, and national service activities. The clinical services and clinical training provided are robust components of the department. Clients and their families express high levels of satisfaction with the services provided, and graduate students receive outstanding guidance in the delivery of speech and language assessment and intervention services. The department's clinical space is another strength of the unit. Our faculty engage in important research and has experienced a growing research profile that includes an increasing number of nationally sponsored projects. Department research is geared to uniquely respond to the state of New Mexico's needs. The department has established strong programs of research in augmentative and alternative communication (AAC), treatment of children with autism, adults with brain injury and neuromuscular disease, and bilingual language acquisition. We now seek to add value to our department and the community that it serves. For this, our department needs an active Ph.D. program that will further enhance the department's scholarship productivity. Resources are needed to adequately engage the anticipated growth in student credit hours while maintaining our scholarship trajectory. We need to improve efficiency of our clinic service delivery to afford greater productivity in a positive and supportive environment while maintaining our excellence in training future speech-language pathologists. These goals require that we address our weaknesses and receive supportive resources.

The department's weaknesses are linked to its small size and limited operating budget. The small faculty and staff result in heavy department service load for faculty, which limits faculty participation in College- and University-level committees. Traditionally, tenure-track/tenured faculty have a workload configuration of 40% teaching, 40% research, and 20% service; clinical faculty have a workload configuration of 90% clinical service and 10% department service. Several, if not all, tenure-track/tenured faculty devote more than 20% of their effort to service activities, including professional service responsibilities such as serving on grant review panels and the like. Our department size restricts the number of opportunities we can engage in to address student recruitment. Additionally, with few exceptions, most of our courses are offered only once a year. Course offerings are further constrained when faculty go on sabbatical or other leave. The limited course offerings can impact student success and progress to degree completion. That is, if a student is unable to enroll in SHS 458 Preclinical Training because it is at capacity, he/she would have to wait an entire calendar year to enroll in the course to fulfill graduation requirements. It may also reduce student credit hours. Instead of waiting a year to take a course, students often enroll

in online equivalents at other universities. With adequate faculty we could increase course offerings and add online sections. Our small faculty also hampers our ability to institute an SLPA program that could contribute significantly to better care for individuals with communication disorders in the state of New Mexico and bring in additional revenue to the department and UNM.

Our size also restricts the faculty's participation in creative exploration. For example, with a small faculty, we are unable to offer elective classes. It is in seminar and elective classes that faculty can best explore new academic avenues or deepen current areas of interest. Opportunities to engage in outreach for collaborative projects are also limited with a small faculty. Of note, despite small faculty and the fact that historically all faculty have carried heavy service burden, for the last three tenure-track faculty hires, we provided protection from a heavy service burden as well as a reduced course load during the first year of employment. With a small faculty, this supportive modification for junior faculty, which has successfully resulted in increased scholarship, comes at a cost to tenured faculty.

Strategic Planning

Our department maintains a clear strategic plan that is reviewed yearly. Currently, our strategic plan contains three active goals— (1) initiate a Ph.D. program, (2) update our clinic to reduce HIPAA risk and increase training functionality, and (3) reconsider and address our current admission practices. See the complete strategic plan in Appendix E. We have made ample gains in each of these areas.

The Ph.D. program has been approved by the University and is currently awaiting approval at the state level. We are hopeful that approval will be granted and the program will likely admit its first cohort in August 2022. We anticipate increased scholarship productivity with the advent of the Ph.D. program. We hope to design outreach and recruitment towards deserving students, particularly those from underrepresented groups.

Funding to begin updating our clinic has been secured. We hope to have an operational digital audio-visual recording system by summer 2021. We also plan to begin using an electronic medical record system by the end of the year. In addition, to provide funding for continued growth and success in the clinic, we seek to employ a billing agency to support medical insurance billing. We have engaged UNMMG, the group that currently bills medical insurance for physicians in UNM's Health Sciences Centers, and hope to begin using their services by June 2021. This will allow us to expand the clients we serve and see all eligible patients within our clinic. It will also provide a revenue stream to enhance financial support of our department. For example, it can be used as bridge funding for faculty or can be used to pay salary for needed staff.

Our department has long been at the forefront of multicultural considerations in communication disorders. Nevertheless, given the current national re-evaluation of issues of opportunity and social justice, we feel it is time to review the literature regarding the impact of admissions on attracting a diverse student body. Guided by evidence we will reconsider our current admissions process and evolve a more holistic approach to admissions in the hope that it will ensure equal opportunity across diverse populations. To date, we have

completed a review of the literature. The admissions process will be modified based on faculty discussion and agreement, and implemented in the upcoming round of admissions which will take place March 2022.

Student Success

Our department continues to monitor student retention and graduation. Overall, we have slightly better than average undergraduate retention. However, student retention is reduced in under-represented populations, particularly Native American and African American students. This is complicated by the fact that only a small number of students from these protected populations are recruited into the major. Unfortunately, our limited operating budget combined with limited faculty and support staff does not afford us the ability to do extensive and pointed recruitment.

Our department has great success in retaining and graduating our Master's level students. Virtually, they all successfully complete the other requirements (e.g., PRAXIS exam) to become clinical practitioners and easily find jobs in the field of speech-language pathology. With dwindling numbers of graduate applicants despite continued need for SLPs in the field, it may become necessary to generate a recruitment plan and actively engage in recruitment activities.

Personnel

Our department continues to have the same challenge that has been noted in previous APR reports and accreditation reports—we have insufficient faculty and staff. That is, we need more faculty and staff to fully execute our mission. The need is further exemplified in the peer comparison presented in Criterion 7 which indicates that the mean number of faculty among peer institutions is 5 FTE greater than our current faculty. We acknowledge that gaining approval to increase faculty FTE is not solely a college level decision. In fact, the Dean of the College has supported growth to our faculty. However, hiring is beyond the control of the College given that revenue decisions and priorities are set by the UNM Regents and state legislature. To be clear, the SHS faculty does not hold any sense of neglect. In fact, the opposite; we have been granted several hires since our last APR. We hired two new faculty lines to add a specialist in adult neurology and specialist in the area of autism. Also, the Dean has promised two additional hires in the future to help support the success of our anticipated upcoming Ph.D. program¹⁶. The problem is that we lose faculty to other departments within the university, other institutions or clinics for reasons related to salary and resources, or personal preferences, and we lose faculty at the same rate that we gain new faculty. Recently to gain approval to replace departing clinical faculty, the department provided bridge

¹⁶ The department is aware that the promised hires may not come to fruition in the near future. In preparation for this we have taken two steps. First, in our Ph.D. program proposal we provide two budgets—one with the additional hires that supports a greater number of graduate students, and one without additional hires, where doctoral students are limited in number. Second, we are in the process of participating in an NIH submission for cohort hires. If funded, SHS will receive one hire in year two or three of the funding. Regardless, we anticipate admitting our first doctoral cohort in August in August 2022. The changing variable will be the amount of students admitted into the program. .

funding to secure the two clinical faculty lines. With our limited operating budget and the current constraints placed on our clinic by our inability to bill insurance and reduced client load due to COVID, providing bridge funding to maintain our current level of faculty (i.e., replace faculty that retire or leave) alters our ability to support other important department efforts. We are hopeful that by incorporating insurance billing into our clinic mission, we will attract a greater variety of clients and increase clinic revenue. It is plausible that with improved clinic revenue, this revenue can continue to serve as salary supplements and bridge funding to grow our department faculty. Further, the addition of insurance billing may reduce faculty separations by improving job satisfaction among clinical faculty by increasing client variety and supporting clinical specialties, and provide ease in client recruitment into research. Regardless, when considering our goals and potential, it is clear that we are constrained by our limited faculty.

This issue is not limited to faculty. We have 2.0 FTE staff that support all operational aspects of an academic department as well as an active and productive clinic. Our DA manages over two dozen financial indexes. The complexity of department finances continues to increase as we grow our scholarship and add more high-dollar sponsored projects. On top of budget and financial roles, she oversees daily operations and is also largely responsible for graduate admissions, course scheduling, facilities management, and department personnel management. Our administrative assistant is the primary clinic administrator who oversees patient scheduling, patient check in and registration, patient billing and collections, all while managing paper medical records in such a careful fashion as to keep HIPAA risk at a minimum. In addition to her clinical duties, she also serves as the assistant to the graduate student advisor. In this role she completes student tracking of program plans, grades, remediations (when implemented), and student vaccines and background checks needed for clinical practice. It is clear that her role in clinic administration alone is already a full-time job. These two individuals are in great need of support. Additional administrative support staff are a priority, but it is challenging to get approval to hire staff and with limited budget, we are unable to provide funding for this important role.

Curriculum

Doctoral Program. Over the past five years, the faculty have worked hard to develop a strong and compelling proposal for a much-needed Ph.D. program. Once state approval is received, we anticipate a positive impact on our department with respect to increased student credit hours and research productivity. The extent of this impact may be constrained if faculty and staff size are not increased to support the demands of this important program. Regardless, we will hope to start our first cohort in August 2022. In the absence of additional faculty and staff, the number of doctoral students will be constrained and curriculum may be shifted to a greater dependence on courses from other departments, which are not as fully aligned with our students' needs. If additional faculty hires are received our doctoral student cohort will increase. This may also impact our Master's graduate student admissions. Doctoral students may be used to reduce faculty undergraduate teaching load thereby affording the ability to have multiple sections or offerings for graduate courses. Also, doctoral students may serve as clinical faculty to support a greater number of Master's students in the clinic.

Master's Program. The graduate curriculum has remained mostly unchanged over the past two decades. With changes in faculty and greater demands placed on the breath of speech language pathology, the curriculum requires evaluation. This need has been placed on hold as our efforts have been focused on developing the Ph.D. program. As that goal comes to completion, the graduate curriculum will be added to our strategic plan for consideration and review. Of particular interest is to solidify our bilingual strength into a transcribed certification program. The addition of the doctoral program will not alter our commitment to the Master's program (and our general cohort size of 27).

Undergraduate Program. When considering our graduate program, the undergraduate curriculum will also be reviewed as the undergraduate coursework serves as the foundation on which graduate courses are built. For example, some areas of consideration will be the prerequisites for clinical language courses on assessment and intervention. Currently students enroll in a linguistics course (LING 301) to provide a framework of aspects of language. However, it has been recently noted that some of the English department curriculum may better address this aspect of language.

Future Directions

The continued success and growth of the SHS Department is contingent upon the accomplishment of the strategic directions and priorities outlined above. Of course, the ability of the department to continue to progress will depend on several mutually dependent factors—the retention of tenure-track/tenured and clinical faculty, the successful mentoring of junior faculty, and the hiring of additional tenure-track faculty to support programmatic growth.

In addition to the above noted goal of reviewing and updating our graduate curriculum, the following future possibilities will also be explored and evaluated.

- Review and reconfigure our curriculum to meet current student needs and align with current faculty.
- Complete the requirements for an optional bilingual certification for our graduate students. This certification will be achieved through a course focused on bilingual acquisition and bilingual services, as well as a minimum of 100 bilingual/multicultural clinical clock hours.
- Increase online course offerings
- Consider a speech-language pathology assistant track for undergraduates who do not wish to pursue a graduate degree.

Appendices

Appendix A: 2020 CAA Accreditation Summary

Appendix B: 2013 APR Summary and Department Response and Action Plan

Appendix C: Department Assessment Reports

- Current Student Learning Outcome measures
- 2019-20
 - Bachelors' Degree
 - Master's Degree

Appendix D: Admission Spreadsheet Format

Appendix E: Department Strategic Plan

Appendix F: Faculty Credentials and Information

Appendix G: Department Promotion and Tenure Guideline's

Appendix H Peer Institution Comparisons

Appendix A: 2020 CAA Accreditation Summary

- **STANDARD 1.9**
 - CAA REQUIREMENT: *At a minimum, the following results of student outcome measures for the most recently completed 3 academic years must be provided: number and percentage of students completing the program within the program's published time frame for each of the 3 most recently-completed academic years, number and percentage of program test-takers who pass the Praxis Subject Assessment examination for each of the 3 most recently completed academic years (programs need report only the results once for test-takers who take the test more than one time in the reporting period) number and percentage of program graduates employed in the profession or pursuing further education in the profession within 1 year of graduation for each of the 3 most recently completed academic years.*
 - CAA CONCERN: "This requirement was not verified because a review of the website <http://shs.unm.edu/programs/master-of-science/index.html> indicated that the 2018-2019 student program completion and employment rates are not currently available. Tables are accurately labeled and the (new) Department Chair/Program Director is in the process of locating needed information."
 - DEPARTMENT RESPONSE/ ACTIONS: At the time of the accreditation visit, the student outcome data were not available and were not updated on the SHS website. Since the time of the accreditation site visit the student outcome data on the department website have been updated through academic year 2018-19. This can be confirmed at <https://shs.unm.edu/programs/master-of-science/index.html>.
- **STANDARD 2.0**
 - CAA REQUIREMENTS
 - *The program must document how the faculty composition is sufficient to allow students to acquire the knowledge and skills required in Standard 3.*
 - *The program must document how the faculty composition is sufficient to allow students to meet the program's established learning goals and objectives.*
 - CAA CONCERNS
 - "This requirement was not verified as the graduate program is currently down one faculty Full-Time Equivalent (FTE) and the curriculum currently does not offer a plan of study that encompasses professional practice competencies in terms of collaborative practice."
 - Opportunities for inter-professional practice education (IPE) are limited and restricted to off-site placements at the present time.
 - Currently, many courses share multiple areas of interest, (e.g. phonology, articulation, motor speech disorders) being covered within the same course, addressing the breadth, but not necessarily the depth of study.
 - Academic and clinical faculty interviews indicated concerns in terms of academic offerings, including electives, and course content.
 - DEPARTMENT RESPONSE / ACTIONS
 - **Faculty sufficiency:** A long-term faculty, Dr. Barbara Rodriguez was promoted to Senior Vice Provost. This resulted in a reduction in Speech and Hearing Sciences (SHS) faculty available to teach the required coursework.

Subsequently a hiring plan was submitted to the college and included a request to hire a new faculty to replace this position. However, the hire was not supported by University administration. This is due to the fact that the Senior Vice Provost position is a 5-year term. Therefore, Dr. Rodriguez's faculty line is maintained in the SHS department in the event of her return to SHS after her contract as Senior Vice Provost is completed.

- With approval from the dean, the department began the process for hiring a visiting lecturer for a 3-year term. However, with the financial complexity resultant from COVID, this position was terminated before the hire was completed. The college provided PTI funds to cover some of the coursework this academic year (2020-21). For the upcoming year, we will engage clinical faculty (Lecturer IIs) in teaching of some courses or request PTI funds as needed.
- **Combined course content:** Currently our graduate curriculum is a minimum of 54 credit hours for students who enter the program with all the required prerequisite courses. Historically, our department has divided the curriculum into 3 credit sections or courses. To acquire the skills and knowledge needed for certification and licensure, while keeping with the goal of having all courses be 3 credits, our department has combined some content.
 - Example of clustered content
 - Motor Speech Disorders (SHS 531) reviews assessment and treatment of childhood speech sound disorders, in addition to covering childhood apraxia of speech and dysarthria.
 - Medical Speech Pathology Course (SHS 535) incorporates cleft lip and plate, head and neck cancer, vent and trach as well as other aspects of health care. Again, this clustering has been completed to allow for a 3-credit class.
 - ACTION PLAN: The department chair has charged the department's curriculum committee to address the content and flow of the graduate courses. As part of the charge, the curriculum committee has been asked to evaluate the usefulness of altering credit hours so that disorder categories can be made more specific.
- **Inter-professional coursework:** We believe students have varied opportunities to engage in inter-professional interactions.
 - Examples of inter-professional opportunities
 - In-house clinical experiences incorporate inter-professional opportunities including participation in Individual Service Plans (ISP) for developmentally delayed adults, and student-led trainings to improve carry over of treatment goals (e.g., training others in the use of a visual schedule).
 - Multiple faculty members integrate knowledge into courses regarding inter-professional considerations. The University has a case-based interdisciplinary class currently co-taught with PT, OT, nursing, pharmacy & nutrition.

- We have recently invited occupational therapy to join in our yearly mission to Mexico City to provide services to developmentally delayed children.
 - ACTION PLAN: Our department has discussed joining an interprofessional class currently taught on the medical campus. However, we do not have adequate faculty to participate in this course. Once either additional faculty are approved/hired or part-time instructor funds are identified, this course will be added as an elective course.
 - **Collaborative practice skill:** Collaborative treatment skill practice is currently accomplished during external clinical placements, although not all students work in a facility that uses a collaborative treatment model. Our department has an international clinic in Mexico City where six graduate students work with OT and provide treatment plans for children with severe developmental disabilities. This program has been going on for over 20 years. We recently added the collaboration with OT to support opportunities for collaborative treatment practice.
 - **Electives:** The field of speech pathology is broad. Currently our department requires 3 credits of elective graduate coursework to afford students the ability to enhance their professional knowledge and skills in an area of interest. At the time of the accreditation visit, our department did not have any consistent electives. However, several elective courses were taught under a problems/topic course number. Since the accreditation visit, we have formalized two of the problems classes—(1) Autism and (2) Bilingual Speech & Language Development. The required paperwork to get these course numbers in the catalog has been submitted. One has been approved and the other is currently under review.
- **STANDARD 3.0**
 - CAA REQUIREMENT: *The curriculum offers a plan of study that encompasses professional practice competencies (accountability, integrity, effective communication skills, clinical reasoning, evidence-based practice, concern for individuals served, cultural competence, professional duty, collaborative practice).*
 - CAA CONCERN: This requirement was not verified, as the curriculum currently does not offer a plan of study that encompasses professional practice competencies in terms of collaborative practice. Opportunities for inter-professional practice education (IPE) are restricted to off-site placements at the present time. Per interview with the Department Chair and Clinic Director, there is interest on the part of the Department to develop an effective model of IPE with other university departments, including OT and PT within the Medical School. The curriculum currently offers a plan of study that encompasses professional practice competencies with regard to accountability, integrity, effective communication skills, evidence-based practice, concern for individuals served, cultural competence and professional duty. This was verified by means of interviews with academic and clinical faculty, the Clinical Handbook, course syllabi, and the Department's mission and goal statements.
 - DEPARTMENT RESPONSE / ACTIONS

- **Collaborative practice:** As noted above in Item 2, currently we do not offer collaborative training for cross-disciplinary team treatment. Although inter-professional interactions are covered during external placements which occur during the second year of the program. As discussed above there is an inter-professional collaborative teaching class that is case based. However, at this time, we do not have the faculty to teach this class.
- **STANDARD 3.3**
 - CAA REQUIREMENT: *The program must demonstrate how the courses and clinical experiences are organized and sequenced and allow for integration across all elements of the program.*
 - CAA CONCERN: This requirement was not verified as evident through review of program of study and course sequence information and in interviews with a variety of stakeholders including clinical instructors, off-site clinical preceptor/supervisors, attendees at the public meeting, and students who described the frequency in which clinical assignments preceded academic coursework. It occurs frequently enough that off-site preceptors/supervisors commented that students who have relevant coursework ahead of the placement are better prepared than those who do not.
 - DEPARTMENT RESPONSE / ACTIONS
 - **Academic/clinical sequence:** The accrediting body requires that student's complete coursework prior to clinical practice. With limited faculty and a program that is not lock-step, there are some limitations to the options for rectifying this concern. We will employ two steps to address this concern. The first one has already been initiated and includes identifying the percentage of students who do meet the criteria (coursework completed before clinic). Currently, an average of 56% of our students meet the criteria (coursework completed before clinic). This results in 44% who do not have all the required coursework before they work with clients.
 - The second step is to identify alternate systems for clinic assignments. The clinic faculty has already met to brainstorm ideas. Currently, we assign students to a specific clinic instructor (CI) which means that students may provide clinical services to any of the clients on that CI's caseload. An alternate option discussed includes assigning students to clients and these client assignments will be based solely on course work completion. In this scenario, student may interact with more than one CI in a given semester, but all student-client matches will respect the previous academic curriculum of the student. The current and alternate approaches are depicted below.
- **STANDARD 3.8**
 - CAA REQUIREMENT: *The program must demonstrate that the procedures used in clinical education ensure that the welfare of each person being served by the student and clinical educator team is protected.*
 - CAA CONCERN: This requirement was not verified as it relates to patient privacy and confidentiality. On the tour of the clinical facilities with the Clinic Director, the team observed that the clinic has a space setup with an observation room situated between two clinic rooms with two-way mirrors into each room. Families who observe use audio headphones and look into the room where their client/family

member is located but they can see into the other clinic room, as well. Two sessions occur simultaneously as reported by the Clinic Director and clinical faculty during interviews. There is no camera recording system for observation to take place away from the clinic room/observation room.

- DEPARTMENT RESPONSE / ACTIONS
 - ***Clinical Observation and HIPAA risk:*** Site team visitors raised concerns regarding HIPAA risk associated with the current clinic room configuration (i.e., observers can see 2 clients at a time). Without capital, the only way to rectify this compliance issue is to limit the number of simultaneous clinic sessions, which effectively reduces our clinic rooms from 8 to 4. By limiting the number of clinic rooms, we will also need to reduce enrollment. An alternative to meet the skill training needs of our students without reducing enrollment is to reconfigure the current space. Obviously, to achieve the latter, we require capital. The department prefers not to cap the enrollment of the Master's program. Therefore, we are generating suggestions to reconfigure the space.
- **STANDARD 5.5**
 - CAA REQUIREMENTS
 - *The CAA's established threshold requires that at least 80% of students must have completed the program within the program's published time frame (number of academic terms), as averaged over the 3 most recently completed academic years.*
 - *If, when averaged over the 3 academic years, the program's completion rate does not meet or exceed the CAA's established threshold, the program must provide an explanation and a plan for improving the results.*
 - CAA CONCERNS:
 - This requirement was not verified because the data for 2018-2019 was not currently available based on interviews with the Department Chair/Program Director and faculty advisor.
 - This requirement was not verified because the data for 2018-2019 was not currently available based on interviews with the Department Chair/Program Director and faculty advisor.
 - DEPARTMENT RESPONSE / ACTIONS
 - At the time of the accreditation visit, the student outcome data were not available and were not updated on the SHS website. Since the time of the accreditation site visit the student outcome data on the department website have been updated through academic year 2018-19. This can be confirmed at <https://shs.unm.edu/programs/master-of-science/index.html>. The current outcome data do comply with CAA standards, as do data from previous years.
- **STANDARD 5.7a**
 - CAA REQUIREMENTS
 - *The CAA's established threshold requires that at least 80% of program graduates must be employed in the profession or pursuing further education in the profession within 1 year of graduation, as averaged over the 3 most recently completed academic years.*

- *If, when averaged over 3 academic years, the program's employment rate does not meet or exceed the CAA's established threshold, the program must provide an explanation and a plan for improving the results.*
 - CAA CONCERNS
 - This requirement was not verified because the data for 2018-2019 was not currently available based on interviews with the Department Chair/Program Director and faculty advisor.
 - DEPARTMENT RESPONSE / ACTIONS
 - At the time of the accreditation visit, the student outcome data were not available and were not updated on the SHS website. Since the time of the accreditation site visit the student outcome data on the department website have been updated through academic year 2018-19. This can be confirmed at <https://shs.unm.edu/programs/master-of-science/index.html>. The current outcome data do comply with CAA standards, as do data from previous years.
- **STANDARD 6.4**
 - CAA REQUIREMENT: *The program must demonstrate that the quantity, quality, currency, and accessibility of materials and equipment are sufficient to meet the mission and goals of the program.*
 - CAA CONCERN: This requirement was not verified. While the program provides the students with a wide range of therapy materials to address the breadth of disorders across the lifespan, the program lacks sufficient test protocols to address ongoing evaluation. In addition, access to the most current editions of assessments for conducting comprehensive evaluations is not universal. Equipment for academic and clinical training, such as Kay Elemetrics tools, are outdated, and faculty deal with this situation by often utilizing grant-related research equipment for teaching and clinical instruction. Additionally, there was no camera or recording system for clinical observation, which significantly reduces efficiency for supervision schedules, given that patient/client privacy and confidentiality will require only one room (out of two) be used when family/caregivers are observing a session.
 - DEPARTMENT RESPONSE / ACTIONS
 - ***Tests and therapy materials:*** Since the accreditation visit, the library has been updated. Outdated tests have been removed from the materials library.
 - ***Therapy Equipment:*** Since the accreditation team visit, the clinic has acquired a separate clinic room for a Visipitch and Nasometer. A new Visipitch was ordered with clinic funds and installed at the end of the Fall 2019 semester. The outdated Visipitch has been surplus. The old Nasometer, although outdated, is still in working order and is dedicated to clinic use. It is our hope to have enough money in the clinic budget next year to update the outdated Nasometer. Currently the research/academic faculty do not have access to a Visipitch and Nasometer. However, the devices in the clinic can be shared for academic training purposes.
 - ***Clinical Observation and HIPAA risk:*** Site team visitors raised concerns regarding HIPAA risk associated with the current clinic room configuration (i.e., observers can see 2 clients at a time). Without capital, the only way to rectify this compliance issue is to limit the number of simultaneous clinic sessions, which effectively reduces our clinic rooms from 8 to 4. By limiting the number

of clinic rooms, we will also need to reduce enrollment. An alternative to meet the skill training needs of our students without reducing enrollment is to reconfigure the current space. Obviously, to achieve the latter, we require capital. The department prefers not to cap the enrollment of the Master's program. Therefore, we are generating suggestions to reconfigure the space.

- **STANDARD 6.6a**

- CAA REQUIREMENTS

- *The program must demonstrate adequate access to clerical and technical staff to support the work of the students, faculty, and staff.*
- *The program must demonstrate how access to the clerical and technical staff helps the program meet its mission and goals.*

- CAA CONCERNS

- This requirement was not verified. The number of academic faculty appointments and student enrollment (up 70% in the past 5-7 years) have increased without any increase to the department's clerical administrative support. The present clerical staff is responsible for supporting daily operations of the department, budget management, maintenance and inventory of resources, student hiring, payroll, billing, scheduling, database management, clinical compliance, academic checks and supporting graduate admission and advising. The limitations in technical staff have resulted in ongoing technology needs not being addressed, such as Mac computers not being connected to the department printers, and faculty performing multiple clerical and technical support tasks on their own, including maintenance of the affiliation agreements. Additionally, the inability of current administrative staff to assist the department in pursuing insurance billing, including Medicare, has had a negative effect on the training program in that Medicare beneficiaries are unable to be seen for speech-language services. This significantly reduces the number of adult patients seen in the clinic with a loss of 24 clients over 65 years of age in the last year alone. This information was based on a tour of the facilities and in interviews with the Department Chair/Program Director, Clinic Director, administrative staff, and academic and clinical faculty members.
- This requirement was not verified based on the information provided above. Insufficient resources are limiting the program and placing additional task burdens on the academic and clinical faculty. The loss of Medicare eligible clients due to lack of insurance billing is affecting the program's ability to meet student training mission and goals. This information was based on a tour of the facilities and interviews with the Department Chair/Program Director, Clinic Director, administrative staff, and academic and clinical faculty members.

- DEPARTMENT RESPONSE / ACTIONS

- **Administrative staff:** Inadequate administrative staff puts a burden on faculty and reduces efficiency. A request has been made to increase the administrative staff by 0.5 FTE. With the current financial limitations imposed by loss of funding due to COVID-19, new administrative positions are limited. Yet, more administrative support is needed to complete department operations given the increased graduate student numbers, sponsored projects. More administrative

support would allow more consistent coverage of clinic check-in and clinic billing, as well as monitoring and maintaining clinical affiliated agreements.

- **Technical staff:** The college provides staff to maintain and upgrade computer systems. However, there is no technical support for intricate technical activities such as routing signals from various pieces of equipment through a desk-top based digital oscilloscope. While we currently do not have a solution for this limitation, it is our hope that external funding can help support funded projects with high tech needs. Unfunded research may be altered in complexity to match the equipment and technical support currently available.
- **Alternative funding sources for support**
 - **Clinic billing:** Since the accreditation team visit, the department has been in a dialogue with UNM Medical group, the billing organization that completes billing for the UNM physician faculty. At this time, we are completing all credentialing packets and reviewing the infrastructure needed for secure online billing and an electronic medical record (EMR). It is hoped that within the next year, our clinic will have the ability to bill insurance and Medicare for clinical services. If additional funding is appreciated (as expected) from this change in billing, clinic revenue can be used to support a 0.5 FTE administrative assistant to help with clinic check in and the extra billing duties required for a full billable service clinic.
 - As an alternate plan, the department is reviewing billing software packages that would support the department as a free-standing clinic. With adequate administrative support, this may be a possibility if the UNM Medical Group declines our request to bill through their organization.
 - **Sponsored projects:** It is plausible that increased sponsored projects that provide facilities and administration costs, can serve to fund needed technical support for research.
 - Currently, approximately 31% of F&A is allocated to the college. Of that 31%, the college keeps 80% and returns 20 % to the department. At the department level 10% (of the 20% received) is allocated to the PI for spending at their discretion; 90% is retained by the department. Over the past three years, that 90% has averaged approx. \$1000.¹⁷ per year in F& A for the department. However, the recent increase in sponsored projects may yield greater F&A that is returned to the department.
 - Recently, we have encouraged PIs to include costs of needed IT support and space into their grant budgets.

¹⁷ Data were extracted from department F & A breakdown report.

Appendix B: 2013 APR

2013 APR Summary

The 2013 APR team made the following observations and recommendations. Major 2013 APR recommendations for support of the Department:

- A. Need for full-time tenure-track faculty
 - i. Despite growing admissions, the number of tenure track faculty had not been increased. Further specific content gaps were identified, including adult neurogenic disorders, phonological disorders, cranio-facial disorders, and developmental disabilities. The review team noted that ideally these hires would support the department's unique strength in multicultural and multilingual speech and language.
 - B. Need for a full-time audiology instructor
 - ii. The department was lacking in a consistent faculty to teach required undergraduate courses to support students who wished to obtain an AuD. They noted that we were "shirking our responsibility to prepare students for our sister discipline"—audiology. Further, our clinic was lacking in a supervisor to oversee audiological clock hours related to our graduate training program, such as preschool hearing screenings. Finally, in a department with a limited operating budget, the department was missing an opportunity to enhance revenue through hearing testing services and hearing aid dispensing.
 - C. Need for Full Professors
 - iii. At the time of the APR review the department had only one full professor, and he was nearing retirement. This retirement would result in a void in senior leadership that could be reduced with promotions for current associate professors.
5. Major 2013 APR recommendations for the Department:
 - A. Multilingual / multicultural focus
 - i. The department was encouraged to think strategically about how to expand on its multicultural focus. They encouraged hiring bilingual SLPs for the department clinic to attract bilingual-speaking or Spanish-speaking clients. They suggested that the faculty as a whole embrace the multicultural mission.
 - B. Expand collaboration with UNM Health Sciences including IPE training opportunities, and productive research partnerships.
 - C. Retention of UG majors
 - i. Retention of UG majors was noted as a weakness. They suggested we develop recruitment and retention efforts for UG students.
6. 2013 APR suggestions for department resources and planning
 - A. Reclassify DA1 position to a DA2 based on the level of skill needed for this position.
 - i. Administrative jobs require high level of specific skills beyond the current job description. There are insufficient administrative supports for the work required to run the department, manage sponsored projects, run the clinic, and complete accreditation-required graduate student tracking.

- B. Bolster tech support needed to enhance technology for research and to support general IT needs in the department
 - i. The review team noted that inadequate tech support resulted in reduced quality of research output. They suggested joining forces with one or two other small departments to see if an IT support person could be funded through F&A.
- 7. 2013 APR Future Recommendations
 - A. Develop a Ph.D. program
 - B. Develop core curriculum to contribute to liberal arts mission

2013 APR Response and Action Plan
Site Visit Team Recommendations and Department Responses

APR Team’s Recommendation--New Faculty Needs:

1. *The need for full-time tenure-track faculty.* The major weakness of the Department is the low number of tenure-track faculty and their inability to cover all program and curricular areas. This weakness is evident in the heavy reliance on part-time instructors. It will be exacerbated with the impending retirement of the single remaining full professor in the Department. Dr. Dale’s retirement represents a void in senior leadership that could be lessened with potential promotions in the next year or two.

In light of the tremendous strides this Department has made since its last APR, a decline in faculty size at this point could do considerable damage to the progress experienced in recent years. In addition to the replacement of the retiring professor, the Department needs at least one additional tenure- track faculty member to provide educational opportunities in at least one of the three or four fundamental areas in the field of SLP not currently represented by research faculty, such as: adult neurogenic disorders, phonological disorders, cranio-facial disorders, and developmental disabilities.

Strategic thinking will be needed to consider areas where there are funding opportunities, areas that capitalize on unique needs or populations available in New Mexico, and areas that might tie into other initiatives. For example, Provost Abdallah suggested the possibility of a joint hire with HSC. It would be best if the position(s) would help develop unique areas of strength within the Department (esp. multicultural, multilingual focus) and help build a critical mass of faculty (e.g., adult speech and language disorders).

2. *The need for a full-time audiology instructor.* The Department should consider combining funds to pursue a full-time clinical faculty member in Audiology. This position could address a number of weaknesses. First, the Department is shirking its responsibility to prepare and encourage students to pursue graduate education in the sister profession in the discipline, audiology, another area with critical personnel

shortages. This could reduce the need for part-time instructors to teach the two audiology courses required for speech-language pathologists. Second, it would ensure that there is adequate supervision of audiology screenings and aural rehabilitation services that are part of the scope of practice for speech-language pathologists. Third, it will allow the Speech and Hearing Clinic to meet the demand for hearing evaluations, for which there are ample referrals. Fourth, it has the potential to generate considerable clinical revenue, as hearing aid dispensing is typically the highest revenue generator in Speech and Hearing Clinics. A single instructor of audiology could satisfy these four roles in a cost-effective manner.

Goal 1: Increase the SHS faculty

Objective 1a: The SHS Department will hire a tenure-track faculty member (Assistant Professor) in the area of adult neurogenic disorders with a start date of August 2015.

Objective 1b: The SHS Department Chair will prepare and submit a differential tuition request for the graduate program (clinical, academic) in speech-language pathology.

Objective 1c: The SHS senior faculty mentoring committee will evaluate and mentor candidates for promotion to full professor.

Department Response:

The Speech and Hearing Sciences Department concurs with the APR site visit team's recommendation to increase the number of tenure-track faculty members. The implementation of high quality undergraduate and graduate programs and the development of an SLP doctoral program rely upon the strength of the faculty. Historically, the department routinely hires part-time instructors to deliver core required undergraduate (e.g., SHS 321 Introduction to Audiology, SHS 425 Aural Rehabilitation) and graduate level courses (e.g., SHS 507 Adult Neurogenic Disorders). With only 6 tenure-track faculty members, there is limited flexibility in scheduling sabbaticals, offering courses in areas of specialization, and mentoring all students who are interested in research to complete thesis projects. There is also concern shared among the faculty about the loss of senior leadership following Dr. Philip Dale's retirement May 2014. The faculty, students, and staff have valued his mentorship and service to the department. With these concerns in mind, the following response addresses the site visit team's recommendation:

- The SHS Department was recently notified of the approval of the College's addendum to the hiring plan, which includes an SHS tenure-track faculty position in the area of adult neurogenic disorders. The department will use clinic revenue over two years to pay for bridge funding. The search committee will initiate the process early Fall 2014 semester.
- Differential tuition rates offer a potential funding path to support future SHS faculty growth. The SHS undergraduate and graduate programs of instruction necessitate expenditures above those required for typical programs of instruction, and beyond the level of additional support available from class and curricular fees alone. SHS undergraduate and graduate program requirements are geared toward meeting licensure and national certification requirements and the curricula are heavily

weighted toward required, as opposed to elective, courses. The curricula contain clinical education components requiring numerous experiential learning opportunities requiring low student:faculty ratios and program accreditation standards mandate various measures and outcomes that require significant financial investment to achieve. Presently, several graduate SLP programs implement differential tuition (e.g., Nova Southeastern University, Minnesota State University, University of Utah, University of North Carolina at Greensboro, Florida Atlantic University). Through the implementation of differential tuition, the SHS Department could build the faculty, including the hire of a non-tenure track faculty member in audiology, needed to create the only doctoral program in speech-language pathology in the state of New Mexico.

- To address the void in senior faculty leadership following Philip Dale's retirement May, 2014, the Department's senior faculty mentoring committee (Drs. Dale, Wohlert and Wilcox) reviewed the CVs for Associate Professors Neel and Rodriguez. The committee's recommendations were as follows:
 - Dr. Amy Neel – consider initiating the process of review for promotion in Spring, 2015, so that letters from external references can be obtained during the summer and fall of 2015, and review by the College Senior Promotions Committee early in 2016.
 - Dr. Barbara Rodriguez – consider initiating the process of review for promotion to Full Professor in Spring, 2014, so that letters from external references can be obtained during the summer and fall of 2014, and review by the College Senior Promotions Committee early in 2015.

By the 2015-16 academic year, the SHS Department's tenure-track faculty should be comprised of two full professors (Rodriguez, Neel), three associate professors (Patterson, Palmer, Binger), and two assistant professors (Arenas and new hire). There is every expectation that additional faculty members will initiate the process of review for promotion to full professor soon after the 2015-16 academic year.

APR Team's Recommendation--Multilingual, Multicultural Focus:

The Department is recognized nationally for the quality of its research and training for multilingual, multicultural populations. Several recent developments offer the Department an opportunity to expand this identity: 1) New Mexico recently created a bilingual certificate recognition to the state license for SLPs, 2) Dr. Rodriguez's USDOE \$1.2 million grant with NMSU on providing culturally and linguistically appropriate speech-language services for all language learners in New Mexico, and 3) hiring of a new Spanish- English bilingual clinical faculty and a new Latino faculty member, and the possibility of hiring new faculty with that area of expertise.

In interviews, the faculty, clinical staff, and students indicated that they recognize that the multilingual, multicultural focus is an area of strength for the Department. But this emphasis may not be fully integrated and may be overly-restricted to Spanish-English bilingual issues. With small, but important, changes in readings, projects, and even classroom and clinical

examples, the faculty and clinical staff can expand the multilingual, multicultural focus and infuse it throughout the academic and clinical aspects.

This small, but significant, shift will mean that the faculty and clinical faculty as a whole will embrace the multilingual, multicultural focus. The Department will be further distinguished as one of a handful of Speech and Hearing Sciences Departments nationwide with this expertise. In addition, it will mean that all students graduate with the knowledge and skills needed to provide culturally and linguistically appropriate services.

Goal 2: To improve the infusion of multilingual, multicultural considerations throughout the SHS undergraduate and graduate curricula.

Objective 2a: By July 1, 2015, the UNMSHC will complete the credentialing and contracting process for reimbursement of speech-language therapy service claims with Molina and Blue Cross and Blue Shield.

Objective 2b: By August 31, 2014, the SHS faculty will invite 5 community members to serve on the SHS advisory board.

Objective 2c: By May, 2015, the SHS advisory board will review the course syllabi for 3 graduate courses and submit recommendations to the faculty for their consideration.

Department's Response:

The SHS academic and clinical faculty express their commitment to integrate multilingual, multicultural considerations throughout the undergraduate and graduate programs and support the site visit team's recommendation. For quite some time, the UNMSLHC and clinical faculty have provided speech-language assessment and intervention services for a wide variety of clients with communication and swallowing disorders, but without a bilingual clinical faculty member, there have been limitations on service provision to linguistically diverse populations. However, we are quite pleased to have recently hired a bilingual clinical faculty member to supervise graduate students assessing and treating patients who are monolingual Spanish-speakers and/or bilingual speakers. The graduate program's clinical faculty members wish to identify additional opportunities to provide services to patient populations from historically underserved populations, including bilingual speakers (English+other languages) and individuals from diverse socioeconomic communities. Presently, a primary obstacle in accomplishing this goal in our clinic is our inability to secure reimbursement from Medicaid and other insurance providers. Dr. Rodriguez met with Dr. Robert Fritch, Medical Director of the UNM Medical Group, Inc. (UNMMG), to discuss the clinic's goals and request inclusion in the UNMMG to meet the requirements for medical insurance reimbursement. Other avenues for credentialing and contracting with insurance companies were recommended and are currently being pursued.

The graduate program's academic faculty members also concur with the APR site visit team's recommendation to incorporate small, but significant, changes in the current curricula to infuse multicultural and multilingual considerations in each course. The department will establish an advisory board, comprised of local experts representing a wide variety of

communities, to guide the faculty in addressing cultural and linguistic considerations in our research, teaching, and clinical services. We seek to recruit and appoint advisory board members by August 2014. The department's faculty will proceed by meeting with the advisory board to review current course syllabi and take incremental steps in incorporating the board's recommendations. For example, an incremental step could include the addition of at least one new reading assignment in a graduate level course examining the impact of cultural and linguistic variables on the assessment and intervention of a specific communication and/or swallowing disorder.

APR Team's Recommendation--Expand collaboration with UNM Health Sciences

The Department expressed considerable interest in pursuing collaborations with the UNM Health Science Center (HSC), which have been difficult to establish historically. During the site visit, Provost Abdallah encouraged the faculty to renew their efforts to establish productive relationships with faculty and staff in HSC and offered his assistance in overcoming institutional barriers. For example, faculty are pursuing research collaborations through the Brain and Behavioral Health Institute at HSC. Health care reform and recent initiatives to promote Inter-Professional Education and Practice (IPE and IPP) set the stage for collaborations with a variety of departments. This would further the goal of preparing students for collaborative teaming as well as for leadership roles as advocates for ensuring that communication in all its aspects are not neglected in new models of promoting health and wellness and new reimbursement models for healthcare services. Also, opportunities may exist for coordinating or potentially integrating clinical services and billing systems at the Department's Speech and Hearing Clinic with those services provided at the HSC.

Goal 3: To increase research and clinical collaborations with HSC and other UNM programs.

Objective 3a: During the 2014-15 SHS faculty retreat, the SHS strategic plan will be revised to include a focus on collaborative research and clinical activities with HSC and other UNM programs/departments.

Objective 3b: SHS faculty will regularly participate in BBHI-sponsored and other HSC events, such as Neuroscience Day, Community Forums, etc. during the academic year.

Objective 3c: SHS clinical faculty will meet with occupational and physical therapy program faculty to discuss the feasibility of inter-professional clinical training opportunities.

Department's Response:

The SHS faculty embraces the APR site visit team's recommendation to expand collaboration with the UNM Health Sciences Center (HSC). To this end, the SHS Department continues to maintain a strong partnership with the Brain and Behavioral Health Institute (BBHI) by participating in BBHI events,

attending strategic planning meetings, and providing support for the implementation of strategic activities. For instance, two SHS faculty members (Binger and Rodriguez) participated in the first BBHI forum, held November 23, 2013, where community partners, scientists and clinicians met to look for new ways to collaborate. Fifteen community groups and 19 different UNM departments or programs were represented at the forum. We also expect the SHS faculty to present research at the Neuroscience Day poster session on March 21, 2014. Longstanding collaborative research relationships with SHS (Dr. Phyllis Palmer and Dr. Amy Neel) and HSC faculty are continuing and expanding to include invitations to guest lecture in undergraduate SHS courses.

The SHS faculty recognizes the importance of maintaining a presence at the HSC by sharing research findings, collaborating with HSC clinical and research faculty on topics such as traumatic brain injury, Parkinson's disease, OPMD, and stroke, and communicating with HSC faculty and practitioners about UNMSHC clinical services. Recently, academic and clinical faculty have met with Margaret Migliorati, BBHI Community Liaison, to discuss the nature of current UNMSHC services and interest in expanding services to include intervention for patients with Parkinson's Disease, mild cognitive impairment, and concussive syndrome. We look forward to continued communications to make connections with HSC faculty and community groups who share common interests.

We will continue to seek additional collaborative opportunities with the Occupational and Physical Therapy programs in HSC for Inter- Professional Education and Practice opportunities. Occupational therapy students and faculty have accompanied SHS faculty and students to Mexico City to provide consultation to individual with severe disabilities. However, additional opportunities exist. For example, SHS graduate students could work with OT students to co-treat patients in two of our current treatment programs -- adult neurogenic treatment program and preschool language intervention program. The SHS Department Chairperson and Clinic Director will contact OT and PT colleagues to explore the feasibility of establishing inter-professional clinical practicum experiences. We see these experiences as terrific opportunities for students to understand more fully one another's role, to enhance teamwork, to improve patient outcomes, and to improve service delivery efficiencies.

APR Team's Recommendation--Retention of UG majors

Retention of UG majors is a weakness within UNM that also *may* be reflected in the Department. The Department needs to gather data to understand whether the Department has a problem with recruitment and, if

so, why. Class sizes in required courses have increased to ~70. Nevertheless, there has not been an increase in the annual UG major graduation rate.

To bring more attention to the Department and recruit more majors, especially more minority and bilingual majors, the Department might consider offering a university college course with a multicultural focus, such as, "Culture, Communication, and Disability."

Goal 4: Improve retention of undergraduate SHS majors

Objective 4a: The SHS faculty will gather information about the undergraduate students to identify variables influencing student retention.

Objective 4b: The SHS Department will sponsor a variety of events and activities for undergraduate SHS majors.

Objective 4c: The SHS faculty will examine the feasibility of creating a liberal arts track for undergraduate majors and corresponding department name change.

Department's Response:

The SHS faculty agrees with the APR site review team concern in the department's retention of SHS undergraduate majors. In order to develop programs to improve retention, the SHS Department will first gather information to understand the factors that contribute to the disappointing retention rates of undergraduate SHS students. To this end, the New Mexico Speech and Hearing Association (NMSHA) provided financial support for a project designed to gather information from undergraduate students. The pilot survey was completed by undergraduate students enrolled in SHS 302 Introduction to Communication Disorders (Fall 2013) and information about the type of support needed to successfully complete course assignments, the number of hours per week students work in positions off- and on-campus, the extent to which students have additional family responsibilities and obligations was gathered. The information gleaned from the pilot has informed the survey's revision, which will be administered to another cohort of SHS 302 students Spring 2014 semester. In addition, Dr. Amy Neel, Associate Professor, and Cameron Langner, Sr. Academic Advisor, are gathering additional information, which will assist the department in identifying the academic needs and the types of support that will help students complete the B.A. in SHS.

Gathering information about potential barriers to recruitment and challenges in retention is an important first step in effectively addressing the academic needs of SHS undergraduate majors. Equally important to undergraduate student success is the extent to which they feel connected to the department. One of the department faculty's objectives is to increase undergraduate students' participation in departmental activities. This semester (Spring 2014), undergraduate students will be invited to the SHS Department's Research Update potluck meeting on February 7, 2014 and an undergraduate orientation planned for April, 2014. Additional events targeting undergraduate students are slated for next academic year.

Faculty discussions concerning the development of an undergraduate SHS 'liberal arts-BA' track and a 'pre-professional-BS' track and department name change are underway. The faculty is reviewing the two degrees – BA/BS— offered in Biology, Chemistry and Psychology. The faculty will determine whether the use of our resources to develop a liberal arts track will be a worthwhile investment in addressing undergraduate student recruitment and retention. There is agreement among the faculty that including a liberal arts focus would necessitate a change of the department's name to Communication Sciences and Disorders.

APR Team's Recommendation--Resources and Planning

Staff reclassifications. The Department is in danger of losing Tracy Wenzl. Ms. Wenzl is highly competent and would find it quite easy to move to another Department in a DA 2 position. The Department Chair has begun the process to have HR reclassify Ms. Wenzl's position to a DA 2, and the review team wholeheartedly endorses this decision. Ms. Wenzl has made a huge improvement to Department policies and procedures. In the coming years, as the Department increases its external funding, she will take on an even more critical role in obtaining and managing grants.

Bolster tech support. Faculty need to be able to access technical support to help with research lab computing and equipment set up and troubleshooting. This need has already become significant and it will only become more critical as external funding increases the Department's research profile and need for technical assistance. The review team recognizes that there probably will not be funds, or at this point the need, for a full-time IT staff position. Perhaps in the interim the Department could seek other departments with similar needs and team with them to co-fund a part- or full-time position. It has been suggested that the College of Arts & Sciences IT staff person could meet the Department's needs, but the review team views this as unlikely. The type of technical assistance required is specific to their research and clinical service equipment. While the College IT staff person could assist with general operating system problems and upgrades, it is unlikely that he can provide the highly specific technical support required.

The Department should also keep this need in mind as external funding brings in more F & A funds.

Goal 5: To improve the department resources and planning.

Objective 5a: The SHS Department will submit a staff request for reclassification of the Dept Administrator 1 to a Dept Administrator 2.

Objective 5b: The SHS Department will initiate a career ladder for the Administrative Assistant 1 for Administrative Assistant 2.

Objective 5c: The SHS Department Chair will identify other departments that have similar IT needs.

Objective 5d: The SHS Department Chair will monitor F&A and clinic revenue streams to determine the feasibility of funding a part-time IT tech support staff member.

Department response:

- Staff reclassifications.
 - Department Administrator 1: On October 2, 2013, a staffing request was submitted to the College of Arts and Sciences asking for a reclassification of the Department's Administrator (DA) from DA 1, grade 12 to a DA2, grade 13 with an in-range salary adjustment of 10%. The College reviewed the staffing request to have Human Resources/Compensation review the information submitted. Associate Dean Ganderton approved the request and forwarded the

information it to HR/Compensation. On November 7, 2013, HR/Compensation notified the College office that Ms. Wenzl is appropriately classified as a DA1. The duties she is currently performing fall within the scope of her current classification – Department Administrator 1/A7116. A reclassification was deemed unwarranted at that time. However, the SHS faculty wants to recognize Ms. Wenzl for all of her efforts in keeping the department moving forward and insuring the department’s business needs are met. Therefore, the faculty requests an out-of-guidelines exception request for a 10% salary (\$4,212) increase funded by the department’s operating index (903054).

- Administrative Assistant 1: A vertical career ladder – initiation form has been prepared for reclassification of the current Administrative Assistant 1 position to an Administrative Assistant 2 position. The 6-month process will involve the successful completion of a series of trainings such as PCard Program, PCard for Travel, Purchasing and A/P Policies procedures to enhance Ms. Lopez’s current skill set in performing interoffice administrative coordination and routine bookkeeping transactions. We anticipate receiving approval from HR to proceed. The proposed career ladder for the Administrative Assistant 2, with a 15% salary increase (\$3,300), is expected to be completed July 2014 and will be funded by the department’s operating index (903054).
- Tech Support.
 - Research and clinical faculty agree with the site review team’s recommendation to bolster tech support within the department. Currently, basic IT needs are being met by the College of Arts and Sciences’ IT support staff. However, there are research and clinical equipment that require service beyond our IT support staff member’s expertise. As grant funding and clinic revenues increases within the department, F&A and clinic revenue could be used to fund a part-time tech support staff member shared by an HSC or main campus department with similar IT needs. We consider this action to be a moderately long-term goal that is dependent upon growth of the specified revenue streams.

2013 APR Action Plan

ACADEMIC PROGRAM REVIEW ACTION PLAN & YEARLY REPORT							
Program: Speech and Hearing Sciences Department							
Date of Visit: September 16-17, 2013							
Date of Original Action Plan: January 17, 2014							
#	Goals and Objectives Action Item	Individual(s) Responsible	Other Resources/Items Needed	\$ Cost Amount (if applicable)	Projected Start Date	Target Date For Completion	Current Action Taken/ Status at Time Action Plan is Filed
1	Goal: Increase SHS faculty						
1a	Objective: Hire tenure-track faculty member with a start date of August 2015.	Department Chair and SHS tenured faculty	Clinic revenue for bridge funding	\$16,250 FY 15 and \$16,250 for FY 16	Aug-14	Aug-15	
1b	Objective: Prepare and submit a differential tuition request for the graduate program (clinical, academic) in speech-language pathology.	Department Chair			Jan-14	ongoing	
1c	Objective: Mentor and evaluate candidates for promotion to full professor	Dale, Wohlert and S. Wilcox			Jan-14	ongoing	
2	Goal: Improve multicultural/multilingual infusion						
2a	Objective: Complete credentialing and contracting with Molina and BCBS	Department Chair, Clinic Director and administrative support staff			14-Jan	Jul-15	
2b	Objective: Appoint advisory board members	SHS faculty			Jan-14	Aug-14	
2c	Objective: Review course syllabi and submit recommendations	SHS Advisory Board			Aug-14	May-15	

#	Goals and Objectives Action Item	Individual(s) Responsible	Other Resources/Items Needed	\$ Cost Amount (if applicable)	Projected Start Date	Target Date For Completion	Current Action Taken/ Status at Time Action Plan is Filed
3	Goal: Increase collaborations with HSC and other programs	SHS faculty			Aug-13	May-15	
3a	Objective: Revise strategic plan to include a focus on collaborative activities with HSC and other UNM programs	SHS faculty			Aug-14	ongoing	
3b	Objective: Participate in BBHI-sponsored and HSC events	SHS faculty			13-Aug	ongoing	
3c	Objective: Meet with OT and PT faculty to discuss inter-professional opportunities	SHS clinical faculty			Mar-14	ongoing	
4	Goal: Retention of UG majors						
4a	Objective: Gather information about UG students to identify variables influencing retention	SHS faculty and Sr. Academic Advisor			Oct-13	Dec-14	
4b	Objective: Sponsor a variety of events and activities for UG SHS majors	SHS Faculty			Apr-14	ongoing	
4c	Objective: Examine the feasibility of creating a liberal arts track and dept name change	SHS faculty			Nov-13	Aug-15	
5	Goal: Improve department resources and planning						
5a	Objective: Submit staff request for reclassification of DA1 to DA2	SHS Department Chair		\$4,212	Oct-13	May-14	
#	Goals and Objectives Action Item	Individual(s) Responsible	Other Resources/Items Needed	\$ Cost Amount (if applicable)	Projected Start Date	Target Date For Completion	Current Action Taken/ Status at Time Action Plan is Filed
5b	Objective: Initiate career ladder for AA1 to AA2	Department Administrator		\$3,300	Jan-14	Jul-14	
5c:	Objective: Identify other departments with similar IT needs	SHS Department Chair			Apr-14	ongoing	
5d	Objective: Monitor F&A and clinical revenue streams to determine feasibility of funding part-time IT support staff member	SHS Department Chair			May-14	ongoing	
6	Goal: Improve assessment						
6a	Objective: Submit an assessment plan for the SLP graduate program which is aligned with the CAA-ASHA (accrediting body) guidelines for approval from the Provost's Office	SHS Department Chair			Mar-14		

APPENDIX C: ASSESSMENT

DEPARTMENT ASSESSMENT REPORTS SUBMITTED TO COLLEGE FOR PAST 3 YEARS.

Includes the following documents:

- Student Learning Outcomes
- 2019-20 Assessment Reports
 - Bachelors' Degree
 - Master's Degree

B.A. in Speech and Hearing Sciences

The following student learning outcomes (SLOs) are assessed for our undergraduate program.

4. **BROAD GOAL 1:** By completion of the program, students are expected to demonstrate knowledge of theories and principles of **communication development and disorders** across the lifespan
 - B. **Student Learning Outcome 1a:** Students will demonstrate mastery in describing the basic principles of speech and language **development & typical** human communication
 - i. Assessment Measure (Direct)
 - a. Review selected student exams in one of the following courses: SHS 430 Language Development, SHS 428 Phonological, SHS 310 Anatomy & Physiology, SHS 321 Intro to Audiology, or SHS 450 Neural Basis of Communication Disorders, SHS 330 Communication Sciences
 - 1) Performance Benchmark: 75% of students will score 80% or higher on selected exam.
 - 2) Student Population: All students enrolled in the selected course for the academic year.
5. **BROAD GOAL 2:** By completion of the program, students are expected to demonstrate knowledge of the nature of speech, language, and hearing **disorders**
 - B. **Student Learning Outcome 2a:** Students will accurately identify characteristics of common communication disorders
 - i. Assessment Measures (Direct)
 - a. Review selected exam or assignment in one of the following classes: SHS 428 Phonological Disorders, SHS 431 Language Disorders, SHS 425 Aural Rehabilitation.
 - 1) Performance Benchmark: 75% of students will score 80% or higher on selected exam or assignment.
 - 2) Student Population: All students enrolled in the selected course for the academic year.
6. **BROAD GOAL 3:** By completion of the program, students are expected to demonstrate an understanding of **basic clinical processes**.
7. **Student Learning Outcome 3a:** Students will demonstrate proficiency in applying basic intervention principles to a clinical case
 - i. Assessment Measures: DIRECT
 - a. Review treatment session plan in SHS 458 Preclinical Training.
 - 1) Performance Benchmark: 75% score 'acceptable or better' on grading rubric for the clinical treatment plan
 - 2) Student Population: All students enrolled in SHS 458 the selected academic year
 - b. Review clinical competence in a multicultural and multilingual population as evidenced by performance in SHS 459 (Multicultural Considerations in Communication)
 - 1) Performance Benchmark: 75% score 'acceptable or better' on grading rubric for the clinical treatment plan

- 2) Student Population: All students enrolled in SHS 459 the selected academic year
- 3) **BROAD GOAL 4:** The program will better understand the limitations to success in completion of the SHS major
 - A. **Student Learning Outcome 4a:** Program will evaluate the number of students who declare the SHS major
 - i. Assessment Measures: DIRECT
 - a. Identify the number of students who declare the SHS major in given year (from UG advising)
 - 1) Performance Benchmark: A minimum of 40 UG majors declare the SHS as a major in a given academic year
 - 2) Student Population: All students who declare SHS in a given academic year.
 - b. Review the number of students who complete the program (graduate with an undergrad degree in SHS)
 - 1) Performance Benchmark: A minimum of 35 UG SHS majors will complete/graduate in a given academic year
 - 2) Student Population: All students who declare graduate with a major in SHS during a given academic year.
 - c. Review students who leave the SHS major
 - 1) Performance Benchmark: Number of SHS credits completed before the change in major
 - 2) Student Population: All students who change their major from SHS during a given academic year.

M.S. in Speech-Language Pathology

The following SLOs are assessed for students in our speech-language pathology program.

- 4. **BROAD GOAL 1:** By completion of the graduate program in SLP, students are expected to demonstrate knowledge and skills to **effectively diagnose** an individual with a communication and/or swallowing disorder and differences
 - C. **Student Learning Outcome 1a:** Students will be able to **select and administer appropriate assessment tools**, and interpret findings to diagnose speech, language, and swallowing disorders in patients/clients across the life span.
 - i. Assessment Measures DIRECT
 - a. Review student performance on a comprehensive exam question assessing diagnostic knowledge and skill in one of the 9 clinical areas. During the comprehensive exam process, a student chooses 4 out of 6 questions. One of the 6 questions will focus on knowledge and skills related to development of intervention plans for individuals with communication and/or swallowing disorders.
 - 1) Performance Benchmark: 80% pass comprehensive exam
 - 2) Student Population: Based on ALL students who participated in the comprehensive exam and choose the selected question.
 - ii. Assessment Measures: INDIRECT

- a. Survey of graduating master's students, which includes self- assessment of knowledge and skills in the diagnosis across the 9 clinical areas.
 - 1) Performance Benchmark: 75% of graduating students will rate themselves as proficient
 - 2) Student Population: All students graduating will be sampled
 - D. **Student Learning Outcome 1b:** Student will be able to apply prerequisite academic coursework to clinical service delivery
 - i. Assessment Measure: DIRECT
 - a. Review in-house client-clinician alignment by comparing client assignments to completed coursework.
 - 1) Performance Benchmark : 75% of students will complete prerequisite coursework prior to client assignment
 - 2) Student Population: 100% of students enrolled in either first or second clinic rotation
2. **BROAD GOAL 2:** By completion of the graduate program in SLP, graduate students are expected to exhibit knowledge and skills to effectively **formulate an intervention plan** for an individual with a communication and/or swallowing disorder and differences.
 - C. **Student Learning Outcome 2a:** Students will be able to formulate appropriate **intervention plans** for a patient/client with a communication and/or swallowing disorders or difference.
 - i. Assessment Measures: DIRECT
 - a. Review students' performance on CAA skills standards across the 9 clinical areas. Each graduate level course includes a series of direct measures, which correspond to the course-specific knowledge and skill standards
 - 1) Performance Benchmark: 75% meet ASHA/CAA standards without remediation
 - 2) Student Population: Based on ALL graduate courses that academic year
 - b. Review student performance on a comprehensive exam question assessing intervention knowledge and skill in one of the 9 clinical areas. During the comprehensive exam process, a student chooses 4 out of 6 questions. One of the 6 questions will focus on knowledge and skills related to development of intervention plans for individuals with communication and/or swallowing disorders.
 - 1) Performance Benchmark: 80% pass comprehensive exam
 - 2) Student Population: Based on ALL students who participated in the comprehensive exam and choose the selected question.
 - D. **Student Learning Outcome 2b:** Students will be able to **write intervention goals and objectives** for a patient/client with a communication and/or swallowing disorder or difference.
 - i. Assessment Measures: DIRECT
 - a. Review students' performance on intervention CAA knowledge and skills standards across the 9 clinical areas. Graduate level courses include direct measures, which correspond to goal writing.

- 1) Performance Benchmark: 75% meet ASHA/CAA standards without remediation (SHS 500 level classes with related activities)
 - 2) Student Population: Based on ALL graduate courses that academic year that incorporate intervention planning (SHS507, SHS 517, SHS 525, SHS 531, SHS 538, SHS 534)
 - b. Review students' performance on clinical case studies presented in the comprehensive exam. During the comprehensive exam process, a student chooses 4 out of 6 questions. One of the 6 questions will focus on knowledge and skills related to development of intervention plans for individuals with communication and/or swallowing disorders.
 - 1) Performance Benchmark: Based on a rubric, 75% will receive a passing score on the relevant comprehensive exam questions
 - 2) Student Population: Based on ALL students who participated in the comprehensive exam and choose the selected question.
3. **BROAD GOAL 3:** By completion of the graduate program in SLP, graduate students are expected to develop knowledge and skills to effectively apply the principles of (a) the International Classification of Functioning, Disability, and Health, (b) evidence-based practice, and (c) multicultural competency in clinical service delivery.
- D. **Student Learning Outcome 3a:** Students will be able to incorporate clients' (and their families') preferences into an intervention plan.
- i. Assessment Measures: DIRECT
 - a. Review students' performance on CAA knowledge and skills standards across the 9 clinical areas. Each graduate level course includes a series of direct measures, which correspond to the course-specific knowledge and skill standards
 - 1) Performance Benchmark: 75% meet ASHA/CAA standards without remediation
 - 2) Student Population: Based on ALL graduate courses that academic year
 - ii. Assessment Measures: INDIRECT
 - a. Review student learning outcomes on graduate level syllabi to note the number of student learning outcomes that focus on the International Classification of Functioning, Disability, and Health
 - 1) Performance Benchmark: 60% of graduate courses will have a learning outcome or assignment related to ICF/WHO framework
 - 2) Student Population: Based on ALL graduate courses that academic year
 - b. Survey of graduating master's students, which includes self-assessment of knowledge and skills in the diagnosis across the 9 clinical areas
 - 1) Performance Benchmark: 75% of graduating students will rate themselves as proficient
 - 2) Student Population: Based on ALL students graduating during the academic year who complete the exit survey.
- B. **Student Learning Outcome 3b:** Students will be able to select **research-based intervention** approaches for implementation with patients/clients diagnosed with communication and/or swallowing disorders

- i. Assessment Measures: DIRECT
 - a. Review students' understanding of EBP by assessing performance in SHS 506 (Research).
 - 1) Performance Benchmark :75% of students will receive a passing grade without remediation
 - 2) Student Population: All student who completed SHS 506 during the academic year
 - ii. Assessment Measures: INDIRECT
 - a. Review student learning outcomes on graduate level syllabi to note the number of student learning outcomes that focus on the evidence-based practice
 - 1) Performance Benchmark: 60% of graduate courses will have a learning outcome or assignment related to ICF/WHO framework
 - 2) Student Population: Based on ALL graduate courses that academic year
- C. **Student Learning Outcome 3c:** Students will be able to apply concepts of **cultural competence** during diagnostic and intervention approaches with patients/clients diagnosed with communication and/or swallowing disorders
 - i. Assessment Measures: DIRECT
 - a. Review students' understanding of cultural competence as it relates to diagnosis and treatment of individuals with communication and/or swallowing disorders during the comprehensive exam process. During the comprehensive exam process, a student chooses 4 out of 6 questions. One of the 6 questions will focus on knowledge and skills related to development of intervention plans for individuals with communication and/or swallowing disorders.
 - 1) Performance Benchmark: Based on a rubric, 75% will receive a passing score on the relevant comprehensive exam questions
 - 2) Student Population: Based on ALL students who participated in the comprehensive exam and choose the selected question.
 - ii. Assessment Measures: INDIRECT
 - a. Review student learning outcomes and/or specific assignments on graduate level syllabi to note the number of student learning outcomes that focus on the multicultural competence
 - 1) Performance Benchmark: 60% of graduate courses will have a learning outcome or assignment related to ICF/WHO framework
 - 2) Student Population: Based on ALL graduate courses taught that academic year

**UNM Academic Programs/Unit Combined Assessment Plan and Report
The University of New Mexico**

SECTION I-1

College, Department and Date:

College/School/Branch Campus: Choose from list Arts and Sciences

Department: Speech & Hearing Sciences

Date: 12/15/2020

Active Plan Years (select the three-year cycle that applies):

AY19/20-21/22

Academic Program of Study:*

Degree or Certificate level: Choose from list

Name of the program:

Contact Person(s) for the Assessment Plan (include at least one name, title and email address):

- Phyllis M Palmer, Dept Chair, ppalmer@unm.edu
- Amy Neel, Associate Prof, atneel@unm.edu

Dean / Associate Dean / CARC Approval Date: Click to Select Date*

* By selecting the date above, you acknowledge that your respective Dean/Associate Dean/or CARC has reviewed and approved this plan.

Part II: Assessment PLAN Body

**UNM Academic Programs/Unit Combined Assessment Plan and Report Template
The University of New Mexico**

SECTION II-1

Program Goal #1: **BROAD GOAL #1: By completion of the program, students are expected to demonstrate knowledge of theories and principles of communication development and disorders across the lifespan**

Program Goal #2: **BROAD GOAL #2: By completion of the program, students are expected to demonstrate knowledge of the nature of speech, language, and hearing disorders**

Program Goal #3: **BROAD GOAL #3: By completion of the program, students are expected to demonstrate an understanding of basic clinical processes**

Program Goal #4: BROAD GOAL #4: The program will better understand the limitations to success in completion of the SHS major

Please use the grid below to align your program goals to your student learning outcomes and assessment plans:

Student Learning Outcomes (SLOs)	Goal #	Assessment Measures	Performance Benchmark	Student Population(s)
1. Students will demonstrate mastery in describing the basic principles of speech and language development & typical human communication	1	DIRECT: Review selected student exams in one of the following courses: SHS 430 Language Development, SHS 428 Phonological, SHS 310 Anatomy & Physiology, SHS 321 Intro to Audiology, or SHS 450 Neural Basis of Communication Disorders, SHS 330 Communication Sciences	75% of students will score 80% or higher on selected exam	All students enrolled in the selected course for the academic year
2. Students will accurately identify characteristics of common communication disorders	2	DIRECT: Review selected exam or assignment in one of the following classes: SHS 428 Phonological Disorders, SHS 431 Language Disorders, SHS 425 Aural Rehabilitation	75% of students will score 80% or higher on selected exam or assignment	All students enrolled in the selected course for the academic year
3. Students will demonstrate proficiency in applying basic intervention principles to a clinical case	3	DIRECT 1: Review treatment session plan in SHS 458 Preclinical Training	75% score 'acceptable or better' on grading rubric for the clinical treatment plan	All students enrolled in SHS 458 the selected academic year
		DIRECT 2: Review clinical competence in a multicultural and multilingual population as evidenced by performance in SHS 459 (Multicultural Considerations in Communication)	75% score 'acceptable or better' on grading rubric for the clinical treatment plan	All students enrolled in SHS 459 the selected academic year
4. Program will evaluate the number of students who declare the SHS major	4	DIRECT 1: Identify the number of students who declare the SHS major in given year (from UG advising)	A minimum of 40 UG majors declare the SHS as a major in a given academic year	All students who declare SHS in a given academic year
		DIRECT 2: Review the number of students who complete the program (graduate with an undergrad degree in SHS)	A minimum of 35 UG SHS majors will complete/graduate in a given academic year	All students who declare graduate with a major in SHS during a given academic year
		DIRECT 3: Review students who leave the SHS major	Number of SHS credits completed before the change in major	All students who change their major from SHS during a given academic year.

SECTION II-2

Assessing and analyzing student learning outcomes:

- a. Please describe the student artifact/performance that you will use to gather your assessment data:
 - Graduation data
 - Course performance
- b. Does your program assess all SLOs every year, or are they assessed on a staggered, three-year cycle? If staggered, please describe which SLOs will be assessed for each year. If a table better describes your response, insert it here.
3 Year Staggered

<i>SLO</i>	AY 2019-20 (Reported Dec 2020)	AY 2020-21	AY 2021-22
1. Students will demonstrate mastery in describing the basic principles of speech and language development & typical human communication	Direct		
2. Students will accurately identify characteristics of common communication disorders		Direct	
3. Students will demonstrate proficiency in applying basic intervention principles to a clinical case	Direct1		Direct 2
4. Program will evaluate the number of students who declare the SHS major	Direct 1	Direct 2	Direct 3

- c. What is the process you will use to review, analyze and interpret your assessment data?
See assessment measures above.
- d. What is the process you will use to communicate and implement your assessment results?
Findings shared with faculty during retreat held every August

Part III: Assessment REPORT Body
UNM Academic Programs/Unit Combined Assessment Plan and Report
The University of New Mexico

SECTION III-1

In response to last year's assessment report, please:

- a. Describe the program changes that were implemented.
Last year's assessment report involved development of a new plan and did not contain new data. Since last year an assessment team was identified and the assessment plan was shared with required parties.
- b. Describe any revisions to your assessment process that were made for this reporting cycle.
No changes

SLOs	Student Population	Results*																								
1. Students will demonstrate mastery in describing the basic principles of speech and language development & typical human communication	DIRECT: Review selected student exams in one of the following courses: SHS 430 Language Development, SHS 428 Phonological, SHS 310 Anatomy & Physiology, SHS 321 Intro to Audiology, or SHS 450 Neural Basis of Communication Disorders, SHS 330 Communication Sciences Benchmark: 75% of students will score 80% or higher on selected exam Includes all students enrolled in the course	This year, the assessment focused on demonstrating mastery in typical human communication in the course SHS 330 (Introduction to Communication Sciences). Final exams for SHS 330 in Fall 2019 (28 students) and Spring 2020 (30 students) were examined to determine whether they understood the acoustics of speech production. For Fall 2019, 65% (18/28) of students scored 80% or better on the final exam. For the Spring 2020 semester, 57% (17/30) students received 80% or better on the final exam. The benchmark of 75% of students was not met.																								
2. Students will demonstrate proficiency in applying basic intervention principles to a clinical case	Review treatment session plan in SHS 458 Preclinical Training Benchmark: 75% score 'acceptable or better' on grading rubric for the clinical treatment plan All students enrolled in SHS 458 the selected academic year	Assessment focused on treatment plan assignments in SHS 459, Preclinical Training for the Spring 2020 semester. Three assignments related to treatment planning were assessed. For the goals and objectives assignment, 88% (42/48) of students received a score of acceptable or better. 100% of students received acceptable or better scores the annotated treatment plan assignment and the final case assignment, which incorporated elements of assessment and treatment. The benchmark of 75% of students was met.																								
4. Program will evaluate the number of students who declare the SHS major	Identify the number of students who declare the SHS major in given year (from UG advising) Benchmark: A minimum of 40 UG majors declare the SHS as a major in a given academic year All students who declare SHS in a given academic year	Over the last three academic years, new pre-majors ranged from 30 to 49 and newly declared majors ranged from 39 to 46. The benchmark of a minimum of 40 undergraduate majors declared in an academic year has been met. <table border="1" data-bbox="873 877 1539 1188"> <thead> <tr> <th></th> <th>New Pre-majors</th> <th>New Majors</th> <th>All Pre-majors</th> <th>All Majors</th> <th>Total Pre-majors + Majors</th> </tr> </thead> <tbody> <tr> <td>2017-18</td> <td>49</td> <td>43</td> <td>91</td> <td>206</td> <td>297</td> </tr> <tr> <td>2018-19</td> <td>30</td> <td>39</td> <td>67</td> <td>204</td> <td>271</td> </tr> <tr> <td>2019-20</td> <td>43</td> <td>46</td> <td>69</td> <td>196</td> <td>265</td> </tr> </tbody> </table>		New Pre-majors	New Majors	All Pre-majors	All Majors	Total Pre-majors + Majors	2017-18	49	43	91	206	297	2018-19	30	39	67	204	271	2019-20	43	46	69	196	265
	New Pre-majors	New Majors	All Pre-majors	All Majors	Total Pre-majors + Majors																					
2017-18	49	43	91	206	297																					
2018-19	30	39	67	204	271																					
2019-20	43	46	69	196	265																					

- The benchmark for demonstrating proficiency in applying basic intervention principles to a clinical case was met for AY 2019-20. Further information about the retention of information about treatment planning and application to additional clinical cases could be obtained by measuring success in writing treatment plans in the academic and clinical courses in the graduate program.
- The benchmark of having a minimum of students declare a major in Speech and Hearing Sciences was met for AY 2019-20. Further review of the impact of when students declare the major on success in undergraduate courses and on getting into graduate programs is underway. We were not aware of the large number of SHS pre-majors, and we plan to initiate interactions with pre-majors early in their academic careers to facilitate academic success.

Please identify the SLOs that did not meet your benchmark defined in the Assessment Plan. Elaborate on what you think contributed to this:

- The benchmark for students to demonstrate mastery in describing the basic principles of typical human communication (acoustics of speech production) was not met for 2019-20 as measured by final exam scores for SHS 330 (Introduction to Communication Disorders). It should be noted, however, that students in this course have many ways of

demonstrating their knowledge of the acoustics of speech production: weekly quizzes, assignments, and exams. More than 90% of students received final grades of 80 or above in Fall 2019 (26/28) and Spring 2020 (27/30) in SHS 330. The SHS 330 instructor will review the final exam to determine whether changes in the course are warranted.

SECTION III-2

In response to this assessment report, please answer the following questions:

- a. Who participated in the assessment process (the gathering of evidence, the analysis/interpretation, recommendations)?
 - i. Amy Neel performed assessment (gathered data, interpreted data and made recommendations) to the undergraduate degree using the assessment plan defined last December.

- b. Data Analysis: *Describe strengths and/or weaknesses of each SLO in students' learning/performance based on the data results you provided in the table above (e.g., Even though the benchmark was met, 40% of the students struggled with Topic X ...).*

- c. Based on your assessment results from this year and last year, describe the recommendation that you have for improvement:
 - Describe any program changes (e.g., curriculum, instruction, etc.) that will be implemented.
Instructor of SHS 330 will review the course module focused on speech production.
 - Describe any revisions to your assessment process that will be made for the next reporting cycle.
Over the next year we will reconsider the alignment between SLO and measurement. For example, instead of using final grades as a measurement, we will align the goal with a specific assignment that is more directed to the goal.

- d. How, when, and to whom will results and recommendations be communicated in a meaningful way?
 - a. Assessment results are shared during yearly faculty retreat.

**UNM Academic Programs/Unit Combined Assessment Plan and Report Template
The University of New Mexico**

SECTION I-1

College, Department and Date:

College/School/Branch Campus: Choose from list Arts & Science

Department: Speech & Hearing Sciences

Date: 12/1/2020

Active Plan Years (select the three-year cycle that applies):

AY16/17-18/19 AY17/18-19/20 AY18/19-
20/21 AY19/20-21/22

Academic Program of Study:*

Degree or Certificate level: Choose from list MS Name of the program:
Speech Language Pathology

Note: Academic Program of Study is defined as an approved course of study leading to a certificate or degree reflected on a UNM transcript. A graduate-level program of study typically includes a capstone experience (e.g. thesis, dissertation, professional paper or project, comprehensive exam, etc.).

Contact Person(s) for the Assessment Plan (include at least one name, title and email address):

- Phyllis M Palmer, Dept Chair, ppalmer@unm.edu
- Rick Arenas, Graduate Advisor, rarenas@unm.edu

Dean / Associate Dean / CARC Approval Date: 12/9/2019 - the plan was not formally approved, but the plan was submitted last December and no feedback was provided to make any changes.

* By selecting the date above, you acknowledge that your respective Dean/Associate Dean/or CARC has reviewed and approved this plan.

Part II: Assessment PLAN Body
UNM Academic Programs/Unit Combined Assessment Plan and Report
The University of New Mexico

SECTION II-1

Please identify at least one of your program goals:

Program Goal #1: **BROAD GOAL #1: By completion of the graduate program in SLP, students are expected to demonstrate knowledge and skills to effectively diagnose an individual with a communication and/or swallowing disorder and differences**

Program Goal #2: **BROAD GOAL #2: By completion of the graduate program in SLP, graduate students are expected to exhibit knowledge and skills to effectively formulate an intervention plan for an individual with a communication and/or swallowing disorder and differences.**

Program Goal #3: **BROAD GOAL #3: By completion of the graduate program in SLP, graduate students are expected to develop knowledge and skills to effectively apply the principles of (a) the International Classification of Functioning, Disability, and Health, (b) evidence-based practice, and (c) multicultural competency in clinical service delivery.**

Please use the grid below to align your program goals to your student learning outcomes and assessment plans:

Student Learning Outcomes (SLOs)	Goal #	Assessment Measures	Performance Benchmark	Student Population(s)
1. Students will be able to select and administer appropriate assessment tools , and interpret findings to diagnose speech, language, and swallowing disorders in patients/clients across the life span.	1	1a.DIRECT: Review student performance on a comprehensive exam question assessing diagnostic knowledge and skill in one of the 9 clinical areas. During the comprehensive exam process, a student chooses 4 out of 6 questions. One of the 6 questions will focus on knowledge and skills related to development of intervention plans for individuals with communication and/or swallowing disorders	80% pass comprehensive exam	Based on ALL students who participated in the comprehensive exam and choose the selected question
2. Student will be able to apply prerequisite academic coursework to clinical service delivery	1	2a DIRECT: Review in-house client-clinician alignment by comparing client assignments to completed coursework.	75% of students will complete prerequisite coursework prior to client assignment	100% of students enrolled in either first or second clinic rotation
3. Students will be able to formulate appropriate intervention plans for a patient/client with a communication and/or swallowing disorders or difference.	2	3a.DIRECT : Review students' performance on CAA skills standards across the 9 clinical areas. Each graduate level course includes a series of direct measures, which correspond to the course-specific knowledge and skill standards	75% meet ASHA/CAA standards without remediation	Based on ALL graduate courses that academic year

<p>4. Students will be able to write intervention goals and objectives for a patient/client with a communication and/or swallowing disorder or difference.</p>	<p>2</p>	<p>4a. DIRECT 1: Review students' performance on intervention CAA knowledge and skills standards across the 9 clinical areas. Graduate level courses include direct measures, which correspond to goal writing.</p> <p>4b. DIRECT 2: Review students' performance on clinical case studies presented in the comprehensive exam. During the comprehensive exam process, a student chooses 4 out of 6 questions. One of the 6 questions will focus on knowledge and skills related to development of intervention plans for individuals with communication and/or swallowing disorders.</p>	<p>75% meet ASHA/CAA standards without remediation (SHS 500 level classes with related activities)</p> <p>Based on a rubric, 75% will receive a passing score on the relevant comprehensive exam question</p>	<p>Based on ALL graduate courses that academic year that incorporate intervention planning (SHS507, SHS 517, SHS 525, SHS 531, SHS 538, SHS 534)</p> <p>Based on ALL students who participated in the comprehensive exam and choose the selected question</p>
<p>5. Students will be able to incorporate clients' (and their families') preferences into an intervention plan</p>	<p>3</p>	<p>5a. DIRECT: Review students' performance on CAA knowledge and skills standards across the 9 clinical areas. Each graduate level course includes a series of direct measures, which correspond to the course-specific knowledge and skill standards</p> <p>5b. INDIRECT: Review student learning outcomes on graduate level syllabi to note the number of student learning outcomes that focus on the International Classification of Functioning, Disability, and Health</p>	<p>75% meet ASHA/CAA standards without remediation</p> <p>60% of graduate courses will have a learning outcome or assignment related to ICF/WHO framework</p>	<p>Based on ALL graduate courses that academic year</p> <p>Based on ALL graduate courses that academic year</p>
<p>6. Students will be able to select research-based intervention approaches for implementation with patients/clients diagnosed with communication and/or swallowing disorders</p>	<p>3</p>	<p>6a. DIRECT: Review students' understanding of EBP by assessing performance in SHS 506 (Research)</p> <p>6b. INDIRECT: Review student learning outcomes on graduate level syllabi to note the number of student learning outcomes that focus on the evidence-based practice</p>	<p>75% of students will receive a passing grade without remediation</p> <p>60% of graduate courses will have a learning outcome or assignment related to EBP</p>	<p>All student who completed SHS 506 during the academic year</p> <p>Based on ALL graduate courses that academic year</p>
<p>7. Students will be able to apply concepts of cultural competence during diagnostic and intervention approaches with patients/clients diagnosed with communication and/or swallowing disorders</p>	<p>3</p>	<p>7a. DIRECT: Review students' understanding of cultural competence as it relates to diagnosis and treatment of individuals with communication and/or swallowing disorders during the comprehensive exam process. During the comprehensive exam process, a student chooses 4 out of 6 questions. One of the 6 questions will focus on knowledge and skills related to development of intervention plans for individuals with communication and/or swallowing disorders</p> <p>7b. INDIRECT: Review student learning outcomes and/or specific assignments on graduate level syllabi to note the number of student learning outcomes that focus on the multicultural competence</p>	<p>Based on a rubric, 75% will receive a passing score on the relevant comprehensive exam questions</p> <p>60% of graduate courses will have a learning outcome or assignment related to ICF/WHO framework</p>	<p>Based on ALL students who participated in the comprehensive exam and choose the selected question</p> <p>Based on ALL graduate courses taught that academic year</p>

SECTION II-2

Assessing and analyzing student learning outcomes:

e. Please describe the student artifact/performance that you will use to gather your assessment data:

- Comprehensive exams
- Clinical alignment / Calipso data
- Exit surveys
- Course performance

f. Does your program assess all SLOs every year, or are they assessed on a staggered, three-year cycle? If staggered, please describe which SLOs will be assessed for each year. If a table better describes your response, insert it here.

- STAGGERED AS FOLLOWS

<i>SLO</i>	AY 2019-20	AY 2020-21	AY 2021-22
1. Students will be able to select and administer appropriate assessment tools , and interpret findings to diagnose speech, language, and swallowing disorders in patients/clients across the life span.	Direct (1a-comps)		
2. Student will be able to apply prerequisite academic coursework to clinical service delivery		Direct (2a)	
3. Students will be able to formulate appropriate intervention plans for a patient/client with a communication and/or swallowing disorders or difference.			Direct (3a)
4. Students will be able to write intervention goals and objectives for a patient/client with a communication and/or swallowing disorder or difference.	Direct (4a)		Direct 2 (4b-comps)
5. Students will be able to incorporate clients' (and their families') preferences into an intervention plan		Direct (5a)	Indirect (5b)
6. Students will be able to select research-based intervention approaches for implementation with patients/clients diagnosed with communication and/or swallowing disorders	Direct (6a)	Indirect (6b)	
7. Students will be able to apply concepts of cultural competence during diagnostic and intervention approaches with patients/clients diagnosed with communication and/or swallowing disorders		Direct (7a-comps)	Indirect (7b)

g. What is the process you will use to review, analyze and interpret your assessment data?

- Graduate student tracking database
- Calipso database

- Data requests to course instructors
 - Data requests to the comps chair
- h. What is the process you will use to communicate and implement your assessment results?
Assessment results are presented at faculty retreat which is conducted each year in August.

Part III: Assessment REPORT Body

SECTION III-1

In response to last year's assessment report, please:

- e. Describe the program changes that were implemented.
- Number of SLOs was reduced
- f. Describe any revisions to your assessment process that were made for this reporting cycle.
- No changes were made, the assessment was conducted as planned.

SLOs (copy and paste from PLAN above) <i>Copy and paste your SLOs from your entries in the PLAN above that were measured during this year.</i>	Student Population <i>Describe the sampled population, including the total number of students and classes assessed.</i>	Results* <i>State whether the performance benchmark was met, not met, or exceeded AND the total number of students assessed (i.e., Exceeded, 95 out of 111 (86%) students)</i>																																
Direct (1a-comps) Students will be able to select and administer appropriate assessment tools , and interpret findings to diagnose speech, language, and swallowing disorders in patients/clients across the life span.	Review student performance on a comprehensive exam question assessing diagnostic knowledge and skill in one of the 9 clinical areas. During the comprehensive exam process, a student chooses 4 out of 6 questions. One of the 6 questions will focus on knowledge and skills related to development of intervention plans for individuals with communication and/or swallowing disorders. Benchmark: 80% pass comprehensive exam Include all students who completed the comprehensive exam question	The SLO benchmark was met, 18 out of 21 (86%) passed Question # 4 on the comprehensive exams and all 21 passed after the second chance retake (100%). Question #4 had a component/focus directly related to the SLO (selecting, administering and interpreting assessment tools).																																
Direct (4a) Students will be able to write intervention goals and objectives for a patient/client with a communication and/or swallowing disorder or difference.	Review students' performance on CAA knowledge and skills standards across the 9 clinical areas. Each graduate level course includes a series of direct measures, which correspond to the course-specific knowledge and skill standards Benchmark: 75% meet ASHA/CAA standards without remediation Include ALL graduate students enrolled in SHS 500 level academic courses that academic year that incorporate intervention planning (SHS507, SHS 517, SHS 525, SHS 531, SHS 534, SHS 538)	The SLO benchmark was exceeded, <table border="1" data-bbox="1040 716 1596 1104"> <thead> <tr> <th>Class</th> <th># students</th> <th># remediations</th> <th>% with no remediation</th> </tr> </thead> <tbody> <tr> <td>SHS507</td> <td>17</td> <td>0</td> <td>100%</td> </tr> <tr> <td>SHS517</td> <td>22</td> <td>2</td> <td>91%</td> </tr> <tr> <td>SHS525</td> <td>27</td> <td>3</td> <td>89%</td> </tr> <tr> <td>SHS531</td> <td>30</td> <td>1</td> <td>97%</td> </tr> <tr> <td>SHS534</td> <td>28</td> <td>0</td> <td>100%</td> </tr> <tr> <td>SHS538</td> <td>29</td> <td>0</td> <td>100%</td> </tr> <tr> <td>Total</td> <td>153</td> <td>6</td> <td>96%</td> </tr> </tbody> </table>	Class	# students	# remediations	% with no remediation	SHS507	17	0	100%	SHS517	22	2	91%	SHS525	27	3	89%	SHS531	30	1	97%	SHS534	28	0	100%	SHS538	29	0	100%	Total	153	6	96%
Class	# students	# remediations	% with no remediation																															
SHS507	17	0	100%																															
SHS517	22	2	91%																															
SHS525	27	3	89%																															
SHS531	30	1	97%																															
SHS534	28	0	100%																															
SHS538	29	0	100%																															
Total	153	6	96%																															
Direct (6a) Students will be able to select research-based intervention approaches for implementation with patients/clients diagnosed with communication and/or swallowing disorders	Review students' understanding of EBP by assessing performance in SHS 506 (Research) Benchmark: 75% of students will receive a passing grade without remediation Includes all students who were enrolled in 506 for the AY	The SLO benchmark was exceeded, 22 out of 25 (88%) students passed SHS506 without remediation.																																

SECTION III-2

In response to this assessment report, please answer the following questions:

- c. Who participated in the assessment process (the gathering of evidence, the analysis/interpretation, recommendations)?
 - Dept Chair
 - Graduate advisor

- d. Data Analysis: *Describe strengths and/or weaknesses of each SLO in students' learning/performance based on the data results you provided in the table above (e.g., Even though the benchmark was met, 40% of the students struggled with Topic X ...).*

A strength seems to be the students are adequately prepared to take the comprehensive exams toward the end of their program. Part of this may be

the early preparation that they receive in SHS506 which is a research class taught in the first semester of the program. In that class there is a strong emphasis on teaching the students to apply evidence-based practices to their clinical practice, as evidenced by the successful SLO benchmark this year (4a).

- g. Based on your assessment results from this year and last year, describe the recommendation that you have for improvement:
- Describe any program changes (e.g., curriculum, instruction, etc.) that will be implemented.

No immediate changes seem to be warranted based on the assessment of this year's SLO's. However, our department is in the process of considering some significant restructuring of curriculum and these SLO's, and the current positive results, will help to guide that process by ensuring that we do not compromise on the progress that we have made so far in our current curriculum.

- Describe any revisions to your assessment process that will be made for the next reporting cycle.

Some of the data (e.g number of remediations in classes, and discreet comps results by question) were not being tracked in a consistent basis in our graduate program database. The graduate advisor is putting systems in place to ensure that the data for SLO's are being tracked consistently at the end of each semester.

- h. How, when, and to whom will results and recommendations be communicated in a meaningful way?

Recommendations (e.g. semester based reporting of SLO data to the graduate advisor) will be discussed at faculty meetings this spring. The results of the assessment will be shared at the faculty retreat in August.

Appendix D: Admission Spreadsheet Format

Clips from the header row of the admissions spreadsheet.

Last Name	First Name	Email Address	Ethnicity	UNM Student	University	Letter of Intent Weighted	Letters of Rec Weighted	# of Hours in SHS	Actual GPA in Major	GPA Rating in Major	GPA Weighted in Major

GRE Verb	GRE Quan	GRE Writing	Verb Rate	Quan Rate	Writing Rate	Total GRE Rate	Avgd GRE Rate	Weighted GRE	Total Score	Total Score w/out GRE

Appendix E: Department Strategic Plan

Strategic Plan

The University of New Mexico, Department of Speech and Hearing Sciences

Strategic Plan Executive Summary

The Speech and Hearing Sciences department identified two areas of focus for strategic planning in the 2018-2019 academic year as priorities in the next two to three years. The plan was modified in Fall 2020 to include a third focus area.

1. Establish a Ph.D. program in Speech and Hearing Sciences.

The field of speech-language pathology is experiencing a long-term, nation-wide shortage of applicants for tenure track positions and insufficient numbers of research doctoral students to meet future faculty needs. The department is in a unique position to offer a Ph.D. program in a university with a diverse student body and high research activity. Initial approval to proceed with a proposal to establish a Ph.D. program has been obtained, and the current plan focuses on completing a full application and the review/approval process by multiple units within the university, the Board of Regents, and state levels and laying the groundwork for admitting students in the future upon approval of the proposed program.

2. Enhance SHS graduate students' practicum experience within the UNM Speech-Language and Hearing Center.

The initial portion of speech-language pathology master's degree students is supervised in the department's clinic. Students obtain closely supervised experiences for a wide range of clients within this setting before being placed in community programs (e.g. hospitals, schools, private practices). The department clinic is in need of modernizing and expanding billing capabilities, establishing electronic records, and updating audio-visual recording equipment to provide the most efficient and current practices to prepare students for settings outside the department clinic. This part of the strategic plan identifies steps needed to proceed in these three areas.

3. Evaluate and update our admissions process

The SHS department wants to attract, retain, and support the success of all students. To continue building a diverse, equitable, accessible, and inclusive graduate community, we plan to examine our admissions practices with the end result of altering admissions as needed to for our program in producing competent speech-language pathologists to meet the needs of our diverse society.

The SHS Strategic Plan is ongoing, and progress towards goals are monitored at least yearly at the annual faculty retreat at which time indicators of success are reviewed and updated.

Strategic Plan, Focus Area 1

Establish a PhD program in Speech and Hearing Sciences

Issue: The University of New Mexico is an R1 institution. As would be expected for such an institution, the majority (all but one other) of the departments in A&S have a PhD program. The shortage of PhDs and students in the pipeline to earn PhDs in SHS is a nationwide issue and the UNM SHS faculty are eager to train new PhD students. UNM is a Hispanic-Serving Institution (HSI) and is in a unique position to offer a PhD program to diverse students within an R1, HSI university context. The major barrier to proposing and establishing a PhD program to date has been the small number of research faculty. In spite of this limitation, the SHS faculty has taken a pro-active approach to addressing the need for resources as part of developing the proposal for a PhD program. In July 2017, an abbreviated preliminary proposal (a two-page summary) was approved by the UNM Associate Provost for Curriculum and Assessment, indicating the university's support for developing a full proposal.

Baseline data set February 2019:

1. Due to changes in personnel at the Provost's office and associated changes in procedures, an expanded preliminary proposal is recommended, but as of February 2019 has not yet been submitted.
2. Eight research faculty lines; 5 tenured, 2 under review for tenure and promotion to associate professor during the 2018-19 academic year; 1 pre-tenure in 2nd year.
 - August 2019 Update: Currently 7 research faculty lines; 5 tenured, 2 tenure-track
 - o Previous department chair was promoted to Senior Vice Provost, therefore, this faculty line is not included in the above numbers.
3. Full PhD proposal not complete. Most major decisions have been made regarding curriculum and requirements by consensus among the PhD working group.
 - August 2019 Update: Full proposal is essentially complete. We are in the process of securing feedback from the Dean of Graduate Studies on certain forms, and we plan to start routing portions of the proposal (or the whole proposal, depending on feedback from the provost's office) in September, 2019. We anticipate approval by the UNM Board of Regents for the program by May, 2020 at the latest.

Outcome:

Approval of the PhD program and admission of initial cohort to a well-supported program offering a rigorous, individualized course of study.

Indicators of success:

1. Submission and approval of the revised PhD preliminary proposal.
 - a. August 2019 Update:
 - i. Expanded preliminary proposal submitted April, 2019
 - ii. Provost Feedback/Approval Pending
 1. Due to many shifts in the provost's office, including the hiring of a new provost, feedback from the provost's office has been delayed.
2. Submission and approval of the full PhD proposal.
 - a. August 2019 Update:
 - i. Anticipate routing of full PhD proposal beginning September, 2019.
3. Admission of an initial cohort in August 2021.

Strategies.

1. By February 1, 2019, budget data requested by the provost's office for the preliminary proposal will be completed by Arenas and Palmer.
 - a. Completed
2. By February 28, 2019, the PhD working group co-chairs (Richardson and Binger) will
 - a. write a preliminary proposal and circulate it to the working group
 - i. August 2019 update: Completed
 - b. incorporate any needed revisions
 - i. August 2019 Update: Completed
 - c. submit the expanded preliminary proposal to the provost's office.
 - i. August 2019 Update: Completed
3. By August 2019, the PhD co-chairs and the department chair will submit the full, faculty-approved proposal to College (A&S) Curricula Committee (the first step in the UNM approval process).
 - a. August 2019 Update: Full proposal is pending feedback. Once feedback is received from the Provost and the Dean of Graduate Studies, we will revise the full proposal as needed and start routing portions of the proposal (or the whole proposal, depending on feedback from the provost's office) in September, 2019.
 - b. January 2021 update: PhD proposal has received approval from University and Board of Regents. It is currently at the state (NMHED) for review.
4. The PhD co-chairs, in collaboration with the department chair, will facilitate and monitor the progress of the approval through each step in the approval process (e.g., presentation to Faculty Senate committees) from August 2019 through approximately December 2020.
 - a. August 2019 Update: In progress
 - b. January 2021 update: PhD proposal has received approval from University and Board of Regents. It is currently at the state (NMHED) for review.
5. While the proposal is being reviewed by various university entities and the regents (August 2019 – May 2020) and subsequently the state (approximately December 2020), the PhD working committee will
 - a. develop a graduate student handbook (ongoing)
 - b. develop marketing and recruitment strategies and materials (ongoing)
6. Prepare for first cohort
 - a. recruit applicants (first round of admissions anticipated AY 2022-23)
 - b. review applications and offer admission to strong candidates (anticipated March 2022)

Strategic Plan, Focus Area 2

Enhance SHS graduate students’ practicum experience within the UNM Speech-Language and Hearing Center

- **Issue:** The UNM Speech Language Hearing Clinic (UNMSLHC) offers high quality, affordable services to the community and provides graduate clinicians with a wide variety of clinical experiences. However, several barriers exist to maintaining excellence in clinical service, including the inability to bill several insurers for services, limitations in accepting Medicare and Medicaid-eligible clients, the lack of HIPAA compliant electronic medical records and audio-video recording systems, and a limited number of administrative support staff in the department. These issues may affect graduate clinicians’ opportunities for experiences with the widest range of clinical populations, restrict the department’s ability to offer services to the community, and limit clinic revenues for the department.

- **Baseline data**
 - o UNMSLHC does not have an electronic medical records system
 - o UNMSLHC does not bill third-party insurers
 - o Current audio-video recording system is not HIPAA compliant
 - o The number of administrative support staff has remained steady (2.0) since 2012 in spite of major growth in the department.

	2012	2018
Number of faculty members	10	15 (14.5 FTE)
Number of graduate students	42	70 (Fall 2018)
Average # of clients per term (Note: There are multiple visits per client)	46	80

- **Outcomes**
 - o Graduates are prepared for clinical careers regarding electronic medical records and billing procedures
 - o Student clinicians have access to wide variety of clinical experiences at UNMSLHC
 - o HIPAA requirements are followed throughout the department, including medical records administration and audio-video recording
 - o The department has adequate administrative support staff to sustain multiple program functions.

- **Indicators of success**
 - o Students demonstrate competence in use of electronic medical records
 - o Students demonstrate competence in insurance billing and documentation

- o Clients receive insurance coverage for treatment
- o Audio-video system is HIPAA compliant and useful for clinical training
- o Allocation of administrative support staff is sufficient to manage and sustain clinic and program functions in a timely manner.

- **Strategies**
 - o Timelines and due dates will be determined for the electronic medical records, reimbursement and audio/visual strategies (below) by the department chair, program director, and clinic director by September 2019. The current chair/program director is in an acting status and therefore currently is not in a position to project deadlines.
 - o **Electronic Medical Records**
 - Department Chair and Clinic Director will work with UNM Information Technologies and security and privacy officers to establish guidelines for electronic medical records system
 - August 2019 Update: Progress is ongoing
 - A clinical team was identified and charged with reviewing currently available EMRs. Results from this review will be presented to the clinic faculty no later than February 2020.
 - o completed
 - A final determination of the EMR will be completed by May 2020.
 - o August 2020 update: put on hold due to negotiations with UNMMG for a formal billing relationship which will include access to Powerchart (EMR).
 - Department Chair, Clinic Director, and UNM IT representative will purchase and implement EMR software
 - To be completed by May 2021
 - August 2020 update: put on hold due to negotiations with UNMMG for a formal billing relationship which will include access to Powerchart (EMR).
 - January 2021 update: Scheduled to go live with Powerchart in June 2021
 - Student clinicians will use EMR software with clients
 - To be completed Fall 2021
 - o **Reimbursement issues**
 - Department Chair, Clinic Director, and DA will address recommendations from 2018 HIPAA Security Risk Analysis
 - August 2019 Update: Project ongoing.
 - o HIPAA compliance continues as we work through the compliance report and make needed improvements. Completed thus far:

- Improved emergency plan. Reviewed by University HIPAA committee and approved August 2019
 - Updated HIPAA Client form. Approved Spring 2019 and implemented Summer 2019.
 - Updated Client Confidentiality policy and shared with students' summer 2019. Will continue to share with each new incoming cohort. All students will sign off in agreement of their understanding of this plan.
- Department Chair will explore affiliate options for insurance provider credentialing and billing
 - August 2019 Updates:
 - Spring 2019 semester met with UNMMG to discuss potential affiliation. Discussions continue to be in progress.
 - January 2021 update: Scheduled to go live with UNMMG billing systems in June 2021.
- Department Chair and Clinic Director will seek MOUs with other agencies and facilities for provision of clinical services and billing of those services
 - August 2019 Updates
 - Several MOUs are in progress—
 - Lovelace is under review
 - Present to LUNM New Initiative team in Fall 2019
 - UNM HH is under review
 - Final determination will be completed by May 2020
 - Inspirations is under review
 - Final affiliation agreement will be completed by October 2019
 - Bosque School is in the development phases
 - Will follow up and offer Parent training in Fall 2019
 - January 2021 update: All MOUs were placed on hold with the following exceptions. With the hopeful future billing arrangement with UNMMG, MOUs may not be required to support the clinic. In this case, careful consideration will be given to which MOUs offer the best training opportunities.

- o UH MOU has been reviewed, updated and approved. Completed January 2020. UH MOU includes the hospital and YCHC.
 - o A formal MOU with Inspirations was initiated to develop a pediatric medically fragile clinic.
- Clinic Director and clinic instructors will solicit additional clients who do not require third-party insurance or Medicare/Medicaid reimbursement
- o Audio-video system
 - Department Chair and Clinic Director will collaborate with UNM IT to purchase HIPAA compliant audio-video equipment
 - August 2019 Update:
 - o Two platforms reviewed and two quotes received Summer 2019
 - o One more company pending presentation to be completed by March 2020.
 - o Current quotes far exceed our budget. Sandra will reach out to Legislature for funding ideas after Phyllis gets approval from Dean. To be completed by December 2019.
 - January 2021 update
 - o Department secured legislative funding to support the purchase of an AV system which is scheduled to be installed in Spring 2021.
 - Students and CIs will receive training in use of audio-video equipment and HIPAA guidelines for AV use in Spring 2021.
- o Administrative support
 - The department chair will seek support for an additional .5 Administrative Assistant
 - August 2019 Update:
 - o Requested in hiring plan presented to Dean Spring 2019. Immediate hire denied. However, Dean did give a verbal promise to increase administrative assistant by .5 FTE upon approval of PhD program.
 - The department chair will continue to seek reclassification of the DA position to reflect the complexity of this position's clinical administrative demands.
 - August 2019 Update:
 - o Paperwork submitted for reclassification Spring 2019. Approved by Dean and Provost and denied by HR.
 - o Plan is to discuss next steps with Dean in Fall 2019
 - January 2021 Update:
 - o Reclassification was approved in March 2020.

Strategic Plan, Focus Area 3

Reconsider admissions process for master’s degree in Speech-Language Pathology

The SHS department wants to attract, retain, and support the success of all students, especially those who come from populations that are historically underrepresented in speech-language pathology graduate programs. To continue building a diverse, equitable, accessible, and inclusive graduate community, we plan to examine and change our admissions practices. Graduate programs across the country are reconsidering the use of the GRE General test in their admissions processes, and departments are instituting holistic evaluations incorporating students’ academic achievements, social and cultural backgrounds, experiences, skills, and personal characteristics. We will review practices across the country to determine what information will be most useful for our program in producing competent speech-language pathologists for a diverse society.

Issue: UNM is a Hispanic-Serving Institution in a highly diverse state. Compared to New Mexico’s population, however, Hispanic and Native American students are under-represented in the master’s SLP program (see table below). It is striking that 62% of undergraduate majors in Speech and Hearing Sciences but only 39% of SLP masters’ students are Hispanic. The admissions process may be one factor in the department’s failure to achieve racial and ethnic representation similar to that of the population of New Mexico. Gender, race, ethnicity, and socioeconomic status may impact GRE scores (Miller & Stasun, 2014). While academic measures such as GPA and GRE have not been found to correlate with clinical success for SLP students, it is also unclear what personal characteristics predict clinical success (Richardson et al., 2020). We accept that our admissions practices may play a role in the under-representation of Hispanic and Native American students in our graduate program and seek to review and update the admissions process.

Percentage of individuals from under-represented groups

	Hispanic	American Indian	Asian	Black
UNM SHS Grad Students <i>(average from 2018-2020)</i>	39% <i>(46% in 2020)</i>	3% <i>(5% in 2020)</i>	5%	0.7%
UNM SHS Undergrad Students <i>(average from 2018-2020)</i>	62%	3%	3%	1%
NM SLPs <i>2019 ASHA data</i>	29%	2%	1%	1%
NM population <i>2019 U.S. census estimates</i>	49%	11%	2%	3%

Baseline data

1. Currently in our graduate student admissions process GPA in SHS major courses has the highest weighting in our admissions process followed by GRE scores, letters or recommendation ratings, and letter of intent ratings. We review students by final score with and without GRE ratings included. We also perform a second look for any members from an underserved population.
2. The proportion of Hispanic students in masters' SLP program (39%) is substantially less than proportion of Hispanic residents of the state of New Mexico (49%) and the undergraduate population in our department (62%). The proportion of Native American students in masters' SLP program (3%) is substantially less than the proportion of Native American residents of the state of New Mexico (11%) but mirrors the undergraduate SHS population of 3%.

Outcome

Evaluation and alternation of admission policies to improve racial and ethnic diversity of SLP masters' students.

Indicators of Success

1. Evaluation of the current admissions process with respect to the impact of admissions process on diversity before May 2021
2. Department faculty approves proposal to change admissions policies before the onset of the AY 2021-22 admission process.
3. Transparent application process before November 2021.

Strategies

1. Faculty discusses purposes of admission in November 2020 to guide admissions procedures review.
 - a. January 2021 update
 - i. Admission processes and relevant literature were reviewed and discussed in Fall 2020.
 - ii. Due to COVID, temporary changes were initiated including eliminating GRE for AY 2020-21 admissions.
2. Review of admissions policies completed by April 1 2021.
 - a. Committee members will review literature, practices of other masters' programs, and our own admissions results following pandemic changes for 2021 cohort.
 - b. Create proposal to change admissions policies by April 2021
3. Faculty discussion and vote on admissions policies changes in May 2021.
4. Communicate changes to applicants and update SHS website and Graduate admissions website by September 2021.

Appendix F: Faculty Credentials and Information

Name of Department/Academic Program(s): Speech & Hearing Sciences

Full First and Last Name	Faculty Appointment <u>Continuing</u> <ul style="list-style-type: none"> • Lecturer (LT) • Probationary/Tenure Track - Instructor (TTI) or Asst. Prof. (TTAP) • Tenured - Assoc. Prof. (TAP), Prof. (TP), or Dist. Prof. (TDP) • Prof. of Practice (PP) <u>Temporary</u> <ul style="list-style-type: none"> • Adjunct (AD) 	Institution(s) Attended, Degrees Earned, and/or active Certificate(s)/Licensure(s) **Only Terminal Degree is Necessary**	Program Level(s)		Faculty Credentials <ul style="list-style-type: none"> • Faculty completed a terminal degree in the discipline/field (TDD); • Faculty completed a terminal degree in the discipline/field and have a record of research/scholarship in the discipline/field (TDDR); • Faculty completed a terminal degree outside of the discipline/field but earned 18+ graduate credit hours in the discipline/field (TDO); OR Other (Explain)
1. Richard M. Arenas, PhD	TAP	University of Iowa—PhD in Speech and Hearing Sciences	Undergraduate	X	TDD, TDDR
			Graduate	X	TDD, TDDR
			Doctoral	N/A	
2. Cathy Binger, PhD, CCC-SLP	TP	Pennsylvania State University—PhD in Communication Sciences and Disorders; ASHA Certificate of Clinical Competence, Speech-Language Pathology (CCC-SLP)—1991 to present	Undergraduate	X	TDD, TDDR
			Graduate	X	TDD, TDDR
			Doctoral	N/A	
3. Cindy Gevarter, PhD, BCBA-D	TTAP	University of Texas at Austin—PhD in Early Childhood Special Education; Board Certified Behavior Analyst (BCBA)—2010 to present	Undergraduate	X	Completed degree in related field
			Graduate	X	Completed degree in related field
			Doctoral	N/A	
4. Carlos Irizarry-Perez (Nye), PhD, CCC-SLP	TTAP	University of Texas at Austin—PhD in Communication Disorders; ASHA Certificate of Clinical Competence, Speech-Language Pathology (CCC-SLP)—2010 to present	Undergraduate	X	TDD, TDDR
			Graduate	X	TDD, TDDR
			Doctoral	N/A	
5. Amy Neel, PhD, CCC-SLP	TAP	Indiana University—PhD in Speech and Hearing Science and Cognitive Science; ASHA Certificate of Clinical Competence, Speech-Language Pathology (CCC-SLP)—1984 to present	Undergraduate	X	TDD, TDDR
			Graduate	X	TDD, TDDR
			Doctoral	N/A	
6. Phyllis Palmer, PhD, CCC-SLP	TAP	University of Iowa—PhD in Speech and Hearing Sciences; ASHA Certificate of Clinical Competence, Speech-Language Pathology (CCC-SLP)—1987 to present	Undergraduate	X	TDD, TDDR
			Graduate	X	TDD, TDDR
			Doctoral	N/A	
7. Jessica Richardson, PhD, CCC-SLP	TAP	University of Georgia—PhD in Communication Sciences and Disorders; ASHA Certificate of Clinical Competence, Speech-Language Pathology (CCC-SLP)—2003 to present	Undergraduate	X	TDD, TDDR
			Graduate	X	TDD, TDDR
			Doctoral	N/A	
	LT		Undergraduate	X	TDD

Full First and Last Name	Faculty Appointment <u>Continuing</u> • Lecturer (LT) • Probationary/Tenure Track - Instructor (TTI) or Asst. Prof. (TTAP) • Tenured - Assoc. Prof. (TAP), Prof. (TP), or Dist. Prof. (TDP) • Prof. of Practice (PP) <u>Temporary</u> • Adjunct (AD)	Institution(s) Attended, Degrees Earned, and/or active Certificate(s)/Licensure(s) **Only Terminal Degree is Necessary**	Program Level(s)		Faculty Credentials • Faculty completed a terminal degree in the discipline/field (TDD); • Faculty completed a terminal degree in the discipline/field and have a record of research/scholarship in the discipline/field (TDDR); • Faculty completed a terminal degree outside of the discipline/field but earned 18+ graduate credit hours in the discipline/field (TDO); OR Other (Explain)
8. Sarah Duncan, MS, CCC-A		Southwest Missouri State University—MS in Audiology; ASHA Certificate of Clinical Competence, Audiology (CCC-A)—2003 to present	Graduate Doctoral	X N/A	TDD
9. Mary Hartley, MS, CCC-SLP	LT	University of New Mexico—MS in Speech-Language Pathology; ASHA Certificate of Clinical Competence, Speech-Language Pathology (CCC-SLP)—1987 to present	Undergraduate Graduate Doctoral	N/A X N/A	TDD
10. Andrea Martinez-Fisher, MA, CCC-SLP	LT	Temple University—MA in Speech-Language Pathology; ASHA Certificate of Clinical Competence, Speech-Language Pathology (CCC-SLP)—2007 to present	Undergraduate Graduate Doctoral	N/A X N/A	TDD
11. Lori Nelson, MS, CCC-SLP	LT	University of New Mexico—MS in Speech-Language Pathology; ASHA Certificate of Clinical Competence, Speech-Language Pathology (CCC-SLP)—2004 to present	Undergraduate Graduate Doctoral	N/A X N/A	TDD
12. Sandra Nettleton, PhD, CCC-SLP	LT	Louisiana State University—PhD in Communicative Disorders; ASHA Certificate of Clinical Competence, Speech-Language Pathology (CCC-SLP)—1979 to present	Undergraduate Graduate Doctoral	N/A X N/A	TDD
13. Lauril Sachet, MS, CCC-SLP	LT	University of Washington—MS in Medical Speech-Language Pathology; ASHA Certificate of Clinical Competence, Speech-Language Pathology (CCC-SLP)—2014 to present	Undergraduate Graduate Doctoral	N/A X N/A	TDD

APPENDIX G: Promotion and Tenure Guidelines

Annual Performance Reviews

Annual reviews of all SHS faculty, both probationary and tenured, will be conducted in the department each Spring. Faculty members must meet the department's minimum standards of performance and set forth performance goals for the coming year. The annual review period runs from April 1 to March 31.

- I. Each faculty member will submit the following information electronically by April 1 of each year, covering the preceding Summer and Fall terms and the current Spring term:
 - A. Current CV
 - B. Any peer evaluations of teaching obtained during the preceding year
 - C. Any other evidence concerning teaching effectiveness (syllabi and IDEA reports are already available to the Chair)
 - D. A copy of your annual goals for the previous year, and a progress report on each of them (1 page)
 - E. Brief summary of accomplishments in research, teaching, clinical work, and service in the preceding year, as much as possible tied to the "Criteria for Pre-Tenure Annual Performance Reviews below (1-2 pages)

- II. The Chair may request copies of publications and submissions, grant proposals, and/or other evidence of scholarly work completed during the past year, based on the summary just described.

- III. The Department Chair will examine all materials and prepare a review.
 - A. The Chair will then discuss the review with the faculty member. Following the discussion the chair may revise the review.
 - B. The faculty member will acknowledge the review by signing a copy and returning it to the Chair, and may, if desired, provide a written response to the report. This process will be concluded by the end of May.

- IV. In those years in which funding for raises is available, the report will serve as a basis for the “merit” component of the raise.
- A. Tenured faculty will be awarded one point for achieving all of the minimum standards in each of the four areas specified in the SHS “Criteria for Post-Tenure Annual Performance Review” below.
 - B. In order to meet the minimum standards, faculty must also achieve at least one indicator of excellence (see below) per year.
 - C. If not all of these standards have been met, no point will be awarded; fractions of points will not be awarded. Additional points will be awarded for achievement of indicators of excellence beyond the one-per-year minimum. For purposes of determining a final score of merit, these points will be averaged over either the previous three years, or the number of years since the last merit increase, whichever is greater.

Criteria for Pre-Tenure Annual Performance Reviews

I. MINIMUM STANDARDS OF PERFORMANCE FOR PROBATIONARY FACULTY

A. Teaching

University minimum standards are described in the Faculty Handbook, section 1.2.1b. In addition to those standards, we expect that faculty will:

1. Fulfill a reasonable teaching load. Faculty must be prepared to accept a variety of teaching assignments in their general field (not just in their specialty area). While many factors enter into the determination of a “reasonable” load for an individual faculty member, the general standard is two courses each semester.
2. Honor the department’s curricular decisions concerning general content of the courses they teach.
3. Document, on an annual basis, ways in which they have attempted to improve course content, teaching methods, and/or other aspects of his/her teaching process.
4. For every course taught each semester, submit results of outcome assessment following department guidelines, a syllabus within the first two weeks of the semester (1 week in summer), and IDEA data.
5. Arrange for a peer evaluation of each course at least once every two years. Normally this can be scheduled as a peer evaluation of one course every semester. A peer is considered to be a UNM faculty member equal or higher in rank with professional knowledge of the content area of the course to be evaluated.

6. Teaching performance must be within an acceptable range relative to department standards. Performance indicators include (but are not limited to) IDEA data, peer evaluations, student input, and the instructor's documentation.

B. Scholarship

1. Faculty members are expected to have a recognized specialty area within their academic field and have a working knowledge of current research and theoretical issues in that area.
2. That specialty expertise should be disseminated in at least one of the following ways in every academic year:
 - a. Conduct a seminar, lead a student group research project, advise a student through completion of a thesis, or complete a similarly focused teaching/research project in the specialty area.
 - b. Submit a manuscript for publication or a grant proposal to a funding agency.
 - c. Present research results at a regional, national, or international conference.

C. Service

1. The service load will vary depending on the needs of the department. Currently, the minimum service expectation for tenured faculty includes one major assignment (such as chairing a committee that requires significant planning and activity) and two less time-consuming assignments. For non-tenured faculty, service assignments will be gauged to allow full participation in the workings of the department without excessive commitments that would detract from teaching and research responsibilities.
2. By accepting a service assignment, the faculty member accepts the responsibility to determine the duties of the position and carry them out in a timely and competent manner.
3. Prompt responses to requests for information or action from others in the department are required so all the administrative tasks of the department can move forward smoothly.

D. Personal Characteristics

Evaluation of personal characteristics is a basic component of the pre-tenure review process. It is difficult to apply absolute standards for this category, however during the pre-tenure period faculty must show evidence that they are:

1. Ethical: conforming to community and professional standards.
2. Collegial: enabling the individual to work effectively with others in the performance of service duties and in research and teaching endeavors when professional interaction is required.
3. Tolerant: displaying adequate compassion and understanding when dealing with students, colleagues, and staff.

II. CONCENTRATION AREAS FOR PROBATIONARY FACULTY

Indicators of excellence are listed for each concentration area. To meet minimum standards, faculty are expected to meet at least one indicator in at least one area every year, or an average of one per year in a 3-year rolling average. These indicators must be accomplished in addition to the minimum standards in teaching, research, and service. Indicators beyond the 1-per-year average contribute to merit considerations for that year (see SHS policy for raise calculations). Achievements not mentioned below can be submitted for evaluation but should be discussed with the chair as early as possible so effort is not misdirected.

A. Teaching

1. Publication of teaching material or text, or wide dissemination in the case of non-publishable materials, e.g., a web course accepted as a regular distance education offering.
2. Receipt of a recognized teaching award. (weight .5)
3. Receipt, as P.I. or Co-P.I., of a personnel preparation training grant or similar funding for teaching (including intramural instructional grants such as TAC). (weight .5 for intramural)
4. Publication of a peer-reviewed manuscript concerning the scholarship teaching and learning, such as the results of a teaching research project or exploration of a teaching technique.
5. Exceptional professional development in teaching, such as the implementation of an innovative teaching technique requiring extensive new learning on the part of the faculty member and major revamping or creation of course materials. The normal updating of course materials and professional development activities that are expected under minimum standard I.A.4 cannot be used to fulfill this indicator. (weight .5)
6. Development and presentation of a course that is new to the department and is a significant contribution to the curriculum. (weight .5)
7. Presentation of teaching research or methods as an invited speaker for a national or international conference. (weight .5)

B. Research

1. Publication of a research or review article in a peer-reviewed journal.

2. Receipt of funding for a research project (including small intramural grants such as RAC). (weight .5 for intramural)
3. Presentation of research as an invited speaker for a national or international conference. (weight .5)

III. CRITERIA FOR TENURE AND PROMOTION TO ASSOCIATE PROFESSOR

Adherence to the minimum standards, above, provides a foundation for the accomplishments required for tenure. During the pre-tenure probationary period, faculty must also meet the challenge of developing strong teaching skills and an independent, productive line of research.

A. Research

While scholarship may take a variety of forms across the career of a faculty member, the task during the probationary period is to master an area and techniques(s) of inquiry in one's field and develop a program of research that adds to knowledge in that area. The minimum standards for scholarship (above) outline adequate performance for any given year, but over the course of the probationary period the following results must also be achieved:

1. Completion of a series of theory-driven research studies clearly applied to a single area of inquiry ("programmatic research").
2. Evidence of primary responsibility for the majority of that series. This evidence is usually determined by first or sole authorship of the resulting manuscripts.
3. Publication of a series of manuscripts resulting from these research studies (or of a book that contains the equivalent information) in respected, peer-reviewed journals or, in the case of a book, publication by a respected academic press following a peer-review process.
4. Evidence of independent ability to conduct research. While collaborative research, including work with doctoral or post-doctoral advisors, is not discouraged, by the end of the probationary period it must be apparent that the individual being evaluated is capable of directing research projects without the help of a mentor.

The answer to the inevitable question of "how many is a series?" depends on many factors, including the type of research undertaken, the quality of the work, the nature and quantity of other research contributions (presentations, grant funding, directing theses, etc.), and the teaching and service contributions of the individual. By definition, a series is more than two.

B. Teaching

Junior faculty are not expected to arrive with polished teaching skills, but they are expected to improve their skills during the probationary period. Junior faculty must:

1. seek feedback about their teaching from students and from more experienced faculty
2. participate, when appropriate, in teaching effectiveness programs provided by the university
3. document the ways in which they develop and improve their courses.

Annual reviews during the probationary period will address the faculty member's teaching skills and provide concrete goals for improvement when improvement is needed. In order to achieve tenure, faculty must teach in an effective manner (primarily determined by IDEA data and/or by direct observation of teaching by senior faculty) and fulfill the university and departmental minimum standards.

Some junior faculty may wish to devote themselves primarily to teaching. We are proud of our teaching mission and are very supportive of faculty who choose to excel in this area but we are also proud of the research mission of the university and of this department. All faculty must demonstrate their ability to carry out programmatic research studies. These studies may focus on classroom issues but they must be conducted as research projects and be published as such, according to the guidelines in the previous section. In the absence of an adequate research program, classroom teaching and/or creation of teaching materials are not sufficient for tenure and promotion in this department.

Criteria for Post-Tenure Annual Performance Reviews

In each academic year, all tenured faculty must meet the department's criteria for excellence in at least one area and meet minimum standards in all other areas. Failure to do so will constitute deficient performance. Outstanding performance requires the achievement of multiple indicators in one or more concentration areas.

I. MINIMUM STANDARDS OF PERFORMANCE FOR TENURED FACULTY

A. Teaching

1. University minimum standards are described in the Faculty Handbook, section 1.2.1b. In addition to those standards, we expect that faculty will:
2. Fulfill a reasonable teaching load. Faculty must be prepared to accept a variety of teaching assignments in their general field, not just in their specialty area. While many factors enter into the determination of a "reasonable" load for an individual faculty member, the general standard for faculty members with an active, productive research program is two courses per semester.
3. Honor the department's curricular decisions concerning general content of the courses they teach.
4. Document, on an annual basis, ways in which they have attempted to improve course content, teaching methods, and/or other aspects of the teaching process.
5. For every course taught each semester, submit a syllabus within the first two weeks of the semester, and obtain and submit IDEA student surveys at the conclusion of the course.
6. Arrange for a peer evaluation of each course at least once every two years. A peer is considered to be a UNM faculty member equal or higher in rank with professional knowledge of the content area of the course to be evaluated.
7. Teaching performance must be within an acceptable range relative to department standards. Performance indicators include (but are not limited to) IDEA scores, peer evaluations, student input, and the instructor's documentation.

B. Scholarship

1. Faculty members are expected to have a recognized specialty area within their academic field and have a working knowledge of current research and theoretical issues in that area.
2. The specialty expertise should be disseminated in at least one of the following ways in every academic year:
 - a. Advise a student through completion of a thesis, or complete a similarly focused research project in the specialty area.
 - b. Submit a manuscript for publication or a grant proposal to a funding agency (including internal UNM funds)
 - c. Present research results at a regional, national, or international conference
 - d. Submit a minor invited publication (such as an encyclopedia article)

C. Service

1. Tenured faculty are expected to perform major service duties in the department. The service load will vary depending on the needs of the department. Currently, the minimum service expectation for tenured faculty includes one major assignment (such as chairing a committee that requires significant planning and activity) and two less time-consuming assignments.
2. By accepting a service assignment, the faculty member accepts the responsibility to determine the duties of the position and carry them out in a timely and competent manner.
3. Prompt responses to requests for information or action from others in the department are required so all the administrative tasks of the department can move forward smoothly.

D. Personal Characteristics

While annual reviews in the post-tenure period need not address this category, it must be included in reviews for promotion and may be included in annual reviews if deficiencies are noted that interfere with acceptable performance of duties. It is difficult to apply absolute standards for this category; however, we assume that individuals must be:

1. Ethical: conforming to community standards and professional standards.

2. Collegial: enabling the individual to work effectively with others in the performance of service duties and in research and teaching endeavors when professional interaction is required.
3. Tolerant: displaying adequate compassion and understanding when dealing with students, colleagues, and staff.

II. CONCENTRATION AREAS FOR EXCELLENCE FOR TENURED FACULTY

Indicators of excellence are listed for each concentration area. To meet minimum standards, faculty are expected to meet at least one indicator in at least one area every year. These indicators must be accomplished in addition to the minimum standards in teaching, research, and service. Indicators beyond the 1-per-year average contribute to merit considerations for that year (see SHS policy for raise calculations). Achievements not mentioned below can be submitted for evaluation but should be discussed with the Chair as early as possible so effort is not misdirected.

A. Teaching

1. Publication (or significant progress in the case of large projects) of teaching material, techniques, or textbooks, or wide dissemination in the case of non-publishable materials, e.g. a web course accepted as a regular distance education offering.
2. Receipt of a recognized teaching award at the college, university, or external level.
3. Receipt, as P.I. or Co-P.I., of a training grant or similar funding for teaching (this does not include small intramural instructional grants such as TAC)
4. Exceptional professional development in teaching, such as the implementation of an innovative teaching technique requiring extensive new learning on the part of the faculty member and major revamping or creation of course materials. (The normal updating of course materials and professional development activities that are expected under minimum standard LA.4 cannot be used to fulfill this indicator.)
5. Development and presentation of a new course for the faculty member; this includes developing an online version of an existing course.
6. Extraordinary and extended clinical teaching in the department's clinic
7. Presentation of teaching research or methods as an invited speaker for a national or international conference

B. Research

1. Publication of a research or review article in a peer-reviewed journal (formal acceptance by the editor shall constitute publication)

2. Receipt of funding for a research project (this does not include small intramural grants such as RAC)
3. Presentation of research as an invited speaker for a national or international conference
4. Publication of a scholarly edited volume or monograph by a reputable, scholarly publisher
5. Publication of an invited book chapter related to the author's previous research publications by a reputable, scholarly press.
6. Publication of clinical materials (e.g., tests, intervention programs) that are the product of the author's peer-reviewed, published research (e.g. a test and manual developed as part of a research program)

C. Clinical Work

1. Provision of exemplary clinical care of such nature as to serve as an excellent model for the profession
2. Introduction of innovative advances to clinical practice which reflect the faculty member's status as being on the 'cutting edge' of clinical management
3. Presentation of clinical methodology as an invited speaker for a national and/or international conference
4. Publication of clinical materials that are a product of the author's published research and translate the findings to clinical practice
5. Publication of a book chapter, tutorial article, or webinar that features the faculty member's clinical methodology

D. Service

1. Academic service, i.e., with title, at the department, college, or university levels when not accompanied by a course reduction.
2. Substantial involvement in university governance bodies, when not accompanied by a course reduction.
3. Major professional service requiring on-going commitment of time and effort, such as editor or associate editor of a journal, serving as vice president or president of ASHA or a similar national professional organization, or chairing a national convention.

IV. CRITERIA FOR PROMOTION TO PROFESSOR

Section 4.8.3 of the Faculty Handbook, "Promotion to Professor" states,

"Qualifications for promotion to the rank of professor included attainment of high standards in teaching, scholarly work, and service to the University or profession. Promotion indicates that the faculty member is of comparable stature with others in his or her field at the same rank in comparable universities. Service in a given rank for any number of years is not in itself a sufficient reason for promotion to professor. The anticipated length of service in the rank of associate professor prior to consideration for promotion to the rank of professor is at least five years."

The rank of professor should be reserved for those who have demonstrated their continuous intellectual development and leadership. Promotion to full professor should be bestowed upon those who have an academic record documenting high-quality performance level in one of the following four required components of scholarly productivity – research, teaching, clinical work, and service—and meets expectations in the other areas.

The Department of Speech and Hearing Sciences Committee on Tenure and Promotion considers all of the following guidelines. In addition, the Committee is aware that faculty members' contributions will vary. Thus, in our deliberations on promotion, we reflect on the benefits to the Speech and Hearing Sciences Department, College of Arts and Sciences, and University of New Mexico of a range of attributes and accomplishments.

Candidates for promotion to full professor must:

- a. demonstrate a significant impact beyond the University of New Mexico in at least one of the following areas—scholarship, clinical, teaching, and service--and meet expectations in the other areas; **or**
- b. demonstrate a balanced profile that incorporates significant contributions in 3 of the 4 following areas.

Elements of each area – scholarship, clinical work, teaching, and service – are described below.

A. *Nationally recognized scholar/researcher* as evidenced by:

1. Peer-reviewed articles
2. Invited research-based book chapters and monographs
3. Receipt of major national grants
4. Translational work that impacts clinical practice (e.g., tests, treatment programs)
5. Service as journal editors or associate editors of national journals

6. Members of national grant review panels
7. Consultants on major grant proposals
8. Substantial citations to their published research
9. Other kinds of evidence include book reviews, peer-reviewed conference presentations and involvement in media projects requiring scholarly input

B. *Highly effective instructor* as evidenced by:

1. Peer-reviewed articles on the scholarship of teaching and learning
2. Publication of research-based clinical materials
3. Teaching awards external to the Department of Speech and Hearing Sciences
4. Excellent teaching evaluations (student and peer evaluations)
5. Publication of textbooks, clinic materials, and media projects
6. Invited presentations on the scholarship of teaching and learning
7. Receipt of major personnel preparation training grant
8. Institutionalization and dissemination of innovative teaching/mentoring program

C. *Recognized master clinician* as demonstrated by contributions in **all** of the following:

1. Cohesive body of evidence-based clinical work
2. Invited national and/or international presentations
3. Widespread impact on clinical practice
4. Clinical publications (e.g., book chapters, tutorial article, webinars, etc.)

D. *Significant service* as demonstrated by exemplary contributions in **all** of the following:

1. Academic service at the departmental or college-level
2. Extensive university service and governance
3. Major professional service (e.g., Vice President or President of key national organization; Editor/Associate Editor of a Tier A journal)

Timetable: A minimum of five years at the associate professor level is required before consideration for promotion to full professor.

Appendix H: Peer Comparison Template

PEER INSTITUTIONS	Total University Enrollment	Unit Undergraduate Degrees/Certificates Offered	Unit Undergraduate Student Enrollment	Unit Graduate Degrees/Certificates Offered	Unit Graduate Student Enrollment	Total # of Unit Faculty	U.S. News Ranking	Other
University of New Mexico	22,244	BA, Speech and Hearing Sciences (36 credits)	133 (40 degrees awarded)	MS: SLP; PhD: Linguistics (SHS concentration)	MS: 66 (36 degrees awarded) PhD: 0	14 (Tenure-Track = 7, Non-Tenure-Track = 7)	#72	Grants: 5 fed research 1state research
Arizona State University	71,946	BS, Speech and Hearing Sciences (36 credits)	670 (85 degrees)	MS, Comm Dis. (52 credits); SLPA Grad Cert, Multicultural AuD; PhD	MS: 90 (45 degrees) AuD 52 (12 degrees) PhD 9 (2 degrees)	32 (TT = 13, NTT = 19)	#16	Grants: 13 fed research 4 fed training 1 state training Multicultural grad certificate
Florida International University	55,000	No undergraduate program	N/A	MS, SLP (61 credits); Grad Cert in CSD (leveling)	MS: 93 (43 degrees)	7 (TT = 4, NTT = 3)	#146	Bilingual specialties (Eng/Span, Eng/Haitian Creole)
New Mexico State University	14,227	BS, Comm Dis. (36 credits)	198 (40 degrees awarded)	MA, SLP: Comm Dis. (54-57 credits)	MA: 39 (20 degrees)	9 (TT= 4, NTT = 5)	#170	Grants: 1 fed research 1 state other
Oklahoma State University	25,594	BS, Comm Dis. (48 credits)	235 (80 degrees awarded)	MS, Comm Dis. (51-57 credits); CDIS post-bac cert (leveling)	MS: 52 (23 degrees)	15 (TT = 8, NTT = 7)	#109	
Texas A&M University	No SLP program							
Texas Tech University	36,551	BS, Speech, Language, & Hearing Sciences (60 credits)	159 (86 degrees awarded)	MS, SLP (60 credits); Au.D.; Ph.D. Rehab Sci/CSD Conc.	MS: 84 (42 degrees) AuD: 39 (8 degrees) PhD: 3 (1 degree)	17 (TT = 12 NTT = 5)	#82	Grants: 1 fed research 1 fed other 1 state pers prep
The University of Texas at Austin	50,950	BS, Speech, Language, & Hearing Sciences (35-48 credits)	318 (97 degrees awarded)	MS, Speech, Language, & Hearing Sciences (57-60 credits); AuD; Ph.D. SLHS	MS: 71 (33 degrees) AuD: 37 (10 degrees) PhD: 23 (6 degrees)	23 (TT = 15, NTT = 8)	#10	Grants: 12 fed research 1 state research Bilingual/Multi cultural grad certificate

PEER INSTITUTIONS	Total University Enrollment	Unit Undergraduate Degrees/Certificates Offered	Unit Undergraduate Student Enrollment	Unit Graduate Degrees/Certificates Offered	Unit Graduate Student Enrollment	Total # of Unit Faculty	U.S. News Ranking	Other
The University of Texas at El Paso	23,397	BS, Rehabilitation Sciences – SLP (36 credits)		MS, SLP (51 credits)	MS: 44 (21 degrees)	5 (TT = 1, NTT = 4)	#132	Grants: 1 fed pers prep Bilingual SLP grad certificate
University of Arizona	44,831	BS, Speech, Language, & Hearing Sciences (33 credits)	327 (47 degrees)	MS, Speech, Language, & Hearing Sciences (54-57 credits); AuD; Ph.D. SLHS	MS: 64 (26 degrees) AuD: 37 (10degrees) PhD: 23 (6 degrees)	34 (TT = 17, NTT = 17)	#6	SLPA program; Bilingual grad certificate
University of Colorado-Boulder	33,246	BA, Speech, Language, & Hearing Sciences (35 credits)	229 (62 degrees)	MA, SLP (72 credits); Au.D.; Ph.D. SLHS	MS: 63 (26 degrees) AuD: 37 (10 degrees) PhD: 5 (1 degree)	22 (TT = 10, NTT = 12)	#20	Grants: 2 fed research 1 fed other 4 state research SLPA program
U Colorado-Denver	No SLP Program							
University of Iowa	33,334	BA, Speech and Hearing Science (44 credits)	301 (68 degrees)	MA, SLP (58 credits); AuD.; Ph.D. CSD	MA: 45 (20 degrees) AuD: 31 (10 degrees) PhD: 9 (3 degrees)	25 TT = 14, NTT = 11	#6	Grants: 6 fed research 1 fed other 1 state other
University of Nevada-Las Vegas	No SLP Program							
University of Utah	32,760	BA/BS, Speech and Hearing Science (48 credits)	70 (30 degrees)	MS, SLP (55 credits); SLPA grad cert AuD.; Ph. D.;	MS: 84 (42 degrees) AuD 45 (10 degrees) PhD: 12 (2 degrees)	30 (TT = 12, NTT = 18)	#32	Grants: 5 fed research 1 fed pers prep SLPA program
Eastern New Mexico	6,027	BS, Communicative Disorders (39 credits)	276 (93 degrees)	MS, Communicative Disorders (54 credits)	MS: 187 (38 degrees)	21 TT= 5, NTT = 16	#244	Grants: 1 state other