

ACCREDITATION ACTION REPORT

Initial 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: 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): M.S.

Current Accreditation Cycle: 07/01/2016 - 06/30/2021

Action Taken: Award Initial Accreditation

Effective Date: July 24, 2021

New Accreditation Cycle: 07/01/2021 - 06/30/2026

Next Review: Annual Report due August 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 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 A program will be placed on probation or accreditation withdrawn after the review of a second consecutive report reveals that issues continue for the same standard(s) and the program remains not in full compliance with all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 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 Non-Compliance: The program provided clear evidence that it has authority for such matters as curriculum, scheduling, and hiring of personnel. However, the program does not appear to have full authority and responsibility for admissions. During the 2020 admissions cycle, the program reported that the graduate dean and its office admitted students independently of the program faculty. The program reported in its response to the site visit report that because one of the students admitted by the dean did not meet the program's prerequisite requirements, the Bridgewater State University Faculty Union filed a grievance. The program stated, "The mediation resulted in the dean/administration agreeing to abide by the prerequisites. However, any language provided by the union to clarify that it would be the SLP program that determined if prerequisites are met was refused by the dean/administration... The union is prepared to move again should the dean/administration make determinations about prerequisite equivalencies."

In its response to the site visit report, the program reported that it had completed its 2021 admissions cycle based on the enrollment goal set in Fall 2020; however, the enrollment goal was increased in Spring 2021 without input from the program in advance of this change.

Subsequent to this increase, the program reported that they were directed to admit all additional waitlisted applicants at once, which they reported was in opposition to the program's typical practice of admitting one waitlisted applicant each time an applicant offered admission declines acceptance. The program reports that it has repeatedly communicated to the administration that the program cannot reasonably accommodate more than 20 students per cohort without an additional clinical faculty position.

Steps to Be Taken: At the time of the next annual report, the program must provide documentation of a clear admissions policy and protocols, and evidence that the stated policy is being implemented and followed as published.

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

Evidence of Non-Compliance: The site visit team reported, "Full-time faculty are teaching a load significantly greater than the expected workload. This excess workload limits faculty members' ability to address the research goals in the strategic plan." The program's response to the site visit report explained that faculty have the option to teach up to two courses in addition to their usual four-course load for additional compensation. They stated that faculty expectations for research will be discussed in their upcoming strategic plan process. In addition, the Dean of the College of Graduate Studies has provided written support of the program's request for an additional faculty member to replace one faculty member who has left the program and a new clinical educator position.

In its response to the site visit report for Standard 1.6 (Program Authority and Responsibility), the program stated that the faculty "are unable to support more than a cohort of 20 students" and that the faculty "has been working at a deficit of clinical educators and faculty since the program began admitting students." The program offered admission to 34 students, including all waitlisted applicants, and 17 students submitted a deposit for Fall 2021.

Steps to Be Taken: At the time of the next annual report, demonstrate that faculty have sufficient time to participate in other activities that are consistent with institutional expectations for research. Provide an update on the new strategic plan, particularly regarding its expectations for faculty research activity, and updates on the faculty and clinical educator hiring processes. Provide evidence that the program is adequately staffed (clinical educators and faculty) to provide support to the students who are currently enrolled.

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.

Requirement 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 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 Non-Compliance: A program-wide policy for identifying students who need intervention to meet program expectations for the acquisition of knowledge and skills in the academic component of the curriculum, or for how intervention were implemented, documented, and consistently applied is not yet in place. Per the program's response to the site visit report, "These policies and procedures are developed. They will be in place and will appear on each syllabus and in the Clinic Handbook which will be revised to include academic aspects of the program beginning in Fall 2021." Although policies and procedure were developed and shared with the CAA as part of the program's response to the site visit report, they were not implemented at the time of the Council's decision.

Steps to Be Taken: At the time of the next annual report, demonstrate that policies, procedures, and documentation for identifying and remediating students in need of academic remediation/intervention have been implemented.

Standard 5.1 The program regularly assesses student learning.

Requirement for Review:

- The program must document that it assesses the achievement of student learning outcomes to determine student success in the acquisition of expected knowledge and skills.

Evidence of Non-Compliance: The program does not consistently document student learning. In its site visit report response, the program acknowledges, “While this information is included in many of the course syllabi, there is no consistent inclusion of learning outcomes and alignment with assessment of learning outcomes.” All syllabi will include this information beginning in Fall 2021.

Steps to Be Taken: At the time of the next annual report, demonstrate adherence to the standard by documenting assessment of achievement of student learning outcomes to determine student success in the acquisition of expected knowledge and skills.

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 student assessment is applied consistently and systematically.

Evidence of Non-Compliance: The program’s assessment plan for each student is not applied consistently and systematically. In its site visit report response, the program confirmed that it has summative and formative assessments that are issued throughout the program. However, the program modified the capstone experience, and, as a result, students in the earlier cohort did not have the same summative experience as the students in the recent cohort. The program indicated that it was revising the summative capstone experience and will implement it consistently. The revised course description was to be submitted through the governance processes as a minor course change for approval in September 2021 and would be in place for the next time the course is offered (Summer 2022).

Steps to Be Taken: At the time of the next annual report, document that the planned steps were completed to ensure approval of the revised capstone course description and have been implemented.

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

Requirement for Review:

- 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 Concern: The site visit team reported that while the strategic plan includes long-term specific measurable objectives, strategies for attainment of the goals and objectives, it does not include a schedule for analysis of the plan. In response to the site visit report, the program provided graduate program retreat agendas showing that the strategic plan is a regular topic of discussion, and stated that they are currently developing their new strategic plan, which will be analyzed annually at their May graduate program retreat.

Steps to Be Taken: In the next annual report, provide an update of the status of the new strategic plan.

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.

Requirement for Review:

- At a minimum, the following results of student outcome measures for the most recently completed 3 academic years must be provided:
 - Number and percentage of program test-takers who pass the *Praxis*[®] Subject Assessment examination for each of the 3 most recently completed academic years (programs need report only the results once for test-takers who take the test more than one time in the reporting period)

Evidence of Concern: The Praxis pass rate data on the program's website (<https://www.bridgew.edu/graduate/SLP>) appear to reflect only first-time test-takers. The program must present the total number of test-takers and the pass rate must be based on the total number of test-takers to comply with the CAA's standard. The program can continue to note first-time test-taker success, provided the total test-taker pass rate is clearly indicated.

Steps to be Taken: By the time of the next annual report, update the program website to show Praxis pass rates for total number of test-takers and the percentage of those individuals who passed the exam.

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>	
	Program Completion Rates
	Employment Rates
	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.