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# Checklist for Assessing Graduate Students' Competencies in the Area of Voice Disorders

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# Checklist for Assessing Graduate Students' Competencies in the Area of Voice Disorders



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## Background

•A low-incidence disorder, such as voice disorders, can be a challenging area for graduate level speech-language pathology (SLP) training programs to help students acquire necessary knowledge and skills.

### •Low incidence vs. high incidence populations:

• **School-based settings:** 22% of SLPs serve children with voice disorders compared to 93% who serve children with articulation and phonological disorders.

• **Medically-based settings:** SLPs report spending 5% of their time with clients displaying voice/resonance disorders compared to spending 42% of their time with clients who have swallowing disorders (ASHA, 2011).

### • Potential solutions:

• **Case-based learning:** Bellandese and McNamara (2007) used case-based learning by creating a clinical competency project for students to use in acquiring assessment skills in the area of voice.

• **Results:** 84% of students strongly agreed or agreed that the project was worthwhile and helped them learn clinical skills in the area of voice evaluation over three years.

• **Competency checklist:** Gottwald, Amster, and LaSalle (2010) updated a comprehensive competency checklist for fluency disorders, another low incidence disorder.

• **Results:** Klein and Amster (2010) compared graduate students' perceived competency levels before and after a graduate level course in fluency disorders and found significant differences in students' self-perceptions of competence between pre-and post-test data (n = 27 students).

• Data from UNO utilizing the fluency checklist showed a significant difference in students' (n = 59) level of confidence between pre-test (M=2.22, SD=0.25) and post-test (M=4.41, SD=0.07, p < 0.001).

## •Rationale for voice disorders checklist of competencies:

•Provide a resource/teaching tool to identify and measure content-specific aspects needing more or less emphasis

•Determine appropriate remediation assignments for students lacking particular knowledge and skills in one or more areas of voice disorders

•Guide a professional seeking continuing education in voice for evaluating areas of known deficit and planning continuing education activities accordingly

• Evaluate large-scale programmatic emphases:  
•Provide empirical support for the need to increase active recruitment of low-incidence clients to university clinic settings  
•Support the purchase of expensive instrumentation critical to comprehensive training for voice assessment  
•Furnish rationale for expanding space and facilities dedicated to voice education  
•Advance educational and research pursuits for instructors to maintain and/or expand expertise in voice disorders.

## Methods

• Adapted the organizational structure of the fluency disorders checklist (Gottwald et al., 2010)

• Accessed and added disorder-specific content from SIG 3: Voice and Voice Disorders Preferred Practice Patterns (PPPs, 1998) and SIG 3: Voice and Voice Disorders Graduate Curriculum on Voice and Voice Disorders (ASHA, 2009)

• Elicited feedback from colleagues who regularly teach and/or provide clinical services in the area of voice disorders

• Finalized the current checklist of 25 competencies across prevention, assessment, and treatment of voice disorders

## Voice Checklist

Using a scale of 1-5 for each item. (1=Minimally Competent; 2=Somewhat Competent; 3=Moderately Competent; 4=Very Competent; 5=Extremely Competent).

1. Identifies normal voice by describing pitch, loudness, quality, and resonance.
2. Develops preventative strategies for maintenance of vocal wellness/hygiene.
3. Obtains a comprehensive case history by documenting information about psychological, psychosocial, developmental, occupational, medical, pharmacological, behavioral, and cultural variables that may influence voice.
4. Collects representative voice samples in order to perform auditory-perceptual evaluations of roughness, breathiness, strain, pitch, loudness, and overall severity of the voice.
5. Considers environmental variables that may impact the severity of the voice disorder.
6. Utilizes available and appropriate non-instrumental and/or instrumental diagnostic measures to assess voice.
7. Differentiates between etiologies of voice disorders in order to make appropriate referrals and/or treatment decisions.
8. Identifies and describes anatomical/physiological sources of hyper- or hypo-function as they relate to voice disorders.
9. Attends to the needs, cultural values, gender role, and linguistic background of the client and relevant family members when performing assessments and/or interventions for voice disorders.
10. Considers the development of voice disorders in a broader context that includes the potential presence of concomitant communication disorders such as motor speech and/or language disorders.
11. Integrates developmental vocal milestones through the lifespan when assessing for voice disorders.
12. Displays flexibility in selecting appropriate facilitating voice techniques when assessing the client's stimulability for improved vocal quality at the time of the initial evaluation and during ongoing treatment.

13. Plans and implements a treatment program to address the individual needs of the client and communication styles of family members based on the results of comprehensive assessment and client and/or family consultation.
14. Clearly and effectively conveys information to clients and/or their family members regarding a variety of therapeutic choices and their evidence base.
15. Demonstrates various therapeutic strategies for facilitating the restoration of normal balance between respiration, phonation, and resonance to achieve a natural sounding voice.
16. Considers implementation of several different procedures to facilitate maintenance and generalization of vocal improvements achieved in the clinical setting.
17. Recognizes procedures for implementing use of speaking valves with tracheostomized patients.
18. Identifies and demonstrates (or instructs) various modalities of communication for alaryngeal individuals.
19. Demonstrates knowledge of tracheo-esophageal voice prosthesis management, hygiene, and placement procedures.
20. Assists clients in developing and adhering to a plan for managing vocal hygiene over time.
21. Uses appropriate counseling skills to adequately attend to client and family feelings, attitudes, and coping strategies.
22. Demonstrates understanding of the roles of various professionals on the voice team and makes appropriate referrals to other professionals as needed.
23. Writes evaluation, therapy, and referral reports that adequately explain the nature of the client's voice disorder and its treatment for the client and family.
24. Communicates ethical and professional issues inherent in providing services to individuals with voice disorders.
25. Recognizes the potential handicapping nature of the voice disorder and educates client and/or relevant family members accordingly.

## Selected References

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## Future Directions

- Measure and compare graduate students' perceived competency levels before and after a graduate course in voice disorders. Pre-test data already obtained for Fall, 2013.
- Survey practicing clinicians in various clinical settings (e.g., medical vs. educational) to investigate perception of competency levels over time for practicing clinicians.