Stage 3 Communication Disorders Course

A Case study from the Inquiry-Based Learning Project

Communications Disorders 381: Clinical Practice 3

Course Coordinator: Tika Ormond, Communications Disorders

Researchers: Billy O'Steen, UCTL & Tika Ormond, Communications Disorders

Contents

Snapshot of Case & Introduction

This 300 level Communications Disorders course had an enrolment of 32 students in Semester 1, 2007. It serves as the first of two integrated academic and clinical experiences for students in the programme as described by the course coordinator, Tika Ormond:

"It is a clinical paper, so that means in all of their three profession years of the degree, they have clinical papers alongside their academic papers. It's the first time they get an idea of the day-to-day job [with] five weeks in a clinical placement, whether it be in a hospital situation or a school setting. This one is for them to really think, 'Am I in the right degree? Am I in the right profession?'"

In addition to the two functions of the course as stated by Tika – clinical complement to academic papers and exposure to reflection and self-selection in some instances – her design of the course introduces another element that is more general in scope but specifically applied, namely requiring student to take responsibility for their own learning. As well as students having those opportunities to work in field settings throughout New Zealand, they are also required to self-identify and develop their own learning goals while in the field. This blend of process and content is described by Tika as a "learning contract" approach and serves as the basis for the course being considered as IBL. Tika explained the learning contract as:

"The learning contract was chosen because we've got students going into a lot of different areas and so it was seen as a process whereby we could use an assessment tool to cover lots of different service deliveries. So, rather than saying, 'you will do this for the assessment,' we are saying, 'this is the process that you use but this can be individualized according to the area that you're working in.' And it was based on the idea of a performance review, so it's looking

at the future skills when you are in a job and you're having to go through performance appraisal. This can be a model which you can use for yourself. So, we're trying to base it on adult learning principles and looking at their ability to set their own goals as to what their interest level is and also what do they see as the gaps in their knowledge base.

"So, normally, these learning contracts tend to be topic based say about autism, traumatic brain injury, aphasia. They'll pick up certain things that they know they're going to be working with patients with these types of problems. So, they choose that often as the focus for one of their goals and so, it is a way for us to be able to give a grade. We found it difficult marking the learning contracts in terms of how you weigh up one person's amount of work compared to [another person's] amount of work. And so we look at it in terms of complex and simple goals. We state that a complex goal is where you have researched an area that you have related to patient management. So they would relate that to their day to day rather than just doing a literature review on autism."

Ironically, whereas many instructors see IBL as being a challenge to their assessment processes, Tika saw it as a solution to assessing students who are in vastly different settings doing and performing different tasks.

Learning Outcomes

The objectives or learning outcomes for this course are described as follows:

At the conclusion of this paper, students will have:

- shared responsibility for the management of clients with their supervisor and shown evidence of increasing independence
- demonstrated an ability to apply relevant theory to evidence-based clinical practice and its implications for research
- shown evidence of and extended the use of clinical skills in client management and professional behaviour, as specified in the Clinical Assessment Protocol
- worked in a variety of settings and demonstrated consideration of the cultural context of practice.

Description of Teaching Approach

Data from Official Course Materials

Course Description

This course is described in the *General Course Information – 2007* document as:

"This course will establish links between theory and therapy. It will offer clinical work with clients and will develop professional and clinical skills. A lecture programme of one hour per week accompanies clinical supervision.

More specifically, Tika describes the course as, "third year students have five week block placements nationally within health and education settings."

Assessment

The course assessment is detailed below in Table 1.

CMDS 381 Assessment		
Assessment	**Value**	**Description**
OSCE, Part 1: Case History/Documentation & Part 2: ICF	30%	
Verbal Case Report	30%	
Learning Contract	40%	

Table 1: Assessment for CMDS 381, Semester 1, 2007.

Learning Contract

As previously described by Tika, the use of a Learning Contract is the heart of the course and the predominant IBL characteristic of students' experiences. Students received the following information about the Learning Contract:

"The aim of this assignment is to develop skills and/or knowledge in a specific area related to clinical practice. This assignment is set as a self-assessment tool appropriate for adult learners. Students are required to set three goals. Goals are chosen by each student and generally reflect areas of interest or areas of difficulty. These goals may relate to a specific clinical skill, population group, treatment method, clinical resource, or other area of clinical practice.

For each goal, students are required to provide criteria, a list of resources, evidence, and a judgment/evaluation.

Your **criteria** should describe how you are going to achieve the goal/demonstrate how you have gained competence/knowledge in a particular area. This generally involves reviewing literature and/or lecture notes, taking part in client interaction or administering assessments/treatment, compiling resources, or receiving feedback.

A list of resources used in gathering information about your goal should be provided. Examples include text books, journal articles, supervisor feedback, peer or self evaluations.

The **evidence** section is what students produce in order to demonstrate their learning "journey." This assignment is about the learning that takes place over a period of time, so any work produced/undertaken along the way may be submitted as evidence. This may include session plans, feedback notes, lecture notes, journal/chapter summaries.

The **judgment/evaluation** should describe student's learning "journey." This should be at least half-whole A4 page. Students are expected to discuss how their learning went, what you learned along the way, and should not be restricted to whether or not they have achieved their goal. Here, students should consider whether there was more that could have been done, what went wrong and why, and what was successful and why.

Experiences of this Approach

Students' Experiences

As can be seen in Figure 1, students appeared to believe they were engaging in a learning approach that aligns with IBL, particularly in terms of application. The blue bars show where students described an activity as taking place often. Figure 1 demonstrates that the emphasis of learning in this course was centred on "middle" order abilities such as application with a rough equivalence in responses to activities on either side of that. Students also indicated that through this highly applied experience, they were learning skills that are transferable to any profession or experience with comments about the course such as: "discussion is very important to learning and evaluation," "building rapport and learning how to develop a nice relationship with clients/patients is the most valuable skill this course has helped me to develop," "the ability to work with others as part of a team," and "that the things we learn in theory don't always work in real life in the way we would like."

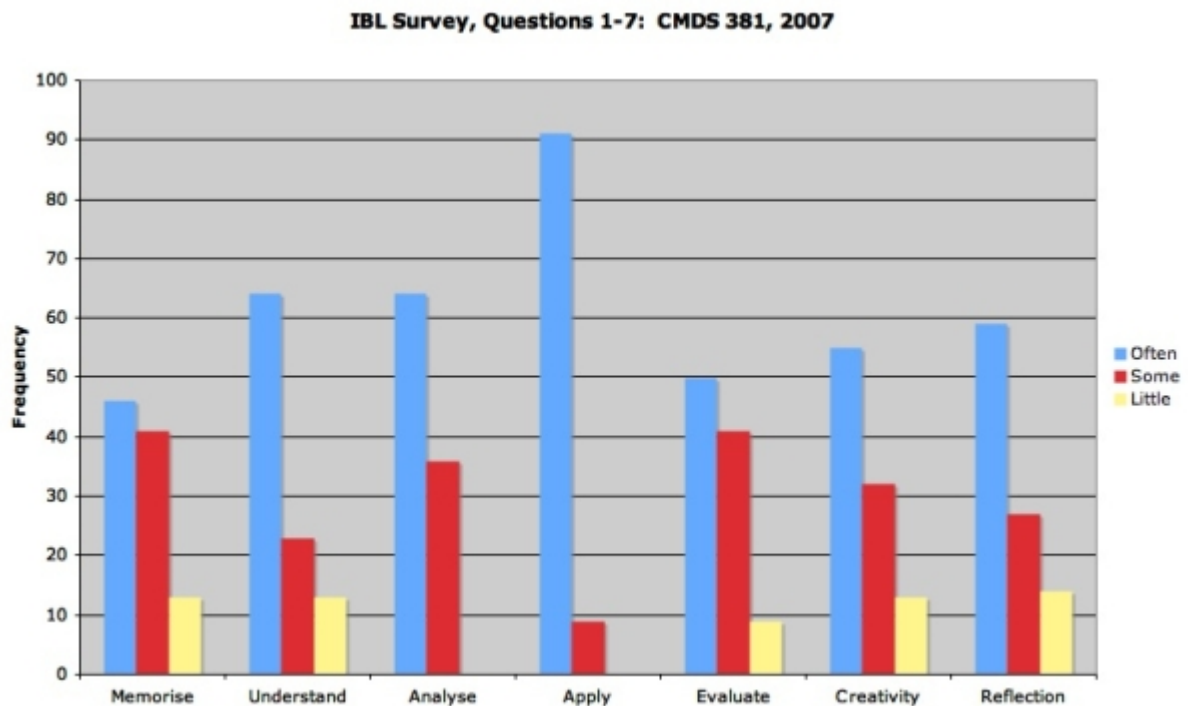Figure 1: Student Responses to IBL Survey Questions 1-7

Figure 2 below shows that students described their experiences in accordance with the characteristics of an open inquiry approach whereby nearly 80% of students stated they were faced with multiple-answer questions and over 90% thought they were often encouraged to take responsibility for their own learning. While the percentage of often responses to the other questions slightly decreased, it is important to note that the responses to all questions were primarily often or some. These responses were supported by comments about what they learned in the course such as: "working independently and interdependently," "ability to self-evaluate," and "learning to be independent and creative in coming up with a treatment."

Figure 2: Student Responses to IBL Survey Questions 8-13
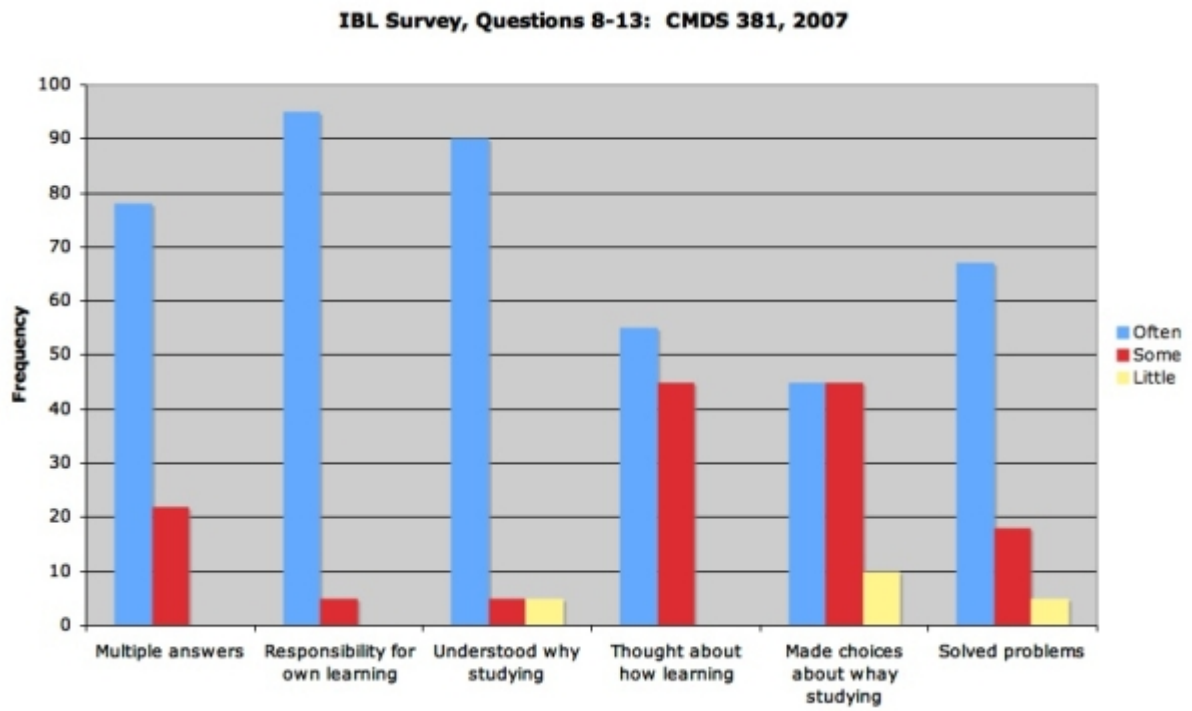

IBL Survey, Questions 8-13: CMDS 381, 2007

Figure 3 below demonstrates that students' responses were mostly clustered on often to all of these questions. The two questions that generated the strongest often answers, with 70% each, were intellectually challenged and questioned own opinions, assumptions, and beliefs.

Figure 3: Student Responses to IBL Survey Questions 14-18.

IBL Survey, Questions 14-18: CMDS 381, 2007
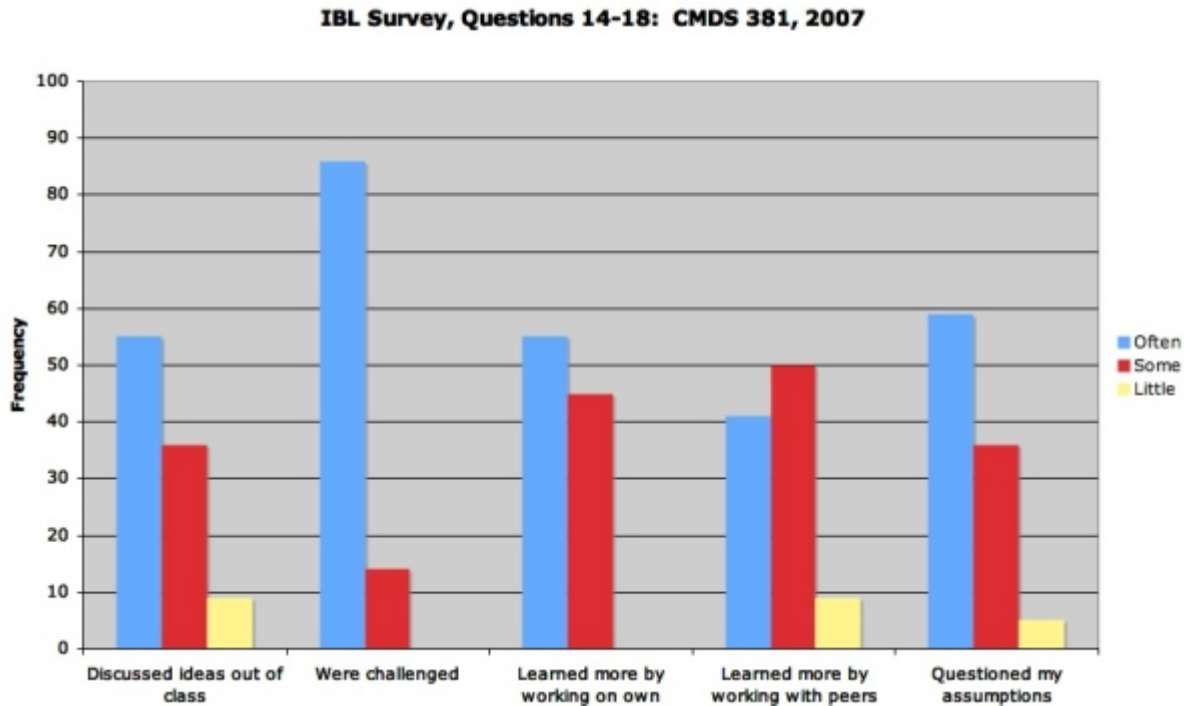
The final question in the IBL survey asked students to list the things they had learned in the course that were particularly valuable to them. As can be seen from the students' responses below, the majority focused on changes to personal views or ways of thinking beyond responding about specific course content or processes.

- teamwork, supervisor support, evaluation, and feedback
- how to adapt my style of delivery and communication to fit the needs of different people
- that the things we learn in theory don't always work in real life in the way we would like
- working with more people from different disciplines
- putting theory into practice
- the ability to work with others as part of a team
- being able to think through the work that have done and reflect on it
- building rapport and learning how to develop a nice relationship with clients/patients is the most valuable skill this course has helped me to develop
- be organised – time goes quickly
- a number of clinical strategies and therapy ideas
- about what other professionals did
- how to administer screening tests

- ability to self-evaluate
- learn skills from supervisor feedback
- adapt to situations online
- discussion is very important to learning and evaluation
- practice is very important to developing skills and understanding theory
- you get more valuable info if you speak to people involved face to face
- working independently and interdependently
- focusing on research
- the importance of team work and focus on effective intervention for clients
- learning to be independent and creative in coming up with a treatment
- knowledge about disorders that I previously knew little about
- I learned about team work
- my knowledge about treatment increased a lot
- It was also very valuable to spend some time in the field to get a feel of what it will be like

Lecturer's Experiences

As previously stated in Tika's description of the course, she views CMDS 381 as one of the first opportunities in the programme for students to see what it feels like to work, on their own, in the communications disorders field. With regard to using an IBL approach, both for the Learning Contract and for the general idea of students working in the field, Tika expressed an important consideration of timing with: "there's a continual battle about, do you send them out before they've got enough knowledge or what, and that's a toss-up."

To mitigate this challenge of putting students into authentic learning/professional experiences while also supporting them, Tika explained the scaffolding and supervision process as:

"I've had Year 2s [prior to taking CMDS 381] working with me, they do an observation after Term 1, they then work in pairs in Semester 2 so they go and out and have a norming experience in the schools and preschools and working with an elderly population in Term 2 before they go out. So, it means it that they are involved in clinic work but it's very much within Christchurch [with our] 7 campus clinics. We've got clinics in Christchurch Hospital, PMH, all over, so they're paired off basically.

"[Their work in these clinics is] 100% supervised and they are also placed with Year 4s. I will be supervising Year 4s and Year 2's at the same time so some of that will be Year 4s looking after Year 2s. So, by the time they're hitting their Year 3, we are wanting some level of independence in this 5 week placement. But recognizing that this is the first time they have been in the day-to-day stuff so they find, instead of having 2 patients per day, they've got to have 6, 7, and that's, the job aspect that people struggle with."

Thus, it is important to note that for CMDS 381, the use of an IBL approach to a field-based learning experience is not simply throwing students into a sink or swim situation. Rather, there is a great deal of supportive scaffolding, with content, and supervision, with in the moment teaching that occurs.

With both the field-based experience and the Learning Contract structure for CMDS 381 established, Tika explained that her main intentions with the course is "an increase in competence in skill level within the service delivery model that they've been part of. And that they have an increase in knowledge about the whole job, the diversity of the job and who else they have to work with. So it's giving them that day-to-day service delivery experience."

Tika was asked to compare the IBL approach in CMDS 381 to lecture and lab courses that attempt to provide students with authentic learning experiences that invite students to apply academic content in situations. She explained CMDS 381 as being different from those courses with: "the only difference from that [lab work], is that they are legally bound in a real place. They are dealing with patients. There is a huge safety issue so there are definite legal requirements but you probably wouldn't see that in a lab situation."

This sense of working in a setting that will be, not just resemble or simulate, their future workplaces and where their actions have tangible and significant consequences is used as a motivator by the course instructors. Tika said that the whole experience "fires them [the students] up because they see where they are headed. It's the first time for them that they usually come back buzzing from this placement and thinking, 'Yes, this is it, this is what I really want to do.' So it reaffirms that aside from all that heavy academic workload, 'yeah, this is great, because I can make a difference.' Then they've got that [academic content] schema to hang it on with the patients."

Thus, as Tika made clear, work within a field-based setting, particularly in CMDS 381, is quite different from an on-campus application of IBL through a lecture and lab combination because of the relevance and high consequences of students being in their future workplaces. The real key in terms of considering this course an IBL course, though, comes back to the Learning Contract. It is quite possible to design a field-based course that involves students in academically relevant workplace settings and does not use the tenets of IBL if students aren't encouraged to use the field experiences as opportunities to direct their own inquiries. The Learning Contract is a feature of CMDS 381 to facilitate this process of students directing their learning around questions they are interested in pursuing.

In her description below of how this process of students directing their learing is facilitated, it is important to see, again, how it is not just left to the students to struggle through alone. It is highly structured and supported.

"Students tend to talk with their field supervisor usually on the phone or email about, 'What patients am I going to see in the field?' And then they start to formulate some goals before they go. Once they're there, they go over those with their supervisor and then they send those back to us and we check them because sometimes they get too big, and so and that's when I find they need help with the criteria. It's establishing the criteria that most need help with.

"So for autism, it might be to research autism and provide information and relevant management strategies for parents working with their children. And then you just say criteria: review lecture notes, look at the text, observe field workers with autism clients, make some notes, write a management plan from those observations, then write a session plan about what you are going to do with that session and then write a self evaluation."

Tika has found that students often do not readily engage with this type of approach as they are looking for her to "tell me" what to do. To scaffold students into this approach, it was observed that Tika used modeling that she described as:

"I often put examples up on the board. I'll say, 'ok someone give me an idea of what you might like to look at.' So they say something. 'So ok, let's write that as a goal. What could be your criteria?' And someone will give me something and then I'll put something out.

"So now what I've done, is I've set them one goal for inter-professional teamwork. So I'll give them that as an example but they're going to do that as well. Also, I will do some examples of some of their stuff. So, it's one contract and four goals and inter-professional is one of them and then three that they choose.

"This is their first one and then in Semester 2, they do what we call a clinical school development plan, which is based on our competency list but they're doing it like a learning contract around competency skills that they are trying to develop. So, they set up their own criteria and their evidence and then see how they develop those skills. We do two learning contracts in third and fourth year so hopefully they learn from the third year about what they need to do better for the fourth year. That's what we tend to see. It's that increased awareness of what is required."

This Learning Contract model has been used for 6 years and Tika stated her observations over time with it as:

"They [the students] don't like it. I think that's what you'll hear. They don't enjoy it because they see it as they have to come up with the goods and initially, that feels like, 'Oh God I wish they would just tell me what to do.' But normally what we see afterwards is that they become aware of how much work they've done and how much they've learned. So, it's not until they've been through the process, that they fully get it.

"I know Year 4s sometimes say, 'Oh God, do we have to do another one? I say, 'well, you're reviewed every year, you know, and when you're in the job, you are going to get this every year so you've got to get used to it.' There's real resistance. The time that it really gels people is when they come up with the goal or they've sort of thought about it and then re-tweaked it a bit and then they really get really excited by what they're going to achieve or the questions that they're asking. So, I think that's what inspires some people, is they think, 'oh yes, we can get really into this.'

"It's also about if they just see it as busy work. They don't and that is reflected in their marks at the end basically. A lot of the time we find that we end up doing - it might be pamphlets - part of it will be useful to the field supervisors. It's like one time one of the guys got together all the tests for cleft palate children and nobody had got that together in New Zealand. So, he did that and then he was able to give it to the clinic and that was really useful and so we do encourage them to try and talk to their supervisor if there is anything that they're really keen on. Particularly as a third year student, that can be a pretty inspiring moment to have that experience and then have that continue in a positive direction for the rest of your time."

Reflections & Implications

All sources of data and analysis with the Semester 1, 2007 version of Communications Disorders 381 suggest that it was a course that had a close alignment of the Course Coordinator's intentions, IBL characteristics, and student engagement. In other words, by all measurable data available, it appears to have been a highly successful learning experience for most involved.

In terms of the possible linkage between the IBL approach and students' self-reported sense of engagement in this course, there is a clear indication that these may be related. As stated by Tika, her ultimate goal with the course was to provide students with opportunities to become more in control of their learning with a structure, the Learning Contract, that resembles performance reviews they will later face in the workplace. Her candor in explaining that students do not necessarily engage or embrace this process at the onset is important to note in that an IBL approach may not always be desired by the students. Thus, it becomes important for the instructor to be clear about their purposes for using IBL in order to persevere in the face of student opposition.

Another important factor about using an IBL approach that became apparent from the data on this course is the role that scaffolding and supervision can play. Perhaps this is intimately related to working through student resistance to IBL in that if the instructor can provide a progressive engagement and transfer with students becoming more in control of their learning, then it becomes less daunting and uncomfortable. Clearly, the combination of being in a field-based setting and having an opportunity to self-direct learning within that setting provided this course with a unique opportunity in undergraduate education to implement an IBL approach.

Retrieved from "https://ibl.wiki.otago.ac.nz/Communication_Disorders_-_Stage_3_Course"