

ACCREDITATION ACTION REPORT
Reaccreditation Review

The Council on Academic Accreditation in Audiology and Speech-Language Pathology took the following accreditation action at its July 10-13, 2024 meeting, as indicated below.

Name of Program: Mercy University

File #: 272

Professional Area:

<input type="checkbox"/>	Audiology
<input checked="" type="checkbox"/>	Speech-Language Pathology

Modality:

<input checked="" type="checkbox"/>	Residential
<input type="checkbox"/>	Distance Education
<input type="checkbox"/>	Satellite Campus
<input type="checkbox"/>	Contractual Arrangement

Degree Designator(s): MS

Current Accreditation Cycle: 07/01/2016 – 06/30/2024

Action Taken: Continue Accreditation

Effective Date: July 13, 2024

New Accreditation Cycle: 07/01/2024 – 06/30/2032

Next Review: Annual Report due August 1, 2025

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 timeline 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. A program will be placed on probation or accreditation withdrawn after the review of a second consecutive report reveals that issues continue for the same standard(s) and the program remains not in full compliance with all standards (effective January 1, 2021- see [CAA Accreditation Handbook, Chapter XVII](#)).**

Standard 2.1 The number and composition of the program faculty (academic doctoral, clinical doctoral, other) are sufficient to deliver a program of study that:

- 2.1.1 allows students to acquire the knowledge and skills required in Standard 3,**
- 2.1.2 allows students to acquire the scientific and research fundamentals of the discipline,**
- 2.1.3 allows students to meet the program's established goals and objectives,**
- 2.1.4 meets the expectations set forth in the program's mission and goals,**
- 2.1.5 is offered on a regular basis so that it will allow the students to complete the program within the published time frame.**

Requirement for Review:

- The program must document how the faculty composition is sufficient to allow students to:
 - acquire the knowledge and skills required in Standard 3
 - meet the program's established learning goals and objectives.
 - meet the expectations set forth in the program's mission and goals

Evidence of Non-Compliance:

The site visit team was unable to verify sufficient faculty composition to allow students to acquire the necessary knowledge and skills required in Standard 3, meet the program's established learning goals, and fulfill the expectations outlined in the program's mission. Interviews with the program director, students, and community members indicated that the faculty was overloaded and often inaccessible for student advising on placements, teaching, and research.

In its response to the site visit report, the program stated that the university is committed to addressing this concern by hiring a full-time faculty member, who will also serve as the clinical coordinator for external placements, starting January 2025. The program indicated that the formal search for this position will begin in the fall 2024 semester. This addition is expected to alleviate faculty overload and allow more time to meet the standards' requirements.

Steps to Be Taken:

At the time of the next annual report, the program must provide an update on the hiring process and demonstrate how the current faculty composition is sufficient to allow students to acquire the knowledge and skills required in Standard 3, meet the program's established learning goals and objectives, and meet the expectations set forth in the program's mission and goals.

Standard 2.2 The number, composition, and workload of all full-time faculty who have responsibility in the graduate program are sufficient to allow them to meet expectations with regard to teaching, research, and service of the sponsoring institution.

Requirements for Review:

- The program must demonstrate that all faculty who have responsibility in the graduate program and have obligations to provide teaching, research, and service as part of their workload:
 - are accessible to students,
 - have sufficient time for scholarly and creative activities,
 - have sufficient time to advise students,
 - have sufficient time to participate in faculty governance,
 - have sufficient time to participate in other activities that are consistent with the expectations of the sponsoring institution

Evidence of Non-Compliance:

The site visit team was unable to verify that faculty had sufficient time to fulfill their job responsibilities and institutional expectations. In its response to the site visit report, the program acknowledged the faculty's work overload, stating that it significantly impacted their ability to meet student needs and institutional requirements. The program indicated it is in the process of hiring a full-time clinical coordinator to start in January 2025, which will alleviate faculty workloads and enable them to better dedicate time to their duties.

Steps to Be Taken:

At the time of the next annual report, the program must provide an update on the faculty hiring process and demonstrate how, in the meantime, all faculty who have responsibility in the graduate program are accessible to students, have sufficient time to participate in faculty governance, and meet institutional expectations.

Standard 3.6B The clinical education component of an effective entry-level speech-language pathology program is planned for each student so that there is access to a base of individuals who may be served that is sufficient to achieve the program's stated and goals and includes a variety of clinical settings, populations, and age groups. The comprehensive clinical experiences must include direct contact with individuals seeking service, consultation, recordkeeping, and administrative duties relevant to professional service delivery in speech-language pathology.

Requirement for Review:

- The program must demonstrate that it has mechanisms to develop comprehensive plans of clinical educational experiences so that each student has an opportunity to:
 - Obtain experiences with different populations
 - Obtain a variety of clinical experiences in different work settings

Evidence of Non-Compliance:

The site visit team was not able to verify sufficient opportunities for students to gain a comprehensive range of clinical educational experiences. A review of recent graduates and current students' files revealed significant

competency gaps across age groups and disorders. The site visit team was unable to verify, for instance, that graduating students earned sufficient clinical experience in key areas such as articulation, AAC, and adult care evaluation. In some instances, zero hours were recorded, and no other alternative evidence was provided. The site visitors noted that these deficiencies suggest a potential inability to fully cover the breadth and depth of the scope of practice in speech-language pathology.

In its response to the site visit report, the program stated that although the CAA does not set minimum clock hour requirements, its policy mandates that students complete at least one hour in each of the core competency areas of the SLP scope of practice. However, the program acknowledged challenges in meeting this policy due to COVID-19 restrictions which limited externship opportunities during the reported period. With the lifting of these restrictions, the program stated that it plans to expand externship opportunities and include mandatory adult evaluation components to ensure a comprehensive student clinical experience.

Steps to Be Taken:

At the time of the next annual report, the program must demonstrate how it is implementing its plans to ensure each student is given sufficient opportunities to obtain experiences with different populations and work settings in the interim.

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 6.1 The institution provides adequate financial support to the program so that it can achieve its stated mission and goals.

Requirements for Review:

The program must demonstrate:

- That its budgetary allocation is regular, appropriate, and sufficient to deliver a high-quality program that is consistent with its mission and goals
- That there is sufficient support, consistent with the program mission and goals, for personnel, equipment, educational and clinical materials, and research activities
- Consistency of sources of funds that are received outside the usual university budgeting processes, if the program is dependent on them.

Evidence of Concern:

The site visit team could not verify that the program's financial support was sufficient to sustainably achieve its mission and goals in clinical education, as the program had exhausted grant funding for on-site and community-based clinical education partnerships.

In its response to the site visit report, the program stated that the university would now cover the costs of maintaining the clinical programs previously supported by the grant. Additionally, the program confirmed that its budget was sufficient to cover the purchase of materials and clinical supervision. The program also plans to reapply for future grant funding to continue these programs.

Steps to Be Taken:

At the time of the next annual report, the program must provide an update on the availability of financial support for these clinical education programs. If institutional funding is not yet available, the program must demonstrate that it has a regular, appropriate, and sufficient budgetary allocation to support its mission and goals, as well as consistent external funding sources if applicable.

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\(f\)](#)].

Comments/Observations:

<i>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 <u>not</u> in compliance are described earlier in this report in the context of the relevant standard.</i>	
X	Program Completion Rates
X	Praxis Examination Rates

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](#)]. 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 provide a written timeline to the program to come into compliance that is reasonable, as determined by the CAA, based on the nature of the finding, the stated mission, and educational objectives of the program. The timeline may include intermediate checkpoints on the way to full compliance and must not exceed three years for programs, regardless of professional area. If the review of a second consecutive report reveals that issues continue for the same standard(s), regardless of which requirements for review were identified, and the program remains not in full compliance with all standards, 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.

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.