

## ACCREDITATION ACTION REPORT

### Re-Accreditation Review

The Council on Academic Accreditation in Audiology and Speech-Language Pathology took the following accreditation action at its July 21-24, 2021 meeting, as indicated below.

**Name of Program:** University of Texas, El Paso

**File #:** 170

**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:** 04/01/2013-03/31/2021

**Action Taken:** Continue Accreditation

**Effective Date:** July 24, 2021

**New Accreditation Cycle:** 04/01/2021 - 03/31/2029

**Next Review:** Annual Report due February 1, 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. 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: 3.6B** The clinical education component of an effective entry-level speech-language pathology program is planned for each student so that there is access to a base of individuals who may be served that is sufficient to achieve the program's stated mission and goals and includes a variety of clinical settings, populations, and age groups. The comprehensive clinical experiences must include direct contact with individuals seeking service, consultation, recordkeeping, and administrative duties relevant to professional service delivery in speech-language pathology.

### **Requirements for Review:**

- The program must demonstrate that it has mechanisms to develop comprehensive plans of clinical educational experiences so that each student has an opportunity to
  - experience the breadth and depth of clinical practice,
  - obtain experiences with diverse populations,
  - obtain experiences with appropriate equipment and resources

**Evidence of Noncompliance:** The site visit report revealed that program has a comprehensive plan for clinical education experiences in that each student has clinical practicum experiences in the university clinic, in a school setting and in a medical setting; however, the site visit team was unable to verify a comprehensive and consistent method of tracking clinical hours obtained

by students. The site visit team was unable to confirm evidence that students obtain sufficient breadth of clinical experiences.

In its response to the site visit report, the program indicated that student hours, including relevant information about the clinical populations served by the students, are tracked, the manual methods used with current student cohorts has had limitations and the summaries provided did not contain sufficient detail. The program was piloting a method for collecting these data on an ongoing basis and using the information to place students in external clinical sites or ensure simulated experiences are completed to meet student needs. The program also reported its plans to purchase software to improve its tracking and reporting efforts.

**Steps to Be Taken:** In the next annual report, provide evidence that clinical hours are being tracked consistently and comprehensively and that that all students are obtaining sufficient hours across the breadth of clinical populations.

**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.**

**Requirements for Review:**

- 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.
- The program must demonstrate that the services provided by the student and clinical educator team are in accordance with recognized standards of ethical practice and relevant federal and state regulations.

**Evidence of Noncompliance:** The site visit report stated that program has a policy that allows, in the absence of a clinic camera or recording system, students to record client sessions on their phones or personal laptops and then transfer the videos to a departmental computer. These procedures may violate client confidentiality without explicit written permission from clients.

**Steps to Be Taken:** By the next annual review, provide assurance that personal phones and laptops are no longer being used to record clients, and explain what alternative procedure has been put into place.

**Standard 4.3 The program has policies and procedures for identifying the need to provide intervention for each student who does not meet program expectations for the acquisition of knowledge and skills in the academic and clinical components of the program.**

**Requirements for Review:**

- The program has policies and procedures for identifying students who need intervention to meet program expectations for the acquisition of knowledge and skills in the academic component of the curriculum.
- The program has policies and procedures for identifying students who need intervention to meet program expectations for the acquisition of knowledge and skills in the clinical component of the curriculum.
- The program has policies and procedures for implementing and documenting all forms of intervention used to facilitate each student's success in meeting the program's expectations.
- The program must demonstrate that the policies and procedures are applied consistently across all students who are identified as needing intervention.

**Evidence of Noncompliance:**

The program publishes its Action Plan policy in the Graduate Student Handbook, but the criteria for implementing an action plan for students who need intervention to meet program expectations were unclear and were not outlined in course syllabi. Further, the criteria for action plans in clinical settings also were unclear. Faculty concerns about students were not consistently documented in individual student files; some forms were incomplete and did not indicate the outcome of the action plan. The program has newly developed a form to improve consistency of implementation and documentation of action plans, but it is not yet in use. The program has updated policies documented in the handbook, but evidence is still lacking that procedures are consistently implemented for all courses and students.

**Steps to Be Taken:** In the next annual report, clarify the criteria for implementing action plans for students who need intervention to meet expectations of the academic program. The program also must clarify the policies and procedures for identifying students who need intervention to meet program expectations for the acquisition of knowledge and skills in the clinical component of the curriculum. Describe how action plans are consistently implemented across academic and clinical educators and then documented as conducted and completed in student files.

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

**Requirements for Review:**

- 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.

**Evidence of Noncompliance:**

Initial degree plans are developed at the beginning of a student's matriculation in the program. Final degree plans are prepared towards the close of the degree program and submitted to the Graduate School to support degree conferral. These degree plans were not documented in students' files, either for current students or past students; transcript review notes and degree completion checks were also missing from student/alumni files. The program reports that students have the responsibility to ensure accuracy of requirements and their completion, including courses and clinical hours for degree, as well as requirements for additional certifications. In its response to the site visit report, the program indicated that the university supports students in tracking their requirements with an online degree plan tool and the program plans to invest in software to support tracking and reporting of student hours (EXXAT) for fall 2021. The program further mentioned that the Graduate Advisor and the Program Director are responsible for maintaining documentation that each student has met all the academic, clinical, and other requirements for the degree and credential that are identified in the program's mission and goals and provided examples of advising documents that were used with the 2020/2021 student cohorts.

**Steps to Be Taken:** In the next annual report, provide evidence that the EXXAT software has been purchased and how it is being used to track student progress. Describe how the updated Advising Process is being conducted and documented consistently for all students, and provide evidence of the process' implementation; demonstrate that the program completion is systematically monitored.

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

**Requirements for Review:**

- The program must systematically collect evaluations of the academic and clinical aspects of the program from students and use these to assess those aspects of the program.
- The program must use the results of its assessment protocols to improve and refine the program goals and objectives and ensure alignment between the programs' stated goals and objective and the measured student learning outcomes.

**Evidence of Non-compliance:** The CAA expects that programs systematically collect evaluative data and use those data for program improvement. Not all of the program's evaluative efforts (e.g. exit interviews) are conducted on specified schedules. In its response to the site visit report, the program provided more information about the program assessment data that had been collected to date, but a minimal explanation was given as to how the program uses the data. The additional information does not alleviate the CAA's concerns about the lack of systematicity of the program's efforts for data collection, analysis, and in how it is used.

**Steps to Be Taken:** In the next annual report, provide evidence that program outcome measures are being administered in a systematic manner and provide a clearer and more concise description of the process used to assess the program.

**Standard 5.8 The program demonstrates how it uses the results of its analyses of success in meeting the established CAA thresholds for program completion rate, Praxis® Subject Assessments pass rate, and employment rate or the rate of continuation of education in the field for continuous quality improvement at the programmatic level.**

**Requirement for Review:**

- The program must demonstrate how it uses the results of these analyses to ensure continuous quality improvement.

**Evidence of Noncompliance:** The program indicated that data from the student outcomes identified in this standard are discussed at faculty meetings, however documentation was not available to support this. In its response to the site visit report, the program asserts that results were discussed at faculty meetings but indicates that the discussions may not have been sufficiently documented.

**Steps to Be Taken:** In the next annual report, describe and provide evidence of how student outcome data are used to assess and improve the program.

**Standard: 6.1 The institution provides adequate financial support to the program so that it can achieve its stated mission and goals.**

**Requirements for Review:**

- The program must demonstrate:
  - that its budgetary allocation is regular, appropriate, and sufficient to deliver a high-quality program that is consistent with its mission and goals
  - that there is sufficient support, consistent with the program mission and goals, for personnel, equipment, educational and clinical materials, and research activities

**Evidence of Noncompliance:** The institutional support from the university should be regular and sufficient to support the program's mission and goals. In the response to the site visit report, the program noted that maintenance and operations funding has been consistent except for 2020-2021, when the university budget was reduced as a result of state-wide cuts due to the pandemic. The program was able to deal with this by returning monies designated for travel funding. The direct revenue stream from clinic fees was modified beginning in 2019 and clinic services are now offered pro-bono to the community; the university provide specific monies to support a line for a teaching assistant, the clinic administration and needed equipment and materials in lieu of the revenue previously generated by the clinic.

**Steps to Be Taken:** In the next annual report, provide an update on the status of the program funding and describe how any continuing reductions are being managed.

**Standard: 6.4 The program's equipment and educational and clinical materials are appropriate and sufficient to achieve the program's mission and goals.**

**Requirements for Review:**

- The program must demonstrate that the quantity, quality, currency, and accessibility of materials and equipment are sufficient to meet the mission and goals of the program.

**Evidence of Noncompliance:** Clinic materials were judged to be out of date. The program reports in its response to the site visit report it has received clarification from the university about its purchasing power. The program has purchased equipment and a subscription for EXXAT to support administrative tasks such as logging clinical hours, and is planning to update clinic materials. The program submitted a funding proposal to the UT System for video cameras to be installed in the clinic, which was approved.

**Steps to Be Taken:** In the next annual report, provide an update on the status of the planned purchase of new equipment and materials.

**Standard: 6.5** The program has access to an adequate technical infrastructure to support the work of the students, faculty, and staff. The technical infrastructure includes access to the Internet, the online and physical resources of the library, and any streaming or videoconferencing facilities needed for the program to meet its mission and goals.

**Requirements for Review**

- The program must demonstrate adequate access to a technical infrastructure that supports the work of the students, faculty, and staff.

**Evidence of Noncompliance:** The program does not have equipment for electronic monitoring by clinical supervisors or software to track student hours or competencies (electronic records). The program has a policy that allows, in the absence of a clinic camera or recording system, students to record sessions on their phones or personal laptops and transfer these data files to a program computer. The program submitted a funding proposal to the UT System for video cameras to be installed in the clinic, which was approved.

**Steps to Be Taken:** In the next annual report, provide an update on the status of the planned purchase of recording equipment.

**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.

**Requirements for Review:**

- The program must demonstrate adequate access to clerical and technical staff to support the work of the students, faculty, and staff.

**Evidence of Noncompliance:** In its response to the site visit report, the program noted that funds were provided to increase administrative support, but contains conflicting information about increase in administrative support that will be provided (100% vs 95%).

**Steps to Be Taken:** In the next annual report, please provide an update on the status of the administrative staff support.

## 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 1.9 The program provides information about the program and the institution to students and to the public that is current, accurate, and readily available.**

#### **Requirements for Review:**

- The program must publish to the general public on its website the program's CAA accreditation status, in accordance with the language specified in the Public Notice of Accreditation Status in the CAA Accreditation Handbook, as required under federal regulations.

**Evidence of Concern:** The CAA requires that both the title and the abbreviation of the degree be included in the program's accreditation status statement. The accreditation statement is missing the degree designator (M.S.) on the accreditation webpage:

<https://www.utep.edu/chs/slp/about/accreditation.html>

**Steps to Be Taken:** By the time of the next annual review, please correct the wording of the accreditation statement to include the abbreviation for the degree.

## 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:**

*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.*

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), 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.