REALTIME FILE

WVU

5.12.20

CART CAPTIONING PROVIDED BY:

ALTERNATIVE COMMUNICATION SERVICES, LLC**

www.captionfamily.com

* * * * *

Communication Access Realtime Translation (CART) is provided in order to facilitate communication accessibility. CART captioning and this realtime file may not be a totally verbatim record of the proceedings.

* * * *

>> For all of those joining us thank you for your patience.

We will get started with our grand rounds from May.

Please remember to mute your line.

We will go through the presentation and then you can either put your questions or comments in the chat and I will monitor those Jane and we will spend the last few minutes going through those and any other questions people have.

>> Okay, sounds good.

Shall I go ahead and get started?

>> Thank you for joining us so much.

I think people would rather listen to you.

>> I was going to talk about my research and I feel like sometimes I'm all over the place so this is always a good project for me to try to make sure I have a central theme to what I am doing and then there is some direction.

I do have a variety of projects that I tend to go with things from different angles.

Related to that I am actually from Kansas.

I was in a small teaching intensive university in western Kansas before I came to WVU

almost 5 years ago.

That was a great experience but really heavy on the teaching part and most of my research at that point was tied to helping students get their research projects out so they could graduate.

You have really been focused on trying to improve practice and skills in the school.

I was is school-based SLPs for a couple of years and worked on some clinical trial research running a grant that looked at innovative treatments for kids in their early school-aged years.

What I have noticed over the last 10-15 years is that getting is good research tested interventions to be implemented in the schools has been a little bit disheartening in that we know that they work, we have the research to show that helping them get through that hump of going into daily practice has not been as successful.

A lot of my research has gone at that from two angles.

How can we better prepare graduate students in speech language pathology and audiology programs to meet the needs of students and utilize evidence-based practice and not feel like it is this overwhelming entity but then also how do we better trained practitioners who are busy with day to day grind and all of that type of thing?

That is the main theme.

What I've done is put together this presentation around a couple of the projects I have done since I came to WVU.

These are obviously the learning outcomes that all of you got.

We will start at the lowest level of identification and then hopefully you will be able to describe some ways that we can support students and then identify opportunities in our different institutions to help improve some practice.

I wanted to throw out some true or false questions to make sure we all understand the scope of practice for speech and language pathologist.

The first statement is students with learning disabilities most often have an underlying language disorder.

I will let you guys think about whether or not you think that is true or false.

And he will go through all of these here in a minute.

Students with difficulties learning to read often have an underlying language disorder.

Students with writing disorders often have a language disorder.

Students with speech, sound disorders have an increased risk of not learning to read.

Actually, all of these are true.

My area of emphasis is actually language disorders.

It is what I teach.

I focus a lot on more of the upper elementary middle school and high school kids.

A lot of them are actually diagnosed in the schools with learning disabilities, but not participating in services from their school-based language speech pathologist.

This is definitely a weak area in the field where we have not appropriately trained in the past.

I can say that having had the experience of going through graduate school myself almost 20 years ago.

I did not get a lot of training on the morbidity of language disorders and learning disabilities.

Understanding how services look very different for those older school-age kids.

They will not necessarily be meeting twice a week for 30 minutes outside of the classroom.

A lot of times it is training them to do something and then helping them learn how to integrate it into their classroom, daily life and things like that.

There is a lot that we have to offer as speech language pathologist for those kids that are struggling to read in those kids that are struggling to write.

When I go to do the studies that I will talk about its focusing on either training students to be better at providing these language assessments and treatments for to look at the effect of continuing education for professionals that are in the school so that they can acquire the skills they may not have received in graduate school or since had research come out.

The first thing I looked at, actually one of my undergraduate students a couple years ago was very interested in disability law.

We pulled on that interest and looked at whether or not undergraduate students in communication sciences and disorders, how they compared in their knowledge of disability law as compared to education students.

Obviously, very small ends, but we also got information about their minors because we thought a lot of our students have minors neither special education or disability studies

or early intervention.

Our hypothesis was that those students might be even more knowledgeable than the typical CSAD students.

We got information about that and looked at it and she had found an article that had true or false questions about IDEA students and every student succeed ask.

That was in her survey and that was basically the number of questions they got right was compared between the different groups.

We found out is that education students actually did better at knowing the parts of disability law than the students in CSAD which is a little bit interesting.

I will talk about why that might be, but we found that interesting, on average they got about 12 questions out of the 23 right and the CSAD students got about seven.

Students with a special education minor obviously did better than those who had no minor.

They had about 11 questions right compared to the ones without.

The minor in special education versus any other minor there was not a statistical difference.

You will have to look at all of that.

I had her run those stats, but with those low ends it's hard to say if that will carry over to a bigger number of participants.

The reason why we thought we might see this, you would think these are undergraduate students in communication sciences and disorders most often will go to graduate school speech language pathology or audiology.

There is obviously a special education component.

Her entry-level degree is actually a graduate degree whereas education students entry-level degree is the bachelors.

We thought maybe because there is that difference in what you need to have before you go into practice that they may actually get more information about disability law at the undergraduate level as compared to the students in CSAD.

A lot of that we think is because there is a lot of emphasis at the undergraduate level on anatomy and physiology, speech and hearing science and the physics of sound and how that works with everything.

Because of that there is not as much emphasis on disabilities and disorders which is

what they primarily get when they get into graduate school.

We are really thinking that might be a big difference.

I can also tell you that it would be interesting to actually look at the programs and see in the syllabus and courses how much is written into the student learning outcomes related to disability law.

My hypotheses would be that I am not sure there is a lot at the undergraduate level in CSAD.

I think that primarily happens at the graduate level, but I think you need to do a lot deeper dive than what we did into the actual program and curriculum maps and digging into those student learning outcomes even at the course level to try to discern The why piece.

The education students have a better understanding of the disability law at the undergraduate level as compared to my own undergrad students.

I am always looking as a chair how we can improve our programs, how can we better meet the needs of our students?

This has been helpful to do this evaluation as we have recently started to do a lot more program mapping in our department.

I think these kinds of questions and explorations are really important pieces that can help us to better map out our programs at a university level and make sure we are preparing the students to be functional whether it is in their first job or in graduate school.

Are there other things that we need to be doing?

As a chair I can tell you're not a big proponent of dropping a three credit course onto everything that comes out as a problem, but I think we can find opportunities to integrate the content and information into the courses we have or take advantage of some of those opportunities that we may be letting slide or just not being as intentional as maybe we need to be in the instruction about those aspects.

Maybe those kinds of improvements can really help do that and we would obviously want to go back and redo this survey or a different survey and start to see if we are getting some improvements in the students knowledge.

Potentially, that's where I see things like this type of research form instruction within our programs.

Because we do have this need to support students with communication disorders a lot of times people think we only treat ours and --especially for students with mild to moderate

disorders where they may be struggling in the classroom.

I know a lot of our students on our case load that I worked with in the past people think that they will be a C student and then we get them right support and they are quite successful.

This is one of those things where we have to be careful that we don't underestimate their capabilities, especially those kids with learning disabilities.

I think a lot of times a struggle and legitimately struggle and they almost give up on themselves more than everybody else gives up on them.

Understand the diversity of what you speech linkage pathologist can offer.

We treat articulation disorders and voice disorders but we also do language disorders.

Your oral language actually provides the foundation for reading and writing.

Reading and writing is not a natural human skill whereas language is.

We can teach people to utilize reading and writing with good, systematic instruction.

A lot of what speech language pathologists have knowledge about is sentence structure and word structure and how those integrate together and can be impacted to help break down instruction to levels that these kids need.

What I always tell students is whereas you might be able to draw the bridge between two pieces, a kid with a learning disability or language disorder isn't going to see that bridge until you actually build it, draw and walk them over it.

And they will actually will have to be walked over it multiple times potentially.

It's a lot of repetition, it's a lot of breaking things down into what would seem to be obvious but really systematic instruction so that they can really focus in on that.

They don't pick up on patterns, they pick up on patterns we point out the pattern.

One of my other areas of research that I look at is how SLPs provide services to their kids with language disorders.

Year and half ago I did a national survey of SLPs and it was actually my dissertation was the study and I redid it 10 years later to see if things had changed.

They really haven't.

We still primarily see kids either once per week for 20-30 minutes if they have a mild disorder or we will bump it up to twice per week for 30 minutes if they have a moderate or severe language disorder.

That is pretty consistent to what we saw 10 years ago.

The intensity of services is pretty much staying the same.

I don't know if that is right or wrong but I think it's pretty telling of his graphs look almost identical.

The other piece of it that is really interesting to look at is the students are almost always by SLP seen in groups outside the classroom if they have a mild or moderate disorder.

There were some differences this time around.

The first time I did the study 10 years ago it was groups outside of the classroom across all severity levels.

There is little bit more diversity with the students with severe language disorders this time.

I don't know if that was just population sampling differences, but this is pretty similar to what we were seeing last time too.

Interesting piece that I did this time that I did not do before is to be really want to get out even though were not advocating for one type of service delivery, but we wanted to see how much SLP's differentiate their decisions.

Did they give the same decision across mild, moderate and severe language disorders?

For time and then for place.

If you look at this you can see for time most often they were going to pick two different places across the three, mild moderate and severe.

The same thing with place.

I find it interesting that almost one third of SLP's will pick the same place regardless of the severity of the students language disorder.

This -I have to go back and tell probably not the best story about myself but when I was in practice I remember sitting there and I was a young SLP and I had just come out of grad school and I was a preschool SLP.

I was working with my classroom preschool teacher and I was not sure how long I should see this kid.

She looked at me and said just say twice a week for 30 minutes.

If you do more it's great but then you don't have to freak out if you can't do more.

That was the rationale which has no research behind it whatsoever.

It was pure convenience, but that's what I did because that's what they told me to do.

I wonder sometimes how much service delivery decisions which we now know and we dig into the research which are actually really important.

Dosage is turning out to be a really big factor when we look at student progress in speech linkage pathology.

Which makes sense.

We know dosage is important.

When I'm talking to my students about the importance of dosage I say go to your doctor in the next time you have an ear infection imagine what they would do if they knew that you took your 30 pills and spread them out one per day when you're supposed to take three times per day for 10 days.

We know with language that a lot of times students actually do better in short, very intensive bursts and then I always tell them then you let it sit on the stove and simmer and then you can come back to it.

Kids will actually tend to make better gains that way than just doing this very long drawn out little bits here and there.

Anecdotally I've seen that with my own clients that I have supervised in the different university clinics that I have worked in.

That's a very different way than I was trained to think about doing school-based services.

In a block scheduling kind of way.

It's hard to get people to write out of their molds.

So speech linkage pathology grad students love color-coded planners.

It's hard for them to envision that he might see a kid really intensely for the first nine weeks in the third nine weeks and just monitor them the second and fourth nine weeks because that's not necessarily going to set up a nice Monday, Wednesday, Friday block scheduling approach.

Which we tend to all like because you can plan around it.

What we are seeing in the research is that it may not be the best way to provide services for our service in students with language disorders.

Unfortunately, what they need may not be aligning with what our systems have typically set up for the in practice.

That could be part of the reason why we see all the same place where we see so many

factors providing services.

We think about all the different entities we have to balance.

What works for the teacher, work works for the student and what works for your own schedule and caseload?

Another piece of this, in that same survey I delve into the data a little bit more and I look at how SLP's were making decisions about service delivery and where an how long.

You don't see as much collaboration as I would probably like myself, and would hope that we would be doing because the SLP's over one third said they made the decisions on their own.

18 percent make that decision as a team and SLP are the primary maker but they listen to the team input.

They are on the verge of doing what is really the intent of IDEA.

The intent is we would have these team-based decisions.

My hypotheses although I did not do enough hot follow-up I would love to do that eventually, I wonder if those 18 percent were thinking about their kids with the most severe disabilities?

I find that the teams are much more functional and function like teams with their students with severe disorders whereas you have your speech only kids or language only kid and we are not as good about pulling teachers and making sure.

I'm a big proponent of students actually leading their own team meetings and their IEP meetings.

There is a lot of research in the special education research about that improving.

That obviously depends on the students ability, but with good coaching you can even get some of your kids with fairly severe language disorders to still be able to run their own meeting if you coach them and prep them.

The benefits of that in teaching them how to advocate for themselves and speak out about what they want is really important as part of that meeting.

I think there is a lot of opportunities to take this type of information and look at how we train graduate students to run their IEP meetings when they get out of graduate school.

How do we start training special education professionals in the schools to run those team meetings a little bit different?

And help them become more collaborative and more in alignment with the full intent of

IDEA in that approach to the team process.

I can tell you as a person who does research on special education and IEP's, when I go into IEP meetings and I'm the parent it is -you don't want to tell them you're not happy with something if they have it typed up and ready to sign.

There are certain things we do for efficiency's sake that impact the level of participation that we might get.

With my students a lot of the time we know language disorders are hereditary, the likelihood is that parents will have language disorders.

I put a really complicated IEP in front of them and asked them if they have changes they may or may not even understand what it says.

Because they most likely have a language disorder as well.

I think catching ourselves getting caught up in the routines is a really big piece of some of this is well.

In looking at this a lot of times when I do my surveys and I follow up with them I like to do some logistic regression look and see what are factors that are impacting certain types of decisions and patterns that we see?

Those may give us ideas on where we might need to be making changes or where barriers may be in practice.

Caseload has been an ongoing problem for speech linkage pathologist for the last 20 years.

I came out of graduate school the first time and they were talking about the impact of caseloads.

Our profession tried for a long time to get people to move to a workflow discussion and really focus on an SLP workload and look at other things beyond a student number.

As an administrator understand the reason why we focus on the number is because that's where funds flow from.

It's one of those things where we have to balance it, it's definitely that ongoing battle of how we provide the services our clients and students need but get to the support of the district with enough funding so they are old enough to function as well.

Training experiences are coming up over and over again in my research.

Students that have more diverse experiences are more likely to deviate from the norm.

That's basically what we are seeing.

It's important for me as a chair to really look at making sure our students are getting a diverse experience and provide services and how they provide services and that type of thing.

Your graduation, a lot of us make an assumption that are more experienced SLPs may be stuck in their ways but the research actually indicates that the two ends of the continuum that tend to stick with the normal decisions.

The really young SLPs and most experienced SLPs, but the ones that are most likely to start making different decisions are in the middle.

I think it is important that we acknowledge that and not make assumptions.

I also saw in a couple of my data that the more years of experience they had or the later there graduation, the more likely they are to make a different decision.

I think part of that may also be that they are more comfortable going against their administrator.

[laughter] After you've been around long enough you're willing to be pretty independent.

We also see that graduate school experiences are really important too.

All this is really informative both at an initial training level, but I also think it can be important when we start looking at professional development in our continuing education practices.

In looking at that, just last fall I joined the group from Utah state and we did a survey look at how open school-based SLPs were to using evidence-based practice.

We did a survey of SLPs in the West Virginia schools and we asked them some questions about their opinions related to EBP but there's literally the statements that they rate themselves on the scale on how likely they are to agree or disagree with that statement.

There were things like I like to use the types of therapies, I'm willing to try new types of therapies even if I have to follow a treatment manual.

I know better than academic researchers help care for my clients.

Different statements.

There where a total of 15 that they rated.

Do you send all of this out Leslie?

>> LESLEY: Yes.

>> JAYNE: I will not spend a lot of time on that different ones of those 15 questions he

compiled into four different scores.

Get a total score but you also have four other scores.

The requirements look at the relationship between how likely the SLP is to implement and intervention required by agency.

You don't see that a whole lot but with other areas of clinical training surgery may be required to learn how to do a specific surgical technique and the hospital may say that you are going to have to go learn how to do this.

They are obviously more likely to do it.

That is what that requirement type of scores looking at.

If your agency tells you how to do it how likely are you to go and do it?

This looks at how willing they are to use new interventions, appeal looks at how likely they are to use something if it is intuitive to appealing.

Divergence is a flips board one.

It looks at the relationship between the perception of EBP relative to clinical experience.

That one item looked at that I know better than researchers how to treat my students with disorders.

Those were the four areas that we looked at with the SLPs.

We had a couple of interesting things that were not necessarily related to our first set of questions, but indicate that we need to look at it.

In other professions you see a full range of scores that people will provide.

You will notice that our minimum scores in a lot of these areas only go down to two which indicates that the SLPs may not be likely to really provide their thoughts.

They may do this one of two ways.

They may do what they think is the socially acceptable answer.

They know what they should say so they bump up the response even though they may not actually feel that way.

The other possibility based on previous literature is that we had a large number of statements where people did not answer.

He would hop out of the survey and go on to the next one.

They say that sometimes that indicates a lack of trust or that they feel like it is not safe to

give their full opinion.

It's interesting because in other clinical professionals they use the same scale and have evaluated it and it was very effective in getting information.

With the SLPs we did not see the range of responses which calls into question on whether or not we are really getting people's true thoughts.

We have a couple reasons why we think that might be, part of it is the way we distributed the survey was through their lead SLP in the county.

Unfortunately, it was basically coming from their supervisor and they may have felt like even though we told them, it was going to be anonymous and nobody would ever know what the answer, because of how they received it may have perceived that there was not going to feel that anonymity there.

.

He goes back to the trustees between researchers and practitioners.

There is a lot of evidence that we need more ongoing support for SLPs.

We look at effective practices for continuing education, but coaching model is much more effective at getting implementation of new activities than really going to a lecture and learning how to do something hypothetically, but not really understanding how to do it or getting feedback about your implementation.

I think there is a lot of opportunity to rethink how we may be doing some of our education or giving a range of opportunities.

Also, making sure we are evaluating our implementation and our continuing education.

At least in speech link which pathology there is not a lot of research that looks at if I -I guess I'm an administrator on the side.

If I'm going to spend a bunch of money and getting people trained to do something I want to know that they are going to go and train it or I just wasted a bunch of money.

In all of these areas, the question becomes we're spending all this money on continuing education and giving them all of these resources, are we get in anything out of it and return to benefit for our students and the clients?

I think at some point we are going to have to really start digging into that and looking at that information.

That is the research I have been working on and really looking at varying levels of implementation.

I'm happy to answer questions.

>> LESLEY: I think that is wonderful.

We have a little bit of time.

I want to give you your proper introduction because it is amazing!

This has been very helpful and we are appreciative of your time.

I should know this, is it Brendel or Brendel?

>> JAYNE: It's Brendel.

>> LESLEY: For those of you joining us Doctor Brendel has a huge Ministry of peace to this.

It's interesting to see what you are finding with the trainees.

I will say one thing and they will be quiet and over and it up to her audience.

Opportunities for students to increase their -- [name] Their parent network specialist and that piece learning from that perspective parents who are experiencing this from a different perspective and how that could impact student experiences as they get their training.

We have Steve Wiseman who is our director of developmental disability counsel.

They have partners in policymaking program or PIC.

I don't know if either one of them would like to speak more of that.

Those are opportunities to expand.

>> JAYNE: I think is so important to help them be aware of those resources.

I was giving them lots of resources that are available in different entities because they need to be able to point their families and clients to these resources so they can get what they need.

>> LESLEY: Any other questions?

>> Hi, it's Elizabeth Walling.

You mentioned in your clinic setting that you tried to make accommodations for parents because some of the disorders you see are genetic and whether or not they are diagnosed are not want to be able to make the same kinds of accommodations for them they would make for their child.

I was wondering, how do you come about making the decisions for those

accommodations?

Is it just based on the coming into clinic and you try to meet their needs or is there literature out there?

>> JAYNE: There's a couple different things I've stumbled onto for my instruction and trying to get students resources.

In special education related to IEP's there's actually step-by-step procedures that people have done in small-scale studies on how to better integrate parents into the IEP process.

A lot of us struggle.

I remind students a lot of families may have a negative perceptions of school because school was not a good place for them themselves.

It's hard for them -I tell students it's actually a rarity that parents don't love their children.

We may not always agree with what they do, but they really do have the best intentions.

I will always start their first.

We have to remind ourselves of that.

They have step by steps like sending them home a planning sheet that is a little bit more family-friendly but also not so broad.

I had some of those but they are so broad I don't even know where to go with it.

What you want to work on for the next year?

I don't know.

It depends on the time of day.

Sometimes I want them to learn how to use the laundry machine.

We have to stop and think about it.

I stumbled onto one that someday I will get an opportunity to do a research project with where you actually have the students lead their own IEP meeting.

There are plenty sheets the students goes through help identify this is what I am good at.

This is what I need to get better at.

This is what I really think I need to work on for the next year.

They learn how to run the IEP meeting because one of the other problems is that sometimes the IEP meetings turned very negative because we talk about what they can't

do.

They can't do this, they can't do that.

Need to do them.

I always tell students semantics matter.

I'm a language person so I always say we can talk about the glass being half full or we can talk about it being half empty.

Let's talk about what we can do and if we can teach him to do that next.

That has a very different feel than talking about he cannot do this.

But we will try to help him learn how to do it.

If we flip that presentation, it's hard to do but even myself when I go to meet with the student I have to catch myself because it will start talking about you can't break down the sentence and you can't do this and you can't do that.

Now you will not be able to do therapy.

I cannot do that.

You know a noun and verb so let's start there and we will work on clauses and phrases.

I think it is important to grab those things that are out there.

Like I said, a lot of them interestingly enough that I have found in the literature are not recent.

They are from the late 80s, early 90s where there was that big push when IDEA made that big change to go from least restrictive environment.

There was a lot in the special education literature on how to have student led IEP's.

Again, it's one of those things were we had information on it but we never actually implemented it into practice at a large scale.

Then we have to ask ourselves why isn't it happening at a large scale?

When we see these things that were intended and they are not happening I think that is the question.

I have a sneaking suspicion that part of it is there is not a lot of oversight.

Not like you get in the healthcare side of it.

My example where the hospital says you need to go learn how to do XYZ and then you

are going to start doing it, you don't get a whole lot of that in education.

A lot of times we send people to trainings and we say, go figure out if that will work with someone and if it doesn't that's okay too.

Versus I just say to this training come back and tell me 10-12 kids you will start using this with because they fit the profile of who it might be effective for.

Let's document the progress over the next year and see what works and what doesn't work.

I think there is a piece of that that we do not necessarily have as much of.

>> LESLEY: Thank you.

Steve, I see raise your hand.

Did you have a question or comment?

>> Hi, this is Steve Wiseman.

Can you hear me?

I appreciate the presentation Doctor Brendel.

It was very good.

It took me back a while, sometimes you get a sense of déjà vu in the field.

Some of the things you talked about eloquently were very topical several decades ago.

I like your focus on children leading their own IEP's whatever that means for them.

Having kids experience that self-determination and also developing some skills along the way of leading in that role is a great motivator for kids working on all kinds of language and speech at the same time.

I applaud that.

Like I said there are some elements of déjà vu.

I recall working with some therapist that I hired many years ago in a different setting to beat the articulation 15 minute drills out of them and talk about language all that they had in some loss and because they never had been given permission really.

That was before IDEA became IDEA.

The other thing I was impressed about, the crosscutting even if people are particularly interested in SPL he gave many examples of crosscutting issues in working with parents and administrative teachers.

I appreciate how you slipped in and out of the roles of all those people and it felt like role-playing because there is such an under appreciation for everybody else's pressures that are really external for teacher and child.

Excellent presentation, thank you very much.

>> JAYNE: Thank you.

Just building off of what Steve said, part of the reason why I really see the importance of teaching kids to run their own IEP's is them understanding their disability.

More and more of our research is showing the kids with language disorders and learning disabilities those don't go away.

When I see at the university level is the students think they can pretend like it has gone away because they are out of high school now.

And now nobody knows.

Then they will struggle for a year, year and and a half or two years, their GPA will be amassed and they will either end up dropping out of college or they will finally find their way over to the student support services.

By then, it's almost too late because their GPA is such a wreck and their self-esteem is a wreck.

I feel like especially with mild to moderate disorders it is so critical to them to run their IEP's because it teaches them about their disorder.

He teaches them about their strengths but more importantly about their needs and how to advocate for themselves and to appreciate their differences.

Even though they are difficult.

It has been hard for me when I am advising students and I find out that they have a learning disability that they did not want those accommodations because they don't want to be different.

If I had a dime for every time I heard kids say I did not want to be different when it came to college.

Unfortunately, that's not how it will work.

Now we have to try to battle out of this.

I think that is the other piece K-12 it's so important that we help our students understand so that they know what they need so they can be successful.

It's really disheartening to see these kids crying and adults crying in your office because

in hindsight they wish they would have asked for help.

>> LESLEY: Maybe there's an opportunity to work together and learn from your research and your experiences.

There is a way that several of the units within the University can lay a foundation that would help in that transition.

You are talking about in K-12 too fast available so when they get to college it's not a big deal.

Assuming that is not going to happen for all of them if we can lay some natural progression in orientation for something like that where it is not stigmatizing to them be good.

Maybe that's something we can collaborate to figure out?

With that, I really appreciate your time Doctor Brendel.

Here your expertise.

I look forward to working with you and the department in your students this coming fall.

>> JAYNE: We are excited.

>> LESLEY: You have a good afternoon everyone joining us have a good afternoon.

Thanks again!

>> JAYNE: Thank you!

[end of session]