June 3, 2005

MEMO

TO: Linda Petrosino  
    Dean, College of Health and Human Services

FROM: Larry Small  
    Chair, Communication Disorders

RE: Program Response to PRC Report

The Department of Communication Disorders completed the process of Program Review during the 2004-2005 academic year. This was the first program review of the Department itself; the previous review was completed as part of a global review of the College of Health and Human Services. Since the previous review six years ago, the Department has experienced tremendous growth. New space was acquired in the University Health Center for faculty offices and the Speech and Hearing Clinic. The number of students admitted to the doctoral program has greatly increased. The Department was successful in filling several open faculty positions due to retirements. Faculty members have been successful in acquiring external funding for their research programs. In addition, faculty have been able to create collaborations with individuals on campus, regionally and nationally. In 2003, the Department received an eight year re-accreditation from the American Speech-Language and Hearing Association (ASHA).

The Department submitted its Academic Program Review Self-Study during the fall of 2004. In October, the Department received a site visit from the external review team. The members of this team were Dr. Alex Johnson of Wayne State University and Dr. Rosalind Scudder of Wichita State University. We were generally in agreement with their recommendations. During the spring semester, 2005, the liaison between the Program Review Committee (PRC) and the Department, Dr. Ellen Williams, visited the Department to meet individually with the Chair and with the faculty to discuss the site visitor’s report in light of the Department’s self-study. The PRC also met with Linda Petrosino, Dean of the College.

At the end of the spring semester, 2005, the Department received the final report of the PRC. The Department is appreciative of the response of the PRC in reference to the progress made by the Department during the last six years. Although the Department generally concurs with the recommendations of the PRC, there are several points that need clarification and elaboration. Each recommendation will be addressed individually.
1. **Strategic Planning**

*Recommendation:* The PRC recommends that the Department conduct a systematic review of its strategic plan with a focus on prioritizing goals within the plan. Priorities should be based on needs, resources available, and cost/effectiveness. Faculty should ensure that all appropriate stakeholders are included in the planning process. Where the external reviewers suggested an external facilitator to assist with this activity, the PRC supports the faculty in wanting to pursue the prioritization on their own. These priorities should be completed and presented to the Dean for concurrence by December, 2005.

The topic of strategic planning will be the focus of the CDIS annual planning meeting that will be held in August, prior to the onset of fall classes. At that time, the strategic plan will be presented to the faculty and staff, and we will prioritize the goals for the department as stated in the self study (pp. 50-57). The prioritized strategic plan will be submitted to the Dean during fall semester, 2005.

2. **Research Support**

*Recommendation:* The Department should continue to encourage and reward internal and external collaborative research; and it should review its allocation of financial resources to determine the most effective and equitable method of supporting faculty research. In addition, the Department should develop a plan for increasing grant productivity. A plan should be developed and presented to the Dean for approval by December, 2005.

The Department has very few financial resources to support faculty research. Most support comes in other forms. During the 2004-2005 academic year, faculty workloads were adjusted to provide junior faculty with more time to devote to their research. This was accomplished by relieving faculty of their clinical teaching responsibilities. The Department has also made a commitment to help faculty in providing funds for creation of materials for presentations and also for small item purchases necessary for personal research.

The PRC states that “The College and the University have made a significant investment in the Department since the last program review,” and “that this level of continued support creates a clear expectation for a high level of productivity and external funding to be demonstrated by the time of the next program review.” These comments need to be taken with some caution. It is true that the College and the University have made contributions to the Department. These contributions have resulted in the addition of one new faculty line in order to build the doctoral program. Several vacant faculty lines (due to retirements) were allowed to be filled during times of budget cuts. Salaries were made more competitive in order to attract talented, new faculty to the University who would be successful in starting new research programs and in acquiring external funding. New hires were also given attractive research start-up funds as well as other recruitment benefits. These contributions, in and of themselves, do not necessarily translate into gains in research productivity and external funding. To help ensure both increased research productivity and external funding, a complete faculty complement needs to be in place. Also, each faculty member must have a
reasonable work load and must be part of a reward system that is consistent with such gains in productivity.

As part of the self-study, one of the Department’s goals is to increase research activity and productivity by ten percent during the coming seven years (p. 55). As stated in the self-study, the Department is committed to the following strategies to ensure the ten percent increase in research activity and productivity:

- fill all open faculty lines (one faculty line remains unfilled)
- continue to give extra research release to first-year faculty
- give extra research release to junior faculty who are having difficulty establishing their research programs
- continue to provide travel funding for research conferences
- create active faculty research groups
- reduce service responsibilities and clinical supervision assignments as much as possible
- provide consistent faculty mentoring (as provided by the Department Faculty Development and Evaluation Committee)
- blocking faculty teaching schedules in order to allow more time for research
- balancing teaching loads at the bachelors master’s and doctoral levels
- increase mentored student research projects at the undergraduate, master’s and doctoral levels
- help faculty establish collaborations on and off campus
- encourage grant submissions

In order to encourage grant submissions and increase grant productivity, the department currently provides new lab space, master’s and doctoral student support, and, as already mentioned, reduced teaching loads. In addition, the Associate Dean of the College is available for mentoring faculty in the grant writing process. This is an invaluable resource for any faculty member wishing to pursue external funding.

3. **Increasing Enrollment**

*Recommendation.* Issues of recruitment, enrollment, and retention are of concern and deserve the critical attention of the faculty, the chair, and the dean.

- The chair and faculty should develop a recruitment strategy and a marketing plan to increase enrollment to the undergraduate major.
- Enrollments in the master’s program are healthy. Efforts to increase the number of applications, and thereby the quality of admitted students, should be pursued.
- Successful recruitment, enrollment, and retention of doctoral students is vital to the success of the doctoral program and the Department. While efforts to create a bridge program for our own undergraduates may be useful, the total recruitment effort should be national in scope and should be aimed at attracting the highest quality students to the doctoral program.
The Department should continue to use current students and visibility of program faculty as recruitment tools. Plans to achieve these ends should be presented to the Dean for approval by December, 2005.

The PRC report states that “student demand for the undergraduate major in Communication Disorders is among the lowest at the University (enrollment figures from the National Study of Instructional Costs and Productivity)”. The National Study of Instructional Costs and Productivity (NSICP) data reflect the fact that the SCH/FTE for CDIS decreased sharply during the review period (see Table 9, p. 70 of the CDIS self-study). In 1997-98, the SCH/FTE was 211. In 2002-2003, the SCH/FTE dropped markedly to 78. As stated in the self-study, this was due to shrinking enrollments at the undergraduate level. (The SCH/FTE remained constant at the graduate level during the review period.)

The reporting period for the self study ended with the 2002-2003 academic year. Since that time, the number of undergraduate pre-majors and majors in CDIS has increased (see p. 13 of the self-study). According to the most recent fifteen day report (Spring, 2005), there are 103 CDIS pre-majors and majors. Additionally, CDIS 123 *Introduction to Communication Disorders* was added to the curriculum as a BG Perspective (general education) course. These facts have led to a dramatic increase in the SCH/FTE data. The most recent NSICP report (Fall, 2004) indicates that the SCH/FTE for CDIS is 143.02 for all faculty, (including part-time instructors and GAs). (Official SCH/FTE figures are not yet available for Spring, 2005. My own calculations indicate that the SCH/FTE for spring semester is approximately 129.00.)

Even with this increase in SCH/FTE since the end of the reporting period for the self-study, the Department agrees that it is necessary to increase the number of undergraduate students majoring in Communication Disorders. Tactics for increasing undergraduate enrollment will be a topic of discussion at the annual CDIS planning meeting as part of strategic planning.

In terms of Master’s student enrollment, we currently receive applications from 80-90 students annually for 20-22 seats in the class. The undergraduate GPA for each entering class is usually greater than 3.5. Increasing the number of applicants for the master’s program would allow a deeper pool of applicants. Increasing the applicant pool could potentially help increase the diversity of students in the program. Methods of increasing the number of applicants for the master’s program will be discussed at the annual planning meeting in August.

There will be seven students in the doctoral program this coming fall (2005). As stated in the self-study, the goal of the department is to have a minimum of ten doctoral students in the program. Currently, a marketing plan is being developed with the Office of Marketing and Communications to better market the doctoral program nationally.
4. **Personnel Needs/Requests**

*Recommendation.* The Chair and faculty should prioritize their personnel needs and develop a plan for future hiring of both faculty and staff. The plan should be developed in light of available department, college, and university resources, as well as potential prospects of external funding. This plan should be presented to the Dean of the College of Health and Human Services and the Provost for discussions regarding feasibility and resources, by December, 2005.

The first priority in hiring would be to fill the open Ph.D. faculty line. The external reviewers support the request made in the self study that the Department be able to fill the open faculty line in order to maintain a body of eleven Ph.D. faculty members. Filling this position would help support the doctoral program. In order to increase the number of doctoral students in the program, it is essential that we have a quota of eleven faculty members to serve as mentors to these students. The reinstatement of this faculty line will also assist the department in reaching its goal of increased research productivity. Due to University budget cuts, the Department has not been granted permission to perform a search for this position. The addition of the new faculty position in 2002 (to support the doctoral program) temporarily brought the number of full-time faculty to eleven. The inability to fill this position has kept our faculty number at ten, essentially eradicating any gains the extra position provided.

The second priority, as outlined in the self-study (p. 54), is the ability for the College to hire a full-time laboratory technician. The Department and the other units in the College would benefit from this position. This type of position is common to many Communication Disorders departments at other institutions. The third priority is hiring a full-time audiologist for the speech and hearing clinic. A full-time audiologist would be able to help market the program, increasing revenue. Currently, we have two part-time individuals who are paid out of the speech and hearing clinic budget. Converting these positions into one full-time job would necessitate an extraordinary expense since benefits would need to be paid as well. The current clinic budget could not support such an expense.

5. **Campus Speech and Hearing Clinic**

*Recommendation.* The Chair and Clinic personnel need to develop a plan for increasing business in hearing aid diagnostics and sales. The plan should also address attracting a diverse clientele, including Medicare clients over the age of 65. Other potential revenue-producing activities for the Clinic, such as seeking additional external contracts, should be explored. The proposed audiologist position should be prioritized within the context of the Department’s overall hiring plan (see Recommendation 4). A plan to meet these needs should be presented to the Dean for her approval by April, 2006.

The Department has recently created a five-year clinical plan that went into effect during the summer of 2005. This plan involves increasing revenue by exploring additional external contracts. The addition of a full-time audiologist to the current clinical staff would allow the Department to increase its hearing aid and diagnostic services since this person would be able
to help market our services to the community. (The addition of this position is addressed in the previous section, “Personnel Needs/Requests”.) Also, as part of the five-year plan, the clinic is applying to be a Medicare provider for audiological services. The Medicare paperwork will be submitted this summer.

6. Space

Recommendation. The Chair and Dean should meet with appropriate personnel at the University to specify space needs and to explore possible space expansion within existing institutional constraints. Based on this information, a plan should be developed to outline the future of gaining or developing additional space for the Department. Costs and financial responsibility should also be part of this plan. The plan should be shared with the Dean of the College of Health and Human Services for review and approval, by April, 2006.

In accordance with the recommendations made by the PRC, there is a need for more laboratory space. As stated by the PRC, “if expectations for increasing success with external funding and achieving a greater volume of scholarly publication are to be met, research space will have to be expanded”. Additional storage space is also of concern. These issues have been addressed with the Dean for future exploration.

7. Improving Electrical Equipment

Recommendation. Faculty have a responsibility to report such problems to the Chair and Dean so that they can resolve the problem. Once identified, there should be a determination of costs and responsibility for costs. These problems should be resolved as soon as possible.

This recommendation was made in light of some electrical grounding problems in the research labs on the first floor of the Health Center building. These issues have been reported to the Dean.

8. Assessment

Recommendation. The Department should continue in its implementation of its assessment plan. With continued use of assessment of specific skill and knowledge outcomes for each student in each course taught, the Department may consider a review and possible modifications of their assessment plan after two to three years of data collection. The Department should report its assessment findings in its annual report to the Student Achievement Assessment Committee.

We would like to thank the PRC for their laudatory comments of the extensive assessment program currently in place in the Department. The department does plan on reevaluating the
skills and knowledge assessment plan in two years in order to evaluate strengths and limitations of the current system. The Department’s assessment activities will continue to be reported annually to the Student Achievement Assessment Committee.

As recommended by the PRC, the Department will report annually to the Dean of the College of Health and Human Services, with a copy to the Provost, as these recommendations are implemented.