

## ASHA 2022 Self Study Re-accreditation Report

Following 2017 revised standards

Master of Arts in Speech- Language Pathology

Speech- Language Hearing Sciences, Lehman College, CUNY

Self-study: August 27, 2021- December 2021

Re-accreditation application due August 1, 2022

Site Visit anticipated: March 2023

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## Questions to be Addressed in Self-Study

The CAA has developed a series of questions that might be asked during a self-study and are offered below only as suggestions to facilitate a program's preliminary discussions of self-study in relation to its compliance with the Standards for Accreditation.

### A. Administration

1. What is the administrative structure of the program?
2. What are the lines of authority? What is the allocation of responsibility?
3. How stable is the administrative structure and program support? Is the administrative structure functional?
4. What is the budget support for the program? What foreseeable changes may occur in budget support?
5. What budget support is provided for salaries, equipment, maintenance, and library?
6. How dependent is the program on soft money? Is administrative support adequate to continue a quality educational service?
7. How does the administration assure instructional staff of opportunities for salary and rank increases?
8. Does administration policy permit structuring of reasonable workload? If not, how can this be corrected?
9. What is the program's status within the institution? Does the program have adequate communication with the administration of the institution? If not, how can this be improved?
10. To what extent does the program's instructional staff have the responsibility for designing, approving, and evaluating the curriculum?
11. Do all the instructional staff share in the decision-making activities of the program? If not, why not?
12. Is the difference between disagreement and dissension recognized in the program? When dissension exists, how can this be converted to a constructive activity in program development?
13. Does the institution's administration understand the unique goals of the program? If not, why not?

### B. Curriculum

1. Is the course of study described in terms of course content?
2. Is sufficient course work provided to meet program objectives? For example, does the course work permit students to meet qualifications for ASHA's Certificate of Clinical Competence, state licensure, state and/or local department of education certification, and state and/or local department of health qualifications?
3. Are courses offered frequently enough to permit a student sufficient opportunity to obtain qualifications as described in B.2 above?
4. Is the course work sequenced to provide maximum educational growth?
5. How does the program ensure that each student follows the appropriate curricular sequence?
6. Does the curricular sequence move from courses on normal processes to

- classes on communication disorders? If not, why not?
7. Are courses taught by faculty/instructional staff with appropriate academic and experiential background? If not, what steps are planned to correct this situation?
  8. Is the program adequately planned in terms of length, timing, progressive specialization, and availability of advanced courses and seminars? Is any future restructuring planned?
  9. Is the graduate program clearly identifiable and qualitatively different from the undergraduate sequence? If not, how soon can this separation be effected? When graduates are placed in undergraduate courses, what is the difference in the performance standard required?
  10. Does the curriculum reflect a commitment to currency in terms of changes in knowledge, legislation, and human resource needs?
  11. How adequate are the assessment procedures used to evaluate students? If inadequate, how can they be improved?
  12. Do grades accurately reflect a student's academic and clinical performance? If not, in what way can grading be improved?
  13. Do students have sufficient research experience so that they are able to develop a viable method of problem formulation and solution? If not, are additional research opportunities planned?
  14. When and where, in the program sequence, do students obtain adequate guidance in professional and scientific responsibility, as well as ethics?
  15. What is the mechanism for systematic review and updating of each course in the program?
  16. What do students value most in the curriculum? Least? What is the cause of this difference? How can "least valuable" be improved?
  17. Is the program sufficiently flexible to allow students an opportunity to maximize their own personal and professional growth? How can this flexibility be expanded?
  18. What course work is permitted and encouraged outside the immediate program to give students an opportunity to learn the viewpoints of those in related professions—for example, psychology, learning disabilities, deaf education?
  19. What procedures have been established to evaluate transfer credit? Does the mechanism adequately evaluate the competencies that the units attest to?

### **C. Clinical Practicum**

1. Is the clinical experience appropriately sequenced with the academic offering? Do students always understand the theoretical principles of a particular procedure before they are required to conduct the task? If not, how can this be ensured in the future? How soon can necessary changes be implemented? What learning experiences are provided that actually relate theory and practice?
2. Is the clinical experience designed so that it follows substantial course work in general education and normal development as well as specific courses related to communication disorders?
3. Are the clinical hours distributed over a reasonable period of time? If not, how can distribution be appropriately spread? When can this be accomplished?
4. Is the student's clinical experience graduated and sequential? If not, what changes are planned and when?

5. Does the program and its associated facilities have a sufficient client pool to provide the broad clinical experience that the profession requires? If not, what steps are being taken to remedy this situation? What types of experiences are not provided for students? What types of clients did students see last year? What types are planned for next year?
6. Is the clinical program sequenced in a way that allows all of the students to obtain similar educational experience? Is there significant variation in the experiences provided students? Why?
7. Does the program's off-campus component provide students with an opportunity to participate in a variety of inter-professional activities? If not, how can this be improved?
8. Are all of the field supervisors committed to educating students, or are some totally service-oriented?
9. How much contact with the field supervisor is needed to ensure that the instructional staff is aware of the progress the students are actually making in the placement? Is this amount of contact provided?
10. How is continuity of supervisory practices across the instructional staff promoted?
11. How objective is assessment of students' clinical performance? Do assigned grades actually represent their performance? If not, why not?
12. How is feedback provided to students regarding their clinical efforts? How frequently is such feedback provided?
13. Is adequate and appropriate clinical supervision provided for all of the students? Is the staffing formula correct? If not, what improvements are planned?
14. Are any of the instructional staff providing direct clinical service for student observation? If not, why not?
15. How are supervisors (both on and off campus) made aware of requirements for supervision? How is compliance with these requirements ensured?

#### **D. Faculty/Instructional Staff**

1. Are there sufficient experienced, trained personnel capable of effective teaching in all necessary areas of specialization of a comprehensive program? If not, what plans exist to remedy any gaps?
2. To what extent are faculty/instructional staff teaching outside of their area of expertise?
3. How is the teaching load balanced with various other professional responsibilities?
4. If new instructional staff members could be hired, what would be the priorities in terms of selection of experience and education?
5. How is research competence promoted and rewarded?
6. Has the instructional staff remained sufficiently stable so that continuity exists in the program?
7. Are the rank and tenure of the faculty/instructional staff different from those of other departments? If so, what steps can be taken to adjust for the discrepancy?
8. What is the teaching load carried by other departments that have clinical programs? Does this vary significantly from that within the audiology and/or speech-language pathology program? If so, why?
9. What mechanism exists within the program to ensure that all faculty/instructional staff remain educationally current?

10. Do the students have sufficient opportunity for contact with all the faculty/instructional staff? If not, how can this be remedied?
11. Is the faculty/instructional staff sufficiently diverse so that students can be exposed to a variety of thought? If not, can steps be taken to provide diversity?

#### **E. Facilities**

1. Is the space available for classrooms, offices, observation areas, and research labs adequate? If not, is there a plan, including timelines, to obtain additional space?
2. Are there architectural barriers that limit participation by persons with physical disabilities? If so, when will steps be taken to remove them?
3. Is equipment adequate for all aspects of the program? If not, when will necessary equipment be purchased?
4. What are the equipment priorities? How are these priorities developed?
5. Are the standards for calibration and maintenance of equipment adequate? If not, what steps are planned to improve them?
6. Are the library holdings adequate both within the professional disciplines of the program and related disciplines? Is the budget sufficient to ensure that holdings are current?
7. Is there adequate support staff for the program—for example, secretaries, maintenance, technology assistance? If not, is additional staff budgeted?

#### **F. Admission and Advisement**

1. What objective measures are used to select students? What is the relative value of each?
2. What evidence exists to show that the criteria used for selecting students are related to success within the program?
3. Are students admitted to the program who do not meet the selection criteria? What happens to these students? Are special students provided with any additional experiences to facilitate their successful completion of the program? Does additional support really help? Given experience with these students, under what circumstances should they continue to be admitted?
4. Once a student is admitted to the program, how is his or her progress monitored?
5. How adequate is the feedback provided to students regarding their performance? If not considered adequate, what improvements should be made, and how soon can they be put into effect?
6. Is there a systematic advising program? If not, why not?
7. Are students' academic and clinical records up to date? If not, why not?
8. How is the acquisition of knowledge and skills tracked within the program?

#### **G. Questions for Employers**

1. Can a graduate of the program complete speech, language, or hearing screening procedures appropriately? Are there procedures that the graduate cannot perform? If so, please specify.
2. Does the program graduate demonstrate adequate knowledge of diagnostic techniques and instrumentation? Which techniques and/or instruments does the graduate handle with proficiency? With which techniques and/or instruments

- should the graduate be more proficient?
3. Is the graduate able to establish an appropriate caseload? What, if any, problems does the graduate have in establishing a caseload? How would you suggest the training program be modified to correct for any problems that occur in establishing a caseload?
  4. Does the graduate apply current research findings to therapy regimens?
  5. Does the graduate work better in a one-to-one treatment situation or in a group situation? What accounts for this difference? Is it a problem? What do you believe the training program could do to ensure that the graduate works equally well in a one-to-one and in a group situation?
  6. Does the graduate establish appropriate long- and short-range goals for each client in the caseload? What problems, if any, does the graduate have in establishing these? What do you believe the education program could do to improve the graduate's ability to establish clinical objectives?
  7. Are there certain types of handicapping conditions the graduate handles extremely well? Poorly? What do you believe accounts for the difference? Is it a problem? What do you believe the educational program could do to equalize the graduate's ability to handle all types of problems?
  8. Are the reports that the graduate writes complete? What are their strengths, weaknesses? What do you believe the educational program could do to improve report writing?
  9. Does the graduate respond well to supervision? If not, what appears to be the primary source of difficulty? How could this be resolved?
  10. Does the graduate maintain positive relationships with clients and instructional staff? If not, what appears to be the primary source of difficulty? How could this be resolved?

#### **H. Questions for Students**

1. In general, are the objectives of the program and of the courses in the curricular sequence clear? If not, what do you believe could be done to improve the situation?
2. Have you found that, in general, there has been considerable agreement between the announced objectives of the courses and what was actually taught? If there have been major discrepancies, what, in your opinion, has been the cause?
3. In general, have the reading assignments been relevant to class objectives? If not, what do you believe caused the discrepancy?
4. Are the lectures given by the program's faculty/instructional staff well organized and designed to facilitate the understanding of the subject? If not, how do you believe they could be improved?
5. In general, does the program's faculty/instructional staff challenge you? If not, what steps would you suggest modifying this situation?
6. Has your interest in the professions been increased or decreased as a result of your interaction with the program's faculty/instructional staff? If decreased, why?
7. Does the program's faculty/instructional staff attempt to relate course content to the total discipline? If not, how could this be improved?
8. Does the program's faculty/instructional staff provide sufficient opportunity for

you to apply concepts and to demonstrate understanding of the subject? If not, how could this be improved?

9. In general, has the program's faculty/instructional staff genuinely been concerned about your progress and attempted to be actively helpful? If not, how do you believe this could be improved?
10. Is the program's faculty/instructional staff readily available to you for consultation? If not, how could the program be modified to provide more student/faculty dialogue?

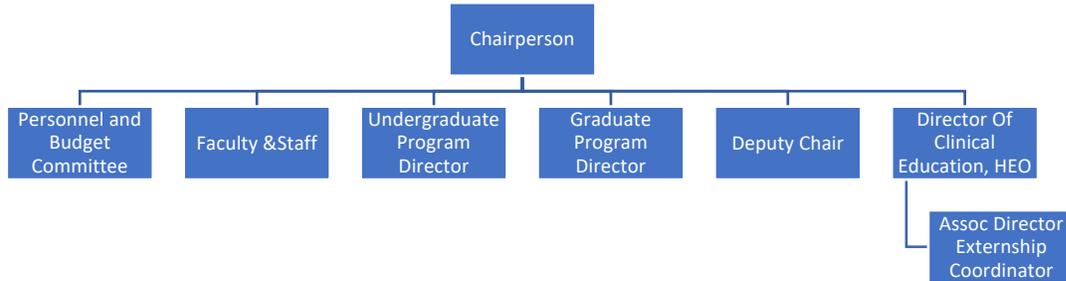
#### **I. Questions for Alumni**

1. If you were starting school again, would you apply for admission to the program? If not, why not?
2. Considering all aspects, were you completely satisfied with the program? If not, which aspects would you improve and how?
3. Did you have sufficient opportunity to present problems, complaints, or suggestions to the instructional staff? If not, what hampered you in these efforts?
4. Do you believe that your clinical practicum supervisors spent sufficient time observing and guiding your clinical practicum? If not, what do you believe accounted for their lack of availability?
5. Do you believe the counseling that the program provided was adequate? If not, what would you suggest be done to improve this situation?
6. Which academic/clinical areas do you feel most/least prepared in? What do you believe accounts for the difference? What steps would you recommend be taken to reduce this discrepancy?
7. Generally, do you believe that most of what you learned was relevant to clinical work? If not, why not? What could be done to improve the curriculum so that it is more relevant?
8. Which courses in the program have proven to be the most/least beneficial? Please list and explain why.
9. Given the opportunity, what would you have deleted from your academic program? Why?
10. Given the opportunity, what would you have added to your academic program?

## A. Administration

### 1. What is the administrative structure of the program?

The administrative structure of the program is composed of a Chairperson as Department Head, five direct reporting positions, and one indirect reporting position, as indicated in the organizational chart below:



### 2. What are the lines of authority? What is the allocation of responsibility?

The Chairperson of the department is the Head senior faculty member who oversees the direct reporting positions of Faculty/Staff, Undergraduate Program Director, Graduate Program Director, Deputy Chair, and Director of Clinical Education and Clinical Services. Allocation of responsibility is as follows:

The Chairperson of the Department is responsible for all department records, prepares the tentative department budget, initiates policy and action concerning the recruitment of faculty and staff, represents the department in college governance, oversees the work of the department's committee on appointments and reappointments, arranges for careful observation and guidance of the department's instructional staff, assigns teaching schedules, reports to the college committee on faculty personnel and budget of the action taken by the department committee on appointment, reappointment, tenure and promotion, holds an annual evaluation conference with members of the faculty after observation and prepares a memorandum thereof, and generally supervises and administers the department.

The six direct reporting positions to the Chair include the Personnel and Budget Committee, the Faculty/Staff; the Undergraduate Program Director; the Graduate Program Director; the Deputy Chair; and the Director of Clinical Education and Clinical Services. An indirect reporting position is noted in the position of Associate Director of Clinical Education/Services, who reports to the Director of Clinical Education. The responsibilities of each reporting position include:

- Faculty: Full-time faculty responsibilities include effective classroom teaching, maintenance of regular office hours, academic advising and counseling of students, participation in departmental committee work, applied research or scholarly activity, and service to the department in recruitment of students.

Additional roles assumed by full-time faculty include important departmental committee work such as the Personnel and Budget Committee (P&B), Global Initiative/Bilingual

Extension Committee, Graduate Curriculum Committee, Undergraduate Curriculum Committee, Continuing Education Committee. Full-time faculty also serve on various college-wide and university-wide committees.

- Adjunct faculty are responsible for effective classroom teaching and maintenance of regular office hours for students.
- Undergraduate Program Director: The UPD in consultation with the Chair directs the activities of the department in support of undergraduate education, advocates in the department for the education needs of undergraduate students, including current and prospective majors, and Chairs the Undergraduate Curriculum Committee.
- Graduate Program Director: The GPD in consultation with the Chair serves as the coordinator of the administration and governance of graduate studies within the department, serves as a point of contact for graduate students in the program, supervises the graduate admissions process, and acts as a liaison among the graduate students, program faculty, college, and Graduate School administration.
- Deputy Chair: The DC assists and serves the chairperson in the latter's absence, schedules, and maintains the academic coursework semester schedule, maintains records of course syllabi, and assists the Chair in the recruitment of effective academic teaching faculty to serve as adjunct faculty within the department.
- Director of Clinical Education and Clinical Services: The DCECS in consultation with the Chair, provides leadership in advancing the scholastic and operational endeavors of the department and graduate program in clinical education. Other areas of responsibility include:
  - Updates and assures compliance with clinic policies and procedures for the Lehman College Speech-Language-Hearing Center
  - Oversees student clinical assignments and client schedules
  - Facilitates translation of the academic ethos of the department into clinical practice through advancing integration between clinical and academic departmental units, promoting evidenced-based clinical practice, supporting clinical research, and encouraging best-practices in student-clinician supervision
  - Plans and develops clinical education seminars for clinical faculty in the areas of supervision and evidenced-based practice in communication disorders
  - Oversees the quality assurance of all clinical records and billing
  - Expands current clinical services and develops and maintains community partnerships

- Supervises the clinical faculty and clinical staff.
  - Supervises the Associate Director of Clinical education and Clinical Services
- Associate Director of Clinical Education and Clinical Services: The ASCECS reports to the Director of clinical Education. The ASCECS assists and serves the Director of Clinical Education, and acts for the DCECS in latter's absence. The primary responsibility of the ASCECS is to provide leadership in advancing the scholastic and operational endeavors of the department and the graduate program in externship/ field placement of graduate students and to assist the Director in the daily management and planning of the clinical education component of the graduate program.

### **3. How stable is the administrative structure and program support? Is the administrative structure functional?**

The administrative structure of the department is quite stable, although several faculty have recently assumed important new roles. The current Chairperson and Graduate Program Director began their 3-year terms in fall 2021. Both roles are held by faculty within the department who have served in other key administrative functions. The administrative structure is functional and effective with respect to responsibilities and responsiveness to its programs, faculty, students, and staff.

### **4. What is the budget support for the program? What foreseeable changes may occur in budget support?**

The overall 2021 Fiscal Year (FY) budget was reduced from \$2,519,503 (FY 2020) to \$2,077,848, a decrease of 17%). Details of the specific sources of financial support for FY 2021 and changes from FY 2020 are listed in Appendix A.

Institutional support has decreased steadily over the last four fiscal years (Appendix B). Institutional support to the Department decreased by 0.45% (FYs 2018-2019); 3.3% (FYs 2019-2020); and 15% (FY 2020-2021).

If the trend observed over the last four fiscal years continues it is not anticipated that future institutional financial support to the Department will increase. We do, however, anticipate an increase in support for faculty/staff salaries, as several additional faculty and administrative/staff lines have recently been approved.

### **5. What budget support is provided for salaries, equipment, maintenance, and library?**

During the 2021 AY, the institution provided \$1,915,344.27 for faculty salaries and \$11,504.12 for capital equipment and maintenance. The College Library budget for the 2021 FY was \$304,833, a portion of which is allocated to all Departments across the college.

**6. How dependent is the program on soft money? Is administrative support adequate to continue a quality educational service?**

The program is not dependent on soft money.

Administrative support is robust. The Dean's Office understands the mission and goals of the Department and is extremely supportive of its initiatives. Financially, the Department's budget has been decreasing in recent years, however funding is adequate to continue offering a quality educational program. The reduction in financial support has affected the support of faculty scholarship, since fewer funds are available (a) to support the purchase of research instrumentation and equipment, and (2) to fund travel to professional conferences. The University does, however, offer a number of ongoing internal grant opportunities for faculty.

**7. How does the administration assure instructional staff of opportunities for salary and rank increases?**

Salary and rank increases are determined by the Collective Bargaining Agreement between the City University of New York and the Professional Staff Congress. The Chair schedules ongoing meetings with untenured faculty to advise and support them with regard to tenure and promotion. The chair also advises and supports tenured faculty seeking promotion. Annual reviews are conducted by the Chair or her/his designee for all full-time faculty and progress toward tenure and promotion are evaluated and discussed with the Chair during the annual review meeting.

**8. Does administration policy permit structuring of reasonable workload? If not, how can this be corrected?**

Yes. The full-time faculty workload has been reduced from 21 hours/academic year to 18 hours/academic year for Assistant/Associate/Full professors and from 27 hours to 24 hours/academic year for full-time lecturers. In the 2017 Collective Bargaining Agreement between the City University of New York and the Professional Staff Congress, the annual teaching workload was reduced over a three-year period. In 2018, the workload was reduced from 21 hours to 20 hours. The workload was reduced further to 19 and 18 hours in 2019, and from 19 to 18 hours in 2020.

Newly appointed untenured faculty are provided with significant release time from teaching in order to support their scholarly development. Effective for the 2020-2021 academic year, untenured Assistant Professors, untenured Associate Professors and untenured Professors (including those employed as faculty counselors or as faculty librarians) who receive an initial appointment to a professorial title on or after the start of

the Fall 2020 semester will receive 18 contact hours of reassigned time to be used during their first five annual appointments, in order to engage in scholarly and/or creative activities related to their academic disciplines.

Upon receiving an appointment with tenure, the faculty members specified above shall receive six (6) contact hours of reassigned time to be used during the three (3) succeeding academic years, beginning with the year in which tenure becomes effective.

Faculty engaged in substantive administrative activities (Department Chair, Program Directors, Deputy Chair, Undergraduate Adviser, Assessment Coordinator) are provided with release time, reducing their teaching load.

### Appendix A

Sources of Support	FY 2021	Change from FY 2020
Faculty/Staff Salaries	\$ 2,216,804.00	- 14%
Supplies & Expenses (non-capital/non-salary expenses)	\$ 41,987.32	- 36%
Capital Equipment	\$ 11,504.12	- 49%
<b>Institutional Support Sub-Total</b>	<b>\$. 1,968,835.71</b>	
Grants/contracts	\$ 52,878.22	- 61%
Other Funding	\$ 56,133.74 (- 8% 2020)	- 8%
<b>Non-Institutional Support Sub-Total</b>	<b>\$ 109,011.96</b>	- 17%
Total Budget	\$ 2,379,307.40	- 17%

## Appendix B

<b>Sources of Support</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>
Faculty/Staff Salaries	\$ 2,127,602.00	\$ 2,147,761.40	\$ 2,235,309.95	\$ 1,915,344.27
Supplies & Expenses (non-capital/non-salary expenses)	\$ 116,455.00	\$ 94,265.00	\$ 65,520.50	\$ 41,987.32
Capital Equipment	\$ 16,000.00	\$ 5,693.18	\$ 22,531.50	\$ 11,504.12
Institutional Support Sub-Total	\$ 2,260,057.00	\$ 2,247,719.58	\$ 2,323,361.95	\$ 1,968,835.71
Grants/contracts	\$ 185,000.00	\$ 151,146.90	\$ 135,000.00	\$ 52,878.22
Clinic Fees	\$ 18,547.00	\$ 11,996.00		\$ -
Other Funding	\$ 90,766.00	\$ 47,989.93	\$ 61,141.50	\$ 56,133.74
Non-Institutional Support Sub-Total	\$ 294,313.00	\$ 211,132.83	\$ 196,141.50	\$ 109,011.96
Total Budget	\$ 2,554,370.00	\$ 2,458,852.41	\$ 2,519,503.45	\$ 2,077,847.67
% of budget represented by non-institutional support	11.5219%	8.5866%	7.7849%	5.2464%

**9. What is the program's status within the institution? Does the program have adequate communication with the administration of the institution? If not, how can this be improved?**

The department of Speech-Language-Hearing Sciences is located within the school of Health Sciences, Human Services, and Nursing. As such, the dean of the school, Dr. Elgloria Harrison, is actively involved in the continuous development of the department and graduate program and communicates regularly with the department's chair, Dr. Peggy Conner, and the graduate program director, Ms. Christine Neumayer. The dean meets regularly with the school faculty and occasionally attends individual department meetings.

**10. To what extent does the program's instructional staff have the responsibility for designing, approving, and evaluating the curriculum?**

The graduate program curriculum committee, which includes the graduate program director and members of the full-time faculty, is charged with the responsibility to review and evaluate periodically the graduate program curriculum; It suggests changes to current course content, inclusion or creation of new courses, and modifications to the study plans. It is the responsibility of the graduate curriculum committee to bring forth the aforementioned changes to the entire faculty for discussion and approval.

Each individual instructor has the responsibility and the freedom to design his/her course syllabus while in accordance with ASHA's scope of practice and the 2020 standards as well as the department, school and college standards.

**11. Do all the instructional staff share in the decision-making activities of the program? If not, why not?**

Yes, all instructional staff share in the decision-making activities of the program. The department chair holds a monthly faculty meeting to which all full-time faculty and adjuncts are invited. Open communication is fostered and encouraged and all attending members are allowed to voice their opinions; however, only full-time faculty members are allowed to vote.

In addition, instructional staff (full time and adjuncts) serve on various committees (graduate curriculum committee, clinic committee, externship committee, continuing education committee, an alumni committee) where they directly influence the decision-making process.

**12. Is the difference between disagreement and dissension recognized in the program? When dissension exists, how can this be converted to a constructive activity in program development?**

Considering the active involvement of all members of the graduate program in its development and smooth operation, disagreements among faculty are inevitable. Differences of opinions are welcomed and are resolved through respectful discourse in a professional, constructive manner.

The Department is responsive to student dissension. In the summer of 2020, following the national Black Lives Matter (BLM) call-to-action movement the Department created the *Diversity, Equity, and Inclusion Committee*, which is composed of students, alumni, faculty, and staff to address student concerns regarding cultural sensitivity, equity, and diversity in the undergraduate and graduate programs. In response to student concerns, the Department offered training in microaggressions and cultural sensitivity to full-time and adjunct faculty teaching in the Department.

**13. Does the institution's administration understand the unique goals of the program? If not, why not?**

The graduate program in speech-language pathology and the department of speech-language and hearing sciences (SLHS) are part of the new school of Health Sciences, Human Services and Nursing. The new school consolidates under one academic roof several departments – Health Sciences; Nursing; Social Work; and Speech, Language, and Hearing Sciences. Incorporating the SLHS department into the new school was a true testament to the Lehman College administration understanding of the unique goals of the graduate program.

The school's mission and goals are aligned with the mission and goals of the graduate program and the SLHS department. The mission of the school of Health Sciences, Human Services, and Nursing (HS2N) is "to educate the next generation of leaders in the health sciences, human services, and health care professions that promote and improve the health and well-being of individuals, families, groups, and communities in a diverse global society, with special emphasis on urban populations." It is the mission of the graduate program in speech-language pathology to prepare students to meet the academic and clinical requirements for the ASHA Certificate of Clinical Competence (CCC) and New York State Licensure in Speech-Language Pathology while promoting the integration of theory and research into evidence-based practice, analytic thought in clinical decision-making, and the application of technology to clinical practice. The graduate program holds in high regard sensitivity to and respect for multilingualistic and multicultural difference serving diverse communities in NY and the tri-state area.

Recommendation: update SLHS Department mission to reflect stronger alignment with the Lehman College and HS2N mission.

## **B. Curriculum**

### **1. Is the course of study described in terms of course content?**

Graduate courses in Speech-Language Pathology are listed in the Lehman College Graduate Bulletin, including the course descriptions. Also, the suggested course sequence of study offers three options for professional credentials to students: (1) NYS licensure and ASHA certification (2) NYS licensure, ASHA certification, and NYS teacher certification, and (3) NYS licensure, ASHA certification, NYS teacher certification and bilingual extension. These sequences of study are outlined in the department Graduate Handbook. Students may choose any of the three options during the first year.

- A copy of relevant info in the graduate handbook and bulletin
- Options for the different professional credentials

### **2. Is sufficient course work provided to meet program objectives? For example, does the course work permit students to meet qualifications for ASHA's Certificate of Clinical Competence, state licensure, state and/or local department of education certification, and state and/or local department of health qualifications?**

The program objectives and the courses designed to meet these objectives are outlined in the strategic plan. Program objectives and course goals are included in the syllabi. Students have clinical experience in treatment and assessment in the KASA learning objectives. Our program is a New York State teacher preparation program leading to teacher certification and students complete additional coursework and requirements for this optional professional credential. Students completing New York State licensure (and ASHA CCC-SLP) complete the program in 63 credits in 2 ½ years. Students completing licensure and teacher certification take 66 graduate credits and may need additional education coursework if not already completed during -undergraduate studies. Students completing the teacher certification with bilingual extension must complete 72 credits and may need additional undergraduate education coursework.

- Speech-language pathology curriculum
- Mission and goal statements and strategic plan
- Electronic student files
- Course syllabi
- Website, catalogs (e.g., for information about course numbering, prerequisites)
- Academic and clinical faculty, program director, students
- Graduate handbook
- On- and off-campus clinical supervisors/preceptors

### **3. Are courses offered frequently enough to permit a student sufficient opportunity to obtain qualifications as described in B.2 above?**

All core courses and clinical courses are offered at least twice an academic year with the exception of voice and speech science. Electives are offered during summer and winter sessions. The bilingual extension and teacher certification courses are offered in the summer and winter.

- Schedule samples

Recommendation: evaluate frequency of courses offered to meet the student needs

#### **4. Is the course work sequenced to provide maximum educational growth?**

Incoming first semester students take a core set of courses (SPE 721, SPE 722, SPE 725, and SPE 718) that prepare them for their first clinical rotation, taken in their second semester (after completing these 12 credits, students must register for their first clinic). The course sequence provides the content base needed for clinical experiences. For example, SPE 726 Aphasia and Related Language Disorders is taken in the second semester while students are enrolled in their first clinical practicum in either early childhood language disorders or the pediatric after-school speech-language clinic. No second semester student is permitted to be enrolled in the adult aphasia clinic during their second semester, while completing the SPE 726 pre-requisite for the adult practicum. Similarly, students in their second semester enroll in SPE 723, Fluency Disorders, and SPE 736 Motor Speech Disorders in their third semester, in order to prepare for an initial externship placement the following semester.

- Graduate handbook

#### **5. How does the program ensure that each student follows the appropriate curricular sequence?**

Students are given a study plan at the beginning of their graduate studies. This study plan may be modified if the student opts for a different program option (see above, described in B.1). They meet with their advisor each semester prior to registration to receive permission to register for any courses and course advisement is documented in DegreeWorks, our advisor note system. Part-time students work with their graduate advisor to develop an individualized study plan that follows the guidelines for curricular sequence, provides maximum educational growth, while accommodating their needs as part-time students.

- Study plans

#### **6. Does the curricular sequence move from courses on normal processes to classes on communication disorders? If not, why not?**

There are no courses at the graduate level devoted solely to normal processes. Each clinical graduate course reviews normal processes prior to discussion on communication disorders within the specific clinical content area.

- Syllabi
- Study plans

**7. Are courses taught by faculty/instructional staff with appropriate academic and experiential background? If not, what steps are planned to correct this situation?**

Faculty only teach in their areas of academic and clinical specialization. All adjunct faculty are vetted and interviewed and only teach in their area of expertise. Some full-time faculty also teach at the undergraduate program level to provide foundational skills in these areas for graduate study.

- Listing of faculty and the courses they teach and their specialties/resume
- Include this information on the faculty page

**8. Is the program adequately planned in terms of length, timing, progressive specialization, and availability of advanced courses and seminars? Is any future restructuring planned?**

The graduate program is 2 1/2 year full time program and offers more complex coursework and clinical externships taken in the third and fourth semesters. Electives are offered in both the winter and summer (e.g., EI track). Students can take prerequisites for advanced courses every semester, and electives for progressive specialization are available. Most courses are offered each semester, while most courses are offered at least once a year. Lehman offers an teacher certification track, teacher certification with bilingual extension track and, an early childhood program track. There is no current future restructuring planned, but there are plans for adding more progressive specialization options.

- Schedule and study plans; course requirements for the tracks

**9. Is the graduate program clearly identifiable and qualitatively different from the undergraduate sequence? If not, how soon can this separation be effected? When graduates are placed in undergraduate courses, what is the difference in the performance standard required?**

The undergraduate curriculum consists primarily of courses at the introductory level and includes phonetics, linguistics, language acquisition, bilingualism, anatomy and physiology of the speech mechanism, audiology, speech and hearing science, and introduction to communication disorders in adults and children. This is clearly distinct from the advanced nature of coursework in the graduate program. For students accepted into early-admission graduate studies, they take the first semester graduate coursework (five courses) in their senior year after completing all of the undergraduate courses in the major. Graduate students are not enrolled in an undergraduate class but may take undergraduate classes not in our department (i.e., education).

- BA to MA program and the undergraduate course bulletin/prerequisite

- Post Baccalaureate Certificate in Speech Language Pathology

**10. Does the curriculum reflect a commitment to currency in terms of changes in knowledge, legislation, and human resource needs?**

This commitment is visible in our curricular changes, adjustment of offerings based on current trends, and responsiveness to the needs of students as well as feedback from alumni.

- Academic and clinical courses are regularly updated with current research evidence. Faculty regularly attend development meetings offered by Lehman College/CUNY and conferences and seminars in their areas of expertise and interest.
- Lehman offers continuing education courses each semester and faculty and students may attend at no cost. We emphasize the need for continuing education, and in this regard, students are required to attend a minimum of 12 hours of continuing education as part of their final portfolio, a requirement for graduation.
- Syllabi and curriculum content are updated regularly to reflect the trends and any changes in legislation (i.e. SPE 701 Professional Issues, SPE 530 - NYS teacher certification requirement).
- Given the current emphasis on Interprofessional Practice and Education, interprofessional opportunities are embedded in externship placements and simulated experiences within the Speech and Hearing Center (SHC). For example, beginning in Fall 2021 our students collaborated with social work students for service provision in the SHC clinic. In addition, all students enrolled in clinical and diagnostic practica participate in a university-based interprofessional simulation program, HHS CUNY IPE sessions.
- Based on feedback from our alumni and students in externship, we review and revise our course offerings (e.g., recent changes in our electives offerings such as autism, AAC, and pediatric feeding). In the last semester of their program, students complete a final evaluation of their graduate studies and these results inform curricular needs and possible changes to course sequencing, content, or offerings.
- We've responded to an increase in bilingual/multilingual clients in the diagnostic clinic (in Fall 2021 - 85%) by developing a student translator/interpreter program and ensuring all clinical educators and students have adequate training in conducting bilingual evaluations.
- In a first semester course, SPE 700 - Research Methods, students gain skills in critical evaluation of research for the purposes of evidence-based practice. Another first semester course, SPE 725, Diagnostic and Clinical Methods provides the opportunity for students to write treatment plans with research-based rationales.
  - Policies and procedures
  - Faculty meeting minutes
  - Student, graduate and program assessment documents, e.g., graduate and employer surveys, feedback from external clinical facilities, client/caregiver feedback, community input
  - Student evaluations

- Documentation of tracking and evaluation systems
- Outcome measures, such as program completion rate, Praxis examination data, employment rate
- Academic and clinical faculty, program director, on- and off-campus supervisors/preceptors, students, alumni, clients/caregiver

**11. How adequate are the assessment procedures used to evaluate students? If inadequate, how can they be improved?**

In academic coursework, we use both formative and summative means of assessment. The instructors tie program goals and ASHA standards to course objectives and outcome measures for all academic courses. Students are evaluated in the midterm and final in all clinical, diagnostic, and externship practica. Clinic and externship rubrics are consistent for all supervisors. At the end of their academic and clinical studies, all students are evaluated using the Graduate Assessment Form, which is a comprehensive assessment of their academic work and portfolio.

- Graduate Assessment Form
- Portfolio Checklist
- Clinic and externship rubrics

**12. Do grades accurately reflect a student's academic and clinical performance? If not, in what way can grading be improved?**

All syllabi have a grading policy and methods of assessment. We rely on faculty expertise to determine the best method of assessment for their specific courses. The outcomes and goals of a given course are clearly described as well as the instructor's expectations and how the student will be graded. Diagnostic and clinical practicum have a midterm and final evaluation template that includes a detailed listing of skills in professionalism, planning, diagnostics, written communication, intervention, and oral communication and to measure whether students are below, approaching, or meeting expectations. New faculty members are mentored by an experienced instructor of the course to ensure smooth transition. In addition, the department is considering revising grading structure for clinic to pass/fail.

- Lehman college grading policy
- Faculty freedom to assess in any given course
- Study plan

**13. Do students have sufficient research experience so that they are able to develop a viable method of problem formulation and solution? If not, are additional research opportunities planned?**

In the research methods course, students learn how to conduct a literature search and critical review of peer-reviewed journal articles. They evaluate each section of research papers to determine the highest level of evidence. Students must present on the ASHA evidence maps. Ten percent of our students volunteer in research labs and present at the Lehman College scholarship showcase and at state, national, and international conferences. In courses on the various clinical disorders, students discuss, present, and document the evidence for a variety of treatment methods. In the clinic, students are required to research their goals and provide rationale and research evidence supporting their client goals and treatment methodologies. Regular papers discuss evidence and research basis.

- Introduction to Research Methods syllabus
- Sample clinic session notes

#### **14. When and where, in the program sequence, do students obtain adequate guidance in professional and scientific responsibility, as well as ethics?**

These principles are emphasized throughout the program sequence. The seminar in professional issues course is taken in the first year of graduate studies. Students in their first semester take a research methods course and must complete a training program on ethical conduct in research with human subjects. Professional practice is emphasized throughout the academic coursework and applied in all clinical coursework. The Speech and Hearing Center's Policy and Procedures Manual clearly outlines ethical and professional conduct, and this is monitored and evaluated as part of their clinical training. Preclinic and externship preparation seminars also emphasize professional and scientific responsibility and ethics.

- Introduction to Research Methods syllabus
- Seminar in Professional Issues syllabus
- Preclinic and externship seminar slides

#### **15. What is the mechanism for systematic review and updating of each course in the program?**

There are several mechanisms that are used in tandem to inform the graduate program director and the graduate curriculum committee regarding the need for modifications or changes to courses. Each semester Student Evaluation of Teaching and Learning (SETL) responses are reviewed by the Department Chair and Deputy Chair and the need for changes are discussed with the instructors, graduate program director and the graduate curriculum committee as needed. Course instructors are observed, and their work periodically reviewed. For example, once per year, faculty and adjuncts are reviewed in a peer observation. Those applying for tenure and CCE are observed and reviewed every semester. The Graduate Program Director meets periodically with

student representatives from each cohort for advisement and any need for changes is noted. In addition, outgoing students complete an evaluation of their graduate program prior to the last meeting with the graduate program director. These data are then reviewed by the graduate curriculum committee and program director who in turn discuss the need for modifications. Each semester if changes in curriculum and course content have been identified these recommendations and curricular changes are presented to the faculty for a vote and if approved are sent to the Graduate Studies Committee and then onto the Lehman College Senate. As a recommendation, develop a formative assessment for each of the courses to assess learning outcomes over consecutive semesters.

- Exit survey
- Exit survey results
- Peer observation form
- Graduate curriculum committee minutes

**16. What do students value most in the curriculum? Least? What is the cause of this difference? How can “least valuable” be improved?**

- See survey results in section H

**17. Is the program sufficiently flexible to allow students an opportunity to maximize their own personal and professional growth? How can this flexibility be expanded?**

Students may complete the graduate program on a full-time or part-time basis. Each student has an academic advisor who reviews the study plan with their advisees. For part-time students a customized study plan is created that details the course sequence and a graduation date. Flexibility is also noted in the options students have for specialization. Students may select a variety of specialty tracks that include an emphasis in bilingual, early intervention, or school-based services. Students who are interested in voice disorders, aural rehabilitation, or medical speech-language pathology are encouraged to speak with their advisor, the clinic director, and the externship coordinator to plan for clinical opportunities in those areas. As an example, part-time students requested that courses that are scheduled with two sections, have one scheduled in the morning and one in the afternoon to accommodate their needs and we incorporated this into our course scheduling for Spring 2022. In addition, through Simucase we offer students clinical hours for disorders that are not commonly seen in the clinic. Clinical simulation experiences are provided each year through HHS IPE and NYSIM to provide interprofessional learning opportunities to students.

- Spring 2022 schedule
- Clinical simulation example

**18. What course work is permitted and encouraged outside the immediate program to give students an opportunity to learn the viewpoints of those in related professions—for example, psychology, learning disabilities, deaf education?**

Students are required to complete 12 hours of continuing education. Completion of the hours are overseen by the students' academic advisor and copies of the completed CEUs are required to be placed in the students portfolios. Courses can be completed through departmental CEUs offered every semester or through various ASHA portals and other vendors. Social work students provide interprofessional learning opportunities in the clinic.

- Description of IPE simulations experiences

**19. What procedures have been established to evaluate transfer credit? Does the mechanism adequately evaluate the competencies that the units attest to?**

The graduate program director reviews and evaluates transfer credits consulting with a faculty member who teaches the course. The faculty member evaluates the syllabus of the transferred course for appropriate course content and sends their decision to the graduate program director. According to Lehman College policy, students are allowed to transfer up to 12 graduate credits from other institutions. We currently do not have a form for this evaluation and could develop a more standardized way to assess course equivalency. Once approved by the graduate program director, the transfer is approved and processed by the Office of Graduate Studies via an online system and the approval for course transfer credits is documented by the advisor or graduate program director in the advisement system, Degree Works.

### **C. Clinical Practicum**

**1. Is the clinical experience appropriately sequenced with the academic offering?**

Please see our Curriculum Sequence (attachment #). First-semester students take classes (Early Childhood Language Disorders; Phonology and Articulation, Diagnostic and Clinical Methods in Speech-Language Pathology, Research Methods, Language Disorders in School-Age Children and Adolescents) that prepare them for the clinical experiences, which starts in the second semester. The earlier courses in the degree sequence review with the students typical and atypical aspects of language and communication. In many of the classes that the students take before their clinical courses, they practice finding research evidence for intervention strategies and writing intervention goals. In the Research Methods course, they acquire the tools and skills to be able to find and critically evaluate evidence to support clinical methods. In the pre-clinic orientation workshops, they discuss principles of solid clinical work, how to write SOAP notes and meaningful SMART goals, and how to provide a rationale for the intervention approaches they select. As well, students take disorder-specific courses

prior to most of their disorder-specific clinical experience. For example, they take the Aphasia and Related Disorders course prior to being assigned to the aphasia clinic; they take Dysphagia prior to being assigned to a medically-based externship. The fact that the Speech and Hearing Center (SHC) is clustered for populations and disorders in the days/times of the clients' sessions (Early Childhood Clinic, Adult Neurogenic Clinic, School Age Language and Literacy Clinic, and Across the Lifespan Clinic) helps ensure that students are prepared to treat their clients with the guidance and input from their clinical educators who are often specialists in their domain.

### **Do students always understand the theoretical principles of a particular procedure before they are required to conduct the task?**

This is our aim and we ensure that theoretical principles are discussed in the courses, the pre-clinic workshops, and in the seminar, RISE Time (individual Reflection, Instruction, Support, and Empowerment), and debriefing hours integrated into clinical practicum. The Clinical Educator/Mentor is a certified ASHA (CCC-SLP) speech-language pathologist with experience in clinical treatment and diagnostics and, supervision of Student Clinicians. The Clinical Educator/Mentor is directly responsible to the client, the student and to the Lehman College SLHS Program. Clinical Educator/Mentors must be clinically competent and skilled in diagnostic and therapeutic domains as it is partly through the observation of the supervisor's performance that the Student Clinician develops clinical skill and learns ethical behavior. Clinical Educators are required to become familiar with the ASHA document Clinical Supervision in Speech-Language Pathology, view two of four CAPCSD webinars in his/her first year, stay current in trends in Clinical Supervision, engage in the utilization of reflective therapy, understand the differences between supervision and mentorship, stay current in the evidence-base, and maximize opportunities for inter-professional practice and family-engagement.

### **What learning experiences are provided that actually relate theory and practice?**

Several learning experiences built into our program are provided to our students to help them relate theory to practice. These include: Course assignments that require students to make the connection between theory and practice (e.g., writing a treatment plan based on theories discussed in class); writing each treatment plan includes a required rationale that is based on evidence found in the literature for each client seen by the students in their clinical practicum and externships; discussions during the seminar, RISE Time, and debriefing time of the clinical practicum addressing evidence-based practice. Additionally, end of semester Clinical Showcase in both clinical and diagnostic practicum provides a capstone project that brings together both theory and practice in unique formats including PowerPoint presentations, poster sessions, or semester-wide reflections.

### **2. Is the clinical experience designed so that it follows substantial course work in general education and normal development as well as specific courses related to communication disorders?**

The curriculum is designed to assure that general education (e.g., Research Methods; Speech Science) is included, as well as typical development and processes (e.g., the

Language Disorders in School-Age Children and Adolescents course covers both typical and atypical patterns of development). Students enroll in five courses in their first semester, before enrolling in their first clinical practicum in their second semester. They continue to take courses during their second clinical practicum and their diagnostic practica, and these general topics continue to be addressed in workshops and in the clinical practicum RISE Time, debrief, and seminar hours. In addition, our clinic students receive extra support to discuss theory, typical and atypical development and processes, and general related topics in the individual time they get with their clinical educators in RISE time. They also have access to their clinical educators as well as to all faculty during each instructor's office hours and by appointment. Part-time clinical educators of Clinical Practicum receive two hours of office hours weekly and one hour for Diagnostic Practicum. These open hours contribute significantly to student development. Specific courses related to communication disorders are offered throughout the degree and are sequenced to maximize students' preparation for their clinical work (see response to question 1 above).

### **3. Are the clinical hours distributed over a reasonable period of time?**

Our students typically obtain 50 hours per each in-house clinical practicum and 20 hours per each in-house diagnostic practicum. In-house (on campus) clinical practica take place over two 3-hour blocks a week; in-house diagnostic practica take place over a 3-hour block once a week. In addition to the four in-house practica, each student completes a minimum of two externship placements, during which they obtain between 100 and 200 clinical hours. Externship practica vary by clinical setting, ranging from two to five days a week. As the students move from taking a heavier course load in the first semesters of their degree and fewer toward the last semesters of their degree, they gradually increase their focus on their clinical experience.

### **4. Is the student's clinical experience graduated and sequential?**

Students start their clinical experience in their second semester and enroll in one clinical practicum (6 hours a week) in their second and third semesters. In their third and fourth semesters or during the summer students enroll in two diagnostic practica, one per term. Once they have successfully completed their two on-campus clinical practica, they enroll in their two externship courses (off-campus clinical experience), sequentially. The intensity of the clinical experience is sequential as well, with one or two days a week during the on-campus practica (one day a week for the diagnostic practicum and two days a week for the clinic practicum), and between two to five days a week during the externships. The degree of structured supervision is gradual as well, with greater modeling and direct supervision at first, to greater independence toward the end of the program. In the clinical practica, students engage in a mentoring model approach. The team of three student clinicians engage with clients and receive 100% supervision during each session. The expected degree of independence is reflected in the evaluation forms we use for the clinical courses. Moreover, students get to focus on one age group and/or disorder type in their first clinical experience and gradually increase

the variety of the clients they serve to ensure that they receive a broad-based clinical experience.

**5. Does the program and its associated facilities have a sufficient client pool to provide the broad clinical experience that the profession requires?**

The on-campus Speech and Hearing Center (SHC), located on the first and second floors of the Speech and Theatre building, is a dynamic and vibrant clinic with over 150 clients. We have returning and new clients every semester, and the diagnostic practica provide a steady source of additional clients. Clients served in the SHC include children ages 0-3 and 4-5; school age children grade 1 through 12; and adults 18-92. Disorders that our clients present with that which our student clinicians have the opportunity to work with include: fluency; aphasia; articulation, Parkinson's; TBI; dysarthria; apraxia; dyslexia; dysgraphia; autism; social pragmatic disorders; receptive and expressive language delay; mixed receptive and expressive impairment; reading and written language disorders, and intellectual disabilities. In the on-campus practica students typically obtain 50 contact hours with clients. In their externships they obtain between 100 and 200 hours in varied settings. Every graduating student in our program meets the ASHA required number of contact hours.

The facilities associated with our program include private and public schools (elementary, middle and high); rehabilitation centers; hospitals, including acute and subacute care; early childhood centers; preschools; day cares; early intervention center-based facilities; fluency school; and medically-based simulation to supplement these experiences. Through the CUNY Health and Human Services Interprofessional Education Simulations, our student clinicians engage in high-quality interprofessional medical and pediatric simulation scenarios.

**What types of clients did students see last year?**

Clients served in the SHC this past year include children ages 0-3 and 4-5; school age children grade 1 through 12; and adults 18-92 representing the cultural and linguistic diversity of the Bronx. Graduate students receive a varied and robust across the lifespan experience treating and evaluating clients that present with: fluency; aphasia; articulation (and phonology), Parkinson's; TBI; dysarthria; apraxia; dyslexia; dysgraphia; autism; social pragmatic disorders; receptive and expressive language delay; mixed receptive and expressive impairments; reading and written language disorders, and intellectual disabilities. Last year we transitioned successfully to remote settings for our on-campus clinic and continued to provide our students with a complete and meaningful clinical experience. We also pivoted to a new mentoring model in our on-campus (& remote) practica. The Mentoring Model provides 100% supervision. Our students work as a team with clients and their families often alternating their roles as the semester progress. RISE Time and debriefs are integral to the success of this mentoring model

and students also enjoy office hours with their clinical educator outside of their clinical sessions.

**What types are planned for next year?**

We plan to continue our ongoing efforts to provide our students with opportunities to work with clients presenting with a variety of disorders throughout the lifespan. We aim plan to resume fully on-campus practica at 50% initially, and then phasing in the balance as the semester progresses.

**Is the clinical program sequenced in a way that allows all of the students to obtain similar educational experience? Is there significant variation in the experiences provided students? Why?**

Our clinical program is structured in a way that allows all students to obtain similar education experience. All students complete two on-campus clinical practica during which each student gets to work with at least two different client populations and are supervised by different direct clinical educators. The practicum course is structured in a way that students get to interact with additional clinical educators on a regular basis and to learn from their expertise. All students also complete on-campus diagnostic practica during which they get to experience the diagnosis process in a team-work format, with a variety of populations and disorders. Eighty-five percent of our clients in the diagnostics practicum are bilingual or multilingual. Therefore, our student clinicians gain experience in how to conduct a bilingual evaluation and, also, how to work with translators. The SHC has developed a squad of 40 undergraduate speech-language students who received training in how to function as a translator/interpreter in the clinical practicum. In their externship, students get varied experiences but all students enroll in sections of the SPE730 course and get to discuss issues and reflect on their clinical experience with a faculty member and with their cohort. All on-campus clinical courses follow the same format for the syllabus, all sections follow the same calendar, and have access to all the center's extensive resources including literacy technology in the Language and Literacy Technology Resource Room, the VIVE Room for Visual Instruction, three resource centers, and a home-based simulation room. Clinical educators participate in three round-table meetings each semester with the Director of Clinical Education and Clinical Services and with the different clinical educators of their practicum section. All students receive a broad-based experience after completing their six clinical courses (two on-campus clinical practica; two on-campus diagnostic practica; two externship placements). All practicum sections follow the same Policy and Procedure Manual (see attachment #). All students have access to online repository of resources, forms, and policies on Blackboard as well as Culturally Responsive Resources, and a variety of guidance documents for each clinic. All students attend a two-day mandatory pre-clinic orientation workshop. Pre-Diagnostic Students attend a 4-hour pre-diagnostic orientation. Translators/Interpreters engage in a two-hour training. All students receive guided support from the clinical educators during the clinical practicum hours, including during individual RISE time, seminar, and debriefings scheduled on each day clinic

meets. As noted, RISE time is dedicated to the professional development of each student as noted above.

Our students also enjoy individual experiences during their clinical education. Each student is paired with a direct supervisor clinical educator for each clinical and diagnostic practicum course and have a faculty member coordinator for each externship they complete. Each student has the opportunity to express their choices of populations and disorders and is placed in the relevant clinical practica and externships to the extent possible. Students' experience may vary if they enroll in the adult acquired disorders clinical practicum section vs. in an early intervention section. Lehman College is a NYC DOH Early Intervention Academic Partner which affords our students additional training and resources to meet the needs of the children and their caregivers. Best practices for early childhood intervention is taught, modeled, and implemented including embedded coaching, routines-based intervention, and family-centered practice. As students progress in clinic, they get to concentrate on a particular population or age group if they so choose.

**7. Does the program's off-campus component provide students with an opportunity to participate in a variety of inter-professional activities? If not, how can this be improved?**

Our program values inter-professional activities. In many of our externship sites, students get to regularly experience IP activities. In the hospital setting, students participate in grand rounds, collaboration with nurses, physical and occupational therapists, discuss dietary aspects and plan of care and discharge planning. They often engage in co-treating with other providers to maximize patient potential. In the school setting, students participate in co-teaching with classroom teachers, facilitate building level of support, such as response to intervention (RTI) and literacy initiatives. Students participate in collaborative individual education planning (IEP) meetings and parent teacher meetings.

We note that with the transition to remote work during the Fall 2020-Spring 2021 academic year these opportunities were markedly reduced but with the return to in-person work all experiences, including IP, should resume during the Fall 2021-Spring 2022 academic year and beyond. IP activities are also fostered during simulation cases provided for our students and during the continuing education (CE) workshop we offer regularly. We also promote conversations about IP within the Health Sciences Health Services and Nursing School, to which our program belongs; for example, a virtual discussion among clinical educators, faculty, and students about IP interaction was held in May 2021.

**8. Are all of the field supervisors committed to educating students, or are some totally service-oriented?**

We have taken steps to ensure that the field supervisors our students are assigned to are committed to educating our students. We have found that our field supervisors are

invested in mentorship, and we offer them our support and encouragement. Our faculty member externship coordinators maintain a regular contact with the field supervisors and visits the sites regularly. The faculty members who are responsible for the externship course sections solicit information from the students who are placed in the various sites verbally and via a short questionnaire. We routinely reach out to the field supervisors, invite them to participate at no charge in our continuing education workshops, and invite them to present on topics within their area of expertise. We also invite them to on-campus events, such as the NSSLHA Holiday Party, during which many of them have received awards of appreciation. Members of the Bronx Community Board 7, dedicated to service for individuals with disabilities, were invited by our program to have a table at the Lehman Career Fair to promote their practice and solicit employment. Many of our own alumni are the clinicians who serve as the field supervisors of our current students, promoting and maintaining the connection between our program and the SLP community.

**9. How much contact with the field supervisor is needed to ensure that the instructional staff is aware of the progress the students are actually making in the placement? Is this amount of contact provided?**

Our faculty externship coordinators maintain regular contact with the field supervisors, with at least three time points during each term: during the initial weeks of the term, at midterm, and a final interaction toward the end of the semester. Additional meetings are set as needed, in cases of students who are struggling or when adjustments are needed. Furthermore, the externship site supervisor provides the midterm and final evaluation with students, using forms provided by our program to assure uniformity, and if need be, these are discussed with the faculty coordinator. The faculty coordinators typically visit each site in the course of the semester; these visits have been suspended during COVID but will resume in the near future.

Recommendation: modify the evaluation forms to document that the evaluation form has been reviewed by both the field supervisor and the Lehman faculty instructor.

**10. How is continuity of supervisory practices across the instructional staff promoted?**

We have several measures to ensure continuity of supervision. All clinical educators receive the Policy and Procedure Manual in which all policies, procedure, forms, and practices are detailed. The manual is updated annually. The Director of Clinical Education and Clinical Services holds regular Round Table discussions, typically three times each semester, to discuss changes, challenges, and solutions to all clinical supervision matters. These meetings are held with the clinical educators associated with each clinical practicum section. All sections use the same template for the course syllabus. All supervisors have access to forms and materials on Blackboard and at the SHC. All clinical educators use the same evaluation form which is updated periodically as needed. Students' evaluation of clinical educators (SETL responses) are reviewed

and considered and the Director of Clinical Education and Clinical Services discusses with individual clinical educators any issues that have been raised.

**11. How objective is assessment of students' clinical performance? Do assigned grades actually represent their performance? If not, why not?**

All clinical educators use the same evaluation form (see attachment) which we have generated and revised to meet the needs of the students and to assure that the students are evaluated according to the ASHA knowledge and skill expectations. We are in the process of changing our grading for the clinical course to pass/no credit.

**12. How is feedback provided to students regarding their clinical efforts? How frequently is such feedback provided?**

All students receive ample feedback on their clinical work. Written feedback is provided at least one time weekly, and most students receive written feedback twice weekly, after each practicum day. Verbal feedback is provided after each session and during the debrief period of the clinical and diagnostic practica. Additionally, feedback about students' clinical efforts is offered and discussed during the RISE time sessions (see response to question 2 above). Comprehensive feedback is provided for each student during the midterm and final evaluation meeting of each clinical course (two clinical practica; two diagnostic practica; two externships). In addition to their interaction with the students during each clinical session and during the seminar and RISE time hours, each clinical educator maintains two additional office hours during which they are available for the students to discuss their clinical efforts, successes, and challenges. In diagnostic practica, faculty have one office hour. Faculty clinical educators are required to post their office hour time; adjunct clinical educators are paid for an extra hour per each three hours of supervision.

**13. Is adequate and appropriate clinical supervision provided for all of the students? Is the staffing formula correct? If not, what improvements are planned?**

Adequate and appropriate supervision is provided to each student in our program. We ensure this by pairing each student with a clinical educator per each clinical practicum taken. Rapport is built between the student and the supervisor in the course of the semester and adequate time for individual and group meetings is secured. In the fall 2020 semester, we changed our mentoring model which now provides 100% supervision per student. In our mentoring model, our students work as a team with clients and their families often alternating their roles as the semester progress. RISE time and debriefs are integral to the success of this mentoring model and students also enjoy office hours with their clinical educator outside of their clinical sessions.

**14. Are any of the instructional staff providing direct clinical service for student observation?**

The clinical educators model intervention approaches at the start of each semester and intervene during student-client interactions as needed throughout the semester. All of our clinical educators are licensed and certified speech-language pathologists with extensive experience in clinical practice and supervision.

**15. How are supervisors (both on and off campus) made aware of requirements for supervision? How is compliance with these requirements ensured?**

We have several measures in place to make sure clinical educators are aware of supervision requirements. These include the Policy and Procedure Manual, Round Table workshops (see response to question 10 above), and continuing education workshops. Each clinical educator is required to complete at least two hours of continuing education hours pertaining to supervisions, and this is tracked and monitored by the Director of Clinical Education and Clinical Services. Our program is a member of CAPCSD. Clinical Educators are required to engage in at least two of the current CAPCSD webinar offerings.

**D. Faculty/Instructional Staff**

**1. Are there sufficient experienced, trained personnel capable of effective teaching in all necessary areas of specialization of a comprehensive program? If not, what plans exist to remedy any gaps?**

The graduate program at Lehman currently has experienced, trained personnel, composed of both full time and adjunct faculty, capable of effective teaching in all necessary areas of specialization. When needed, the Graduate Program can rely on well trained and experienced Ph.D. students from the Speech & Hearing Sciences department at the CUNY Graduate Center, who can teach many of the specialized clinical courses. Lastly, Lehman is well situated in the tri-state area, such that the program can draw on a plethora of well trained and experienced clinicians and researchers who can teach many of the courses if needed.

**2. To what extent are faculty/instructional staff teaching outside of their area of expertise?**

All faculty, currently teaching courses in the graduate program, are teaching within their area of expertise.

**3. How is the teaching load balanced with various other professional responsibilities?**

The teaching load is set contractually by CUNY. Full time tenured faculty are obligated to teach 18 credits per academic year (9 months) and full-time lecturers are obligated to teach 24 credits per academic year. All full-time faculty are expected to contribute to the program, the department and the college.

Services to the graduate program include: advising/mentoring students and participating on graduate and undergraduate committees (P&B, curriculum, social, bilingual extension, etc.). Some roles provide faculty release time: undergraduate and graduate program directors (6 credits a year), department chair (12 credits a year), deputy chair (6 credits a year), continuing education (3 credits a year) department assessment coordinator (3 credits/year), etc.

Services to the college include serving on and chairing college level committees. Faculty members who chair college-level committees receive 6 credit release time a year.

#### **4. If new instructional staff members could be hired, what would be the priorities in terms of selection of experience and education?**

As the graduate program's three senior faculty members prepare to retire within the next 12 months, the graduate program should prioritize hiring tenured, senior scholars in associate or full professor ranks to fulfill leadership roles in the program and the department (e.g., chair) and serve on the department Personnel and Budget (P&B) committee (all members of the P&B, except one, must be full time tenured faculty).

In terms of expertise, the graduate program should prioritize hiring new faculty members with research agendas in the following areas: speech & hearing sciences, voice disorders, literacy and autism.

#### **5. How is research competence promoted and rewarded?**

Research competence is promoted and rewarded through the tenure and promotion process within the university. Newly hired tenure-track faculty are given significant release time over six years to pursue their research agenda and are encouraged to apply for a Professional Staff Congress (PSC) CUNY internal research grants to facilitate their research and publication record. PSC-CUNY grants are awarded primarily and historically to untenured faculty. There is little monetary or release-from-teaching support from the college or CUNY central for tenured faculty to continue their research trajectory following a positive tenure and promotion decision. Tenured faculty are often chosen to assume critical service roles within the department, such as chairperson or program director, which inhibits and constrains their research agenda. Historically, departments could identify department funds to support travel and conference attendance, especially if the faculty member was presenting their research. In the current fiscal climate, there is no money in department budgets for travel or conference attendance. All such requests must be submitted to the Office of the Provost and funding is not guaranteed.

#### **6. Has the instructional staff remained sufficiently stable so that continuity exists in the program?**

There is continuity and stability in the instructional staff. The department had 14 full-time faculty in 2015, during the previous ASHA reaccreditation. In 2021, there are 11 full-time

faculty, all of whom have remained on the faculty since the 2015 ASHA reaccreditation. The loss of three full-time faculty since 2015 was due to retirement and resignation. The ratio of the Ph.D. faculty to total number of faculty has decreased slightly between 2015 and 2021. In 2015, full-time Ph.D. faculty (n = 11) accounted for 79% of the total faculty (n=14) while 21% were full-time MA lecturers/instructors (n=3). Current number of Ph.D. (n = 8) ratio of the total faculty (n= 11) is 73%, and the ratio of MA level instructors/lecturers (n=3) to total faculty increased to 27%.

**SLHS Full Time Faculty**

2015		2021	
ALMODOVAR, DIANA	ASSISTANT PROFESSOR	ALMODOVAR, DIANA	DOCTORAL LECTURER
ALVES, BETTY	LECTURER	BEHRMAN, ALISON	ASSOC PROFESSOR
BEHRMAN, ALISON	ASSISTANT PROFESSOR	BOYLAN, MARY	LECTURER
BOYLAN, MARY	LECTURER	CAVALLO, STEPHEN	ASSOC PROFESSOR
CAVALLO, STEPHEN	ASSOC PROFESSOR	CONNER, PEGGY	ASSOC PROFESSOR
CONNER, PEGGY	ASSISTANT PROFESSOR	FORTUNATO TAVARES, TALITA	ASSISTANT PROFESSOR
GORAL, MIRA	PROFESSOR	GORAL, MIRA	PROFESSOR
LEVEY, SANDRA	PROFESSOR	NEUMAYER, CHRISTINE	LECTURER
LOCKE, JOHN	PROFESSOR	ROSENBERG, LYNN	LECTURER
ROSENBERG, LYNN	LECTURER	SEIGER GARDNER, LIAT	ASSOC PROFESSOR
ROTA DONAHUE, CHRISTINE	ASSISTANT PROFESSOR	SMITH GABIG, CHERYL	ASSOC PROFESSOR
SEIGER GARDNER, LIAT	ASSOC PROFESSOR		
SMITH GABIG, CHERYL	ASSOC PROFESSOR		
WEST, JOYCE	ASSOC PROFESSOR		
TOTAL= 14		TOTAL= 11	
PhDs= 11 (79%)	MA Lecturers=3 (21%)	PhDs= 8 (73%)	MA Lecturers=3 (27%)

2015		2021	
ALMODOVAR, DIANA	LECTURER/DOCTORAL SCHEDULE	ALMODOVAR, DIANA	LECTURER/DOCTORAL SCHEDULE
ALVES, BETTY	LECTURER	BEHRMAN, ALISON	ASSOC PROFESSOR
BEHRMAN, ALISON	ASSISTANT PROFESSOR	BOYLAN, MARY	LECTURER
BOYLAN, MARY	LECTURER	CAVALLO, STEPHEN	ASSOC PROFESSOR
CAVALLO, STEPHEN	ASSOC PROFESSOR	CONNER, PEGGY	ASSOC PROFESSOR
CONNER, PEGGY	ASSISTANT PROFESSOR	GOETTSCHKE, CHERYL	SUBSTITUTE LECTURER
GORAL, MIRA	PROFESSOR	SOCOLOF, GAIL	SUBSTITUTE LECTURER
LEVEY, SANDRA	PROFESSOR	FORTUNATO TAVARES, TALITA	ASSISTANT PROFESSOR
LOCKE, JOHN	PROFESSOR	GORAL, MIRA	PROFESSOR
ROSENBERG, LYNN	LECTURER	NEUMAYER, CHRISTINE	LECTURER
ROTA DONAHUE, CHRISTINE	ASSISTANT PROFESSOR	ROSENBERG, LYNN	LECTURER
SEIGER GARDNER, LIAT	ASSOC PROFESSOR	SEIGER GARDNER, LIAT	ASSOC PROFESSOR
SMITH GABIG, CHERYL	ASSOC PROFESSOR		ASSOC PROFESSOR
WEST, JOYCE	ASSOC PROFESSOR	SMITH GABIG, CHERYL	ASSOC PROFESSOR
TOTAL= 14		TOTAL= 13	
PhDs= 10 (71%)	Lecturers=4 (29%)	PhDs= 7 (54%)	Lecturers=7 (55%)

**7. Are the rank and tenure of the faculty/instructional staff different from those of other departments? If so, what steps can be taken to adjust for the discrepancy?**

Yes, the rank, but not tenure of the faculty/instructional staff is somewhat different from those of another department in the School of Health Sciences, Human Services and Nursing. The SLHS department has eleven tenured FT faculty: one full professor, five associate professors, one doctoral lecturer, and three ma lecturers. there is one non-tenured assistant professor.

In comparison, the Department of Social Work has eight tenured FT faculty: three full professors, two associate professors and two lecturers.

The SLHS department would benefit from an increase in the number of faculty with the rank of Full Professor. Faculty at the rank of Associate Professor are encouraged to continue their research agenda and service to the department and college and apply for promotion to Full Professor. In addition, future replacement of Ph.D. faculty lines should

consider the addition of one Full Professor appointment to add to the senior faculty rankings within the department.

**8. What is the teaching load carried by other departments that have clinical programs? Does this vary significantly from that within the audiology and/or speech-language pathology program? If so, why?**

The teaching load for all faculty in the CUNY system is based on contractual agreement: all full-time tenured Ph.D. faculty must teach at least 18 hours, while full-time Lecturers must teach 24 hours. These numbers are the same across all departments that have clinical programs. Lehman College does not have an MA program in audiology.

**9. What mechanism exists within the program to ensure that all faculty/instructional staff remain educationally current?**

Full-time faculty meet annually with the Department Chair or her/his designee (member of the department Personnel and Budget Committee) to review, in addition to teaching and service, their scholarship and progress toward tenure and/or promotion.

Although not a mechanism within the program, the majority of faculty in the Department maintain ASHA CCC and New York State licensure. Faculty must complete and document the required continuing education hours in order to maintain their ASHA certification and NYS license. Incentives for faculty to remain current include: financial support to present scholarly research, attendance at no cost to department sponsored CE activities, and a plethora of College and University workshops designed to promote teaching and scholarship.

**10. Do the students have sufficient opportunity for contact with all the faculty/instructional staff? If not, how can this be remedied?**

Students are encouraged to contact their instructors and faculty advisers throughout their tenure in the program. Faculty are required to maintain a minimum number of office hours/week, depending on their course load. Most faculty maintain a Student Forum in Discussion Board section of their online courses which offers students 24/7 access to their instructor and classmates. Those students who prefer to contact the instructor privately are encouraged to do so via email. Faculty office hours and emails are available on the Department website and on course syllabi.

On occasion, students may report, either to the Chair, Program Director, or on course evaluations, that an instructor was not responsive or did not reply in a timely manner to their emails. In such instances, a meeting with the Department Chair or Program Director is usually held to discuss and resolve the matter.

The Graduate Program Director, often with a faculty advisor, holds information sessions with students throughout the academic year. An additional opportunity for students to

interact with faculty on substantive matters is through the Department's NSSLHA chapter.

Advisement: Each graduate student is assigned an academic adviser when admitted to the graduate program. Advisers meet individually with their advisees at least once each semester to plan coursework and to evaluate student progress in the program.

Suggestions:

- In addition to syllabus, consider posting office hours in a central location
- Institute a better way of scheduling and tracking advising appointments that is uniform across faculty

### **11. Is the faculty/instructional staff sufficiently diverse so that students can be exposed to a variety of thought? If not, can steps be taken to provide diversity?**

Students in our program are exposed to a variety of thought. However, it would be desirable if the composition of the full-time faculty – in terms of gender, ethnic, cultural and linguistic backgrounds – was more diverse. With regard to gender, there are currently 11 full-time faculty (10 female and one male). Courses during the winter and spring 2022 semesters will be taught by 27 females vs. four male instructors.

Of the 11 full-time faculty, the majority are Caucasian. Our part-time adjunct faculty, particularly the clinical educators in the Speech and Hearing Center represent a more diverse group. The program offers a bilingual certification program which includes summer externship experiences abroad.

When searching for full-time faculty, the program has prioritized cultural, racial, and linguistic diversity in the applicant pool. During every faculty search, the Chair of the Search Committee works with the Vice President of Diversity and Human Resources of the college to target advertisements to identify and recruit potential candidates of diverse backgrounds.

Unfortunately, it has been our experience that relatively few PhD-level candidates of color have applied for full-time faculty positions in the Department.

### **E. Facilities**

#### **1. Is the space available for classrooms, offices, observation areas, and research labs adequate? If not, is there a plan, including timelines, to obtain additional space?**

Each full-time faculty member, who is engaged in research, has an office and a lab. We have 6 classrooms, all of which are smart classrooms. Office space is available for adjuncts. Clinical facilities are described fully in the section on the Speech and Hearing Center.

#### **2. Are there architectural barriers that limit participation by persons with physical disabilities? If so, when will steps be taken to remove them?**

No architectural barriers exist. An elevator, ramps, and automatic doors allow for easy access to the building, classrooms, and clinic rooms. Just prior to the pandemic, in 2019, a new access ramp was installed in the Speech and Theatre building, which provides direct and easy access for persons with physical disabilities.

**3. Is equipment adequate for all aspects of the program? If not, when will necessary equipment be purchased?**

Computer hardware and software and audiovisual equipment and supplies are updated and appropriate for all administrative, teaching, and clinical needs. The computer lab has approximately 25 computers which have been updated. Two classrooms have been updated to include hi-flex teaching which supports graduate dent learning. Treatment spaces in the SHC are equipped with the CORS video observation system. To allow for accessibility a ramp has been installed to allow for access to the SHC for clients and students with mobility concerns.

**4. What are the equipment priorities? How are these priorities developed?**

New systems are being installed in many of the classrooms to allow for simultaneous face-to-face and virtual student attendance in classes. It is anticipated during the next AY 2022-2023 90 classrooms in the college will be updated with hi-flex teaching capabilities.

**5. Are the standards for calibration and maintenance of equipment adequate? If not, what steps are planned to improve them?**

The standards for calibration and maintenance of the audiology equipment (audiometers) are clearly specified in the audiology section of the clinic manual. The audiological equipment (booth) is calibrated once a year by Northeastern Technology.

**6. Are the library holdings adequate both within the professional disciplines of the program and related disciplines? Is the budget sufficient to ensure that holdings are current?**

The library budget is not disclosed to the program, but the program is asked every year to provide a list of books that the department wanted to have in the library and all books were ordered. The library liaison sends an email to all faculty members once a year to inquire what books are needed to be in the library for students use. The library has been extraordinarily helpful during the pandemic in providing digital versions of textbooks and other materials. Digital databases are extensive and available to all students and faculty.

**7. Is there adequate support staff for the program-for example, secretaries, maintenance, technology assistance? If not, is additional staff budgeted?**

The Department currently has two clerical support staff: An Administrative Assistant who reports to the Department Chair and a College Assistant who reports to the

Director of the Speech and Hearing Center. A full time Associate Director of Clinical Education was hired in January 2022.

The Instructional Technology Department supports all computers and audiovisual equipment and Blackboard technology. Regular training sessions are offered throughout the year. Requests for assistance are promptly addressed.

## **F. Admission and Advisement**

**1. What objective measures are used to select students? What is the relative value of each?** Each applicant is reviewed using a review form with all the necessary criteria for admission: Current criteria include a bachelor's degree in communication sciences and disorders or equivalent or a bachelor's degree in another field and 6 prerequisite courses, 2 letters of recommendation, personal essay, experience in the field, minimum overall GPA of 3.0 and a GPA in the major of 3.5. (Please see the attached review form for additional information.) The interview of applicants who have passed the review process is conducted by two faculty members. A rubric is completed based on the applicant's answers and scored to inform our decision for admission.

Evidence to support:

- Review form
  
- Rubric

Suggestion: Continue assessment and evaluation of admission criteria to improve quality of selection process for students and the inclusion of students from diverse cultural and linguistic backgrounds, ability, gender, and gender identity.

### **2. What evidence exists to show that the criteria used for selecting students are related to success within the program?**

The criteria used to select students occurs in three stages and has been modified to include a holistic approach. The three stages include an initial application review, interview process and a final candidate selection process which includes a holistic review of the applicant. Student success has been identified as program completion, the overall student GPA. Student success during clinical practicum includes midterm and end term reviews.

- Suggestion:
  - Evaluate how we are defining success?

### **3. Are students admitted to the program who do not meet the selection criteria? What happens to these students? Are special students provided with any additional experiences to facilitate their successful completion of the program? Does additional support really help? Given experience with these students, under what circumstances should they continue to be admitted?**

We do not admit students who do not pass the review and the interview process. We look at the entirety of the application. As an example, students may have had difficulty

in their undergraduate program and have a GPA of under 3.0. There are circumstances in which we may admit them. For example, some students complete or begin undergraduate work in a field such as pre-med or engineering and find they are less suited to these areas of study. Life experience or a change in major may provide an opportunity for these students to continue their studies and excel in the field of speech-language pathology. If we see high marks in prerequisite courses, strong letters of recommendation, and other evidence of good potential for graduate work in our field, we will may accept them for an interview and subsequently for admission. Current Lehman College students majoring in speech pathology and audiology can apply for early admission and take graduate coursework during their senior year. The GPA criterion for early admission is more rigorous, as students are required to have a 3.5 overall GPA rather than the 3.0 required for regular admission. We are committed to students are enrolled in our program and monitor their progress carefully.

#### **4. Once a student is admitted to the program, how is his or her progress monitored?**

Each student has an assigned advisor and met with every semester to review their progress and make recommendations about coursework and academic support if needed. Each instructor is responsible for monitoring student progress in the courses they teach, requesting remediation from students if they received below a B on any major assignment. At each faculty meeting we discuss students who may be struggling in their coursework. Students performing below a B in courses will meet with their advisor and the graduate program director to determine the nature of the challenges and develop a plan for support and/or remediation.

#### **5. How adequate is the feedback provided to students regarding their performance? If not considered adequate, what improvements should be made, and how soon can they be put into effect?**

In non-practicum courses, the syllabus of each course details the course outcomes and how the student will be evaluated. Instructors provide feedback to students on their progress in comments and grading on each of the classroom assignments. The graduate advisor also meets with the student to review their academic and clinical performance. In practicum courses, the clinical educators provide ongoing feedback regarding clinical performance. Students in clinic are given written and verbal feedback from their clinical educators on a session-by-session basis. Student clinicians are also encouraged to complete self-evaluations throughout each semester of clinic. Midterm and final student clinician evaluations provide detailed performance feedback and clear guidelines on strengths and areas needed for improvement. Externship practicum supervisors complete a midterm and final evaluation of their supervisee. The Lehman College instructor networks with the site supervisor and student to ensure a smooth transition and monitors progress in the externship placement.

#### **6. Is there a systematic advising program? If not, why not?**

Yes. Each student is assigned an advisor who is available throughout the semester. During designated advisement weeks, students meet with their advisor to review their progress and the advisor inputs permission to register for coursework in the upcoming semester. Advisors document their meetings on DegreeWorks. Advisement is also provided by the graduate program director who holds meetings with students periodically throughout the semester. Recently we began cohort meetings to address specific needs of students at a given point in the program. Toward the end of the student's program they are advised on preparation for portfolio review.

- Suggestions: Mentorship program for first semester students (volunteer opportunity for second semester students)- 2nd year helping 1st: course information, TSSLD program process, navigating cunyfirst, financial aid
- Institute a better way of scheduling and tracking advising appointments that is uniform across faculty

### **7. Are students' academic and clinical records up to date? If not, why not?**

Yes. We conduct ongoing or periodic reviews, of academic & clinical records and progress throughout the AY. The advisor note system to ensure consistency across advisors. Academic and clinical records are kept by the graduate program advisors, the clinic director, the externship coordinator and the graduate program director.

Advisement is documented on DegreeWorks. Student progress is documented by the graduate program director in consultation with the graduate advisors, the clinic director, and the externship coordinator. An audit of DegreeWorks occurred for Spring 2019 – Spring 2021 semesters. Out of 124 students 80% of notes were entered each semester with a qualitative note analysis ranging between comments on course sequence to details on progress towards completion of the degree.

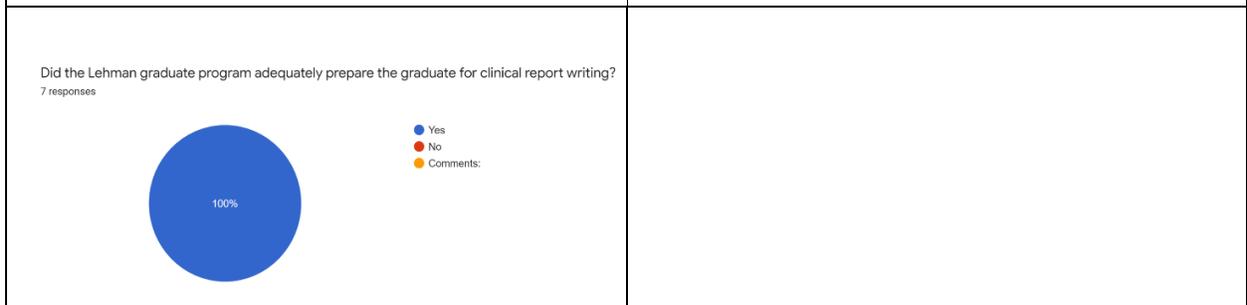
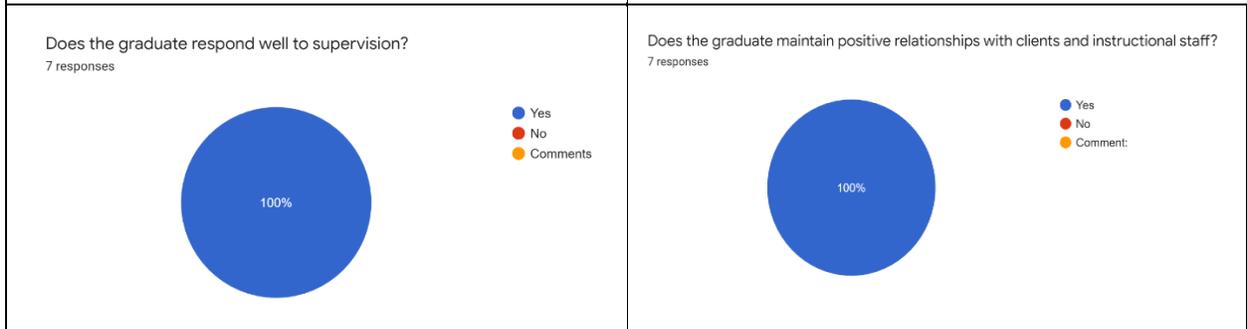
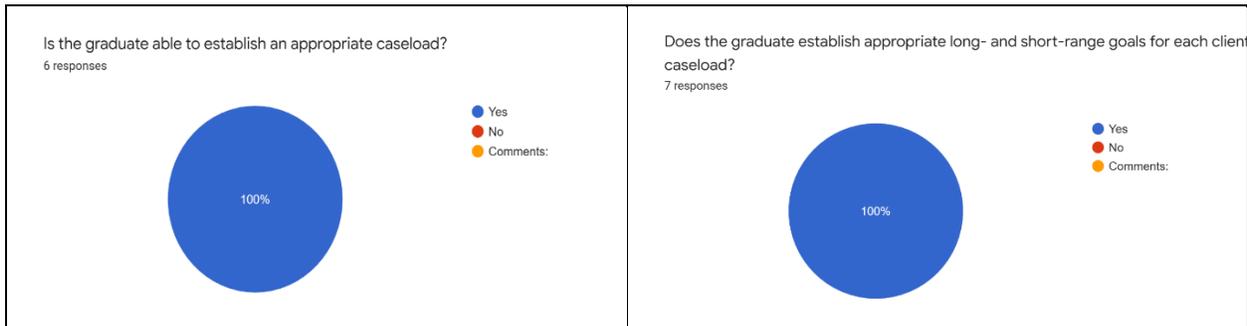
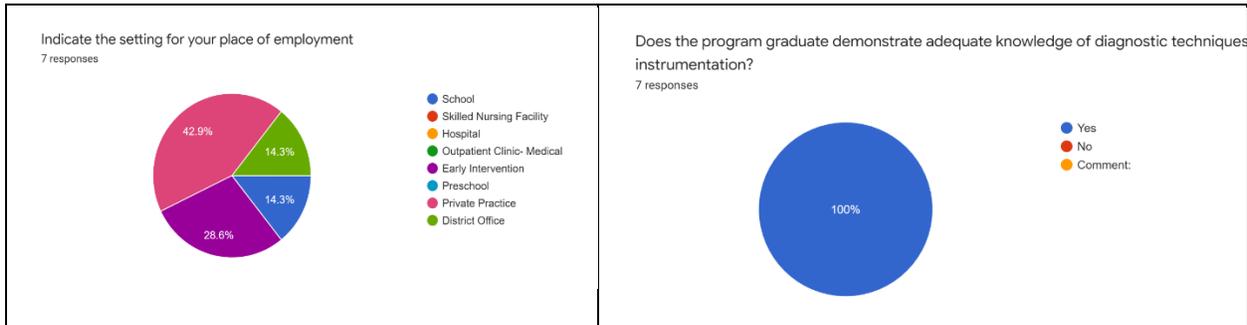
### **8. How is the acquisition of knowledge and skills tracked within the program?**

Each course has specific outcomes linked to the course objectives. The strategic plan outlines how successful completion of each course adds to the knowledge and skills required of our graduates. The advisor monitors a student's grades and instructors provide remediation to students who fail a major assignment or a course. Students must complete the first four courses that are prerequisites to clinic. When students complete clinical experience in each of the nine major areas instructors and clinical educators sign the relevant KASA forms to include in their portfolio. Students retain files that are included in the final portfolio, which documents student progress throughout their graduate studies.

### **G. Questions for employers**

Our ASHA 2020 graduate report indicated out of 104 students polled, the largest percentage currently work in a school-based setting (54.8%). Only 4.8% of our students work with the adult population in skilled nursing facilities or hospitals. The remainder work in early intervention, preschools and private practice.

A survey was e-mailed to 12 current employers of our alumni who graduated between 2019-2021. Seven responded to the survey. Two of the responders work in an early intervention setting, three in a private practice, one in a school, and one was from a New York City School District office.



## **Are there any strengths or weaknesses of our program, as reflected in the graduate's clinical skills, that would be helpful for us to know?**

The report from employers regarding strengths and weakness of our program included: The students are coming in with a good understanding of bilingualism in our field and working with low-income families.

- The use of current evidenced based practice therapy techniques are a strength in the graduate employed here for most communication disorders!
- More in-depth training in the area of feeding disorders and evaluation and treatment would be beneficial as this is a great need in the early intervention 0-2.11 age group.
- Graduates from the program have significantly improved their clinical writing and intervention for the early intervention population.
- The graduates tend to be hard working and chose the field appropriately and I think they are wonderful!

**If you would be willing to be contacted during our ASHA reaccreditation to discuss the preparedness of our graduates, please provide your name, e-mail and phone number.**

1. Michelle Iannuzzi, [miannuzzi@ocfnyc.com](mailto:miannuzzi@ocfnyc.com) 347-415-3160
2. Sandra Gotthardt [Sgotthardt@nowyouretalkingspeech.com](mailto:Sgotthardt@nowyouretalkingspeech.com) 845-533-5544 office 845-416-2800
3. Amy Grillo [amy@citysoundsny.com](mailto:amy@citysoundsny.com)

## **H. Questions for Students**

A survey was sent to 50 students enrolled in the graduate program to evaluate their overall feeling on curriculum, course content, program objectives and faculty support. The survey included 10 questions for students to rate using a five-point scale with additional opportunities for comments.

1. In general, the objectives of the program and of the majority of the courses in the curricular sequence are clearly presented **mean=1.55**

If not, what parts were unclear and what do you believe could be done to improve the situation?

- More explicitly stated curriculum, including TSSLD courses needed.

2. In general, there is agreement between the announced objectives of the courses and what is actually taught **mean=1.30**

If there have been major discrepancies, what, in your opinion, has been the cause?

- No additional comments

3. In general, the reading assignments are relevant to class objectives. **Mean=1.32**

If yes, what was particularly helpful? Sample comments:

- The reading assignments were related to the topic of the class and gave extra information.
- The use of recent articles (~5 years) to promote research. This is knowledge we need and it helps that we are given articles that are essential and appropriate to our field and most importantly that these articles are not outdated.
- Post discussions about the readings were helpful for reinforcing the information.
- It is helpful to have them to refer to for referencing in goals or treatment later on, if you do not get to read them during the actual semester due to all the course work.
- The reading gives us other examples of what is being discussed. It may also include evidence-based practice for things we are learning.
- The research articles and also the ppt. lectures are VERY helpful. I go and look back at them often.
- Journal articles have been particularly useful, especially as we move into the relevant clinics. It gives a good base for approaches we may use and leads to other research that may be useful.
- Not only does the textbook align to the topics but we also have supplemental handouts that the professor provides to help us learn about the topics further.
- The readings clearly and accurately reinforce the material being taught.
- Class is taught in relation to specific textbooks. Professors tell us the chapter in which to find more information regarding a topic that is discussed in class.
- The readings relate to what is being discussed in class. More examples of real-life scenarios would be great too instead of just textbook readings

4. The lectures given by the program's faculty/instructional staff are well organized and are designed to facilitate the understanding of the subject. **Mean=1.57**

If yes, what did you find particularly helpful?

- Appropriate timing, and adjusted to our understanding not just following basic rubric
- Yes, her power point had clear information and break down of what was being taught.
- I enjoy that the subjects overlap with one another. Makes things easier to comprehend
- What I find helpful is the numerous amount of resources that we are provided where in class, we discuss the material more in depth and perform class activities that help to solidify the understanding of the subject.
- I find it particular helpful that the information is grouped by what we were learned

that week.

- In their PowerPoints, they go into detail about the information being presented and answer any questions we may have if we find anything confusing.
- BB can be hard to understand. I would make the BB calendar that lists all assignments more apparent
- Everything was organized in blackboard into different sections based on the week.
- The staff is thorough and offers explanations as they are presenting the material.
- PowerPoints were very helpful. They were always available for us to go back to
- We all had access to lectures and they were informational as well as appropriate
- I found the in-class case studies we did in Aphasia, Voice Disorders, and Motor Speech Disorders to be extremely helpful and challenging because the focus was application.
- In general more lectures and PowerPoints are a great summation of the assigned readings/chapters. I can always refer back to them to get a good idea of where to start when looking for information. Recorded lectures are key. I would strongly suggest that all professors become comfortable with providing the recordings after class. I do not use it as an excuse to miss class, but to return to when I have questions later on. Notes are not always as good as listening again to a lecture.
- Having the PowerPoints beforehand, and supplementary videos during class.
- The professor are usually welcoming when it comes to questions and are willing to help us understand material during lecture.
- The dedication they give to breaking down concepts
- I find it helpful when the professor provides slides that we can follow along with, rather than solely lecturing to the class.
- In general more lectures and PowerPoints are a great summation of the assigned readings/chapters. I can always refer back to them to get a good idea of where to start when looking for information. Recorded lectures are key. I would strongly suggest that all professors become comfortable with providing the recordings after class. I do not use it as an excuse to miss class, but to return to when I have questions later on. Notes are not always as good as listening again to a lecture.

If not, how do you believe they could be improved? No additional comments

5. In general, the program's faculty/instructional staff engage me in the learning process. **Mean=1.28**

If yes, were you adequately challenged?

- The program is very challenging. I wish that there are more real-life application scenarios embedded into the courses. I still feel that since our program does not prepare us to be a Medical SLP and is geared towards becoming a school-based SLP.

- Yes, the constant discussion, especially this year have kept me more actively engaged.
- there are many hands-on activities that allows me to put what I am learning into practice

If not, what steps would you suggest modifying this situation? No additional comments

6. My interest in the profession has increased as a result of my interaction with the program's faculty/instructional staff. **Mean=1.49**

If you agree:

- Hearing the passion in the staff's voice when they discuss their experiences in the field is inspiring.
- Although the major is a difficult one, my interest has only increased and I can talk about this subject all day
- Clinics helped bring all of the knowledge to life and practice.
- Hearing about the experience of other professionals in the field motivates me to continue.
- Learned more about different aspects of the field that I didn't know much about and helped gain more of an appreciation for it

How could this be improved

- There isn't a lot of focus on what we will see once we graduate. It seems like the classes and the clinics are completely different entities although the classes are supposed to help with working with clients. It seems like there's a lot of focus on assignments, papers, test but not on the fact that we will be working with actual clients and need more than textbook knowledge. It seems like we're not benefitting from all the experience and the knowledge the professors have. I would love to hear anecdotes about clients that the professors have had and how they approached each client based on what we're learning.

7. The program's faculty/instructional staff attempt to relate course content to the discipline of communication sciences and disorders. **Mean=1.19**

If not, how could this be improved?

- A lot of times how the material presented would be applied to the career isn't discussed. There needs to be more of a connection to what we will be doing/encountering in clinic and once we graduate.

8. The program's faculty/instructional staff provide sufficient opportunity for me to apply concepts and to demonstrate understanding of the subject. **Mean=1.36**

If yes, please explain how

- Their assignments are always challenging, which I like because it prepare us for the work we will have to do when we officially become SLPs.
- I feel I learn hands on and I find the assignments were engaging and helpful.
- Yes, various opportunities from practicing SMART goals to CELF assessment procedure to completing a sample evaluation.
- Most assignments were geared towards application of some form
- Constant discussions and revisiting topics to further ensure comprehension on the matter
- Yes, because all of the major assignments focused on the application of the content we've learned throughout the semester.
- Assignments are relevant and functional- they try to make them apply to the real world as much as possible

If not, how could this be improved? No additional comments

9. In general, the program's faculty/instructional staff are genuinely concerned about my progress and are actively helpful. **Mean=1.21**

If yes, please give an example

- The professors are all always available to answer questions and to provide answers to questions or guide us in the right direction.
- I feel more knowledge about speech therapy interventions and practices
- Yes, My experience with the faculty has gauged my interest in the field of Speech and Language much greater than it once was. The ability to see how the faculty bring real change in the treatment in the real world is rewarding and reinforces my desire to learn everything there is to know in the field.
- Faculty go out of their way to be accessible to any questions about course content; are very faithful to office hours; they answer emails promptly; they are supportive and non-evaluative about your level of grasping of the content; they re-direct without judgment, if you are off track and should know better. Overall, the faculty in the SLP grad program at Lehman have had a highly positive impact on my learning and development as a future professional.
- They are very responsive and accommodating if I am struggling and need to meet for more explanations, or if I ask for an extension of a deadline in order to be able to turn in high quality work.
- Our faculty really care about us, and I always appreciate their attentiveness and their accessibility.

If not, how do you believe this could be improved? No additional comments

10. The program's faculty/instructional staff are readily available to me for consultation  
**mean=1.19**

If yes, please explain how

- When I go to office hours I feel very seen
- Yes, they are accessible via email/phone. They also make it easier to set up appointments.
- Zoom made access to the professors little difficult but most Professors responded to our emails rapidly
- Within a day, I am more than likely to receive an email from any of my professors regarding my studies if I need him/her
- Yes, especially my past CEs.
- Most faculty are easily reachable by email and/or office hours
- They are easy to reach for the most part.
- Office hours are offered for extra help.
- They are always available by email and to set up a good time to meet.
- They often talk about their office hours and remind us to email them if necessary
- always available after class and office hours
- Sometimes there is an occasional lack of response to emails when there is a need for one-on-one time which can be discouraging, but everyone has other things to attend to.

If not, how could the program be modified to provide more student/faculty dialogue?

No additional comments

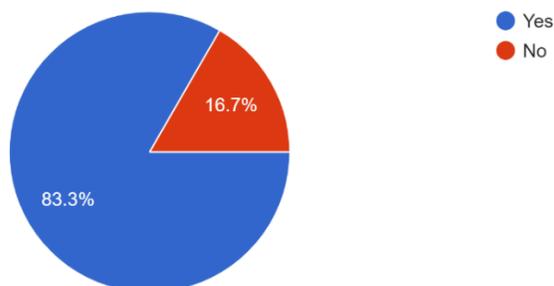
### **I. Questions for Alumni**

A survey was submitted to 88 alumni who graduated between 2019-2020. Six students responded and provided comments. The results of the survey can be found below. The main concern that alumni voiced pertained to wanting more experience with working in adult settings. Some of the students' were also impacted by the pandemic in 2020. Overall there was satisfaction voiced over the clinical experiences at Lehman's Speech & Hearing Clinic. Alumni indicated that more focus on bilingual clinical experiences for bilingual extension students would be helpful.

1. If you were starting school again, would you apply for admission to Lehman's graduate program?

If not, why not?

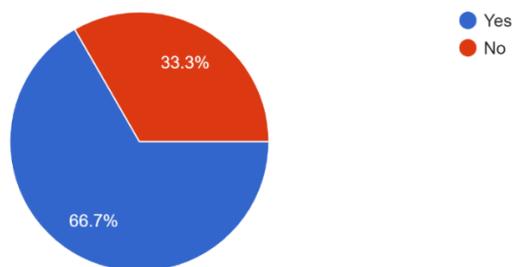
6 responses



- If I were still in NY, definitely.
- I loved the small classes which created a family-like environment, and I felt prepared to tackle the impending work life as a new clinician
- I chose Lehman over medical SLP programs because of the price and was told I would be able to get medical experience. I received no medical experience and extremely limited (one client) adult experience.

2. Considering all aspects, were you completely satisfied with the program? If not, which aspects would you improve and how?

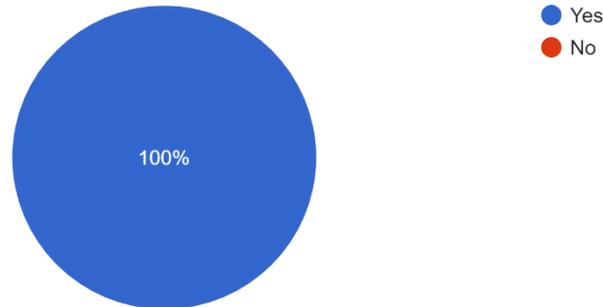
6 responses



- I had a great experience and am thankful for the opportunity to have learned from every professor who was willing to teach me.
- I loved Lehman! I gained so much from each professor, class, and clinic, and continue to utilize what I learned on a daily basis as a treating clinician.
- Lack of medical experience
- I would like more of a medical focus and more medical seminars offered
- Bilingual Extension program needs a lot of improvement.

3. Did you have sufficient opportunity to present problems, complaints, or suggestions to the instructional staff? If not, what hampered you in these efforts?

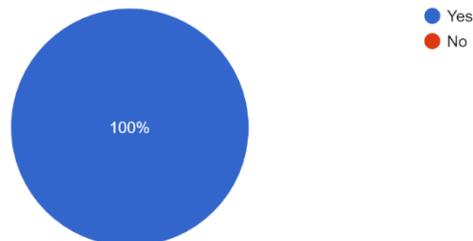
6 responses



- Advisement and course information were not sufficient to help students make good decisions.
- There was opportunity given, but I did not find that my concerns were addressed.
- I did not have many problems or simply sought to resolve them on my own.

4. Do you believe that your clinical practicum supervisors spent sufficient time observing and guiding your clinical practicum? If not, what do you believe accounted for their lack of availability?

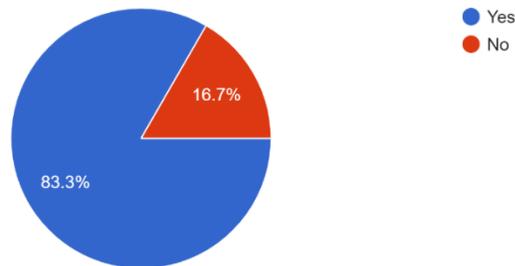
6 responses



- The supervisors I have had were amazing.
- Every clinical experience (Dr. Seiger, Betty Soto, Narolin Reyes, and Terry Seymore-Collins) was awesome.
- I felt lucky and grateful to have the clinical professors that I had during my practicum. I felt that they adequately prepared me and gave me the tools I needed to grow in my role as a new clinician. My professors were extremely hands-on and I am blessed to have been in their clinics. I specifically would like to thank Leslie, Keren (early childhood) and Shazia (adult practicum) for being such forces and guides throughout my education. I think of you often.

5. Do you believe the counseling that the program provided was adequate? If not, what would you suggest be done to improve this situation?

6 responses



- Leslie has offered many opportunities for counseling and mentorship! I also think advisors should have done the same as Leslie has been doing: analyzing problems, providing constructive feedback, and encouraging students.
- I thought it was adequate. At times, it was frustrating to be limited to certain options (i.e., having to take a class during a specific semester), but I still felt that admin and counselors did their best to accommodate students.
- I think more career fairs or career discussions would have been helpful

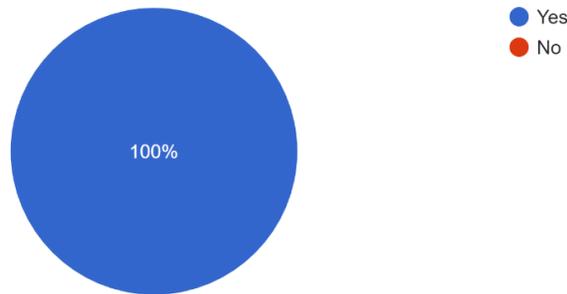
**6. Which academic/clinical areas do you feel most/least prepared in? What do you believe accounts for the difference? What steps would you recommend be taken to reduce this discrepancy?**

- I felt prepared for everything. However, I think dysphagia and voice are areas where that level of confidence is difficult to achieve. Both areas require experience to build confidence, regardless of how well the material is taught.
- Medical and dysphagia. I think a lack of opportunities to study in school
- I am currently working in SNF as a medical SLP and I have had to learn so much on the job and from my mentors in order to grow in my current role. I also know that most SLPs from Lehman go on to work in pediatrics and in schools, so I understand that most of our curriculum catered toward this population. I felt I was adequately given the building blocks from the aphasia clinic, dysphagia class, and med SLP class, and I continue to grow in my role as a medical SLP everyday. I think it may be part of the environment that I constantly need to research and learn how to assess/diagnose/treat specific disorders and deficits, however I may have benefited from speaking with a med SLP in grad school, perhaps with a Q&A or “day in the life” to really get a sense of what the job entails. That said, I constantly refer to my grad school notes (I recently looked up my notes from Dr. Behrman’s motor speech class on how to diagnose and treat dysarthria in ALS) and feel that I was given enough of a background to know where to look to treat my patients adequately.
- Feeding, apraxia, articulation, phonology. It was hard to get hands on experience in these areas

- Medical. No practical experience was given. The medical seminar was great, but so few people were given the opportunity to have medical placements. Then due to COVID, no one was. I feel like I wasted my graduate school experience.

7. Generally, do you believe that most of what you learned was relevant to clinical work? If not, why not? What could be done to improve the curriculum so that it is more relevant?

6 responses



**8. Which courses in the program have proven to be the most/least beneficial? Please list and explain why.**

- Most effective: Literacy by Dr. GABIG Because I am a school SLP. I wish there could be more electives for literacy because it is a big topic.
- Clinical practicums and externship
- Given that I am working in a SNF as a medical SLP, these are the following courses that I feel contributed the most to my current environment: Adult neurogenic clinic, aphasia and neurological disorders, dysphagia, neuroanatomy, motor speech disorders, medical SLP. I could have benefited from a more in-depth voice disorders class however I almost never treat voice
- Most beneficial: diagnostics, clinic, early language development, school age literacy

**9. Given the opportunity, what would you have deleted from your academic program? Why?**

- Bilingualism course. The course did not add much to my understanding given that it was available after I had already taken bilingual clinic.
- Honestly, nothing. I am fortunate to have had the wide variety of opportunities, ages, diagnoses, and practicum that I had. I didn't know what kind of population I wanted to work with while in grad school, and each semester gave me new insight on the vast variety that SLPs are able to do

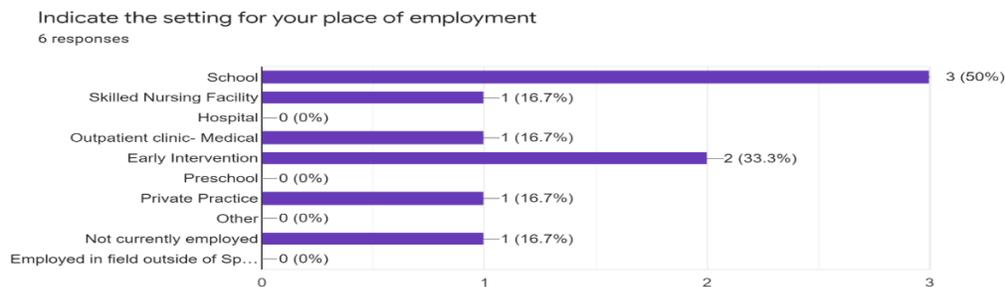
**10. Given the opportunity, what would you have added to your academic program? Why?**

- A more developed bilingual extension program that is solely speech and language centered. More assessment and intervention methods to be included in the program

- Maybe AAC
- More in-depth voice disorders class (treatment and diagnosis), Q&A or class with a medical SLP, maybe an opportunity to shadow in a SNF or hospital (I know an externship is a reach but even just a day or two would have been huge)
- More varied clinical opportunities.

**11.If you would be willing to be contacted during our ASHA reaccreditation to discuss the preparedness of our graduates, please provide your name, e-mail and phone number.**

- A. Marco Antonio Centeno (347) 543-1247 MCenteno84@gmail.com
- B. Christine Murray, murray.christine609@gmail.com, 347-622-0644
- C. Isabella Zummo, isazummo@gmail.com, 216-406-6493



**Suggestions:**

1. Committee to update the strategic plan (2022-2027)
2. Update SHLS Department Mission to align with college mission
3. Recruit intellectually engaged, successful, and loyal students that are committed to community, inclusivity, diversity, and participation in the global society
  - a. Continue assessment and evaluation of admission criteria to improve quality of selection process for students and the inclusion of students from diverse cultural and linguistic backgrounds, ability, gender, and gender identity.
  - b. Recruit well-prepared, promising, and motivated traditional and non-traditional students of diverse ethnicity, gender, ability, cultures, and linguistic backgrounds
  - c. Establish student scholarships through the Lehman College research foundation to support exceptional students that demonstrate academic and clinical excellence and participation in faculty research.
4. Recruit, support, and retain distinguished faculty and staff that are committed to excellence, equity, who model a culture of awareness and inclusivity.
  - a. Develop a plan for the hiring of new faculty of diverse ethnicity, gender, ability, cultures, and linguistic backgrounds of the highest quality, committed to both teaching, research, and service.

- b. Continue to support and reward creative teaching and excellence in research and scholarship by faculty and staff with travel funds.
  - c. Support the professional development of full-time/adjunct faculty members, staff, and externship supervisors by sponsoring continuing education workshops and in-house faculty developmental series of talks at Lehman, free of charge.
  - d. Continue to encourage faculty intra-and inter-disciplinary collaboration, scholarship, and creative work.
5. Improve student retention, progression, academic performance, and graduation rates to meet the global community and workforce needs.
- a. Recruit well-prepared, promising, and motivated traditional and non-traditional students of diverse ethnicity, gender, ability, cultures, and linguistic backgrounds.
  - b. Continue assessment and evaluation of admission criteria to improve quality of selection process for students and the inclusion of students from diverse cultural and linguistic backgrounds, ability, gender, and gender identity.
  - c. Maintain undergraduate and graduate student representatives on all department committees.
  - d. Create an alumni-to-undergraduate peer-mentoring program, where alumni graduate of the Lehman College graduate program mentor/advise undergraduate and graduate students seeking to pursue a graduate degree in speech-language pathology.
  - e. Invite successful alumni of diverse ethnicity, abilities, gender, gender identity, cultures, and linguistic backgrounds to talk with current students about the challenges, success, and future possibilities for speech-language pathologists.
6. Support existing graduate program and develop new tracks of exceptional quality informed by a rigorous review process that will allow students to participate in a global society and meet the workforce needs.
- a. Develop Friday and Saturday diagnostic practicum programs and Saturday clinical practicum programs.
  - b. Create a diverse focused video library to provide students with the integration of clinical applications in the first year of graduate courses.
  - c. Develop a part-time program for the MA in Speech-Language Pathology
  - d. Expand existing program by exploring new tracks:
    - 1. Modify the undergraduate-to-graduate accelerated track for exceptional students
    - 2. Graduate-to-Ph.D. collaboration for exceptional students

3. Modify required coursework for the TSSLD and TSSLD BE that infuses bilingual and bicultural content to eliminate the need for education courses the TSSLD and the TSSLD BE
  4. Explore collaboration with the CUNY Graduate Center on a clinical doctorate in speech-language pathology
  5. Add a stuttering specialization/concentration including a summer camp intensive and affiliation with SAY's Confident Voices Program.
  6. Augment the Early Childhood Intervention Track concentration to include the pediatric dysphagia course
  7. Develop a medical speech-language pathology track
- e. Develop clinical and academic partnership with clinical sites and universities nationally and abroad to serve as potential externship sites for our graduate students.
  - f. Develop a pass-fail option in the Speech and Hearing Center clinical courses including SPE 729, SPE 734, and SPE 730
  - g. Develop a graduate elective on social justice in speech-language pathology.
  - h. Add a course to the UG major and Graduate elective on disability history from the disability studies department (DST) to enable understanding of how to honor and work with clients with disabilities and their families
  - i. Incorporate more opportunities for interprofessional development into academic instruction and clinical education practica with guest lectures, case studies, and articles on interprofessionalism
  - j. Increase opportunities and scheduling of students in HHS IPE Simulations, develop internal simulations, and increase number of home-based simulation rooms.
    1. Create a simulation development plan that includes scenarios reflecting student skillset development in the areas of counseling, parent-work, and fostering disability-affirmative best practices and others as needed
  - k. Continue to enhance interprofessional experiences in the Speech and Hearing Center with social work students, music therapy students, and others who have practicum experiences.
7. Enhance existing facilities, promote the efficient use of space, and ensure a well-maintained environment that supports teaching, research, clinical education learning, and community and quality of life.
- a. Develop and implement a plan for the renovation and upkeep of classroom and office buildings that offers an inviting and attractive environment with appropriate technology:

- b. Expand the CORS video observation system in four additional treatment/seminar rooms and in 2 locations to facilitate applied clinical research
- c. Develop 3 additional home-based simulation rooms in the SHC to support and train on home-based intervention
- d. Install sink in the first-floor clinic of the SHC to facilitate pediatric feeding experiences