

7 February 2012

Ms. Yael Franks
Coordinator
Quality Assessment Division
The Israel Council for Higher Education

Shalom,

Re: Response to the report of the Evaluation Committee in the field of Communication Disorders at the University of Haifa

We thank the members of the committee for their visit, detailed report and important recommendations.

The Department's response to the committee's report is enclosed.

Below is our response to the remarks addressed to the University's management:

- In response to the committee's recommendation to increase the number of TAs, we would like to stress that following a period of financial cutbacks, the University is now able to increase its development. For example, over the past year, we have doubled the allocation for TAs in the Department of Communication Sciences and Disorders.

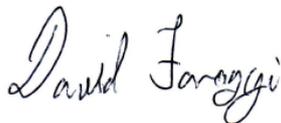
The University's policy regarding budget allocation is that each academic year, each Faculty receives general financing to operate its departments. Each Faculty is responsible for the internal allocation of the funding in line with their departmental needs and budgetary constraints.

- Regarding improvement of communication between the University administration and the Department – twice a year the Rector holds meetings with the heads of departments and meets on a regular basis at least once a month, the Faculty's dean, who represent the departments. These meetings are intended to increase communication and provide a

forum for raising issues, presenting needs and proposing possible solutions.

- Regarding the department's physical space – It should be noted that the University of Haifa administration is well aware of this need. Indeed, constructing a building for the Faculty of Social Welfare and Health Sciences is our top priority on the list of the University's infrastructure development plans. The planned building will include offices for the Department's faculty as well as space for labs to meet the needs of faculty members and students.
- Regarding the addition of a clinical professor tenure track, we would like to stress that a special committee has been appointed by the Rector to deal with all the issues regarding Clinical Track Appointments. This committee is discussing, among other issues, the subject of a clinical professor tenure track.

Yours sincerely,



Prof. David Faraggi
Rector

cc: Prof. Aaron Ben-Ze'ev, President
Prof. Perla Werner, Vice Rector
Prof. Shai Linn, Dean, Faculty of Social Welfare and Health Sciences
Prof. Josef Attias, Head, Department of Communication Sciences and Disorders
Prof. Nahum Finger, Chairman, Subcommittee for Quality Affairs, Council for Higher Education
Ms. Michal Neuman, Head, Quality Evaluation Division, Council for Higher Education

Response to the Evaluation Report of the Committee for the Evaluation of Communication Disorders Study Programs

The members of the Department of Communication Sciences and Disorders at the University of Haifa welcome the thorough report submitted by the committee and call upon the University's senior administration and governance agencies, the CHE and the Ministry of Health to adopt them immediately and work with us to implement them as soon as possible. We thank the members of the committee for recognizing the strengths and weaknesses that were discussed in our self-evaluation report and commend the committee for presenting such a far-reaching and future-oriented view to CHE.

As for our part, several steps to implement changes that were recognized as necessary based on our self-evaluation process are already taking place, as described below. Discussions on implementing the remaining recommendations will begin at the beginning of the coming spring semester. We note though that many of the pressing changes are resources dependent and we as members of the department have very little control over issues of funding – a fact acknowledged by the committee.

Response to specific sections of the report on our Department

1) Study Programs

The committee made five recommendations concerning different aspects of the study program.

1. **Specialization tracks.** We agree with the committee that in the long-term, the current model of clinical training at the undergraduate level is not viable. In the SE report presented to the CHE, we outlined two new training models: MA entry level with BA education in Speech and Hearing Sciences or specialization at the BA level. Since the submission of the report, we have come to favor the first model and appointed two staff members to explore this model and prepare a document with its implications in preparation for discussions with the University administration, other departments and the CHE. In the meantime, we are exploring the possibility of admitting graduates of allied disciplines to a two-year study program that will include core courses and current BA level clinical training in either audiology or speech and language, following which they will complete our current MA program. Once they receive their MA, these graduates will become eligible to take the MOH licensure exam in the subfield in which they received clinical training.

2. **Coursework review.** The current program has been approved by the CHE and we are not at liberty to incorporate major changes on our own. Nevertheless, we fully agree that coursework should “contain sufficient and current clinically relevant information” and routinely review and update course content. Given the time limitations of the current program, we are not sure it is possible to enhance clinically relevant content without sacrificing basic theoretical training that is important for the understanding of the more applicative content. We think this problem will not be fully resolved with the current structure of the program and will require the implementation of specialization tracks as mentioned above.

3. **External practicum.** See Practicum section below.

4. **Examination Style.** We thank the committee for pointing out the need to encourage the staff in our Department to develop a variety of assessment methods and to not rely so heavily on multiple-choice final examinations. We fully agree that such an evaluation method can provide only a very partial profile for evaluating our students. We intend to ask the head of the Teaching Advancement Unit at the University of Haifa to come to one of our departmental staff meetings to discuss with us possible workshops for improving and varying our teaching and assessment methods.

A few staff members have already started using new additional evaluation methods, such as bi-weekly quizzes ('Introduction to Linguistics') and weekly computerized quizzes ('Normal Language Development'). However, as pointed out by the evaluation committee, the enhancement of a variety of teaching and evaluation methods is very time consuming. Regular quizzes, group projects and individual final projects are very difficult to implement given our large classes and lack of TAs. We urge the University authorities to provide the Department with the resources needed to hire TAs, so as to make possible the implementation of more varied and more accurate teaching and assessment methods.

5. **Documentation.** Following the comments on the documentation of practicum hours, we have built a form in the format suggested by the committee in which all practicum related activities in each area (hearing, speech-language) will be documented and in which observations, and individual and group activities will be presented separately. This form will supplement the daily report (see appendix A) and will allow us to monitor each practice hour, including observation, diagnosis, therapy, staff meetings etc. An example of the additional form is attached (see Appendices B and C). Starting next semester, this form will be incorporated into the University's computerized system (FormLogix). Students will enter the relevant data at the end of each practicum period and the staff of the Clinical Unit will summarize the data according to our needs.

2) Teaching and Learning Outcomes

1. **Unrepresented areas in the curriculum:** Since submission of our self-evaluation report, several steps have already been taken to rectify the situation:

- A course in voice and laryngectomy is already part of the curriculum and will be accompanied by a hands-on tutorial to provide practical experience of the methods presented in class.
- A course in stuttering is already part of the curriculum and will be accompanied by a hands-on tutorial to provide practical experience of the methods presented in during the course.
- Courses in pediatric audiology, aural rehabilitation and hearing aids are already part of the curriculum and their contents are being currently reviewed as recommended by the committee.
- Starting next fall (2012), a course in swallowing and feeding will be given by a PhD graduate from the Department of Communication Disorders, University of Canterbury who specializes in the area of swallowing physiology and biomechanics and swallowing neurology.

2. *A department-based evaluation form in addition to current teaching evaluations.* This recommendation will be discussed in the next meeting of our teaching committee, with the aim of adding a few department-specific questions to the assessments conducted at the University level.

3. *Teaching assistants.* As stated above, we urge the University to adopt the recommendation to “provide support for teaching assistants across classes or reduce the number of students admitted each year”.

3) Practicum and Practicum Sites

We are acutely aware of the problem as presented in the report, especially in northern Israel and particularly in the areas of adult neurological rehabilitation, voice and stuttering. As noted by the committee, a solution requires state-wide initiative, with which we will be more than happy to collaborate.

In the meantime, we have discussed the issue internally and have decided to start using private venues. The requirements from clinical supervisors in private settings will be the same as the requirements in the public sector and the clinical unit will monitor the quality of the sites both before any students are referred and during the practicum itself. We are working with the University administration to locate appropriate venues and resolve legal and funding related issues.

4) Human Resources

Several recommendations were made by the committee:

1. *Recruit new faculty members in the areas of audiology, PDD, swallowing, stuttering, neurogenic disorder and an Arabic speaking faculty member.* Dr. Micahl Biran, an expert in aphasia, has joined us as a full-time Track A faculty member. We are also looking for an Arabic speaking faculty member; however, so far we have been unable to find an appropriate candidate. Since recruiting full-time faculty members will only be (budget-wise) possible by releasing some of the teaching fellows currently teaching clinically relevant courses, we are still considering the pros and cons of such strategy relative to our current policy.

2. *Lack of a clinical coordinator that goes into the field.* At present, routine communication between the clinical coordinators and the clinical supervisors is via phone and email. In addition, the supervisors come to the University a few times a year. In the future, provided that appropriate funding is available, on-site visits will become part of the duties of the coordinators.

3. *Teaching assistants.* Once more, we thank the committee for the recommendation to hire additional TAs to improve the quality of teaching.

5) Research

We call upon the University to help us find ways to better balance teaching and administrative duties with research.

The application process for a doctoral program will be discussed once the first cohort of MA students (now in their second year) graduates.

6) Infrastructure

We welcome all the recommendations in this section and call upon the University to implement them.

7) General Recommendations and Timetable

The near-term recommendations that were not addressed above are discussed in this section.

1. *Develop a more comprehensive and sensitive system for evaluation of student's practicum.* Current evaluation includes detailed feedback provided by the clinical supervisor (see Appendix D) and an evaluation of a clinical portfolio submitted by the students at the end of each practicum period by the clinical coordinators. Based on the comments made by the committee, the evaluation criteria to be used by the clinical coordinator (including both the evaluation by the clinical supervisors and the evaluation of the clinical portfolios) were revised, as reflected by the revised evaluation forms attached to this response (see Appendix E).

2. *Consider the addition of a clinical professor tenure track.* We call upon the University to seriously consider this recommendation.

3. *Encourage faculty members to use a variety of formative and summative assessment methods.* This issue will be discussed with the head of the Unit for Teaching Advancement. We also note that some newly introduced methods of formative assessment are being used by some faculty members (see above: Study Programs, item 4), although these are currently not part of the formal grading system and are, therefore, not reflected in the syllabi reviewed by the committee.

Response to the general report

We welcome the recommendations of the committee and call upon the CHE to work with the existing departments to implement them.

We call our colleagues in other departments to join us in discussing the recommendations regarding practicum sites and the different models presented by the committee for the future of professional training in CSD.

Daily report to the supervisor

Student's name: _____ Client's name: _____

Date of treatment: _____ Meeting #: _____

<p>Objectives for the present session (in light of processes that occurred in previous sessions)</p>	
<p>Treatment technologies and methods (selection and adaption)</p>	
<p>Describe what happened &/or the change that occurred during the session</p>	
<p>What did you learn about the child / the family / the environment? (behavior, functioning, motivation, expression of feelings, interactions)</p>	
<p>Myself as a therapist: what did I feel, what did I do right, what could I have done differently or in addition?</p>	
<p>Questions for the supervisor</p>	
<p>Objectives for the next session (to be written after & in light of the present session)</p>	

<p>Technologies for the next session (to be written after & in light of the present session)</p>	
<p>Supervisor's responses (You must document the main comments, even if they were given over the phone or orally in a conversation)</p>	