

STRATEGIC PLAN/EXECUTIVE SUMMARY – Fall 2021 to Fall 2024

<p>GOAL:</p>	<p>Develop and implement an evidence-based curriculum</p>	
<p>RATIONALE:</p>	<p>Vision: In order to be distinguished in a rural area while competing with regional and national institutions that may have more resources, the faculty recognize the importance of training students with the most contemporary evidence and trends in academic discourse as well as contemporary clinical practice.</p>	<p>Mission: This goal ties directly to facilitation of mastery and skills (Bullet 1); teaching students to critically think and solve clinical problems (Bullet 2); preparing students for careers (Bullet 3); and fulfilling the need for speech-language pathologists (Bullet 4)</p>
<p>ACTIONS:</p>	<ol style="list-style-type: none"> 1. Review at least 2 educational content resources (e.g., textbooks, scientific journal articles, open educational resources) for each graduate course. 2. Provide faculty at least 1 major continuing education experience to remain clinically informed OR pedagogical training to enhance instructional effectiveness each academic year. 3. Review ASHA/CAA KASA and curriculum mapping to ensure curriculum is appropriate for standards. 	
<p>ASSESSMENT</p>	<p>PROCEDURES FOR ACTION 1: Any combination of the following mechanisms will be used to evaluate Action 1.</p> <ul style="list-style-type: none"> • Discussion and debate as evidenced by notes or minutes from faculty meetings including annual faculty retreat. • Submission of request from faculty for use in course as evidenced by email or formal form including title/name of resource and analysis including benefits, limitations, resourcefulness, and cost for students. • Collaboration with appointed library liaison as evidenced by email or additional forms and correspondence. • Peer collaboration and review as evidenced by via email or rating form or notes. • Analysis of student feedback as evidenced by course-specific or institutional feedback/evaluation procedures. <p>PROCEDURES FOR ACTION 2: Any combination of the following mechanisms will be used to evaluate Action 2.</p> <ul style="list-style-type: none"> • Notification from Department Chair/Program Director, Clinical Coordinator, Clinical Director, Dean, or higher administration of training opportunities as evidenced by emails or other correspondence. • Submission of request from faculty for attendance to experience/training as evidenced by email or proposal with any combination of the following: summary of training, content/clinical practice area, total cost including travel and lodging, justification of supporting the program’s mission, and/or potential impact on student learning outcomes. • Submission of receipts and related documentation and forms as required for state or federally funded or reimbursable travel. • Confirmation of attendance as evidenced by certificate of completion or continuing education registry within reasonable time frame of completion and report. <p>PROCEDURES FOR ACTION 3: Any combination of the following mechanisms will be used to evaluate Action 3.</p> <ul style="list-style-type: none"> • Annually review the current standards in KASA and provide evidence where each course is addressing each standard. This will occur at faculty retreat annually. 	

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<p>DATA Examples:</p>	<p>ACTION 1: Minutes from faculty retreat have been voted on and approved by the faculty. The faculty and department routinely communicate with Carolyn Ottoson, MLS, the appointed librarian for the College of Nursing and Health Sciences. See exhibits regarding databases, journals, events, and OER including available resources and development. Faculty requests including Simucase, Master Clinician Network, use of Northern Speech Services, University of Wisconsin, and related professional continuing education courses at a reduced cost or completely free. Institutional initiative to balance academic integrity and freedom with reduced cost of textbooks to students for undergraduate and graduate. Initiatives within the curriculum for joint-projects (e.g., aural rehabilitation and language disorders), evidence-based practice (e.g., cultural competency check-ins), and interprofessional education opportunities (e.g., swallowing and nursing). Course reviews for specific courses.</p> <p>ACTION 2: University and department chair email and communicate opportunities for ACUE trainings, apraxia, dysphagia, voice and upper airway, and so forth. Grant proposals for select specialized trainings attached. Continuing education registries from the past 3 years reviewed every summer.</p> <p>ACTION 3: Curriculum Map and KASA Form</p>
<p>STATUS to DATE:</p>	<p>MET (2023)</p>
<p>Executive Summary:</p>	<p>The Communication Disorders faculty believe that we have met this goal based upon the following:</p> <ol style="list-style-type: none"> 1. Faculty met collectively and with our university librarian to investigate evidence-based textbooks and open education resources (OER). The president of the university strongly encouraged faculty to develop their own OER for their courses. At least 80% of the program’s academic coursework has been reviewed with our librarian to obtain free online textbooks or other low cost/no cost alternatives. Also, instructors have collaborated and investigated the opportunity for students to complete free or low cost professional training/certifications to enhance their marketability and their clinical skillset as part of their academic coursework. Some examples include Northern Speech Services, Picture Exchange Communication System, and Parkinson’s Voice Project. 2. All faculty members have completed a continuing education event in the last year, including clinical and pedagogical training. Fifty percent of the faculty have completed pedagogical training to enhance their teaching effectiveness, and one faculty member has completed 3 pedagogical trainings of teaching effectiveness (e.g., Association of College and University Educators). Multiple faculty members have completed trainings related to their clinical skillset in order to enhance their teaching effectiveness for clinical care. Select conferences and trainings including a National CAS Advanced Workshop, McNeill Dysphagia Therapy Program, and The International Breathing and Exercise Conference. 3. The faculty collectively, annually reviewed the curriculum and ASHA/CAA KASA requirements and compare them to the learning objectives of their respective courses to ensure their calibration.

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<p>GOAL:</p>	<p>Provide clinical practicum and experiences that will produce competent, critically thinking clinicians in speech-language pathology</p>	
<p>RATIONALE:</p>	<p>Vision: In order to be distinguished, our program is defined not by our methods, but by our students’ impact on society as practitioners. Consequently, the program recognizes the importance of clinical training within an academic setting to challenge and support student growth to new professionals who will set future standards for patient/client care.</p>	<p>Mission: This goal ties directly to facilitation of mastery and skills (Bullet 1); teaching students to critically think and solve clinical problems (Bullet 2); preparing students for careers (Bullet 3); fulfilling the need for speech-language pathologists (Bullet 4); advancing the field of speech-language pathology (Bullet 5); practicing at the top of the license/certification (Bullet 6); and cultivating relationships (Bullet 7).</p>
<p>ACTIONS:</p>	<ol style="list-style-type: none"> 1. Require 3 internal and 2 external clinical practicums in a variety of settings across the lifespan. 2. Integrate academic and scientific findings, frameworks, or resources into internal clinical practicums each semester. 3. Incorporate practical clinical skills and experiences into academic coursework. 4. Utilize simulation as clinical learning experiences. 5. Collaborate with other departments, professions, or institutions for at least 2 interprofessional learning experiences each academic year. 6. Review individual internal and external clinical instructor effectiveness. 7. Engage, support, and collaborate with current and potential external site personnel. 	
<p>ASSESSMENT</p>	<p>PROCEDURES FOR ACTION 1: Any combination of the following mechanisms will be used to evaluate Action 1.</p> <ul style="list-style-type: none"> • Confirmation and approval of clinical practicum courses at the designated levels (ie, intern and extern) as evidenced by publication in the academic catalogue. • Confirmation and approval of degree plan as evidenced by publication in the academic catalogue. • Submission of degree plans via academic advising as evidenced by emails and related correspondence without violating the individual student’s FERPA and related mandated rights. • List and description of clinical practicum courses and potential sites as evidenced by publication on program website. • Review of established sites as evidenced by existing and approved contracts or facilities (ie, the WTAMU Speech and Hearing Clinic) within the university and system. <p>PROCEDURES FOR ACTION 2: Any combination of the following mechanisms will be used to evaluate Action 2.</p> <ul style="list-style-type: none"> • Analysis of results from intern practicum instructor evaluations in CALIPSO as documented by generated report using various methods (e.g., mean of specific items, thematic analysis of comments). 	

- Discussion and debate of relevant scholarly work for practicums as evidenced by faculty meeting notes/minutes, articles, current training opportunities, and related data.
- Formative assessment of student learning in clinical practicum as evidenced by individual clinical instructor supervisory/pedagogical teaching styles and assessment methods with respect to academic freedom.

PROCEDURES FOR ACTION 3: Any combination of the following mechanisms will be used to evaluate Action 3.

- Development and approval of academic lab coursework for at least 2 graduate courses as evidenced by publication in the academic catalogue.
- Implementation and requirement for graduation from the graduate program as evidenced by approval and publication in the academic catalogue.
- Confirmation of skills based learning experiences as evidenced by published course syllabi as mandated by state law or lesson plans or assignment sheets or course correspondence within each instructor's academic freedom.
- Formative or summative assessments of skills based learning experiences as evidenced by student examples or exams or related models (e.g., community service projects, media spots) within each instructor's academic freedom.
- Analysis of student performance on individual assignments or course outcomes as evidenced by generated report using various methods (e.g., mean of test results, thematic analysis of comments).
- Analysis of student feedback as evidenced by course-specific or institutional-specific feedback/evaluation procedures.

PROCEDURES FOR ACTION 4: Any combination of the following mechanisms will be used to evaluate Action 4.

- Discussion and debate of clinical simulation's utility and limitations as evidenced by notes or minutes from faculty meetings including annual faculty retreat.
- Submission of literature regarding the pedagogical evidence supporting or refuting clinical simulation in the curriculum as evidenced by emails or related correspondence amongst faculty.
- Confirmation of simulation in the curriculum as evidenced by at least 2 published course syllabi as mandated by state law or lesson plans or assignment sheets or course correspondence within each instructor's academic freedom.
- Confirmation of simulation within the curriculum as evidenced by examples of formative or summative assessments (e.g., reflection papers or reports) from individual courses without violating the individual student's FERPA and related mandated rights.
- Confirmation of simulation within the curriculum as evidenced by submission of receipts to ASHA approved simulation providers (e.g., SimuCase).
- Confirmation of simulation within the curriculum as evidenced by analysis of CALIPSO student submissions designated as simulated experiences for each cohort.

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	<p>PROCEDURES FOR ACTION 5: Any combination of the following mechanisms will be used to evaluate Action 5.</p> <ul style="list-style-type: none"> • Designation of areas and disciplines that promote growing interprofessional learning experiences as evidenced by notes or minutes from faculty meetings including annual retreat. • Confirmation of possible interprofessional learning opportunities as evidenced by emails or related correspondence between various departments’ faculty and/or staff. • Development of possible interprofessional learning opportunities as evidenced by proposal from interested faculty members with any combination of the following: summary of learning opportunity, learning outcomes/objectives/targets, instructional methods or activities, review of relevant literature/information supporting the need for interprofessional learning opportunity, or assessment procedures. • Implementation of interprofessional learning opportunity as evidenced by any of the following: published course syllabi as mandated by state law, certificates of completion/attendance of events, formative or summative data/results, materials, or other models (e.g., media). • Analysis of student feedback as evidenced by course-specific or institutional-specific feedback/evaluation procedures. • Discussion and debate of continuing interprofessional experiences as evidenced by notes or minutes from faculty meetings including annual retreat OR individual meetings between the program director and faculty. <p>PROCEDURES FOR ACTION 6: Any combination of the following mechanisms will be used to evaluate Action 6.</p> <ul style="list-style-type: none"> • Analysis of student performance in clinical practicum as evidenced by course-specific, institution-specific, or program specific feedback/evaluation procedures. • Analysis of student feedback and results pertaining to clinical instruction as evidenced by generated report using various methods (e.g., mean of specific items, thematic analysis of comments). <p>PROCEDURES FOR ACTION 7: Any combination of the following mechanisms will be used to evaluate Action 7.</p> <ul style="list-style-type: none"> • Host at least 1 free continuing education event focusing on clinical instruction/supervision and/or ethics for current and prospective external site staff as evidenced by publicity materials, state or ASHA continuing education proposal/submission form, or submission of receipts for cost. • Correspond with current and prospective extern supervisors as evidenced by emails or other communication. • Analysis of feedback with extern sites as evidenced by placement and job placement surveys.
<p>DATA Examples:</p>	<p>ACTION 1: See catalogue, degree plan, student folders, etc.</p> <p>ACTION 2: Incorporated ICF and patient/person-centered goal writing into clinic class; neuroanatomy boot camp; supported communication training from Aphasia Institute; training and tutorial articles; transgender in EBP</p>

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	<p>ACTION 3: CAPE-V skills, writing mock notes, strobe, MBSSImp Training, AAC teaching and modeling, book project, cranial nerve and oral mech exam, AphasiaAccess curriculum, assessment/diagnostic UG course writing reports</p> <p>ACTION 4: Simucase, IPE nursing, discussions over simulation</p> <p>ACTION 5: IPE Nursing, TTUHSC HSC event, TTUHSC physician rounds in clinic</p> <p>ACTION 6: CALIPSO</p> <p>ACTION 7: PRSHA supervisor/ethics, PRSHA voice, social events</p>
<p>STATUS to DATE:</p>	<p>MET</p>
<p>Executive Summary</p>	<p>The Communication Disorders faculty believe that we have met this goal based upon the following:</p> <ol style="list-style-type: none"> 1. This continues to be reviewed by the university and the system. Our graduate students must complete at least 3 internal and 2 external clinical placements to earn their clinical practicum hours. Completion of all intern and extern placements is required for graduation. 2. Our students are exposed and provided at least 5 different supervisors throughout their clinical intern and extern placements. This allows them to experience a variety of supervisory styles and teaching methods. This also enhances the clinical practicum experience as each supervisor incorporates various tools and techniques to teach clinical skills. Several of these include scientific or theoretical frameworks, such as, the International Classification of Functioning Disability and Health (ICF), the ASHA NOMs, and trends and evidence regarding patient centered goal writing (e.g., Baylor and Darling-White, 2020). Students are taught about cultural competency, cultural responsiveness, and cultural humility. They practice cultural humility when they reflect on their own culture and other cultures that they might serve in our rural community or the local communities based upon the concepts outlined in Riquelme (2013). 3. Multiple faculty have incorporated current and relevant clinical trainings as part of their academic coursework. We believe that skills-based learning is as essential as theoretical learning. Students have completed the portions of the AphasiaAccess curriculum, the Supported Communication for Persons with Aphasia, and the Speak OUT training. Furthermore, students are required to practice clinical skills as part of the authentic learning experiences in the classroom. For example, after completing the Vibratory Assessment of Laryngeal Imaging (VALI-R) training, students are required to write mock assessment notes of real voice patients after reviewing stroboscopy video recordings and listening to speech samples. As part of their pediatric language disorders course, students are taught skills to assess preverbal and non-verbal children with suspected language disorders. After learning the skills, they develop an assessment protocol and use the protocol to practice assessing preverbal children in non-verbal skills. Regarding supervision itself, select supervisors have incorporated frameworks to monitor student growth and success in clinical provision of services (e.g., King et al. Observational Checklist of Service Provider Strategies from 2013).

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	<ol style="list-style-type: none">4. At least half of the graduate academic coursework has incorporated simulated clinical situations to enhance students' clinical skills. For example, students practice administering the Preschool Language Scale-4 (PLS-4) to prepare to administer to real patients. Multiple faculty utilize Simucase as part of their course content and assessments. Some examples include pediatric feeding and speech sound disorders.5. We have met and exceeded this goal. Our students completed an IPE with our nursing program focusing on dysphagia screening and assessment in the medical setting. For the past 6 years, our students completed an IPE with a local medical school (Texas Tech University Health Sciences Center, TTUHSC) school of medicine, physical therapy, occupational therapy, nursing, counseling, social work, respiratory therapy, and pharmacy. Topics have varied from CVA, end of life care, and mental health and awareness. We also regularly have TTUHSC physicians round in our Speech and Hearing Clinic.6. Each semester, the program's clinical coordinator reviews and assesses the effectiveness of each clinical instructor based upon use of evidence-based practice (EBP) and resource provision to students. From 2021-2023 for 157 supervisory ratings, the clinical coordinator averaged the utilization of EBP in their practice and found that supervisors used EBP to instruct students at an average of 2.8 out of 3.0 based upon student responses from CALIPSO evaluations. In addition, on average students were provided with written and/or verbal feedback regarding their clinical performance and effectiveness at an average of 2.8 out of 3.0 based on student responses from CALIPSO evaluations. In regards to providing resources to students, supervisors were rated at 2.9 out of 3.0 for providing EBP resources to students upon their request.7. The department routinely hosts continuing education and social events for supervisors in the local area. Some examples include, an ethics and supervision training, a collaboration with the Panhandle Regional Speech Language Hearing Association to provide continuing education events, and a happy hour at a local restaurant. Often, instructors will invite community practitioners to guest lecture about special topics within the work setting. For example, acute care SLPs guest lecture on tracheostomy and ventilator care in labs.
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GOAL:	Establish an undergraduate program that prepares students for competitive nation-wide graduate studies or programs.	
RATIONALE:	<p>Vision: A solid undergraduate education, be it via completion of a baccalaureate degree or levelling coursework, is the foundation for success in any graduate program. The program believes that academic integrity, rigor, inquiry, and preparedness at the undergraduate level is essential to our success in and beyond our area.</p>	<p>Mission: This goal ties directly to facilitation of mastery and skills (Bullet 1); teaching students to critically think and solve clinical problems (Bullet 2); preparing students for careers (Bullet 3); fulfilling the need for speech-language pathologists (Bullet 4); and encouraging lifelong learning (Bullet 9).</p>
ACTIONS:	<ol style="list-style-type: none"> 1. Maintain a second admissions policy for undergraduate students. 2. Maintain rigorous coursework at the undergraduate level. 	
ASSESSMENT	<p>PROCEDURES FOR ACTION 1: Any combination of the following mechanisms will be used to evaluate Action 1.</p> <ul style="list-style-type: none"> • Students admitted to the undergraduate program will have no less than a cumulative 3.0 GPA prior to coursework in the major secondary only to the introductory course. • Students admitted to the undergraduate program will complete the necessary pre-requisite/core coursework across disciplines for a comprehensive undergraduate education as outlined in the pre-CD degree plan/checklist as published in the university catalogue as evidenced by advising services and procedures in the program. <p>PROCEDURES FOR ACTION 2: Any combination of the following mechanisms will be used to evaluate Action 2.</p> <ul style="list-style-type: none"> • Successful completion of the undergraduate degree in communication disorders will include the required physical sciences, life sciences, social sciences, and mathematics/statistics courses necessary for national certification in speech-language pathology and audiology per the American Speech-Language-Hearing Association as evidenced by publication in the university catalogue or advising services and procedures in the program. • Analysis of graduate or professional school acceptance rate to internal and external institutions as evidenced by exit survey data and reports. • Discussion, debate, development, and modification of undergraduate coursework as evidenced by notes or minutes from faculty meetings including annual faculty retreat or proposed curriculum changes forms for the institution’s curriculum committees. 	
DATA Examples:	<p>ACTION 1: Maintain admission policy; review catalogue and department policies</p> <p>ACTION 2: Degree plans, faculty retreat minutes, curriculum documents adding and modifying courses, reports of acceptance rates to graduate programs (audiology and SLP)</p>	
STATUS to DATE:	MET	

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Executive Summary	<p>The Communication Disorders faculty believe that we have met this goal based upon the following:</p> <ol style="list-style-type: none"><li data-bbox="562 175 2009 492">1. The second admissions policy is approved and available for review since 2016. One of the criteria outlined includes a minimum of a 3.0 GPA for second admission to the undergraduate program. The faculty annually review and discuss the second admissions policy including potential revisions and considerations for the undergraduate program. At least once a year the department chair and select faculty discuss possible areas of growth and revision to the undergraduate curriculum if determined essential. New coursework is proposed and voted on by the faculty. Then, the course is put in the process for approval at the college, university, and system level. For example, in 2021 the faculty discussed and decided that an undergraduate counseling course would make our undergraduate students more competitive and prepared for graduate school. This course was approved by the appropriate committees and chain of command.<li data-bbox="562 500 2009 922">2. Our faculty believes that we have an exceptional and rigorous undergraduate program that prepares students for graduate studies and professional practice. Our undergraduate coursework is parallel to other graduate programs. For example, students take multiple courses in content that is sometimes considered “advanced” or “specialized” by graduate programs. We offer undergraduate courses in aural rehabilitation, voice, and fluency. Rather than a course in language disorders across the lifespan, we offer pediatric and adult acquired language disorders. One unique aspect of our undergraduate program is that our students learn the fundamentals of research. Anecdotally, we have received accolades and personal thanks from neighboring graduate programs regarding how prepared our undergraduate students are for graduate coursework. We have also found that students who complete our undergraduate program rise to the top of our graduate program because they are prepared for the rigor and intensity of graduate school. For the past three years, an average of 69% of our undergraduate students applied, accepted, and enrolled in a graduate program, whether it was audiology or speech-language pathology. This is well above the national average 12% of students who are accepted to graduate programs in their first application.
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<p>GOAL:</p>	<p>Assemble a well-rounded faculty for clinical and academic education.</p>	
<p>RATIONALE:</p>	<p>Vision: If students are the program, the faculty are the driving spirit behind the program. A faculty that seeks to remain clinically relevant for teaching and service, contribute intellectually to the health sciences for the greater good, and focus on educating the future of the profession is imperative to remain distinguished.</p>	<p>Mission: This goal ties directly to facilitation of mastery and skills (Bullet 1); teaching students to critically think and solve clinical problems (Bullet 2); preparing students for careers (Bullet 3); fulfilling the need for speech-language pathologists (Bullet 4); advancing the field (Bullet 5); practicing professionally and ethically (Bullet 6); and encourage lifelong learning (Bullet 9).</p>
<p>ACTIONS:</p>	<ol style="list-style-type: none"> 1. Increase the depth and breadth of the faculty to include various clinical, research, and professional experiences. 2. Increase the depth and breadth of the faculty to include master’s level and tenure-track Ph.D. educators from various clinical, academic, and professional backgrounds. 	
<p>ASSESSMENT</p>	<p>PROCEDURES FOR ACTIONS 1 and 2: Any combination of the following mechanisms will be used to evaluate Actions 1 and 2.</p> <ul style="list-style-type: none"> • Support for faculty training in clinical and/or pedagogical approaches as evidenced by mastery of the first goal of the strategic plan. • Consideration of a variety of applicants for open job positions from local and nationwide areas as evidenced by applicant documentation from job postings. • Consideration of clinical expertise for open job positions and how those may positively impact the program as evidenced by notes or minutes from faculty meetings including annual faculty retreat. • Mentoring and supporting full-time instructors hired in terminal degree positions to pursue required degrees as part of their workload as evidenced by documentation from date of hire and related human resource forms without violating the individual’s rights. 	
<p>DATA/SUMMARY:</p>	<p>ACTION 1 & 2: University and department chair email and communicate opportunities for ACUE trainings, apraxia, dysphagia, voice and upper airway, and so forth. Grant proposals for select specialized trainings attached. Continuing education registries from the past 3 years reviewed every summer. Dissertation topics. Interview documents. Application documents. Minutes from meetings.</p>	
<p>STATUS to DATE:</p>	<p>IN PROGRESS</p>	

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Executive Summary	<p>The Communication Disorders faculty believe that we have met aspects of this goal based upon the following:</p> <ol style="list-style-type: none">1. All faculty members have completed a continuing education event in the last year, including clinical and pedagogical training. Fifty percent of the faculty have completed pedagogical training to enhance their teaching effectiveness, and one faculty member has completed 3 pedagogical trainings of teaching effectiveness (e.g., Association of College and University Educators). Multiple faculty members have completed trainings related to their clinical skillset in order to enhance their teaching effectiveness for clinical care. Select conferences and trainings including a National CAS Advanced Workshop, McNeill Dysphagia Therapy Program, and The International Breathing and Exercise Conference. Furthermore, our faculty represent a diversity of clinical specialties which cover the big 9 (i.e., AAC, pediatric and adult dysphagia, voice, speech sound disorders, pediatric and adult language disorders, social pragmatic communication disorders, and hearing). At baseline in early 2021, no faculty were terminally degreed. Academically, as of December 2023, two faculty members have completed their doctoral degrees. Two additional faculty members are anticipated to complete their terminal degrees by 2025. All four of these professors have completed scholarly work in different specialties within our discipline (i.e., caregiver training for persons with dementia, parent-child interactions, development and validation of voice assessment tools for teachers, and pediatric dysphagia). This is excellent progress toward home-growing a terminally degreed faculty. We anticipate that by 2026, 50% of our faculty will be terminally degreed. <p>This goal remains in progress because faculty are still working toward their terminal degrees as well as standards and requirements for tenure and promotion are undergoing an institution-wide revision.</p>
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<p>GOAL:</p>	<p>Provide evidence-based and patient-centered services to the Texas Panhandle and surrounding communities</p>	
<p>RATIONALE:</p>	<p>Vision: To be a distinguished program, we believe that we must continue to serve our area through clinical services. Although our clinical practice is focused primarily on student learning and training, we believe this cannot be accomplished without remaining focused on our patients/clients and their caregivers.</p>	<p>Mission: This goal ties directly to all aspects of our mission, the college of nursing and health sciences mission and the university mission.</p>
<p>ACTIONS:</p>	<ol style="list-style-type: none"> 1. Offer the best available clinical services for communication disorders in the state-of-the-art WT Speech and Hearing Clinic. 2. Evaluate, enhance, and develop the WT Speech and Hearing Clinic’s procedures and programs as an instructional and clinical facility. 3. Cultivate referral sources and professional relationships to provide the best quality of care and educational experience for both patients and students. 	
<p>ASSESSMENT</p>	<p>PROCEDURES FOR ACTION 1: Any combination of the following mechanisms will be used to evaluate Action 1.</p> <ul style="list-style-type: none"> • Confirmation of hours for clinical services with respect to university and state mandates as evidenced by posted hours, handbook/procedures and manuals, and other modalities (e.g., website) • Support for faculty training in clinical and/or pedagogical approaches as evidenced by mastery of the first goal of the strategic plan. • Analysis of niche areas to provide to the area as evidenced by revenue assessment, needs assessment, student need, and faculty interest. <p>PROCEDURES FOR ACTION 2: Any combination of the following mechanisms will be used to evaluate Action 2.</p> <ul style="list-style-type: none"> • Discussion and debate of clinical policies and procedures as evidenced by notes or minutes or other correspondence between faculty members. • Appointment of a clinical director to supervise and implement policies and procedures as evidenced by approval from the Dean. <p>PROCEDURES FOR ACTION 3: Any combination of the following mechanisms will be used to evaluate Action 3.</p> <ul style="list-style-type: none"> • Confirmation of marketing and communication with referral sources as evidenced by materials or other media and modalities (e.g., email, networking events). 	

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<p>DATA Examples:</p>	<p>ACTION 1: Mastery of goal 1 including faculty trainings, areas of good revenue in the clinic/pt need/supervisor expertise/physician referral</p> <p>ACTION 2: Clinical policies via minutes, clinical director appointment/added</p> <p>ACTION 3: Referral sources, letters, lunch and learns, networking for kids, Media spots, Facebook/Instagram</p>
<p>STATUS to DATE:</p>	<p>MET</p>
<p>Executive Summary</p>	<p>The Communication Disorders faculty believe that we have met this goal based upon the following:</p> <ol style="list-style-type: none"> 1. Mastery of an evidence-based curriculum indirectly supports the accomplishment of action item 1 for patient-centered services. All of this is also reiterated and supported by our clinical faculty members’ diverse clinical interests and areas of expertise. Our clinic serves persons requiring AAC systems, children with apraxia, performers and teachers with voice disorders, persons who are deaf and/or hard-of-hearing, and individuals with vestibular disorders. To further support and meet this goal, the WTAMU Speech and Hearing Clinic uses state-of-the-art equipment to provide services to clients. For example, since 2019, the clinic’s voice and upper airway lab component of the speech clinic has routinely provided comprehensive services for the Texas Panhandle and surrounding areas. Updated equipment has included a Pentax VisiPitch with cepstral peak prominence analysis as well as updated Phonatory Aerodynamic System. We have also received rigid and flexible endoscopes more appropriate for pediatric clients, especially those suspected of induced laryngeal obstruction. In summer 2023, all audiology equipment was updated. We have also networked and obtained contracts to serve additional populations in the community. These include a local preschool program (Opportunity School), a regional school district with a high incidence of special and exceptional populations including rare chromosomal syndromes (Guymon Public Schools), and the regional Veteran Affairs hospital. 2. In fall of 2023, we appointed a clinical director of operations. He is using his skillset to review policies, procedures, and ensure that we are providing the best patient-centered care. For example, he has reviewed and updated faculty on changes in documentation as required by federal law and billing for Medicaid and Medicare. The department faculty collaborates with the department chair, clinical coordinator, and clinical director to discuss operational policies and how they affect student learning. 3. In fall of 2023, we hired a new faculty member who is well known in the community and has existing professional relationships which will serve to further increase our referral sources for adults. On average, we have an average of 3 new referrals each week. Our referral sources come from local, regional, and national sources. For example, we routinely receive referrals from six local ENTs for hearing, balance, and voice disorders. Additionally, the hearing and voice clinics have received and collaborated with ENTs in Wichita Falls, UT Southwestern in Dallas, and University of Nebraska. We began collaborating with institutions in order to serve more patients; this includes ADVOCOM Companies for young adults with intellectual disabilities and Amarillo Independent School District. At least twice a year, faculty and students promote services and projects occurring within the clinic and classes on local news media and social media. A graduate assistant regularly updates our social media to reflect the activities and

	<p>opportunities occurring in our clinic and classrooms. One of our faculty members attends a Networking for Kids, a coalition of local stakeholders who collaborate to provide services to pediatrics in the panhandle of Texas.</p>
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