ACCREDITATION ACTION REPORT

Re-Accreditation Review

The Council on Academic Accreditation in Audiology and Speech-Language Pathology took the following accreditation action at its February 19-22, 2020 meeting, as indicated below.

Name of Program: University of New Mexico

File #: 20

Professional Area:

- [ ] Audiology
- [X] Speech-Language Pathology

Modality:

- [X] Residential
- [ ] Distance Education
- [ ] Satellite Campus
- [ ] Contractual Arrangement

Degree Designator(s): MS

Current Accreditation Cycle: 4/1/2012 – 3/31/2020

Action Taken: Continue Accreditation

Effective Date: February 22, 2020


Next Review: Annual Report due February 1, 2021

Notices: The program is advised to adhere to the following notices that are appended to this report.

- PROGRAM COMPLIANCE EXPECTATIONS
- PUBLIC DISCLOSURE OF DECISION AND ACCREDITATION STATUS

Date of Decision: February 22, 2020
In the context of the institutional and program mission statements and in consideration of the credentials for which the program is preparing students, the CAA conducted its comprehensive review and found the program to be in compliance with the Standards for Accreditation of Graduate Education Programs in Audiology and Speech-Language Pathology, except as noted below.

**AREAS OF NONCOMPLIANCE**

The CAA found the program to be not in compliance with the following Standards for Accreditation. Noncompliance means that the program does not have in place the essential elements necessary to meet the standard. The program must demonstrate its compliance with these standards when responding to prior concerns in the next annual report or reaccreditation application or by the time line specified below. The CAA will indicate in its review of that report whether the program has addressed these areas sufficiently to achieve compliance. **Failure to demonstrate compliance with the standards may jeopardize the program’s accreditation status or require the CAA to place the program on probation.**

**Standard: 3.1B:** The program must provide content and opportunities for students to learn so that each student can demonstrate the following attributes and abilities and demonstrate those attributes and abilities in manners identified.

**Evidence of Noncompliance:**
The program must provide evidence of a curriculum that allows students to understand how to apply values and principles of interprofessional team dynamics. It is not clear if the program offers a plan of study that encompasses professional practice competencies in terms of collaborative practice. The program reports that opportunities for interprofessional education (IPE) are restricted to off-site placements at the present time, and that those interprofessional interactions occur during the second year of the program.

The program also must provide evidence of a curriculum that allows students to understand how to perform effectively in different interprofessional team roles to plan and deliver care centered on the individual served that is safe, timely, efficient, effective, and equitable. It is not clear if all students have exposure to interprofessional collaborative practice (IPP) during their offsite placement. The program indicated that they would participate in an IPE/IPP class if they had the faculty available to contribute to teaching in this professional area.

**Steps to be Taken:**
At the time of the annual report, provide clarification on how the program is ensuring the program curriculum includes collaborative practice as defined under Standard 3.1.1B Professional Practice Competencies.
Standard 3.3B: An effective speech-language pathology program is planned and delivered in an organized, sequential, and integrated manner to allow each student to meet the program’s established learning goals and objectives and develop into a competent speech-language pathologist.

Evidence of Noncompliance:
The program must demonstrate how the courses and clinical experiences are organized and sequenced and allow for integration across all elements of the program. The program reports that an average of 44% of students do not complete the required coursework before being placed in off-site placements with clients that have disorders not yet covered. The program reports that they are working on solutions to address this issue.

Steps to be Taken:
At the time of the annual report, provide evidence that students are sufficiently prepared before being placed off-site and working with clients with disorders not yet addressed in their coursework.

AREAS FOR FOLLOW-UP (clarification/verification)
The CAA did not find the program to be out of compliance with the following Standards for Accreditation at this time. However, the program must provide additional information or an update in the program’s next annual report or reaccreditation application for clarification or verification of these issues, in order to monitor the program’s continued compliance in the stated areas.

Standard 2:1: The number and composition of the program faculty (academic doctoral, clinical doctoral, other) are sufficient to deliver a program of study that:
- 2.1.1 allows students to acquire the knowledge and skills required in Standard 3,
- 2.1.2 allows students to acquire the scientific and research fundamentals of the discipline,
- 2.1.3 allows students to meet the program’s established goals and objectives,
- 2.1.4 meets the expectations set forth in the program’s mission and goals,
- 2.1.5 is offered on a regular basis so that it will allow the students to complete the program within the published time frame.

Area for Follow-Up:
The program must document the number of individuals in and composition of the group that delivers the program of study and the distribution of faculty in terms of the number of full-time and part-time individuals who hold academic doctoral degrees, clinical doctoral degrees, and master’s degrees. The program is down one FTE faculty member, but reports that since the time of the site visit the dean has agreed to hire a visiting professor for a period of one year with the possibility of extending to 3 years.
Steps to be Taken:
At the time of the annual report, provide a status update on hiring the visiting professor.

Standard 2.1: The number and composition of the program faculty (academic doctoral, clinical doctoral, other) are sufficient to deliver a program of study that:
- 2.1.1 allows students to acquire the knowledge and skills required in Standard 3,
- 2.1.2 allows students to acquire the scientific and research fundamentals of the discipline,
- 2.1.3 allows students to meet the program’s established goals and objectives,
- 2.1.4 meets the expectations set forth in the program’s mission and goals,
- 2.1.5 is offered on a regular basis so that it will allow the students to complete the program within the published time frame.

Area for Follow-Up:
The program must document how the faculty composition is sufficient to allow students to acquire the knowledge and skills required in Standard 3. Currently, many courses share multiple areas of interest, (e.g. phonology, articulation, motor speech disorders) and are being covered within the same course, addressing the breadth, but not necessarily the depth of study. The program chair has charged the curriculum committee to re-visit the course sequence and content so that the depth and breadth of scope and study of the field is adequately addressed. In addition, opportunities for interprofessional practice education (IPE) are limited and restricted to off-site placements at the present time. The program reports that students were unable to participate in an IPE course presently offered in the School of Allied Health because of insufficient faculty.

Steps to be Taken:
At the time of the annual report, provide an update on the curriculum committee’s recommendations and the program’s decision to include coursework that will address the depth and breadth of the scope of speech-language pathology practices and the status of the program’s participation in IPE.

Standard 6.6: The program has access to clerical and technical staff that is appropriate and sufficient to support the work of the students, faculty, and staff. The access is appropriate and sufficient for the program to meet its mission and goals.

Areas for Follow-up:
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. The number of academic faculty appointments and student enrollment (reported as “up 70% in the past 5-7 years”) have increased without an increase to the department’s clerical administrative support. The present clerical staff is responsible for supporting daily operations of the department, budget management, maintenance of 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 computers not connected to the department printers, and faculty performing multiple clerical and technical support tasks on their own, including maintenance of the affiliation agreements and billing for Medicare. Consequences for inability to bill for Medicare has significantly reduced the number of adult patients seen in the clinic.

Steps to be Taken:
At the time of the annual report, provide an update on how the program’s access to clerical and technical staff supports the work of students, faculty, and staff in sufficient to meet the program’s mission and goals.

PERFORMANCE WITH RESPECT TO STUDENT ACHIEVEMENT

The CAA has evaluated this program regarding its performance with respect to student achievement and provides the following report, required as an accrediting agency recognized by the US Secretary of Education [34 CFR 602.17(f)(2)].

Comments/Observations:

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<th>Program Completion Rates</th>
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<tr>
<td>X</td>
<td>Employment Rates</td>
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<td>X</td>
<td>Praxis Examination Rates</td>
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PROGRAM COMPLIANCE EXPECTATIONS

As an accrediting agency recognized by the U.S. Secretary of Education, the CAA must comply with Criterion §602.20 [34 CFR 602.20(a)(2)(iii)]. This criterion requires that if an accrediting agency’s review of a program indicates that the program is not in compliance with any standard, the CAA must establish timelines for programs that are not in full compliance “to take appropriate action to bring itself into compliance with the agency’s standards”. As the programs that the CAA accredits are at least two years in length, the maximum time allowed under this criterion is two years. If, after review of a required report, the program remains out of full
compliance with any standard and sufficient progress toward compliance has not been demonstrated, the CAA may act to place the program on probation or withdraw its accreditation status in accordance with the policy and procedures outlined in the Accreditation Handbook. The CAA may place a program on probation or withdraw accreditation from a program prior to this time when there is clear evidence of circumstances that jeopardize the capability of the program to provide acceptable educational experiences for the students, as noted above. However, a program will be placed on probation or accreditation withdrawn after the review of a third consecutive report reveals that issues continue for the same standard(s) and the program remains not in full compliance with all standards.

PUBLIC DISCLOSURE OF THIS DECISION AND ACCREDITATION STATUS

The CAA publishes a notice of final accreditation actions on its website after comprehensive reviews are completed in accordance with its published policies. In the event an adverse action is taken and becomes final (i.e., withdrawal or withholding of an accreditation status), the CAA is required to publish a brief statement summarizing the reasons for withholding or withdrawing the accreditation status of a program, together with the comments, if any, that the affected program may wish to make.

The Criteria for Recognition by the U.S. Secretary of Education requires all recognized accrediting agencies to provide for the public correction of incorrect or misleading information an accredited or preaccredited program releases about accreditation or preaccreditation status, contents of site visit reports, and accrediting or preaccrediting actions with respect to the program. [34 CFR 602.23(d) and 602.23(e)] The program must make accurate public disclosure of the accreditation or preaccreditation status awarded to the program, using the language provided in the Accreditation Handbook (see Chapter XII Informing the Public) on the academic accreditation website. If the program chooses to disclose any additional information within the scope of the ED rule, such disclosure also must be accurate. Any public disclosure of information within the scope of the rule must include the CAA’s name, address, and telephone number as described in the Accreditation Handbook. If an institution or program misrepresents or distorts any action by the CAA with respect to any aspect of the accreditation process, its accreditation status, the contents of the site visit report, or final CAA accreditation actions or decisions, the CAA will inform the chief executive officer of the institution and the program director that corrective action must be taken. If corrective action is not taken, the CAA will release a public statement that provides correct information and may invoke other sanctions as may be appropriate.