Book Review / Évaluation de ressource écrit

Clinical Education in Speech-Language Pathology
Lindy McAllister & Michelle Lincoln (2004)

Publisher: Whurr Publishers, London and Philadelphia
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Reviewer: Jeanne Classen, M.A., Head of Clinical Program
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This is an excellent resource for anyone involved in the clinical education (supervision) of speech-language pathology and audiology[1] students: novice or experienced clinical educators (CEs) (supervisors); students at any level in their clinical education; and university coordinators of clinical education. Both authors are faculty in Australian universities and have doctoral degrees in speech-language pathology and extensive expertise in clinical education. What makes the book both unique and highly appealing is its focus on the voices of CEs and students involved in the clinical education experience. The first-hand accounts of CEs are drawn from McAllister's doctoral thesis study; the students are heard through the master's thesis work of one of her students and from the clinical education experiences of both authors. In the preface, the authors explain the central theme of their book, namely "the personal and professional growth that can be achieved by students and clinical educators learning together". The authors argue for "a humanistic approach to clinical education which is encapsulated in the learning relationships of CEs and students". The text throughout addresses all involved at various levels of clinical practicum, from one end of the spectrum to the other: from the "novice" student, to the "intermediate", to the "entry level" student; and from the "beginner" CE, to the "advanced beginner" CE, to the "competent" CE, to the "professional artist". Some of the authors' objectives are: to provoke mutual reflection on professional practice and personal development in students and CEs; to provide practical principles and strategies for everyday clinical education situations; and to outline professional development from novice student to professional artistry in the CE.

The book consists of eight chapters, each comprising practical learning exercises, checklists, case studies and vignettes, drawn from interviews with CEs and students. Throughout, CEs and students alike are invited, individually or together, to engage in personal reflection, self-assessment, discussion, and problem solving strategies. Chapter 1 explains how growth and development for CEs and students can occur as parallel processes. The underlying assumption is that CEs are not only considered teachers but also life-long learners, and both parties support each other's learning. The chapter sets out to ask a very basic question: What are the goals for professional development in the clinical education process for both the student and the CE (e.g., continuous development of clinical knowledge and skills)? Next, various models of clinical education are outlined that offer opportunity for professional development for both students and their CEs. The chapter concludes with a description of the stages of professional development in CEs and students. Chapter 2 outlines how the two parties can prepare for the clinical education process. From the CE's perspective, advantages and disadvantages of taking a student are considered (including motivational aspects for accommodating a student, suitability of the site, appropriate clientele). Students are given advice on how to plan and prepare for a placement (e.g., considering their motivations for accepting a placement; reviewing the goals from the previous placement; studying the orientation package before the next placement). Chapter 3 considers factors that contribute to the development of learning relationships in clinical education. Apart from the usefulness of the self-evaluation and learning exercises, these exercises furnish experienced CEs with a fresh outlook on the learning relationship. The authors further describe some of the problems that may arise in the student-CE relationship and offer suggestions regarding how these can be dealt with. Chapter 4 provides in-depth discussion of the stages of development of personal skills across the spectrum, from the point of view of the novice CE, to the (very) advanced CE. In parallel are described the stages of development of personal skills in the novice student clinician and the intermediate and the competent entry level student. The chapter also deals with issues such as using assertive communication, avoiding or managing emotional labour, and preventing or dealing with burn-out in clinical education. Chapter 5 discusses the development of cognitive skills. It describes four areas of cognitive skill, namely: 1) different types of knowledge (theoretical, practical, personal, tacit); 2) different approaches to reasoning; 3) clinical reasoning; and 4) ethical reasoning. Of these, clinical reasoning may be of particular interest to the reader, even if not involved in clinical education. Our professions are introduced to the relatively little known concept of clinical reasoning – in contrast to many other rehab and medical professions where this is a well established concept. The authors advance that clinical reasoning is not much used in speech-language pathology due, in part, to the focus on problem solving (i.e. outcome) rather than on the process of thinking about problems. The vignettes and learning exercises in this chapter illustrate with specific examples how different types of reasoning can be engaged in and

how these skills can be applied in specific situations. Chapter 6 describes the learning processes that can be applied in clinical education. Reflection is considered an important learning process for students and CEs alike, as well as for clinicians not engaged in student training. Students are encouraged and given suggestions on how to reflect on activities, such as producing treatment plans, report/note writing, journaling and supervision conferencing. Clinicians are invited to reflect on areas such as ethical dilemmas, case presentations and team meetings. Chapter 7 discusses how learning can be assessed in clinical settings and how learning can be facilitated through assessment. Different types of assessment terminology are described (e.g., formative versus summative assessment). The importance of self-assessment for students *and* CEs and the need for each party to assess the other are stressed. The final chapter outlines a plan for ongoing skill development in clinical education. It outlines the professional development for all levels of CEs and students. Suggestions are given in regard to the different responsibilities that can be undertaken by CEs with different levels of expertise. For example, more experienced CEs may mentor new colleagues or try innovative clinical education models. The authors further stress the need for raising the status and recognition of CEs by their employers, universities and professional associations. This is followed by a number of strategies for dealing with this issue (e.g., provision of funding and resources, recognition of excellence, putting in place creative placements that benefit students and organizations). This chapter also discusses the role and responsibilities of universities in preparing students for clinical placements and providing training and support for CEs.

The text devoted to the development of professional and personal skills would be arguably somewhat lengthy or redundant in places were it not for its original focus, namely the first-hand accounts of CEs and students. This allows the reader, whether a student or a CE, an opportunity to become acquainted not only with his or her own learning processes and some of the challenges involved and strategies to deal with these, but also those of the other party. With the book's emphases on personal/professional skill building on the one hand and development of clinical reasoning skills on the other, one clinical education model that could have comfortably nestled inside this text is missing, in my opinion. I refer to the "two-to-one supervision" model or "reciprocal peer coaching" model where two students simultaneously undertake a clinical practicum with one CE. The recent clinical reasoning literature (which has emerged largely from Australia) has reported on the enhanced learning outcomes that may result when two students during a two-to-one practicum have ongoing opportunity to engage together in clinical reasoning, with or without the presence of their CE. Employing such a clinical education model may give a new impetus to the more experienced CE or professional artist. The chapter on assessment (i.e., feedback in its many forms) is very informative, and provides all levels of CEs with information for adopting in their feedback and evaluation sessions with students. Strategies are offered on how CEs can teach students to self-assess, or what to do if the CE's assessment of the student does not match the student's self-assessment. Students are given tools for self-assessment, such as video-taping and journaling.

This book is highly recommended for speech-language pathologists and audiologists with or without any background or experience in clinical education. University coordinators of clinical education will find this textbook a rich resource when preparing students for clinical practicum and for developing workshops for CEs.

One of the major strengths and attractions of this easy-to-read book that abounds in practical ideas is that it includes throughout the perspective of both the CE and the student. Aside from making it a very useful resource for both these groups, it thus allows each party to see the other's perspective throughout the learning process, which in turn is likely to lead to greater mutual appreciation and understanding. In this way, the work has lived up to its premise to espouse the humanistic approach, which should particularly appeal to our communication-based professions.

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[1] Although this book is not specifically addressed to audiologists, it is recommended for other health care professionals, and indeed, most, if not all of the content, may equally apply to audiologists. The most likely reason why audiologists are not explicitly mentioned is that in Australia the two professions are not associated.

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Book Review / Évaluation de ressource écrit

Phonological Awareness: From research to practice
Gail T. Gillon (2004)

Publisher: The Guilford Press: New York, NY
Cost: $35.00 US
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This book was written for professionals and students who are responsible for helping children who are at risk or experiencing difficulties with the acquisition of reading and spelling skills. It is intended to help the reader understand phonological awareness and its role in the development of reading and spelling. Furthermore, it is intended to make explicit the path from research to practice by providing a framework for the accurate identification and successful resolution of phonological awareness deficits.

The book is comprised of ten chapters. The first defines the construct of phonological awareness and describes the tasks that are used to measure it at the syllable, onset-rime, and phoneme levels. The next three chapters are focused on reading and spelling development, with the second reviewing models of literacy acquisition, the third discussing the role of phonological awareness in reading development, and the fourth describing the phonological awareness skills of children with dyslexia. The fifth chapter discusses the phonological awareness skills of children with specific language impairment, articulation disorders, phonological delay of unknown origin and dyspraxia of speech. Chapters six through nine are focused on clinical practice, describing assessment tools, instructional frameworks, and some of the activities that can be used to remediate deficits in phonological awareness for children of different ages. The final chapter, with sections written by Sally Clendon, Linda Cupples, Mark Flynn, Teresa Iacono, Traci Schmidtkie, David Yoder, and Audrey Young, briefly reviews the literature relating to the phonological awareness skills of children with physical, sensory, or intellectual impairments.

This book is a very good resource for any professional who is working with children who are at risk for phonological awareness deficits. The review of the research evidence is comprehensive but readable. The right balance between breadth and depth of coverage is maintained throughout the book. Individual studies are described with just enough detail to allow the reader to fully understand the findings and conclusions (although the author's evaluation of the quality of the studies is somewhat shallow as described below). The implications of the research literature for clinical and educational practice are made explicit at the end of each chapter. Informative case examples appear throughout the book. The two chapters on intervention do not provide a step-by-step 'how-to' guide to the remediation of phonological awareness deficits. Rather, these chapters emphasise guiding principles that should underlay the development of a comprehensive intervention program that is customized to meet the needs and interests of each individual client. Some specific intervention activities are described but the clinician is advised to continually monitor the client's progress and adapt the activities accordingly.

This book would also be appropriate as a text book for a senior undergraduate or graduate level course on phonological awareness. As with any text book, however, the instructor would need to be thoroughly familiar with the background literature in order to compensate for some of the weaknesses of the literature review. The primary weakness of the book is that the links drawn between research and practice are more intuitive than systematic. The author fails to explicitly apply the principles of evidence-based practice when helping the reader use the research evidence to guide clinical practice. (More information about the process of evidence-based clinical decision making can be found on the ASHA website[1]). A particularly important aspect of evidence-based decision making is the necessity of evaluating rather than simply summarizing the available research. This failure to evaluate the research evidence is apparent in some of the unresolved issues that reoccur throughout the book. For example, the literature relating to the relationship between rime awareness and reading acquisition is, on the surface, highly confusing, leaving the clinician uncertain about whether to teach rime awareness to a child with delayed phonological awareness skills. In order to make sense of the conflicting conclusions of researchers who have investigated this relationship, it is necessary to consider the psychometric properties of the tests used and the quality of the research designs employed. For example, correlational studies in which an unreliable measure of rime awareness yields a restricted range of test outcomes by the participants should be discounted. Unfortunately, this level of analysis is curiously lacking in much of the book and some studies with glaring weaknesses are cited repeatedly (the final chapter is an exception as it contains some nice examples of appropriate evaluation of the quality of evidence). Another unresolved issue concerns the number of different skills that should be taught within the context of a phonological awareness intervention. Some programs recommend a dizzying array of target skills while others focus on one or two core skills, such as segmenting words into phonemes. Specific guidelines for evaluating the quality of evidence have been proposed and could have been applied in an effort to both model this decision-making process and to answer the question

about the optimum number of target skills. Unfortunately the author appears to credit her own study (in which a non-experimental, self-selected control group was employed) more highly than the meta-analyses that have examined the efficacy of phonological awareness interventions. Non-experimental studies can make very valuable contributions, especially when establishing the feasibility of a treatment approach early in the history of a research program. However, randomised control trials and meta-analyses constitute the strongest evidence that can be brought to bear on questions of relative efficacy of competing treatment practices. This criticism notwithstanding, the book is still valuable as a textbook and would provide an opportunity for the instructor to demonstrate the use of evidence-based decision making to resolve some of the conflicting findings that emerge from the literature that is summarized by Gillon.

In summary this book would be a valuable resource for practicing clinicians and educators as well as a useful textbook for students who expect to help children who may have difficulties with phonological awareness. It provides a valuable introduction for readers who are new to this topic as well as a useful quick reference for those who are more familiar with this large literature.

[1]ASHA members can access the Technical Report entitled 'Evidence-Based Practice in Communication Disorders: An Introduction' at www.asha.org.

Resource Reviews / Évaluation des ressources

Pre-Reading Inventory of Phonological Awareness

B. Dodd, S. Crosbie, B. McIntosh, T. Teitzel, and A. Ozanne (2003)

Publisher: The Psychological Corporation, 19500 Bulverde Road, San Antonio, TX 78259
www.PsychCorp.com
Cost: $153.00 (US)
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The Pre-Reading Inventory of Phonological Awareness is designed to assess six areas of phonological awareness development in children age 4 years, 0 months through 6 years, 11 months. In the younger age range (pre-kindergarten and early kindergarten), it is intended as a baseline of phonological awareness skills. For the older age group, it can be used to identify those with phonological awareness deficits. The six areas tested are: Rhyme Awareness, Syllable Segmentation, Alliteration Awareness, Sound Isolation, Sound Segmentation, and Letter-Sound Knowledge.

All sub-tests include clear administration instructions within the stimulus book. All of them also include demonstration items that allow feedback on response accuracy. Some also include trial items. For the sub-tests with pictures, the illustrations are simple, colored and age appropriate. The testing protocol allows the examiner to discontinue testing after a prescribed number of errors on three of the sub-tests; the rest need to be administered in their entirety.

The sub-tests for Rhyme Awareness and Alliteration Awareness are done in an "odd one out" format. This format presents the child with four words and asks them to identify which "doesn't belong". The four items are pictured, which reduces the load on short-term memory. However, the odd one out format is a more complex response than identifying a word that does rhyme or alliterate. This can pose challenges in measuring rhyme or alliteration skills in the younger age range, where the complexity of the response type may prevent demonstration of emerging skills.

The Syllable Segmentation and Sound Segmentation tasks are scored on the basis of the child's ability to orally segment the word into syllables or sounds. For Syllable Segmentation, the instructions ask the child to "clap out" the syllables as he or she says the word with clear syllable boundaries, or to point to drums on the page while segmenting the word orally. The demonstration word (elephant) is pictured, but none of the 4 trial words or test words is pictured. None of the test words used for Syllable Segmentation is likely to be in the vocabulary of the target age for the test (abyss, periodical, magnitude, elaboration). This fact, combined with the lack of pictures, would definitely place a load on short-term memory for 4 to 6 year olds, confounding any results. In the Sound Segmentation task, the child is asked to orally segment the word into sounds, using counters as a support. No picture support is provided but the target words are appropriate for the target age (*spoon, shoe, lady, cake*).

The Sound Isolation task asks the child to identify the first sound in a pictured word. All of the words are appropriate vocabulary items for the target age range.

The Letter-Sound task provides the child with a grapheme (or graphemes) in print and asks the child to identify what sound the letters make. Digraphs, vowels and clusters are included.

Raw scores from each subtest are converted to percentile ranges. These ranges are in 5-percentile increments. Additionally, there are often large jumps in percentile ranks for only a small raw score difference. For example, in the conversion chart for 5 year olds taking the Alliteration Awareness subtest, a raw score of 1 places the child in the 0 – 4th percentile, a score of 2 results in a percentile of 10 – 14, and a raw score of 3 places the child in the 30 – 34th percentile. The percentiles are then grouped into three categories: *Emerging/Below Basic* (0 – 29th percentile), *Basic* (30th to 69th percentile), and *Proficient* (70th to 99th percentile). This grouping blurs important distinctions in performance. The *Emerging* category is used for the 4 and 5 year olds, rather than labeling them as *Below Basic.* The authors recommend that those scoring in the *Below Basic* or in the low end of *Basic* receive intervention focused on phonological awareness skills. The manual includes several case studies as examples in interpretation.

The standardization sample for this test included 450 children stratified by variables such as ethnicity, geographic region and parent education. Interestingly, 11% of the standardization sample had some area of educational or developmental concern, including speech and language disorder/delay, learning disability, and developmental delay. A wide range of reliability and validity analyses were undertaken, indicating general support for the test.

The Pre-Reading Inventory of Phonological Awareness test can provide the speech-language pathologist or classroom teacher with information on development of phonological awareness. The strengths of this test are the clear instructions in the stimulus book and ease of scoring. The subtests most suitable for the 4 and 5 year olds (Rhyme Awareness, Alliteration Awareness and Syllable Segmentation) have complex response types, so are unlikely to be sensitive to early stages of development.