ACU Graduate Council
October 8, 2019
11:30 a.m. – 1:00 p.m.
CBS Dean's Conference Room

Present: D. Snider, K. Witemeyer, M. Long, L. Merchant, C. Flanagan, J. Cardot, A. Huddleston, T. Womble, L. Lemley, D. Barnett, D. Walls, S. Jones, T. Sensing, M. Scott, J. Neill

Absent: None

Ex-officios: J. Shewmaker (J. Weaver, G. Straughn, B. Crisp, K. Cukrowski, M. Straughn – not in attendance)

Guests: H. Hodges, J. Smith, K. Candler, E. Gumm

The meeting began at 11:51 a.m.

D. Snider - This is a historic moment for our university. If this new doctorate is approved by SACs, ACU will move to a level where unlimited doctoral degrees are possible.

Jessica Smith will be chairing the meeting today. Donnie Snider recused himself to ensure no conflict of interest when faculty voting arose.

I. Approval of the minutes from 5.7.19

Not voted on. Will vote on next time.

Action Item:

II. Doctor of Occupational Therapy – New Program

J. Smith - One of the things we are doing with these new forms since we are asking for so much information on the front end, we omit sections referring to salaries and other financial information at the academic council level so that the council can focus on the curriculum. The dean and provost will see those sections of the proposal.

H. Hodges - Kathy Candler and I worked very closely on the development of this new program. This is an entry-level degree - the same entry point as our master's degree. The accreditation standards for both entry point degrees are very similar. The doctoral students will be in their own lab sections to create an independent cohort even though they will be in the same general courses as the master's students. We will require a higher GPA of our entering doctoral students. The doctoral program will go beyond the generalist master's degree to offer more

specialized areas of expertise. There will be more emphasis on research and higher-level thinking. They will receive the same credentials as the master's level graduates. They are additionally available to be hired in educational settings for teaching. This is a high demand program. We have over 500 students who have shown interest in applying.

There is debate within the profession about whether or not there should be a move to doctorate degrees. However, in Texas, there is a push to integrate the doctorate. We would like to do both. It is not mandatory that we move to a doctorate, but it would position us well in the market and make us more competitive with other Texas schools. Our application is in the pipeline.

The target audience is for those who wish to expand their options not only for practicing but teaching and researching as well. They want to be more than just a generalist. This is a clinical-level doctorate instead of a PhD.

K. Candler - The OTD is focused on active practice in the discipline along with research and a capstone within a specialized area. They would complete their training outside the university in a setting where they can focus on their area of specialization. This would last 14 weeks under the guidance of faculty mentors.

The doctoral students and masters students will be taking courses together. The doctoral students will have an additional emphasis on leadership. Our doctoral students will have more required of them than the master's students. Based on recommendations from other programs, we decided to match students with a faculty mentor (no more than 4 students per mentor), they will take seminars focusing on research with a mentor (usually the same mentor), they will present a scholarly project, they will plan a needs assessment, and complete a capstone project.

T. Womble - The course descriptions for the seminars are all the same. It seems as if the real difference between the master's and the doctoral students are these seminar courses and there is not much description here about what those courses actually contain. K. Candler - We will be building content over time, moving toward that capstone project. So they are similar each semester but there will be different elements emphasized depending on how far a student has progressed in their coursework.

H. Hodges - The research is student-driven based on needs they see in the community. These seminars can be flexible to adjust to what the students need. We will be adjusting on the fly as well.

L. Merchant - The difference seems to be 15 hours and a capstone project. Is that correct? K. Candler - Yes along with a stronger emphasis on research. J. Cardot - The two capstone courses are really fall 3, correct? It says 2. So the difference on the timeline is just one additional fall. Why would a student not take the doctorate? H. Hodges - There is a great deal more work associated with the

doctorate. Salary is basically the same for both graduates. Those who just want the clinical degree so they can practice OT without the research segment will remain in the master's program. About 90% of our students fall into that category. E. Gumm - Are their different admission requirements? H. Hodges - There are higher GPA requirements for the doctorate.

C. Flanagan - The master's is already condensed. Why add even more on top of that instead of extending the program into a full three years instead of 2.5 to allow a little more content synthesis? H. Hodges - All the advice we received emphasized how important it was to start these additional seminars at the very first semester. We have to get them thinking about their research project from the very beginning so that they can incorporate their other coursework to support that research interest. We are also building our program based on the most successful school in Texas. We only take very high-level students. There is a need for graduates in the August/December time of year which is good for our students in finding positions upon graduation. We will limit our doctorate cohort to ten students initially to allow more intensive mentoring. K. Candler - We are unique in that we are not dropping our very successful master's program but adding a doctoral level for the high-level students.

J. Smith - When we consider new programs, we need to consider four key questions that define a program.

Can we see that this is a field to study in higher education? J. Neill - We see it in the successful master's program. J. Smith - Yes as well as doctorate programs at other institutions.

Do you find the program compatible with the University stated missions and goals? T. Sensing - If the master's is compatible, then the doctorate is as well.

Does it embody a cohesive level of study? J. Cardot - Yes, but it is tricky to answer since it is so similar to the master's degree until the final semester. We are talking about greater emphasis on research. M. Long - Are their other OT programs that are keeping both? Or are we trailblazing? K. Candler - It is still so new. Most have just redesigned for the doctorate. T. Sensing - In ten years will we still have a masters? H. Hodges - Right now, a lot of students still want it. If the field mandates a doctorate, we will already have it. If not, we can mentor the students who want it while continuing with our master's program. PT had both for a while and now it is doctorate only. So there is a chance that our field will eventually move that direction and it will be a natural transition for us.

Are you satisfied with the rigor of the program based on outcomes and curriculum for an advanced clinical degree? L. Lemley - If you have accreditation, you have outcomes set for you, and you are meeting them. I think the rigor is very high. A. Huddleston - It seems comparable to other doctoral programs. I know it is not a research doctorate, but can a person teach with it? H. Hodges - They will allow 25% of a faculty be made up of entry-level OTDs. So yes.

The PhD is separate, however. You have to have an entry-level degree (master's or clinical doctorate) before you can go on to get the PhD. T. Sensing - Can a master's student come back and get this doctorate? H. Hodges - No. They would have to get a post-professional PhD.

C. Flanagan - The 85 hour program, is that the industry standard? H. Hodges - The field mandates anywhere from 80-120 hours. C. Flanagan - So that goes to rigor. It is on the light end of the spectrum. I have a concern with our rigor being at the low end of the scale. H. Hodges - The number one program in Texas is only 89 hours. It's more about meeting the standards, not the hours.

Motion to approve by J. Cardot; seconded by A. Huddleston; 8 in favor, 0 opposed, 3 abstained. Motion passes.

Meeting ended at 1:00 p.m.