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POSTGRADUATE SPEECH PATHOLOGY EDUCATION

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ABSTRACT

This paper explores the clinical practicum experience of students in their first semester of the new Master of Speech & Language Pathology program at Macquarie University. Ten students and nine clinical educators were interviewed in order to gain insight into the appropriateness of the schedule instigated as well as procedures for assessment. The interviews were semi-structured and the resultant data was analysed for common themes. Results suggested that while the students coped relatively well and made significant progress over the semester, both clinical educators and students expressed the need for clearer expectations of the students' performance, and for more observational experience/ preparation prior to undertaking a full clinical placement. Implications of the results and changes made to the clinical practicum component of the program as a result of the evaluation are discussed.

KEY WORDS

Clinical education, speech pathology, postgraduate education

INTRODUCTION

An important part of any educational program for health professionals is the clinical practicum component that is seen as an integral part of the way in which students are prepared for the professional role (McAllister et al., 1997; Williams & Webb, 1994). The clinical setting is said to promote '*the integration of theoretical and skills-based components of the curricula, and efficient reorganization of knowledge, so that it may be applied to the problem-solving and clinical decision making required in real life client care*' (McAllister et al., 1997, p.7). With the establishment of the Master of Speech & Language Pathology (MSLP) degree at Macquarie in 2001, came the challenge of how to incorporate clinical education into a two year program as compared with the traditional four year bachelors program.

In considering the nature and the timing of clinical practicum experiences, research conducted into practical/fieldwork education across numerous professional field informed decision-making e.g., research in the areas of teaching, nursing, medicine, physiotherapy, occupational therapy, speech pathology. Timing of practicum placements in relation to theoretical components varies across programs, with no acknowledged 'perfect way' of organizing the sequencing (Handel & Lauvas,

1987). However, numerous models of education have focused on the centrality of critical thinking and reflective practice in a student's development of professional competencies, facilitating integration of theory with practice (e.g., Alsop, 1993; Boud, Keogh, & Walker, 1985; Fish, 1995; Slater & Cohen, 1991).

The Macquarie program elected to require students to commence clinical practicum from the first semester of their program (from Week 4 onwards). Clinical educators were encouraged to provide observational experience, and to gradually involve students in actual practice as they felt appropriate. It was felt that immediate involvement in the clinical setting would provide students with a professional context in which to operate from the outset, and would encourage the application of theory to practice early in their professional learning (Higgs & Edwards, 1999). As students had prerequisite knowledge in 'normal' communication as part of their undergraduate degrees, as well as already having had experience in accessing and acquiring knowledge at tertiary level, it was anticipated that they would be able to satisfactorily cope with the challenge of facing clients prior to having well-established theoretical knowledge of their disorders. However, in order to facilitate clinical learning, activities promoting a philosophy of reflective practice, critical thinking, and lifelong learning formed an integral and ongoing component of the practicum experience e.g., journaling (Stockhausen & Creedy, 1996), clinical tutorials reflecting on students' experiences during the semester, lectures/tutorials on ways of accessing information, and a component Professional Practice which focused on both discussion of critical thinking, and reflective practice as well as case based discussions designed to implement both. Most clinical educators had attended workshops on clinical education incorporating discussion of both these concepts.

Macquarie students were required to attend a speech pathology clinic one day per week for each semester. Clinics were either adult-oriented (e.g., acute hospital) or child-oriented (e.g., community health center).

This paper reports on part of an evaluation aimed to examine both students' and clinical educators' perceptions of the weekly clinical practicum placement across the first two semesters, and to monitor students' progress in terms of specific clinical competencies, as no data on similar postgraduate cohorts are currently available. Specifically the following questions were being investigated:

- Can students studying to become speech pathologists sufficiently integrate theory and practice so as to successfully participate in clinical practicum during the first semester of their program (i.e., take active roles in assessment and treatment sessions)?
- What is the progress of the students in their clinical practicum through the first year of the program?
- What knowledge/experience gained from the student's prior experience (i.e., previous degree, life experiences) has been useful for participation in the clinical practicum?

It was envisaged that such information would be valuable for both clinical educators and course and clinical coordinators in order to gain a better understanding of what can be expected of these new speech pathology students and to set appropriate benchmarks for clinical progress. Due to the large amount of data obtained, this paper deals with the data obtained from interviews involving the students and their clinical educators, during Semester 1 of 2001. Both the findings and the implications of the data for future program planning will be discussed.

METHOD

Participants

All students (10) and clinical educators (9) involved in the clinical program of the MSLP for Semester 1, 2001, were interviewed following the completion of the semester. The interviewer was unknown to the students and to most of the clinical educators and was not directly linked with Macquarie University or the MSLP program apart from her role in this project.

The Data

The interviews consisted of a series of open-ended questions – see Appendices 1 and 2. There was a separate set of questions for both students and clinical educators, some addressing similar issues such as perceptions of student's progress. Questions related to the specific assessment form used and the academic program were also included, but due to space limitations, responses to these questions will not be presented here. Interview times ranged from 18-47 minutes. The interviews were audiotaped and later transcribed verbatim.

The Analysis

Interview data were analysed quantitatively and descriptively according to each question. For some questions, numbers of 'positive' and 'negative' responses could be calculated eg., an 'overall positive response to the clinical experience.' However, within each question, themes and categories were developed to classify responses using the constant comparative method of data analysis (Smith-Lewis & Ford, 1987; Taylor & Bogdan, 1984). Transcripts were reviewed to develop a set of response categories or themes that accounted for all responses e.g., unsureness, mis-match between clinical practice and theory. Refining of the themes occurred through repeated analyses of the transcripts. The results are presented under headings related to each question.

RESULTS

Student Responses

Overall experience

Eight of the ten students felt positive about the overall experience, although several also commented that they found it '*confronting*' and '*a challenge*' at the same time. Two felt that while they had learned a lot, they also felt '*overwhelmed*' and found the experience '*frightening*' in terms of their limited knowledge base at that stage. Two students were disappointed in their placements due to either changeover of clinical educators during the semester or limited 'hands-on' experience.

Feelings at beginning of semester

Half the students reported feeling predominantly very apprehensive because of unsureness about what would be expected of them in the placement and their limited knowledge. The other half reported feeling predominantly very optimistic.

Skills brought to the clinic

Six students felt they brought good interpersonal skills to the placement, related to their previous work backgrounds e.g., tutoring, teaching, babysitting, health-worker. Three had some medical knowledge, having worked in hospitals/pharmacies. Other skills included organizational skills,

study skills, personal experience of illness, experience as a parent, and previous experience of working with children with disabilities.

Integrating lectures and clinic

Two main themes emerged in relation to this question. The first involved comments related to the difficulty for students who often saw clients from caseloads that had not been covered in lectures. The second involved a perceived mis-match between clinical practice and best practice as taught in lectures e.g., '*What was done at clinic was divorced from the lectures,*' '*two separate knowledge bases.*'

Progress

All students felt they had progressed during the semester, although some expressed concern about the gaps in their knowledge and experience, particularly where they had had, for example, an adult clinic and hence felt limited in what they knew about paediatric caseloads. Very few common themes emerged. Areas of progress included report writing and planning, assessment, therapy, how to relax in hospital environment, working with families, increased knowledge of the role of the team, knowledge of health system, accessing information, ability to relate to children, knowledge of children's development, knowledge of phonology & articulation, confidence, and ability to reflect.

Feedback

Eight of the students reported receiving helpful and regular feedback from their clinical educators. One reported that progress was not discussed specifically until the end of semester, while another noted that she would have liked more specific feedback.

Suggestions for change to the practicum

The two issues most noted were the suggestion to attempt to match clinical caseloads more with lectures given concurrently with the placement, and a suggestion that students should be given more preparation for clinic. More prescriptive expectations and goals from the university were suggested by two students.

Ability to access information

All students felt quite confident in accessing information. In particular, some appreciated lectures and assignments focused on accessing information via the internet (3), others access information via personal contacts i.e., with clinicians, lecturers, peers (5). Three commented on the fact that library resources were a bit restricted due to the program being so new, with the speech pathology reference library still being developed.

Clinical Educator Responses

Expectations of students

Five of the nine clinical educators said that they expected little of the students in terms of knowledge of speech pathology, but that because of the students' maturity (age, past degree, life experience), they expected them to have more developed skills in other areas than undergraduate speech pathology students. They expected the students to have more developed interpersonal skills (3), be more independent (2), be more motivated overall (2), be faster learners (2), organized (1), self-directed in their learning (1,) and have more confidence and professionalism (1). Three said they were unsure of what to expect, and one said she had an open mind.

Comparison of Macquarie students with speech pathology students from other universities

Five of the clinical educators rated the Macquarie students more favourably than previous students in terms of being more confident (3) having more initiative and independence (2), being 'more focused/ motivated' (1), '*quite competent*' (1), having a good ability to relate to other professionals (2) and being '*well organized at problem solving*' (1). While some favourable comparisons were made to 3rd year and 4th year undergraduate students, one clinical educator described her students as more '*anxious,*' and '*overwhelmed.*'

Students' coping

Five clinical educators felt their students coped well – '*she presented professionally*' '*she was at ease with herself in terms of her own knowledge base*' '*well organized and not stressed*' and '*very inquisitive.*' Three of the clinical educators (commenting on 4 students) said that their students found the experience initially quite daunting.

Academic knowledge

Five clinical educators felt the students' academic knowledge was good. Conversely, four clinical educators felt the students' knowledge was limited.

Rapport Skills

Six clinical educators rated this highly, while three said the students had mixed skills in this regard eg., good with children, but needed to improve their skills with parents, and vice versa. Positive comments included '*superb,*' '*very professional and very warm,*' '*very impressive*' – '*able to run the whole thing*' '*very intuitive.*'

Ability to access and integrate information

Seven clinical educators reported that students were able to access information well and relate theory to client management. Two reported students having difficulty integrating theory with practice and one reported having to be '*very directive*' with the student in regard to accessing resources.

Initiative

Clinical educators made positive comments in relation to eight students' initiative. They reported these students were good at expressing needs and asking questions. Two commented that their students had limited initiative but were always responsive.

Students' progress and 'what did students learn' (Questions 6 and 7 collapsed)

Clinical educators unanimously agreed that students had progressed over the semester. Areas of progress identified were assessment, therapy, rapport, teamwork, time management, report writing, the supervisory process and self evaluation, flexibility, knowledge of the profession, service delivery models, psychosocial issues and ethics. Comments included '*she moved from observing to participating and doing therapy herself in the end.*'

Suggestions for improvements in organization of practicum

The most common suggestion here (four of the nine) was that the clinical educators would have liked clearer expectations of students' performance from the university. Other suggestions included more observation before a full placement (2), more orientation to administration skills (1), better organization of the clinic for having students (1) and two students together being useful (1).

Personal experience of practicum

Seven clinical educators indicated that having the student had been a positive experience. Two reported negative feelings. One of these involved a placement where there had been a change of clinicians twice during the semester. She expressed guilt over this, while another said it was 'very demanding' due to time constraints.

DISCUSSION

The evaluation has yielded numerous findings that provided direction for improvement in the clinical practicum program for the first semester. This discussion focuses on the major findings.

In terms of the first question being investigated, it did appear that most students could sufficiently integrate theory and practice so as to successfully participate in clinical practice to the extent that their clinical educators rated their performances well in this regard. However, both students and clinical educators acknowledged concern for the amount of theory and professional knowledge they had to acquire in these initial stages of the program in order to deal with their first exposure to clinical practicum. In addition, students also expressed greater difficulty learning theoretical knowledge that was not related to concurrent clinical experience e.g., learning about adult language disorders while being at a child-oriented clinic. As a result of this feedback, and in order to give students' greater preparation and orientation to the field, the first semester placements have now been changed to be largely observation only. In addition, the practicum schedule has been changed to include both adult and paediatric placements. Students now have two 5 week placements in the first semester – one paediatric and one adult. Each placement involves largely observation, with a small number of prescribed tasks having to be completed by the student. In addition, on-campus clinical laboratories were instigated, attached to two of the main caseloads covered in semester 2 – developmental and acquired language disorders. These laboratories consisted of opportunities for students to practise using clinical testing material, role play treatments, plan treatments based on case studies, and access a variety of other clinical resources.

All students were seen to make good progress throughout the first semester in a wide range of relevant areas. However, an unsureness regarding expectations emerged as one of the most prominent issues from both the clinical educators' and students' perspectives.

As this was a new program with no precedents in Speech Pathology education specifically, planners were reluctant to be too prescriptive in terms of expectations. In addition, within all programs having moved to a competency based assessment in recent years, the fact that students progress at different rates in regard to different competencies is being increasingly acknowledged, making strict guidelines for expectations not totally desirable. However, as a result of the feedback gained in this study, clearer guidelines have been developed for each semester and are given to both clinical educators and students prior to each placement.

In terms of skills that students brought to the clinical experience, the reports of the students having good interpersonal skills, independence and initiative supported the feeling that postgraduate students should be better equipped in these areas than many undergraduate students and that clinical education has to focus less on developing these skills than it would at the undergraduate level. However, Ferguson & Fitzpatrick-Barr (2001) reported high levels of independent learning in first year undergraduate speech pathology students, so the skills noted above may not in fact be related to their status as postgraduates rather than undergraduates. It could be related to the high degree of motivation required for students choosing a specific vocational path. It could also be related to characteristics of mature-age learners, who also constituted a significant group in the Ferguson &

Fitzpatrick-Barr cohort. Further investigation of such variables would further elucidate these findings.

The evaluation proved very valuable in directing the development of the clinical program at Macquarie, and ongoing examination of both students' and clinical educators' experiences continues to assist in the evolution of the optimal clinical education component of the Masters program.

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Appendix 1: Student questionnaire

1. Overall, how did you find the experience of doing the clinical practicum this semester?
2. How did you feel at the beginning of the semester when you first went to clinic?
3. What skills do you feel you brought to this new clinical situation this semester?
4. How did you find the experience of integrating information learned in lectures with clinical requirements?
5. What do you think of your progress clinically over the semester and what have you learned?
6. How useful did you find the feedback provided and the progress indicator reports?
7. Could you suggest any different ways of organizing the practicum experience?
8. Given that you have been faced with much new learning over the semester, could you comment on your ability to access information needed to further your knowledge and if this changed over the semester?
9. What, if anything, would you change about the academic subjects in semester 1?
10. How did you find the subject(s) in terms of ease of understanding and relevance to clinical practice and your future career?
11. Has your view of speech pathology as a profession changed since you enrolled? If so, how?
12. Any other comments?

Appendix 2: Clinical educator questionnaire

1. What were your expectations of this/these student(s) at the beginning of the semester?
2. How did the student(s) differ from previous students you have supervised?
3. How did the student(s) cope initially in the placement?
4. What did you observe about the student(s) in the following areas:
 - a) academic knowledge
 - b) ability to relate to clients and relatives
 - c) ability to access and integrate information
 - d) level of initiative
5. How useful did you find the Progress Indicator Report as a tool both for assessment and feedback?
6. What do you think of the student(s)' progress over the semester?
7. What do you think the student learned in this practicum?
8. Could you suggest any different ways of organizing the practicum experience?
9. How did you find the experience of having this student(s)?
10. Other comments?