

Innovative Methods For Student Training: A Round Table Discussion

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The innovative methods for student training discussion group was composed of aphasiologists representing a wide range of geographic areas and employment/training settings, including Colleges, Universities, V.A. and other hospitals. The group questioned, probed, and discussed several issues which were raised by Dr. Ralph Leutenegger in his 1975 "Training of Aphasiologists" presentation (CAC Proceedings, 1975, p. 45-47) and followed by formal individual and general group discussion (Dr. James Aten, CAC Proceedings, 1975, p. 59-63; Ms. Mary Ann Keatley, CAC Proceedings, 1975, p. 65-66). Apparently, many of the same issues remain unresolved in 1977 in the majority of University M.A. Speech Pathology training programs. However, three examples of nontraditional training programs established within University settings were presented and discussed. In addition, the group arrived at the point of suggesting C.A.C. develop a position paper on minimal training standards and requirements for Aphasiologists. The following is a brief summary of the discussion.

The discussion began with with the question, previously raised by Leutenegger in 1975, "Are communicatively impaired adults getting appropriately trained clinicians?" It frequently returned to two other questions: (1) What does the student need to know?, and (2) Does the profession know what the student needs to know?

Aphasiologists from various V.A. Hospital settings, although confident of the level of performance of their trainees, expressed considerable concern about the level of preparation students demonstrate as new intern/externs or trainees within their facilities; suggesting that Universities do not provide M.A. students with enough for them to be able to function in a hospital with adult patients as their first externship, traineeship, or job. Specifically, it was suggested that in some states (1) no formalized design exists in any college or University to channel people into working with adults; (2) no M.A. training is available in a hospital setting until the last year of training, if then; (3) new V.A. externs or trainee lack adequate academic and clinical knowledge and must be trained on the job to work with adults; (4) new externs, trainees, or professionals come to realize their academic/clinical training is insufficient, and either learn on their own or drop out of the field; (5) new professionals are being hired for hospital jobs who have gaps in their academic knowledge and clinical skills.

University faculty representatives pointed out that part of the problem may be brought about by ASHA CCC-SP requirements to train the M.A. student to be a "jack of all trades" or "generalist" which does not allow the student or the faculty to specialize academically or clinically. Academically, in most traditional M.A. programs, by the time students reach externship they have completed one course in aphasia and perhaps one course in neuroanatomy of the speech/language mechanisms. Clinically, students can complete the minimum number of supervised clinical hours in language recommended by ASHA exclusively with childhood language disorders and enter the post-masters C.F.Y. year without having seen an aphasic adult. Apparently the curriculum and

clinical experiences of most traditional liberal arts programs prepare the student to work most effectively with children.

A recurrent theme of discussion was, "Are we dealing with specialists (Aphasiologists) or generalists (Speech Pathologists) in University training programs or hospital employment settings?" "Is a Speech Pathologist an Aphasiologist, or not, or partially?" The problems and constraints imposed by the national association (CCC), the training institutions (fiscal), and the job market (lack of informational base), were considered and discussed; however, no general consensus was reached. Suggested solutions included:

- (1) establish minimum requirements for training the Aphasiologist and sensitize ASHA, training institutions, and employers;
- (2) encourage ASHA to establish more than one type of CCC-SP;
- (3) encourage a different role for training institutions:
 - (a) continue to consider the M.A. the general clinical degree, however, have Universities take a greater role in continuing education to move the professional into specialist areas;
 - (b) follow the medical model in training Aphasiologists moving from general to specific areas of emphasis which would require student choice and/or longer programs;
- (4) educate administrators/employers to background and competencies required of professional Speech Pathologists they hire for hospital settings.

Discussion of University clinical training included the old question of why the population of aphasic adults is frequently small and/or of a select, chronic variety. Various professionals noted there is growing competition for aphasic patients since they are often medicare funded. In addition, since funding does not last and University clinic fees are typically lower because of student training, the aphasic adult has frequently been seen by an acute care hospital speech/language section, followed by their rehabilitation unit or out patient service, or referred to a rehabilitation hospital or private practitioner, and finally to the University clinic. One respondent did suggest the number and variety of patients the student has seen in a University clinic and the student's ability to relate to patients is a more important criteria for accepting a new V.A. trainee than if the student had seen the one aphasic adult in a University clinic. Other questions probed and discussed, without consensus or resolution included:

- (1) Do speech pathologists know how to do speech/language treatment?
- (2) Does speech/language treatment work?
- (3) Does the profession have data on what does and does not work?
- (4) Can one teach a student to do speech/language treatment: technician vs. professionsl?
- (5) Where does the student or professional look for treatment ideas and paradigms?
- (6) What qualities make a good speech/language clinician?

Presently, among the majority of traditional training programs there does not appear to be consistency of competencies (or deficiencies) in faculty,

students, coursework, supervised clinical practicum, or externship facilities and cooperation. ASHA requirements appear to highlight a problem for Universities in training aphasiologists since few can afford a faculty person to teach and supervise aphasic patients solely. If a University is going to have a special program within the University setting it takes monies from outside sources.

The University of Tennessee, with direction from Dr. John Tonkovich, has developed a unique clinical subprogram within the neuropathologies services program of their department. The subprogram contracts for speech/language services with five skilled nursing facilities and four hospitals. It takes six to ten graduate M.A. students per quarter, who have completed an aphasia course, a neuroanatomy course and a certain number of clinical practicum hours, and provides on an elective basis two quarters of intensive practicum with adults, primarily geriatric clients. The students obtain from eight to ten hours of patient contact per week, and concurrently participate in special staffings, team conferences, patient care audits, as well as weekly seminar meetings which provide information on supplementary testing procedures, medicare, contracts, and so on. This program provides the student with an intensive experience with adult patients comprising two-fifths of their total program and by design requires more student independence than most University programs. It was suggested that perhaps training programs should move in the direction of specified requirements, e.g., courses and clinical hours, before allowing students to move into a more specialized area, e.g., aphasiology.

Ohio State University is offering M.A. students an unusual 20 hour per week per semester experience with nonverbal aphasic adults, directed by Dr. Cheri Florance, through an H.E.W., R.S.A. grant to develop a model for experimental and innovative clinician training. Clinically, the students are taught a clinical problem-solving method as a model they can subsequently transfer to other patients with communication disorders. The program involved developing a treatment strategy for nonverbal aphasic adults and putting it into specific clinician training units. Initially, the students are taught the specific principles and procedures of the model through videotape. Then, they obtain reliability ratings in a role-playing situation with other clinicians and later in a clinical situation. The students learn to assess behaviors, plan treatment strategies, and measure results. Reportedly, they have learned the principles and procedures well; however, whether they have learned a "model" remains a question. When asked if the behavioral objectives were general enough to transfer to other patients with communication disorders, it was reported that it appears other supervisors punish the students for using the procedures and to date it has been difficult to assess if generalization is occurring.

Memphis State University is conducting a comprehensive graduate student training program in clinical aphasiology with support from the V.A.'s Manpower Grants Service. Academic preparation is offered by Dr. Albyn Davis, Program Director, with three semester-length courses: (1) clinical aphasia, (2) theory and research in aphasia, and (3) normal adult language processes and aging. Nearly all M.A. students regardless of emphasis take the course with strict clinical orientation. Ann Daniel, M.A., supervises the Expanded Service Program in the University clinic which provides practicum experience. Each semester, eight students are assigned to eight aphasics who receive 12 hours of treatment per week, three hours per day. Each student obtains as much as 140 hours of patient contact through daily individual and group activities. Each student uses problem oriented treatment records and single subject research designs for treatment planning and evaluation. The superv-

visor conducts weekly group staffings and individual conferences with these students. Exposure to the varieties of aphasia and clinical techniques is enhanced in courses and practicum by the liberal use of video tape, including introductions to other services provided to aphasics in the hospital setting.

With the diversity of geographic areas, employment/training settings, and professions represented, the interface of concerns for quality training as well as the realization of practical constraints evolved a charge for C.A.C. Group consensus reflecting that C.A.C., although it has no formalized membership, is the best group to develop model(s), criteria, requirements, and guidelines for training the Aphasiologist. The aforementioned should be minimal, necessary and feasible to serve as a foundation to influence ASHA, University programs (of which there are too many, training too many students), and administrators/employing agencies, rather than leaving the selection process of Aphasiologists to attrition or self-generated learning. It appeared there are two feasible ways to implement this charge:

- (1) form an ad hoc committee of C.A.C. to develop a position paper;
- (2) have C.A.C. apply for a grant to bring Aphasiologists together for a week of discussion to develop a position paper.