An Evaluation of a National Teaching Programme

Willie BOTTERILL, Ali BIGGART, and Frances COOK

The Michael Palin Centre for Stammering Children, London, UK.

Willie.botterill@islingtonpct.nhs.uk

Abstract

This paper will outline the development of a national teaching programme for generalist and specialist therapists in the management of children who stutter (CWS). It will discuss the delivery of two three-day teaching packages for under 7s and 7 to 14 year olds who stutter. Feedback forms are routinely evaluated both quantitatively and qualitatively. A model for evaluating training is presented and used to improve the robustness of the data that is collected. In conclusion the results of a questionnaire designed specifically to identify changes in knowledge, confidence and clinical practice over the medium to long term will be presented and discussed.

1. Introduction

The Michael Palin Centre for Stammering Children (MPC) has for many years recognised the need to provide training in stuttering for undergraduate and graduate speech and language therapists (SLTs). There is considerable evidence, both reported and anecdotal, that SLTs hold some negative attitudes towards people who stammer and lack confidence in their knowledge and skills in the management of fluency disorders (Cooper and Cooper, 1985; Cooper & Rustin, 1985). The MPC has been providing a variety of teaching programmes for generalist and specialist therapists since the start of its operation in 1993 specifically designed to address these issues. While it is pleasing to note that the attitudes of therapists are changing for the better (Brisk, Healey & Hux, 1997; Cooper and Cooper, 1996; Crichton-Smith, Wright, & Stackhouse, 2003) there is still considerable room for improvement.

The MPC National Teaching Programme has evolved over the years as research becomes available and as new ideas influence clinical practice in the UK and abroad. In addition there are recent government initiatives such as 'Commissioning a patient led NHS' (Department of Health, 2006) and policies that are driving the development of local and national care pathways and encouraging the provision of quality services that are available to everyone and delivered locally. The MPC has responded to these initiatives with a variety of training courses that include working with children CWS under 7, with 7 to 14 year olds, and with teenagers, working in schools, working with groups, and courses in Cognitive Therapy (Beck 1976) and Solution Focused Brief Therapy (de Shazer, 1985). Participants on all our training courses complete a feedback form at the end of the training and changes are made in response to the needs of therapists and the local services they provide. The charitable arm of the centre, The Association for Research into Stammering in Childhood (ARSC), has provided funds to subsidise the cost of running courses for the under 7s, the 7-14 year olds and the teenagers for a total of five years – this is currently its third year.

Thus, the MPC has a responsibility to demonstrate the effectiveness of its courses to the charity funding sources and to the SLT managers of the Primary Care Trusts (PCTs) who commission the training. In addition there is increasing demand from regulatory bodies such as the Health Professionals Council and the National Health Service (NHS) for continuing professional development that can be shown to have an impact on a clinician's knowledge and skill base.

Results from our feedback forms have been helpful and positive but limited in scope and we were interested in finding ways to evaluate the training more rigorously and discovering what impact the training had on participants' clinical practice and the services they provide over the medium to long term. Initial searches on the Internet and contact with other Speech and Language Therapy providers of postgraduate training revealed that there is no recognised or standardised way of evaluating the effectiveness of teaching programmes. Like us, most training establishments put together their own individualised feedback forms. A further search on the Internet and contact with professional learning and development consultants identified Kirkpatrick's four level model (1994). This model is used extensively in the training and development industry to assess training effectiveness and seemed to offer a useful framework for our evaluation.

2. Kirkpatrick's (1994) Four Level Model

Level 1- Reactions

Level 1 measures participant's immediate reactions to training. This is the most frequently used level of evaluation and the feedback forms described above are of this type. Kirkpatrick suggests this is the minimum level required to evaluate and improve training. In their simplest form, level 1 questionnaires measure how much

participants like the training. Clearly, more complex questions would provide more valuable data (e.g. about the usefulness of the content and about presentation style). Kirkpatrick suggests that it is essential to evaluate participant's reactions as they have important consequences for learning (level 2). He suggests that while a positive reaction does not guarantee learning, a negative reaction almost certainly reduces its possibility.

Level 2 - Learning

Assessment at this level attempts to ascertain the extent to which participants have advanced in skills, knowledge or attitude. This is achieved using pre-course and post-course questionnaires, but can also be achieved by input from the course tutors, an agreed action plan written by participants or interviews with participants after the course.

Level 3 - Transfer

Kirkpatrick states that participants typically score positively on post-course questionnaires, however more important than this is whether the new knowledge and skills are retained and transferred to the work setting. Level 3 attempts to find out whether participant's behaviour changes as a result of new learning. Ideally Level 3 evaluation is conducted three to six months post-training.

Level 4 - Results

This measures success in business in terms of increased production, sales or bigger profits.

Kirkpatrick suggests that evaluation should always begin with level 1 and then as time and budget allows should move sequentially through to levels 2, 3,and 4. Information from each level serves as a base for the next level and represents a more precise measure of the effectiveness of the training.

This paper will describe two separate training courses provided by the MPC to therapists interested in increasing their knowledge and confidence in assessing and treating children who stutter in two age groups, under 7s and 7-14s. It will also demonstrate how we have used the Kirkpatrick model to help us structure and refine the data we collect.

3.The Subsidised Training Courses

The training was offered to PCT Speech and Language Therapy managers as a way of encouraging whole teams to become involved in the planning and delivery of services for CWS. From 2003 to 2005 courses were held in 83 PCTs across the UK. On average, 20 therapists were trained on each of these courses reaching a total of 1660 therapists. From early 2004 these two separate courses were extended from two to three days duration as a direct response to the feedback we had received. The extra day allowed more time for practising skills and for participants to discuss the development of care pathways.

The training is run as a workshop with an emphasis on experiential learning. Small group activities, brainstorms, group discussions, problem solving, role-play and use of video provide the participants with an active learning environment. Both courses include the following and are adapted to the particular age group in question:

- Overview of the theoretical background to stammering including a Multifactorial Model
- Recent research relevant to each age group
- A comprehensive speech and language and fluency assessment for the CWS
- A parental case history
- Risk factors and the use of The Profile of Vulnerability (Cook & Botterill, 2000)
- Therapy options (indirect and direct)
- Working collaboratively with the family in therapy
- Using video as a therapeutic tool (Parent-Child Interaction Therapy and Family Communication Skills)
- Development of social communication skills
- Direct speech management
- Behaviour management
- Outcome measures
- Development of local care pathways and support networks

The courses aim to increase speech and language therapists' knowledge, skills and confidence in assessing and treating children in the early stages of stuttering and in identifying and managing those children with more persistent problems.

4. Course Evaluation

The MPC feedback forms measure participants' reactions to training as described by the Kirkpatrick model.

Level 1 - Reactions: These are used routinely to gather information from participants about their reactions to the course content and delivery. The questions are related to the quality of the presentation, its usefulness and its length. Responses are rated on a five-point scale where 1=poor and 5=excellent and qualitative comments are

invited. Both quantitative and qualitative data from ten under 7s and ten 7-14s courses countrywide from 2004 – 2005 are presented.

A total of 194 forms were received from participants who attended the training for CWS under 7 (Figure 1). 84% of participants rated the style and content of the presentations as excellent and 82% rated the usefulness of the course as excellent. Participants described the style of presentation as being clear, practical and well-paced with an excellent mix of video, brainstorms, discussion and group work. They described it as empowering, facilitative and stimulating, with time to troubleshoot and an approachable trainer, and they said it was good to have research quoted. In terms of course usefulness participants' comments included the following: 'one of the best courses I've been on', 'skills transferable to other disorders', 'increased confidence', 'promoted self-directed learning', 'validated prior knowledge', 'motivated to develop a specialist service'.

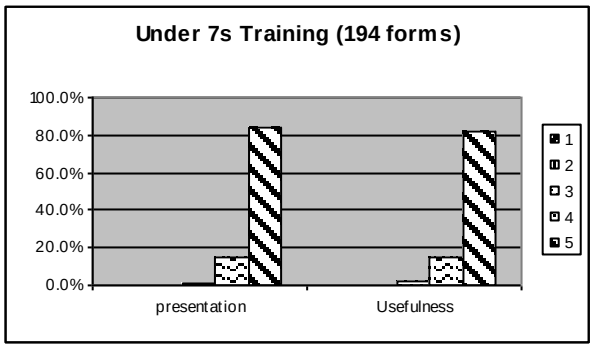

Figure 1. Under 7s training results

A total of 164 forms were received from participants who attended the training for 7-14s who stammer (Figure 2). All of the participants rated the style and content of the presentation and the usefulness of the training as very good or excellent at the end of three days. Participants described the style of presentation as having an excellent range and balance of activities, a good pace and a lively and enthusiastic therapist. They said there was a nice balance of doing, thinking, listening and talking and helpful handouts. In terms of course usefulness participants' comments included the following: **'**Inspired and increased confidence', 'transferable skills for other therapy and for life!' 'Time to reflect and discuss', 'theory tied into the practical application with lots of examples of real life situations.' 'I have gained bucketsful of knowledge and information and confidence'.

Overall participant's comments were positive and the few negative comments tended to be related to individual preferences for more, or less, of some elements of the course content e.g. more and shorter video clips, less time on assessment, rooms too hot, and uncomfortable chairs!

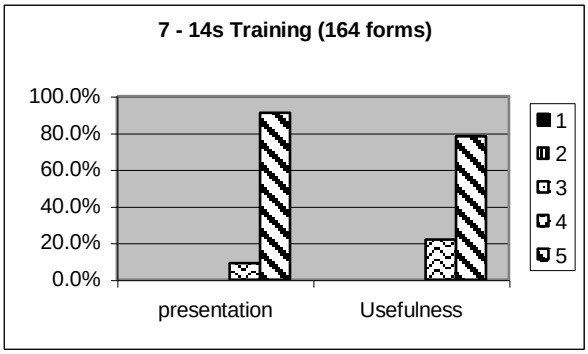

Figure 2. 7–14s training results

Level 2 - Learning: At the time of writing this paper we have no pre-course data. However, participants do agree an action plan at the end of the course. To strengthen our data collection in line with Kirkpatrick's model we have devised a pre-course questionnaire, which will become part of the pre-course administration and will in future be completed routinely by all participants.

Level 3 - Transfer: At this level, Kirkpatrick suggests asking participants to comment three to six months after the training course. In response to this, the MPC constructed a new questionnaire (Table 1). Questions were

designed to reflect the objectives we identified for the three-day training courses for working with under 7s and 7-14s. The first nine questions are about the extent to which the course met their needs in terms of their knowledge of the various topics (e.g. research, a multi-factorial model of stammering, risk factors, assessments for this age group, treatment approaches, outcome measure and care pathways). The second six questions are about the extent to which a course met their needs in terms of their confidence in assessing CWS, making clinical decisions, and treating this age group. All these questions were rated on a five point scale, where 1=not at all, 2=somewhat, 3=moderately, 4=mostly and 5=totally.

Table 1: Format of the questionnaire

How much did the course meet your needs in terms of your knowledge about:					
	Not at all 1	Somewhat 2	Moderately 3	Mostly 4	Totally 5
A multifactorial model of stammering?					
Current research in stammering?					
Assessments for CWS aged 7-14 ?					
Family Communication Skills Therapy (FCS)?					

The questionnaire also asked participants specifically about whether the training had led to changes in their clinical practice and this was rated on a similar five-point scale. Respondents were then asked to give evidence of this (e.g. Have you carried out a parent interview? Have you used direct speech management strategies?) The questionnaire was piloted with a small sample of therapists who had attended a three-day workshop and adjustments were made to the wording of some questions based on their feedback.

Questionnaires were then sent out to managers of therapy teams where we had delivered training in the last two years. We contacted 20 teams, and there was an average of 20 participants on each training course. We received 38 questionnaires from SLTs who had attended the under 7s training and 25 from SLTs who had attended the 7-14s training. The relatively small number of returns can be explained, at least in part, by considerable turnover in staff members across PCTs.

The results were analysed by calculating the percentage of participants who rated the questions with a score of 1, 2, 3, 4, or 5. The questions are grouped under participants' knowledge of the topics covered, their confidence in their ability to use these skills in assessing and treating CWS and finally how much the course has changed their clinical practice.

More than six months post training in the management of CWS under 7 (Figure 3), 70% of participants rated their needs as met mostly or totally in terms of their knowledge and their confidence with a further 25% rating their needs as met moderately. Furthermore, nearly 75% rated the course as having changed their clinical practice between moderately and totally (3, 4, 5).

For the 7-14s courses the picture is more spread (Figure 4). 55% of participants rated their needs as met mostly or totally for knowledge and 50% for confidence, with a further 25% and 35% respectively rating their needs as met moderately. In terms of clinical practice 90% rated the course as changing their practice between moderately and totally (3, 4, 5).

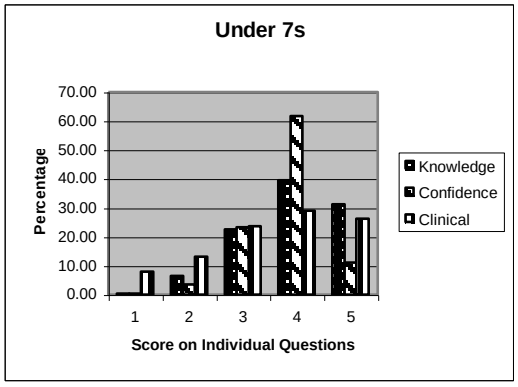

Figure 3. Under 7s training: individual questions

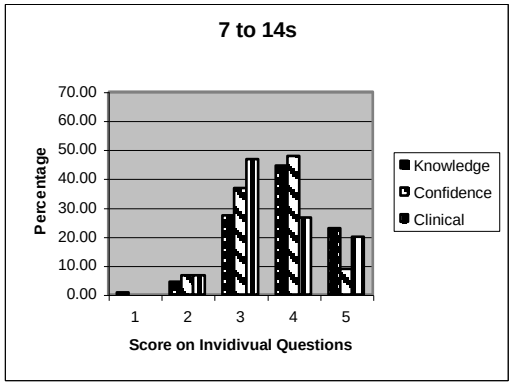

Figure 4. 7-14s training: individual questions

5. Discussion

These results represent the beginning of a process that will provide us with the data to measure and evaluate our teaching more effectively. At present at Level 1 the feedback forms suggest that immediately post training 99% of participants on the under 7s course rated the presentation as very good or excellent and 97% rated the usefulness as very good to excellent. For the 7-14s course 91% rated the style and contents of the presentation as excellent and 100% rated its usefulness as very good or excellent. These results are very positive and a good starting place however the data is not strong. To bring the data collection up to Level 2 a pre-course questionnaire has been designed and is in place to give us the pre and post data that Kirkpatrick (1994) recommends.

The new Level 3 questionnaire that we have piloted provides us with more robust evidence of the long term impact of MPC training courses. Specifically this attempts to look at how the knowledge, skills and confidence that participants reported post training are transferred into the workplace. This level of evaluation is rarely reported even in the professional training and development industry. The results so far indicate high levels of satisfaction. The MPC training at both age groups meets the needs of 90% of participants moderately to totally for knowledge and for confidence. Furthermore there is evidence that 70% of the under 7's course participants and 90% of the 7-14 course participants have changed their clinical practice between moderately and totally.

It is important to bear in mind that when training whole teams some of the participants already have considerable knowledge and expertise, some have little or none and others may also have few opportunities to work with CWS. This will perhaps account for some of the lower scores. However the fact that overall, participants are still moderately satisfied, could be explained by the course content, much of which is transferable across disorders. In future our questionnaires will also seek information about individual therapists experience and current opportunities to work with CWS.

Further examination of the individual scores for each of the questions reveals areas for further development. In particular working directly on speech management, outcome measures, and behaviour management had the lowest overall scores in both age groups. Participants wanted more knowledge, skills and confidence working directly on speech management with children of all ages who stutter In the light of these findings we are piloting a new two-day direct speech management course designed to address this. Further consideration will also be given to improving the current course content on outcome measures and behaviour management.

Acknowledgements

With thanks to Aled Thomas Consulting Ltd. for advice on training evaluation

References

Brisk, D.J., Healey, E.C. & Hux, K.A. (1997) Clinicians' training and confidence associated with treating school-age children who stutter: A national survey. *Language Speech and Hearing Services in Schools 28*, 164-176.

Beck, A. (1976) *Cognitive therapy and the emotional disorders.* New York: International Universities Press.

Cook, F., & Botterill, W. (2000). A profile of risk for generalist therapists. In K.L. Baker, L. Rustin, and D. Rowley, (Eds.), Proceedings of the Fifth Oxford Dysfluency Conference (pp154-159). Windsor: Chappell Gardener.

Cooper, E. B. **&** Cooper, C.S. (1985) Clinician attitudes toward stuttering: a decade of change (1973-1983). *Journal of Fluency Disorders, 10*, 19-33.

Cooper, E.B. & Cooper, C.S. (1996) Clinician attitudes towards stuttering: two decades of change. *Journal of Fluency Disorders, 21*, 119-135.

de Shazer, S. (1985) Keys to solution in brief therapy. New York: Norton

Cooper, E.B. & Rustin, L. (1985) Clinician attitudes toward stuttering in the United States and Great Britain: A cross-cultural study. *Journal of Fluency Disorders. 10*, 1-17.

Crichton-Smith, I., Wright, J. & Stackhouse, J. (2003) Attitudes of speech and language therapists towards stammering: 1985 and 2000. *International Journal of Language and Communication Disorders, 38*: 213-34.

Department of Health (2006) *Commissioning a Patient Led NHS*

Kirkpatrick, D.L. (1994). *Evaluating training programs: the four levels.* San Francisco, CA: Berrett-Koehler.