

The Profession of Speech Pathology and Audiology in Other Countries

SPEECH PATHOLOGY AND AUDIOLOGY IN COLOMBIA

By: John M. Panagos
The University of Akron

and Clemencia Cuervo
National University of Colombia

This is a brief report on the status of speech-language pathology and audiology (fonoaudiología) in Colombia. The report was made possible in part by a grant from the World Health Organization. With the assistance of the National University of Colombia, the Organization sponsored a two-week workshop on language development and disorders at which the senior author was the featured speaker. Some 99 participants, including 14 staff members from the University's Speech Therapy department, 46 university students, and 31 speech therapists from Bogotá and the country gathered for the workshop. One neuropsychologist, three physicians, one psychologist, two medical residents, and one occupational therapist also attended. Held in the fall of 1981, the workshop entailed lectures, seminar meetings, and general discussions of current practices and problems. In this context the present report was formulated. It is similar to a paper by Sparks (1979) describing the status of the profession in Brazil.

General Information

Colombia is a country of varied climates, topographies and peoples. There are remote and extremely hot jungle regions with scattered indian groups, busy coastal cities with a mix of indian, black, and European peoples, and temperate regions in the high Andes where modern, progressive cities such as Bogotá are situated. Air service connects major cities but road travel throughout the country at points is quite difficult. However, a common language, Spanish, binds the country together culturally and historically.

In rural areas, health care is poor, and speech and hearing services are virtually nonexistent. In larger cities such as Bogotá, there are concentrations of speech pathologists providing services through various agencies. The government is formulating plans to expand health services of all kinds throughout the country, although speech and hearing services are of lower priority than basic medical care. Public health funds are very limited for low-priority projects. Good health care is available through private sources for those who can afford it.

Academic Programs

In Colombia, the profession is called fonoaudiology, a title widely used in Latin America. Speech therapy is used as well, especially at the National University. Fonoaudiology encompasses speech and language disorders (stuttering, voice, mental retardation, cleft palate, cerebral palsy, articulation, aphasia) audiology (diagnosis, rehabilitation), deaf education (including classroom teaching) and learning disabilities (including reading, writing and academic training). The profession operates independently of medical supervision in most settings and is separate from physical therapy, occupational therapy, clinical psychology,

and special education. Curricular programs reflect these professional distinctions.

Training Programs

There is the National University in Bogotá, one public university in Cali, Universidad del Valle, a private college in Bogotá, Sección de Fonoaudiología de la Escuela Colombiana de Rehabilitación and a private university in Manizales, Universidad Católica, which offer undergraduate programs in fonoaudiología. There are no graduate programs in the country, and post-graduate work is not required for continued professional practice. In 1980, the National Council for Health Manpower has formulated minimum requirements for professional training programs in fonoaudiología. By-laws regulating professional practice are presently close to implementation.

There are approximately 530 undergraduates enrolled presently in fonoaudiology programs nation-wide. They take four years of course work, including general university requirements. They gain practical experience in local clinics, hospitals and institutes (special schools). One university, Universidad Católica de Manizales, operates its own clinic for training purposes. An academic degree is sufficient for employment. There are no certification requirements dictated by professional associations or government agencies.

National University Program

The National University offers one of the larger programs in the country at its city-center campus in Bogotá. Speech Therapy is in the School of Therapy Careers, which includes Speech Therapy, Physical Therapy and Occupational Therapy. The school exists administratively in the College of Medicine but has curricular autonomy from medicine.

In 1976, after 10 years of initial operation, the four-year degree program was authorized by the University. In the first year of study general requirements are taken. The fonoaudiology curriculum is the same for all students, but through selected training assignments, some emphasis either in speech-language, audiology, deaf education or learning disabilities can be accomplished. Degree requirements also include the completion and presentation of a supervised research project.

Work in Speech Therapy includes the courses shown in the appendix. The courses are taught by the faculties of Speech Therapy, Medicine, Education, Psychology, Physics, Sociology, English and Linguistics. The Speech Therapy faculty is entirely comprised of young women with bachelors degrees from Colombian institutions. One has a masters degree from an American university. There are two male physicians who have received training in communication disorders in Argentina and Mexico. They are faculty members of the Department of Physical Medicine and Rehabilitation.

There are some American textbooks in use in courses. There are also a good number of Spanish-language texts from other Latin American countries used in courses.

Students at the National University begin working with clients in their third year. For graduation, they must gain experience with all types of disorders and age groups if possible. Typically, a student amasses 1,000 hours or more of practical experience. No standard definition of clinical clock hour has been established; one experience credit is allowed for any activity related to clinical practice, excepting hours for planning and writing reports.

Students receive supervision from several of the 14 staff members during

their clinical training. Staff members are assigned to hospitals, clinics and institutions in the city where they supervise clinical training while providing consultative services to the host program. There is no standard pattern of clinical supervision. Supervision is considered an essential part of the student's professional training. As a rule, every session is observed and written and oral suggestions are offered to the student.

The University offers no placement service. Students upon graduation find positions through informal means, especially contacts made during clinical training. Occasionally, notices are sent to the Speech Therapy program or notices are found in public newspapers.

Professional Activities

In Bogotá, a city of approximately 4,500,000 people, there are about 450 fonoaudiologists working in varied settings. Many are working in private practices, established in homes or offices. Often there is collaboration with physicians and the use of their office space. The audiology specialists can be found in the office of an otologist. Therapy is conducted on an outpatient basis and in individual sessions.

Therapists are employed in large clinics and hospitals. They provide diagnostic and therapy services of all kinds. Therapy is typically individualized, and there is close cooperation with the medical staff.

In institutes, such as the National Institute of the Deaf, therapists can be found in the classroom. They teach speech and language skills as well as academic subjects. There are institutes for the retarded, cerebral palsied and learning disabled. Many are private institutions with a financially advantaged clientele.

There are virtually no employment opportunities in public schools. Here teachers trained in special education techniques teach exceptional children both in and outside the classroom. They are assisted sometimes by psychologists, social workers, occupational therapists and fonoaudiologists through team activities. The training of regular teachers may include some preparation in communication disorders. Speech therapy in governmental circles is viewed as a paramedical field rather than an educational speciality. Some employment opportunities in educational settings do exist, however.

Professional Association

The Colombian Association of Speech Therapy and Fonoaudiology has presently 270 members. Hearing aid dealers, allied health specialists and teachers of the exceptional child are not members. Those physicians trained in communication disorders, three in number in the country, do not belong to the Association. A few physicians are honorary members.

The Association sponsors a newsletter containing professional information and a yearly meeting in Bogotá. The meeting is held primarily for the purpose of electing officers of the Association. A program of scientific papers and other such presentations for the dissemination of clinical knowledge are sponsored occasionally. Lectures and workshops promoted by members and some nonmembers are offered in the country during the year, especially in Bogotá.

The Association has no code of ethics, nor guidelines for academic and clinical programs. It plays no role in influencing governmental or private institutions. Although the profession is not well understood or known nationally, there is no public information program. Neither is there a program to support scientific research nor to publish a scientific journal. However, a small journal called Mensaje (Message) is published twice a

year. It contains mainly summaries of conferences and descriptive papers,

Scientific Activities

There is very little scientific literature in Spanish. Some papers are published in Spain, Chile, Brazil, Mexico and Argentina. There is a strong medical orientation evidenced in these works because in many Spanish-speaking countries speech therapy is under medical supervision. For example, the works of Dr. Quirós in Argentina have been very influential in Colombia.

The English language literature on speech-language pathology is considered important in Colombia, but few clinicians can read it. Translations are few, in many instances unrepresentative, and almost totally limited to text book material. Newer information reported in English journals is slow to appear in Spanish if it appears at all. The availability of translated tests and intervention materials is likewise limited, and the English materials which are available (for example, Cole and Snope, 1981) do not reach the country.

The library at the National University receives the Journal of Speech and Hearing Disorders, the Cleft Palate Journal, Volta Review and Folia Phoniátrica. There are mailing delays, missing numbers and the language barrier for students, professors and practicing professionals. Very few clinicians have personal subscriptions to the Journal of Speech and Hearing Disorders. Others do receive Fonoaudiológica, a journal published in Argentina.

Under the editorship of three professors of the National University, a journal entitled Communicology, was published with three numbers in 1980. Some original essays were included along with summaries of selected English-language papers and textbooks. Because of a small readership, time demands, and unmet publication costs, the journal was discontinued.

Information on Language

The information lag in Colombia was illustrated clearly during the workshop proceedings. Knowledge of language acquisition, disorders, assessment and intervention has evolved rapidly in the English-language literature. Technical advances made in phonology, syntax, semantics, lexicology, morphology, pragmatics and discourse have even left the American and English speech-language pathologist struggling to keep pace. We estimate that less than five percent of this information is available to Colombian and Latin American fonoaudiologists. Workshop participants were unfamiliar with the kinds of basic clinical knowledge (for example, Miller, 1981) widely taught in American universities.

Furthermore, information in the acquisition of English cannot be translated literally into Spanish. While there are clear parallels between the acquisition of English and Spanish as it pertains to delayed and normal development, descriptions of Spanish acquisition are needed to establish a valid foundation for clinical language assessment and intervention. There is great need in Colombia for descriptive studies of language patterns of children developmentally delayed in Spanish.

The limited availability of information on language development may slow the natural evolution of fonoaudiology in Colombia. Descriptive data are needed to facilitate the clarification of the relationship between the neuropsychological (i.e., medical) approach (fonoaudiology in Latin American countries) taken by most practitioners in the country, and the speech-language approach (Speech Therapy) taken by those who follow American trends. Without such information, proper balance between the

two orientations may be difficult to achieve.

Conclusions

In the past 15 years fonoaudiology has emerged as a working profession in Colombia with some public and governmental recognition. Colleges and universities offer upgraded academic programs throughout the country and enrollments have grown rapidly. Although services are still concentrated in cities, principally Bogotá, there is the prospect of wider distribution of services in the country. A professional association is active, but plays a weak role in establishing professional standards, promoting public awareness, clarifying the role and mission of the profession, and sponsoring projects to disseminate scientific information. Through various means, including technical assistance from such agencies as the World Health Organization, the knowledge base for professional activities in Colombia must be expanded significantly. This need is especially evident in such rapidly developing areas as child language research and application.

References

- Cole, L.T. Resource guide to multicultural tests and materials. ASHA, 1981, 23, 639-649.
- Miller, J.F. Assessing Language Production in Children. Baltimore, MD.: University Park Press, 1981.
- Sparks, S.N. Speech pathology and audiology in Brazil: 1978. ASHA, 1978, 21, 280-282.

Acknowledgements

We wish to thank the officials of the World Health Organization, particularly Elsa C. Ochoa, and the administration of Kent State University for making this project possible. Special appreciation is also due Alicia Trujillo Rojas, Director of Therapy Careers at the National University of Colombia, and the faculty and students of the Speech Therapy department for their support and significant contributions. Participants in the workshop, of course, are to be congratulated for their many contributions as well.

Appendix

Fonoaudiology Curriculum of the National University of Colombia

<u>Course</u>	<u>Year Taken</u>
2 English Courses	
Spanish Composition	
2 Physics Courses	1
2 Anatomy and Physiology Courses	1
Sociology	1
2 General Linguistics Courses	1
4 Education Courses	1,2,3
5 Psychology Courses	1,2,3
*Introduction to Speech Pathology	1
*Anatomy and Physiology of Hearing	2
Phonetics and Phonology	2
Syntax	2
Semantics	2
Neuroanatomy and Physiology of Language	2
*Speech Disorders (Voice, Articulation, Fluency)	2
*Language Development and Language Disorders	2
*Audiology	2
*Aural Rehabilitation	2
*2 Deaf Education Courses	2,3
*Aphasia in Adults	2
*Special Topics: Voice, Stuttering, Cleft Palate, Assessment Procedures	3
*Learning Disabilities	3
*Administration Procedures for Speech Services	3
*2 Research Methodology Courses	3,4
*Clinical Practicum (starting with observation) in Speech Language, Audiology (Hearing), Deaf Education, Learning Disabilities	2,3,4
Degree requirement: Research Project	

* Taught by the Speech Therapy faculty.

HEAR HERE