

There is considerable evidence that SLTs lack confidence in their knowledge and skills in the management of fluency disorders (Brisk et al, 1997; Cooper and Cooper, 1996; Crichton-Smith et al, 2003). Postgraduate training is one way to address this need.

The Michael Palin Centre for Stammering Children (MPC) has been running courses for generalist and specialist therapists as part of our national teaching programme since 1993. Since 2003, the MPC's charitable arm, the Association for Research into Stammering in Childhood, has been able to subsidise the cost of our training workshops.

In these straitened economic times it is increasingly important for us to be able to demonstrate the effectiveness of the training to the charity, to the managers of NHS trusts and to course participants. In addition, there is increasing demand from the Health Professions Council for evidence of continuing professional development. As a result we need to be able to demonstrate that our training has an impact on clinicians' knowledge and skills.

Evaluating training

We contacted professional learning and development consultants who recommended Kirkpatrick's four-level model (1994) as one we could use to evaluate our training more rigorously. This is used extensively to assess training effectiveness. In the model, Level One looks at immediate reactions to training; Level Two at how much participants have learned; Level Three focuses on the retention and transfer of knowledge; and Level Four on changes in practice and service delivery.

Level One

Since 1993 we have collected feedback forms from participants at the end of every course. These tell us about participants' reactions to the course content and delivery. Questions relate to the quality of the presentation, its usefulness and its length. We rate responses on a five-point scale (where 1 = poor and 5 = excellent) and invite qualitative comments. A review of data collected from 358 participants on 20 of our courses between 2004 to 2005 demonstrated we achieved consistently high ratings of 4 to 5 at Level One.

Building confidence in working with children who stammer

Ali Berquez, Willie Botterill and Frances Cook look at the impact of Michael Palin Centre SLT training on clinicians' knowledge and skills

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Level Two

This level attempts to assess the amount participants know before the course and how much they learn. To strengthen our data collection, in line with Kirkpatrick's model, we devised pre- and post-course questionnaires for two of our core courses – working with children under seven who stammer, now Palin PCI (Kelman and Nicholas, 2008), and working with primary age children who stammer. These included questions about the extent to which courses met participants' needs in terms of their knowledge and skills in the various topics covered, and their confidence in the management of children who stammer. Participants completed the questionnaires at the start of the first and end of the last day of these two training courses run during 2006 and 2007. Results indicated all 254 participants made gains in their knowledge and confidence immediately post-training.

Level Three

At Level Three, Kirkpatrick suggests it is important to evaluate retention and transfer of skills into the workplace by asking participants to comment three to six months after a training course. We used

a questionnaire between 2007 to 2008 to investigate participants' ongoing levels of knowledge and confidence, and specifically about whether our training had led to changes in their clinical practice. Four of our core courses were evaluated at Level 3 and 4. Of the 180 forms sent to participants after six months, 61 were returned. In terms of retention of skills, these 61 participants indicated an increase in knowledge and confidence ratings immediately post course, which they retained over the six-month time period.

Level Four

Level Four measures success in terms of improvements in service delivery. This final level of evaluation allows us to review whole service provision and to identify changes that impact service delivery as a whole, such as clinical decision making, prioritisation and value for money.

Changes to practice and service delivery

Of the 61 participants who returned their forms six months after training, 58 rated the training as having a moderate to total influence on their clinical practice with

DYSFLUENCY EDUCATION

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been able to demonstrate an increase in therapists' levels of knowledge and confidence in working with children who stammer as a direct result of training they have attended. We hope this addresses the need for continuing professional development in stammering and demonstrates the long-term effectiveness of training on clinical practice. ■

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children who stammer (using a response scale of 0 - not at all; 3- moderately; and 5 - totally). Fifty-two rated a moderate to total improvement in their ability to make clinical decisions about children who stammer. Participants' qualitative comments indicated the training had provided them with a framework for their clinical practice and that reviewing the care pathways helped them to make appropriate changes from referral through treatment to discharge. They reported they were more certain of when and how to intervene and when to refer onwards. Participants also said they were intervening earlier - important, given the research evidence about the effectiveness of early intervention (Millard et al, 2009).

Clinical decision making

Overall, participants thought their confidence in making decisions had increased. They said they were better equipped to choose a suitable approach and had choices about what to implement. Participants commented they found it helpful to use the theoretical underpinnings of the multi-factorial model (Kelman and Nicholas, 2008) and other current research

evidence to guide their clinical decisions. They remarked specifically on the value of the more indirect types of therapy introduced in the training, such as Palin PCI (Kelman and Nicholas, 2008) and 'Family Communication Skills' (Cook and Botterill, 2005) and on their ability to choose when to take a more direct approach to fluency management.

Therapists' skills

Participants gave examples of the difference the training had made to their levels of confidence and clinical effectiveness. These included being able to work with older children who stammer, transferring skills learned to work with other client groups and working effectively with parents. They said they were more effective in empowering parents rather than taking the expert role, and that they were using a more solution focused approach to problem solving. There were specific comments about being better equipped to manage their own caseloads independently, in being more consistent in their management and in being more knowledgeable about assessment and therapy outcomes.

Using Kirkpatrick's model we have