

ACCREDITATION ACTION REPORT
Reaccreditation Review

The Council on Academic Accreditation in Audiology and Speech-Language Pathology took the following accreditation action at its July 19-22, 2023 meeting, as indicated below.

Name of Program: Valdosta State University

File #: 236

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): MEd

Current Accreditation Cycle: 09/01/2014 – 08/31/2022

Action Taken: Continue Accreditation

Effective Date: July 22, 2023

New Accreditation Cycle: 09/01/2022 – 08/31/2030

Next Review: Annual Report due August 1, 2024

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 timeline 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 A program will be placed on probation or accreditation withdrawn after the review of a second consecutive report reveals that issues continue for the same standard(s) and the program remains not in full compliance with all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 3.1B 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:

- The program must provide sufficient breadth and depth of opportunities for students to obtain a variety of clinical education experiences in different work settings, with different populations, and with appropriate equipment and resources in order to acquire and demonstrate skills across the scope of practice in speech-language pathology, sufficient to enter professional practice. Typically, the achievement of these outcomes requires the completion of 2 years of graduate education or the equivalent.

Evidence of Non-Compliance:

The CAA expects the program to allow each student to acquire the knowledge and skills in sufficient breadth and depth to function as an effective, well-educated, and competent clinical speech-language pathology. The site visitors were unable to confirm that the program offered a wide range of clinical education experiences for students in speech-language pathology. The site visit report stated that a review of 16 student files revealed that each student had acquired fewer than five hours in multiple clinical areas. The site visit report noted that the only consistent clinical areas where students had logged over five clinical hours were speech-sound disorders and language. In its response to the site visit report, the program stated that it would be incorporating clinical simulation activities into relevant courses to supplement areas in which students were receiving fewer hours of clinical experience. Additionally, the program indicated that while students currently complete simulation exercises in multiple courses to demonstrate multiple assessment and treatment processes related to neurocognition, swallowing, hearing, and social communication, these hours reportedly "have not been accounted for but will be in the future." The program also reported that it would seek out facilities with a wider range of opportunities in the deficit areas for future practicum experiences.

Steps to Be Taken:

At the time of the next annual report, the program must provide an update on its use and effectiveness of simulation activities. The program must provide evidence demonstrating that it provides sufficient breadth and depth of opportunities for students to obtain a variety of clinical education experiences in different work settings, with various populations, and with appropriate equipment and resources to ultimately equip students with the necessary skills across the entire scope of practice in speech-language pathology, enabling them to confidently transition into professional practice. Additionally, the program must provide an update on any newly acquired clinical sites.

Standard 3.2B An effective speech-language pathology program is characterized by planning and organization, is reviewed systematically and on a regular basis, and is consistent with current knowledge and practice guidelines of the profession.

Requirement for Review:

- The program must demonstrate that the:
 - Curriculum is based on current literature and other current documents related to professional practice and education in speech-language pathology.
 - Curriculum is reviewed systematically and on a regular basis.

Evidence of Non-Compliance:

In the site visit report, the site visitors reported that they were not able to verify compliance with the standard as several courses in the curriculum were not based on current literature, as evidenced in course syllabi. Additionally, the site visitors' review of faculty meeting minutes did not verify that the program systematically and regularly reviews curriculum as faculty meeting minutes were only provided for one academic year. In its response to the site visit report, the program submitted two syllabi in which one did not demonstrate the use of current materials. The program also provided documentation of faculty meeting minutes which the CAA determined did not show sufficient evidence that curriculum is reviewed systematically and on a regular basis.

Steps to Be Taken:

At the time of the next annual report, the program must provide evidence that the curriculum is reviewed systematically and on a regular basis as well as that the curriculum is based on current literature and other current documents related to professional practice and education in speech-language pathology.

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.

Requirement for Review:

- The program systematically evaluates its progress toward fulfillment of its mission and goals.

Evidence of Concern:

Date of CAA Decision: July 22, 2023

In the site visit report, compliance with this standard could not be verified as faculty meeting minutes were only available for one calendar year and did not reflect systematic evaluation of the program's progress toward fulfillment of mission and goals. In its response to the site visit report, the program reported that it consistently assesses its curriculum and progress toward fulfilling its mission and goals. The program provided additional faculty meeting minutes as evidence and links to the program's website that publishes updates toward meeting its goals in its strategic plan. The program acknowledged challenges in locating specific previous documentation due to personnel-related circumstances beyond its control that would further demonstrate compliance with this standard.

Steps to Be Taken:

At the time of the next annual report, the program must follow up with evidence that it has improved documentation systems and show how it systematically evaluates its progress toward the fulfillment of its mission and goals.

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

Requirement for Review:

- The program must document how the faculty composition is sufficient to allow students to acquire the knowledge and skills required in Standard 3.

Evidence of Concern:

Prior to the site visit, the CAA initial observations report indicated that six faculty members had resigned from the program, resulting in one new hire and one position being discontinued. At the time of the site visit, the site visit team found no evidence of a replacement plan for these faculty positions, noting a concern that the number of faculty departures within the program impacts the students ability to acquire the necessary knowledge and skills required in Standard 3. In its response to the site visit report, the program acknowledged that the unfilled positions were a consequence of budget constraints. The program reported that all courses are currently being taught by qualified faculty members, and that the current workload of full-time faculty has not increased, though some are teaching at full capacity. Additionally, the program reported that it is undergoing a search for a new department head.

Steps to Be Taken:

At the time of the next annual report, the program must provide an update on the search for the department head, any initiated faculty searches, and evidence demonstrating that the faculty composition is sufficient to allow students to acquire the knowledge and skills required in Standard 3.

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:
 - Are accessible to students.
 - Have sufficient time for scholarly and creative activities.
 - Have sufficient time to advise students.
 - Have sufficient time to participate in faculty governance.
 - 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:
 - Are accessible to students.
 - Have sufficient time for scholarly and creative activities.
 - Have sufficient time to advise students.
 - Have sufficient time to participate in faculty governance.
 - Have sufficient time to participate in other activities that are consistent with the expectations of the sponsoring institution.

Evidence of Concern:

In the site visit report, the site visitors reported that faculty interviews indicated that the reduction of faculty over the past five years had resulted in a heavy workload for remaining faculty, limiting the time available for scholarly activities, and student advising. In its response to the site visit report, the program stated that faculty workload remains within the "maximum capacity," allowing them to sustain their scholarly activities and student advising duties. The program reported that two faculty members have successfully met the promotion requirements as evidence to this point.

Steps to Be Taken:

At the time of the next annual report, the program must provide an update on the accessibility of faculty who have responsibility within the graduate program. This includes faculty members obligated to provide teaching, research, and service, as well as those who are responsible for clinical education and service as part of their workloads. The report should specifically address how these faculty members are available to students, allocate sufficient time for student advising, and actively engage in scholarly and creative pursuits.

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. 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.

Requirement 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 obtain experiences with different populations.

Evidence of Concern:

The site visitors were unable to verify that the program offers students adequate opportunities to gain experience with different populations. During their review of student files, the site visitors noted that many students had acquired fewer than five hours of clinical experience in multiple clinical areas. In its response to the site visit report, the program described some mechanisms used to develop comprehensive plans of clinical education experiences such as the use of clinical simulation activities to supplement clinical experiences where students have received limited hours. The program also noted plans to seek out additional facilities with a wider range of opportunities in deficit areas identified.

Steps to Be Taken:

At the time of the next annual report, the program must provide an update on its additional planned mechanisms used to develop comprehensive plans of clinical education experiences, such as use of clinical simulation activities. The program must also provide an update on any new clinical sites it has acquired.

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 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 Concern:

The site visit report could not verify compliance with this standard. The site visitors noted that the program's "observation hallway" had potential privacy concerns during client evaluation and treatment sessions, as individuals could potentially see and hear therapy of multiple clients, including those for whom they do not have authorization to observe. In its response to the site visit report, the program reported that it had taken immediate action and temporarily closed the "observation hallway" until confidentiality measures can be put into place. The program is actively working to address the issue by installing blinds on each observation window to ensure complete confidentiality for every client.

Steps to Be Taken:

At the time of the next annual report, the program must provide a status update on the observation hallway, detailing the implemented modifications. These changes should demonstrate how the services provided by the student and clinical educator team are in accordance with recognized ethical practice standards and relevant federal and state regulations.

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

Requirement for Review:

- The program must maintain records demonstrating that students are advised on a timely and continuing basis regarding their academic and clinical progress.

Evidence of Concern:

In the site visit report, the site visit team stated that advising records were inconsistent, and in some cases a lack of advising documentation. In its response to the site visit report, the program reported that students are advised throughout the on campus portion of the program, during the first three semesters. The program added that it has developed additional procedures to ensure advising is documented including using the university's advising software and has included use of this software in the faculty handbook with a planned implementation beginning in summer 2023.

Steps to Be Taken:

At the time of the next annual report, the program must provide an update on and evidence of its implementation of the advising software such that it demonstrates that the program maintains records demonstrating that students are advised on a timely and continuing basis regarding their academic and clinical progress.

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 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.
- The program must use the results of its assessment protocols to improve and refine the program goals and objectives and ensure alignment between the program's stated goals and objectives and the measured student learning outcomes.

Evidence of Concern:

In the site visit report, it was noted that there was no record of regular data collection from multiple sources. The data available to the site visitors was gathered five weeks prior to the scheduled site visit with minimal responses. The site visit report also indicated that there was no verification of the program using the results of assessments to improve and refine goals and objectives and ensure alignment between the stated goals and objectives and the measured student learning outcomes. In its response to the site visit report, the program reported that it consistently collect data and provided examples of various sources, such as a student town hall, council meeting, and stakeholder survey. However, upon reviewing the provided evidence, the CAA determined that it was unclear how the program used the results of its assessments, as some sources were noted as agenda items only without elaboration on how that data is utilized.

Steps to Be Taken:

At the time of the next annual report, the program must provide evidence that it collects 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 program must describe how the results of its assessment protocols are used to improve and refine the program goals and objectives and ensure alignment between the program's stated goals and objectives and the measured student learning outcomes.

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.

Evidence of Concern:

In the site visit report, the site visitors reported that they could not verify compliance with this standard as the program only provided faculty meeting minutes from one year and there was no record of analysis of assessment results for continuous quality improvement and evaluation of the improvements. In its response to the site visit report, the program reported using programmatic assessment data and provided supporting materials such as agendas, PowerPoint slides for faculty meetings, and examples of other data sources. However, upon reviewing the provided evidence, the CAA determined that the program's response was unclear as to how this data is used to promote continuous quality improvement of the program.

Steps to Be Taken:

At the time of the next annual report, the program must provide further explanation on how it uses programmatic assessment data to promote continuous quality improvement of the program.

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

Requirement for Review:

- The program must demonstrate that there is sufficient support, consistent with the program mission and goals, for personnel, equipment, educational and clinical materials, and research activities.

Evidence of Concern:

The site visit report was unable to verify compliance with this standard. The site visit report noted that interviews with faculty indicated that unfilled faculty vacancies over the last five years had an impact on the program demonstrating sufficient support for personnel. During site visitor interviews with faculty, faculty members raised concerns about their ability to fully engage with students through advising and scholarly activities because of the unfilled vacant faculty positions. In its response to the site visit report, the program stated that it has employed part-time faculty to cover teaching and supervision responsibilities after faculty resignations have occurred. The program added in its response to the site visit report that no faculty member is teaches an overload, and full-time faculty members are within their maximum capacity.

Steps to Be Taken:

At the time of the next annual report, the program must provide an update around institutional support in order to demonstrate that there is sufficient support, consistent with the program's mission and goals, for personnel, equipment, educational and clinical materials, and research endeavors. Additionally, the program must include updates on the ongoing search for a department head and the status of filling any vacated faculty positions.

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:

<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	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.