ACCREDITATION ACTION REPORT

Re-Accreditation Review

The Council on Academic Accreditation in Audiology and Speech-Language Pathology took the following accreditation action at its October 10-12, 2019 meeting, as indicated below.

Name of Program: Mississippi University for Women

File #: 255

Professional Area:

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

Modality:

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

Degree Designator(s): M.S.

Current Accreditation Cycle: 09/01/11 - 08/31/19

Action Taken: Continue Accreditation

Effective Date: October 12, 2019

New Accreditation Cycle: 09/01/19 - 08/31/27

Next Review: Annual Report due August 1, 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** The program develops and implements a long-term strategic plan.

**Evidence of non-compliance:**
The strategic 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. An executive summary of the strategic plan or the strategic plan must be shared with faculty, students, staff, alumni, and other interested parties. In response to the Site Visit Report, the program developed and provided a strategic plan to be voted on in the last faculty meeting on May 3\textsuperscript{rd} that was to be implemented in Fall 2019; however, the support of administration is unknown. In addition, it is unknown if the program has provided the strategic plan or an executive summary to faculty, students, staff, alumni, and other interested parties. The website (under the “About” tab) still contains only the College of Nursing and Speech-Language Pathology (CONSLP) strategic plan.

**Steps to be Taken:**
In the next annual report, provide evidence that the program has administrative support and that information has been disseminated to all parties identified in the standard.

**Standard 1.9** The program provides information about the program and the institution to students and to the public that is current, accurate, and readily available.

**Evidence of non-compliance:**
At a minimum, the following results of student outcome measures for the most recently completed 3 academic years must be provided:
• Number and percentage of students completing the program within the program’s published time frame;
• Number and percentage of program test-takers who pass the Praxis Subject Assessment examination;
• Number and percentage of program graduates employed in the profession or pursuing further education in the profession within 1 year of graduation.

Student outcomes measures on the program’s website (https://www.muw.edu/nhs/slp/graduate) appear to have typographical errors for “period.” On-time Graduation Rate, Praxis Pass Rate, and Employment Rate are provided for 2016-2017, 2017-2018, and 2017-2019. In addition, the employment rate includes 2014-2015 but not 2015-2016.

**Steps to be Taken:**
At the time of the next annual report, correct the dates on the student outcomes data on the program’s website.

**Standard 3.9B Clinical education obtained in external placements is governed by agreements between the program and the external facility and is monitored by program faculty.**

**Evidence of non-compliance:**
The program must have written policies and procedures that describe the processes used by the program to select and place students in external facilities. The Site Visit Report indicates the graduate practicum coordinator personally selects and places students in external facilities and that written policies and procedures had not been developed. The program responded with a new policy regarding student placement. It is unknown how this information is disseminated to students.

**Steps to be taken:**
In the next annual report, provide evidence that this new policy is being used and is consistently applied. Additionally, provide information on how the policy is disseminated to the students.

**Standard 5.2 The program conducts ongoing and systematic formative and summative assessments of the performance of its students.**

**Evidence of non-compliance:**
Assessments must be administered by multiple academic and clinical faculty members. The program must demonstrate how it uses its assessments to evaluate and enhance student progress and acquisition of knowledge and skills. The program must demonstrate that a student assessment is applied consistently and systematically. The program response to the Site Visit Report indicates a new assessment plan, including a newly formed Assessment Committee and...
advisory panel. As this is a new plan, the program needs to demonstrate how it uses assessments to enhance student progress and acquisition of knowledge and skills, and also how it is applied consistently and systematically.

Steps to be taken:
In the next annual report, provide evidence that the program uses assessments to enhance student progress and acquisition of knowledge and skills and how student assessments are applied consistently and systematically.

Standard 5.3 The program administers regular and ongoing assessment protocols to evaluate the quality of the program and to facilitate continuous quality improvement.

Evidence of non-compliance:
The program must use the results of its assessment protocols to improve and refine the program goals and objectives and ensure alignment between the programs’ stated goals and objective and the measured student learning outcomes. The program has provided the plan for ongoing program assessment; however, they have not yet provided evidence for how it uses the results of its assessment protocols to improve and refine the program goals and objectives.

Steps to be taken:
In the next annual report, provide an update on how the program uses the results of its assessment protocols to improve and refine the program goals and objectives and ensure alignment between the programs’ stated goals and objectives and the measured student learning outcomes.

AREAS FOR FOLLOW-UP (clarification/verification)

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

Standard 1.3 The program has a mission and goals that are consistent with preparation of students for professional practice.

Evidence of Concern:
The program must describe how the mission statement and program goals are used to guide decision making to prepare students for entry level into professional practice in speech-language pathology. The program, in its response to the Site Visit Report, did not report how the mission statement and program goals are used to guide decision making. Although it may
be inferred from the strategic plan, it is not specifically stated. Because the strategic plan is new, the program would not have had a chance yet to allow it to guide their decision making.

**Steps to be taken:**
In the next annual report, describe how the mission statement and program goals are used to guide decision making to prepare students for entry into professional practice in speech-language pathology.

**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:**

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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.