Journal of Phonetics & Audiology

ISSN: 2471-9455

Prezas and Edge, J phonet Audiol 2016, 3:1
DOI: 10.4172/2471-9455.1000122

Short Communication OMICS International

An Alternative to Traditional SLP Graduate Student Clinical Training: Exploring Collaborative Clinical Education Models with Faculty Clinical Supervisors

Raul F Prezas* **and Robin L Edge**

Department of Communication Sciences and Disorders, Jacksonville University, Florida, USA

***Corresponding author:** Raul F Prezas, Department of Communication Sciences and Disorders, Jacksonville University, Florida, USA, Tel: 904-256-8918; E-mail: rprezas@ju.edu

Received date: November 01, 2016; **Accepted date:** December 27, 2016; **Published date:** December 28, 2016

Introduction

The clinical education model, known as "the overall contexts in which a program's clinical instruction occurs" [1], is the cornerstone of graduate student learning. Clinical training education, which is required for pre-professionals to become licensed in a given field and includes training in graduate Speech-Language Pathology (SLP) programs, has undergone several changes in recent years. Historically, clinical education primarily was achieved in-house; where graduate students obtained their training in a university clinic. Most graduate SLP programs still retain a university clinic where graduate students receive most of their clinical hours. One of the main benefits of a university clinic, aside from providing assistance and support to the community, is the guidance and knowledge from university faculty and clinical educators. Graduate students generally receive one-on-one training from faculties, supervisors and work with one client at a time (in most cases). In the traditional model, however, populations are limited to the clientele that seek additional support from the university. Clinical hours from diverse and differentially-diagnosed patients, therefore, are more challenging to acquire.

A hybrid model, where clinical training begins in a campus-based clinic and then extends to off-site clinical placements, currently is employed for most SLP graduate programs [1]. Under a hybrid model, graduate students still receive clinical hours primarily through campus clinics and then obtain one or two external placements in the community which are either in a school setting, medical/private setting, or both. Investigators have reported, however, that the hybrid model, similar to the traditional model, is not optimal or sustainable for many reasons. University programs are experiencing challenges in relation to funding. In addition, there are still concerns under the hybrid model for providing diverse clinical placements and accessibility to medical placements and other specialty clinics [1]. Moreover, SLP graduate programs are experiencing growing numbers of applications to graduate schools and, in return, larger cohorts of graduate students exist in many programs [2]. As the numbers of new graduate SLP programs and graduate students within those programs increase, so does the need for additional off-campus opportunities for clinical hours and training.

Community-Based Models of Clinical Education

In response to the challenges with the traditional and hybrid model, some graduate programs, particularly the newer SLP programs, have begun to move away from the traditional university clinic to a community-based model; where most (if not all) student clinical practicum hours are received from external placements [3]. Researchers in other health science fields have found community-based models of clinical education to be more beneficial to student learning by immersing students in practical experiences at the start of their first clinical rotations [2]. Whereas 38% of SLP programs reported graduate students receive clinical training all on campus (e.g., in-house), only 4% of the current programs were reported to provide clinical training exclusively though community-based settings (i.e., no university clinic) [1]. Although the overall number of SLP graduate programs employing a community-based model remains relatively low, the model does show promise and many programs continue to adjust their clinical experiences for graduate students.

Off-campus clinical training is a trend that is gaining momentum, yet supporting this trend poses its own challenges. Many graduate SLP programs, for example, are experiencing a shortage of quality clinical supervisors [4]. In an effort to provide better clinical placement experiences for graduate students, university programs and community partners have begun to explore other solutions. Many physical therapy and occupational therapy programs, for example, have used a model where two clinicians supervise one student. Known as a shared, or split placement model, it is intended for part-time clinicians to supervise the same student [5]. One alternative that has become popular in recent years is the Collaborative Clinical Education Model [4] where clinical supervisors provide supervision to more than one graduate student at a time (i.e., two in most cases). Also known as the 2:1 clinical model, two students are supervised by the same clinical instructor. Having two students together lends itself to pairing and collaboration among students, which makes the learning experience more optimal [6]. Moreover, investigators have reported that off-campus clinical educators are receptive to implementation of the collaborative model and that the model has been beneficial with placement shortages [4,7].

Exploring Collaborative Clinical Education Models with Faculty Clinical Supervisors

Although the Collaborative Clinical Education Model has proven to be effective with community partners, many university faculty, who traditionally have supervised graduate students in a university clinic, remain interested graduate level supervision. In a push toward more interprofessional education, some universities are experimenting with variations of on-campus and community-based clinical partnerships by incorporating university faculty in clinical training opportunities off-campus [8]. Often referred to as an integrated faculty practice, this is not a new phenomenon and is, in fact, a growing trend as other health science programs have found success with this model [9]. A Collaborative Clinical Education Model with faculty clinical supervisors, however, is a natural fit as faculty often work side-by-side with two (or more) graduate students in the classroom and through research collaborations. Often referred to as a Dedicated Education Unit and an academic-clinical faculty exchange model [10], faculty can

collaborate with local SLPs in the school system, private practice, hospital, or private/nonprofit settings. Graduate students from the university would accompany the faculty member to off-campus clinical sites and receive direct clinical supervision from them. Moreover, faculty supervisors have the added benefit of being available on campus to assist students and provide additional support and instruction.

Student feedback related to the off-campus Dedicated Education Unit model of faculty supervision shows promise. Investigators have found that graduate students receiving off-campus practicum experiences through this model reported positive clinical experiences in their final exit interviews upon graduation [3]. Students reported benefits of "on the job training" each semester, but also identified some pitfalls to this model. Students reported difficulty, at times, managing the responsibilities of some placements, which required more time commitment compared to what would be expected from the traditional university clinic (e.g., more group therapy). Despite reported challenges, students identified more positive aspects to the model and felt the experiences made them more marketable for employment post-graduation.

Additional benefits of the model are noted, which include opportunities for more diverse clinical populations and faculty-student collaboration. Multiple settings off-campus provide more "real world" settings for graduate students and hands-on experience with faculty members. Moreover, faculty are able to implement student knowledge from coursework (e.g., special populations) and guide students in clinical practice that serves as an extension of the classroom. The potential for interprofessional collaboration also exists. Collaborations between faculty, teachers, schools administrators and other SLPs/support professionals may yield additional opportunities for projects and research.

Summary

As demand for SLP services continues to rise, the need for quality professionals as well as more graduate SLP programs becomes critical [11]. With the growing numbers of graduate students and programs, alternatives to traditional models of clinical training are needed. Using a community based clinical model may be an important step for SLP graduate programs, as it offers many benefits which include more diverse clinical opportunities, collaborations with community partners, and less financial burden compared to an on-campus university clinic [1]. Moreover, it provides opportunities for clinical training that prepare new graduates to be more "job ready" for their clinical fellowship, an increasingly common expectation for many employers [2]. The addition of a Dedicated Education Unit for faculty involvement in clinical supervision of graduate students off-site also is an important consideration as it would provide better collaborative opportunities for graduate students and university faculty outside the traditional clinical model. Although more research related to SLP programs and clinical models of supervision is needed, a Collaborative Clinical Education Model with faculty clinical supervisors has the potential to transform the scope of graduate student learning as it offers specialized clinical instruction out in the field.

References

1. Mormer E, Messick C (2016) Sustainable models of clinical education and community collaboration. Seminar presentation at the annual Council of Academic Program in Communication Sciences and Disorders, San Antonio, TX.
2. McAllister L (2005) Issues and innovations in clinical education. Int J Speech Lang Pathol 7: 138-148.
3. Edge RL, Wingate J, Brooks C, Morgan J (2016) Clinical outcomes for MS-SLP students receiving clinical education in a community partnership model. Poster Presentation at the Annual Convention of the American Speech-Language-Hearing Association, Philadelphia, PA.
4. Briffa C, Porter J (2013) A systematic review of the collaborative clinical education model to inform speech-language pathology practice. Int J Speech Lang Pathol 15: 564-574.
5. Gaiptman B, Forma L (1991) The split placement model for fieldwork placements. Can J Occupat Ther 5: 85-88.
6. Ladyshewsky RK (2000) Peer-assisted learning in clinical education: A review of terms and learning principals. J Phys Ther Edu 14: 15-22.
7. Baldry CJA, Bithell CP (2003) The 2:1 clinical placement model: Perceptions of clinical educators and students. Psychother 89: 204-218.
8. Copley JA, Allison HD, Hill AE, Moran MC, Tait JA (2007) Making interprofessional education real: A university clinical model. Aust Health Rev 31: 351-357.
9. Jelley W, Larocque N, Patterson S (2010) Interdisciplinary clinical education for physiotherapists and physiotherapist assistants: A pilot study. Physiotherapy Canada 62: 75-80.
10. Drench ME, Tot J (1993) The academic-clinical faculty exchange model. PT Magazine 1: 74-77.
11. Brundage SB, Whitelaw GM (2016) Clinical education: Today, tomorrow, and the next generation. Seminar presentation at the annual Council of Academic Program in Communication Sciences and Disorders, San Antonio, TX.