

## Case 1

# Examining Students' Clinical Skills: Assessment of the 'Unseen' Client in a Speech and Language Therapy Clinic

<b>Contributors</b>	Irene Walsh Kathleen McTiernan Margaret Leahy
<b>Email</b>	ipwalsh@tcd.ie kathleen.mctiernan@tcd.ie mleahy@tcd.ie
<b>Telephone</b>	+353-1-608-1588 or +353-1-608-2420
<b>Affiliation</b>	Department of Clinical Speech and Language Studies, Trinity College Dublin, Dublin 2, Ireland.

### 1.1 Context

Towards the end of their undergraduate careers, speech and language therapy students are expected to have developed an advanced level of clinical expertise, in the assessment, diagnosis and management of a wide range of communication disorders in children and adults. At the beginning of their final 30-day block placement, students have completed approximately 400 hours of supervised clinical work, and they are in the final stages of acquiring the knowledge and skills necessary to become practitioner scientists.

#### 1.1.1 Teaching and learning methods

During this final experiential block, students have regular one-to-one tutorials with clinical supervisor(s) to discuss client management, including the planning and implementation of therapy, as well as engaging in discussions relating theory to practice.

Students engage with clients presenting with any possible communication disorder, and gain experience in taking case histories, in assessment and evaluation of clients difficulties and priorities, and in overall management of the client, from initial assessment to discharge. The expectation is that students will gain direct experiential work with a minimum average of three clients daily, as well as gaining experience in observation and in general clinical management skills. Students are closely supervised during this learning process, with one-to-one supervision provided by experienced clinicians. Opportunities for consultation with the student's mentor (an experienced academic/practitioner from College) are arranged at least once during the placement by request from any of the parties involved: the student, the supervisor and/or the mentor.

## 1.2 Learning Outcomes being Assessed

By the end of this module students will:

- demonstrate rapport building and initial interviewing skills;
- demonstrate appropriate assessment procedures through formal (e.g., testing) and informal means (e.g., observation);
- discuss a tentative diagnosis for the communication impairment assessed and relevant issues pertinent to client presentation;
- discuss the core principles of future intervention; and
- self-evaluate their own clinical performance and identify gaps in knowledge and clinical competency.

## 1.3 Assessment Procedures/Details

### 1.3.1 Overview

The final clinical examination, which takes place towards the end of the placement, has two main elements: two clinical sessions where the student engages with a 'seen' client and an 'unseen' client and a *viva voce* (oral examination) following each session where the student engages in discussion with two examiners, i.e., the college mentor and the clinical supervisor. The 'seen' client is one with whom the student will have extensive experience over the 40 days of the placement; the 'unseen' client is one who has had *no* prior contact with the student before the examination. In many instances, particularly in Community Care clinics, this student-led session with the previously 'unseen' client may be the client's initial visit to the clinic; in other instances, e.g., long-stay hospitalization, or hospital out-patient clinics, the client may have been attending at the clinic (perhaps with another therapist) over a period, but will not be familiar to the student. Thus, the session with the 'unseen' client is an assessment session that is actually (or similar to) a client's first appointment at a clinic. In all instances, the clients

will have been fully informed about the session, and consented to involvement with the student examination.

### **1.3.2 Details given to the student**

On the day before the examination some details regarding the 'unseen' client are given to the student in order to reflect the 'real life' initial consultation process in speech and language therapy practice. These details are strictly limited, e.g., client name and age, accompanying person, and only general information regarding the communication problem. However, the nature of the clinical setting determines the category of client referral (e.g., paediatric/developmental, adult acquired neurological disorder, etc.). No data can be provided that will indicate a possible diagnosis to the student. Standardizing the limited information the student receives ensures that no student has the advantage of knowing details beforehand that may interfere with the objectives of the exercise.

### **1.3.3 Expectations of student performance**

Each student is expected to engage with the client (and accompanying person) to get a brief case history and to begin to determine client priorities. The assessment session period is limited to 60 minutes, and can include formal and informal testing procedures. Following the session, the student provides an overview of findings to the client with some indication of further assessment that may be necessary.

Following the 'unseen' client session, the student has approximately 20 minutes to evaluate assessments and arrive at a *tentative* description of the client's presentation, which s/he discusses in a *viva voce* (oral) examination following the session. The *viva voce* then provides the student with the opportunity to present findings from the session, to present a rationale for the clinical description, and to recommend further investigations that may be necessary to confirm the clinical description. The student also presents an overview of therapy management, plus other relevant issues, which may impact upon the intervention, to the examiners. Feedback on the outcome of the assessment to the client (or in the case of a child, to the child's parents) is not undertaken at the time of the exam to avoid the ethical consideration of possibly incorrect feedback being given. In practice, a follow up appointment is usually made whereby the supervising therapist interprets the agreed results of the assessment for the client.

## **1.4 Strengths and Limitations**

### **1.4.1 Strengths**

- Students prepare for this examination by gaining experience in meeting and talking with clients, consulting clients about their difficulties, and in using informal and formal assessment procedures. This experience involves the kinds of client contact that is to be part of the therapist's day-to-day work in the future, and complements the preparation necessary for planning and implementing therapy and management.

- The assessment provides the opportunity to evaluate the level of independence that a student has attained in the crucial diagnostic process.
- This exam allows the student to demonstrate differential diagnosis ability, and to begin to evaluate the severity of the presenting problem, and its impact on the client. As time is limited, the student can outline further investigations deemed necessary.

### 1.4.2 Limitations

- In some instances, a tentative diagnosis may not be easy to determine, particularly when a client presents with multiple problems, or where insufficient evidence is presented during the session. However, students should be able to speculate about the range of difficulties encountered and present a tentative description of the client's communication profile.

## 1.5 Contributor's Reflections on the Assessment

### 1.5.1 Students' responses to the assessment

Initially, students find the thought of assessing the 'unseen' client daunting; but following experience, they appreciate the relevance of the assessment, and generally approach it with confidence. On occasion, during the 30-day block, the clinical supervisor will have given the student some practice in assessing other 'unseen' clients in this way.

Both the students and the clinicians report positive experiences of the 'unseen' assessment procedure. External examiners have commented on its usefulness in tapping into aspects of student performance that are not obvious in other clinical assessment situations.

We consider the procedure to be both *valid* and *reliable* in that it provides detailed information regarding the students' rapport and personal interaction with 'unseen' clients. The students' choice of assessment procedures and analytic abilities to determine the level of clients' capacity and performance are demonstrated. Ultimately, diagnostic ability in labelling the category in which the clients' disorders are likely to be classified is revealed. The reliability of this assessment method is demonstrated in that it continues to achieve these objectives in different clinical settings and conditions over many years.

## 1.6 Bibliography

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