



**Committee for the Evaluation of Communication Disorders Study  
Programs**

**General Report**

**December 2011**

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## **Chapter 1- Background**

At its meeting on July 14, 2009, the Council for Higher Education (CHE) decided to evaluate study programs in the field of Communication Disorders during the academic year 2010 – 2011.

Following the decision of the CHE, the Minister of Education, who serves ex officio as Chairperson of the CHE, appointed a Committee consisting of:

- Prof. Jaclyn Spitzer, Department of Otolaryngology, Head / Neck Surgery, Columbia University, USA – Committee Chair
- Prof. Deena Bernstein, Speech-Language-Hearing Sciences, Lehman College, the City University of New York, USA
- Prof. Miriam Faust, Department of Psychology & The Gonda Multidisciplinary Brain Research Center, Bar -Ilan University, Israel
- Prof. Brooke Hollowell, Communication Sciences and Disorders, College of Health Sciences and Professions, Ohio University, USA
- Prof. Rosemary Lubinski, Department of Communicative Disorders & Sciences, University of Buffalo, USA

***Ms. Yael Franks*** - Coordinator of the Committee on behalf of the CHE.

Within the framework of its activity, the Committee was requested to:<sup>1</sup>

1. Examine the self-evaluation reports, submitted by the institutions that provide study programs in Communication Disorders, and to conduct on-site visits at those institutions.
2. Submit to the CHE an individual report on each of the evaluated academic units and study programs, including the Committee's findings and recommendations.
3. Submit to the CHE a general report regarding the examined field of study within the Israeli system of higher education including recommendations for standards in the evaluated field of study.

The entire process was conducted in accordance with the CHE's Guidelines for Self-Evaluation (of October 2009).

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<sup>1</sup> The Committee's letter of appointment is attached as **Appendix 1**.

## **Chapter 2-Committee Procedures**

The Committee held its first meetings on May 11, 2011, during which it discussed fundamental issues concerning higher education in Israel, the quality assessment activity, as well as Communication Disorders Study programs.

In May 2011, the Committee held its visits of evaluation, and visited the Hadassah Academic College Jerusalem, University of Haifa and the Tel Aviv University. During the visits, the Committee met with various stakeholders at the institutions, including management, faculty, staff, and students.

This report deals with the general state of Communication Disorders study Programs in Israel.

## **Chapter 3: Evaluation of Communication Disorders**

### **Study Program in Israel**

*This Report relates to the situation current at the time of the visit to the institutions, and does not take account of any subsequent changes. The Report records the conclusions reached by the Evaluation Committee based on the documentation provided by the institutions, information gained through interviews, discussion and observation as well as other information available to the Committee.*

#### **1. Preface**

This evaluation process comes at a propitious time. Israel currently faces a scarcity of clinicians in Speech-Language Pathology and Audiology. The existing Communication Sciences and Disorders (CSD) programs are operating at full capacity to produce an estimated 200 new graduates to enter the workforce each year. The country has major regional differences in the distribution of clinical services, with severe shortages of services, especially for adult rehabilitation. The shortage is acute in the northern and southern parts of the country.

Historically, the first program established at Tel Aviv University has had a profound influence on the direction of the field. In pioneering the discipline, it created a framework which was suitable for its time and fostered the development of professionals who engaged in clinical service delivery and sometimes went on to further study and became faculty members for Tel Aviv's program and the other universities and colleges. It is the consensus of the Evaluation Committee (EC) that the field has now matured in Israel to a point where self-examination and self-determination can permit new directions to be undertaken to address the needs of the country and its population with communicative disorders.

This report will highlight several areas of strength and others of concern for the future of the educational programs in CSD in Israel. The areas to be highlighted are:

- Meeting demands of scope of practice
- Ensuring infusion of new perspectives and challenging deeply ingrained ways of addressing CSD education
- Building a culture of assessment
- Addressing the shortage of clinical practicum sites for CSD students
- Addressing national areas of curricular need
- Clarifying the nature of observation, experiential learning, and direct clinical practice
- Meeting the challenge of future faculty development
- Ensuring that academic accreditation and clinical certification standards are complementary

- Ensuring the development and fostering maturation of existing accredited programs
- Coordinating activities among CSD programs and utilization of common resources
- Considering models for future growth of CSD in Israel
- Recommendations for the CHE

## **2. Meeting Demands of Scope of Practice**

The scope of practice and the knowledge base underlying sound professional practice in CSD have both evolved dramatically since the initial opening of the first CSD program in Israel. A serious concern is whether all of the skills and knowledge for clinical practice in speech-language pathology and audiology can be gained even at an emerging level of competency within a program lasting only three and one-half years. At every department visited, representatives acknowledged that students learn much of what they need to know on the job after graduation. There are serious concerns that many students graduate to take jobs for which on-the-job training is not offered by an expert with any more knowledge of evidence-based practice in the corresponding area of practice than the students themselves have. Working longer in practice does not ensure quality of practice if there is not a strong academic and clinical foundation for what is being practiced.

At each of the institutions visited the EC asked administrators, faculty, and students for suggestions on ways to address this concern. Suggestions tended to involve: (1) lengthening the program of study to four years or more (although no empirical data were presented to suggest what was an optimal time extension and for what reason it might be optimal) or (2) requiring students to specialize in either audiology or speech-language pathology after an initial period of introductory study.

Some interviewees stated that students would not want to enter a prolonged program. Others said that students would not mind staying for prolonged studies (e.g. for a four-year BA or for a clinical graduate program). Some suggested that there are such high numbers of students wishing to join the profession that there were no concerns about not having sufficient numbers of students regardless of the duration of studies required.

## **3. Ensuring Infusion of New Perspectives and Challenging Deeply Ingrained Ways of Addressing CSD Education**

Given the fact that one academic department in communication disorders (Tel Aviv University, TAU) existed for about 35 years before any other program was established in the field in Israel, and given that most of the teaching staff in the field throughout the country earned at least one degree from that department, there is a great deal of similarity in curricular approaches and modes of clinical education across the country. This has led to a lack of innovation in approaches to clinical

education. Very problematically, the criteria for clinical certification in CSD are highly similar to the clinical education criteria established long ago within the CSD program at TAU. There is a dire need for the infusion of diverse perspectives across the clinical and research areas in the field. It is also important that each academic program be respected for its own strengths within the country and that programs be given the liberty, within the constraints of modified accreditation and licensure requirements, to establish its own unique approaches to student development.

Suggestions for the CHE:

- Encourage more Israelis to earn PhDs outside of Israel with the intent of returning to Israel for academic careers; consider providing financial support (e.g., travel and a contribution to living expenses, books, etc.) to students who are competitive for admission to (and funding for) excellent CSD programs abroad; include with this a commitment to return to Israel following PhD studies or a postdoctoral experience pursued immediately after PhD studies abroad.
- Encourage more postdoctoral experiences outside Israel by providing fellowship support to select PhD graduates who will then be obligated to return to Israel for tenure-track positions.
- Support senior faculty members from Israel wishing to (1) engage in short-term work abroad to develop new collaborative research programs that are clearly distinguishable from existing work in Israel and/or (2) study innovative approaches to clinical education. Require recipients of such support to share the outcomes of their learning abroad across all academic programs in the field in Israel.

#### **4. Building a Culture of Assessment**

This was the first external evaluation for the three programs visited, and none of the programs demonstrated a strong history of self-assessment. All of the programs lack a multifaceted outcomes assessment program. Teaching evaluation mechanisms rely primarily on student ratings of teaching for which response rates are low. Only one program demonstrated a concerted approach to surveying alumni. Alumni and employer surveys by all three programs were accomplished expressly for the purpose of this CHE assessment process and had not been done before.

The degree of participation in the assessment process by teaching staff, administrators, and students was highly variable. In some cases key individuals had been uninvolved to a surprising degree in the internal evaluation process that led to the written self-evaluation report.

All departments visited were involved in the self evaluation process mandated by the CHE. The outcome of this process proved to be enlightening and educational for all departments and administrators.

The committee recommends that the CHE require not only a follow-up on the recommendation of this report, but also that all accredited programs in the country write interim reports every two years. These reports should include (but should not be limited to):

1. Changes in curriculum
2. Accomplishments in recruitment and research
3. Actualization of planned activities
4. Administrative reorganization, etc.

Only when programs build a culture of self-assessment for continuous quality improvement can they be seen as employing critical analysis for improving strategically based on a vision for the future.

#### **5. Addressing the Shortage of Clinical Practicum Sites for CD Students**

Representatives of all three CSD programs complain of severe competition for clinical practicum sites and of the fact that this competition has been compounded by the two new programs opened in the center of the country. The ability of some to pay large amounts for clinical supervision has led some practicum sites to favor those programs. Some practicum sites have changed allegiances from one program to another. Those charged with arranging practicum experience commonly report that the availability of sites is unpredictable and ever-changing, leading to a great deal of stress and voluminous work to ensure student experiences. Some faculty members that we interviewed suggested that the CHE proclaim geographic restrictions on where a department may place its students so that there is no overlap across programs. This is not a workable solution because there is not an even geographic distribution of programs in the country, and extramural clinical agencies should be able to make their own decisions about the type, quality, and source of students they accept.

Suggestions for the CHE:

- Stop the development of additional programs in the field until the practicum shortage is resolved.
- Require, as part of program accreditation, a limitation on the amount that an accredited program may offer as remuneration for clinical supervision at an extramural site.
- Clarify with the Ministry of Health the allowance for use of private practice settings for clinical practicum, at least as an interim solution for expanding practicum options.

- Clarify with the Ministry of Health the allowance for students to engage in hearing aid vending as part of clinical practica.

## **6. Addressing National Areas of Curricular Need**

Key areas in which there are general weaknesses in academic and clinical education include acquired neurogenic communication in adults, including aphasia, traumatic brain injury, dementia, motor speech disorders, hearing aids, and aural rehabilitation. Immediate solutions may entail use of distance learning and sharing of expertise across programs (not only within Israel, as currently getting more exposure and input from abroad may be most helpful). As expertise in these areas within the country develops, there will be greater opportunities for continuing to address such important needs from a greater proportion of faculty members within the country.

## **7. Clarifying the Nature of Observation, Experiential Learning, and Direct Clinical Practice**

The current standard of 1,000 clinical hours is ambiguous. Students are given credit for clinical practicum hours for observing, engaging in community service projects with varying levels of relevance to communication disorders, practicing clinical skills on one another and on volunteers without communication disorders, and engaging in actual clinical practice (whether with sole responsibility for fulfilling the clinician role versus working as a member of a clinical team). Due to this fact, there is a lack of assurance of both quality and quantity of clinical practicum experiences. Improvement in the record keeping procedures, as outlined in each program's review, will result in clarity regarding students' clinical experience.

## **8. Meeting the Challenge of Future Faculty Development**

The faculty members of all three programs tend to be highly motivated and well qualified. However, the number of faculty members in the regular academic track is low and does not cover all major areas of the field. The faculty/student ratio is too high in all of the programs and does not allow for sufficient research and teaching. Faculty members are heavily loaded with research, teaching, clinical, and supervisory obligations.

- There is a crisis in terms of future faculty and availability across the age span and in all specialties. All three programs should increase the number of senior level faculty through promotions and recruitment of appropriate new candidates.
- Faculty members are urgently needed especially in the areas of hearing aids, pervasive developmental disorders and autism, swallowing, stuttering, and acquired neurogenic disorders.

- There are too few faculty members qualified to advise graduate research. There is an urgent need for additional MA and PhD supervisors as well as for supervisors of the BA seminars.
- Junior faculty members tend to be overloaded with teaching and clinical supervision obligations. Those who aspire to engage in active research should be encouraged to publish, supported by the department and university and included in the publication process.
- The addition of a clinical professor tenure track to all programs could help attract faculty who divide their time between clinical work and research and cannot reach the academic standards of research-track faculty .
- Teaching assistants who improve the quality of teaching should be added to many courses.
- For the clinical teaching programs, all three departments lack clinical coordinators who go into the field, observe the sites of clinical practicum, and follow the students closely. Currently each program has several faculty members who supervise the practicum sites in addition to their many other academic and clinical obligations and who are clearly spread too thin.
- To improve clinical supervision, expansion of courses for clinical practicum supervisors is strongly recommended.

### **9. Ensuring that Academic Accreditation and Clinical Certification Standards are Complementary**

A challenge in the present state of development of the field is that some academic standards cannot be imposed by the CHE without corresponding changes in the Ministry of Health's processes and licensure requirements. There is a great need for concerted collaboration between the CHE and Ministry of Health, not only to establish enhanced standards but also to maintain them and continue to monitor their effectiveness and change them as the field continues to evolve. A tremendous amount of work has been done across many countries in the development of guidelines regarding scope of practice, skills and knowledge validation, accreditation and certification compliance, and assessment of formative and summative academic program outcomes. However, there is very little evidence of exposure to or use of such work in the CSD programs or the Ministry of Health and CHE within Israel. Just as there is a worldwide movement to enhance our evidence base in clinical practice, we must join forces for an improved evidence base for clinical educational practices.

Suggestions for CHE:

- Advocate for changes in Ministry of Health processes and in the Health Professions Law:
- Work across government agencies to ensure concerted efforts to modify clinical and academic standards.

- Create a joint CHE-Ministry of Health committee to ensure that revised academic standards set by the CHE and revised clinical standards set by the Ministry of Health are mutually complementary and similarly enforced. The national professional organization should be invited to participate in this development. The composition of the committee must take into account concerns described regarding the intense influence of one program on all others (and on licensure criteria) to date, the apparent resistance to change of some who have been in leadership for long periods of time during which the field has evolved dramatically, and the evidence of academic “inbreeding” across the country. It will be extremely important that this committee have leadership from an expert in the field who did not study at an Israeli institution, equal representation from each of the departments in the country, and consultation with experts in academic and clinical education from more than one country outside of Israel. Initial charges of the committee should be to:
  - Create an action plan for developing new academic and clinical standards in Israel or adapting existing guidelines to the Israeli context. As a first step, consider a range of guidelines developed within the profession by the professional associations and regulatory bodies of several other countries regarding:
    - Scope of practice in speech-language pathology and audiology;
    - Validation of clinical skills needed for competent clinical practice in speech-language pathology and audiology;
    - Means of ensuring compliance with detailed academic and clinical accreditation standards;
    - Assessment of formative and summative academic program outcomes in the field;
    - Clinical competency assessment.
  - Revise the means of developing the national examination in CSD. Ensure careful attention to the psychometric properties of the test, including item analysis, construct validity, reliability, and bias related to the expertise of individual experts who generate test questions. Also, attend to means of reducing the likelihood of examinees’ sharing of examination content with others.

A future charge should be the use of scope of practice and skills validation studies, adapted within the Israeli context, as the basis for recommendations about whether to separate clinical licensure in audiology from speech-language pathology.

- Request that the Ministry of Health eliminate the requirement that the Israeli CSD degree be only at the undergraduate level. This will enable programs to develop innovative clinical education programs at the graduate level (e.g., MA or clinical doctoral programs) if they so choose.
- Review any existing codes of ethics to ensure careful attention to practice.

#### **10. Ensuring the Development and Fostering Maturation of Existing Accredited Programs.**

The current practicum availability in Israel challenges the educational experience of students in programs at the present time. The educational programs face an inadequate number of quality placements for clinical training, as described elsewhere in this document. This crisis would be exacerbated by adding more CSD programs competing for the limited number of practicum sites. The crowding of programs implies that, in the central and northern sections of the country, there are inadequate practicum experiences for students in many facets of communication disorders.

The EC concludes that it is very important to limit this competition for practicum sites in the near future. We suggest that no additional CSD educational programs be permitted to open until the practicum crisis is resolved. The sole possible exception to this statement is in the south of the country, where there are no currently existing programs. Nonetheless, if such an application were to be made to open a new program in the south, it would be imperative that the proposal contain documentation of the practicum sites that were intended to be utilized. Further, these should be new practicum sites, not ones that further siphon the resources for which competition in the center and north of the country already presents problems.

An element that is not yet addressed is the qualification of supervisors for clinical practica. The programs attempt to select knowledgeable, skilled clinicians with whom they are familiar. There should be objective criteria for supervisors who are given responsibility for education in the practicum sites. These criteria may include demonstrations of the person's expertise, credentials, and continuing education.

#### **11. Coordinating Activities among CSD Programs and Utilization of Common Resources**

The EC feels that an atmosphere of collaboration should be fostered among the accredited and non-accredited CSD programs. A step in this direction would be the development of a Council of Chairs and Clinical Coordinators from all of the programs to work on issues of mutual concern. The most immediate concern could be resolution of the scarcity of practicum sites. Other important issues would include determining the direction of the speech-language pathology and audiology

in Israel and models for training as the field matures. These decisions would in turn have a great impact on the future directions for clinical practice.

It is most important that this Council seek self-determination of the direction of the professions with a perspective of how the fields will mature. Differentiating the needs that were presented at the introduction of speech-language pathology and audiology into the country from its present status and the needs of the future is something that the Chairs and Coordinators are uniquely qualified to do; that is to serve as leaders in the development of the future direction of CSD.

Opportunities to collaborate should make use of technology to a greater extent. Videoconferencing offers the ability to take advantage of scarce resources (such as an Arabic linguist), visiting experts, or other rare resources that could be made available to all participating schools. In this way, the collaborating schools may not have to expend the effort to duplicate scarce personnel or resources. Specialized faculty in such areas of content as phonetics, phonology, multiculturalism, or test development could pool their expertise and offer courses to students at all of the participating sites. This approach may also be especially useful for minority students who need support in specific areas that may be stronger at a collaborating school than at their home site. Professional issues courses, including program and financial management and ethics may lend themselves especially well to a broad, nationwide availability of videoconferencing.

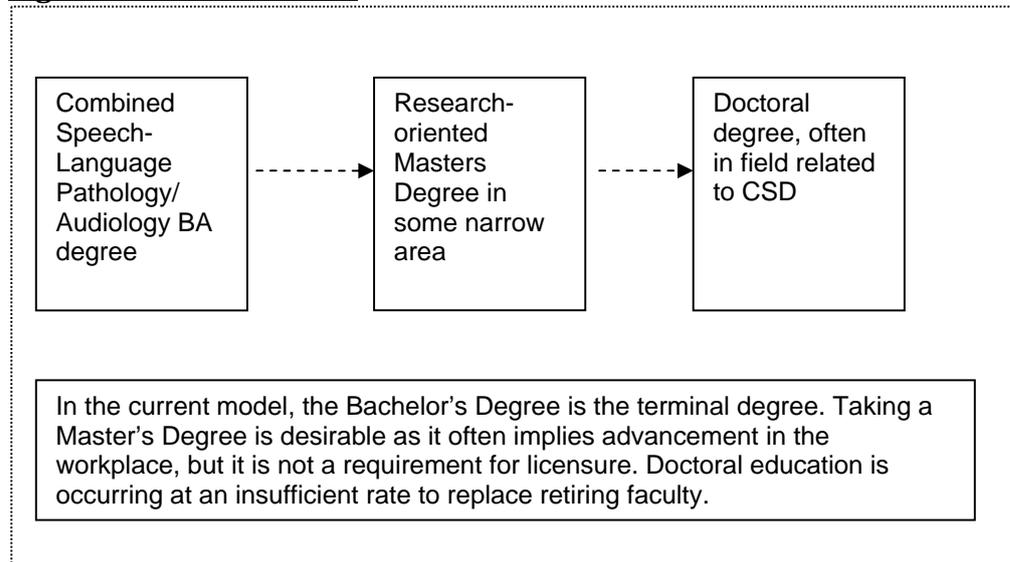
The approach of distance learning could be undertaken to allow many current practitioners holding a Bachelor's degree to take a Master's degree to upgrade their knowledge base and credentials. This could be a critical step in upgrading the field of Communication Disorders (CD) throughout Israel to the Master's level, if that direction is elected. Many current practitioners have roadblocks to furthering their education that may be overcome by use of online techniques, especially if such coursework were offered in the evening hours. The utilization of distance learning could be approached as well in a hybrid model, in which online learning is combined with periodic face-to-face meetings to ensure engagement in the learning process.

## **12. Considering Models for Future Growth of CSD in Israel**

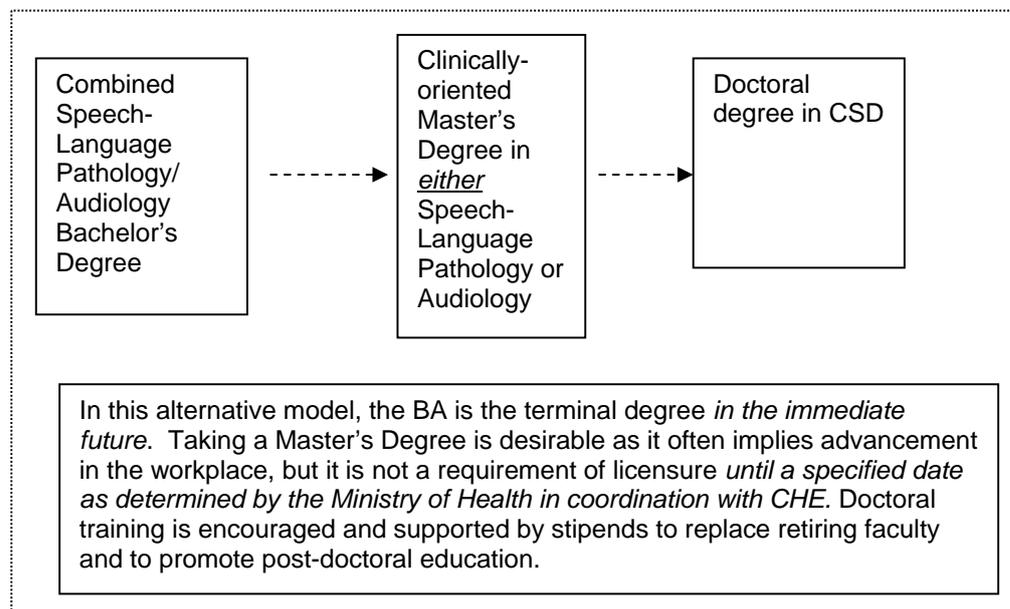
**Current Model:** The current model of education for CD professionals in Israel is a Bachelor's program that combines both Speech-Language Pathology and Audiology in one undergraduate degree. Earning a Master's Degree is not required, and the current emphasis in the Master's Degree programs is generally on research rather than advancing clinical knowledge and skills. The current scope of practice across both professions has advanced to the point where all the knowledge and skills necessary to enter the professional workforce as an independent practitioner cannot be achieved at the Bachelor's level of training. Further, most respondents indicated that most students eventually work in either, but not both, Audiology or Speech-Language Pathology. In addition, there is only one doctoral program in CSD in Israel, and this is insufficient to graduate the number of potential faculty and

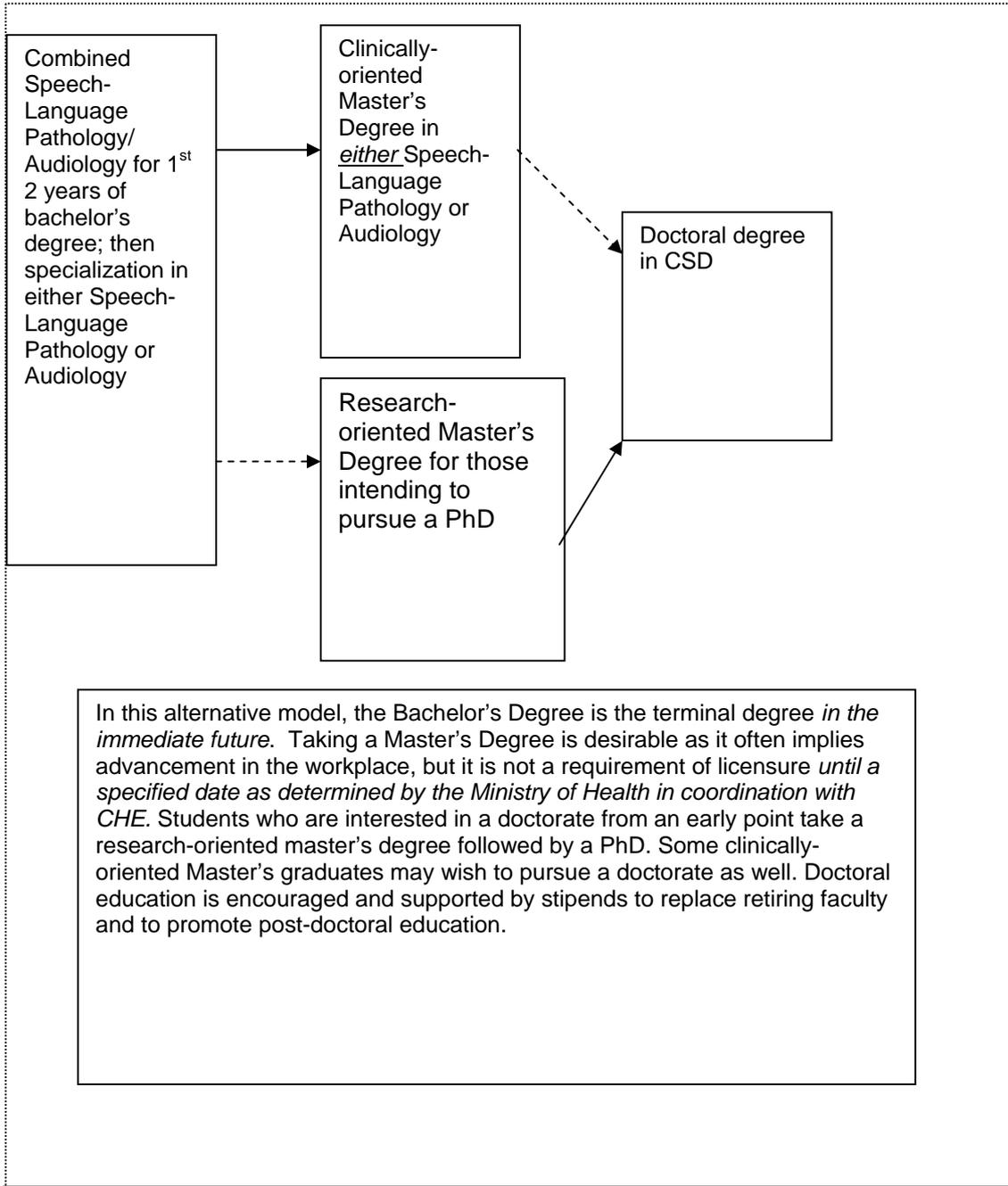
researchers needed across a variety of basic sciences and clinical disorders areas. The figure below shows the current sequence of educational opportunities in Israel.

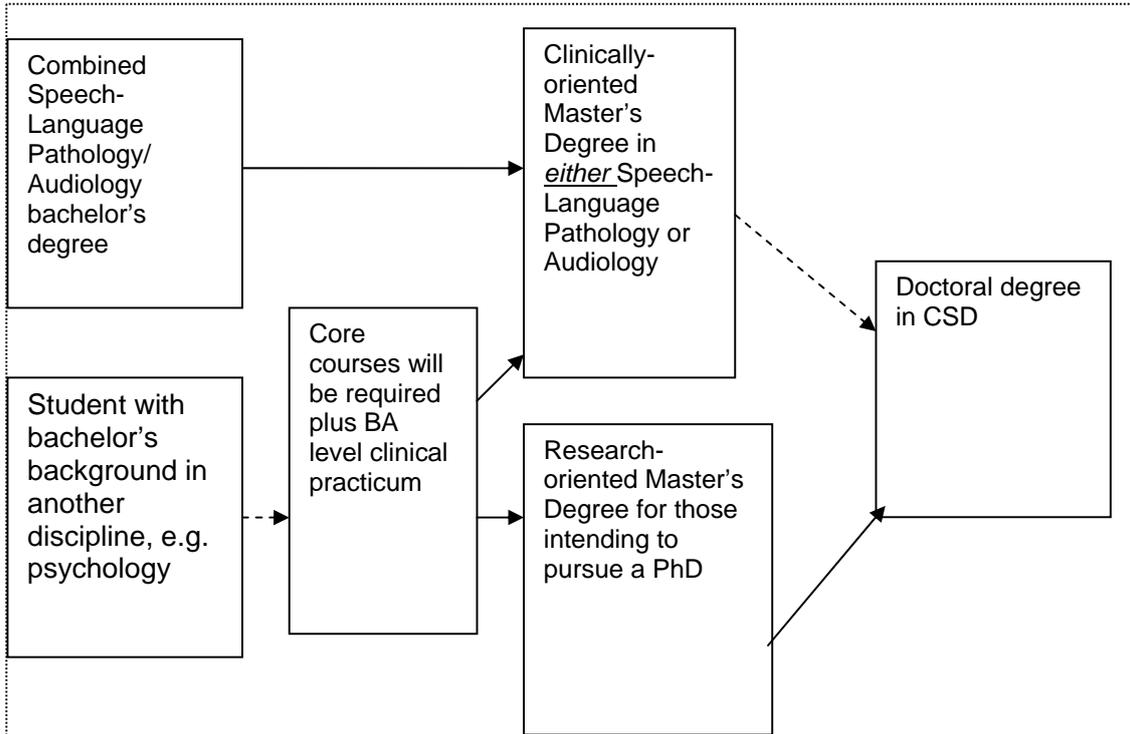
**Figure 1. Current model**



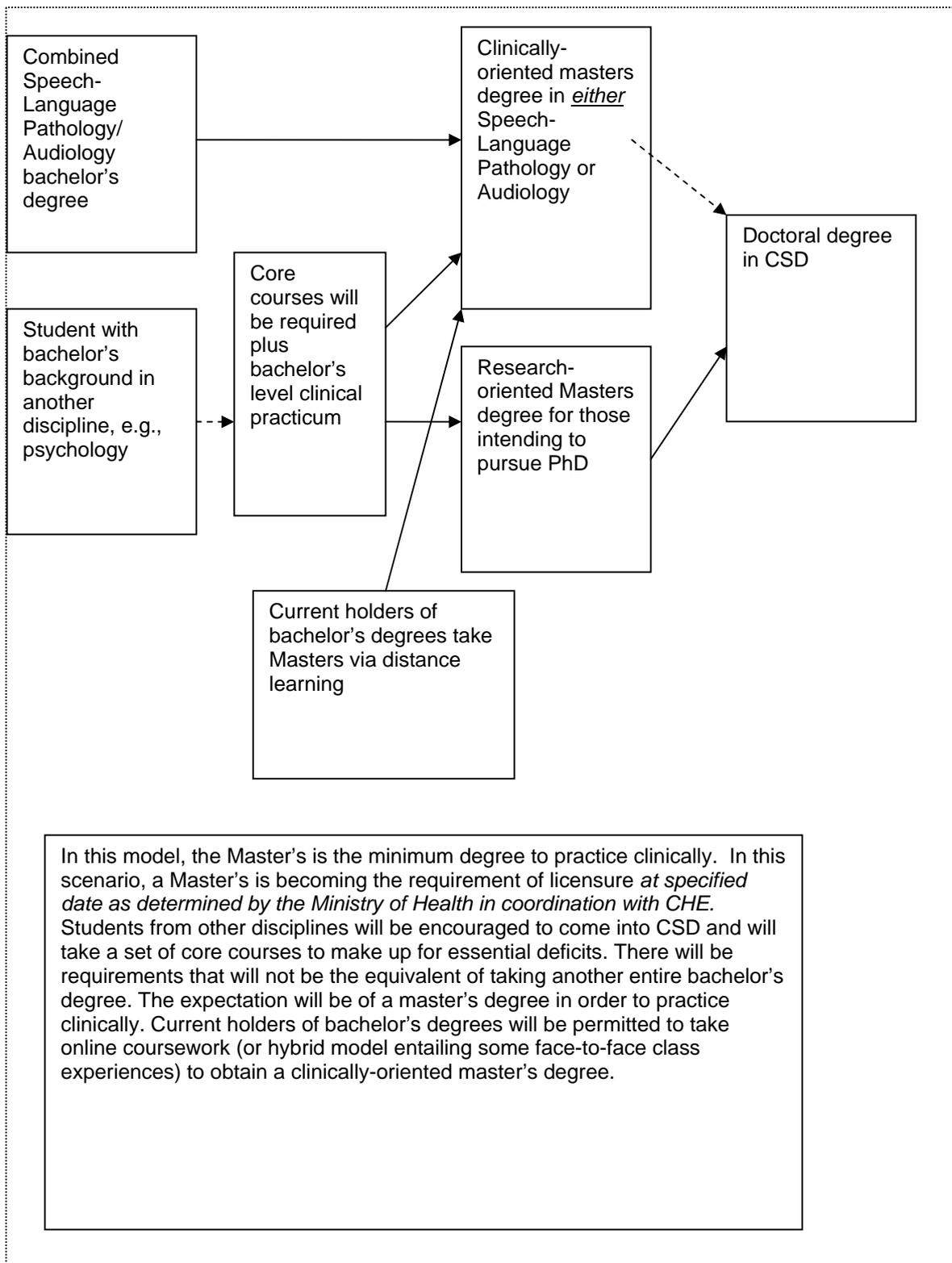
**Alternative models [not an exhaustive listing]:**



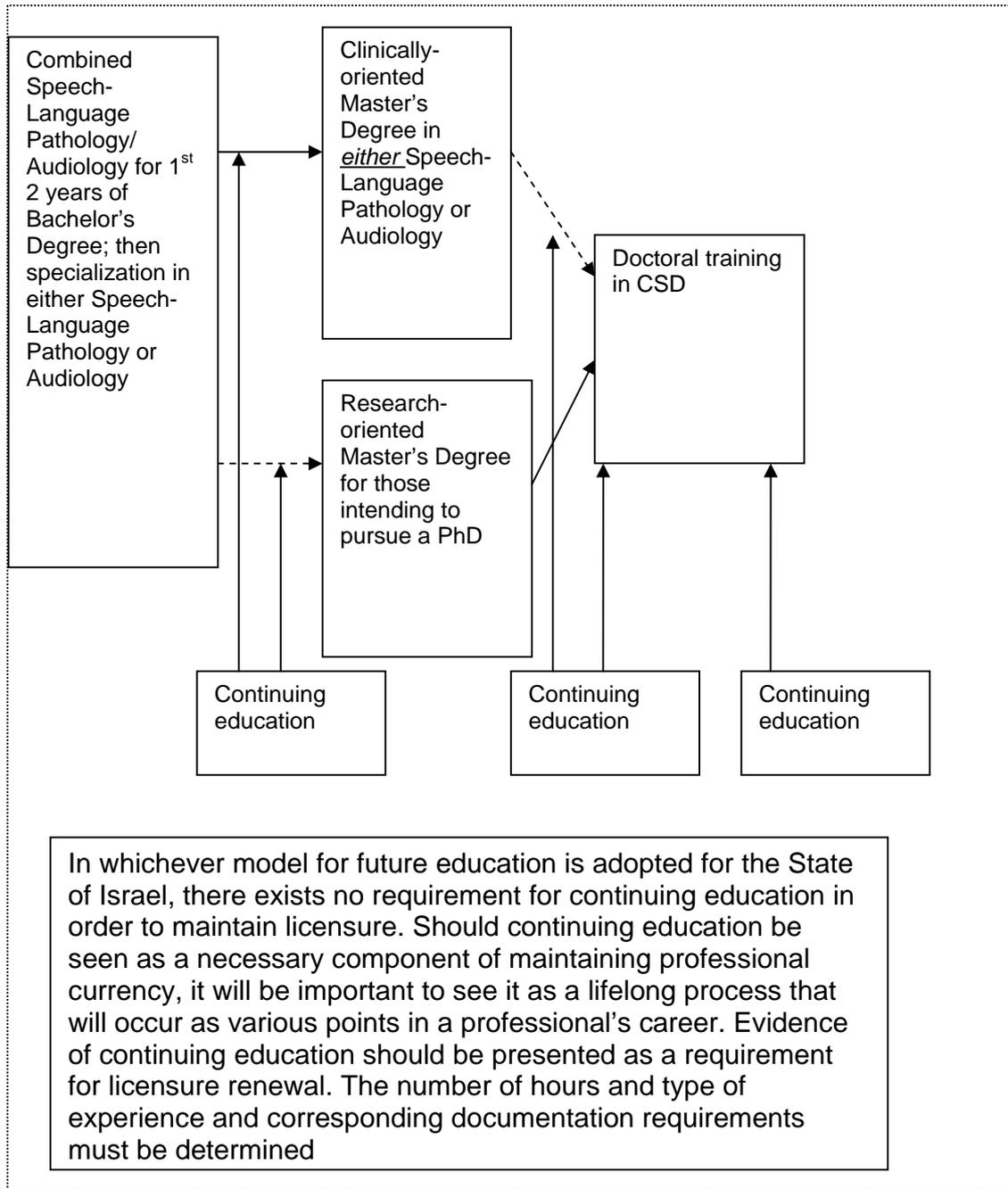




In this alternative model, the Master's is the terminal degree. In this scenario, a Master's is becoming the requirement of licensure *at specified date as determined by the Ministry of Health in coordination with CHE*. Students from other disciplines will be encouraged to come into CSD and will take a core of courses to make up for essential deficits. There will be requirements that will not be the equivalent of taking another entire BA degree. The expectation will be of a Master's Degree in order to practice clinically.



## Determining the Role of Continuing Education Requirements for Licensure



### **13. Recommendations for the CHE:**

- Encourage more Israelis to earn PhDs outside of Israel with the intent of returning to Israel for academic careers; consider providing financial support (e.g., travel and a contribution to living expenses, books, etc.) to students who are competitive for admission to (and funding for) excellent CSD programs abroad; include with this a commitment to return to Israel following PhD studies or a postdoctoral experience pursued immediately after PhD studies abroad.
- Encourage more postdoctoral experiences outside of Israel by providing fellowship support to select PhD graduates who will then be obligated to return to Israel for tenure-track positions.
- Support senior faculty members from Israel wishing to (1) engage in short-term work abroad to develop new collaborative research programs that are clearly distinguishable from existing work in Israel and/or (2) study innovative approaches to clinical education. Require recipients of such support to share the outcomes of their learning abroad across all academic programs in the field in Israel
- Develop a stipend program to support students at various levels.
- Support teaching assistants at all of the accredited programs. Teaching assistants will enhance many student experiences and permit diversification in examination methods, which are currently restricted to multiple choice tests due to limitations in faculty time.
- Prohibit development of additional programs in the field until the practicum shortage is resolved.
- Require, as part of program accreditation, a limitation on the amount that an accredited program may offer as remuneration for clinical supervision at an extramural site.
- Clarify with the Ministry of Health the allowance for use of private practice settings for clinical practice.
- Clarify with the Ministry of Health the allowance for students to engage in hearing aid vending as part of clinical practica.
- Advocate for changes in Ministry of Health processes and in the Health Professions Law.
- Work across government agencies to ensure concerted efforts to modify clinical and academic standards.
- Create a joint CHE-Ministry of Health committee to ensure that revised academic standards set by the CHE and revised clinical standards set by the Ministry of Health are mutually complementary and similarly enforced. (See above for specifics, pages 10-11.)

- Request that the Ministry of Health eliminate the requirement that the Israeli CD degree be only at the undergraduate level; this will enable programs to develop innovative clinical education programs at the graduate level (e.g., Master's or Clinical Doctoral programs) if they choose to.
- Review any existing codes of ethics to ensure careful attention to practice.
- Do not permit additional CSD educational programs to open until the practicum crisis is resolved. The sole possible exception to this statement is in the south of the country, where there are no currently existing programs.
- In view of the projected shortage of CSD faculty in the future, CHE should support a program of doctoral stipends to stimulate PhD students *within* CSD and for post-doctoral training abroad.
- The committee recommends that the CHE require not only a follow-up on the recommendation of this report, but also that all accredited programs in the country write interim reports every two years. These reports should include (but should not be limited to):
  - Changes in curriculum
  - Accomplishments in recruitment and research
  - Actualization of planned activities
  - Administrative reorganization, etc.
- Future self-evaluation reports should include additional documentation that was not available to this EC:
  - Sample files of students who have completed the CSD program
  - A list of active practicum sites being utilized by the programs and supervisors [degrees, specializations, typical caseload] at those sites.

#### **14. Summary**

The EC reviewed the programs leading to the BA degrees at three institutions; Hadassah Academic College Jerusalem, University of Haifa, and Tel Aviv University. Only Tel Aviv University offers the doctoral degree (PhD).

The EC recognized that all programs prepared their students for the current requirements of the Ministry of Health for the licensing of clinicians in Speech-Language Pathology and Audiology. Faculty, adjuncts, and clinical supervisors at all institutions were qualified to teach and supervise in their respective fields. In addition, they were productive, committed, and supportive of their students. The students we interviewed were industrious, motivated, and hard working.

The individual reports offer recommendations for each program in the areas of research, teaching outcomes, student learning, infrastructure, human resources, curriculum, and clinical preparation and documentation.

This general report provides evaluative comments and recommendations that apply to all institutions as they look to educate high caliber professionals for the 21st century.

The EC applauds the CHE for its involvement and commitment to continuous quality improvement. It believes that with additional resources and administrative and governmental support, all the institutions will build on their respective strengths and work collaboratively to meet the challenges of the future.

**Signed by:**



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Prof. Jaclyn Spitzer



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Prof. Rosemary Lubinski



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Prof. Deena Bernstein



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Prof. Miriam Faust



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Prof. Brooke Hollowell

## Appendix 1: Letter of Appointment



February, 2011

שר החינוך  
**Minister of Education**  
وزير التربية والتعليم

Prof. Jaclyn Spitzer  
Department of Otolaryngology, Head & Neck Surgery  
Columbia University  
USA

Dear Professor Spitzer,

The State of Israel undertook an ambitious project when the Israeli Council for Higher Education (CHE) established a quality assessment and assurance system for Israeli higher education. Its stated goals are: to enhance and ensure the quality of academic studies; to provide the public with information regarding the quality of study programs in institutions of higher education throughout Israel; and to ensure the continued integration of the Israeli system of higher education in the international academic arena. Involvement of world-renowned academicians in this process is essential.

This most important initiative reaches out to scientists in the international arena in a national effort to meet the critical challenges that confront the Israeli higher educational system today. The formulation of international evaluation committees represents an opportunity to express our common sense of concern and to assess the current and future status of education in the 21<sup>st</sup> century and beyond. It also establishes a structure for an ongoing consultative process among scientists around the globe on common academic dilemmas and prospects.

I therefore deeply appreciate your willingness to join us in this crucial endeavor.

It is with great pleasure that I hereby appoint you to serve as the Chair of the Council for Higher Education's Committee for the Evaluation of Communication Disorders Studies.

The composition of the Committee will be as follows: Prof. Jaclyn Spitzer (Chair), Prof. Deena Bernstein, Prof. Miriam Faust, Prof. Brooke Hallowell and Prof. Rosemary Lubinski.

Ms. Yael Franks will coordinate the Committee's activities.

In your capacity as the Chair of the Evaluation Committee, you will be requested to function in accordance with the enclosed appendix.

I wish you much success in your role as chair of this most important committee.

Sincerely,

Gideon Sa'ar  
Minister of Education,  
Chairperson, The Council for Higher Education

*Enclosures:* Appendix to the Appointment Letter of Evaluation Committees

cc: Ms. Michal Neumann, The Quality Assessment Division  
Ms. Yael Franks, Committee Coordinator

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כתובת אתר המשרד: <http://www.education.gov.il>

## **Appendix to the Letter of Appointment for Evaluation Committees (Study Programs)**

### **1. General**

On June 3, 2003 the Council for Higher Education (CHE) decided to establish a system for quality assessment and assurance in Israeli higher education, which came into effect in the academic year of 2004-2005. Within this framework, study-programs are to be evaluated approximately every six

The main objectives of the quality assessment activity are:

- To enhance the quality of higher education in Israel;
- To create an awareness within institutions of higher education in Israel to the importance of quality evaluation and to develop an internal culture of self-evaluation, as well as the required mechanisms;
- To provide the public with information regarding the quality of study programs in institutions of higher education throughout Israel;
- To ensure the continued integration of the Israeli system of higher education in the international academic arena.

**It is not the CHE's intention to rank the institutions of higher education according to the results of the quality assessment processes. The evaluation Committee (hereinafter "Committee") should refrain from formal comparisons.**

### **2. The Work of the Evaluation Committee**

- 2.1 The Committee shall hold meetings, as needed, before visiting the institution, in order to evaluate the material received.
- 2.2 The Committee shall visit the institutions and the academic units being evaluated – if possible - within 4-6 months of receiving the self-evaluation reports. The purpose of the visit is to verify and update the information submitted in the self-evaluation report, clarify matters where necessary, inspect the educational environment and facilities first hand, etc. During the visit, the Committee will meet with the heads of the institution, faculty members, students, alumni, administrative staff, and any other persons it considers necessary.
- 2.3 The duration of the visits (at least one full day) will be coordinated with the chairperson of the Committee.
- 2.4 Following the visit, the Committee will submit the CHE with:
  1. A final report on each of the evaluated departments,
  2. A general reports on the state of the discipline in the Israeli higher education system. The general report will include recommendations to the CHE for standards and potential state-wide changes in the evaluated field of study.

2.5 The reports will be sent to the institutions and the academic units for their response.

2.6 The reports and Committee's findings will be submitted to the CHE and discussed within its various forums.

### **3. Conflict of Interest Policy**

3.1 In order to avoid situations that may question the credibility and integrity of the evaluation process, and in order to maintain its ethical, professional and impartial manner, before issuing their Letter of Appointment members and chairperson of the evaluation Committee will sign a Declaration on Conflict of Interest and Confidentiality.

3.2 In the event that a member of the Committee is also a current or former faculty member at an institution being evaluated, he/she will not take part in any visits or discussions regarding that institution.

### **4. The Individual Reports**

4.1 The final reports of the evaluation Committee shall address every institution separately.

4.2 The final reports shall include recommendations on topics listed in the guidelines for self-evaluation, including:

- The goals, aims and mission statement of the evaluated academic unit and study programs
- The study program
- The academic faculty
- The students
- The organizational structure
- Research
- The broader organizational structure (school/faculty) in which the academic unit and study program operate
- The infrastructure (both physical and administrative) available to the study program
- Internal mechanisms for quality assessment
- Other topics to be decided upon by the evaluation Committee

### **5. The Recommended Structure of the Reports**

#### ***Part A – General background and executive summary:***

5.1 General background concerning the evaluation process; the names of the members of the Committee and its coordinator; and a short overview of the Committee's procedures.

5.2 A general description of the institution and the academic unit being evaluated.

5.3 An executive summary that will include a brief description of the strengths and weaknesses of the academic unit and program being evaluated.

#### ***Part B – In-depth description of subjects examined:***

5.4 This section will be based on evidence gathered from the self-evaluation report and the topics examined by the Committee during the site visit.

5.5 For each topic examined, the report will present a summary of the Committee's findings, the relevant information, and their analysis.

***Part C –Recommendations:***

5.6 This section will include comprehensive conclusions and recommendations regarding the evaluated academic unit and the study program according to the topics in part B.

5.7 Recommendations may be classified according to the following categories:

- ***Congratulatory remarks and minimal changes recommended, if any.***
- ***Desirable changes recommended*** at the institution's convenience and follow-up in the next cycle of evaluations.
- ***Important/needed changes requested for ensuring appropriate academic quality*** within a reasonable time, in coordination with the institution (1-3 years)
- ***Essential and urgent changes required, on which continued authorization will be contingent*** (immediately or up to one year).
- ***A combination of any of the above.***

***Part D - Appendices:***

5.8 The appendices shall contain the Committee's letter of appointment and the schedule of the on-site visit.

**6. The General report**

In addition to the individual reports concerning each study program, the Committee shall submit to the CHE a general report regarding the status of the evaluated field of study within the Israeli institutions of higher education. The report should also evaluate the state and status of Israeli faculty members and students in the international arena (in the field), as well as offer recommendations to the CHE for standards and potential state-wide changes in the evaluated field of study.

**We urge the Committees to clearly list its specific recommendations for each one of the topics (both in the individual reports and in the general report) and to prioritize these recommendations, in order to ease the eventual monitoring of their implementation.**

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