



The effectiveness of mentoring speech and language pathology students when they face patients with cleft palate



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ABSTRACT

Introduction: Mentoring programs can boost Speech & Language (SL) pathologists' satisfaction about their clinical skills, increasing their professional competence. A quality induction program provides a bridge for an efficient and comfortable transition between theoretical knowledge and clinical practice in front of clients. This transition can be especially difficult when the SL pathologist confronts patients with cleft palate.

Objective: To study whether a mentoring program can improve SL Pathology students' performance for treating patients with cleft palate.

Materials and methods: 18 SL Pathology students coursing the third year of a SL Pathology graduate program volunteered for participating in the study. The students were divided in two groups. All SL students from both groups were equally supervised. The students were followed for two semesters during their participation in the SL Pathology intervention for patients with cleft palate. The only difference between the students from each group was that one group (active group) was mentored by an experienced SLP who had previously received specific training to become a mentor. All SL students were assessed at the onset and at the end of the study. The assessment was performed through an analysis according to a previously validated scale (Learning Continuum of Speech & Language pathologists).

Results: A Wilcoxon test demonstrated a significant improvement ($P < 0.05$) in the levels of The Learning Continuum of Speech & Language Pathologists at the end of the follow-up period in both groups of students. When the levels of performance at the end were compared between groups, a Mann Whitney test demonstrated a significant difference ($P < 0.05$). The students included in the active group who were receiving additional mentoring besides the usual clinical supervision, showed a greater improvement as compared with the students from the control group.

Conclusions: Learning how to conduct an adequate and effective intervention in cleft palate patients from an integral stand point is not easy for SL students. The support and guidance of an experienced mentor seems to enhance self-confidence and improve students' performance confronting patients with cleft palate.

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1. Introduction

Quality mentoring in Speech & Language (SL) Pathology is defined as the multi-faceted process for continuing the professional development of an efficient SL pathologist through an organized professional learning-to-teach program of educative

mentor support and formative assessment [1]. A mentoring program is aimed at boosting SL pathologist satisfaction with their professional practice and increasing their competence.

Induction is regarded as an intensive support system and professional development for specialists starting their professional practice [2]. These programs usually last 2–4 years. Thus, a quality induction program provides a bridge between theory and practice. This bridge can supply the diverse learning needs a SL pathologist has during their initial years of practice. Studies have demonstrated the high level of hard feelings and/or desertion of SL pathologist

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during their initial years of practice [3]. It has been reported that SL pathologist participating in induction programs are more committed and satisfied by their jobs [4]. Hence, they show a significant tendency to stay in practice for significant longer periods of time.

In recent years, mentoring programs have been successfully established all over the world. These programs are focused on providing orientation and counseling for the young practitioners, by more experienced professionals. Rigorous studies on the effectiveness of mentoring programs provide evidence of their success in promoting better social, academic, and behavioral outcomes [5].

In order to be considered an adequate mentoring program, it is essential and necessary that the orientation provided by the program be effective, but at the same time safe and reliable [1]. That is, the relationships established between mentors and mentees should be of such high quality, that they can yield positive impacts on the development of the less experienced practitioners. Mentors provide supportive services for teachers during their candidacy, offering strategies for standards-based analysis of practice, constructive criticism, advice, guidance and moral support [6,7]. Mentees develop new cognitive abilities, interests, behavioral skills [7,8]. Also, orientation should promote a better attention for the patients. Moreover, the efficiency of these programs should achieve that all available resources can be used more efficiently. This statement is especially important in centers where speech pathology services are offered to large segments of the population with extremely limited socio-economical resources.

The Cleft Palate Clinic of the Hospital Gea González in Mexico City receives patients with cleft palate from all Mexico. A vast majority of these children show communication disorders associated with the congenital malformation. Moreover, some studies have reported that children from families with low social and economic status have lower language skills [9]. These are precisely the segments more commonly seeking attention in a public hospital such as the Hospital Gea González.

In the cleft palate clinic, SL Pathology programs for cleft palate patients are designed to address linguistic and phonological aspects. Several authors have described the speech disorders in patients with cleft palate (PCP). Some of these disorders are articulation impairments associated with the structural deviations in these patients [10], and are secondary to a velopharyngeal insufficiency (VPI).

These abnormal articulation patterns are usually referred as compensatory articulation (CA). CA severely affects intelligibility and usually requires a prolonged period of speech pathology intervention [11].

In previous clinical studies, we have reported that cleft palate children show not only speech disorders, but also difficulties in higher aspects of language organization [12]. Thus, intervention approaches speech within a linguistic context in order to work speech and language in a parallel/integrated way. We strongly believe that treating all linguistic aspects from a holistic standpoint provides a more efficient and higher quality care of the child's integral needs. Moreover, we consider that this is a significantly better approach for cleft palate patients, since it allows children to face school needs more appropriately and to be prepared for meeting future life expectations.

However, conducting an integral SL Pathology intervention for patients with cleft palate is not an easy task. SL pathologist has to acquire a more solid knowledge about speech and language in general, cleft palate management, and strategies for speech intervention, focusing on cleft palate speech, among others.

SL pathologist with limited experience treating cleft palate patients can face different challenges and difficulties in the

process of becoming an experienced specialist. A mentoring program can support these practitioners by observing their clinical practice, sharing knowledge, providing information, co-teaching, co-planning, modeling, and promoting the development of adequately designed research clinical trials for attending cleft palate patients. The purpose of this paper is to study whether a mentoring program for SL pathologist can improve advanced SL Pathology students' performance for treating patients with cleft palate.

2. Materials and methods

A prospective comparative study of two groups was carried out at the Cleft Palate Clinic of the Hospital Gea Gonzalez in Mexico City.

2.1. Subjects

SL Pathology students from different SL Pathology programs in Mexico City were recruited for the study. SL Pathology programs in Mexico City offer a 4-year SL Pathology graduate program that has been approved by the Ministry of Education of Mexico. As part of the program, the students attend the Cleft Palate Clinic of the Hospital Gea Gonzalez. After completing the second year of the program, the students practice with patients under supervision for a period of 3 h per day on weekdays. The practice period lasts 2 school semesters. An experienced and certified SL pathologist who works full time at the Hospital and reports to the College provides supervision.

The SL Pathology Mentoring protocol was approved by the Internal Review Board of the Hospital and the director of the program and the Dean of each College.

The protocol was explained to the students attending the Hospital. After all questions regarding the protocol had been covered, the students were asked who would like to volunteer to participate in the project. A total of 20 students agreed to participate in the project.

Sample size was calculated for a comparative study of two groups. An Alfa value of 95% confidence interval and 80% Beta power were selected. The distribution of levels of the Learning Continuum of Speech & Language Pathologists (LCSLP) [13,14] across the students attending the hospital in the last 2 years was considered. According to the calculation, at least 8 students should be included in each group.

From the total of 20 students, 18 were randomly selected. All selected students signed an informed consent.

The students were randomly divided into two groups through a simple raffle method. Nine students were included in the active group and nine students were included in the control group. All SL Pathology students from both groups were equally supervised as usual during every semester. The only difference between the students from each group was that one group (active group) was mentored by an experienced SLP who had previously received specific training to become a mentor. It should be emphasized that the control group received routine supervision of clinical practice, but the students from the control group did not receive specific mentoring which included individualized analysis of videotaped sessions with the mentor.

Two mentors participated in the project. Each mentor was assigned 4–5 mentees. The mentors were SLP with at least 5 years of experience after graduation and a minimum of 2 years of teaching experience. As mentioned herein, the mentors completed a specific training in order to become mentors before the onset of the project. Concerning the usual clinical supervision, it should be pointed out that all students were supervised by the same SLP (first author of this paper) for this protocol.

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