

**ACCREDITATION ACTION REPORT**  
**Annual Report Review**

The Council on Academic Accreditation in Audiology and Speech-Language Pathology has reviewed the program's accreditation annual report and took the following accreditation action at its March 15-17, 2023 meeting, as indicated below.

**Name of Program: Bridgewater State University**

**File #: 322**

**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): MS**

**Current Accreditation Cycle: 7/1/2021 – 6/30/2026**

**Action Taken: Place on Probation**

**Effective Date: March 17, 2023**

**Next Review: Annual Report due August 1, 2023**  
**End of Probation Report due February 19, 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 – 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 1.6 The program's faculty has authority and responsibility for the program.**

**This is the second consecutive report in which the program has been cited for this Standard.**

### **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 Non-Compliance:**

The CAA requires that programs demonstrate 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. In their 2022 annual report, the program noted that the Dean of the graduate school continues to admit students to the program from the waitlist, undermining the program faculty's ability to be the body that can make decisions concerning admissions. It has previously been reported by the program that the Dean interviewed and accepted five applicants to the program during the 2020-2021 academic year without consulting the program faculty and without following the established admissions processes. Of the three students that accepted their admission to the program for that term, one did not meet the program's prerequisites and struggled academically. For the 2021-2022 academic year, the program faculty accepted 22 students and waitlisted four. The Dean accepted the four waitlisted students during the first round of acceptances without consulting the program faculty. The program is unable to demonstrate that the faculty is the body with control over decisions affecting the admissions process.

### **Steps to Be Taken:**

At the time of the End of Probation Report, the program must demonstrate 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, particularly the admissions process. The program must provide documentation that addresses how the institution's administrative structure demonstrates that the faculty has full authority over the admission of students to the program.

**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.**

**This is the second consecutive report in which the program has been cited for this Standard.**

**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
  - have sufficient time for scholarly and creative activities.
- The program must demonstrate that all faculty who have responsibility in the graduate program and have obligations to provide clinical education and service as part of their workload
  - have sufficient time for scholarly and creative activities.

**Evidence of Non-Compliance:**

The CAA requires that programs demonstrate that all faculty who have responsibility in the graduate program and have obligations to provide teaching, research, clinical education, and service as part of their workload have sufficient time for scholarly and creative activities. In its annual report, the program stated that an anticipated full-time clinical educator position was not approved and was changed to a part-time role for the 2021-2022 academic year. This position will not be funded for the 2022-2023 academic year. The program was cited in the last accreditation action report for excess faculty workloads and had planned to use this role to demonstrate compliance with the Standard.

**Steps to Be Taken:**

At the time of the End of Probation Report, the program must demonstrate that all faculty who have responsibility in the graduate program and have obligations to provide teaching, research, clinical education, and service as part of their workload have sufficient time for scholarly and creative activities. The program must provide an update to the hiring process for additional faculty members or demonstrate through other means how they are in compliance with the Standard.

**AREAS OF NON-COMPLIANCE**

**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 Non-Compliance:**

The CAA requires that programs document how the faculty composition is sufficient to allow students to acquire the knowledge and skills required in Standard 3. The program reported that instructors for both COMD 549 Dysphagia and Feeding and COMD 227 Fluency Disorders are “TBD”. The CAA cannot determine if the current faculty composition is sufficient to cover these areas of the curriculum.

**Steps to Be Taken:**

At the time of the next annual report, the program must document how the faculty composition is sufficient to allow students to acquire the knowledge and skills required in Standard 3. The program must provide updated faculty assignments and credentials for the COMD 549 Dysphagia and Feeding and COMD 227 Fluency Disorders courses.

**AREAS FOR FOLLOW-UP (clarification/verification)**

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

**Standard 2.3 All faculty members (full-time, part-time, adjuncts), including all individuals providing clinical education, are qualified and competent by virtue of their education, experience, and professional credentials to provide academic and clinical education as assigned by the program leadership.**

**Requirement for Review:**

- The program must demonstrate that the qualifications and competence to teach graduate-level courses and to provide clinical education are evident in terms of appropriateness of degree level, practical or educational experiences specific to responsibilities in the program, and other indicators of competence to offer graduate education.

**Evidence of Concern:**

The CAA requires that programs demonstrate that the qualifications and competence to teach graduate-level courses and to provide clinical education are evident. The program did not provide sufficient evidence that the instructors assigned to teach SPED 551 Autism Spectrum Disorders and COMD 560 Special Topics: Counseling in SLP have the proper credentials to show competence in those areas.

**Steps to Be Taken:**

At the time of the next annual report, the program must provide details for the faculty that teach SPED 551 Autism Spectrum Disorders and COMD 560 Special Topics: Counseling in SLP to demonstrate that the qualifications and competence of such faculty or instructors are evident and meet the Standard.

**Standard 3.5B An effective speech-language pathology program is organized so that the scientific and research foundations of the profession are evident.****Requirement for Review:**

- The program must include research and scholarship participation opportunities that are consistent with the mission and goals of the program.

**Evidence of Concern:**

The CAA requires that the program include research and scholarship participation opportunities that are consistent with the mission and goals of the program. In its annual report, the program reported that they are revising the Strategic Plan to contain more realistic goals and outcomes to be consistent with research expectations of the university. The program acknowledges that the excess workload of faculty impacts the ability to complete research activities. It is unclear how research and scholarship opportunities will be available to students in light of the increased workload of academic and clinical faculty.

**Steps to Be Taken:**

At the time of the next annual report, the program must provide an update on the research and scholarship opportunities that are available to students in light of the academic and clinical faculty workloads.

**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.
- The program must demonstrate that a student assessment is applied consistently and systematically.

**Evidence of Concern:**

The CAA requires that the program develop an assessment plan that is used throughout the program for each student and demonstrate that student assessment is applied consistently and systematically. The program revised and approved a new course description for the capstone experience to ensure that it is consistent for all students and not reliant on the faculty member administering the experience. The program reported that this new course description will not be approved to be applied to the courses until summer 2023.

**Steps to Be Taken:**

At the time of the next annual report, the program must provide an update on the approval and application of the course description, as well as updates on the changes made to the capstone experience.

**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 CAA requires that the program demonstrate that there is sufficient support, consistent with the program mission and goals, for personnel, equipment, educational and clinical materials, and research activities. In its annual report and previous reporting, the program indicated budget cuts to travel allocations and faculty lines as a result of the COVID-19 pandemic. The program states that they are hopeful that funding will increase now that cohort sizes are increasing.

**Steps to Be Taken:**

At the time of the next annual report, the program must provide an update to the funding plans for new faculty lines and travel allocation in support of the program's mission and goals.

## PERFORMANCE WITH RESPECT TO STUDENT ACHIEVEMENT

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

### 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.