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Minutes of the January 16, 2020 minutes

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Members Present: Faith Liebl (Chair), Jane Barrow, Kathryn Brady, Michelle Cathorall, John Foster, Ken Moffett, Brad Reed, Geoff Schmidt.

Student Senate Members Present: Ronald Akpan and Sabrina Chau

Ex-Officio Members Present: Effie Hortis, Elza Ibroscheva, Eric Voss

Guests: Greg Everett, Jon Pettibone, Olga Vezhanova, James Panico, Majid Molki, Nicole Klein, Anne Werner, Paul Rose

Absent: Maureen Bell-Werner, Robert Bitter, Heidy Carruthers, Mary Ettling, Chaya Gopalan, Keith Hecht, Erik Krag, Chris Leopold, Nima Lotfi Yagin, Eric Ruckh, Chad Verbais

1. The meeting was called to order by the Chair of the committee, Faith Liebl, at 2:30 PM.

2. Minutes of the January 16, 2020 minutes were approved as written

3. Psychology Program Review. Guests: SEHHB Associate Dean, Paul Rose; Psychology Chair, Greg Everett; Undergraduate Program Director, Jon Pettibone; Program Review Chair, Olga Vezhanova

   a. Program Review Team report (Olga Vezhanova summarized report provided previously to council members.)

      i. Rating: The committee indicated that “the department should be commended for doing outstanding work in spite of significant and often painful space and personnel constraints and maintaining a spirit of collegiality in the face of these difficulties.” They found no serious issues that arise from the department functioning of the department and rated the program as Exemplary. All potential areas for improvement were external to the department itself. Recommendations from previous review have been addressed. Lots of positive trends were noted within the department.

      ii. Recommendations: (1) Pursue an opportunity to use the Faculty Strategic Hire Initiative (FSHI) funds to hire two under-represented faculty for the 2019-2020 academic year. Should that request not be granted, continue to submit requests in subsequent years; (2) Integrate scaffolded, low-stakes writing activities into a variety of courses to help improve students' writing skills; (3) Pursue a method to track retention and time-to-completion, especially with regard to race/ethnic, non-resident alien (international), gender identity, and ability status; (4) provide more support for transfer students to ensure smooth integration into the program and a swift progress towards degree completion; (5) regular meetings for those who teach sequenced courses and different sections of the senior project in order to ensure that the program stays consistent/coordinated; (6) Explore the possibility of making service assignments and summer teaching opportunities more equitable across tenured and untenured faculty; and (7) Explore the possibility of finding more clinical opportunities for undergraduate students.

   b. SEHHB Dean and Department Chair responses: Council was referred to written reports provided prior to the meeting.

   c. Council questions and summary of representatives’ responses: (PR=Paul Rose; GE=Greg Everett; JP=Jon Pettibone: The department is in the process of hiring more faculty. Where does it stand? PR: There are 3 positions. Within days there will be offers to 2 potential hires at the assistant level. So the faculty level will be where it stood last year? GE: Approximately. Is there any effort to move beyond this? PR: We do have plans in place to potentially recruit someone else. Is the dean’s office in support of such a request? PR: Yes. And is there approval from Provost’s office, etc? PR: Yes, this is a strategic hire so there is approval across the board. Council members noted that the issue of limited faculty was particularly evident in the review and JP noted that the program has no goal of becoming bigger. The program is currently the largest on campus. What sorts of things is the Dean’s Office willing to do to adjust to the realities of the CBA and the workload section? PR: Operating paper revisions are in progress and the committee will be working on that through the year. Course caps are not as cut-clear as it seems since the wording is 80th percentile rather than specific caps. JP: We have capped some courses over the years in order to support quality instruction without increasing faculty numbers. We’re trying to strike a middle ground that allows us to serve students but acknowledges that we have been increasing faculty work load without compensation for years. Now, working with students is credible for overload or teaching load. How will that be incorporated in psych? PR: Because psych is so intrinsic to the nature of quality education, psych developed a formula years ago to account for independent study...
(broadly defined) and what you see across campus is an attempt to do what psych did years ago. *Does that include interdisciplinary stuff?* JP: It becomes tricky in how to do that. The initial intent was to update for that but due to the complexity of the issue and the history, it won’t be resolved soon. Not everything fits (honors program, etc.), but we are working on it. GE: We have not yet forwarded those suggested revisions to the dean’s office. *Will additional faculty exacerbate the space problem?* ALL: Yes. And space considerations also affect faculty recruitment because of shared lab space, etc. *Where is the gap between the student concerns (recommendation #7) and the department and dean responses?* GE: It is probably a function of the sample of students. Some students in psych are in the clinical area and would potentially feel this need. Many are not. JP: There’s often a gap between what students coming into psych expect and the realities. The degree is a generalist degree, not a clinical degree. We offer some clinical experiences but they don’t match up with student expectations about what that would look like. You have to have a master’s to work with clients so this isn’t the reality of the undergrad program. *Is it the majority of undergrads who go toward the clinical route?* PR: they’re all going to be clinicians when they first come in but there’s an evolution over time as reality and GPA come into focus. JP: You want to listen to undergrads but also to the experts in the field. We want these opportunities to exist, but this isn’t a health degree and we can’t turn it into one. *Can you give more information about the mentoring program for at-risk students?* JP: It came out of a suggestion from the dean’s office. When you’re maxed out for enrollment you’re not worried about adding students but we do want to retain the students we have. We collect data on students with GPAs between 2.0 and 2.5 and contact them at the beginning of each semester. We have about a 5% return rate on those. It has given us insight into things we need to know. Most of the group are transfer students who come in with no GPA, and they’re let into the program and if they have a bad semester or don’t adapt well, they can experience problems. There are 15-18 students typically so it’s not a big concern but we need to support students.

d. Council Discussion and Decisions:
   i. Ken Moffett moved to rate the program **Sustainable at Present Levels**; Jane Barrow seconded. All members assented. Members indicated that the letter should include the idea that to maintain or increase the quality of this program, more faculty need to be hired.
   ii. Ken Moffett moved to rate the program **In Good Standing**; Eric Voss seconded; all members assented. Committee members suggested that the letter stress the need for additional faculty and increased diversity.

4. **Speech Language Pathology and Audiology Program Review.** Guests: SEHHB Associate Dean, Paul Rose; Undergraduate Program Director, James Panico; Program Review Chair, Majid Molki
   a. Program Review Team report (Majid Molki summarized report provided previously to council members.)
      i. Rating: Program Review Report indicated the program is strong and provides students with an excellent education leading to a high rate of entry into graduate programs. Previous recommendations have been fully addressed or addressed to the point that the committee felt comfortable. Some depend on resources and if the program doesn’t have the resources, that becomes difficult to fully address. The **Notable Merit** rating suggested by the review team results from 3 areas in which recommendations for improvement were noted.
      ii. 3 Recommendations: (1) provide better coordination between the SPPA Program, SEHHB advising, and community colleges; (2) Provide additional resources to establish a better balance between maintaining program rigor and research and personal development of the faculty; and (3) revise the UG Program assessment plan extensively by providing specific learning outcomes, expanding measure to include other courses in addition to senior assignment, and dropping undergraduate survey results and transcript checks as outcomes.
   b. SEHHB Dean and Department Chair responses: Council was referred to written reports provided prior to the meeting.
   c. Council questions and summary of representatives’ responses: (JP=James Panico; PR=Paul Rose): *The chair response to the 3rd recommendation was that we are using an approved assessment plan and maybe we can enhance that, but there’s not much in the plan about specifics. Can you give us more?* JP: We have monthly meetings but we also have an assessment meeting each year where we lay out the information we collect and we talk about what’s working and what’s not. This is something that has evolved over time to try to reflect the different things the students are dong in a way that addresses whether they are coming out of the program with the skills they need to become a speech-language pathologist (students have to go to grad school to become SLPs). A lot of things are assessed in senior assignment, which is taught as a self-standing course and involves a culminating project. All courses are addressed within the senior assignment because it is cumulative. There are formative assessments in each course but senior assignment is the place where it all comes together in a clinical way. The transcript
check is used to determine that students have the foundational knowledge they need for clinical work.
The transcript review isn’t intended to stand alone but used in conjunction with senior assignment and other measures to make sure students have the required skills, etc. In terms of senior assignment, does the program use a standard rubric to evaluate it? Yes. That would seem to allay some of the problems. I’m still not hearing that there is a real commitment to making the specific changes that have been noted. There needs to be a really rigorous reassessment of the plan. Are you contesting it? No we’re not contesting but rather trying to provide more information about how the current situation works. But I don’t see how grades and transcript checks are assessments. That’s problematic if it doesn’t go beyond that. I want to reinforce the idea of looking at the assessment plans for other programs and it would be helpful to see that you need assessment earlier in the program. That you pull information from those courses that are relevant and see whether that foundational knowledge is there. Look at the information that’s available in the provost’s office and in other programs and see what they’re doing. Chemistry had the same thing with senior assignment but now pieces of it are mid-career, a piece at the end, etc. Or it can be built into a course that already has it in and you can extract it. Apply this because it can also be an issue in accreditation. Course completion doesn’t count. Make ways of pulling things out of the courses as they exist. JP: Yes, thank you. We understand the need to revise this. We are planning to begin to address the assessment plan at our next meeting. Can you address the issue with raising the GPA recently? JP: As a result of a push to increase enrollment in the SPPA UG Program, the minimum GPA was lowered from 3.0 to 2.5. Enrollment nearly doubled, but no additional resources were provided, and retention was a problem. We recently raised the minimum GPA to 2.75 in order to help address the retention problem. In addition, we have a mentoring program in which each UG student is assigned a faculty mentor. This also helps address the retention problem if students take advantage of it. JP: I also want to address the academic advising issue. There has been massive turnover in our academic advisors. PR: Unprecedented turnover. JP: One advisor was problematic and has left, but as program director, I have consistent communication with the advisors (several times a week). Also the new pre-applied health major status gives students access to the major advisors earlier, which should help. There is a new advisor who’s very good. How many associates are promotion-eligible and not able to go forward because of other issues? JP: Two, and both plan to go forward next year but were eligible last year. JP: Space is also an issue, but if we’re part of the new health sciences center, that could address a lot of things.

d. Council Discussion: Council members expressed concern over the current assessment plan and the program’s motivation to revamp it. Kathryn Brady (council member and faculty in SPPA) provided additional information about the nature of the assessment plan and the faculty’s intent to make changes. Other questions followed: Is the load for seniors really heavier than in other years as indicated in the report? KB: No. I’m not where that perception came from. There are 5 senior courses (14 credit hours) that are typically taken senior year. These courses all have prerequisites and cannot be taken until those have been met. We have recently created more flexibility in when courses without prerequisites can be taken to spread the courses over a longer time period. Is morale really as low as the dean suggested in his report? KB: We are a close and collaborative faculty, so we are doing OK, but the fact that we are moving for the third time in two years (and when we move, we move an entire clinic as well as our offices) contributes, as does the fact that we have been down one TT faculty position for a number of years and do not currently have a faculty line.

CC did not have a quorum to vote on ratings. (One attending member, Kathryn Brady, is faculty in SPPA and was recused.) The council members made the following recommendations for consideration at the next CC meeting in February:

i. Enrollment is Sustainable at Present Levels.

ii. The program is In Good Standing.

5. **Public Health Program Review.** Guests: SEHHB Associate Dean, Paul Rose; Program Director, Nicole Klein; Program Review Chair, Anne Werner

a. Program Review Team report

i. Rating: The review committee indicate that “Despite a very recent transition from Health Education to Public Health, the program is already well developed with good enrollment, retention and positive outcomes” and they rate the program with Notable Merit. They indicate there are still some opportunities for improvement. Ann Werner indicated that this was not a full review because it used documents related to recent accreditation. The review team didn’t talk to faculty, which might have been useful in some cases.
ii. 5 Recommendations: (1) Update the Public Health Assessment Program Plan; (2) All program faculty should be involved in the assessment of the senior assignment; (3) Continue to pursue the installation of a computer lab in the VC with printing capabilities for student use; (4) Create additional mechanisms to ensure greater consistency in advising experiences to protect against future changes in advising staff; and (5) Develop a mechanism for assessing the impact of the peer mentoring program and for increasing student awareness of opportunities to work with faculty in Public Health.

b. SEHHB Dean and Department Chair responses: Council was referred to written report provided prior to the meeting.

c. Council questions and summary of representatives’ responses: (NK=Nicole Klein)
   i. There was a jump in students in the last year that almost doubled the student majors. There is also a big gen ed service course requirement. Everyone says they need faculty, but it looks like optimal enrollment would be close to 100 majors. How do you feel? NK: We just had 2 successful hires, so at the number of students we’re currently serving, we’re doing well. As the program grows (we’re not at 100 now, and that’s a concern for the UG program) it may be more challenging because we have an MPH program that’s in its first year. If we get the numbers we’d like to have at each level, we’ll be struggling. PR: PH tends to follow the trend of the university (as numbers go down university-wide they go down in PH and Psych), but it’s not a concern overall. Current enrollments aren’t off the trends. Are there efforts to address the assessment plan?. NK: Yes, we plan to change the formatting. Are you going to change any other aspects of the assessment plan? NK: One big change we’re making is all faculty members were not reviewing senior assignment, but we will be including them, so that’s a change. We have pretty stringent accreditation requirements so assessment is related to that and we have done a lot to make that more robust as a result of this review. Do you know how you will involve all faculty if SA is housed in a course? NK: Senior project is run by one faculty member, but students do poster presentations at the end and everybody assesses that (and has done so historically). The second component is putting together a professional competencies portfolio. Students have to state how they have met each domain of PH during their history. Used to be one person grading all of those but now all faculty will look at all of those. Part of PCP can be relatively quickly assessed by other faculty. Other parts belong to the course and the instructor will do that. Can that count as service? NK: I’m not sure with new operating papers, etc. If all agree on a rubric, it can be fairly efficient. In recommendation #5, students want more opportunities, but there’s a mismatch between what students are saying and the list of opportunities provided by faculty. Can you explain? NK: This surprised me.

Students have a lot of access to us. We are active in sending out opportunities through a listserv, so we wondered about this. You can tell chair’s response is “we’ll try” but we feel the opportunities are there so we don’t know where that perception is coming from. We’re a small faculty and as we’re doing more and more URCAs, etc. and collaborating with integrated studies students, those ultimately equal loads, and so we’re in high demand. If that becomes course releases, we’re in trouble faculty-wise. We would love to do more of this but can only do what we can do. Is there an internship program? NK: Yes, it is what gets our students jobs and great experiences. 250 hours are required as part of this but most students are not taking advantage of it. Might give exit survey to get a sense of what students are thinking. MC: some of the documents were from 2015, so there have been some changes since then. NK: It is possible that students don’t actually understand the nature of the question and didn’t understand how their experiences fit in with it.

d. Council Discussion: CC did not have a quorum to vote on ratings. (One attending member, Michelle Cathorall, is faculty in Public Health and was recused.) The council members made the following recommendations for consideration at the next CC meeting in February:
   i. Enrollment is Sustainable at Present Levels.
   ii. The program is In Good Standing.

6. Public Comments
   No Public Present

7. Meeting was adjourned at 4:12 PM.