

*University of Arkansas  
Communication Disorders Program  
2013-2020 Strategic Plan*

#### VISION STATEMENT

The Communication Disorders Program at the University of Arkansas aspires to become a leader in the field of speech-language pathology in the areas of teaching, research, and service. Our program aims to disseminate quality interdisciplinary basic and applied research relevant to speech and hearing sciences and related fields. We strive to promote evidence-based practices by educating students through the integration of academic coursework, diverse clinical practicum experiences, research opportunities, and service in the community. We expect our graduate alumni to be well known in the community for providing clients with outstanding clinical services.

#### MISSION STATEMENT

Our mission is to advance knowledge of speech, language, swallowing, and hearing disorders through basic and applied research, graduate clinician training, and community service. To accomplish this mission, faculty and students participate in scholarly research activities, provide clinical services in a state-of-the-art facility, and promote community outreach projects.

Our primary goals are to produce innovative scholarly work and train competent speech-language pathologists to provide services to individuals and their families across the lifespan.

#### WHO WE SERVE

The Communication Disorders Program serves students in the bachelor's and master's degree programs. The Speech & Hearing Clinic serves the public by providing services to people across the lifespan who have communication or swallowing disorders.

#### VISION STATEMENT

To better serve our students, our alumni, the community, and the State of Arkansas, the Communication Disorders Program is committed to accomplishing the following objectives by May 2020:

- Establish a reputation for academic excellence that reflects the current status of the profession
- Demonstrate high research productivity as measured by dissemination of research in quality peer-reviewed journals and national presentations
- Develop an alumni base that is well-known in the community for providing outstanding clinical services.
- Establish a reputation in the community for offering quality speech and language services to community members across the life span,
- Increase interdisciplinary teaching, research, clinical, and service collaborations
- Increase the visibility of the academic program, clinical services, and community service provided

#### FOCUS AREAS

**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

#### *Issues:*

- 1) Students graduating from our program should reflect the growing diversity within our state.
- 2) Students graduating with a bachelor's degree should be prepared for success in a graduate program in speech-language pathology or audiology, or a related field of study. For students not seeking graduate study, the bachelor's degree should prepare students with the skills to perform as an SLP-A.
- 3) The high cost of graduate education prevents some highly-qualified students from seeking a degree.
- 4) Students should have increased opportunities to pursue electives for specialized training in areas of interest.

- 5) Students who do not demonstrate mastery of the curricula by successfully completing a multiple-choice comprehensive exam need other mechanisms for demonstrating mastery through a written essay exam and/or oral comprehensive exam.
- 6) Graduates from the master's program should be prepared to identify and implement evidence-based practice in a variety of settings.

*Strategies:*

- 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 perspective students.
- 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.
- 3) 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.
- 4) 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.
- 5) 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.
- 6) A capstone project that requires students to integrate knowledge and skills and demonstrate understanding of evidenced-based practice will be required.

*Baseline:*

- 1) The 2013-2015 and 2014-2016 graduate cohorts averaged 5% males and 9% minorities. The undergraduate enrollment for the same years averaged 3% males and 7% minorities.
- 2) The undergraduate program in Communication Disorders currently has the highest degree completion rate for the College of Education and Health Professions. The majority of students who apply are also accepted into a graduate program in Communication Disorders. Data for successful completion of a graduate program has not been collected, and graduates have not been surveyed to identify strengths and weaknesses of the undergraduate program.
- 3) In Fall 2014, two graduate assistantships were awarded by the program. Another was provided through a clinical collaboration. In Fall 2015, two graduate assistantships were
- 4) A limited number of courses that addressed general educational and medical interests were made available beginning Spring 2014. The number of courses was limited, but not all reached the required level of enrollment for that academic year. Graduate surveys and off-campus supervisor responses indicate the benefits of some courses and the need for some additional options.
- 5) All students graduating in the August 2013- May 2015 completed the objective comprehensive examination successfully. Some students from previous cohorts have not been successful in passing the objective examination. Essay examinations have been provided, but oral examinations have not been presented as an option. Rubrics for essay and oral examinations have not been established by the graduate faculty.
- 6) Capstone courses were initiated in Spring 2015. All students presented their projects to interested university faculty and students. The presentations were not advertised to local professionals. A Capstone Project assessment rubric has not been established.

*Outcomes:*

- 1) Changes to the website to include a tour for perspective students will be completed by May 2016. Promotional materials for conferences will be designed with initial distribution at state and national conferences by May 2017. Data reflecting program diversity will be reviewed annually, and additional recruitment strategies identified.

- 2) Self-study of undergraduate program and report of outcome data will be completed by May 2016. The program will have onsite visitors in 2016-2017. Required changes will be implemented in 2017-2018. Yearly reports of outcome data for program objectives will be completed each spring. August 2016 – Implement changes indicated by self-study
- 3) In Fall 2014 and Fall 2015, recommendations from the graduate student advisory group, graduates/alumni, and off-campus supervisor feedback were obtained. Changes to the curriculum and clinic scheduling were initiated in August 2015, including cancellation of one class and reduced clinic practicum costs. Fees and other course-related expenses will be reviewed in Spring 2016. By 2020, there will be an increase in grants submitted by the faculty that include student funding; and clinic-provided funding will be available to students.
- 4) Educational, Medical, General Plans of Study were offered beginning 2013-2014. Electives were evaluated and those with minimal enrollment were not submitted for course numbers. Additional electives were added in Fall 2015 in response to student requests. In 2016-2017, surveys will be sent to alumni and off-campus supervisors to identify additional needed electives. The curriculum will be reviewed annually and needed changes made each fall. By 2020, the program will have established Educational, Medical, General, and Research Plans with priority registration.
- 5) In Spring 2014, the first on-line multiple choice comprehensive exam was administered. This exam has been revised each semester, with at least two forms available. An essay comprehensive exam was administered in the Summer 2014. A revised essay exam will be designed with a proposed scoring rubric in Spring 2016, and a proposal for an oral exam with rubric will be reviewed by the faculty. The 2016-2017 academic handbooks will reflect comprehensive exam options. The exams will be reviewed and updated on an annual basis.
- 6) Capstone courses were initiated in Fall 2014, with students presenting projects to on-campus faculty and students. Beginning Fall 2015, area professionals will be invited to the presentations. In Fall 2015, a scoring rubric will be used. In Spring 2016, capstone projects will be published and made available on the program website. In Spring 2016, the capstone rubric will be reviewed and revised as necessary. Beginning Fall 2016, students will identify possible topics related to each graduate course and off-campus supervisors will be surveyed for topics of interest.

*Resources Needed:*

- 1) Web design assistance; funding for materials and travel to conventions
- 2) Survey software
- 3) Faculty time for successful grant writing; increased clinic income
- 4) Faculty with expertise in requested topics, workload accommodation or adjunct faculty for additional instruction.
- 5) Results data for review
- 6) Presentation space and materials; email distribution lists

*Person(s) Responsible:*

- 1) Graduate Student Coordinator and Undergraduate Advisor
- 2) Program Director, Undergraduate Advisor, and Undergraduate Faculty
- 3) Graduate Faculty
- 4) CDIS Faculty
- 5) Graduate Faculty
- 6) Graduate Faculty

**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.

*Issues:*

- 1) The University of Arkansas holds the classification of *very high research activity* from the Carnegie Classification of Institutions of Higher Education. The UA Communication Disorders Program is one of the few programs in the College of Education and Health Professions that does not offer a doctoral degree. All peer programs in the Southeastern Conference offer a doctoral degree.

- 2) Tenure-track and tenured faculty must be allotted adequate time to conduct quality research and write grants.
- 3) Research and clinical faculty should collaborate to promote research opportunities in the Speech & Hearing Clinic. Interdisciplinary collaborations with professionals on-campus and in the community should be increased.
- 4) Graduate students must be afforded additional opportunities to be involved in research.

*Strategies:*

- 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.
- 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.
- 3) To increase data collection in the Speech & Hearing Clinic, research faculty will establish collaborations with clinical faculty. Contact with relevant professionals in other disciplines or in the community will be facilitated through increased visibility of faculty research interests and agendas.
- 4) Increase participation of graduate students in research by improving awareness, interest, and funding.

*Baseline:*

- 1) The program has support of the department head to examine options for joint-degrees with other programs. Assessment of student interests will be conducted when the design of the possible degree is determined.
- 2) Tenure-track faculty currently have a 40% research assignment. To accommodate teaching, advising, and administrative assignments, tenured faculty research assignments varied from 0% to 30% in 2013, 2014, and 2015.
- 3) Two data collection projects were completed in the clinic in 2014. In 2015, two IRBs were submitted for additional projects in the clinic. All projects included research faculty only. One project with an off-campus professional has been proposed to begin in 2016.
- 4) In the 2013-2015 cohort, three graduate students completed research projects and presented their findings at a national convention.

*Outcomes:*

- 1) In Spring 2016, meetings will be held to determine type of degree to be offered. In Spring 2017, the program will have completed interest, needs, and resource assessments. By Spring 2018, the program will present a proposal for administrative support. By Spring 2019, the program will hire additional faculty as needed and begin recruitment of first cohort. In March 2020, the program will admit first cohort to start Fall 2020.
- 2) Workload assignments for 2016 will be established in Fall 2015. 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. At the beginning of each spring semester, the faculty will provide Program Director with summary of research productivity for the previous year. Productivity levels will be assessed. Request workload changes/additional faculty as needed. Workloads will be assessed and adjusted each fall. Requests for changes/faculty will be submitted as needed. By 2020, research faculty will increase research productivity and interdisciplinary research collaborations to increase funding opportunities and graduate student training opportunities
- 3) In Fall 2015, clinic data will be obtained regarding number and type of clients seen in the clinic. In Spring 2015, data will be reviewed by research and clinic faculty to determine areas of common interest, with monthly meetings being scheduled. A link to faculty research agendas will be established on the website in 2016. Beginning Fall 2017, an increased number of graduate students will be involved in data collection in the clinic. The number of data collection projects will be assessed each fall, with increasing research and funding expected annually through 2020.
- 4) In 2016, a faculty/student journal group will be established to promote student interest. By 2017, an increased number of students participating in faculty research projects is expected. Increased funding for student travel to present research is expected by 2018.

*Resources Needed:*

- 1) Survey software; funding for additional faculty lines; funding for doctoral assistantships
- 2) Adequate faculty to maintain appropriate workload assignments.
- 3) Clinic population data, adequate number of clients available for research
- 4) Increased funding for faculty/ student travel to conferences

*Person(s) Responsible:*

- 1) Graduate faculty; Andrew Bowers will coordinate
- 2) Program Director
- 3) Research and clinical faculty
- 4) Research faculty

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.

*Issues:*

- 1) The Speech & Hearing Clinic requires adequate funding until it can increase the clientele and income levels.
- 2) To meet its objective of becoming a 12-month clinic, the clinic must have qualified supervisors who are willing to work year-round. Productivity levels and firm supervision minimums were not established until Fall 2015.
- 3) Assign students to maximize diversity of experience.

*Strategies:*

- 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.
- 2) Establish alternative ways of funding supervisory positions, including contracts for private practitioners and methods of increasing summer funding for 9-month employees. Monitor supervisor productivity to determine need for additional funding and/or supervisors.
- 3) Change clinic assignment method to rotate graduate students through evaluation schedule to promote multiple experiences with a variety of clients and increase contact hours.

*Baseline:*

- 1) Insurance billing and fee increase was initiated in Spring 2015. Client census dropped that semester and income declined. Spring 2015, productivity levels for all clinic supervisors was reviewed. No supervisor reached the minimum level expected for their workload. All supervisors paid with college funds.
- 2) 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 or increasing supervisory pay.
- 3) Off-campus supervisor surveys indicate students need more experience on-campus, particularly with diagnostics. Experience with diagnostics and interdisciplinary teams varied widely for 2014-2016 cohort. Only those assigned to specific supervisors received varied experience. The 2013-2015 cohort averaged 66 hours of on-campus experience; the 2014-2016 cohort averaged

*Outcomes:*

- 1) In Spring 2014, Insurance billing was initiated. In Fall 2015, fee structure policy and agreement forms revised. Fee waivers reviewed. In Spring 2016, clinic income average will be assessed and submitted to administration for review of productivity. By Spring 2017, it is expected that clinic income will increase adequately to allow additional supervisor hires. By 2018, clinic income is expected to increase to a level that will allow some graduate student funding.
- 2) In 2016, the clinic will propose a method of paying 9-month supervisors for summer supervision. In 2017, contracts will be established with private practitioners to provide services/supervision in clinic. In 2018, the clinic will establish a method of rewarding increased clinical productivity for clinical faculty

- 3) Data for the 2016 – 2018 cohort will show increased on-campus experience, in both number of hours and diversity. This data will be used to determine the number of graduate students that can be accommodated for acceptance into the next cohort. Survey data for off-campus supervisors will indicate improvement in student skills.

**Resources Needed:**

- 1) Qualified supervisors; improved visibility and public awareness of clinic
- 2) Administrative support for clinic contracts
- 3) Increased clinic census, increased visibility of clinic, adequate funding for supervisors

**Person(s) Responsible:**

- 1) Clinic Director
- 2) Clinic Director and Program Director
- 3) Clinic Director

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

*Issues:*

- 1) To increase visibility to the community, the program must increase outreach programs.
- 2) To establish firm relationships with area professionals, the program will provide continuing education programs for area professionals.
- 3) A program providing public school professionals with the graduate credits needed to increase their level on the salary schedule will improve academic program visibility and enhance community partnerships.
- 4) To increase the visibility of the academic program, faculty must participate in professional organizations, assume editorial positions, and assume leadership roles at the state and/or national level

*Strategies:*

- 1) The program will increase community outreach by partnering with preschools, schools, and medical practices to provide screenings, prevention materials, and educational information.
- 2) The program will apply to become an ASHA CEU provider. A program of continuing education opportunities will be established and advertised to area professionals.
- 3) 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.
- 4) 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.

*Baseline:*

- 1) The program currently partners with Head Start and some private practices to provide screenings. The program also has a partnership with a medical practice to provide multidisciplinary diagnostics.
- 2) In Fall 2015, the program is in the process of completing the application to become a CEU provider.
- 3) No data has been collected. Discussion of the proposal began in Fall 2015.
- 4) One faculty member serves as a journal editor. All research faculty have peer-reviewed articles or presentations. Attendance of faculty at the state conference was limited to one for 2013 and 2014. No faculty member has volunteered for a leadership role in the state organization since 2012.

*Outcomes:*

- 1) By 2020, the program will partner with an increase number of preschools, public schools, and private practices to provide screening and evaluation services.
- 2) By 2020, the program will have an established continuing education program that provides a minimum of 10 CEUs/year.
- 3) By 2020, the program will have established a +15 program with at a minimum of 10 professionals completing the required hours.
- 4) By 2020, travel funding will be available for state conference attendance for both faculty and students. Faculty will demonstrate an increase in leadership roles and editorial positions.

*Resources Needed:*

- 1) Funding for clinical faculty to implement partnership programs
- 2) Funding for continuing education activities.
- 3) Funding for faculty to provide instruction.
- 4) Increased funding for travel.

*Person(s) Responsible:*

- 1) Clinic Director
- 2) Kimberly Frazier will complete CEU provider application. Program faculty will be responsible for implementing continuing education program.
- 3) Program Director
- 4) Program Faculty