

**Communication Disorders Program Fall  
2016 - 2017 Progress Report  
Strategic Plan Progress & Feedback Summaries**

2013-2020 STRATEGIC PLAN

FOCUS AREA 1: Develop a program of academic excellence that provides highly qualified speech-language pathologists who meet the needs of state of Arkansas and neighboring states

*Strategy 1:* To increase diversity of students and graduates, the program will *increase* marketing efforts through recruitment at professional conferences, and development of an online “tour” for prospective students.

*Fall 2016 - Dr. Kim Frazier is Graduate Student Coordinator and conducts all campus tours. Professional pictures of events in the clinic have been taken and will be included in new marketing tools being developed.*

*Strategy 2:* To promote and maintain a high quality undergraduate program, the undergraduate program will undergo a program review in 2016. As part of that process, the curriculum will be reviewed and alumni will be surveyed to obtain data.

*September 2015 Student data, including graduation rates and diversity obtained  
Syllabi submitted for review*

*Fall 2016 From the 2015-2017 cohort, 15% of the students in the CDIS program are from minority backgrounds and 5% of the students are male (a minority in this field)*

*The Undergraduate Program submitted the review packet to the University of Arkansas. Two external reviewers have been selected from two Universities with CDIS program and an on campus site review will be conducted in March 2017.  
A curriculum committee comprised of 4 faculty members will meet in the Spring of 2017 to review the UG curriculum.*

*Strategy 2:* To decrease the financial burden on students, the curriculum will be reviewed and course related fees will be assessed, e.g., fees, textbooks. Increased graduate student funding will also be sought through grant submission. Potential for funding through clinic income will also be examined.

*Summer 2015 Student advisory group recommendations obtained.*

*Fall 2015 Changes made based on alumni and student feedback:  
Required credit hours for off-campus clinical assignments changed.  
Intersession course canceled; content moved to fall course*

*Fall 2016 2 Personnel Preparation Grants for graduate student funding are currently being written and will be submitted by faculty members in the Spring 2017. If funding is secured, 8 graduate students per cohort would receive tuition reimbursement.  
Clinic funding is currently being used for background checks & maltreatment training . (These costs were previously covered by students).*

*Strategy 3:* To provide more opportunities for specialized training, recommended programs of study will be developed for educational interest, medical interest, and research interest. Students may also continue to opt of a general course of study. More courses will be developed that demonstrate the changing roles of SLPs for the future, such as, managing SLP-As, streamlining documentation for efficiency, and best uses of technology, including telehealth. Appropriate courses in other disciplines will be identified.

*Fall 2013 Educational, Medical, General Plan of Study offered with electives offered in 3 semesters.*

*Fall 2014 Electives evaluated. Those with minimal enrollment not submitted for course number.*

*Fall 2015 Additional electives offered based on student request. Thesis option included on plan.*

*Fall 2016 3 Plans of Study are still offered; additional electives continue to be available to students.*

*Strategy 4:* To provide students with learning differences options for successful, on-time completion of their graduate degree, the program will develop multiple-choice, essay, and oral comprehensive examinations. Faculty will develop rubrics for the essay exam and the oral comprehensive exam. All formats will be updated as needed.

*Spring 2014 First on-line multiple-choice exam administered  
Essay exam administered and reviewed.*

*Spring 2015 Revised multiple-choice exam administered*

*Spring 2016 Revised multiple-choice exam administered.*

*Strategy 5:* A capstone project that requires students to integrate knowledge and skills and demonstrate understanding of evidenced-based practice will be required.

*Fall 2014 Capstone courses offered for educational and medical concentrations. Capstone projects presented, on-campus faculty attended.*

*Fall 2016 Capstone course required for all graduate students. Capstone projects presented; on-campus faculty attended.*

FOCUS AREA 2: To promote a culture of high research productivity, research faculty will produce basic and applied research with undergraduate and graduate student involvement and seek extramural funding for research.

*Strategy 1:* The program will conduct assessments to determine student interest, program needs, resource availability, and administrative support to determine the feasibility of offering a doctoral program. If appropriate, the program will design and seek approval for a curriculum, hire additional faculty as-needed, and begin recruitment of students.

*Spring 2015 - Andrew Bowers agreed to coordinate.*

*Fall 2016 - Feasibility survey created to assess the need of a +15 Certificate for clinicians in the area.*

*Strategy 2:* To increase research productivity, tenured and tenure-track faculty should be provided with a minimum of 40% research assignment. Establish productivity levels of 2 publications and 1 national presentation per year for a 40% assignment. Evaluate workload yearly to reduce assignments that do not promote productivity.

*Fall 2015 Workload assignments for 2016 established. Tenure-track faculty will not be required to do undergraduate honors projects that do not help their research agendas. Each tenure-track faculty member will limit undergraduate projects to one.*

*Fall 2016 Tenure-track faculty lowered involvement in UG projects to one per cohort. New faculty member hired at 40% research.*

*Strategy 3:* To increase data collection in the Speech & Hearing Clinic, research faculty will establish collaborations with clinical faculty..

*Fall 2014 One study completed in clinic.*

*Fall 2015 Clinic data being obtained regarding number and type of clients seen in the clinic.*

*Fall 2016 Collaborative research grant obtained by research and clinical faculty. Funds will be used in part*

*to support two graduate students.*

*Strategy 4:* Increase participation of graduate students in research by improving awareness, interest, and funding.

*Fall 2014*      *Three graduate students completed research projects and presented their findings at a national convention.*

*Fall 2015*      *Research emphasis option included on graduate student plan of study.*

*Fall 2016*      *Two graduate students funded to work on research grant within the clinic.*

**FOCUS AREA 3:** To provide students with quality and diverse clinical training experiences, the University of Arkansas Speech and Hearing Clinic should be a state-of-the-art facility that provides services to a diverse population of clients across the lifespan.

*Strategy 1:* The College will provide funding for all clinic positions until Fall 2016. During that time, income from the clinic can be reserved for future expenses. Insurance billing and increased fees will generate more income.

*Spring 2015*      *Insurance billing and fee increase was initiated in Spring 2015. Client census dropped that semester and income declined.*

*Summer 2015*      *Fee structure policy and agreement forms revised. Fee waivers reviewed.*

*Fall 2015*      *Number of fee-waived clients reduced. Number of clients seen in the clinic monitored. Hired clinic staff with insurance billing and coding experience. Clinic expenditures reviewed monthly.*

*Spring 2016*      *Medicare provider application initiated. Clinic became approved provider for Medicaid and 7 private insurances. Clinic fee schedule revised and submitted for University review to increase clinical fees to be commensurate with average Medicare/Medicaid reimbursements. Average monthly clinical revenue increased by 300%.*

*Summer 2016*      *Clinic's new schedule of fees was approved by University administration and became effective August 1, 2016.*

*Fall 2016*      *Clinic maintained increased average monthly revenue and began selling hearing aids in December 2016. Clinic became a provider for an eighth insurance.*

*Spring 2017*      *Clinic received approval for Medicare provider application.*

*Strategy 2:* Establish alternative ways of funding supervisory positions, including contracts for private practitioners and methods of increasing summer funding for 9-month employees.

*Fall 2015*      *Proposal for contract basis for hiring additional client faculty under review by administration.*

*Spring 2016*      *After extensive research into University policies regarding independent contractors, feedback from University and College human resource managers was received regarding difficulties in contacting private practitioners as independent contractors. The new Director of Clinical Services negotiated a method for hiring supervisors as employees rather than contractors.*

*Summer 2016*      *9-month employees were providing funding during non-appointed summer months based on a competitive hourly rate as a trial for hiring additional hourly supervisors.*

*Fall 2016* After reviewing the successful summer trial of hourly supervisors, two additional supervisors were hired as hourly employees based on a competitive hourly rate.

*Spring 2017* The Director of Clinical Services budgeted for additional hourly employees as well as funding for 9-month employees during non-appointed summer months. A total of three supervisors were paid as hourly employees during Spring 2017.

*Strategy 3:* Establish minimum supervision times for services at 50% for therapy and 100% for evaluations. Establish and monitor supervisor productivity minimums/maximums to identify need for additional supervisors.

*Spring 2015* Productivity levels for all clinic supervisors was reviewed.

*Fall 2015* Minimum and maximum productivity levels determined and distributed to supervisors. Productivity monitored monthly.

*Spring 2016* Minimum and maximum productivity levels and supervisory requirements were reviewed and updated. Because of Medicaid requirements, supervision was increased to 100% for all clients. Direct contact to instructional non-contact time ratios were adjusted to 50% time supervising a student in direct contact and 50% of time in direct instruction of the student.

*Summer 2016* Supervisors were given the option to see clients directly in the event students were unavailable.

*Fall 2016* Productivity levels and supervisory requirements were reviewed and maintained at 50% client services: student training time and 100% supervision for evaluation and therapy.

*Strategy 4:* Rotate graduate students through evaluation schedule to promote multiple experiences with a variety of clients.

*Fall 2015* Evaluations assigned on a rotating basis. Number of graduate students reduced to provide more clinical opportunities. Screening opportunities increased.

*Spring 2016* Practice of rotating students through evaluations reviewed and revised. Feedback was requested from students about diagnostic rotations. Student feedback enumerated that diagnostic rotation provided exposure to a variety of disorders but that working around therapy times and academic coursework was difficult. It was recommended by Director of Clinical Services that each supervisor use their assigned students to provide evaluations to create a sense of teamwork, collaboration, and consistency.

*Summer 2016* Alternative clinical education opportunities were researched. Providers increased number of AAC evaluations in clinic as well as increasing general speech-language evaluations. Relationship with OT provider from nearby outpatient clinic was established for AAC evaluations.

*Fall 2016* Director of Clinical Services sought demonstrations for viable clinical simulation opportunities to increase variety. SimuCase was chosen. AAC evaluations continued to be provided. An AAC student evaluation team was planned for Spring 2017.

*Spring 2017* SimuCase licenses for 1st year graduate students were purchased. Students were trained and now have the opportunity to receive direct contact evaluation hours via simulation with guidance of supervisor. AAC student evaluation team was formed and provided multiple AAC evaluations across the lifespan over the spring semester.

FOCUS AREA 4: Increase visibility of the academic program, clinic services, community services, and involvement in state and national organizations..

*Strategy:* The program will increase community outreach by partnering with preschools, schools, and medical practices to provide screenings, prevention materials, and educational information.

*Fall 2013*      *The program partnered with a medical practice to provide multidisciplinary diagnostics in the Speech & Hearing Clinic.*

*Spring 2015*      *Faculty member agreed to serve on editorial board.*

*Fall 2015*      *The program partnered with Head Start and some private practices to provide screenings.*

*Spring 2016*      *Hearing screenings were provided to over 200 students at a local private school in addition to screenings in local school districts.*

*Fall 2016*      *Hearing screening program continued to grow. The program continued to add off-campus clinical placements. The program required undergraduate students to obtain at least 10 of their 25 ASHA required observation hours off-campus which allowed for multiple opportunities to collaborate with a variety of local clinical settings. First year graduate students provided over 19.5 hours of community evaluation for HeadStart locations all over Northwest Arkansas. Hearing screenings were performed for multiple schools in the Fayetteville Public School district.*

*Spring 2017*      *Hearing screenings were again provided to over 200 students at a local private school.*

*Strategy:* The program will apply to become an ASHA CEU provider. A program of continuing education opportunities will be established and advertised to area professionals.

*Spring 2016*      *The program implemented monthly "Lunch & Learn" professional development opportunities for graduate students and local professionals. Additionally, the program partnered with Arkansas Children's Hospital for a "Stuttering Therapy Workshop" continuing education event in the fall of 2016. The program established a "Continuing Education Committee" to complete the ASHA CEU Application.*

*Spring Symposium will be offered to professionals in the region. This event will be sponsored by NSSLHA and the University of Arkansas.*

*Strategy:* A needs/interest assessment will be conducted with area professionals. Based on the results, a +15 program will be proposed. If successful, a +30 program will be proposed.

*Spring 2016 - Feasibility survey has been created and is out for faculty review. Expected to be sent out for completion in 2017.*

*Strategy:* Attendance at state conference will be increased. Faculty will seek leadership roles in professional organizations. The faculty will increase participation as journal editors and/or reviewers.

*Fall 2016:* *Two faculty members presented at the ArkSHA (Arkansas Speech Language Hearing Association) convention. Three faculty members attended ArkSHA. One faculty member inquired about the VP for Continuing Education of ArkSHA. 4 faculty members served as journal reviewers. One faculty member served as a journal editor.*