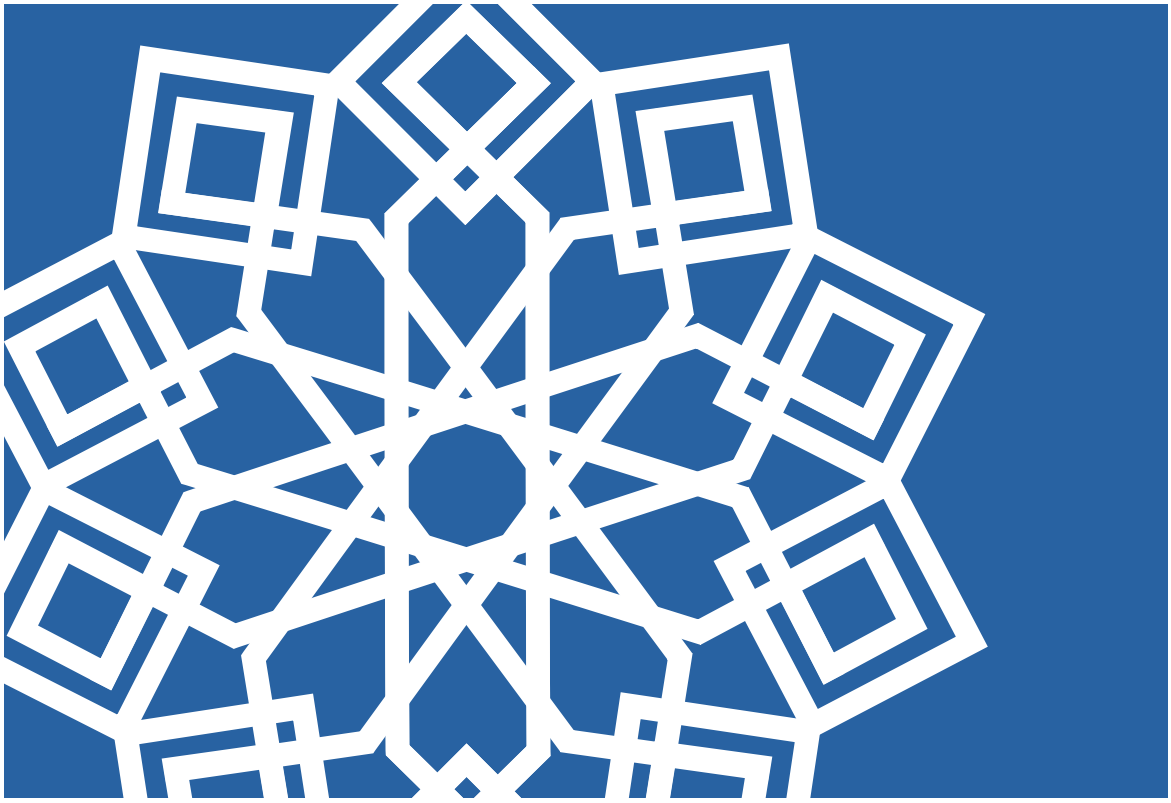
RECOPILACIÓN DE PONENCIAS
XXXI CONGRESO INTERNACIONAL AELFA-IF



Logopedia

Conectando ciencia y profesión

COORD. ELVIRA MENDOZA LARA / ELENA PLANELLS DEL POZO

eug EDITORIAL UNIVERSIDAD DE GRANADA

Elvira mendoza Lara
Elena Planells del Pozo
(coordinadoras)

LOGOPEDIA
Conectando ciencia y profesión

Recopilación de ponencias
XXXI Congreso Internacional AELFA-IF

Granada, 2018

ISBN: 978-84-338-6309-6.

Edita: Editorial Universidad de Granada.
Campus Universitario de Cartuja. Granada.
Telfs.: 958 24 39 30 - 958 24 62 20 . editorial.ugr.es

Maquetación: CMD. Granada.
Diseño de cubierta: Francisco Cabello Luque.

11.2. Novel practices in training Soft-skills for future Speech and Language Therapists

Maria João Cunha, André Araújo, Paula Faria y Brígida Patrício
Escola Superior de Saúde, Instituto Politécnico do Porto, Portugal

Abstract Speech and Language Therapy (SLT), as most health professions, have been developing and adapting for better evidence based practice in order to provide better and more effective and efficient clinical services. However, a good therapist/clinician requires much more than instrumental. Intrapersonal and interpersonal competences are more than ever recognized as essential for a successful professional career and to provide high-quality clinical services. Soft-skills cover a wide set of people skills, social skills, and personal career attributes, and are currently valued by employers, team peers and clients.
Recognizing the need to develop soft-skills during a SLT graduation, a practicum (clinical education) course was designed using modern learning methods. During three consecutive years fourth year students were trained in a soft-skills promoting environment.
This work intends to evaluate the implementation of this practicum course in a SLT graduation, according with students' perspective. A brief questionnaire was used to collect students' opinion about the course. Fourteen answers were obtained in this preliminary study.
Results revealed that students are globally satisfied with the course and identify a higher number of advantages (51) than of disadvantages (17). A wide set of soft skills were identified as resulting from the procedures and opportunities used in the course. Around 67% of the strategies experimented during the course were related with personal organization, self-regulation and emotional control. Concerning with perceive tools identified by students as useful for professional development as SLT, 50% were related with the practicum activities and 25% with intrapersonal competences.
Globally, students were able to confirm that the procedures adopted in this practicum course promote soft-skills in a formal way. It became clear that soft-skills can be measurable, systematic, and teachable/promoted. Discussion on the importance of soft-skills in SLT training is provided.

Key words: speech and language therapy; SLT training; soft-skills; interpersonal and intrapersonal competences.

1. Introduction

For the last decades, the conviction that there is a positive relation between citizens' scientific education and the countries' economic development has been strengthened (Sá e Paixão, 2015). As consequence, higher education became the target of debate under different perspectives in several interest groups. Previously, there was the assumption that to become a higher education teacher the academic graduation would be enough. Also, it was expected that a degree course attendance would prepare future students to a well-defined set of functions for their future profession. Neither of these two assertions are valid in current reality. Today, most professions have a wide range of skills to play several careers, which are not always predictable during training, and technical skills are not necessarily the most valued competences looked by employers. In higher education contexts, teachers are now expected to use active pedagogical methods, to promote students' development as a person and a professional, in a much wider set of competences. Those include "learning to know", "learning to do", "learning to live together" and "learning to be" (UNESCO, 2010), but also the awareness of the need for lifelong learning.

Speech and Language Therapy[1] (SLT) graduations exist in Portugal since the 1960's, and several revisions have been made through the years to adapt to the profession evolutions. At *Escola Superior de Saúde do Instituto Politécnico do Porto* (ESS-P.Porto), SLT current graduation curricular plan was developed according with competences described to the professional exercise after the Bologna reform (Mendes et al, 2004).

Those competences presented a SLT profile including functions beyond the traditional clinical practice in direct work with patients. In this profile SLT are clearly seen as able to work in other positions, as managers, team leaders, trainers or consultants, in with "soft-skills"[2] are recognized as especially relevant. However, there was no formal training for these competences (neither for SLT or other health related areas), and students were expected to develop them without explicit learning processes or to have them already acquired. Since 2008, after Bologna revised curriculum was implemented, several efforts were made to create opportunities for students to formally develop these competences during the graduation process in a guided way.

1. Speech and Language Therapy in Portugal has the denomination of "Terapia da Fala" (Speech Therapy).

2. Soft-skills - skills under three key functional elements: people skills, social skills, and personal career attributes (Robles and Marcel, 2012).

SLT graduation curriculum at ESS-P.Porto is oriented by a person and family centred approach, focused on communication, language, speech and swallowing functions. Courses are organized so that students can develop their clinical reasoning form normal performance to disorders, and from simple to complex situations. There are courses where "learning to know" is the main goal (especially in first and second years), but others are clearly focused in specific competences acquisition.

Current SLT curriculum has an 8 semesters duration (240 ECTS), and according with specific legal regulations, 60 ECTS are dedicated exclusively to Practicum (or Clinical Education) courses. These Practicum courses in clinical and education contexts are formally initiated in 2nd year, although observation practices in fieldwork are already introduced in 1st year. Fourth year students have most of their time spent in Practicum courses.

Practicum courses provide students with the first confrontations with real-life situations and are always directly supervised by experience SLT. In these contexts, students have the opportunity, *in loco*, to test their skills and determine their own individual needs of specific guidance or supervision. Also these courses are aligned in a progressive approach, moving from a more person-centred view to a more comprehensive family and context focused analysis.

Since 2008, the existing curriculum already provided courses where competences necessary to integrate management chains (i.e. manage, administer, organize, ...), or to work with multidisciplinary teams and with families. These practices were in line with the recommendations of the national Bologna adaptation report (Lopes, 2004). It was already advocated the need to promote competencies for working with people in various contexts and the need to prepare students to include themselves in any team, whatever its dynamic. As already mentioned, this initial curriculum, implemented since 2008-09 to 2015-016 has undergone pedagogical adjustments, in order to better respond to identified needs and to accommodate indications from international entities.

We highlight the NetQues report, dated 2011, which drew attention to a new group of competences - intrapersonal competences - that are considered to be very relevant to the SLT's self-regulation in order to allow him to determine, at any moment in his career, what are his professional gaps and find a way to fill them. These competences were also seen as very relevant for future professionals by Partnership for the 21st Century Skills organization (21st century skills, 2008) and by the 21st Century Skills Assessment Committee of the National Research Council of the National Academies in "Assessing 21st Century Skills" (NRCCA, 2011).

According to Wellington (2005), although technical competences are important in most of the best educational curricula, «soft-skills need further emphasis in the university curricula so that students learn the importance of

soft-skills early in their academic programs before they embark on a business career».

As Anna Mar (2016) claims, soft-skills "…is an unfortunate term. It sounds week or dull", since they may be the most important skills in ones' career. As Wible (2015) she states this skills are thought to be unmeasurable, unteachable, and unimportant. According to these authors soft-skills include problem solving, communication skills, leadership, influencing, interpersonal, and intrapersonal skills, creativity and professional skills such as time management, business etiquette and ethics, writing reports and proposals, research, training others or entrepreneurial thinking. Mars' list is much longer and detailed then Wibles' list. As already stated by NRCCA (2011) and now by these two authors, these competences are essential and should be seen as fundamental by educators. "They are essential to living a good life, creating a good community, and having meaningful employment" (Wible, 2015). As he stated, these skills can be teachable and measured and these are the ones needed to "…navigate in the 21th century". As we stated before, Netques (2011) report for SLT also values interpersonal and intrapersonal competences. These are part of Mar and Wible list and are related to communication skills, honesty, sincerity and reliability, self-critic and reflexion and also with resilience in coping with the demand of the profession.

In 2015, there was the opportunity to review the 1st cycle graduation curriculum. The inclusion of this set of competences in the new SLT undergraduate curriculum was a deliberate process in the transformation of the ESS-P. Porto training project, as a way to better prepare students for real-life labour challenges. As employers increased the demand for more mature and socially adjusted people, the value of soft-skills increased as a determinant of career success (Wilhelm, 2004). Previously, it was understood that soft-skills were innate personal character characteristics. These qualities contributed to a better social interaction with others, to a better professional performance and, consequently, to better career prospects (Parsons, 2008).

As mentioned by Murti and Sefton (2000), this change was expected in health-related training, with new methodologies as «…problem based learning, information technology, new curriculum goals, [and] new teaching strategies (some in clinical settings)...» This authors referred in their study that many patients were willing to contribute to the education of future doctors and valued better communication, their autonomy to be respected and undue distress avoided. Similarly, hospital managers demanded commitment, knowledge and clinical skills, as well as familiarity with the requirements of hospital practice. Those generic skills, are good communication skills, self-awareness and teamwork as well as professional and ethical behaviours.

The previous 2008 curricula reform was oriented according ASHA[3], CPLOL[4], QAA[5] and Tuning project[6] recommendations. In the meantime, new guidelines have been published for these entities, namely ASHA (2010) and CPLOL (2009). During the 2008-2015 period, ESS-P.Porto SLT department teachers analysed each year their pedagogical practices approaching the development of these competences. The *modus operandi* of the team was updated integrating new learning models imported by teachers' pedagogical training.

During the external curriculum assessment, by the Portuguese Agency for Assessment and Accreditation of Higher Education (A3ES), in 2014-15, a set of courses was identified where soft-skills could be enhanced and some pedagogical strategies were recognised as promoting these skills. It became clear that the interpersonal, intrapersonal, communication, teamwork and self-awareness skills should be "worked" explicitly in those already identified courses, along with "traditional" professional practice competences. Furthermore, all courses of the curriculum were analysed and new opportunities were identified to develop the soft-skills during the four years training.

The Practicum courses, usually associated with instrumental skills, have then gained even more importance, as it became evident that they are the best context for the student to be aware of himself and his competences, as a person, an element of a team and as a professional, to improve their communication pattern, to learn how to organize himself and to function in the labour world, so different from the academic world.

In a previous study, in 2013, some of the strategies used in SLT training at ESS-P.Porto were already identified and validated (Cunha *et al.,* 2013). This study was the first attempt to define good-practices to a novel methodology, a team Practicum settled inside ESS facilities (and not in clinical settings), directly oriented by teachers (and not by clinical educators), and designed to provide community services (and not direct speech therapy services). It was then found that the process of student-centred tutoring, oriented in order to find a way to solve problems, was seen as an added value. In the same way, it was found that tutoring pairs of students, as well as creating small groups of students within larger groups, contributed in a decisive way to the success of the Practicum. Other strategies were identified as soft-skills enhancers: project based work/learning, preparation of clinical cases for younger students, integra-

3. ASHA – American Speech Hearing Association.

4. CPLOL – Comité Permanent de Liaison Orthophoniste/Logopèdes de L'Union Europeéne.

5. QAA – Quality Assurance Agency.

6. Tuning Project - Tuning Educacional Structures in Europe. Started in 2000 to link political objectives of Bolonha Process.

tion of knowledge of other areas such as physiotherapy, occupational therapy, audiology or psychology, and organization of scientific events or services to support the nearby community.

As positive results, students highlighted the greater skills of individual and group organization, greater capacity for reflective thinking on their practices, clinical reasoning, problem solving and peer support. Preparing the cases for younger colleagues contributed to greater articulation with colleagues from other areas of knowledge (in the preparation of cases), to clinical reasoning and also to the understanding of differential skills among students, being able to adjust material, language and attitudes. These results perceived at the end of the SLT graduation were later found to be valued by the employers in job interviews.

After the 2015 curriculum revision, new and more specific procedures were implemented to develop Soft-skills in several courses. This study focus on Practicum procedures used the last three years in a specific curricular unit of Clinical Practicum (Internal Practicum) occurring at ESS-P.Porto, integrating adjustments seen as necessary in the first study (Cunha *et al.,* 2013). Although every year teaching tools and strategies are analysed and new tools are integrated, due to new knowledge in the field, there are some procedures that need a more thorough analysis from the students' perspective, especially from those who already tested their usefulness for professional practice. This course/ Practicum has as its main goal the development of soft-skills, integrated with instrumental and systemic skills, more easily associated with the SLT profile and is identified as Soft-Skills Focused Practicum (SSFP).

This SSFP course has now a specific format, defined to promote the integration of clinical practicum students as members of SLT team at ESS-P. Porto. This team has 18 teachers, with several responsibilities (coordination, lecturing, research, community service, …). Students have to learn about hierarchy, burocracy, institution rules (quality system), attend, prepare and coordinate meetings (including staff meetings), make registrations (full records or minute of meetings), propose new projects according to ESS mission and main goals or integrating projects already in action, participate in education of younger students, access (using specific tools) students or others who require it in SLT field of expertise, be aware of their performance, make reports, make commendations and interact, when needed, with other members of staff. Each teacher can be tutor for one or two students, simultaneously. Students are required to collaborate in at least three projects during the course duration and their assessment is obtained according with their performance in these projects.

This work intends to contribute to evaluate the implementation of the first three years SSFP course in SLT graduation of ESS-P.Porto, according with students' perspective.

2. Methods

This is an observational, descriptive, longitudinal study, with two main goals:

1. Evaluate the outcomes of SSFP course for 4th graders, in their perspective;
2. Validate SSFP procedures adopted in tutorial guidance for achievement of soft-skills, together with other clinical competences.

2.1. Population

Each year, there are more than 30 4th grade students attending SSFP course. They are divided in three groups, one for each trimester. Groups can range from ten to fifteen, depending on practicum availability in external institutions such as clinics, hospitals or educational units. All students enrolled in SSFP course since 2015-2016 were invited to participate in this study.

2.2. Instruments

A questionnaire online was send to some students by mail, asking to be shared with colleagues (snow ball sampling). It is a short questionnaire, with four questions plus one related to year of frequency and one to general appreciation, where students should indicate advantages and disadvantages of their experiences within SSFP, identify strategies and tools/procedures that promoted their competences as SLT and a general evaluation of SSFP. For each answer, participants could refer five key words/ideas, maximum.

2.3. Proceedings

The questionnaire was sent to mails of former students attending SSFP during all the trimesters of 2015-2016 and 2016-2017 and first and second trimester of 2017-2018. They were asked to share the questionnaire with the remaining colleagues of their SSFP working groups. Mails were sent in three different dates, with the same message. A schedule was defined to receive all answers (7 days).

Questionnaires were answered via Google Docs online platform and data were collected and then transferred to a Excel file in a double entry table, grouped in categories. The first phase of grouping intended to state main categories. Second phase intended to associate those categories according to groups of

competences and SSFP procedures. Categories established were related to instrumental competences, intrapersonal and interpersonal competences, systemic competences and activities/procedures seen as a way or a tool to promote those competences.

3. Results

When the platform was closed, there were fourteen (14) questionnaires completed and valid. These participants attended SSFP in the required period, six in 2016-2017 [1] and eight in 2017-2018 [2] (first and second trimester) (see figure 1).

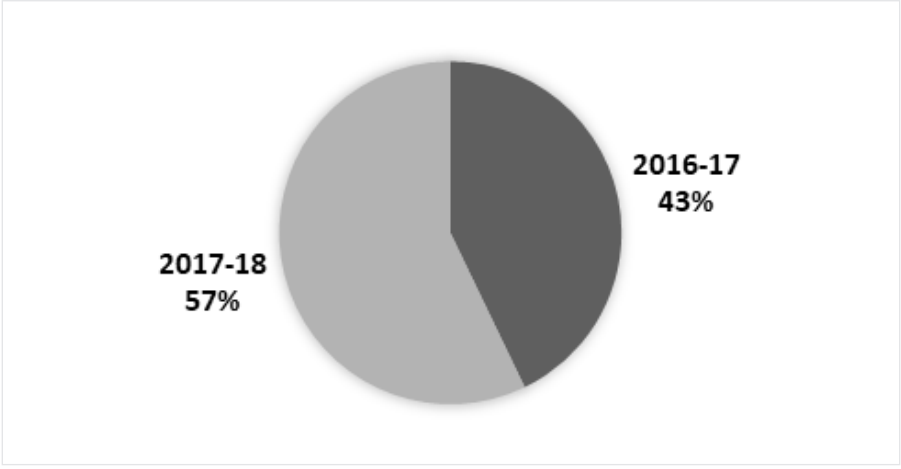


Figure 1. Distribution of participants according to year of frequency of SSFP (total 14 participants).

Answers regarding advantages associated to this particular course (see figure 2) were related to intrapersonal competences – personal knowledge [1], personal organization [2], interpersonal competences – team work [3] and interpersonal competences [4], instrumental competences [5] and general personal growth [6], non-specified. Intrapersonal competences and interpersonal competences, together represent 69% of references.

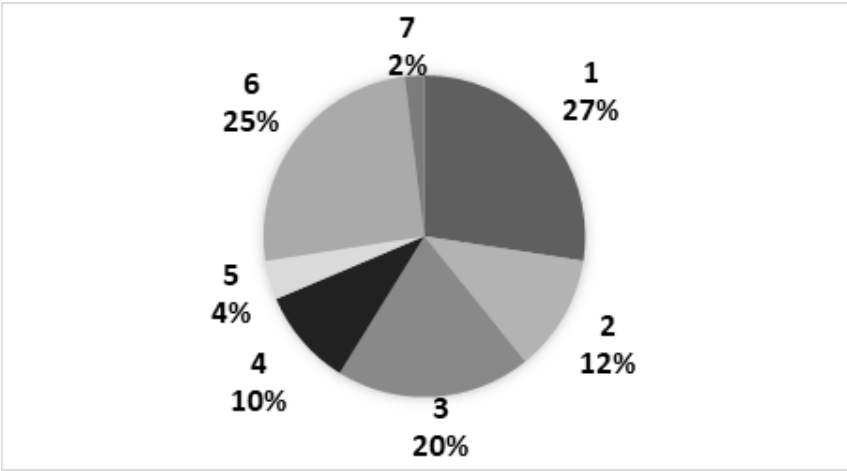


Figure 2. Advantages related to SSFP (total 51 references).

When asked to point out disadvantages (see figure 3), answers were diverse. Responses referred as disadvantages not having clinical practice included [1] to much workload and stress [2], lack of conditions [3], too much burocracy [4], false information from previews students [5], injustice regarding assessment and differences in guidance model between tutors [6] and sorrow for not been the first clinical unit for all students [7]. Altogether, there were 17 references. Workload and stress were the main disadvantages (7 references), followed by references to the lack of clinical practice (3 references).

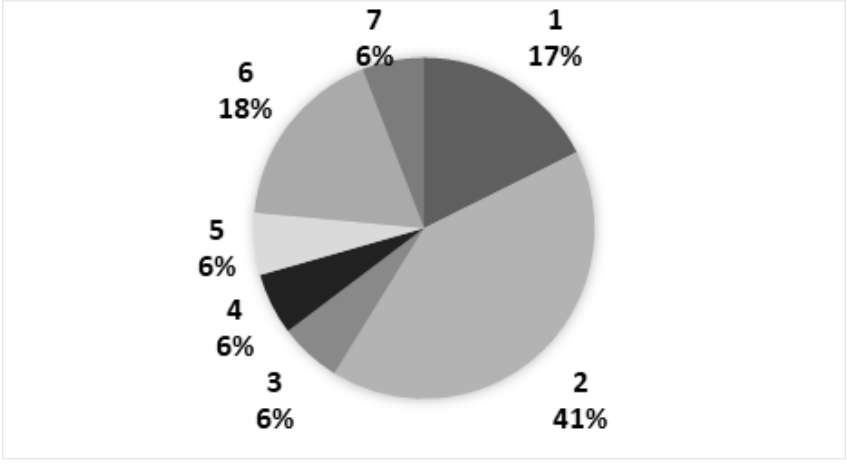


Figure 3. Disadvantages related to SSFP (total 17 references).

Fourth question was about strategies experimented during SSFP seen as more useful for professional development as SLT (see figure 4). References pointed out feedback from tutor [1] and peers [2], personal organization [3] such as to-do list or chronogram, self-regulation [4] such as auto-analysis or take different roles, emotional control [5] and specific activities [6]. There were references to development of professional and interpersonal competences, non-specified. A total of 39 references was obtained. Adding personal organization with self-regulation and emotional control, a total of 26 references is obtained, representing 67%.

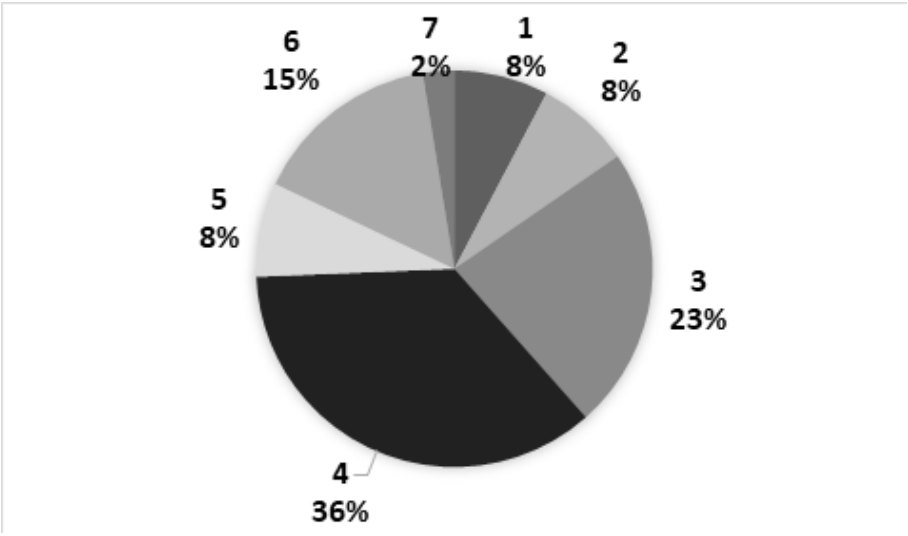


Figure 4. Strategies contributing for professional development in SSFP (total 39 references).

Question number five pretended to perceive tools identified by students as useful for professional development as SLT (see figure 5). There were four different types of references: one related to knowledge acquired or learning to research [1], identification of instrumental competences [2], such as use and adapt assessment tools or producing formal documents, activities like preparing meetings, tutorials, debates, were perceived as tools to professional development [3] and finally, there were references to intrapersonal competences [4] like persistency, focus, self-control, argumentation or leadership. Results showed that activities represented 50% of total references and intrapersonal competences 25%.

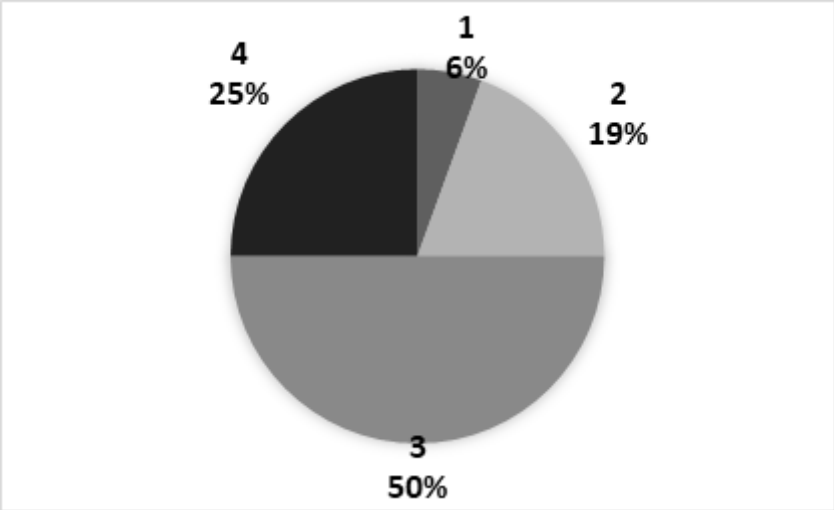


Figure 5. Tools contributing for professional development (total 36 references).

Question number six pretended to establish global satisfaction with SSFP course in a one to ten scale. Responses obtained ranged from 4 to 10 (see figure 6). Values from students attending this course in 2017-2018 ranged from four (4) to ten (10), average seven (7) and values from students from 2016-2017 ranged from five (5) to ten (10), average eight point five (8,5). Generally, students from 2016-2017 seem to be more satisfied with this course then students from 2017-2018.

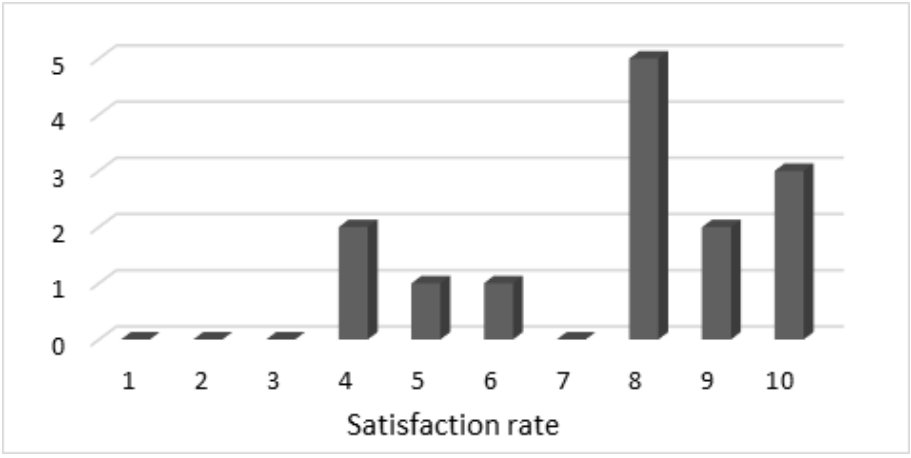


Figure 6. Satisfaction with SSFP course (total 14).

4. Discussion

Results obtained deserve a proper analysis and discussion. We will start by number of participants. Former students were contacted by email. It may be that some of them might have change their addresses or no longer use their former email addresses. Time given to reply was short (5 days). Although it was a short questionnaire, it requests some thought and that might also have limited participation. Anyway, participation was low, and results cannot be considerate as representative.

Questionnaire was focused and responds to main goals. Students' references were focused and permitted to learn about their view about this particular course and also what they value the most. Although there was a low participation, it allowed to perceive general satisfaction. The impact of this course seems to be more evident while entering the labour market.

Regarding references pointed out as advantages or disadvantages, overall students identified three times more advantages (51/17). It was interesting to verify that the main aspect seen as disadvantage was the workload and stress. Students who pointed out this disadvantage referred personal organization as an important strategy learned during SSFP. Students who referred that SSFP took time from clinical practice were all from 2017-2018. These opinions may be related to the feeling from undergraduates that more clinical practice would prepare them better for professional life. Wible (2015) stress out in his speech that most curricula are focused on instrumental competences and those are seen as the most relevant by society. This may be the factor prevailing, since students didn't have the opportunity to test their skills in the real labour opportunities.

When analyzing references to strategies and tools, it was very interesting to see that students valued intrapersonal competences related to personal organization, emotional control and self-regulation and felt they were important for professional development. Even those who felt stressed and overload, stated that activities used during SSFP were important tools for professional development.

Considering the results, we can say that both goals have been met. Regarding the first one, the general perception is positive and SSFP is seen as an opportunity for professional growth. Even though sample was very limited and two out of fourteen are not satisfied with this course, procedures adopted were viewed as promotors of soft-skills, as intended.

These data gives us some clues to further investigation, namely the need to stay in touch and keep an up to date list of contacts of former students. If these guidelines are intended to help them professionally, there must be created other ways to keep in touch and gather information from them. These former

students should be consulted also in a more advanced stage of their professional life, in order to better understand the impact of SSFP.

The methods used were adequate for a preliminary study but some replies should be better understood. Interviews or a focus group, based on references obtained in this study should be promoted to better understand student and former students' point of view. Comparison between students from different years of reference should also be better understood, since it can be due to promoted activities, tutorial guidance, and specific characteristics from teachers or students involved. There are still many factors that need further investigation. In the future, most robust methods should be used, with more representative samples, but also comparisons with teachers', clinical educators', and employers' perspectives should be arranged.

5. Final considerations

Clinical education (or Practicum) is a journey of growth and development for all, both teachers and students. Soft-skills such as communication skills, personal organization and self-regulation, leading or supporting a colleague, are seen as equally important as instrumental and systemic competences nowadays. In SLT undergraduate curriculum, soft-skills should be mandatory, since they will contribute to a better communication with patients, family and other members. However, this is not consensual. Using more active teaching practices implies greater investment from teachers and universities. Nowadays pedagogical skills are not seen as important as research skills. So, this might require further investment in this field by universities.

Results in this study seem to show that a practicum course designed to develop soft-skills was mostly well-accepted by students and that they identify those skills to be effectively developed in the course activities. Although this work still need deeper studying, and other relevant evidences may be found, the fact is that the procedures adopted in this Practicum were confirmed by these students to promote soft-skills. Results were once more encouraging and made us believe that there is a need to further discussion.

It is very clear that soft-skills can be measurable, systematic, and teachable/promoted. If they are meaningful and relevant in a SLT profile, they should be addressed with other competences from year one. We know that employers assess those skills during recruitment interviews, but they are still not equally valuable from the university point of view.

Our work, so far, has been developed in courses related to practicum/clinical education. It should be possible to promote soft-skills in other courses as well, from year one, in specific and general courses. This may imply that

teachers have to rethink courses' goals and the way they teach. We believe that the effort of changing the professional paradigm in SLT is worth, and soft-skills will be, in near future, part of regular training of every health professionals.

Acknowledgment

The authors want to thank every lecturers from SLT department of ESS-P.Porto for their contributions over the last 10 years, especially to those who directly have participated in SSFP.

References

21st Century Skills (2008). 21st Century Skills, education & competitiveness. A resource and policy guide. Retrieved from files.eric.ed.gov.

ASHA (2010). Scope of Practice in Speech-Language Pathology. Retrieved from https://utep.edu/chs/slp/_Files/docs/3-ASHA-Documents.pdf.

Bishop, J. (20). Partnership for 21st Century Skills (P21). Retrived from www.p21.org.

CPLOL – Comité Permanent de Liaison des Orthophoniste/Logopèdes de l'Union Européenne (2009) *Definition and Principles of Continuing Professional Development*. Turin. Retrieved from: http://www.cplol.eu/eng/CPD_Definition&Principles.pdf.

Cunha, M.J., Faria, P.C., Magina, E., Nunes, H., Patrício, B., Araújo, P.A. (2013). Educação Clínica em Terapia da Fala: relato de uma experiência de 4 anos pós-Bolonha. Xornada de Innovación Educativa 2013; Universidade de Vigo (pp. 197-207).

Lopes, A. (2004). Implementação do Processo de Bolonha a Nível Nacional, por áreas de Conhecimento: Tecnologias da Saúde.

Mar, A. (2016). 87 Soft Skills (The Big List). Retrieved from https://training.simplicable.com/training/new/87-soft-skills.

Mendes, A., Santos, M.E., Oliveira, I.M, Frey, A., Mogas, S., Cunha, M.J., Patricio, A.B., 2004. Anexo V – Implementação do Processo de Bolonha e a formação na área da Terapia da Fala. in Lopes, António: Implementação do Processo de Bolonha a Nível Nacional, por áreas de Conhecimento: Tecnologias da Saúde.

Murti, G. e Sefton, A. J. (2000). Building a better doctor. *Quality Progress*. June 2000. 43-51.

NetQues Report (2011). NetQues Project Report Speech and Language Therapy Education in Europe United in Diversity. Project No. 177075-LLP-1-2010-1-FR-ERASMUSENWA.

NRCCA - National Research Council (US) Committee on the Assessment of 21st Century Skills (2011). Assessing 21st Century Skills - Summary of a Workshop. Washington (DC): National Academies Press (US). ISBN-13: 978-0-309-21790-3.

Parsons, T. L. (2008). Definition: Soft skills. Retrieved from http://searchcio.techtarget.com/ definition/soft-skills.

Robles, Marcel M (2012). Executive Perceptions of the top 10 soft Skills Needed in today's Workplace. In Business Communication Quarterly 75(4) pp. 453-465.

Sá, P. e Paixão, F.(2015). Competências-chave para todos no séc. XXI: orientações emergentes do contexto europeu. In Interações, 39, pp. 243-254.

UNESCO (2010). Learning: the treasure within. Report to UNESCO of the international commission of education for the 21st Century. Editor Jacques DeLors. Retrieved from Unesdoc.unesco.org.

Wellington, J. K. (2005). The "soft skills" of success: Be it high tech, low tech, or no tech. Vital Speeches of the Day, 71, 628.

Wible, A. (2015). Strengthening Soft Skills at TEDxTalk. Muskegon. Transcripts retrieved from http://ted.com/tedx.

Wiczer, E, Foster, S. Eberhardt, N (2013). Identifying and developing soft Skills for Post-Secondary Success. Presentation at ASHA convention; Chicago, Wilhelm, 2004.