

# **Innovations in Professional Education for Speech and Language Therapy**

Edited by

**Shelagh Brumfitt** PhD, MPhil, RegMRCSLT, MHPC  
Department of Human Communication Sciences  
University of Sheffield

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Whurr Publishers  
London and Philadelphia



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# Foreword

Shelagh Brumfitt, in the introduction to this book, describes the necessity for and purpose of this text. She also outlines the main themes and directions of each section, so what is left to write is a 'Foreword'. May I fall back on the personal perspective of a clinician, speech and language therapy researcher and service manager who has strayed into the world of academia and education.

As a student many years ago, faced with learning primarily through the 'being lectured at' mode, I, along with many others, lost interest and enthusiasm. In my case, this interest and enthusiasm was rekindled by some productive placements, dampened by other placements, but reignited by my first job, where I quickly learned the difficulty of applying remote theory to demanding, immediate practice, much of which seemed to be unrelated to anything in any flow diagram.

The emphasis on ensuring that gained knowledge can be used in different ways to address new problems and applications is a theme running through this book. There are no health or social care professions that I know of where all the fundamental knowledge is unquestioned and can be learned as a 'truth' to be applied in a prescribed and unrefutable manner.

While each discipline does have core elements, principles and facts, there remains a great deal which relies on bringing knowledge together in unique combinations to contribute to a unique situation. Evidence-based care and guidelines to all clinical practice will probably only ever give the defined and tested procedures for less than 20% of any human care process. While it is essential that students are 'taught' these 'truths', it is equally essential that they know how to proceed with the myriad of unusual issues that need to be addressed on a daily basis in every clinic.

As a therapist and manager, I found it hard to understand why students were not 'taught how to treat'. It is only with passing years that one realizes that this would be an impossible ambition and that learning how to identify and solve a range of clinical problems is a basic skill that is transferable and generalizable, thus equipping the student to develop competency beyond that of a checklist of skills attained.

There was a time when academia had an abreaction to the term ‘application’, seeing this as an avenue that would lead to corruption of academic purity where theories developed, argued and defended within the mind were unsullied by practical considerations and demonstrable exceptions. Fortunately, as several chapters in this book demonstrate, the practical clinical world is now recognized as a rich learning resource, as long as it is incorporated appropriately rather than it being a place to plant students who may fortuitously learn something of value. The divide between the university department and the workplace is less stark, with an appreciation that clinicians are now more involved with the education of students, and university departments recognizing that education and curriculum development must incorporate an employer perspective and lead to student experience that will result in a clinician who is ‘fit to practise’.

It is interesting that all of the chapters within this book draw on literature and experience related to the education of other healthcare professions. These chapters will also contribute to the education of students in professions other than speech and language therapy. The interprofessional learning agenda has grown from the recognition that all health professions share some core philosophies, principles, skills and attitudes, and while each requires its own specific unique knowledge there will be gains if commonalities are also recognized and respected.

One of the issues not addressed in this book and thus something I feel I can add specifically, rather than simply regurgitating it in this Foreword, is the importance of enthusing the student in his or her chosen topic. A student who develops sufficient belief, as well as knowledge and love for a subject, will continue to learn throughout the course of his or her career.

Pam Enderby  
July 2003

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# Contributors

**Sue Baxter** has been a practising speech and language therapist for 16 years, with experience of working with a broad range of client groups and service management. She is currently a clinical tutor at the University of Sheffield, where she is responsible for the clinical components of the undergraduate and postgraduate degree courses leading to qualification as a speech and language therapist.

**Shelagh Brumfitt** is a senior lecturer in the Department of Human Communication Sciences at the University of Sheffield. She is the programme director for the undergraduate qualifying course in speech and language therapy, and chair of the departmental clinical education research group.

**Richard Cox** is a reader in the School of Cognitive and Computing Sciences at the University of Sussex. He studied psychology and education before doing a PhD in artificial intelligence at the University of Edinburgh. He is a cognitive scientist whose interests include interactive learning environments, human reasoning and individual differences.

**Barbara Dodd** has worked in paediatric speech and language therapy since 1968, working in clinical and academic departments of linguistics, psychology and speech in the UK and Australia. She is currently Professor of Speech and Language Therapy in the Speech and Language Sciences programme at University of Newcastle. She has been involved in setting up problem-based learning courses at Queensland University, University of Newcastle, UK, and Trinity College, Dublin. Her research interests are in phonological acquisition and disorders.

**Sue Franklin** is currently senior lecturer on the Speech and Language Sciences programme at University of Newcastle, UK. Her key research activity has been the analysis and treatment of aphasia, with a particular interest in evaluating intensive therapy in a large group study in

Newcastle. Her interests extend also to phonological and sentence processing impairments in aphasia, comparison of developmental and acquired phonological disorders and the development of psycholinguistic assessments in Japanese aphasia.

**Margaret Freeman** is a lecturer in speech and language therapy in the Department of Human Communication Sciences at the University of Sheffield. She has a special interest in promoting the use of information and communication technologies for clinical work, teaching and research, and has recently completed an MEd in e-learning.

**Kim Grundy** is principal lecturer in speech and language therapy at De Montfort University, Leicester. She was programme leader and clinical placements co-ordinator for the speech and language therapy degree programme from 1993 to 2001. During this time, she developed a model of peer placements and peer-tutoring placements which is now an integral part of the clinical practice placement programme. She is a registered homeopath, and divides her time between teaching personal and professional development and her homeopathic practice.

**Kirsten Hoben** qualified as a speech and language therapist in 1989 and has practised for the past 13 years, mostly in the NHS. From September 2000 to December 2001 she worked as project assistant on the NMET-funded study 'Informing Educational Change to Improve the Professional Competence of Speech and Language Therapists'.

**Carmel Lum** is a qualified speech and language therapist and chartered psychologist. She began her career in Australia in neuro-rehabilitation before receiving further degree qualifications in research methods and a PhD in cognitive neuropsychology at York. Her interest in clinical reasoning in students and experts grew out of her experiences as a lecturer in aphasiology and research methods. She is currently a Senior Research Fellow at the Human Communication Research Centre, University of Edinburgh.

**Sue Pownall** works as a specialist speech and language therapist in the clinical area of dysphagia in Sheffield. She is a course leader and lecturer for the basic-level Sheffield dysphagia course, which is credit rated to masters level at Sheffield Hallam University, and is currently managing a project implementing partnership working between the speech and language therapy and nursing professions in the assessment and management of dysphagia.

**Jois Stansfield** is a qualified speech and language therapist and is head of speech and language sciences at Queen Margaret University College, Edinburgh. She worked in a number of posts in England and Canada

before moving to Scotland to specialise in clinical work with learning disability and dysfluency. Her current post involves research and teaching and she maintains a clinical commitment in the Scottish Centre for Speech Disability. Her most recent research work has focused on the clinical education of pre-qualifying speech and language therapy students and the development of competence for entry into the profession.

**Anne Whitworth** has worked in both Australia and the UK, her clinical work spanning both adult and child communication disorders. She is currently Director of Clinical Education on the Speech and Language Sciences programme at University of Newcastle, UK, where clinical education of speech and language therapists is a key area of interest. Other research interests are the evaluation of treatment efficacy in aphasia and the development of sound clinical assessment measures, particularly in elucidating sentence processing disorders and in applying conversation analysis to the assessment process.

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# Introduction

## Perspectives in professional education, an overview

SHELAGH BRUMFITT

During the development of speech and language therapy as a profession, several core texts have been written about professional education as a specific subject (Stengelhofen, 1993; McAllister et al., 1997). Each of these texts has marked a milestone in the evolution of the subject of teaching clinical skills relevant to the speech and language therapy context. Yet, compared to the vast number of textbooks written on theoretical aspects of communication impairment, the number of professional education texts is extremely small. There is clearly an important lesson to learn about how a profession develops. An example of this can be seen in medical education, which reflects the same pattern: the development of a substantial knowledge base about disease without a parallel framework for the process of teaching about disease. In medicine, the knowledge about teaching clinical education has grown only relatively recently (Newble and Entwistle, 1986; Newble and Cannon, 1994).

Within the last decade, as with medicine, there has been an increased interest in the ways in which an individual comes to have the appropriate knowledge and skills to function as a qualified speech and language therapist. As a professional subject, speech and language therapy has developed substantially, drawing on other academic areas to bring together the complete discipline. Linguistics, psychology and biomedical sciences have formed the basis of the epistemology from which clinical application has been derived, but this has been a complex route to the unified subject of speech and language therapy. During this process, the profession has been teaching its students to learn academic and professional material in a higher education context. However, although the purer academic aspects of the degree can be taught from within the institution, higher education can only serve the needs of these students if the professional experience modules are met from outside. Professional education is a notably different process from that of higher education for a

theoretical degree, and although the institution can provide teaching in professional methods, the application has to be found within the actual work context. This is what makes teaching a qualifying course in speech and language therapy so administratively complex. Yet, in spite of the huge challenges professional education brings, 'there has been comparatively little written about professional education as a field of study distinct from higher education' (Taylor, 1997: 3).

We now recognize that the professional education we provide for our students critically influences how well prepared they are for the workplace. In the special case of professional subjects, the primary objective is to prepare the student for professional practice, which is of critical importance for the clients awaiting help.

A range of educational frameworks exists to take the student through the various stages of academic and professional development. Providing education that covers both theoretical understanding and practical experience clearly needs differing educational contexts. Many years ago, Polanyi (1958) recognized the major distinction to be made between explicit and tacit knowledge. Explicit knowledge is about the objective, public, theory-driven knowledge that students bring to the clinical setting, whereas tacit knowledge is knowing about the professional role, based on experience. How that has been taken forward in many professions has been a cause for concern, with recognition that the explicit knowledge may have, in the past, been given more emphasis than the tacit.

## **Preparing to be 'oven ready'? (*The Times*, 2002)**

In a recently reported speech, the chair of the Committee of Vice Chancellors and Principals (CVCP) described graduates of higher education as needing to be 'oven ready' in order to be prepared for the challenges of the workplace. Although some of this referred to the need for graduates to have transferable skills, it is easy to see its relevance to those entering the healthcare professions. The assumption is that the newly qualified therapist can move smoothly into competent practice, the preparation having all been done beforehand.

Until recently, traditional universities have held on to the belief that the lecture is still the most effective way of teaching students. This has its basis in a long history. Brown and Atkins (1990) discuss the development of lecturing from the fifth century BC. In medieval times, the lecture is reported as being used at both Christian and Muslim universities and the process of reading a text out loud was established at that time. Although lecturing technique has developed since then, the concept that lecturing is the best way to enable students to understand difficult concepts is still very much with us. Indeed, the lecture can provide students with frameworks for understanding new concepts in

all aspects of the course, but it is how the student makes the application from knowledge and understanding to therapeutic skills and attitudes which is critical in a professional degree. Integrating theory and practice on university-based courses with the professional experiences on placement can be difficult.

So, how can we help our own students to understand the complete process of professional activity? We know that lecturing does not provide the means for students to have a deep understanding of the work-based context. As a response to this we have developed other approaches to teaching, which are reflected in the educational techniques used today. All speech and language therapy qualifying courses now include a mix of lecture-based teaching, workshops, tutorials and seminars on the university site, along with the learning and teaching acquired in the clinical placement. A spiral curriculum is often used in order to return several times to the same material, with increasing demands on the student in terms of complexity. Yet, as Bines (1992) notes, although professional education is central to the degree, it has proved to be the least well-developed element of most courses. Although it is a formalized experience, the amount of structure in speech and language therapy clinical placements has been slow to increase and often this is difficult to control because the work context can be a very unpredictable setting. The placement can be influenced by variations in client behaviours, changes to educational and healthcare routines, the general unpredictability of working in an environment where one telephone call can change the activities for a session – in fact, a myriad of unexpected factors. Originally, an apprenticeship model was used for the student therapist on placement. We can be pleased that our professional learning has now moved on to a model of an active learner who participates in all aspects of the placement context.

But what does the process involve? Professional learning on placements is not small group teaching, neither is it just shadowing a professional (unless that is the purpose of the placement). Professional learning has to be able to provide the student with a developing set of skills and understanding to be able to finally achieve clinical competence. It is the key to the main purpose of the degree and provides the opportunity for all of the contributing disciplines to integrate. As McAllister et al. (1997: 6) state, 'Clinical education is about the real world of professional practice where learning is holistic and involves transfer, reorganisation, application, synthesis and evaluation of previously acquired knowledge.'

Eraut (1992) described the three strands which contribute to the kind of knowledge essential for professional education. These have remained a useful framework for understanding what we do. First, Eraut describes propositional knowledge, that of the general principles and discipline-based concepts which form the core understanding of the qualification

and the determinants of professional action. Second, personal knowledge and the interpretation of experience form the second strand. Eraut emphasizes the importance of this aspect in professions where interpersonal skill is essential, although enabling personal knowledge to be used in the development of a professional may have to be facilitated. Finally, process knowledge is defined and refers to the knowledge about how to conduct the processes involved in professional activity. Eraut defined five types of process involved in this:

- acquiring information – how the individual selects and implements methods of enquiry
- skilled behaviour – the acquisition of routine behaviours in professional practice
- deliberative processes – involving planning, decision making and problem solving
- giving information – which includes being able to work out what is needed
- controlling one's own behaviour – using self-knowledge and self-management to do so.

As Taylor (1997) comments, different professions will vary in what emphasis they put on these different aspects, but clearly the use of personal and process knowledge has to be influential in developing the role of the speech and language therapist.

## **What is in the book?**

All the subsequent chapters in this book attest to the major developments that are taking place in professional education, not only in an increase of the knowledge base but also an increase in the skill base.

The book includes material from clinical educators at many of the UK speech and language therapy qualifying courses and from speech and language therapists in service delivery. It represents the current issues and initiatives in professional education and reveals a broad base, drawing on expertise from specific subject areas, to wider aspects of higher education learning and teaching.

Each chapter has been written to stand alone. Although they are grouped into themed sections, they can be read in any order. All of them address aspects of professional education which have needed further consideration and for which there is little already written. Each chapter sets out its own theoretical framework. The book also responds to changes in the client's context; that is, recent developments in the educational setting, the NHS setting and in information technology. The themed sections are summarized below.

## Aspects of the process

In the first chapter, we are introduced to the concept of competence for speech and language therapy practice. As with many of the terms used in speech and language therapy education, competence is frequently used as a general descriptor, but this chapter examines the theoretical underpinning of the concept of competence and relates it to the speech and language therapy context. As will be evident from this, competence is neither unidimensional nor a universally agreed concept, but it takes us through the various models of competence which are giving us a better understanding of what it is a speech and language therapy student has to be able to demonstrate to achieve a satisfactory standard. In addition, Jois Stansfield provides us with a summary of work completed on asking students, qualified speech and language therapists, and educators about their perceptions of how competence is constructed.

One development in the area of professional and clinical education relates to that of the problem-based learning approach. In Chapter 2, we are introduced to the implementation of this approach at the University of Newcastle. Problem-based learning approaches are well developed in other professional areas and an example of this is medicine, where this is still somewhat controversial. Educators have to be able to reconceptualize the model of traditional education, which was a series of sequential courses giving the student theoretical knowledge before clinical knowledge. As has been demonstrated in medicine, providing the student with a problem-based approach, where learning is based around clinical/professional problems, allows students to be confronted with real-life contexts immediately. This approach is based in learning theories which have shown that knowledge is memorized and understood more efficiently if it originates in a context that is going to be used and relevant in the future (Newble and Cannon, 1994). Anne Whitworth, Sue Franklin and Barbara Dodd provide an overview of the development of problem-based learning and discuss the rationale for delivering this in the speech and language therapy degree. An outline of the teaching process is provided, with examples of how it is organized in the educational setting. Evaluation of this approach is also discussed. Many speech and language therapy courses in the UK are turning to this approach, and this chapter provides a lead in this area.

In Chapter 3, Kim Grundy discusses the use of peer placements in the professional educational setting. This chapter focuses on an evaluation of this approach with a discussion of its theoretical framework. Unlike many other professional learning contexts, speech and language therapists have provided clinical teaching in a setting which is usually one to one. Peer placements, which have been shown to provide a quality learning environment, are seen as innovations in this context. Grundy provides practical material to encourage the reader new to this approach and addresses many of the potential advantages and disadvantages.

Shelagh Brumfitt and Kirsten Hoben examine a different aspect of professional education in Chapter 4; that of the transition from university to the workplace on qualification. Professional socialization has been discussed widely, but often not looked at in the context of other professional groups. Here, the literature from many different professionals such as teachers, doctors and social workers is used to highlight the issues which face the newly qualified therapist. Major themes from a study of speech and language therapy managers and newly qualified therapists identify areas of concern which need further research. Although this is an area that needs more investigation, the commonalities between the transitional developments in speech and language therapy and other professions are striking.

## Specific educational contexts

In the subject-specific section of the book, two chapters look at the health and educational context in order to examine approaches to teaching and learning. To a certain extent, the professional learning experience has been related to the type of placement or the topic as it occurs within the degree syllabus. What these two chapters show is how the nature of the professional activity is now influencing the content and organization of the teaching. Dysphagia is a specific example of the profession taking on this new discipline, so that qualifying courses have had to respond to the requirements of the workplace in precise ways to meet the needs of the clients.

In Chapter 5, Sue Pownall has written one of the first discussions on the approach to the teaching of dysphagia. As many readers will know, the compulsory requirement for basic-level competency in dysphagia has meant that university courses are now required to incorporate this into their degree programme. However, although there is a well-developed structure for post-qualification levels, this has been less developed at the pre-qualification level. Competency standards are discussed with reference to the Royal College of Speech and Language Therapists, American Speech and Hearing Association and Speech Pathology; Australia. Specific guidelines are given about methods for teaching this area, with a discussion on ethics in this context. What is of particular interest here is that the standards for dysphagia clinical teaching have been worked out in much more detail than other communication impairment areas. Future developments may need to include competencies in each diagnostic category.

Sue Baxter's evaluation of the placement-based learning in Chapter 6 provides a model for designing innovative clinical placements. The chapter discusses traditional approaches to placements and builds on this model to show how new ways of working with students and with the actual work contexts can bring about a modernized education. Each of

three types of placements (mainstream school, nursery and acute hospital) is described with a discussion of the ways in which the students were organized and provided with active learning experiences. It is demonstrated that requiring students to take more responsibility for their own learning and practice, enables them to mature and give something back to the work placement.

## **Information technology: developments and applications**

The progress in information technology has provided the educational setting with a series of exciting opportunities for enabling students' professional understanding. In Chapter 7, Margaret Freeman gives an overview of the ways in which this can be used, with an evaluation of different aspects of the work. Students can make use of the World Wide Web, computer simulations, computer-assisted learning, e-learning and networked learning, all of which provide evidence for the huge educational changes made in the last decade. The chapter gives examples of ways to apply these technologies, with guidance on how to help students gain expertise with different approaches.

In Chapter 8, Richard Cox and Carmel Lum describe their specialized innovation – PATSy, a web-based multimedia system which provides students with 'virtual' patients and opportunities for case-based learning and clinical reasoning tasks (developed at Queen Margaret University College and Edinburgh University). For those in the higher education setting, having a resource where students can practise before coming face to face with 'live' clients can be exceptionally advantageous. This chapter addresses the theoretical rationale for the development of PATSy, with a description of how it may be used. In addition, its use in understanding clinical reasoning skills is reported.

## **Who is this book for?**

We all know what it is like to be a student and to learn how to become a professional; learning eventually what enables or disables that process. This book is for the reader who is aware of the complicated path to qualification, who can appreciate the challenges and demands and who has responsibility for ensuring others learn the appropriate skills.

All the professional academic staff who work in university departments on speech and language therapy courses may find the material in this book stimulating. In addition, those clinical teachers who are in the work context of schools, hospitals and communities will find information and understanding to further their own skill base. Others from related health-

care or education-based professions may find the material applicable to their own area. Many of the approaches here have been influenced by other professional practices and there are clearly common interests.

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