Strategic Planning Annual Report (SPAR) 2018-19

Department of Communication Sciences and Disorders

# Department Accomplishments

## Expanded the MA program

Part I: We implemented the third year of the curriculum and program changes in the MA program that includes teaching two sections of required courses in order to accommodate expanding MA program. We conducted a 4-year projection of course rotations to assure all professors have opportunities to teach seminars and/or electives, as well as accounting for 4th year course releases as new faculty pass third-year review. Dr. Gibson, chair of curriculum has taken this over and does an excellent job. The chair worked with the accelerated master’s program where highly qualified seniors could complete three graduate courses while still UGs. We implemented our first class this year. We updated all MA advising procedures to incorporate accelerated master students, including working out a schedule to coordinate their program with spring admits. Despite the challenges of Covid, four faculty members received course ratings from 4.8 to 5.0 including UG and MA courses.

We now have many MA students going through the program on different schedules a) regular fall admits with a COMD background, b) Fasttrackers who enter with no or some COMD prerequisites and will spend an extra semester or two before beginning the grad courses, c) spring admits for LSU students graduating in December, d) December grads for those who extended their program, and soon e) accelerated MA students. Four advisors are assigned to the various groups. The graduating students need advising to transition from school to the workforce, including information on the Praxis Exam, ASHA Certification, state licensure, supervision as a professional, and getting a job/what to expect in an interview. This has long been a problem and complaint of students. If we give them the information at the beginning of the semester, they forget it by the time they need it. If we give it at the end, many have already located jobs and are unhappy they did not have the info before they had to figure it out themselves. The middle is difficult because they are in externships all over the city and we can never find a common date. This spring the chair made five video advising programs that they can view any time and as many times as they want. The students must sign a verification form that they received this information. Student feedback was extremely positive so we will track the outcome to see if it solves the problem.

Part II: We recruited and retained outstanding new faculty to expand our program and provided ongoing support for assistant professors. Dr. Coalson was promoted to associate in 2019/20, and Dr. Gibson was promoted this year. Dr. Duncan is currently in the process of promotion and tenure. Dr. Chung was reappointed following her third year review this year, and we hired a new assistant professor, Julie Schneider, who stopped the clock this year while completing a postdoc. She will join us in fall of 2021.  We worked to provide sufficient support to all assistant professors, including assigning faculty mentors. In addition to our assistant professors, two associates, Melda Kunduk and Neila Donovan, achieved full professor status in 2019/20 and 2020/21, respectively. Unfortunately, we lost Dr. Yun Kim to FSU in 2019/20, Dr. Donovan is retiring this spring, and Dr. Hartzheim resigned this spring.

1. The new assistant professors have made excellent strides. We had a very high level of grant activity. Three faculty members hold Board of Regents grants ($327K), in their 2nd or 3rd year of implementation. Dr. Haebig was awarded a Board of Regents grant. Three of our faculty (Duncan – 2 grants, Coalson – 2 grants, Oetting – 1 grant) were awarded NIH funding totaling $1,091M, and another (Kunduk) submitted at $2M grant that was not funded. Other smaller grants also were awarded including Haebig ($10K from ASHA) and an LSU Rising Faculty award shared by Drs. Coalson and Chung @ $5K.

Part III: Since 2015/16, we increased the number of MA students and diversity. In accord with our agreement with HSS to expand the masters program, we increased our incoming class size to 35 in 2017/18, for a total of 62 MA students. In 2018/19, we had 78 students, including Fasttrackers and Spring Admits. In 2019/20, we accepted 44 students, including Fasttrackers and Spring Admits. This year (2020/21) we recruited and had acceptances from 42 students, but only 26 came because of COVID (most of our out-of-state students decided to stay closer to home). However, we accepted nine seniors who began taking MA coursework and three spring admits, so we have a total of 39 MA students in this cohort. We actively recruited minority students and males into the MA program. We had 1 male in 2015/16 but have averaged 3.75 males since. Our Black/African American members increased from 1 or 2 prior to 2017/18 to 5 to 8 each year since then (average 7). We also increased our Hispanic/Latino from 1 each year to 3-8 each year.

Undergrad Retention

We retain students first through advising. This includes both large group and individual meetings.

Our UG advisor has implemented online scheduling so students can find a convenient time, an email group of all 300+ that enables here to keep in touch regularly via emails, and a department Twitter with regular updates regarding advising issues. She advises approximately 40 students individually per week.

Our advisor, Monica Holman, is warm, funny, and extremely competent. Students love her because she not only gives them academic advice, she does all that she can to help students. One student wrote, “An advisor is someone that can direct you on the right path in your education and also lift you up and give you the courage to keep going even when life gets tough.”

When students start to struggle we have the new IIC funded tutoring program. We also have very strong and caring teachers, several of whom have won teaching awards. We have service-learning courses where students work with either children or adults in the community.

We also have a very active National Student Speech-Language Hearing Association with monthly meetings. The students engage in fundraisers to sponsor trips to conferences as well as activities for fun and bonding. They also do community service, and are very active as peer ambassadors during student recruitment. We have also started a minority chapter.

We have large numbers of students who volunteer for research labs (30+) where they work very closely with graduate faculty members, and a large number who complete research projects as described in 1.3 above.

We don’t have a large number of students who engage in study abroad, but we do have speakers from that program speak about opportunities in an UG class and all emails were receive are forwarded to students.

We have higher than average retention in both our UG and Grad programs

We discontinued Speech-Language Pathology Assistant program (SLP-A). At this time, we do not have the faculty to monitor it, and our state licensure board has not accepted the new ASHA guidelines allowing other options to the university required hours of supervision.

1. We have implementing new one hour professional practice courses for MA and PhD students. These will cover topics that typically “fall between the cracks” of academic coursework and clinical practicum for MAs, and professional issues for PhD students.
2. We continued to improve the use of technology in all aspects of the program. Our students are using the HIPPA compliant Raintree system for all clinical records. This is a HIPAA compliant system for managing all clinical records for the Speech and Hearing Clinic. All of our MA students now use SimuCase, or simulated assessment and therapy case examples that are used in classrooms and individually by students to prepare for new clients; a “brain lab” with physical and virtual models of the brain to manipulate and learn neuroanatomy; a state-of-the-art AAC (communication boards) lab enabling all of our students to learn to program and use the best technology with disabled clients; an NDI WAVE System enabling speech movements to be recorded with precision for people who stutter or who have neurogenic speech disorders, most thanks to tech fee or IIC grants. We implemented our first Teletherapy, or the application of telecommunications technology to the delivery of speech language pathology services and are looking for ways to expand this program.
3. In 2018 we reported that we had begun to explore implementation of teletherapy, or the application of telecommunications technology to the delivery of speech language pathology services at a distance by linking clinician to client for assessment, intervention, and/or consultation. Covid-19 escalated our use of this technology so every MA student has now had significant experience with teletherapy this past year. Our clinic quickly converted to both teletherapy via Zoom and simulated learning, thus enabling all of our students to remain on track for graduation despite the closure of our clinic and most off-campus sites. A Simucase (simulated learning) license we were awarded through a Strategic Excellence grant three years ago was instrumental in enabling students to acquire critical clinical practica hours.

These improvements in technology provide our students with a broad range of experiences with the most current diagnostic and therapy tools available, making them tech savvy and highly competitive for the best jobs. The technology is also highly effective for recruiting the best students to our MA and PhD programs.

1. We produced a high record of publications and dissemination of research.  A total of 31 articles or book chapters were published, for an average of 3.0 manuscripts (an increase from 2.6 last year).  All grad faculty had conference presentations scheduled, although several conferences were cancelled. However, 31 virtual presentations and posters were disseminated at conferences, including 1 international venue. Five students also presented at local or virtual conferences. In addition, our faculty reviewed papers from 10 different journals as well as reviewing grant and conference proposals.

We have nine doctoral students actively engaged in research; three have or are scheduled to defend dissertations by August. Last year Dr. Donovan’s student was a dissertation award winner, and this year Dr. Coalson’s student received the award and has been accepted into a very prestigious postdoc position. We recruited four additional doctoral students to begin in fall of 2021. This was a result of our goal to expand the doctoral program by having junior faculty to take students. Two of our new recruits are BIPOC. We have had a continuous representation of African American doctoral students since 1986.

Five MA students completed theses (same as last year). Because of Covid, students were unable to present their papers at conferences.

Ten undergraduates completed research projects affiliated with labs. Typically, undergraduates volunteer time in faculty research labs, but that activity was suspended during Covid.

1. We moved forward on establishing an advisory board, including writing the bylaws and planning our first meeting.
2. We developed and implemented a highly active Diversity and Inclusion committee. Accomplishments included writing a diversity statement, creating a resource link on the website, faculty participation in monthly activities (typically readings and a discussion meeting). Surveys and other strategies to improve the program are planned. We also adopted a nondiscrimination statement.

# Major challenges and steps taken or planned to address them.

1. Space has been an issue as well as flooding and construction for decades. This year we acquired, thanks to HSS, 16 beautifully renovated rooms of space for labs, PhD student offices, and projects such as Tiger Adapted Toys. The space was also furnished. We held an open house and also had potential incoming freshman tour the facilities and learn about COMD. We are infinitely grateful to HSS for investing in us. We installed the Muscle Wall in the back of the building to prevent floods and it has proved to be highly effective. We had zero water in the building in the torrential downpours.
2. The growing pains that go along with an expanding program. We have been in a state of constant change in reallocation of office and lab spaces, curriculum changes, technology changes, and finding sufficient clinical practicum sites for larger cadres of students. These things are both exciting and exhausting.
3. Continued relatively low salaries to award the amazing efforts of the faculty, especially the lowest salaries for clinical faculty in the state, SEC, and probably the nation. We implemented ad comp stipends of $4000 per semester for supervisors on a rotating basis generated by contracts from external sites to begin in fall 2018. This began with our three most senior supervisors for one semester the first year, with plans to gradually expand this to include all supervisors both semesters in successive years. We are also implementing taking insurance payments in the clinic on a small level (one company) beginning in 2019-20 as another source of salary supplements. One vocal faculty member opposes this program.
4. On a related note, we are losing some of our top faculty to higher paying jobs. We lost Wendy Jumonville last year who was an amazing clinical director and manager of clinic issues. She was hired by a national company to coordinate hearing testing in hospitals. This year we lost Courtney Gonsoulin who had the only university-based pediatric feeding and swallowing clinic in the state to Ochner’s and the Health Science Center.
5. Office accounting and budgeting had been a big headache in the department for years. HSS enabled us to hire a full-time person and it has made a remarkable difference. A new system was implemented to create monthly reports for both the department and clinic budge.
6. HSS has been amazingly supportive and helped in every way possible. Thank you

# Planning for Upcoming Year

1. Move faculty forward on the promotion and tenure ladder.  One associate should be notified of attaining full professor and another is submitting a portfolio for promotion to full professor; one assistant professor should be notified of promotion and another is is submitting promotion and tenure documents this year and another person next; two assistants completed their 3rd year reviews, and two new assistants are on track.  It is important to advance people in that we currently have only 2 full professors and 3 associates.
	1. Resource Allocation: A calendar profiling the dates each faculty member needs to complete the steps for promotion and tenure as well as the assigned faculty mentor has been developed.
2. Continue to support all faculty who are currently meeting or exceeding goals for obtaining grants, publishing articles, and disseminating information at conferences, and increase external grant funding, including NIH Small Grant program (R03) and larger collaborative program grants.
	1. Resource Allocation: A reduction of department service is awarded for those with grants over $50,000 with increasing reduction with size of grant.
3. Recruit and retain highly qualified undergraduate students. Several years ago we had very large UG classes but a third didn’t belong in the program and would not be accepted to grad programs anywhere. We increased our minimum GPA, added statistics to our UG requirements proactively (it has now become one of the national standards), and changed our science requirement to chemistry or physics which better prepares our students for our courses such as acoustics and neuroanatomy. We are once again getting large classes (80+) of much stronger students. We have higher than average retention in both our UG and Grad programs

Resource Allocation: We retain students first through advising. This includes both large group and individual meetings. Our UG advisor has implemented online scheduling so students can find a convenient time, an email group of all 300+ that enables here to keep in touch regularly via emails, and a department Twitter with regular updates regarding advising issues. She advises approximately 40 students individually per week.

When students start to struggle we have the IIC funded tutoring program. We also have very strong and caring teachers, several of whom have won teaching awards. We have service-learning courses where students work with either children or adults in the community.

We also have a very active National Student Speech-Language Hearing Association with monthly meetings. The students engage in fund raisers to sponsor trips to conferences as well as activities for fun and bonding. They also do community service, and are very active as peer ambassadors during student recruitment. We have also started a minority chapter.

We have large numbers of students who volunteer for research labs (30+) where they work very closely with graduate faculty members, and several who complete research projects.

1. Implement our expanding MA program plan.  This year we implemented an expanded MA program, recruiting a target of 34-35 fall admits to the MA program and 5-6 spring admits. We implemented and revised an advising and tracking plan to assure all students progress through the MA program on schedule, including 2 cadres of fall admits, 1 cadre of spring admits, and 1 cadre of FastTrackers who are admitted but who need to complete undergraduate prerequisites.  We have worked hard to improve our advising program. We have one position for an new assistant professor unfilled.
2. We also developed a plan for expanding clinical practicum sites to accommodate a greater number of MA students and served the new Key Academy satellite program, and added School for the Deaf and articulation therapy experiences in EBR schools.  We had a remarkably smooth roll-out of our new plan for courses this year and will continue to implement plans for further growth in successive years.

Resouce Allocation: We have an ad hoc schools committee to work on strengthening this relationship.

1. Work to better coordinate academic course and clinic experiences.  One of the biggest challenges in communication disorders programs is to coordinate what is taught in class with actual practice in the clinic.  Students are confused when they are taught something different in class than they experience in their actual practicum.  At the same time, there is research evidence supporting a wide range of approaches and there is not a single way to provide treatment for a specific disorder. With all of our new faculty, favored theories and approaches are changing and we need to engage in discourse to enable faculty and supervisors to come to a consensus on approaches that will be implemented.  Further, feedback from employers of our graduates are overwhelmingly positive but have pointed out some weaknesses that need to be addressed.   Coordinated efforts are needed from both courses and practicum to improve the competencies of our graduates.

 Resource Allocation: We formed committees to examine and evaluate student feedback, updated our Strategic Plan, and established strategies for receiving more feedback from employers and alumni.

1. Increase the number of PhD and MA stipends.  We have 10 doctoral students with 4 scheduled to graduate in 2021.  As our program grows, we need to find sources of funding for doctoral students.  We also lose many of the top MA students we admit because they receive partial or full funding at other programs.  We need to work with HSS foundation program to generate funds for students.

Resource Allocation: Charts have been developed showing the distribution of stipends, sources of funding, and the four year cycles of funding. We plan to use surveys to determine what attracts high performing students to our MA and PhD programs and then use these results to improve our candidate pool. We also plan to emphasize to UG the importance of maintaining high GPAs from the earliest courses.

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#  Planned changes to strategic plan

The department generated a 2025 Strategic Plan. Among the changes are

* Increase interdepartmental and interagency collaborative research
* Increase student involvement in research at all levels
* Increase student knowledge and use of evidence-based methods and technology in coursework, research, and clinical practice.
* Increase student understanding of professional and ethical issues
* Provide annual faculty continuing education in cultural competence
* Increase community partnerships to help guide collaborative research projects
* Increase interprofessional and community-based education, clinical training, and clinical services.
* Increase advocacy efforts by educating the public and legislative leaders about communication and swallowing disorders.