Comparison of first and second year Speech-Language Therapy students in terms of demonstration of person centered care

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Abstract. Research has indicated that student clinicians in the field of Speech-Language Pathology have the tendency to be more task oriented and structured in therapy sessions rather than person centered. The purpose of this study was to determine if there was a difference in person centered care behaviors between the two sets of student clinicians due to different levels of experience and other factors. In this study, the person centered care behaviors exhibited by first year and second year Speech-Language Pathology (SLP) student clinicians were compared. Two first year student clinicians and two second year student clinicians, who were both doing their clinical practicum at Wichita State University Speech-Language-Hearing Clinic, and their clients, consented to participate in the study. The student clinicians were observed during their therapy sessions and analyzed for person centered care behaviors, using the Person Centered Care Behavior Inventory Scale and the Global Behavior Scale. Results of the study indicated no clear difference between first-year or second-year clinicians on either measure.

1. Introduction
We decided to do this study because there is a limited amount of information about person centered care in regards to Speech-Language Pathology. The purpose of this pilot study was to determine differences in the amount of person centered care provided by first-year graduate SLP students compared to second-year graduate SLP students. As a student clinician in the field of Speech-Language Pathology, I learned how to implement effective interventions and provide evidence based therapy. I was encouraged to individualize treatment for each client but still found a lot of my work to be structured and task oriented. I thought that participating in this research project would be an excellent opportunity for me to attempt to identify the factors that contribute to student clinicians being more or less person centered. I also was interested to see if greater levels of experience resulted in more person centered care behaviors.

2. Experiment, Results, Discussion, and Significance
This study involved a retrospective analysis of previously recorded therapy sessions. Two first-year student clinicians and two second-year student clinicians agreed to allow us to analyze their therapy sessions. Clients provide consent for the use of recorded therapy sessions for research purposes when they enroll in therapy. Each student clinician was observed during a 50 minute therapy session with a client between the ages of four and twelve. All therapy sessions in the clinic are routinely recorded. The student clinicians did not know which therapy session would be analyzed; therefore, their typical therapeutic behaviors were unaltered. We then observed and analyzed the student clinicians’ interactions with their clients using the Person Centered Behavior Inventory (PCBI) and the Global Behavioral Scale (GBS). These measures were slightly adapted to fit the therapy context for this study. The scales were originally developed to study the person centered behaviors of nursing aids (Grosch, Medvene, & Wolcott, 2008). The PCBI is a behaviorally based coding system that consists of 11 verbal behaviors and 8 non-verbal behaviors. We scored the interactions using this coding system in 30-second increments across 3 5-minute segments (opening, middle, and closing). The GBS is an 11-item scale with each item set up using a 7-point semantic differential format. For example, one item was “Treating in a stereotyped way” versus “Treating like a person respecting personhood.” Scores for each item were totaled and divided by the number of items (11) to produce a mean GBS score ranging from 1-7, with high scores indicating more person-centeredness. Before analyzing the behaviors, we both engaged in coding training on two sample therapy sessions to make sure we both received similar results and to make small adaptations to the coding systems to fit the context of speech and language therapy. After completing all adaptations and training, we independently coded each therapy session using the adapted PCBI. Each session was analyzed in three 5-minute segments at the beginning, middle, and end. We wanted to score opening and closing interactions, as well as the interactions during the bulk of the session in which the student clinician was providing therapy. Initial interjudge reliability was 81.2% over all 12 5-minute segments that were coded. PCBI scores for each 5-minute segment for each clinician are presented in table 1 and GBS scores for each 5-minute segment for each clinician are presented in table 2.
There was no clear difference between the first year and second year student clinicians on either measure. The highest scores were given during the opening and the lowest scores were given during the closing. The Mean GBS scores indicated a moderate to low level of person-centeredness of all four clinicians during each segment. When we began this study, we hypothesized that the second-year student clinicians would be more person centered than the first year student clinicians based on having more experience. Our results show that greater experience did not result in more person-centeredness.

From our results and research we hoped to also be able to identify factors that could have possibly contributed to the student clinicians’ rigid structure and task orientation. The students in this clinical practicum commented that it is difficult to be person centered when, as part of the supervisory process, the supervisors are rigid when grading their therapeutic interactions. Another factor could be that neither group, first-year or second-year, are very experienced in the field of Speech-Language Pathology.

3. Conclusions

When we began this study, we hypothesized that the second-year student clinicians would be more person centered than the first year student clinicians based on having more experience. Our results show that greater experience did not result in more person-centeredness. Factors that could have contributed to this are strict supervision and lack of experience.

4. Acknowledgements

I would like to thank Dr. Anthony DiLollo for allowing me to take part in this study. He has been an excellent mentor and guide throughout.

References