ACCREDITATION ACTION REPORT

Re-Accreditation Review

The Council on Academic Accreditation in Audiology and Speech-Language Pathology took the following accreditation action at its February 27 – March 2, 2019 meeting, as indicated below.

Name of Program: Howard University

File #: 167

Professional Area:

- [ ] Audiology
- [x] Speech-Language Pathology

Modality:

- [x] Residential
- [ ] Distance Education
- [ ] Satellite Campus
- [ ] Contractual Arrangement

Degree Designator(s): M.S.

Current Accreditation Cycle: 7/1/2010 – 6/30/2018

Action Taken: Place on Probation

Effective Date: March 2, 2019

New Accreditation Cycle: 7/1/2018 – 6/30/2026

Next Review: End of Probation Annual Report due January 15, 2020

Notices: The program is advised to adhere to the following notices that are appended to this report.

- PROGRAM COMPLIANCE EXPECTATIONS
- PUBLIC DISCLOSURE OF DECISION AND ACCREDITATION STATUS
In the context of the institutional and program mission statements and in consideration of the credentials for which the program is preparing students, the CAA conducted its comprehensive review and found the program to be in compliance with the Standards for Accreditation of Graduate Education Programs in Audiology and Speech-Language Pathology, except as noted below.

AREAS OF NON-COMPLIANCE

The CAA found the program to be not in compliance with the following Standards for Accreditation. Non-compliance means that the program does not have in place the essential elements necessary to meet the standard. The program must demonstrate its compliance with these standards when responding to prior concerns in the next annual report or reaccreditation application or by the time line specified below. The CAA will indicate in its review of that report whether the program has addressed these areas sufficiently to achieve compliance. Failure to demonstrate compliance with the standards may jeopardize the program’s accreditation status or require the CAA to place the program on probation.

Standard 1.5 Program Strategic Plan

Evidence of non-compliance:

The program develops and implements a long-term strategic plan:

- The plan must be congruent with the mission and goals of the program and the sponsoring institution, have the support of the administration, and reflect the role of the program within its community.
- The plan identifies long-term goals, specific measurable objectives, strategies for attainment of the goals and objectives, and a schedule for analysis of the plan.
- The plan must include a mechanism for regular evaluation of the plan itself and of progress in meeting the plan’s objectives.
- An executive summary of the strategic plan or the strategic plan must be shared with faculty, students, staff, alumni, and other interested parties.

The program does not have a long-term strategic plan in place and reports that it is in the process of updating their 2010-2015 strategic plan.

Steps to be Taken:

In the next report the program must:

- provide a long-term strategic plan that is congruent with the mission and goals of the program and the sponsoring institution, has the support of the administration, reflects the role of the program within its community, and presents dates that are accurate and current;
• provide a plan that identifies long-term goals, specific measurable objectives, strategies for attainment of the goals and objectives, and a schedule for analysis of the plan;
• provide a plan that must include a mechanism for regular evaluation of the plan itself and of progress in meeting the plan’s objectives; and,
• provide evidence that an executive summary of the strategic plan or the strategic plan is shared with faculty, students, staff, alumni, and other interested parties.

Standard 4.3 Student Intervention

Evidence of non-compliance:

The program must demonstrate that the policies and procedures are applied consistently across all students who are identified as needing intervention. The program has some policies and procedures for implementing and documenting all forms of intervention used to facilitate each student’s success in meeting the program’s expectations. However, it is not evident that these policies and procedures are applied consistently across all students who are identified as needing intervention.

Steps to be Taken:

In the next report, the program must provide evidence that the program’s policies and procedures for student intervention are applied consistently across all students who are identified as needing intervention.

Standard 5.3 Ongoing Program Assessment

Evidence of non-compliance:

Assessment protocols must be used to evaluate the academic and clinical aspects of the entire program.

The program must collect data from multiple sources (e.g., alumni, faculty, employers, off-site clinical educators, community members, individuals receiving services) and allow evaluation of the program’s success in achieving its goals, objectives, and the extent to which student learning outcomes have been met.

The program must systematically collect evaluations of the academic and clinical aspects of the program from students and use these to assess those aspects of the program.

The program must use the results of its assessment protocols to improve and refine the program goals and objectives and ensure alignment between the program’s stated goals and objectives and the measured student learning outcomes.
Alumni, faculty, employers, community members, and off-site clinical educators are not given the opportunity to evaluate the program. Exit interviews and surveys are not conducted with students as they graduate. In addition, based on the lack of an assessment protocol and use of surveys of any of the program’s stakeholders the program does not have results to use toward the assessment of the program to refine the program goals and objectives and ensure alignment between the program’s stated goals and objectives and the measured student learning outcomes. Although the program reports they are in the process of revising and developing assessment protocols, at the time of the accreditation decision it is not evident that the program administers regular and ongoing assessment protocols to evaluate the quality of the program and to facilitate continuous quality improvement.

Steps to be Taken:

In the next report, the program must provide evidence of the tools and data collected for programmatic assessment, describe how the program uses the data for programmatic improvement, and how the results of its assessment protocols are used to improve and refine the program goals and objectives to ensure alignment between the program’s stated goals and objectives and the measured student learning outcomes.

Standard 5.8 Program Improvement – Student Outcomes

Evidence of non-compliance:

The program must demonstrate its analysis processes to determine whether the program is meeting or exceeding each established CAA threshold and how it uses the results of these analyses to ensure continuous quality improvement.

Although the program reports a plan to collect and analyze Praxis student outcome data, at the time of the accreditation decision the program could not demonstrate its processes to determine whether the program is meeting or exceeding the established CAA threshold and how results of these analyses are used to ensure continuous quality improvement.

Steps to be Taken:

In the next report, the program must provide evidence of the plan and implementation of the plan to collect Praxis data, the analysis processes to determine whether the program is meeting or exceeding the established CAA threshold, and how the results of these analyses will be used to ensure continuous quality improvement.
Standard 6.6 Clerical and Technical Staff Support

Evidence of non-compliance:

The program must demonstrate how access to the clerical and technical staff helps the program meet its mission and goals.

There is a lack of access to clerical and technical staff which hinders the program’s ability to meet its mission and goals. Because the clinic lacks clerical and technical support to bill for services, it changed its status to a free clinic and no longer has a funding stream to support clerical and other staffing needs. Additionally, there is no support for filing or entering student clock hours, administering satisfaction surveys, employer surveys, and other sorts of data collection and documentation which could inform the work of the program.

Steps to be Taken:

In the next report, describe steps taken to ensure access to clerical and technical staff such that the program is able to meet its mission and goals.

AREAS OF PARTIAL COMPLIANCE

The CAA found the program to be in partial compliance with the following Standards for Accreditation. Partial compliance means that the program has in place some, but not all, of the essential elements necessary to meet all aspects of the standard. The program must demonstrate its compliance with these standards when responding to prior concerns in the next annual report or reaccreditation application or by the time line specified below. The CAA will indicate in its review of that report whether the program has addressed these areas sufficiently to achieve compliance. Failure to demonstrate compliance with the standards may jeopardize the program’s accreditation status or require the CAA to place the program on probation.

Standard 1.9 Public Information

Evidence of partial compliance:

Student outcome measures must be labeled “Student Achievement Data” or “Student Outcome Data”. Although student outcome data are available on the program’s website, it is labeled “Pass, Graduation and Employment Rates.”

Steps to be Taken:

In the next report, the program must demonstrate that student outcome measures published on the program’s website are labeled “Student Achievement Data” or “Student Outcome Data”.
**Standard 2.3 Faculty Qualifications**

**Evidence of partial compliance:**

The program must demonstrate that all individuals providing didactic and clinical education, both on-site and off-site, have appropriate experience and qualifications for the professional area in which education is provided. The program has been offering a clinical service for dysphagia without having faculty and supervisors with appropriate experience and qualifications for the professional area in which education is provided.

**Steps to be Taken:**

In the next report, provide evidence that the faculty possess qualifications and expertise to provide the depth and breadth of instruction for the curriculum and clinical service.

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**Standard 3.7B Clinical Education - Students**

**Evidence of partial compliance:**

The program must demonstrate that the procedures used in clinical education ensure that student development is supported and that each student acquires the independence needed to enter professional practice. The program must demonstrate that the clinical education component of the program is structured to be consistent with the knowledge and skills levels of each student.

The program does not demonstrate how it ensures that the clinical education component of the program is structured to be consistent with the knowledge and skills levels of each student. The program indicates students can be assigned to work with clients either prior to or concurrent with academic classes. Approval for a curriculum change is pending for implementation summer 2019 whereby students in the medical track will be required to complete coursework prior to being assigned to medical clinical rotations. However, it is not evident that the program ensures that the clinical education component of the program is structured to be consistent with the knowledge and skills levels of each student.

**Steps to be Taken:**

In the next report, describe how the proposed changes demonstrate that the program ensures the clinical education component of the program is structured to be consistent with the knowledge and skills levels of each student.

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**Standard 3.9B External Placements**

**Evidence of partial compliance:**

The program must have evidence of valid agreements (written or electronic) with all active external facilities in which students are placed for clinical practicum experiences.
Currently, the program does not have evidence of valid agreements (written or electronic) with all active external facilities in which students are placed for clinical practicum experiences. The program reports that it is developing a process to ensure that all signed clinical education agreements are tracked and filed.

**Steps to be Taken:**

In the next report, provide evidence that the program has agreements, with signatures by all required parties, for all active external facilities in which students are placed for clinical practicum experiences.

**Standard 5.1 Assessment of Student Learning**

**Evidence of partial compliance:**

The program must demonstrate that it assesses the achievement of student learning outcomes to determine student success in the acquisition of expected knowledge and skills. The program does not consistently assess the achievement of student learning outcomes to determine student success in the acquisition of expected knowledge and skills.

**Steps to be Taken:**

In the next report, provide evidence that the program is consistently assessing the achievement of student learning outcomes to determine student success in the acquisition of expected knowledge and skills.

**Standard 5.2 Program Assessment of Students**

**Evidence of partial compliance:**

The program must develop an assessment plan that is used throughout the program for each student. The plan must include the purpose of the assessments and use a variety of assessment techniques, including both formative and summative methods. The program must demonstrate that student assessment is applied consistently and systematically.

At the time of the site visit the program had not developed an assessment plan that is used throughout the program for each student, which includes the purpose of the assessments and the variety of assessment techniques used, including both formative and summative methods. The program reports that it has enhanced their assessment plan to include the development of a uniform assessment process and tool to be utilized throughout the program for each student and all courses which includes both academic formative and summative assessment methods.
Steps to be Taken:

In the next report, provide evidence of how the enhanced assessment plan is used throughout the program for each student, includes the purpose of the assessments and uses a variety of assessment techniques, including both formative and summative methods. Also, demonstrate how student assessment is applied consistently and systematically.

Standard 6.4 Program Equipment and Materials

Evidence of partial compliance:

The program must demonstrate that it has a process for reviewing and updating materials and equipment to determine whether the quantity, quality, and currency are sufficient to meet the mission and goals of the program. The program must demonstrate that equipment is maintained and in good working order.

Although the program documents a process for reviewing and updating materials and equipment to determine whether the quality, quantity, and currency are sufficient, it is not carried out as described in that the clinic director is not involved in the process. Consequently, materials do not get updated.

Steps to be Taken:

In the next report, the program must describe how the process for reviewing and updating materials and equipment to determine the quantity, quality, and currency of materials and equipment is implemented consistently and ensures program equipment and materials are sufficient to meet the mission and goals of the program.

AREAS FOR FOLLOW-UP (clarification/verification)

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

- There are no areas of follow-up with accreditation standards.
PERFORMANCE WITH RESPECT TO STUDENT ACHIEVEMENT

The CAA has evaluated this program regarding its performance with respect to student achievement and provides the following report, required as an accrediting agency recognized by the US Secretary of Education [34 CFR 602.17(f)(2)].

Comments/Observations:

The CAA assessed the program’s performance with respect to student achievement and found the program to meet or exceed the established CAA expectations (as described in accreditation standard 5.0-Assessment) in the following checked areas. Details regarding any of these areas found to be not in compliance are described earlier in this report in the context of the relevant standard.

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PROGRAM COMPLIANCE EXPECTATIONS

As an accrediting agency recognized by the U.S. Secretary of Education, the CAA must comply with Criterion §602.20 [34 CFR 602.20(a)(2)(iii)]. This criterion requires that if an accrediting agency’s review of a program indicates that the program is not in compliance with any standard, the CAA must establish timelines for programs that are not in full compliance “to take appropriate action to bring itself into compliance with the agency’s standards”. As the programs that the CAA accredits are at least two years in length, the maximum time allowed under this criterion is two years. If, after review of a required report, the program remains out of full compliance with any standard and sufficient progress toward compliance has not been demonstrated, the CAA may act to place the program on probation or withdraw its accreditation status in accordance with the policy and procedures outlined in the Accreditation Handbook. The CAA may place a program on probation or withdraw accreditation from a program prior to this time when there is clear evidence of circumstances that jeopardize the capability of the program to provide acceptable educational experiences for the students, as noted above. However, a program will be placed on probation or accreditation withdrawn after the review of a third consecutive report reveals that issues continue for the same standard(s) and the program remains not in full compliance with all standards.

PUBLIC DISCLOSURE OF THIS DECISION AND ACCREDITATION STATUS

The CAA publishes a notice of final accreditation actions on its website after comprehensive reviews are completed in accordance with its published policies. In the event an adverse action is taken and becomes final (i.e., withdrawal or withholding of an accreditation status), the CAA is
required to publish a brief statement summarizing the reasons for withholding or withdrawing the accreditation status of a program, together with the comments, if any, that the affected program may wish to make.

The Criteria for Recognition by the U.S. Secretary of Education requires all recognized accrediting agencies to provide for the public correction of incorrect or misleading information an accredited or preaccredited program releases about accreditation or preaccreditation status, contents of site visit reports, and accrediting or preaccrediting actions with respect to the program. [34 CFR 602.23(d) and 602.23(e)] The program must make accurate public disclosure of the accreditation or preaccreditation status awarded to the program, using the language provided in the Accreditation Handbook (see Chapter XII Informing the Public) on the academic accreditation website. If the program chooses to disclose any additional information within the scope of the ED rule, such disclosure also must be accurate. Any public disclosure of information within the scope of the rule must include the CAA’s name, address, and telephone number as described in the Accreditation Handbook. If an institution or program misrepresents or distorts any action by the CAA with respect to any aspect of the accreditation process, its accreditation status, the contents of the site visit report, or final CAA accreditation actions or decisions, the CAA will inform the chief executive officer of the institution and the program director that corrective action must be taken. If corrective action is not taken, the CAA will release a public statement that provides correct information and may invoke other sanctions as may be appropriate.