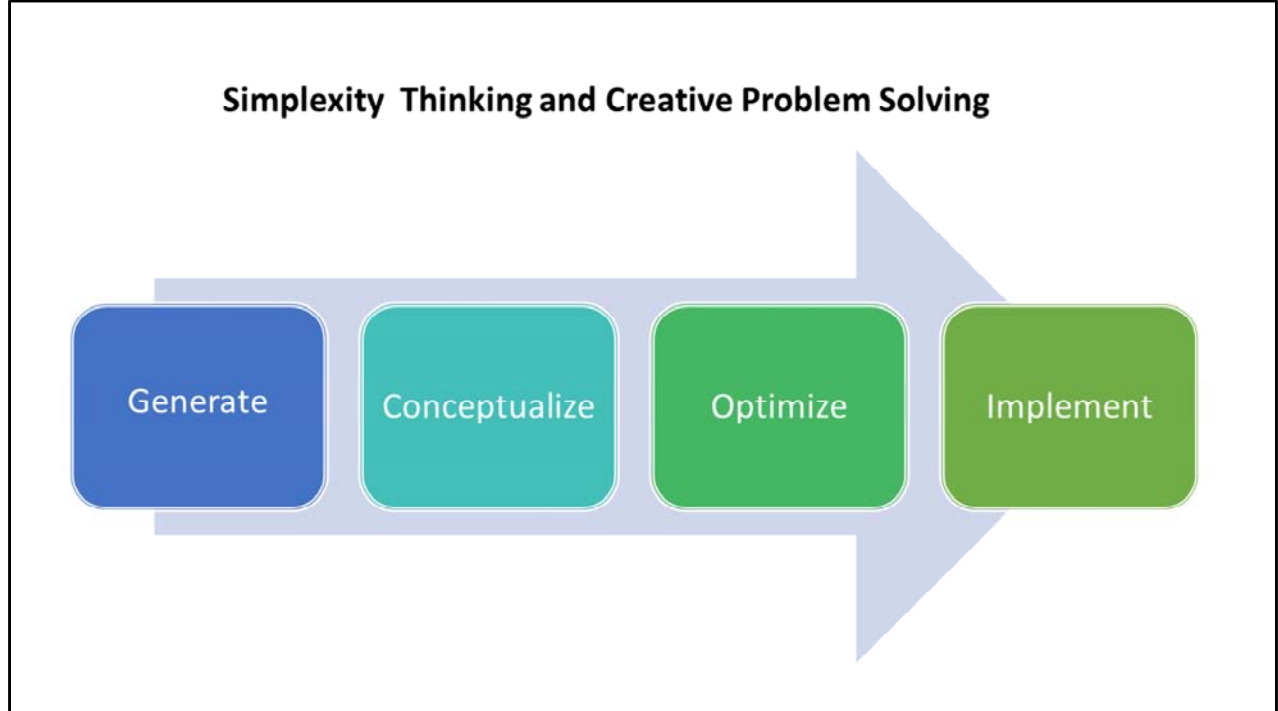


# Sharing What We Have Learned: Report of the MLE Subcommittee

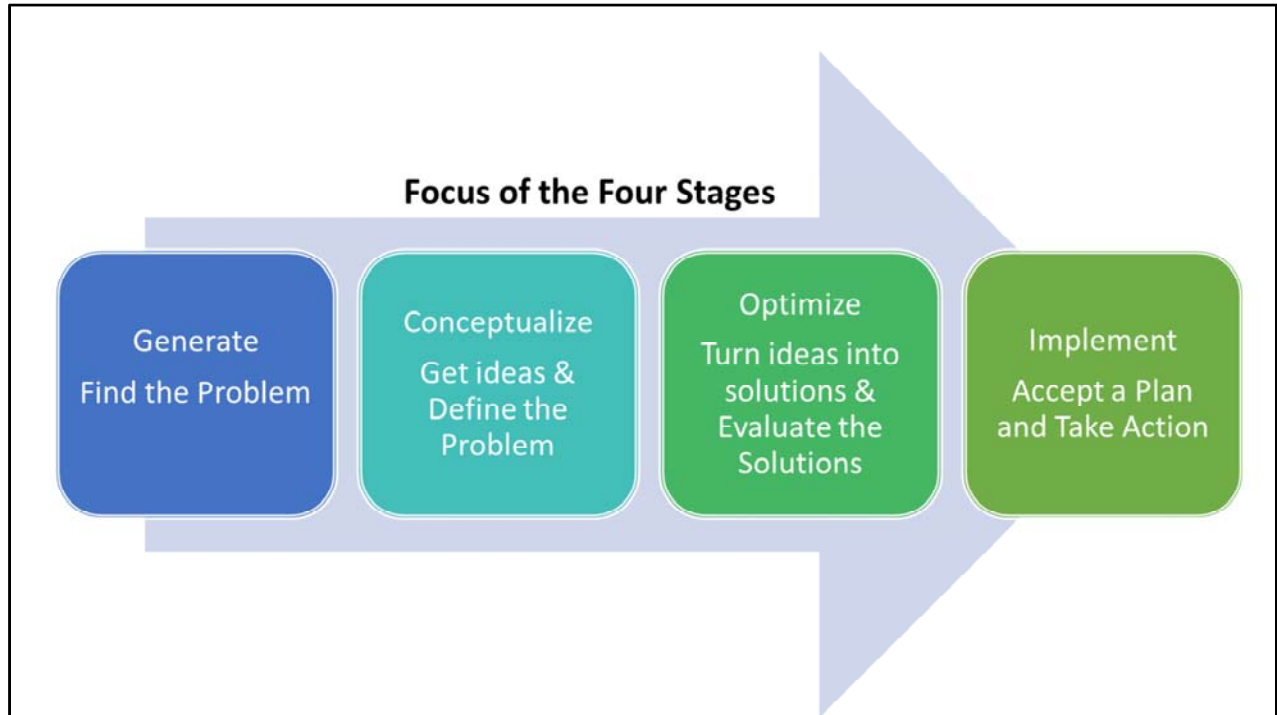
March and April 2017

**Welcome everyone. I am a member of the Master's Level Entry (MLE) Subcommittee. This spring the Subcommittee members are giving presentations at each of the 7 regional conferences, and we are sharing what we have learned this year.**

**We will review some of the tasks we have undertaken in the past few years or months, provide updates on our current projects, and look ahead to future tasks. The Master's Level Entry (MLE) Subcommittee was established in 2012 and given several charges. Over the years the Subcommittee has completed two of the charges, and several tasks, as we continue to explore the issue of Master's Level Entry.**



**Our process over the years has paralleled the stages in the model pictured here, which is the “Simplexity Thinking and Creative Problem Solving” model. It is designed to help people deal with complex problems, and there are 4 stages to this model. Some of the tasks undertaken or ideas explored by the MLE Subcommittee seem to fit the process in this model pretty well.**



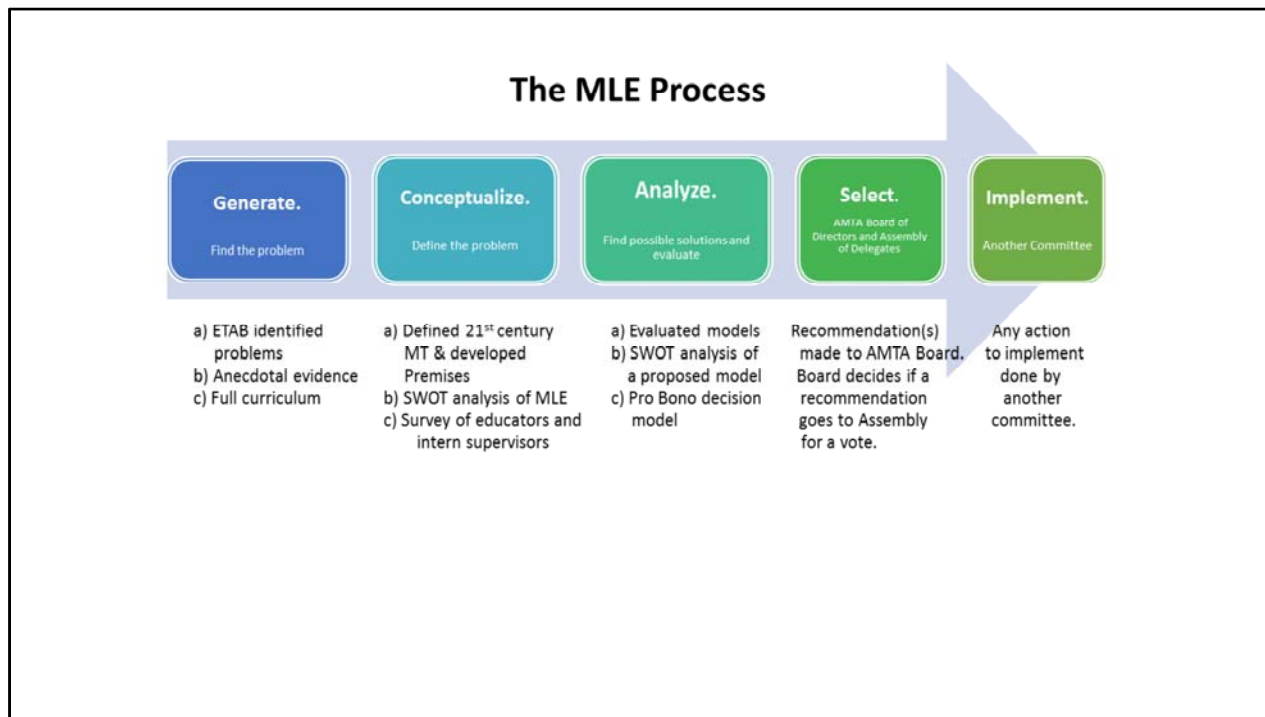
**The stages of the model are:**

**1<sup>st</sup> stage – Generate, or Find the problem.**

**2<sup>nd</sup> stage – Conceptualize. Get ideas & ask questions to define the problem.**

**3<sup>rd</sup> stage – Optimize. Turn ideas into practical solutions. Then Evaluate, and select one or more plans.**

**4<sup>th</sup> stage – Implement. Accept a plan and take action.**



We modified the model a bit in order to better apply it to the MLE Process. Working in the 1<sup>st</sup> stage – Generate – Problems with MT educational preparation were identified by ETAB, anecdotal evidence from internship supervisors and others also identified problems, including concern about the amount of material to be taught.

The 2<sup>nd</sup> stage is Conceptualize. The MLE Subcommittee used different methods to define the problem: a) the Definition of a 21<sup>st</sup> century music therapist was developed along with 4 Premises, b) town hall meeting comments and comments of others were analyzed and used to develop a proposed education model and then we did a SWOT analysis of the model, and c) we completed a survey of educators and internship supervisors.

The 3<sup>rd</sup> stage is Optimize where ideas are turned into solutions, and evaluated. Because a lot of our work in this stage involved analysis we felt the need to replace optimize with analyze. The MLE evaluated 6 different education models, completed a SWOT analysis of a proposed education model, and we have worked with a coach from Pro Bono Analytics to create a decision model dealing with the question of MLE.

In our process the 4<sup>th</sup> stage became Select. We added this stage because it reflects the fact that as a Subcommittee of the Board of Directors any recommendations we make will be presented to the Board of Directors. The Board decides whether or not to send any recommendations to the Assembly of Delegates for a vote.

The 5<sup>th</sup> stage is Implement. In this stage if a plan is selected then action is taken to bring the plan to life. If recommendations of any kind are made by the Subcommittee, the recommendation(s) need to be approved or adopted by the Board of Directors and sent to the Assembly of Delegates for a vote, and if there is need for action, then another committee would begin the work of Stage 5.

## Surveys

- Survey of music therapy educators and internship supervisors
- Current status of music therapy education
- Educational preparation
- Survey of music therapy educational Program Directors (PD) and Fulltime Faculty (FF) members
- Survey of National Roster (NR) and University Affiliated (UA) supervisors

As you just saw in a few of the previous slides, the MLE Subcommittee members surveyed music therapy educators and internship supervisors. The Subcommittee wanted to know about the current status of music therapy undergraduate and graduate education, and one group of questions focused on the educational preparation of students.

Two groups of music therapy educators were surveyed—educational Program Directors (PD) and Fulltime Faculty (FF) members. The second survey was sent to two groups of internship supervisors—National Roster (NR) supervisors and University Affiliated (UA) supervisors. Over 400 people returned surveys.

## Educational Preparation

- Focus = preparation of undergraduates and equivalency only students
- Do undergraduate or equivalency only students demonstrate professional maturity?
- Professional maturity = self-awareness, authenticity, and empathy
- Over half of educators (64% & 53%) felt 76-100% of concluding seniors or equivalency only students did demonstrate professional maturity
- Functional music skills

### Educational Preparation

We know some of you may have been unable to attend our session at the conference last fall in Ohio, so we are sharing some of the data we reported there. Today the focus is on information regarding educational preparation of undergraduates and equivalency only students and the current views of educators and internship supervisors on Master's Level Entry.

Questions related to both musical and clinical skills were asked as a way to gather information on educational preparation., Educators were asked if undergraduate or equivalency only students demonstrated professional maturity (meaning self-awareness, authenticity, and empathy). 64% of PDs and 53% of FFs felt a vast majority (76-100%) of seniors or equivalency only students demonstrated the professional maturity necessary to interact therapeutically in most clinical settings.

Over the years we learned there were concerns about the functional music skills of interns, we had both educators and internship supervisors rate functional music skills of students ready to begin or at the beginning of the internship.

## Educational Preparation Functional Music Skills

Functional Skill	Program Director	Fulltime Faculty	National Roster Supervisor	University Affiliated Sup.
Piano	2.91	2.95	2.75	2.89
Guitar	3.55	3.46	3.35	3.35
Percussion	3.13	3.17	3.01	3.08
Voice	3.61	3.37	3.63	3.65
Technology	2.90	2.66	3.32	3.16

Educators and internship supervisors rated these functional music skills using a 5 point scale: poor, fair, average, good, or excellent, with 1 being the lowest and 5 being the highest.

A comparison of educator and internship supervisor mean ratings shows similarities. With 3.0 being the mid-point of the 5 point scale or average, most of these skills were rated as average. Overall functional piano skills were considered the weakest functional skill area, and as you can see they fell below 3.0. However, the functional vocal skills were considered the strongest skill area with many average ratings above 3.6.



## Educational Preparation

- Internship supervisors rated interns' prerequisite clinical foundation skills (therapeutic applications, principles and relationships)
- Ratings of NR and UA supervisors similar
- 85% of NR and 86% of UA supervisors rated skills at the start of the internship as average, good, or excellent

Another aspect of educational preparation was prerequisite clinical foundation skills which included therapeutic applications, principles and relationships

Internship supervisors were asked to use a 5-point scale from poor to excellent, to characterize interns' prerequisite clinical foundation skills at the beginning of the internship.

The ratings of NR and UA supervisors were similar and indicate students have the prerequisite clinical foundation skills at the beginning of the internship. 85% of NR and 86% of UA supervisors reported that at the start of the internship student prerequisite clinical foundation skills were average, good, or excellent.

## % of Supervisors indicating interns acquire entry level skills

	NR	UA
• Application of music therapy research	88%	86%
• Ethical thinking	93%	97%
• Communication	95%	96%
• Professional maturity	94%	99%
• Critical thinking	96%	99%
• Application of theory-based knowledge to clinical practice	94%	94%

In addition, internship supervisors were asked to rate their interns development by the conclusion of the internship. A 4-point strongly disagree to strongly agree scale was used. Six entry level skills were the focus. For each skill a substantial number of supervisors agreed or strongly agreed that interns developed that skill by the conclusion of the internship, and the agreement between NR and UA supervisors was strong.

As you can see the entry level skills were:

- Application of music therapy research
- Ethical thinking
- Communication
- Professional maturity
- Critical thinking
- Application of theory based knowledge to clinical practice

## Educational Preparation

- Differences observed between Bachelor's/Equivalency only interns and Equivalency/Master's interns?
- 60% of NR and 56% of UA observed differences
- Explanations for differences fell within 12 categories
- 9 categories identified Master's/Master's Equivalency students as being more advanced in some areas
  1. More emotional maturity and/or life experience (56 responses)
  2. Deeper understanding of concepts, applications, and/or theory (24 responses)

**Another question regarding preparation asked internship supervisors if they observed differences between Bachelor's/Equivalency only interns and Equivalency/Master's interns. Just over half of supervisors (60% of NR and 56% of UA) indicated they had observed differences.**

**Those respondents who indicated they did observe differences were also asked to explain. Comments or explanations appeared to fall within 12 categories or topics. Nine of those categories identified Master's/Master's Equivalency students as displaying more advancement in some area or skill.**

**And the top 2 categories in which Master/s/Master/s Equivalency students were considered more advanced were**

- 1. More emotional maturity and/or life experience (56 responses)**
- 2. A deeper understanding of concepts, applications, and/or theory behind therapeutic interventions (24 responses)**

## Views on the Proposed Master's Level Entry

### Do you support a move to Master's Level Entry?

	<u>YES</u>	<u>NO</u>	<u>UNSURE</u>
Program Directors	46%	32%	22%
Fulltime Faculty	53%	35%	12%
National Roster Supervisors	50%	22%	27%
University Affiliated Sup.	69%	12%	19%

Learning about the views of educators and internship supervisors on the proposed Master's Level Entry was another aim of the surveys.

Participants were asked if they supported a move to Master's Level Entry. A total of 343 people responded to this question by indicating "yes, no or unsure." About  $\frac{1}{2}$  of all educators (46% & 53%) and half or more of internship supervisors said "yes." About  $\frac{1}{3}$  of all educators said "no," compared to less than  $\frac{1}{4}$  of all internship supervisors who said "no." Less than  $\frac{1}{4}$  of educators were "unsure," and about  $\frac{1}{4}$  of internship supervisors selected "unsure."

## Explanation for “yes” answer

### Curriculum

- There is a need for graduate education comparable to other related health professions to insure competent evidence-based practice, including depth work, and to improve professional recognition of music therapists amongst professionals, the public, and clients.

You have seen the numbers indicating whether or not respondents supported, did not support, or were unsure about moving to Master’s Level Entry. Throughout the surveys we asked respondents to provide written comments to explain their choices. A qualitative analysis summary of the written comments generated several categories and themes within those categories.

The first category is Curriculum and the theme was:

There is a need for graduate education comparable to other related health professions to insure competent evidence-based practice, including depth work, and to improve professional recognition of music therapists amongst professionals, the public, and clients.

## Explanation for “yes” answer

### Maturity

- The increasing number of challenging populations served by music therapists demands a maturity level not always present in undergraduate students.

### Skills (competencies)

- The amount of clinical and musical skills and knowledge (competencies) to practice music therapy at the entry level has grown beyond what can be taught in an undergraduate curriculum.

The other two categories were **Maturity** and **Skills (competencies)** and the themes were:

### Maturity

- The increasing number of challenging populations served by music therapists demands a maturity level not always present in undergraduate students.

### Skills (competencies)

- The amount of clinical and musical skills and knowledge (competencies) to practice music therapy at the entry level has grown beyond what can be taught in an undergraduate curriculum.

## Explanation for “no” answer

### Credentialing

- The focus should be on state recognition/licensure at this time.
- There is support for credentialing two levels of practice, with a requirement to eventually be credentialed for advanced practice.

### Curriculum

- The current bachelor’s curriculum is adequate for current entry level practice. The focus should be on making the teaching of competencies consistent across undergraduate programs.

### Experience

- Master’s level entry does not allow sufficient clinical experience before master’s study.

Five categories were identified from comments of those who did not support the move to master’s level entry. Three of those categories were credentialing, curriculum, and experience and the themes within each category were:

### Credentialing

The focus should be on state recognition/licensure at this time.

There is support for credentialing two levels of practice, with a requirement to eventually be credentialed for advanced practice.

### Curriculum

The current bachelor’s curriculum is adequate for current entry level practice. The focus should be on making the teaching of competencies consistent across undergraduate programs.

### Experience

Master’s level entry does not allow sufficient clinical experience before master’s study.

## Explanation for “no” answer

### Financial

- A smaller work force could potentially reduce AMTA membership, negatively effecting its finances.

### Workforce

- There is concern that Master’s Level Entry will result in fewer students entering music therapy because of increased costs and length of study, and potential inaccessibility to master’s programs. Fewer students could result in workforce reduction and possible use of workforce replacements.

**Financial and Workforce were the final two categories that emerged from written comments of those who did not support master’s level entry. The themes within these categories were:**

### **Financial**

**A smaller work force could potentially reduce AMTA membership, negatively effecting its finances.**

### **Workforce**

**There is concern that Master’s Level Entry will result in fewer students entering music therapy because of increased costs and length of study, and potential inaccessibility to master’s programs. Fewer students could result in workforce reduction and possible use of workforce replacements.**



Reasons to <u>Support</u> MLE	PDs	FFs	NR Sup.	UA Sup.
1 <sup>st</sup> Moving the profession to MLE has the potential to produce higher quality music therapists.	1.	1.	1.	2.
2 <sup>nd</sup> Obtaining a 48-60 hours Master's degree is consistent with the requirement of related allied health fields.	2.	4.	3.	1.
3 <sup>rd</sup> MLE may allow for a greater depth of clinical skills that will benefit the clients.	4.	2.	2.	3.
4 <sup>th</sup> The level of education offered by MLE has the potential to improve students' understanding of the therapeutic process.	3.	3.	4.	4.
5 <sup>th</sup> Graduate level students may demonstrate greater professional maturity in their clinical work.	5.	5.	5.	5.

Not only were participants asked to provide written explanations, they were asked to identify, from a list of 12 options selected for inclusion in the survey based on input from prior town hall meetings, the top 6 reasons for supporting the MLE. Those statements receiving a ranking by all four groups are in the chart. The top 5 reasons for supporting the MLE were:

- 1<sup>st</sup> **Moving the profession to MLE has the potential to produce higher quality music therapists.**
- 2<sup>nd</sup> **Obtaining a 48-60 hours Master's degree is consistent with the requirement of related allied health fields.**
- 3<sup>rd</sup> **MLE may allow for a greater depth of clinical skills that will benefit the clients.**
- 4<sup>th</sup> **The level of education offered by MLE has the potential to improve students' understanding of the therapeutic process.**
- 5<sup>th</sup> **Graduate level students may demonstrate greater professional maturity in their clinical work.**

As can be seen there was some uniformity in rankings. The reason ranked first was the top choice by 3 out of the 4 groups, and all four groups ranked "Graduate level students may demonstrate greater professional maturity in their clinical work" as fifth.

Reasons to Not Support MLE	PDs	FFs	NR Sup.	UA Sup.
1 <sup>st</sup> MLE may result in higher educational expenses by adding two more years of graduate tuition.	2.	3.	1.	2.
2 <sup>nd</sup> MLE appears to be an extension of the Bachelor's degree and would simply be moving undergraduate training to the graduate level.	1.	1.	5.	3.
3 <sup>rd</sup> There are no guarantees that Master's level MTs would earn higher incomes than present Bachelor's level MT-BCs.	5.	4.	2.	5.
4 <sup>th</sup> The present undergraduate degree is adequately training competent music therapists.	6.	5.	6.	1.

Using a list of 12 options also developed from town hall meeting input, respondents were asked to identify the top 6 reasons for not supporting the MLE. Those statements receiving a ranking from all four groups are listed in the chart, and the four top reasons are.

- 1<sup>st</sup> MLE may result in higher educational expenses by adding two more years of graduate tuition.**
- 2<sup>nd</sup> MLE appears to be an extension of the Bachelor's degree and would simply be moving undergraduate training to the graduate level.**
- 3<sup>rd</sup> There are no guarantees that Master's level MTs would earn higher incomes than present Bachelor's level MT-BCs.**
- 4<sup>th</sup> The present undergraduate degree is adequately training competent music therapists.**

## Information Needed to Reach a Decision

- 22% of PDs and 12% of FF educators selected “unsure”
- 3 themes were identified in their comments
- 60% of comments focused on curriculum issues
- 17% of comments were directed toward wages, increased student debt or credibility
- 22% of comments were miscellaneous

**Educators and internship supervisors who answered “unsure” to the question “do you support a move to the MLE” were asked to indicate what information was needed to reach a decision. The “unsure” answer was selected by 22% of PDs and 12% of FF educators. Longer responses were subdivided, and responses were put into the appropriate category. Comments were grouped according to three themes: 1) curriculum, 2) financial/credibility, and 3) miscellaneous.**

**60% of the respondents selecting “unsure” offered comments about curriculum issues that ranged from what would happen to the undergraduate degree to asking what the graduate degree would look like, or offering a remark about the internship.**

**17% percent of respondents’ commented about increased wages, the increased debt the graduate student would incur, or credibility.**

**The final 22% of comments were labeled miscellaneous because they did not fit the first two areas and included requests for more information or the statement that no more information is needed.**

## Information Needed to Reach a Decision

- 43% requested more information about the model
- 25% commented on cost of graduate degree
- 18% requested more research

Internship supervisors responded to the same question. Their 28 responses were also grouped into a few categories. 43% of respondents (12 people) requested more information about the model, with specific questions about curriculum or the internship.

25% of respondents asked for information on the time and money needed to earn a Master's degree as well as on employment and salaries after earning the graduate degree.

The third most frequent request was for research. One person suggested the music therapy research base needed to be developed first.

The remaining comments were in an "Other" category and included: the need for details of implementation, or information on whether or not this is the right time for a change. In summary the number one issue for educators was the curriculum, and the number one issue for internship supervisors was the model with statements about curriculum. Finances was in the second position for both educators and internship supervisors.



## PRO BONO WORKGROUP UPDATE

Moving on, we also want to present information from the Pro Bono Workgroup.



Volunteer organization

Institute for Operations Research and the Management Sciences (INFORMS)

Application of advanced analytical methods

Volunteers assist nonprofit organizations

Adam Clark – our volunteer coach

**Pro Bono Analytics is a volunteer organization staffed by members of the Institute for Operations Research and the Management Sciences (INFORMS), which is a professional organization that deals with the application of advanced analytical methods to help make better decisions. Pro Bono Analytics consists of volunteers who assist nonprofit organizations.**

**In the spring of 2016, AMTA set up a formal agreement to work with Pro Bono Analytics. Adam Clark was selected to be the coach and guide for a Workgroup consisting of MLE members Amy Furman, Angie Snell, Jane Creagan, Bryan Hunter, and Mary Ellen Wylie.**

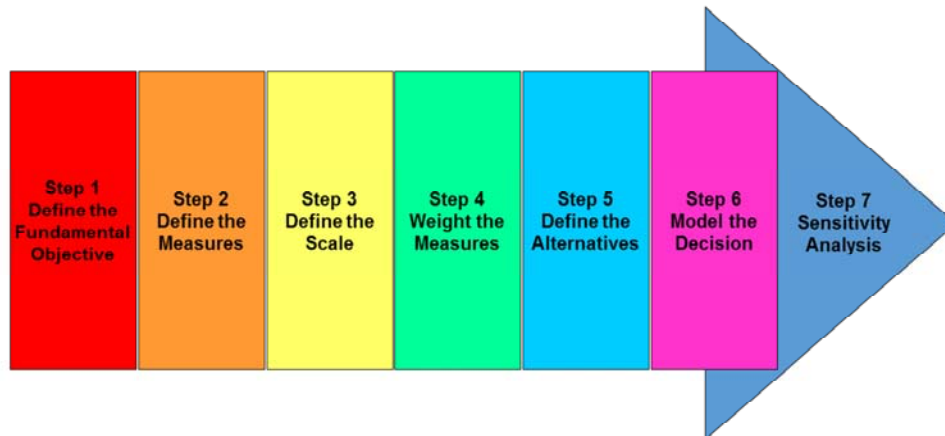
## Pro Bono Analytics

- The Decision process is a 7 step process
- Decision model will be created
- MLE documents used by Adam to create steps
  - definition of the 21<sup>st</sup> century music therapist
  - list of Essential Components/Core Values
  - SWOT analysis of a proposed education model
  - preliminary data from our surveys

Adam's main task was to guide the workgroup through a 7-step process to create a decision model. Ultimately, this decision model will provide another tool for the MLE subcommittee to use in the process of exploring the issue of master's level entry. Adam will create a spreadsheet and decision model that reflects the work of the Pro Bono Workgroup.

In order to inform Adam about music therapy and the MLE question, we sent him several documents that the MLE Subcommittee developed: the definition of the 21<sup>st</sup> century music therapist, the list of Essential Components/Core Values, the SWOT analysis of a proposed education model, and preliminary data from our surveys. Adam studied the materials and took ideas and information from them to use in the various steps of the decision model process.

## Decision Analysis Steps



4

The Pro Bono workgroup used a Decision analysis method which has 7 steps that lead to the creation of a decision model. The goal is to have a model that is a reference for a decision, and this model will also serve as a record of our thinking as we went through the steps. As the workgroup progressed through each step, they thoroughly discussed, edited, and/or refined statements along the way.

The 7 steps in this method are:

Step 1 – Define the Fundamental Objective

Step 2 – Define the Measures

Step 3 – Define the Scale

Step 4 – Weight the Measures

Step 5 – Define the Alternatives

Step 6 – Model the Decision

Step 7 – Sensitivity Analysis



## Step 1, Define the fundamental objective or in our method the goal

*The goal of the Pro Bono Workgroup is to ensure that credentialed music therapy professionals are skilled musicians and competent clinicians with the required theoretical understanding to apply music therapy to the best benefit of the patient in the ever-innovating field of music therapy, while not levying undue financial burden on the practitioner, client or other stakeholders.*

The first step was: *Define the Fundamental Objective, and we chose to make it a goal.* After defining music therapy and presenting information on the education of the professional, the Pro Bono workgroup with Adam created the following goal statement:

*The goal of the Pro Bono Workgroup is to ensure that credentialed music therapy professionals are skilled musicians and competent clinicians with the required theoretical understanding to apply music therapy to the best benefit of the patient in the ever-innovating field of music therapy, while not levying undue financial burden on the practitioner, client or other stakeholders.*

## Step 2, Define the Measures

- Eight characteristics of an education program were identified

### 8 Characteristics:

1. Music Skills Competency
2. Clinical Skills Competency
3. External Perceptions
4. Financial Burden
5. Length of Program
6. Access for Professionals to Qualified Educational Programs
7. Location of Academic Program
8. Cost of Music Therapy to Patients and Stake Holders

The Pro Bono workgroup then focused on Step 2, *Define the Measures*. Over the course of several weeks the workgroup members discussed different measures. Those discussions identified 8 characteristics that captured the nuances between education programs. The characteristics varied and helped discriminate between educational options. As you can see on the right side the 8 characteristics were: Music Skills Competency, Clinical Skills Competency, External Perceptions, Financial Burden, Length of the Program, Access for Professionals to Qualified Educational Programs, Location of Academic Programs, and Cost of Music Therapy to Patients and Stake Holders.

## Step 3, Define the Scale

- A rating scale was developed as a measure of the each characteristic
- Different rating scales used

### **Step 3 – Define the Scale**

**In step 3 the workgroup created methods for scoring how well an educational option performs. There were measures created for each of the 8 characteristics we identified.**

## Step 4, Weight the Measures

- Pair-wise Comparisons used
- Determined which characteristics was more important than others
- Clinical Skills Competency ranked #1

## Step 5, Define the Alternatives

- Further data is gathered
- For example, Financial Burden is a characteristic
- Discussed information gathered on the cost of an undergrad and graduate degree and of student loan debt from websites such as “Mapping Your Future.”

### Step 4 – Weight the Measures

Pair-wise comparisons were used to determine which of two characteristics was most important. Pairings of all the characteristics were made and discussed. The result was a ranking of the characteristics. The characteristic that ranked first among the 8 characteristics was **Clinical Skills Competency**.

### Step 5 – Define the Alternatives

In this step data is gathered on the options. The workgroup used additional data to understand characteristics. For example Financial Burden was one of the four characteristics that focused on the potential costs of a possible change. The workgroup gathered information on the average cost of an undergraduate degree and the average cost of two years of graduate school at campuses offering the master’s in music therapy. Websites such as “Mapping Your Future” that gave information on student loan debt were also useful.

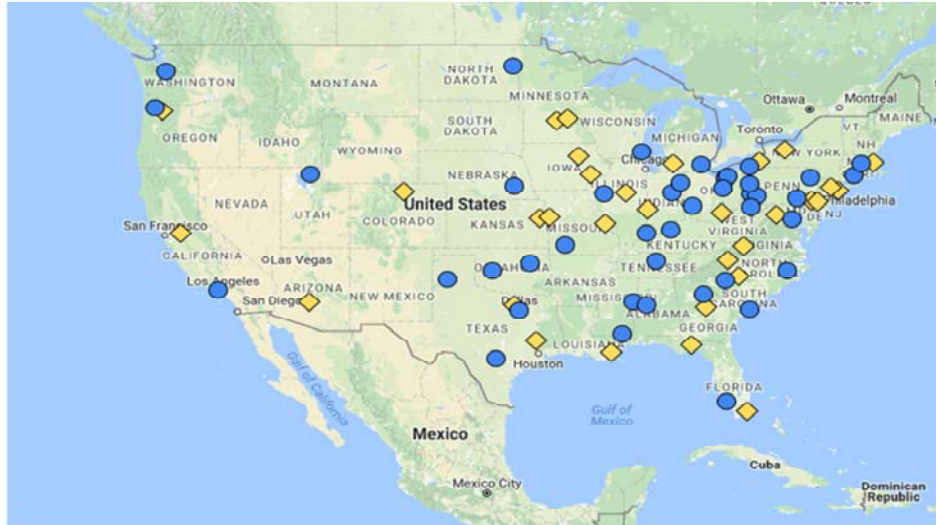
## Access for Professionals to Qualified Education Programs

- A good educational program must be accessible to potential professionals of many diverse backgrounds including those across geographic regions, socio-economic, race, gender, etc.
- There needs to be enough graduate level opportunities to place all of the bachelor's level students in a program.

*Access for Professionals to Qualified Education Programs* was another characteristic. This characteristic is defined as “A good master’s level educational program must be accessible to potential professionals of many diverse backgrounds including those across geographic regions, socio-economic, race, gender, etc.” If the MLE were to be approved there needs to be enough graduate level opportunities to place all of the bachelor’s level students in a graduate program.

Amy Furman produced several maps that clearly identified programs geographically.

## Access to Educational Programs: 80 Schools with MT Degree Programs



Here is one of those maps.

**Blue dots represent Bachelor degree programs in music therapy, and there are 41 campuses that offer only the Bachelor's degree in music therapy. There are 33 other campuses that offer Bachelor's and Master's degrees in music therapy.**

## Access to Educational Programs: 39 Schools with Master's Programs



On this map the yellow squares represent the 33 campuses that offer a master's degree in music therapy along with a Bachelor's degree. The green squares signify Master's only programs (no undergrad degree). There are 6 master's only programs.

## Final Steps

### Step 6, Model the Decision

- Weighted scores for each characteristic computed

### Step 7, Sensitivity Analysis

- Adam will complete this step and coach the workgroup in the use of the model
- A final report will be created

#### **Step 6, Model the Decision**

**We are working on this step. Weighted scores for each characteristic have been computed and combined. At this point Adam needs to instruct the workgroup on the interpretation of the computed scores. Throughout March Adam will also work with the Pro Bono workgroup to help them revise information for the final report.**

#### **Step 7, Sensitivity Analysis**

**Adam needs to compute this step and then coach the workgroup in using the model. A final report of the Pro Bono workgroup, summarizing the work and outcomes, will be produced. On a final note, the Pro Bono Workgroup owes Adam Clark a huge thank you for his patience and leadership. All of the Pro Bono work is being done by conference call, with weekly calls for much of the last 6 months.**



## 2017 Timeline

- **March** Presentations at regional conferences. MLE works with Decision model
- **April** Presentations at regional conferences. Pro Bono Decision Model final report completed.
- **May** Finish report from surveys. Plan June meeting.
- **June** MLE treat. Outline of final report for 2017.
- **August--October** Work on a final report to the Board of Directors.
- **November** Present report to the Board. Presentations for the Board of Directors, Assembly of Delegates and members.

We are sometimes asked about our timeline. Here is a list of what we are doing and will be doing in 2017.

As in years past, members of the MLE Subcommittee are again presenting concurrent sessions at each of the regional conferences taking place in March and April.

Additionally, in **March** we will fine-tune and work with the Decision model developed by the Pro Bono Workgroup.

In **April** the Pro Bono Decision Model final report will be completed.

In **May** we will focus on finalizing the analysis and summary of the survey of educators and internship directors. Planning for the June face-to-face meeting will also take place.

Our focus in **June** will be preparing for the work that is to be done at the MLE face-to-face meeting. We will discuss all the information we have gathered. Plus, since the current term of the Subcommittee ends in December, we will be outlining the content of a final report.

Work in **August through October** will focus on creating a final report to the Board of Directors. Summaries of the various projects we have undertaken

will be made, and we will also address any questions that remain from a previous report in 2014.

We will present a report to the Board of Directors in **November**, and give presentations for the Board of Directors, Assembly of Delegates and members.

## MLE Subcommittee Members

- |                 |                          |                      |
|-----------------|--------------------------|----------------------|
| • Ron Borczon   | Jim Borling              | Cynthia Briggs       |
| • Jane Creagan  | Amy Furman               | Michelle Hairston    |
| • Marcus Hughes | Bryan Hunter             | Ed Kahler            |
| • Ronna Kaplan  | Eve Montague             | Christine Neugebauer |
| • Angie Snell   | Mary Ellen Wylie (Chair) |                      |

**Finally, these are the members of the MLE Subcommittee. Feel free to contact any one of us. We welcome your comments and appreciate your thoughts and feedback.**

**At this point we have time for questions or comments.**