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 16-19, 2022 meeting, as indicated below.

Name of Program: William Paterson University of New Jersey

File #: 133

Professional Area:

☐ Audiology
☒ Speech-Language Pathology

Modality:

☒ Residential
☐ Distance Education
☐ Satellite Campus
☐ Contractual Arrangement

Degree Designator(s): M.S.

Current Accreditation Cycle: 12/1/2013 - 11/30/2021

Action Taken: Place on Probation

Effective Date: February 19, 2022

New Accreditation Cycle: 12/1/2021 - 11/30/2029

Next Review: End of Probation Report due January 13, 2023
Annual Report due February 1, 2023

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
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 NON-COMPLIANCE – Cause for Probation

The CAA found the program to be not in compliance with the following Standards for Accreditation. Non-compliance 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.

A program will be placed on probation or accreditation withdrawn after the review of a second consecutive report reveals that issues continue for the same standard(s) and the program remains not in full compliance with all standards (effective January 1, 2021- see CAA Accreditation Handbook, Chapter XVII).

Standard 1.3  The program has a mission and goals that are consistent with preparation of students for professional practice.

Requirement for Review:

- The program must describe how the mission statement and program goals are used to guide decision making to prepare students for entry level into professional practice in audiology or speech-language pathology.

Evidence of Non-Compliance:
The CAA requires programs to describe how the mission statement and program goals are used to guide decision making. The site visit team cited the program for failing to tie the program’s mission and vision to the goals and objectives on its current strategic plan, and for the lack of specific measurable objectives, as noted in Standard 1.5 below. In the response to the site visit report, the program indicated that there is an updated summary of the goals currently published to the website that contains the measurable objectives (https://www.wpunj.edu/cosh/departments/communication-disorders/strategic-plan), and that its strategic plan expires in 2022 and a new strategic plan is in the process of being developed that will include timelines and measurable goals and objectives. However, the updated goals that are currently published do not contain measurable objectives, and it is still unclear how they are used to guide decision making for the program.

Steps to Be Taken:
At the time of the End of Probation report, the program must provide evidence that the new strategic plan has been developed and is based on the program’s mission and vision statement and measurable program goals.
Standard 1.4  The program faculty must regularly evaluate the congruence of program and institutional missions and the extent to which the goals are achieved.

Requirement for Review:
- The program periodically reviews and revises its mission and goals.
- The program systematically evaluates its progress toward fulfillment of its mission and goals.

Evidence of Non-Compliance:
The CAA requires that the program periodically reviews and revises its mission and goals and to systematically evaluate its progress toward its fulfillment. The program does not periodically review their mission and goals and the progress towards their fulfillment. The program cited two examples during faculty meeting minutes where the strategic plan was discussed, however the program failed to demonstrate how they reviewed progress towards the fulfillment of the goals and how they revised their goals if necessary. The goals and objectives in the strategic plan had no timelines, making it difficult to determine progress towards their fulfillment. The program reported that they are developing a new plan with timelines and measurable goals and objectives since the old strategic plan will expire in 2022.

Steps to Be Taken:
At the time of the End of Probation report provide documentation that the program’s mission and goals have been reviewed, documentation of the schedule for review, and examples of how the review and revision of the new strategic plan will be evaluated by the faculty to monitor progress of fulfillment.

Standard 1.5  The program develops and implements a long-term strategic plan.

Requirement for Review:
- The plan must be congruent with the mission and goals of the program and the sponsoring institution, have the support of the administration, and reflect the role of the program within its community.
- The plan identifies long-term goals, specific measurable objectives, strategies for attainment of the goals and objectives, and a schedule for analysis of the plan.

Evidence of Non-Compliance:
The CAA requires programs to develop and implement long-term strategic plans that are congruent with the mission and goals of the program and the sponsoring institution, and that the strategic plan identifies the long-term goals, has specific measurable objectives, has strategies for attainment of the goals and objectives, and includes a schedule for analysis. The site visitors were unable to verify that the long-term strategic plan was congruent with the mission of the program. The strategic plan did not have measurable goals and objectives with timelines, making it difficult to evaluate progress towards their fulfillment. In response to the site visit report, the program reported that a new plan is in the process of being developed with goals and objectives that are measurable and have timelines for completion.

Steps to Be Taken:
At the time of the End of Probation report, provide evidence that the new long-term strategic plan is congruent with the institution and program’s mission and goals, and that the strategic plan has goals and objectives that are measurable and have timelines for its fulfillment and analysis.
Standard: 3.1B An effective entry-level professional speech-language pathology program allows each student to acquire knowledge and skills in sufficient breadth and depth to function as an effective, well-educated, and competent clinical speech-language pathologist (i.e., one who can practice within the full scope of practice of speech-language pathology). The education program is designed to afford each student with opportunities to meet the expectations of the program that are consistent with the program’s mission and goals and that prepare each student for professional practice in speech-language pathology.

Requirement for Review:
- Establish a clear set of program goals and objectives that must be met for students to acquire the knowledge and skills needed for entry into professional practice.
- Establish a clear process to evaluate student achievement of the program’s established objectives.

Evidence of Non-Compliance:
The CAA requires that programs establish a clear set of goals and objectives that must be met for students to acquire the knowledge and skills needed for entry into professional practice, and a process to evaluate student achievement of the program’s established objectives. Several syllabi provided for the site visit did not include course outcomes, including: Swallowing (CODS 6110), Counseling (CODS 6700), Communication Disorders Programs in Schools (CODS 6120), and Research Methods and Research Seminars (CODS 6850, CODS 6810, CODS 6910).

In addition, other course syllabi did not indicate the methods to be used for assessing course outcomes, including: Acquired Cognitive Disorders (CODS 6750), Acquired Language Disorders in Adults (CODS 6050), and Speech Sound Disorders (CODS 5990). In response to the site visit report, the program acknowledges the inconsistencies and proposed to make all syllabi more consistent in reporting course outcomes and methods of assessing them.

Steps to Be Taken:
At the time of the End of Probation report, provide evidence that course outcomes and assessment methods are clearly and consistently presented in syllabi in congruence with expected knowledge and skills for entry into professional practice.

Standard 5.2 The program conducts ongoing and systematic formative and summative assessments of the performance of its students.

Requirement for Review:
- The program must develop an assessment plan that is used throughout the program for each student. The plan must include the purpose of the assessments and use a variety of assessment techniques, including both formative and summative methods.

Evidence of Non-Compliance:
The CAA requires that the program develops an assessment plan that is used throughout the program for each student, which includes the purpose of the assessments and reflects a variety of assessment methods.
techniques, including both formative and summative methods. The site visitors were unable to verify a summative method of assessing the knowledge of students. The research capstone project is currently conducted in student pairs. The program discontinued the use of a comprehensive exam and planned on using an e-portfolio method to assess students’ knowledge, but this was not in place at the time of the visit. The program uses data and reports from CALIPSO as a summative method to assess student knowledge. However, CALIPSO is not an assessment tool but a means to collect and track student data as part of completing coursework.

Steps to Be Taken:
At the time of the End of Probation report, provide evidence that summative assessments have been developed and are consistently used to assess students’ knowledge.

Standard 5.3 The program administers regular and ongoing assessment protocols to evaluate the quality of the program and to facilitate continuous quality improvement.

Requirement for Review:
- The assessment protocols must be used to evaluate the academic and clinical aspects of the entire program.
- The program must collect data from multiple sources (e.g., alumni, faculty, employers, off-site clinical educators, community members, individuals receiving services) and allow evaluation of the program’s success in achieving its goals, objectives, and the extent to which student learning outcomes have been met.

Evidence of Non-Compliance:
The CAA requires programs to establish assessment protocols that must be used to evaluate the academic and clinical aspects of the entire program, and the program must collect data from multiple sources and allow evaluation of the program’s success in achieving its goals, objectives, and the extent to which student learning outcomes have been met. The site visitors reported that the program conducts exit interviews of its graduates as well as from program alumni to obtain feedback. However, the program does not have a mechanism in place to get feedback from offsite supervisors, employers, or adjunct faculty.

Steps to Be Taken:
At the time of the End of Probation report, provide evidence that multiple internal and external stakeholders are surveyed, and the feedback is included in the program analysis.

Standard 5.4 The program uses the results of its ongoing programmatic assessments for continuous quality improvement and evaluates the improvements.

Requirement for Review:
- The program must describe how it uses programmatic assessment data to promote continuous quality improvement of the program.
- The program must describe the processes it uses to evaluate program improvements for congruence with its stated mission and goals.
Evidence of Non-Compliance:
The CAA requires programs to describe how programmatic assessment data is used to promote continuous quality improvement of the program, and to describe the processes it uses to evaluate program improvements for congruence with its mission and goals. The site visitors reported that the program did not have a process to use any feedback and evaluation data from students and alumni to make improvements to the curriculum or any other aspects of the program. In their response to the site visit report, the program acknowledges this as a weakness.

Steps to Be Taken:
At the time of the End of Probation report, the program must provide evidence of how assessment data are used to evaluate the program and any changes made as a result of the feedback provided.

Standard 5.10 The faculty and staff involved in delivering the program to students use the results of the evaluation of their performance to guide continuous professional development that facilitates the delivery of a high quality program.

Requirement for Review:
- The program must demonstrate how faculty and staff use the results of evaluations of performance to guide continuous professional growth and development.

Evidence of Non-Compliance:
The CAA requires programs to demonstrate how faculty and staff use the results of evaluations of performance to guide continuous professional growth and development. The faculty is evaluated by the students as part of their course evaluation process; however, the faculty are not required to make changes based on the input provided by the students. The program acknowledges there is no consistent process and plans to put a process in place to make changes based on student feedback.

Steps to Be Taken:
At the time of the End of Probation report, provide evidence that a process is in place for faculty to use student course evaluations as a means to guide changes and professional development.

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 1.6 The program’s faculty has authority and responsibility for the program.

Requirement for Review:
- The institution’s administrative structure demonstrates that the program’s faculty is recognized as the body that can initiate, implement, and evaluate decisions affecting all aspects of the professional education program, including the curriculum.
Evidence of Concern:
The CAA expects the program’s faculty is recognized as the body with authority and responsibility for the program. The site visitors noted that the program’s faculty may not be recognized as the body that can make decisions affecting all aspects of the professional education program as evidenced by some top-down administrative directives to increase enrollment and increase the supervisor-to-student ratio in the clinical setting without knowledgeable plans to increase faculty. These initiatives appeared to be an incidence of limited autonomy in the program’s internal functioning that could affect client and student welfare.

Steps to Be Taken:
At the time of the next annual report, provide evidence that the program’s faculty has authority to determine the maximum number of students that can be enrolled in a course/section and that the supervisor-to-student ratio is under the authority of the program faculty and reflects best practices to support clinical education of student and client welfare.

Standard 2.2 The number, composition, and workload of all full-time faculty who have responsibility in the graduate program are sufficient to allow them to meet expectations with regard to teaching, research, and service of the sponsoring institution.

Requirement for Review:
• The program must demonstrate that all faculty who have responsibility in the graduate program and have obligations to provide teaching, research, and service as part of their workload:
  o Are accessible to students
  o Have sufficient time for scholarly and creative activities
  o Have sufficient time to advise students
  o Have sufficient time to participate in faculty governance
  o Have sufficient time to participate in other activities that are consistent with the expectations of the sponsoring institution
• The program must demonstrate that all faculty who have responsibility in the graduate program and have obligations to provide clinical education and services as part of their workload:
  o Are accessible to students
  o Have sufficient time for scholarly and creative activities
  o Have sufficient time to advise students
  o Have sufficient time to participate in faculty governance
  o Have sufficient time to participate in other activities that are consistent with the expectations of the sponsoring institution

Evidence of Concern:
Faculty members carry a course load of 4 classes per semester, which is typical for the university, and some were carrying voluntary overloads to cover for two faculty vacancies (due to a retirement and an unexpected death). Current budget constraints had been restricting release time for scholarship and administration, which does not appear to allow for other scholarly activities to be conducted by the faculty. The program reported in its response to the site visit report that some easements were being provided in 2022, and faculty searches were open. The dean and associate provost are committed to hiring at least one tenure track faculty to help alleviate the teaching load and provide opportunity for faculty to engage in other scholarly activities. The program reported that an adjunct interim admissions coordinator/graduate director was to be hired for spring 2022.
Steps to Be Taken:
At the time of the next annual report, provide an update on the open searches for faculty and how the new hires support the program’s compliance for teaching and scholarly activities.

Standard 3.7B An effective speech-language pathology program ensures that clinical education is provided in a manner that supports student development so that each student is prepared to enter professional practice. The type and structure of the clinical education is commensurate with the development of knowledge and skills of each student.

Requirement for Review:
- The program must demonstrate that the clinical education component of the program is structured to be consistent with the knowledge and skills levels of each student.

Evidence of Concern:
The CAA expects that a program ensures the clinical education is commensurate with student’s knowledge and skills. The site visitors reported that students were asked to provide evaluations and intervention on clients where they may not have received adequate coursework/instruction. In addition, it was unclear if students were consistently provided adequate supervision during these situations. The site visitors also found that this practice was not congruent with the clinical syllabi. In its response, the program indicated that they will modify the language in the clinic syllabi and handbook to better reflect that in rare instances, students may be required to engage in learning modules that may include readings, videos, and faculty input prior to beginning therapy, and they will not begin treatment until they feel adequately prepared to service the client. The program indicated that up to 100% supervision is provided for diagnostic and therapy sessions under these rare circumstances.

Steps to Be Taken:
At the time of the next annual report, provide evidence of how the required supervision is adjusted according to the coursework and experience of the students. Document that relevant course syllabi and handbooks have been updated and how students have been advised of updated procedures.

Standard 3.8B Clinical education is provided in a manner that ensures that the welfare of each person served by a student and clinical educator team is protected and in accordance with recognized standards of ethical practice and relevant federal and state regulations.

Requirement for Review:
- The program must demonstrate that the supervision provided to each student is adjusted to ensure that the specific needs are met for each individual who is receiving services.
- 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.

Evidence of Concern:
The CAA expects that clinical education is provided in a manner that ensures that the welfare of each person served is protected. The site visitors reported that the students did not feel adequately supervised when they had to provide evaluation and intervention services in areas where they had not completed coursework or had past experience. In addition, the program has maintained a 3:1 student: supervisor
ratio in clinic sections to allow for greater than 25% supervision minimum at least through fall 2021 to allow for greater supervisor report for students or clients as needed. However, the program was required by the university administration to move from a 3:1 to 4:1 ratio beginning Spring 2022, which conforms to standard practice of 25% minimum supervision, but reduces the program’s flexibility in providing increased supervision when warranted. Additionally, the Associate Provost advised that clinical courses may be an example of a situation where the administration would allow some flexibility in course caps for principled reasons going forward.

Steps to Be Taken:
At the time of the next annual report, provide evidence of a plan to provide supervision to students that is based on the student’s level of knowledge and experience and that is consistently implemented which includes information on how they will ensure client and student welfare.

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)].

Comments/Observations:

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<th>The CAA assessed the program’s performance with respect to student achievement and found the program to meet or exceed the established CAA expectations (as described in accreditation standard 5.0-Assessment) in the following checked areas. Details regarding any of these areas found to be not in compliance are described earlier in this report in the context of the relevant standard.</th>
<th>Program Completion Rates</th>
<th>Employment Rates</th>
<th>Praxis Examination Rates</th>
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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]. 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 provide a written timeline to the program to come into compliance that is reasonable, as determined by the CAA, based on the nature of the finding, the stated mission, and educational objectives of the program. The timeline may include intermediate checkpoints on the way to full compliance and must not exceed three years for programs, regardless of professional area. If the review of a second consecutive report reveals that issues continue for the same standard(s), regardless of which requirements for review were identified, and the program remains not in full compliance with all standards, 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.
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.