FINAL ASSESSMENT REPORT

Institutional Quality Assurance Program (IQAP) Review

Speech Language Pathology, M.Sc.

Date of Review: April 7th and 8th, 2025

In accordance with the University Institutional Quality Assurance Process (IQAP), this final assessment report provides a synthesis of the external evaluation and the internal response and assessments of the Speech Language Pathology M.Sc. program. This report identifies the significant strengths of the program, together with opportunities for program improvement and enhancement, and it sets out and prioritizes the recommendations that have been selected for implementation.

The report includes an Implementation Plan that identifies who will be responsible for approving the recommendations set out in the Final Assessment Report; who will be responsible for providing any resources entailed by those recommendations; any changes in organization, policy or governance that will be necessary to meet the recommendations and who will be responsible for acting on those recommendations; and timelines for acting on and monitoring the implementation of those recommendations.

Executive Summary of the Review

In accordance with the Institutional Quality Assurance Process (IQAP), the Speech Language Pathology program submitted a self-study in February 2025 to the Vice-Provost and Dean of Graduate Studies to initiate the cyclical program review of its program. The approved self-study presented program descriptions, learning outcomes, and analyses of data provided by the Office of Institutional Research and Analysis. Appendices to the self-study contained the CVs for each full-time member in the department.

Two arm's length external reviewers and one internal reviewer were endorsed by the Dean, Faculty of Health Sciences, and selected by the Vice-Provost and Dean of Graduate Studies. The review team reviewed the self-study documentation and then conducted a virtual review to McMaster University on April 7th and 8th, 2025. The review included interviews with the Deputy Provost; Faculty Dean, Vice-Provost and Dean of Graduate Studies, Associate Dean, Grad Studies and Research, Assistant Dean of the program and meetings with groups of current students, full-time faculty and support staff.

The Assistant Dean of the program and the Dean of the Faculty of Health Sciences submitted responses to the Reviewers' Report (October 2025). Specific recommendations were discussed and clarifications and corrections were presented. Follow-up actions and timelines were included.

Strengths

- Innovative Pedagogy: The problem-based learning (PBL) approach is a central strength, fostering deep learning, critical thinking, and practical application.
- Curriculum Flexibility: The "spiral" curriculum design allows for the reinvestment of content and the integration of current disciplinary advancements and crucial cross-sectional themes like EDI and Indigenous health.
- Strong Community Engagement: Extensive partnerships with community clinicians provide valuable experiential learning opportunities and ensure graduates are practice ready.
- Commitment to Equity and Inclusion: Proactive strategies to support Black and Indigenous applicants and the integration of EDI and Indigenous health content throughout the curriculum are significant strengths.
- Effective Assessment: Continuous and varied assessment methods, aligned with learning outcomes, provide meaningful feedback and reduce reliance on high-stakes examinations.
- Supportive Learning Environment: Faculty and staff are described as flexible, supportive, and deeply invested in student learning and well-being.

Opportunities for Improvement and Enhancement, including appropriateness of resources

- Clinical Placement Capacity: Addressing burnout among community clinicians and ensuring a sufficient and sustainable supply of high-quality clinical placements is crucial. Exploring 'in program' placement opportunities may provide a buffer.
- Equity in Admissions: Further refine admission processes to enhance equity for underrepresented groups, potentially by reconsidering GPA weighting and exploring criterion-referenced approaches.
- Sessional Faculty Support: Enhancing career progression pathways and ensuring continued support for sessional and adjunct instructors is important for program sustainability.
- Faculty Resources: Addressing challenges related to shared office spaces and ensuring access to private meeting areas for faculty would improve their ability to support students.
- Transition Support: Providing more time between academic blocks and clinical placements could ease the transition for students, particularly those who need to travel.

Summary of the Reviewers' Recommendations with the Department's and Dean's Responses

ADMISSION REQUIREMENTS

Recommendation #1: The program may consider adding to the weighting via additional tools such as the CASPER, or consider stepwise admission criteria (e.g., best performance in MMI required to meet a minimum criteria). Recommendation #2: For equity deserving groups, a process to re-consider the weighting or using a criterion-referenced approach (e.g., minimum requirement, or GPA within the range of the mean GPA of the admitted cohort) might be considered.
Department's Response and Actions to be Taken:

We appreciate the suggestion to consider a stepwise or criterion-based approach to admissions. We currently have two stepwise criteria: the School of Graduate Studies minimum GPA for graduate students and our prerequisite coursework. We have discussed setting a minimum GPA for the program and interviewing all students above that cutoff. At present, however, we do not have the interviewer capacity to increase the size of our MMI pool, given the number of applicants, but as we build reviewer capacity it might be possible to increase the number of interviews.

Another alternative is to have a lottery for all applicants above a certain GPA, as the basis for selecting applicants to go forward to MMIs. A lottery would require approval by the Faculty of Health Sciences School of Graduate Studies and would be unique among Faculty of Health Sciences programs. A lottery also might be controversial, evidenced by the reaction to McMaster Medical School using an admissions lottery during the COVID-19 pandemic (a news article at that time was headlined: "Medical school applicants are furious after McMaster revealed it will use a lottery system to decide the fate of some prospective students" (CBC News, 2020)).

We recognize that using GPA as one of the admission criteria can be a barrier to applicants with relatively lower GPAs, as the average GPA of the applicant pool is very high. We acknowledge that we might be missing applicants who would be excellent Speech-Language Pathologists (SLPs), which might include applicants from equity deserving groups. All professional programs in the School of Rehabilitation Science (SRS) use GPA and Multiple Mini Interview (MMI) scores for admissions, but programs vary in their relative weighting of these variables. Currently, GPA counts for 25% of SLP admissions scores. Following the IQAP review, we explored how different GPA weights might have affected admissions in the current cycle, to determine if we would have admitted more students with high MMI scores if GPA counted for a smaller percent. We determined that a GPA weight of 15% would increase the number of offers to applicants with lower GPAs and higher MMI scores, and we will be piloting that for the 2025-2026 admissions cycle.

SLP program staff and faculty also will continue to engage in School of Rehabilitation Science (SRS) efforts to increase representation and support of students from equity-deserving groups across all programs.

Dean's Response:
We appreciate the opportunity provided by the Reviewer's comments to review and reconsider admissions processes. We are confident that the SLP program is responding creatively and thoughtfully to this opportunity.

The admissions process in SLP is resource intensive and must contend with high volumes of applications annually. There are clearly limits to the implementation of highly individualized approaches, arising not only from resources but also fundamental obligations to accept students who have demonstrated the academic aptitude to succeed at the graduate level. The current weighting of 25% for GPA is arguably low, and while there is a strong argument that academic aptitude can assessed in other ways, this needs to be explicitly justified when down-weighting traditional metrics, for all their limitations. For example, how do interviews and MMI's assess the preparation for graduate academic study?

Further to this, generative AI is creating challenges for interviews that are not conducted in-person.

We appreciate that SLP is actively engaging with these issues, and we regard innovation in admissions processes as an ongoing aspect of continuous quality improvement.

Recommendation #3: Consider how to value proficiency in other languages, e.g., through schooling (e.g., francophone, immersion or bilingual programs) or lived experience (e.g., language used at home or in faith practice).
Department's Response and Actions to be Taken: We appreciate the reviewers' suggestion to consider non-GPA/MMI factors like language proficiency in the admissions process. The challenge is how to operationalize these variables equitably across students. Language proficiency, for example, is a complex construct that lacks detailed measurement tools, so two applicants can report the same language use on paper but have widely different lived experiences. The same is true for variables like volunteer experience, which can differ widely not only in students' experiences but also in how those experiences contribute to each student's development as a future SLP. This is not to say that we would not consider adding factors other than MMIs and GPA in the future, but rather that as in all programs at McMaster, we will need to carefully consider how to evaluate them.
Dean's Response: We are confident that SLP is creatively engaged in reconsidering their admission practices.

CURRICULUM

Recommendation #4: Consider potential to enhance preparation for specific clinical areas (e.g., dysphagia) through targeted workshops or modules in advance of the unit 2 placement.
Department's Response and Actions to be Taken: We recognize the need to enhance preparation for clinical placements early in the program, particularly in areas like dysphagia and alternative and augmentative communication (AAC). Through consultation with the clinical community in summer 2024, we identified a clear need to increase preparation for dysphagia-focused placements prior to the Unit 2 placement. In response, we have made three changes. First, we will be shifting content related to swallow physiology and conducting clinical bedside exams from Clinical Skills Lab in Unit 4 (second year) to Unit 2 Clinical Skills Lab (first year), as of February 2025, so that the content precedes the Unit 2 placement. Second, as of July 2025, we require all students attending a Unit 2 or 3 placement that involves videofluoroscopic swallow studies to complete the Modified Barium Swallow Impairment Profile (MBSImP) student training prior to their placement. The MBSImP is a required component of Unit 4 coursework but is available to students throughout their program, so students can access it early. Third, the students' new two-week Clinical Experience in Unit 1 Clinical Skills Lab (see Recommendation #10) will include introductory dysphagia content, with a focus on screening/identification of individuals who require further assessment, including a simulated, case-

based clinical experience in the Center for Simulation-Based Learning (CSBL), which mirrors the layout of an inpatient hospital unit.

Similarly, we've received feedback about the timing and organization of our augmentative and AAC, which has historically been clustered in Unit 5 coursework (second year). Instructors from across Units identified first-year course time to add AAC content, and created an introductory class on AAC principles, categorization, and frameworks, linking AAC to overall communication development and early intervention. This novel class was designed collaboratively by multiple faculty members with experience and expertise in AAC implementation. The class was implemented for the first time in July 2025. The class also included a hands-on component, during which students created a low-tech activity board using online tools and practiced fundamental skills in aided language stimulation. The class was well-received by students and we look forward to additional feedback from the community, following Unit 3 placement.

We will continue to seek feedback from the clinical community to ensure our curriculum is preparing students for placement, relative to their progress within the program.

Dean's Response:
We are satisfied with the program's response.

Recommendation #5:
Consider maintaining some observation experiences even if "observation placement (Unit 1)" is redistributed to other placements.

Department's Response and Actions to be Taken:
We have maintained opportunities for observation in various ways, including:

- videos and recordings presented in class;
- structured observation during the first 1-2 weeks of each Foundational 6-week placement (i.e., Units 2 and 3);
- interprofessional learning during Foundational (Unit 2-3) and Advanced (Unit 4-5) placements; and
- experiential learning activities, such as daycare visits and interactions with adults with aphasia.

Dean's Response:
We are satisfied with the program's response.

Recommendation #6:
May consider more time between transitions especially for students who need to travel.

Department's Response and Actions to be Taken:
We recognize the importance of transition time between classes and placements and do our best to provide students with as much notice as possible. We have adjusted the daily class schedule to allow commuting students extra time between in-person classes and virtual PBT, avoid scheduling in-person activities on days students are otherwise working virtually, and have adjusted start- and end-times for classes at students' request to minimize driving in traffic. Students can also book space in IAHS if they would like to stay on-site for their PBT tutorials.

For transitions from class blocks to placement blocks, however, our ability to extend breaks or adjust timing is limited, as we cannot reduce class time and placement start dates are often determined by preceptor availability and when offers are received. Within these constraints, we remain committed to communicating details to students as early as possible to support their planning and transitions.

Dean's Response:
SLP programs must deliver a comprehensive and diverse curriculum, ensuring sufficient placement hours within a total program duration that supports a timely and successful transition into professional practice. We appreciate that the Reviewers have acknowledged some of the challenges this creates for students, particularly during the transition into placements. We are confident that the program will continue to explore strategies to mitigate the stress associated with these transitions.

Recommendation #7:
Consider opportunities through guest speakers to include individuals, including SLPs, from equity deserving groups to enhance the intersectional, EDI and Indigenous aspects of the program.

Department's Response and Actions to be Taken:
We appreciate the reviewers' recommendation to continue including individuals from equity deserving groups as guest speakers. Beyond invited speakers, we will continue to build on our current practice of incorporating intersectional, EDI, and Indigenous perspectives in our course materials. Our MSc(SLP) student IQAP Curriculum Consultant, Owen Bartolin, generated specific recommendations to enhance these aspects based on his experience in the program. For example, Owen suggested introducing Indigenous Ways of Knowing such as the First Nations Mental Wellness Continuum Framework (n.d.), into the Unit 1 Inquiry Seminar course, as including these frameworks and collective knowledge early on emphasizes these are valid ways of representing disability. Exploring systemic and profession-based perspectives on disability would allow students to gain insight on real-world conversations in the larger field of speech-language pathology, including perspectives on ableism that are at the forefront of SLP right now and will shape graduates' future practice. As another example, Owen recommended incorporating practice in advocacy skills, including skills in science communication methods to reach interest holders outside our profession.

The faculty will be examining Owen's report in detail to identify opportunities to incorporate his suggestions. Two changes have already been made. First, beginning in the fall of 2024, students in the OT, PT, and SLP programs complete an interprofessional milestone experience that is intended to begin their graduate study with a foundation in intersectionality, EDI, and Indigenous perspectives.

Second, this year our second-year students' evidence-based practice projects include an advocacy component, so students can develop skills in how Ontario funding systems work, Speech-Language and Audiology Canada's advocacy and lobbying work, and how to advocate at a systems level.

Dean's Response:
We fully support the Reviewers' recommendation to seek opportunities for SLP learners to engage with and learn from the experiences and perspectives of equity-deserving and Indigenous professionals, as well as members of the community.

Recommendation #8: Consider streamlining or revising reflection assignments to introduce more variability but maintain the focus on reflection.
Department's Response and Actions to be Taken: This feedback echoes what we've heard from both students and community partners during focus groups in spring 2025. The Director of Clinical Education is currently reviewing the reflective requirements and related assessments for placement, with plans to revise the process and expectations based on evidence from the literature. We aim to have changes implemented by January 2026.
Dean's Response: We are satisfied with the program's response.

RESOURCES TO MEET PROGRAM REQUIREMENTS:

Recommendation #9: There are limited pathways for career progression for sessional and adjunct instructors, which may impact long-term sustainability and retention. This could be addressed through potential additional financial support for sessional employees or opportunities to have additional full-time teaching positions.
Department's Response and Actions to be Taken: We greatly value our sessional instructors and appreciate their concerns about financial support. A new sessional framework is forthcoming in the School of Rehabilitation Sciences, which resulted in an increase to sessional faculty rates starting Sept 1, 2025. Tutor stipends were also reviewed and harmonized across the SRS, and this also resulted in an increase to the stipends for tutors starting Sept 1, 2025. Regarding career progression, there is a career track for non-tenure-track faculty at McMaster, described here: https://hr.healthsci.mcmaster.ca/faculty-relations/current-faculty/part-time-adjunct-faculty/. We have recommended promotion for each sessional instructor or clinical instructor as they have become eligible. It is not possible in the current budget climate to add full-time instructional positions in the SLP program, but we recognize that this would be a benefit to the program.
Dean's Response: We encourage the SLP program to maximize opportunities for involving sessional and other part-time instructors in the academic and cultural life of the School of Rehabilitation Science and the broader McMaster community. We also recommend that the School make full use of the promotion process available for part-time faculty. The ability to offer competitive compensation to sessional instructors remains an ongoing concern across all clinical programs within the Faculty of Health Sciences, given current budgetary constraints. Part-time instructors play a vital role in maintaining the excellence of the curriculum. As practicing clinicians, they bring valuable real-world experience to the classroom, strengthening the program's connection to the clinical community. However, they are not typically engaged in the academic and research activities that prepare individuals for full-time academic careers. Therefore, any expectations that a sessional role may lead to a full-time faculty appointment should be clearly addressed at the time of hiring. Miscommunication or unmet expectations can significantly impact retention and morale.

Recommendation #10: The potential to make private meeting spaces available to those that share offices should be investigated.
Department's Response and Actions to be Taken: In the Institute for Applied Health Sciences, where the SRS is located, rooms 201, 336, 403, and 422 are bookable private spaces for meetings or other work.
Dean's Response: We are satisfied that private spaces are available.

Recommendation #11: It may be relevant to consider developing 'in program' placement opportunities to provide a buffer of clinical training for students, particularly to offset challenges in the context. It is important to consider the staffing costs related to this work and include them in the plan.
Department's Response and Actions to be Taken: In December 2025, we will launch our first in-program Clinical Experience, replacing the former 2-week observational placement in the community. This experience will provide opportunities for targeted skill-building and simulation, and will include a condensed service-learning component, supported by faculty and close community partners. For example, students will have the opportunity to practice swallow screening protocols within McMaster's Centre for Simulation-Based Learning (CSBL) and provide preschool communication screenings with children in daycares and community centres. The Director of Clinical Education will continue to seek and develop additional opportunities for in-program placements.
Dean's Response: We are satisfied with the program's response.

PROGRAM ENHANCEMENT

Recommendation #12: Continued work toward decolonization within the program and building on relationships to extend this learning into community clinical learning spaces.
Department's Response and Actions to be Taken: The SLP program is committed to continuing to work toward decolonization within the program and build relationships with our Indigenous communities, particularly our Six Nations neighbours. As an example, in the spring of 2025 the Directors of Clinical Education and Assistant Deans from the OT, PT, and SLP programs formed a committee with colleagues at Six Nations. Our long-term goal is to address the critical shortage of Indigenous rehabilitation professionals, not only at Six Nations but in Indigenous communities Canada-wide. Our short-term objectives are to increase students' knowledge and skills in working with Indigenous community members, identify research and clinical experiences that will advance knowledge and services for Indigenous community members, and inspire Indigenous students to pursue rehabilitation professions as a career. We also are considering the specific recommendations of our student IQAP Curriculum Consultant, including incorporating practical applications of Indigenous Ways of Knowing, such as careful

observation, extracting theories from stories, and contemplation with the land, as valid sources of evidence for problem-based learning; including dialect speakers in our language examples; and continuing to challenge Western concepts such as that randomized controlled clinical trials are the "highest" form of evidence.
Dean's Response: Indigenous health is a priority pillar in the strategic plan of the Faculty of Health Sciences. At the Faculty level, initiatives include establishing the role of Associate Dean, Indigenous Health, and the Indigenous Health Learning Lodge. The graduate programs in the School of Rehabilitation Science, including SLP, have consistently demonstrated their commitment to the promotion of inclusive admissions and curriculum with respect to Indigenous health issues and learners. We expect this to continue.

Recommendation #13: Important to consider succession planning for the role of Assistant Dean of the MSc(SLP) program, particularly in the context with a relatively small tenure-track faculty contingent who are early and mid-career.
Department's Response and Actions to be Taken: Succession planning for the Assistant Dean of SLP is well underway, beginning with the process of identifying an Acting Assistant Dean for the academic year 2026-2027, with the search for an Assistant Dean to begin that year.
Dean's Response: Dr. Turkstra has been an outstanding leader for SLP. New leadership is in-place for 2026-27.

Reference:

Hristova, B. (2020). McMaster University to use lottery to decide fate of about 430 medical school applicants. CBC News. Posted: May 11, 2020 3:13 PM EDT. https://www.cbc.ca/news/canada/hamilton/mcmaster-medical-school-lottery-1.5564389#:~:text=McMaster%20University's%20medical%20school%20is%20using%20a,some%20430%20applicants%20amid%20the%20COVID%2D19%20pandemic

Implementation Plan

Recommendation	Action(s) to be Taken	Responsibility for Leading Action	Timeline for Completing Action
Recommendation #1: The program may consider adding to the weighting via additional tools such as the CASPER, or consider stepwise admission criteria (e.g., best performance in MMI required to meet a minimum criteria). Recommendation #2: For equity deserving groups, a process to re-consider the weighting or using a criterion-referenced approach (e.g., minimum requirement, or GPA within the range of the mean GPA of the admitted cohort) might be considered.	Reduce GPA weight for next admissions cycle	Program Coordinator and Assistant Dean	2025-2026 admissions cycle
Recommendation #3: Consider how to value proficiency in other languages, e.g., through schooling (e.g., francophone, immersion or bilingual programs) or lived experience (e.g., language used at home or in faith practice).	Consider adding other variables to admissions decision	SLP ARABAO Representative	Prior to 2026-2027 admissions cycle
Recommendation #4: Consider potential to enhance preparation for specific clinical areas (e.g., dysphagia) through targeted workshops or modules in advance of the unit 2 placement.	See detailed response above	Director of Clinical Education	2025-2026 academic year
Recommendation #5: Consider maintaining some observation experiences even if “observation placement (Unit 1)” is redistributed to other placements.	Completed.	N/A	N/A
Recommendation #6:	Completed.	N/A	N/A

May consider more time between transitions especially for students who need to travel.			
Recommendation #7: Consider opportunities through guest speakers to include individuals, including SLPs, from equity deserving groups to enhance the intersectional, EDI and Indigenous aspects of the program.	Consider implementation of Student Curriculum Consultant recommendations for expanding EDI and Indigenous aspects of program.	All faculty	2025-2026 academic year
Recommendation #8: Consider streamlining or revising reflection assignments to introduce more variability but maintain the focus on reflection.	Review reflection requirements and related assessments for placement, and revise process and expectations based on evidence from the literature.	Director of Clinical Education	To be completed by January 2026
Recommendation #9: There are limited pathways for career progression for sessional and adjunct instructors, which may impact long-term sustainability and retention. This could be addressed through potential additional financial support for sessional employees or opportunities to have additional full-time teaching positions.	Completed.	N/A	N/A
Recommendation #10: The potential to make private meeting spaces available to those that share offices should be investigated.	Completed.	N/A	N/A
Recommendation #11: It may be relevant to consider developing 'in program' placement opportunities to provide a buffer of clinical training for students, particularly to offset challenges in the context. It is important to consider the staffing costs	Clinical Experience launches Fall 2025.	Director of Clinical Education	Fall 2025

related to this work and include them in the plan.			
Recommendation #12: Continued work toward decolonization within the program and building on relationships to extend this learning into community clinical learning spaces.	Consider implementation of Student Curriculum Consultant recommendations for decolonization.	Assistant Dean and Dr. Lori Davis Hill	2025-2026 academic year
Recommendation #13: Important to consider succession planning for the role of Assistant Dean of the MSc(SLP) program, particularly in the context with a relatively small tenure-track faculty contingent who are early and mid-career.	Identify Acting Assistant Dean for academic year 2026-2027	Vice-Dean, School of Rehabilitation Science	Fall 2025

Quality Assurance Committee Recommendation

McMaster's Quality Assurance Committee (QAC) reviewed the above documentation at the December 17, 2025, meeting. The committee recommends that the **Speech Language Pathology graduate** program should follow the regular course of action with an 18-month progress report and subsequent full external cyclical review to be scheduled in seven years, and to be conducted no later than eight years after the start of the last review.