

## **University Recommendations**

### **I. Perceived Barriers to having an adequate supply of qualified providers:**

#### **Awareness, Attraction, and Recruitment related to SLP**

- Low salaries for SLPs, especially in rural districts
- Faculty salaries are lower than those of entry level clinicians
- Quality of life of a teacher-researcher is not “appealing”
- Motivating students to pursue PhD is challenging
- Clinicians hesitate to return to school for a PhD due to necessary financial adjustments associated with being a student
- Identity of SLPs is unclear (e.g., not ‘speech people’, ‘speech-language pathologist’ too medical, school settings better identify with ‘speech therapist’); should SLP consider a name change?
- Insufficient advocacy exists to promote what SLPs do

#### **Academic Capacity and Resources**

- Pedagogy considerations—how to increase the number of students in a class and maintain quality of education; what’s an appropriate class size?
- Limited capacity of master’s programs
- Cyclic enrollment in undergraduate programs
- Long term effect of “leveling” programs should be evaluated considering there is limited capacity for master’s students
- Lack of data to accurately identify student pool (e.g., number of undergraduate students, number of students in leveling programs)
- States without a master’s program impact the supply of SLPs in neighboring states (e.g., Delaware)
- Parents want assurances for admission and retention of their children in grad school in order to support their pursuit of CSD majors
- SLP education requires a lower supervisor-to-student ratio for diagnostics and treatment
- Few, if any, incentives exist for clinical supervisors to take students; are there data that indicate what incentives are used (amounts and funding sources) by programs?
- Limited space/facilities to accommodate an increased number of students
- Universities require faculty with PhD degrees, however, a portion of PhD faculty do not want to teach or supervise due to their preference for research work
- Insufficient opportunities for clinical faculty career tracks within academe
- Limited resources to both maintain an existing program and add innovative education models that support increased access and flexibility
- Barriers to provide distance learning (DL) have decreased, more universities now have DL capabilities
- Insufficient combined degree programs (e.g., BA/MA) for students to complete a Master’s degree in a more efficient time period

#### **Funding for Students and Faculty**

- Funding for students is insufficient, particularly at the doctoral level
- Limited funding opportunities, limited number of assistantships available

- Insufficient advocacy to secure student funding at state/federal levels
- Lack of available resource list identifying funding sources (many students and faculty are unaware of funds and students, at times, reject funding opportunities)
- ASHA funding is insufficient for students to present their research at convention

### **Credentialing**

- Number of clinical hours required for credentialing
- Costs and time necessary to provide placements and monitoring of placements
- International students completing CF to attain the CCC affects student status; certification waiver for CCC or provisional certification needed for international PhD students
- CAA-site visits do not allow for creativity, collaboration, or an increase in students; programs must maintain a certain faculty: student ratio
- Turn around time for review of annual reports by the CAA is poor
- CAA paperwork required to report substantive changes (e.g., distance education) is too extensive
- CAA micro management of academic programs
- Inconsistent interpretation of the CFCC standards during CAA site visits
- CAA/CFCC standards implementation language represents scope creep

### **Employers and Regulatory Agencies**

- Hiring of unqualified personnel
- Reduction of standards for qualifications of practitioners
  - For example, Alabama allows bachelor level individuals to become speech aides with a broad scope of responsibilities and limited supervision; state Dept of Ed bachelor level credential, not emergency certification
- Resistance from state Departments of Education to adopt new ASHA CCC requirements
- Surplus of individuals holding bachelor degrees is attractive to licensing and certification boards to fill vacancies
- Access to being credentialed as SLP-As is easy, and provides a more accessible first step to SLP career track

## **II. Solutions to Perceived Barriers:**

### **Awareness, Attraction, Retention related to SLP**

- Salaries – offer different incentives
- Take SLPs off teacher pay scales; salary supplements for CCC; employers to pay ASHA dues
- Market professions to lay persons, enhance public awareness about SLPs, establish SLP as a more recognizable profession
- Enhance visibility of professionals in the national arena (e.g., Congress, U.S. Department of Education, university administrators)
- Conduct hearing screenings on campus, capitol hill, state capitols
- Contact individuals who earned the degree but stopped practicing in order to determine the reasons why they left and to identify resources to help with retaining current professionals
- Develop leveling program to attract past professionals/retirees back to practice

- Increase the number of men in the field as more men may yield higher salaries; what's nursing doing to shift the trend to recruit more men as a personnel solution?
- Encourage retirees to work part-time
- Target advertising in popular TV shows to increase public relations for SLP
- Creative solutions for increasing faculty salaries may include state funding for the department chair and/or state funding to supplement faculty salaries

### **Education Capacity and Resources**

- Incentives for supervisors to take students
- Survey university programs about payment for clinical supervisors; report the data on incentives used (amounts and funding sources) by programs
- Expedite degree completion via scheduling blocks that allow students to focus on 2-3 courses over ½ semester for some courses (e.g. aphasia)
- “ASHA University” conducted by at least four university programs to create an agency that offers an accredited master’s degree with all courses taught online using rotating faculty nationally; clinical component could be handled by requiring students to find their own placements at least 6 months in advance to secure contracts, etc.
- Expand consortia that use distance education delivery, refer to DLVE program in Virginia, Ohio OMNIE program for SLP master’s degree, and Kentucky consortium for doctoral degrees
- Encourage development of educational regions across state lines
- Access and use online courses developed from other universities
- Enhance accessibility to program websites (e.g accurate, accessible Web links)
- Establish fast matching listserv for program directors to quickly share information about availability of student enrollment and/or funding opportunities
- NSSLHA queries programs’ interest (e.g. UG research opportunities)
- Identify CSD deans that once served within a CSD dept in order to target communications about issues facing the discipline and to ask for insight
- Develop talking points/fact sheet to provide to deans about supply and demand issues in SLP

### **Funding**

- Expand funding sources for students with funding opportunities such as teaching language classes in another department
- Identify student strengths that can be applied in other areas at the university for funding (e.g., interpreters)
- Identify other sources of funding for faculty lines (e.g., DOE)
- Ask neighboring states or districts to take ownership; make available examples of funded grants
- Consider putting faculty-student ratio back into accreditation standards so that faculty can negotiate with deans for new positions

### **Credentialing**

- Reduce the number of clinical clock hours for credential (i.e. CCC) but still maintain ability to develop necessary skills; utilize virtual patients and alternative clinical education

- Market the value of the ASHA CCCs as making a difference within the profession and distinguish this credential from holding just the master's degree

### **Employers and Regulatory Agencies**

- Develop comparative analysis between bachelor's and master's degrees including talking points that spell out the knowledge and skills needed, why a master's degree is necessary beyond a bachelor's degree, and relate analysis to scope of practice as to why a bachelor's degree is not enough especially for educational (schools) settings
- Eliminate bachelor's degree programs in CSD, replace with a minor in SLP/CSD and confer a bachelor's degree in liberal arts
- Refocus SLP-A degree programs as two-year programs
  - Does this prevent or support career track for students?
  - SLP-As are credentialed by state program (licensure or state Ed)
- Bring stakeholders in state together to talk about the issues, such as special education coordinators (county, district, or region), licensure board, Depts of Ed, university program representatives, human resource staff, school union reps, clinicians
  - Use the information from Forum on Solving SLP Personnel Shortages agenda as a starting point
  - Develop agenda topics for future meetings at the close of current meeting
  - Start every meeting with asking 'what are your needs?' so that all stakeholders have a say
  - If group identifies consistent theme, then adapt to the agenda, e.g. NYC = shortages for monolingual and bilingual services
  - ASHA Government Relations staff can assist with developing agendas and facilitating meetings

### **III. Probable Partners for Collaboration in Solving Personnel Shortages**

- Community colleges
- Corporations/private business (staffing companies, hearing aid companies)
- Donors and alumni
- Foundations
- Health care facilities
- High School counselors
- Hospitals
- Intermediate units
- Licensing board
- Lobbyists
- Related Professional Organizations (RPOs) (e.g., Scottish Rite, other health professions)
- School board associations
- School district human resources staff
- Special education coordinators/administrators
- Special education units (SPED)
- State associations

- State board vocational education
- State departments of education/State board of education
- State departments of health
- State special education advisory committee – made up of parents
- Unions
- Universities, Universities pairing with a particular school district or DOE

#### **IV. Goals for addressing personnel shortages**

##### **Capacity**

- Increase the number of students
- Develop online PhD or clinical doctoral program to increase access
- Consider Rehab Science PhD collaboration with other depts.
- Explore a clinical doctorate in SLP
  - Some universities do allow clinical doctorates in tenure-track positions
- Consider alternative models of doctoral education especially to fill faculty lines in strong clinical and master's level programs
  - Climate shift as traditional PhDs retire and positions cannot be replaced at the same rate
- Programs can recruit PhDs from linguistics, neuroscience, psychology
- Establish partnerships with potential employers who are contacting universities regarding new grads. Find out “what’s in it” for universities (reciprocal agreement dealing with possible tuition reimbursement, tuition for work commitment)
- Investigate distance education options for a few undergrad and eventually whole grad program
- Working closely with Dean regarding personnel shortages in CSD
- Expand delivery of SLPA program to out of state, offer Manster’s program online
- Expand PhD program using lessons learned from IPDLE-3 grant and get other programs to run a similar program
- Assist other programs to adopt model
- Investigator collaborations-connect researchers at PhD programs with those at master’s programs to create more PhD students

##### **Funding**

- Identify additional sources of revenue for academic departments
  - Faculty salaries, supervisor salaries, incentives
  - Travel, benefits, professional development
  - Funding for students
- Investigate alternative funding sources for faculty lines and students

##### **Credentialing**

- Eliminate the CFCC specific course requirements (UG bio, physical sciences) and allow the departments to make the decisions about the ‘required curriculum’
  - The additional UG science course requirements may be seen as a deterrent
  - No course requirements for professional coursework; but required outside of the program

##### **Advocacy**

- Lobby CAA & CFCC to be more flexible with programs' uniqueness to meet the standards re. curriculum

## **V. Immediate next steps**

- Engage individuals who've dropped out of the profession to return to SLP
  - CFCC - Consider forgiveness of current standards for individuals that graduated under previous standards (i.e., 1993 ASHA certification standards)
  - Identify academic programs that develop a mechanism to assist individuals with earning credentials
- Recruit more men
  - Update/revamp program's web site
  - Use photos of men on promotional materials
  - Engage undeclared freshmen, middle & high school students
  - Increase marketing about job availability/security – no such thing as an 'unemployed SLP'
  - Increase marketing to minorities
  - Use men as spokespersons
  - Market the science and technology of the SLP profession (visipitch, electrolarynx)
- Partnerships
  - Develop list of potential partners
  - Disseminate info w/in state
  - Court partners
  - Prioritize potential partners to maximize success/meet needs
- Distance learning options
  - Investigate leveling program and investigate funding sources to expand course offerings
  - Investigate online courses already offered by other programs
  - Determine if online DL courses accepted as transfer credit
- Communicate with Deans
  - Develop fact sheets re: issues, salaries
  - Assist with networking among Deans
  - Need to show impact of program and stakeholders to Dean re: ROI
  - Explain benefit of approaching donors
- Funding Sources
  - Check with university re: funding successes