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Education of European Fluency Specialists

EDUCATION OF EUROPEAN FLUENCY SPECIALISTS

The European Clinical Specialization on Fluency Disorders (ECSF)

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Abstract

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5 The European Clinical Specialization on Fluency Disorders (ECSF) project consists of
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7 one-year post-qualification fluency specialization training and a harmonized graduate fluency
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9 program. It was developed by eight European universities/colleges to provide the means
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11 whereby graduates would meet comparable standards of competence to practice in the field of
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13 fluency disorders. In this paper we describe criteria that guided the consortium in their
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15 decision making process to create an optimal learning environment for participants. A review
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17 of the first completed course cycle, with 23 international participants, is discussed.
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24 *Key words:* fluency specialist; specialization; education
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Introduction

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31 Speech and language clinicians are specialists in communication and swallowing
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33 disorders. Bernstein-Ratner (2006) indicates that the field of speech-language pathology has
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35 broadened considerably during the last decades, and that more specialized knowledge is
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37 available and necessary. This ever-increasing evolution of the scope of the field led clinicians
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39 to develop specialist knowledge and skills for working with particular client groups, and to
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41 develop specific education courses leading to specialization. The call for such specialized
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43 education in fluency disorders is longstanding (e.g., Brisk, Healy, & Hux, 1997; Fibiger,
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45 Peters, Euler, & Neumann, 2008; Yaruss, 1999). Results of clinician surveys show that
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47 clinicians are ‘less comfortable’ in working with clients who stutter, because ‘stuttering is one
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49 of the least understood of all communicative disorders’ (e.g., Sommers & Caruso, 1995).
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51 The perception that stuttering is ‘uncommon’, and it does ‘not merit a prominent place in the
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53 curriculum and clinical training’ was expressed by Yaruss & Quesal (2002). However, a wide
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ranging international survey (Leahy, Delaney, & Murphy 2004) showed that a small number of students in each year of education have specific interest in stuttering and fluency.

Stuttering is a disorder that speech and language therapists (SLTs) commonly treat. From the data collected in the ASHA (2001) Omnibus Survey (Bernstein-Ratner, 2006) typical clinician caseloads in the US across all settings show as many as 65% see fluency clients (compared with 45% voice problems, 25% clients with aphasia). Within school settings, 78% report to see fluency cases. However, with regard to absolute numbers of individuals seen for a specific disorder, fluency ranks among the lowest of all conditions treated, at 2.4%. This leads the author to observe that “effective fluency treatment is not a skill that can be learned on the job since the absolute numbers of cases per clinician is the lowest of all disorders, allowing little opportunity to hone skills” (Bernstein Ratner, 2006).

EU-Specific Background

European Union (EU) higher education took a major step forward with the signing by EU education ministers of the Bologna Declaration (European Higher Education Area, 1999). The recognition of member states ‘to reform the structures of their higher education in a convergent way’ was to make education across the EU comparable, compatible, and competitive. The objectives of the declaration included the development of similarity in education through the development of a system of easily readable and comparable degrees, facilitated through use of educational credits (European Credits Transfer System; ECTS) where each credit is regarded as 30 hours of student study time. Implementing the objectives of Bologna requires co-operation between institutions in different states to develop similarity in curricula, facilitating student and teacher mobility. The continual evaluation and monitoring of courses providing quality assurance is integral in the process.

Instigating the ECSF project

The ECSF project began in 2006 as an Erasmus Curriculum Development Project, grand-aided to be developed over a two year period (2006-2008), with implementation and accompanying measures in the years following. The first specialization course was organized in the academic year 2008-2009.

Fluency specialists from 8 EU college/university departments where speech and language therapists are educated at undergraduate or post-graduate level were initial partners in the project. Additional partners have joined the project: there are 10 SLT departments from 7 EU countries involved in 2010. The colleges/universities are in Belgium, Germany, Ireland, Malta, Sweden, and also, Finland and the Netherlands.

The Project Coordinator, based in Lessius University College, Belgium, is responsible for general organization and management. He is assisted by two colleagues in the Steering Committee, with responsibility to define objectives of meetings, develop work packages, evaluate and report on progress. Workgroups with responsibility for specific course elements (phenomenology, assessment, treatment) are formed from all members of the consortium. During the initial two-year development phase of the project, members met on 8 occasions for two-day general meetings: preparation, discussion, development; the steering committee met for 3 two-day meetings for planning and evaluation. During the phases between meetings, course content was organized and developed. The evaluation process involved module participants, the EU Commission, and an external specialist evaluator who is recognized worldwide for research and teaching in fluency disorders.

Harmonization of Undergraduate Fluency Courses

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The stated goals of the ECSF project were: (a) to harmonize fluency courses in curricula of the partners, with individual differences recognized; and (b) the development of a one-year clinical specialization course. The main focus for both goals was on unifying stated learning outcomes: knowledge, skills and competencies acquired by students. All participating departments jointly developed an undergraduate course on fluency disorders with a minimum of 5 ECTS and implemented this into their regular curricula. Although didactical approaches differ between institutes, all use the same learning outcomes and competencies. A joint e-learning platform was installed where students from all participating departments have access to: (a) a challenging learning environment with the possibility for joint discussion platforms and tasks; (b) course materials from other partners; and (c) interaction with students from other departments in an international context.

Besides the study of normal processes in fluency, the harmonized undergraduate fluency course also includes basic elements on methodology of prevention, assessment and treatment of fluency disorders, stuttering and cluttering. It also builds on the basic sciences necessary to understand the mechanism and development of fluent speech production (psychology, neurology, anatomy and physiology of speech organs and speech production, and genetics), both in children and adults. Each department is free to plan this part of the curriculum, but guarantees that it has been taught prior to awarding the degree and professional qualification of speech and language therapy.

Postgraduate Specialization Course on Fluency Disorders

The one-year clinical specialization course is an advanced vocational training, accessible to both EU and non-EU participants. Participants are SLTs who have graduated from qualifying programs in speech and language therapy, having covered courses in fluency

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and fluency disorders.

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2 The specialization course must meet the following requirements: (a) optimal learning
3 environment; (b) compatibility with current SLT workload; (c) cost efficiency; and (d)
4 optimal student recruitment. Therefore it includes: lecturing and self-study; supervised
5 clinical internship; and evaluation of acquired competencies. After careful weighing of
6 different models, the consortium decided on a model (Figure 1) where modules are provided
7 during 2 intensive weeks (taking place in September & February), scheduled during the
8 academic year. This learning is combined with a minimum of 4 follow-up sessions in the
9 home country of the participant, provided by ECSF-coaches, who are partners in the
10 consortium. For efficient learning, preparatory reading and home assignments form an
11 integral part of the course, including access to the e-learning platform. The specialized clinical
12 training that takes place in the participant's home country under supervision of an external
13 mentor (who is an ECSF-approved senior fluency specialist) can begin after the first intensive
14 week. Evaluation is based on continuous evaluation, the student's development of a portfolio,
15 and specific evaluation moments, including case presentations. The portfolio, prepared during
16 the year, incorporates a comprehensive overview of the specialization process, including
17 written reflective papers on the participant's clinical work and the fulfillment of reporting
18 tasks (analytic exercises regarding assessment and therapy). The portfolio is further detailed
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49 The curriculum consists of 2 major components: theoretical knowledge and
50 therapeutic skills, along with specialized clinical training and portfolio (see Figure 2).

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53 The first component consists of 3 modules that incorporate: (a) phenomenology (including
54 causal and maintaining variables); (b) assessment, evaluation and diagnosis; and (c)
55 intervention. These are outlined here.
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The *Phenomenology Module* provides a comprehensive and critical review of the phenomenology of fluency disorders. The SLT gains a thorough understanding of various factors that have been identified or hypothesized to be involved in the etiology, development and maintenance of stuttering. Acknowledging that this knowledge is highly dynamic and in need of continuous updating, the module provides the SLT with tools and research strategies needed for continued professional and scientific development.

The goal of the *Module re assessment, evaluation and diagnosis* is for SLTs to develop a detailed theoretical and clinical knowledge of the various components of the diagnostic process.

Finally, the goal of the *Intervention Module* is for SLTs to gain knowledge and to develop a critical attitude towards different aspects and elements of fluency treatment from broad perspectives. As a consequence, students must be able to make critical decisions for intervention and to formulate these into an evidence-based dynamic treatment plan tailored to clients' needs. The emphasis is on participants' continuous reflection to provide the client with best practice.

The second major component, the *clinical training*, consists of 120 hours supervised clinical internship, to be completed in the practice of the student or with the mentor. External mentors, all ECSF-approved senior fluency specialists, and ECSF coaches, who are partners in the consortium, guide students. The role of the external mentor is to provide appropriate support to the student so that he/she can gain personal insights and reflect on the quality of one's professional practice. This involves the discovery of the relationship between personal and professional values, standards and behaviors. The mentor's primary role is to provide appropriate support and guidance to the participant as needed.

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Being guided by a mentor is not necessarily applicable where students have experience in treating PWS and no others with similar experience in the student's home country are available. In such a case, peer mentoring is a viable alternative.

The role of the ECSF-coach is to guide the learning process, enhance participants' self-reflection competencies, evaluate their portfolios, and participants' oral case presentations.

Where there is no ECSF-coach in home country of the student, coaching sessions can take another form such as web-based discussions, video- or phone conferences etc.

Learning outcomes are defined in terms of both competencies related to prevention, assessment, and intervention, as well as knowledge and skills with regard to phenomenology, causal and maintaining variables, assessment, evaluation and diagnosis and intervention.

Professional attitudes reflecting ethical considerations in clinical relationships, and in projecting best practice, are integral to competency development and maintenance.

To demonstrate the acquired competencies, students prepare a portfolio for final evaluation.

This portfolio consists of (a) a complete overview of the specialization process, (b) case studies with additional evidence (forms, questionnaires, therapy reports, video reports), (c) written reports of reflective activities, (d) mentor reports, and (e) continuous evaluation reports. As well as being a tool for final evaluation, the goals of the portfolio are for students to take the responsibility for their learning process and to demonstrate progress; and also, to take control of learning through reflection, planning and execution.

The ECSF project was reviewed in 2009 by course participants, the EU commission and a senior ASHA Fluency Specialist. Participants were asked to rate: overall session formats, practicality and usefulness of the information given, and lecturer's ability to present

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information. They were also asked to provide an overall course evaluation, based on a 5-point scale. All ratings averaged ‘very good’ to ‘excellent’. The review of the EU Commission summed up its evaluation thus: *“A very well performed and managed project where all planned outcomes are being fulfilled.”* Finally, in evaluating the ECSF, the senior ASHA Fluency Specialist praised the suitable pedagogical approach, stating: *“It is simply a miracle to see the level of organization, content and commitment that has gone into this effort.”*

Conclusion

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The ECSF-project, currently organized by a consortium of 10 universities and colleges from 7 European countries, consists of a harmonized undergraduate fluency course and a postgraduate clinical specialization course. The one-year specialization program provides specialist knowledge and skills that can be recognized by local professional bodies as important criteria leading to clinical specialization. The program is a well-designed combination of lectures, clinical practice and home assignments. The joint undergraduate fluency course at all participating institutes is in its final stages of implementation; the specialization course has been organized for 2 consecutive years and has trained 35 individuals, from 14 EU and non-EU countries. Current and future ECSF developments include: partnerships with EU representative organizations for clinicians and for clients, respectively; the Standing Liaison Committee of Speech and Language Therapists in the European Union (CPLOL) and the European League of Stuttering Associations (ELSA); increasing involvement of interested parties from universities around Europe; setting up a follow up system of continuing education of graduates; and working towards minimal standards for European fluency specialists.

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More detailed information on the European Clinical Specialization on Fluency

Disorders is available at <http://www.ecsf.eu>.

Acknowledgments

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Figure Captions

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7 *Figure 1.* Schematic overview of the European Clinical Specialization on Fluency Disorders
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9 (ECSF) course.

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11 *Figure 2.* Schematic overview of the ECSF curriculum.
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ECSF Model		
Stage	Way of working	Place
Phase 0	Student enrolment Entrance levels	Participant's home country
Phase 1	Preparatory reading & assignments for intensive week 1	
	Intensive week 1 (September)	Abroad (Trinity College Dublin)
Phase 2	Home assignments	Participant's home country
	Follow up session 1 Follow up session 2	
Phase 3	Prep. reading & assignments for intensive week 2	
	Intensive week 2 (February)	
Phase 4	Home assignments	Participant's home country
	Follow up session 3 Follow up session 4	
Phase 5	Portfolio evaluation & case presentation (May/June) Repeats (August/September)	

ACCEPTED

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MODULE 1: Theoretical knowledge and specific therapeutic skills 12 ECTS*

Phenomenology, causal and maintaining variables	3 ECTS
Assessment, evaluation and diagnosis	3 ECTS
Intervention	6 ECTS

MODULE 2: Clinical training and portfolio 8 ECTS*

Clinical training (min. 120 hours)
a maximum of 20 hours observation
a minimum of 100 hours therapy

Portfolio

* ECTS: European Credits Transfer System (1 ECTS=30 hours total study time)

Accepted M.