

ACCREDITATION ACTION REPORT

Re-Accreditation Review

The Council on Academic Accreditation in Audiology and Speech-Language Pathology took the following accreditation action at its April 27, 2021 meeting, as indicated below.

Name of Program: Bloomsburg University of Pennsylvania

File #: 169

Professional Area:

- | | |
|-------------------------------------|---------------------------|
| <input type="checkbox"/> | Audiology |
| <input checked="" type="checkbox"/> | Speech-Language Pathology |

Modality:

- | | |
|-------------------------------------|-------------------------|
| <input checked="" type="checkbox"/> | Residential |
| <input type="checkbox"/> | Distance Education |
| <input type="checkbox"/> | Satellite Campus |
| <input type="checkbox"/> | Contractual Arrangement |

Degree Designator(s): M.S.

Current Accreditation Cycle: 10/1/2012 – 9/30/2020

Action Taken: Place on Probation

Effective Date: April 27, 2021

New Accreditation Cycle: 10/1/2020 – 9/30/2028

Next Review: End of Probation Report due March 27, 2022

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

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.**

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.

Evidence of non-compliance:

The master's program in speech-language pathology must perform the following functions:

- Establish a clear process to evaluate student achievement of the program's established objectives.
- Offer opportunities for each student to acquire the knowledge and skills needed for entry into professional practice, consistent with the scope of practice for speech-language pathology, and across the range of practice settings.

Students who elect to take the thesis option can currently opt-out of two to three courses of their own choosing, and the program has not required thesis students to demonstrate acquisition of the knowledge and skills covered in those courses. The program's response to the site visit report noted that the Department of Communication Sciences and Disorders "voted to make all the graduate courses required for the students in the MS-SLP program. Students who choose to do a thesis will not be allowed to opt-out of any courses and will have to register for

an additional 6 credit hours towards a thesis.” It is not clear when this policy will be instated and if students currently in the thesis option will still be able to opt-out of two to three courses.

Steps to be taken:

At the time of the end of probation report, provide a timeline for implementing the new thesis requirements and include information on how students currently enrolled in the thesis track demonstrate all required knowledge and skills.

Standard 4.6: Students receive advising on a regular basis that pertains to both academic and clinical performance and progress.

Evidence of non-compliance:

To comply with this standard, the CAA requires:

- The program must maintain records of advisement for each of its students.
- The program must maintain records demonstrating that students are advised on a timely and continuing basis regarding their academic and clinical progress.
- The program must maintain records demonstrating that any concerns about a student’s performance in meeting the program requirements, including language proficiency, are addressed with the student.

It was not clear to the site visit team that student advisement was completed in a timely manner and on a continuing basis. Further, there was a lack of clear evidence on how concerns that do not rise to the level of remediation were being addressed. The program noted in the response to the site visit report that individual student meetings are conducted as-needed, and that an advising survey and plan for more in-person and group advising, along with a newly developed advising form, would be implemented in spring 2021.

Steps to be taken:

At the time of the end of probation report, provide evidence of regularly scheduled advising and systematic documentation of advising for each student, an update on the use of the new advising form and survey, and include implementation of additional advising meetings.

Standard 4.7: The program documents student progress toward completion of the graduate degree and professional credentialing requirements.

Evidence of non-compliance:

To comply with this standard, the CAA requires:

- The program must maintain complete and accurate records of all students’ progress during the entire time of their matriculation in the program.
- The records for each student must include documentation that can demonstrate that the student has met all the academic, clinical, and other requirements for the degree and the credential(s) that are identified by the program in its mission and goals.

The program noted in the response to the site visit report that students who choose to do a thesis will no longer be allowed to opt-out of any courses. In addition, student progress was monitored using a Knowledge and Skills Acquisition (KASA) form and a spreadsheet to track clinical hours. Moving forward, the program is planning to use CALIPSO to monitor student progress in knowledge and skills as well as clinical hours.

Steps to be taken:

At the time of the end of probation report, provide an update on the move to CALIPSO for monitoring student progress in knowledge and skills as well as clinical hours. Include evidence that students have met all academic and clinical requirements for program completion.

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

Evidence of non-compliance:

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. Students who elect to take the thesis option can currently opt-out of two to three courses of their own choosing, and the program has not required thesis students to demonstrate acquisition of the knowledge and skills covered in the courses. The program's response to the site visit report noted that the Department of Communication Sciences and Disorders "voted to make all the graduate courses required for the students in the MS-SLP program. Students who choose to do a thesis will not be allowed to opt-out of any courses and will have to register for an additional 6 credit hours towards a thesis." It is not clear when this policy will be instated, and if students currently taking the thesis option will still be able to opt-out of courses.

Steps to be taken:

At the time of the end of probation report, provide a timeline for implementing the new thesis requirements and include information on how students currently enrolled in the thesis track demonstrate all required knowledge and skills.

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 1.4: The program faculty must regularly evaluate the congruence of program and institutional missions and the extent to which the goals are achieved.

Evidence of concern:

The CAA expects the program to monitor its mission and goals to ensure that they remain congruent with those of the institution, periodically review and revise its mission and goals, and systematically evaluate its progress toward fulfillment of its mission and goals. The site visitors were unable to find evidence that the program monitors, reviews and revises, or evaluates its mission and goals. The program's response to the site visit report stated that a Strategic Planning Committee has been created to develop and monitor the strategic plan.

Steps to be taken:

At the time of the end of probation report, provide an update on the work of the new Strategic Planning Committee.

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

Evidence of concern:

The strategic plan must include a mechanism for regular evaluation of the plan itself and of progress in meeting the plan's objectives. The site visitors were unable to find evidence of a mechanism for regular evaluation of the strategic plan. The program's response to the site visit report stated that they have created a Strategic Planning Committee to develop and monitor the strategic plan.

Steps to be taken:

At the time of the end of probation report, provide an update on the work of the new Strategic Planning Committee.

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

Evidence of concern:

The program must describe how it uses programmatic assessment data to promote continuous quality improvement of the program. The site visit team reported on a disconnect between academic and clinical faculty due to reduced opportunity to coordinate the academic and clinical programs because of separate unions. The program response to the site visit report noted that the Department has initiated a joint faculty and staff meeting every month, and both academic faculty and clinical staff are included in the Departmental Strategic Planning Committee developed to support program improvement.

Steps to be taken:

At the time of the end of probation report, provide an update on the joint faculty meetings and progress on the Departmental Strategic Planning Committee's work to support program improvement.

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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| <i>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 <u>not</u> in compliance are described earlier in this report in the context of the relevant standard.</i> | |
| X | Program Completion Rates |
| X | Employment Rates |
| X | Praxis Examination Rates |

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) 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.