

College of Education and Human Services

Speech-Language Pathology

CDI Strategic Plan

Vision:

The MSU Center for Communication Disorders will prepare professional SLPs with the dispositions and skills to advocate and provide services for individuals with communication disorders and to shape the field to respond to societal and technological changes.

Mission:

The mission of the Graduate Program in Speech-Language Pathology is to develop caring and highly competent speech-language pathologists by providing quality academic and clinical education.

Envisioned Future:

By 2029 the Murray State University Center for Communication Disorders will provide an innovative clinical program to highly qualified SLP students representing diverse communities and backgrounds. An experienced core of program faculty with broad clinical and academic experiences will model interprofessional and clinical skills for students who will demonstrate high-levels of professionalism and clinical skills as practitioners.

Focus Area: Recruitment and retention of program faculty

Issue:

University location and low pay and benefits in comparison to other universities limits applicant pools for tenure-track positions at a time when SLP faculty with terminal degrees are in short supply. This has led to several failed searches even as student enrollments have increased and faculty turnover has occurred.

Baseline Data:

Beginning the Fall 2018, the faculty is comprised of two tenure-track faculty, six masters-level instructors and one empty line. In terms of longevity with program one faculty member has 20+ years of experience, four have between five and ten years, and three have four or less years with the institution.

Outcome:

Fill all lines, retain faculty, and increase the percentage of tenure-track faculty with terminal degree.

Indicators of success:

The program will fill 100% of lines, retain 100% of faculty and demonstrate at least 33% of lines held by tenure-track faculty with a research doctorate.

Strategies:

By October 1, 2018, a three-pronged strategy for recruiting applicants will be underway that includes an advertisement in the ASHA publication, a recruitment presence at the ASHA convention, and professional networking through the mid-south. The Academic Director will coordinate these efforts.

By December 1, 2018, the CDI faculty will propose a revised graduate curriculum which is better aligned with clinical resources, is highly innovative, and more easily managed thus improving the working conditions and faculty retention.

Focus Area: Recruitment of Highly Qualified Students

Issue:

Tuition costs, university location, and complications with the program due to enrollment growth reduce interest in the program from the most highly-qualified applicants.

Baseline data:

Admitted student data from 2017 and 2018 indicate that admitted/accepted students have lower undergraduate grade point averages and GRE scores than student declining offers.

2017	# Students	Overall GPA	CDI GPA	GRE V	GRE Q	GRE W
Declines	45	3.78	3.68	148.84	145.73	3.91
Accepts	31	3.55	3.73	146.41	144.11	3.52
difference		23	+.05	-2.43	-1.62	39
2018	# Students	Overall GPA	CDI GPA	GRE V	GRE Q	GRE W
2018 Declines	# Students 57	Overall GPA 3.70	CDI GPA 3.75	GRE V 149.07	GRE Q 146.43	GRE W 3.92
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Exit surveys for the 2017 and 2018 cohorts indicate that course and clinic alignments and some placement practices were confusing. Praxis pass rates fluctuate with enrollment growth ranging from 88% to 100%. Student costs for Kentucky residents have increased from \$468/credit hours to \$600/credit hour over the past 5 years.

Outcomes:

The program will present itself as highly attractive to the most qualified students and ensure right relationship between academic courses, clinical experiences, and program outcomes.

Indicators of Success:

By Fall 2021, GPA and GRE data for accepted/admitted students will be the same or higher than for declining students. Exit surveys will reflect coherence with academic and clinic coordination. Praxis

pass rates will increase and be maintained at 95% or higher. Program costs will be reduced to make the program competitive with benchmarks.

Strategies:

By September 15, 2018, the CDI faculty will identify two areas for program innovation which will be highlighted and marketed to potential students as innovations of the program, thus attracting potential student interest.

By November 1, 2018, the Interim Academic Director and the Program Coordinator will present a model to the CDI faculty for a 'guaranteed admission' program for the UG program. This will attract high-quality undergraduates and increase the likelihood that these students will persist to the graduate program.

By December 1, 2018, the CDI faculty will propose a revised graduate curriculum which is better aligned with clinical resources, is highly innovative, and more easily managed thus improving student learning, attracting more qualified students, improving PRAXIS outcomes, and lowering credit hour requirements.

By February 1, 2019 the Clinic Director, Program Coordinator, and Interim Academic Director will present to the CDI Faculty for consideration alternative distance models for clinic and coursework which may reduce student living expenses by facilitating opportunities to live with family while completing program requirements.

Focus Area: High-quality, innovative clinical experiences

Issue:

Current academic and clinical delivery models have not evolved evenly or at all with societal and technological trends, making them harder to market to students and harder to manage for faculty. This impacts recruitment and retention of faculty and students.

Baseline Data:

Student exit surveys reflect some dissatisfaction with the alignment of program of experiences, particularly as related to cohort equity (insert data) as logistics provided access for some students and not others to programmatic experiences or created sub optimum clinical placements (not sure about this baseline data). There is no treatment by telepractice in the current curriculum.

Outcomes:

The program will reflect the latest innovations in delivery and opportunity, enhancing the clinical experience in particular.

Indicators of Success:

By the Fall of 2020, the exit survey will reflect high levels of satisfaction with clinical placements, particularly the use of and access to technology.

Strategies:

By October 1, 2018 the Academic Director will get required handbooks approved for the Voice and Swallowing Clinic so that it may be more fully utilized by student clinicians.

By August 14, 2018, the Academic Director will purchase zoom accounts for faculty engaged in distance instruction or supervision.

By February 1, 2019 the Clinic Director, Program Coordinator, and Interim Academic Director will present to the CDI Faculty for consideration alternative distance models for clinic and coursework which may reduce student living expenses by facilitating opportunities to live with family while completing program requirements.