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The NetQues Project: Process, Outcomes and Beyond

Projekt NetQues: przebieg, wyniki i następstwa

Summary: This article outlines some of the challenges in delivering coherent Speech and Language Therapy (SLT) education “fit for purpose” across Europe and briefly describes outcomes and results of the NetQues project. 65 partners from across Europe were recruited into a multilateral academic and professional network for Tuning European SLT Education Programmes (NetQues). Multinational teams identified current practices, common themes, curricula and delivery of pre-qualification SLT programmes. Each of the lines of the European Tuning Methodology was built into the design of the project to gather and analyse the data. Ethnographic and survey research methods were adopted. EU wide surveys were conducted. A comprehensive set of SLT competences as “Benchmark Statements” was agreed upon by the European network, translated and published in 24 EU languages by SLT partners. A glossary of terminology, snapshots of country profiles and examples of good practice were identified to support the education of SLTs across Europe, including education providers, approval/accreditation policy makers and key stakeholders engaged in ensuring quality standards within the profession and its pre-qualification education.

Keywords: pre-qualification education; speech and language therapy; tuning; benchmarks; competences

NetQues, an EU funded project was set up by Comité Permanent De Liaison Des Orthophonistes-Logopèdes De L'union Européenne, commonly referred to by its French acronym, CPLOL, to bring together key stakeholders in education of speech and language therapists, as partners from every EU member country to look at the state of speech and language therapy (SLT) education across Europe and establish if standards can be agreed by consensus. Thus began an amazing journey of learning experiences through Europe and speech and language therapy education.

CPLOL (www.cplol.eu) is the umbrella organisation of SLT professional associations, representing each country across Europe. This major project in SLT education was undertaken with support from the European Union, co-funded by the European Commission's ERASMUS Lifelong Learning Programme through the Education Audiovisual & Culture Executive Agency (EACEA). Gaining funding of this magnitude is a long, convoluted process involving extensive completion of forms and contracts with partners from every EU member state. After a great deal of hard work recruiting SLT partners in every one of 27 EU countries plus accession countries of Iceland and Turkey, as well as Liechtenstein and Norway, then completing hundreds of pages of forms and letters of intention from partners we were delighted when our application came top of the list of beneficiaries in the relevant category for 2010 and was rated very highly. We were awarded the maximum 75% award of several hundred thousand euros from the EU. As stipulated by the EU fund all partners are required to contribute 25% of their costs and CPLOL as the lead partner and designated beneficiary had to underwrite the finance and set up contracts with all 64 other partners. Thus, it was very demanding, complex, and challenging not only academically but also in project management. CPLOL as an umbrella professional organisation, dependent upon delegated volunteers, while it had the advantage of being in touch with the profession across Europe did not have the management and financial infrastructures that exist in academic establishments such as a University. Nevertheless, it was an amazing and very worthwhile venture that CPLOL took on and which I was privileged to manage.

The project then ran from September 2010 to September 2013, with a further six months for concluding work and final extensive evaluations and reporting. The final report submitted to the EACEA in May 2014 was also given a very high rating and some very complimentary feedback from the reviewers.

With 65 partners, 24 languages, 31 countries and 4,000 contributors across the EU involved, the project was ambitious, to say the least. The short name NetQues resulted from a requirement by the EU to provide an acronym of no more than 7 letters for the title of the project: Network for Tuning Standards

and Quality of Education programmes in Speech and Language Therapy across Europe. At the outset it was agreed among partners that the term used throughout would be “speech and language therapist” with SLT the acronym used for the profession and practitioner. In Europe, the professional is also commonly known as a logopaedist and in French the term *orthophoniste* is used, while in many other parts of the world the term is speech and language pathologist (SLP). What, however, became evident is that we are one profession with similar scope, ideals, values and goals in our practice, if paradoxically we do not have uniformity in our title, even in a widely used language such as English.

While the project was largely conducted in English, for the majority of participants this was not their first language. That naturally led to very specific needs for clarifications and checking of understanding. A Glossary of terms used was therefore a useful product as both a working document and an outcome. Some partners were much more fluent in the English language than others, but it was evident early on that there were variations in interpretations of much of the terminology we use in SLT. This made it difficult but also fascinating and interesting and, intrinsically, a worthwhile exercise in examining our ability to clearly and unambiguously describe and explain what we do and mean.

RATIONALE FOR THE PROJECT

EU membership is about building a common future in harmony, fortunately not necessarily unison.

European citizenship demands respecting EU values of respect for human dignity, liberty, democracy, equality, the rule of law and respect for human rights, including the rights of persons belonging to minorities. All of which an SLT aspires to uphold. As Europeans we are constantly challenged! A “directive” is a legislative act that sets out a goal that all EU countries must achieve. However, it is up to the individual countries to decide how it is implemented. One of the major EU goals since its inception has been concerned with employment and mobility of professionals. European Directive 2005/36/EC of the European Parliament and of the Council¹ particularly influenced us to seek greater transparency of our profession and how we educate the professionals in each country. While there were already many cross-country initiatives and collaborations in SLT, including those of CPLOL, it was important to have agreements set out that represented the entire EU population and had the backing of EU

¹ Directive 2005/36/EC of the European Parliament and of the Council of 7 September 2005 on the recognition of professional qualifications (Text with EEA relevance), <http://eur-lex.europa.eu/legal-content/EN/TXT/?qid=1443624505994&uri=CELEX:32005L0036>, accessed: 06 X 2015.

recognition through its funding and reporting processes. Coming from many different cultures we needed to find out how alike and how different SLTs are and what our education has in common or is different. At the beginning of the project, despite high levels of informal agreement amongst SLTs across the EU about what a newly qualified practitioner should be expected to know and do, the reality showed considerable differences in education patterns and qualifications awarded in the different EU countries.

Some of the reasons behind the diversity are cultural, historical and socio political. Diversity can, however, lead to very positive change and learning. Opening minds to alternative approaches; debating terms and concepts lead also to greater understanding of each other's knowledge base and of one's own.

All can benefit from sharing knowledge and best practice across cultures, not only in matters directly related to SLT professional education, but also in the wider context such as how colleagues in other European countries have influenced their educational establishments or political structures for the development of the profession.

PROJECT GOALS, AIMS AND OBJECTIVES

The project's primary goal, however, in summary, was to look at competences of the SLT graduate/newly qualified practitioner and produce benchmark educational standards. This would allow SLT education in Europe to be compared and assessed to facilitate cross border mobility and recognition of professional qualifications as per the EU directive. Thus, we sought to address the challenges in delivering a coherent SLT education "fit for purpose" across Europe, by exploring and exploiting agreements on areas of commonality in SLT education. That, of course, also meant we needed to also look at differences.

Agreed objectives, therefore, were set out to establish a common vocabulary (no mean feat when considering translations); to enable sharing and comparison of education programmes across EU-countries; to find and use a means of comparing and analysing programmes across EU boundaries; to identify what is similar and what is different and how that affects integrity of the education of an SLT and to agree core constituents and standards necessary for all SLT programmes, in order that all EU SLTs are educated to provide high quality, safe, effective SLT services.

Through this, the project also sought to develop best practice in SLT education; encourage opportunities for student and professionals to work around the EU and stimulate quality improvement and enhancement in SLT education. Another key product, therefore, was the setting up of web space for the sharing

of information and ideas in education of SLTs. This would serve to inform programme developers and educators, and be of use in demonstrating to legislators, policy makers and the public that we are a valid, valuable profession and significant players in a global profession that can make a difference to people's lives. This is especially important when reliant upon public funding, particularly when austerity measures are in place and justification for one's existence is crucial.

Of course, most importantly, the project's overarching main goal was to help to increase the quality of care provided for people with speech, language, communication and swallowing needs and facilitate access to appropriate high quality services for all EU citizens, delivered by well-educated, appropriately skilled and qualified professionals. Other benefits to the profession and the people we serve come from knowledge exchange and research. This includes shared learning opportunities; exchanges of students and academic staff, professional and educational collaborations in research; establishment of networks within and across countries. It came as a surprise to some to note that within several countries academic institutions had limited professional contacts with other institutions or their national associations. All were at different stages of development across Europe. Some such as the Dutch Association, Nederlandse Vereniging van Logopedie en Foniatrie (NVLF), has a long history, being founded in 1927, while professional associations such as in the Baltic States were established and developed more recently and some in other member states are nascent.

CHALLENGES

Inevitably, there were many practical challenges in working with so many partners. Mainly these were logistical, due in part to different contexts and partner priorities, or institutional requirements and some just in managing, for example, the vagaries of Skype communication. Other challenges presented from having to deal with the bureaucracy across diverse education systems and the EU machine itself. Some resulted from linguistic misunderstandings or differences in culture and background. We knew that there were many differences across SLT in EU depending on background and history and also uncovered even more complexity than that of which we were already aware. Crucial to the study was the documentation of the similarities and differences and the gathering of details of curricula, teaching, learning and assessments. A spirit of common purpose and collegiality, however, kept partners working cooperatively, using the experience to learn more about the profession in other countries – and sometimes even more about their own.

HISTORICAL PERSPECTIVES

The project included an extensive literature review of SLT education and practice, which inevitably has changed over time as a result of advances in society, knowledge and thinking. Particularly these stem from developments in related academic fields of medicine, psychology, linguistics, sociology and education including much improved diagnostics and interventions with technological advances and, of course, communications technology. Across different EU countries, the SLT scope of practice has gradually extended, with changing priorities and focus and each country is at different stages in their development of SLT. This shows that SLT is a dynamic profession, flexible to changing needs and knowledge. A more full description is documented in the project report² where chapters are devoted to the Historical Perspective, SLT as a Profession and Scientific Discipline and Recent Developments in SLT Education and Practice.

MANAGEMENT OF THE PROJECT

Partners were organised into working groups or using the EU project term “work package” teams with specific goals to share the differing elements of the project. Project partners had opportunities to travel to meet the other partners. While most meetings were by Skype, and materials shared using the project intranet, Dropbox, email and other electronic communication, annual meetings for the project were held in Paris, Berlin, Riga and Ghent, while smaller work package meetings also took place elsewhere. Hopefully, the outcomes of the project will enable many more EU SLT students and professionals to cross borders to study and work. Briefly the work was conducted by the work teams, partners having been allocated to each according to their stated strengths and experience. Interconnections and each team’s functions and contribution to the overall work plan were mapped for all partners to see the relationships between each element. Project management was a by a small team (Work Package 1) crucial in holding things together. This team liaised with each group leader regularly and each member of the management team was appointed to support a work package team. The management group’s role included overseeing the entire project management and organization and running of all meetings.

Two other groups were allocated responsibility for the conduct and analyses of the research methodology (Work Package 2 and Work Package 3). Goals for

² *NetQues Project Report: Speech and Language Therapy Education in Europe: United in Diversity*, 2013, www.netques.eu/?page_id=1051, accessed: 12 I 2014.

Work Packages 2 and 3 reflected the key elements of Tuning methodology³ i.e. to define academic and professional profiles of SLT across the EU, to describe the objectives of the pre-qualifying educational programme as well as the learning outcomes (in terms of knowledge, understanding and skills) that have to be met and to identify the generic and subject specific competences which should be obtained in the programme.

Work Package 4 were responsible for Quality Assurance of the process and outcomes and audited all project methods and documentation and assisted the management team by setting and monitoring timelines and reporting mechanisms. Work Package 5 took charge of Dissemination of project outcomes and not least for the sustainability aspects. Work Package 6 took the lead in Exploitation of results. Of course, all groups had to interact and contribute to each other's activities and all Partners were involved in the research data collection. Each country had a designated lead partner to liaise with other academic institutions and professional bodies within their country and also organise provision of translations into their own language of surveys and key documents.

DATA GATHERING

The project used a range of approaches to data collection and analysis, with a modified Delphi exercise leading to surveys of new graduates, employers and establishments offering SLT education. Translation was key to these surveys and was carried out and back translated by SLTs along with colleagues, to ensure meaning was not lost in transit. With such a large number of partners, organisation was crucial and from time to time discussions could become heated, not least when nuances of vocabulary were at stake, however, the outcomes of the project have been achieved amicably and with a sense of shared ownership of results.

OUTCOMES – WHAT DID THE PROJECT ACHIEVE?

The project identified the state of SLT education across Europe; common practices; individual differences; the development of a true spirit of unity in European diversity, in a dynamic context; commitment to share ideas about teaching and learning in SLT education and a forum for this; information on lifelong learning at local, national and international levels. The project web site (www.netques.eu) houses the full project details and information on all partners.

³ J. González, R. Wagenaar, *Tuning Educational Structures in Europe*, Bilbao: University of Deusto, 2003, www.unideusto.org/tuningeu, accessed: 07 X 2015.

The most important 'products'/outcomes are the educational benchmarks; and Glossary of key terms in all 24 partner languages, good practice examples, presentations, and a state of the art snapshot profile of SLT education from each EU country. These key outcomes are described below.

BENCHMARKS

The benchmark document (in English and Polish) is appended to this article. The Benchmark Statements, Glossaries of terms, and Report Executive Summary are available to download in all 24 languages from the project website (www.netques.eu). The full report is downloadable in both English and French. The benchmark statements distil the key required competences agreed by academics, employers and recent graduates as necessary for the new entrant to the SLT profession to demonstrate. They show SLT to be a complex interaction of theory and practice and that additionally the new practitioner requires a range of interaction skills necessary for effective evidence-based practice. Results of analyses across all three groups showed close agreement between them on the range of skills, knowledge, values and characteristics required to be a competent SLT.

Subject specific competences were considered in key areas:

- scope of practice,
- assessment and identification of communication and swallowing difficulties,
- planning and implementation of intervention,
- planning, maintaining and evaluating services,
- prevention,
- quality assurance,
- research,
- professional development, CPD and specific ethical responsibilities.

When further analysed those deemed most important related to demonstrating effective assessment, diagnosis, treatment, prevention and counselling of clients and their significant others in the area of communication and swallowing disorders.

Generic competences were identified within the main areas of:

1. Instrumental competences: cognitive abilities, methodological abilities, technological abilities and linguistic abilities.

2. Interpersonal competences: individual abilities like social skills (social interaction and co-operation).

3. Systemic competences: abilities and skills concerning whole systems (combination of understanding, sensibility and knowledge; prior acquisition of instrumental and interpersonal competences required).

Not unsurprisingly, among the ten generic competences, most often cited as essential are those related to intrapersonal competences such as the demonstration of a behaviour which is honest, sincere and reliable, as well as the ability to be self-critical and to reflect on one's own performance. Interpersonal skills most often cited were the ability to provide accurate feedback in a comprehensible and sensitive manner and to empathise with clients and colleagues, followed by systemic competences and instrumental competences. To the disappointment of some colleagues, the ability to write professional documents, scientific articles and make professional presentations in a foreign language was not considered to be essential by the majority of respondents. On reflection and exploration of this, the view expressed was that for many programmes this is not seen as a competence essential for the newly qualified professional but rather one which needs to be built up over years post qualification. Another area of difference was that for some countries, more than others, the ability to be multilingual is deemed important for an SLT, but where English is commonly spoken or understood, accessing international literature and research is often easier and, therefore, less of a need expressed to demonstrate competence in a second language. However, this would be interesting to follow up, as migration across countries increases and SLT in a multilingual society becomes more challenging, with possible consequences or influences on scope of practice.

Where differences existed between groups these tended generally to be small, such as differences between academics and employers on relative importance of some skills. A little concern for us, academics, was that of level of research competences necessary upon graduation, were rated more highly by academics/educators than by employers. This actually reflects other Tuning research results in health-related professions and may be due to pressures on clinicians/managers to meet patient number targets, with less account being taken of the crucial relationship between research and practice. Additionally, it may also be that the new graduate is seen as particularly needing to develop clinical "hands on" experience at that first stage in their career. We may, however, need to fight more for our profession in EU countries to have more funded clinically relevant research, documentation of real life case studies, etc. and secure opportunities for research in and about practice. We need also to make sure we are educating future SLTs adequately on the value of research and its interaction with clinical decision making, and ensure a work climate which makes it possible for SLTs at all levels of experience to have research activity as part of their career path.

SHARING OF GOOD PRACTICE

Partners throughout were encouraged to share good practice, ideas, innovations and education materials. These were collated and a virtual repository for such information opened, providing online links. Examples are stored in categories of General Hearing; Speech; Fluency; Language; Voice; Eating/drinking; Clinical education with some overlapping into more than one category.

The examples include curricular innovations; use of technology; digital textbooks; novel clinical education methods; simulation of patients; examples of multi-professional approaches, etc.

Networking outcomes. Already the project has led to greater transparency, better understanding of SLT education, further networking/collaborations across Europe and globally, more projects in the field of SLT education and practice and increased mobility of students/academic staff /graduates. Such outcomes may be less immediately tangible but it is to be hoped that the many positive results in terms of new academic and research relationships continue to bear fruit in delivering professional education relevant to need.

EXPLOITING THE RESULTS

Using the benchmarks and other outcomes will enable those who design/deliver programmes to: translate competences required into the curriculum content (topics) and structure (modules/credits); identify/share most suited contextual approaches for learning and teaching and methods of assessment in SLT; select activities to achieve defined learning outcomes; ensure quality assurance is built into the programme; persuade policy makers of need for resources, maintenance of EU standards, etc. (hopefully).

For more detail, the project report is available online at www.netques.eu. The EU Tuning process adopted is described with detailed methodology and findings of the project. Reflections and projections for the future are also included. Appendices include the State of the Art profiles/snapshots by country of SLT education in Europe.

CONCLUSIONS

The diversity in scope of economic and political challenges, the inevitable differences in personalities and agendas, and the challenges of managing 65 partners all passionate about SLT was always going to be an ambitious project. Nevertheless, the NetQues project did reveal that, across Europe, the SLT profession

is united in its aspirations for new entrants to the profession to be competent, caring individuals with relevant, up-to-date knowledge and skills as they embark on their professional careers. It is my hope and indeed belief that the outcomes form the basis for cross European collaboration for many years to come. While differences and diversity may present challenges, all countries aspire to develop competent and caring professionals able to practise safely and effectively with relevant up-to-date knowledge and skills upon admission to a clearly identifiable unique profession. A good tune sung in harmony is greater than each individual part on its own – and in SLT education we have a wonderful harmony to sing out and make known to those who can benefit from our profession.

THE NETQUES LEGACY – SOME THOUGHTS ON LOOKING TO THE FUTURE

Finally, it is important that this project is not seen as the end of the process but more as ongoing work in progress for all involved in the education of our profession to ensure regular review and revisions to meet changing needs. Benchmarks should be officially reviewed/updated periodically to see how well they fit with national standards and any changes in practice. Country profiles available for cross border comparisons also should be updated regularly and in line with the biennial statistics of European education being kept by CPLOL. It would be helpful for SLT programmes if countries and individual programmes continue to share education materials and if possible make them available to others through the NetQues website (now managed by CPLOL). Sharing information on SLT education and how it is delivered, with their evaluations of successes and failures should enable others to build upon experiences of colleagues. Cross border and within country collaborations/research should continue to be developed and published. Further examination of how the Benchmarks align with the European Qualifications Framework might inform on levels of qualifications and awards which are best matched to the levels of competences necessary for fitness to practise as an SLT in Europe and globally. This could also possibly assist further in political negotiations, recognition of the profession and international mobility of professionals. Thus, the dynamic aspect and the relevance of our profession will not be lost as we seek to serve the needs of those whom SLT can help. It is up to us as a profession to be the masters of our own destiny. To paraphrase William Shakespeare: “It is not in the stars [...] but in ourselves” (Act 1 Scene 2, *Julius Caesar*).

BIBLIOGRAPHY

- European Higher Education Area, The Bologna Declaration of 19 June 1999. Joint declaration of the European Ministers of Education, http://www.ehea.info/Uploads/Declarations/BOLOGNA_DECLARATION1.pdf, accessed: 07 X 2015.
- European Qualifications Framework for Lifelong Learning*, 2005, www.accreditedqualifications.org.uk/european-qualifications-framework-efq.html, accessed: 07 X 2015.
- González J., Wagenaar R., *Tuning Educational Structures in Europe*, Bilbao: University of Deusto, 2003, www.unideusto.org/tuningeu, accessed: 07 X 2015.
- IALP Guidelines for Initial Education in Speech Language Pathology*, "Folia Phoniatria et Logopaedica" 2010, Vol. 62(5), pp. 210–216.
- McKillip J., *Need Analysis: Tools for the Human Services and Education*, Newbury Park, CA: Sage Publications, 1987.
- NetQues Project Report: Speech and Language Therapy Education in Europe: United in Diversity*, 2013, www.netques.eu/?page_id=1051, accessed: 12 I 2014.
- The Delphi Method: Techniques and Applications*, ed. by H.A. Linstone, M. Turoff, AddisonWesley Publishing Company, London 1975, <http://is.njit.edu/pubs/delphi-book>, accessed: 31 I 2011.

Streszczenie: Artykuł przedstawia niektóre z wyzwań związanych z zapewnieniem spójnych wymagań dotyczących edukacji logopedycznej „dostosowanej do celu” w całej Europie i krótko opisuje skutki oraz rezultaty projektu NetQues. 65 partnerów z całej Europy zostało powołanych do stworzenia wielostronnej, akademickiej i zawodowej sieci, mającej na celu podniesienie jakości europejskich programów edukacji logopedycznej (NetQues). Wielonarodowe zespoły dokonały analizy obecnych praktyk, wspólnych tematów, programów nauczania i realizacji programów, których celem jest zdobycie wstępnych kwalifikacji do zawodu logopedy. Każdy z kierunków europejskiej metodologii podnoszenia jakości został opracowany w oparciu o gromadzenie i analizę danych. Przyjęto metodologię badań etnograficznych (uwzględniającą różnice narodowe) i metodę badań ankietowych. Szerokie badania ankietowe przeprowadzono w całej Unii Europejskiej. Kompleksowy zestaw kompetencji logopedycznych „Postanowienia i wytyczne” został uzgodniony przez sieć ogólnoeuropejską, a następnie przetłumaczony i opublikowany w 24 językach Unii Europejskiej przez partnerów biorących udział w programie. Słowniczek terminologii, krótkie przykłady z profili kształcenia w poszczególnych krajach i przykłady dobrego wykonywania praktyki uznano za wspieranie kształcenia logopedów w Europie, włączając w to instytucje kształcące logopedów, pracodawców i kluczowych interesariuszy zaangażowanych w zapewnianie standardów jakościowych w ramach wykonywania zawodu logopedy i nauczania kwalifikacji wstępnych.

Słowa kluczowe: nauczanie kwalifikacji wstępnych; logopedia; podnoszenie jakości; standardy/wytyczne; kompetencje

GLOSSARY

This glossary provides definitions/explanations for all English words or phrases used in the survey selected by partners from across EU member states as possibly requiring clarification or further amplification.

KEY CONCEPTS:

| | |
|---|---|
| COMPETENCE | A necessary range of knowledge, skills and abilities to carry out the duties of the work. The knowledge, skills and abilities needed to be able to work/practise as a speech and language therapist safely and effectively, independently. |
| GENERIC COMPETENCES | Generic refers to something that is general, common, or inclusive rather than specific, unique, or selective. Tuning distinguishes three types of generic competences: |
| Instrumental competences | 1. Instrumental competences: cognitive abilities, methodological abilities, technological abilities and linguistic abilities. |
| Interpersonal and intrapersonal competences | 2. Interpersonal competences: individual abilities like social skills (social interaction and co-operation). |
| Systemic competences | 3. Systemic competences: abilities and skills concerning whole systems (combination of understanding, sensibility and knowledge; prior acquisition of instrumental and interpersonal competences required). |
| Subject Specific Competences | 4. In this case, competences specific to work of a speech and language therapist. |
| TUNING METHODOLOGY | <p>The project “Tuning educational structures in Europe” started in 2000, by a group of universities who wished to address the issues posed by the Bologna Declaration collectively, coordinated by the University of Deusto (ES) and the University of Groningen (NL).</p> <p>In the framework of the Tuning project, a methodology has been designed to understand curricula and to make them comparable. Five lines of approach have been distinguished to organize the discussions in the subject areas:</p> <ul style="list-style-type: none"> – generic (general academic) competences, – subject-specific competences, – the role of ECTS as an accumulation system, – approaches to learning, teaching, and assessment and – the role of quality enhancement in the educational process (emphasizing systems based on internal institutional quality culture). |

| Words/phrases in the survey | Definition/explanation |
|--------------------------------|--|
| Appropriate feedback | <p>Appropriate: suitable for a particular person or place or condition</p> <p>feedback:</p> <ul style="list-style-type: none"> – information given in response to a person’s performance of a task, etc., often used as a basis for improvement, – specific information about a person’s current behaviour in order to help him/her either continue the behaviour or modify it. |
| Appropriate therapy techniques | <p>A practical method or procedure that is effective in achieving an aim, a procedure used to accomplish a specific activity or task that is aimed to improve a patient’s condition and which is suitable for that specific condition.</p> |
| Assessment | <p>Evaluation of the patient or client for the purposes of forming a diagnosis and plan of treatment.</p> |
| Assessor | <p>Person who carries out an assessment (see above).</p> |
| Audit trail | <p>A step by step chronological record of actions e.g. interactions with a specific patient, from which a history of events may be reconstructed. The existence of a reliable, easy-to-follow audit trail is considered one indication of good internal control in an organization.</p> |
| Caseload | <p>The number of cases with which an SLT is concerned at one time; the number of cases which are the responsibility of a particular SLT. Sometimes also the type of cases dealt with by an SLT, e.g. paediatric, adult acquired.</p> |
| Counsellor | <p>Someone who gives advice about problems, especially personal, social, or psychological problems.</p> |
| Critical reflection skills | <p>The ability to think back on one’s experiences, integrate knowledge gained from experience with knowledge possessed, and take action on insights gained in this way. Critical reflection is the process by which adults identify the assumptions governing their actions, locate the historical and cultural origins of the assumptions, question the meaning of the assumptions, and develop alternative ways of acting. Part of the critical reflective process is to challenge the prevailing social, political, cultural, or professional ways of acting. Through the process of critical reflection, adults come to interpret and create new knowledge and actions from their ordinary and, sometimes, extraordinary experiences. Critical reflection blends learning through experience with theoretical and technical learning to form new knowledge constructions and new behaviours or insights.</p> <p>Learning by critical reflection creates new understandings by making conscious the social, political, professional, economic, and ethical assumptions constraining or supporting one’s action in a specific context. Critical reflection’s appeal, as an adult learning strategy, lies in the claim of intellectual growth and improvement in one’s ability to see the need for and effect personal and system change. Reflection can be a learning tool for directing and informing practice, choosing among alternatives in a practice setting, or transforming.</p> |

| Words/phrases in the survey | Definition/explanation |
|-----------------------------|---|
| (continued) | Ref: D. Stein, <i>Teaching Critical Reflection</i> , www.inspiredliving.com/business/reflection.htm , accessed: 21 IX 2011. |
| Decision makers | People with the responsibility and authority to make decisions within an organization or public body, especially those that determine future direction and strategy, or those that control resources and budgets. |
| Effectiveness of therapy | Quality of therapy that brings about a desired change, that is the therapy that is responsible for the change rather than any other factor. |
| Empathy | The ability to understand and share the thoughts, feelings, and behaviour of others. |
| Evidence | Proof, something which proves or disproves; basis for belief or disbelief; knowledge on which to base belief. |
| Facilitator | Someone who makes progress easier, helps to bring about an outcome (as learning, productivity, or communication) by providing indirect or unobtrusive assistance, guidance, or supervision. |
| Intervention | Action taken to improve a disorder or condition; therapy. |
| Logical thinking | Thinking that is coherent and logical; reasoning; abstract thought. |
| Nasendoscopy | An examination of the anatomy and physiology of the velopharynx during speech using a flexible endoscope introduced via the nose. |
| Proposes possible outcomes | Explains possible results or consequences of a specific action or condition; makes a prognosis. |
| Quality assurance | Program for the systematic monitoring and evaluation of the various aspects of a project, service, or facility to ensure that standards of quality are being met. |
| Rationale | An explanation of the basis or fundamental reasons for something; a set of reasons or a logical basis for a course of action or a belief; an explanation of the principles of some opinion, action, hypothesis, etc; also, the principles themselves. |
| Resilience | Able to withstand or recover quickly from difficult conditions. |
| Scope of practice | The range of responsibility e.g. types of patients, or treatments and practice guidelines that determine the boundaries within which a professional practises. |
| Service delivery models | A set of principles, standards, policies and constraints used to guide the design, development and operation of services delivered by an SLT, with a view to offering a consistent service experience to a specific user community in a specific context. Service delivery includes the ways that therapy can be delivered to patients, e.g. in one to one clinician directed sessions, in group sessions, through training of other agents, through consultation, in different settings, etc. |
| Synthesize knowledge | Combine knowledge from various sources or of various types to form a coherent whole. |

| Words/phrases in the survey | Definition/explanation |
|--------------------------------|--|
| Visual communication | Communication through visual aids; the conveyance of ideas and information in graphic or visual form. Visual communication solely relies on vision, and includes: signs, typography, drawing, graphic design, illustration, colour and electronic resources. It also explores the idea that a visual message accompanying text has a greater power to inform, educate, or persuade a person or audience. |

Acronyms used in the survey:

- **SLT**: Speech Language Therapy/Therapist,
- **EDS**: Eating, Drinking, Swallowing,
- **CT** (scan): Computerised Tomography,
- **MRI** (scan): Magnetic Resonance Imaging,
- **PET** (scan): Positron Emission Tomography.

UMCS

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ANEKS I. WYKAZ STANDARDÓW DLA EDUKACJI LOGOPEDYCZNEJ W EUROPIE

Kluczowe kompetencje specyficzne i kompetencje ogólne wspólne dla standardów edukacji logopedycznej w ramach kształcenia w Europie [NetQues, 2013]

Punkty odniesienia dla edukacji logopedycznej w Europie. Kluczowe kompetencje specyficzne i kompetencje ogólne wspólne dla standardów edukacji logopedycznej w ramach kształcenia w Europie.

| KLUCZOWE KOMPETENCJE SPECYFICZNE DLA POCZĄTKUJĄCEGO LOGOPEDY | |
|--|--|
| Początkujący logopeda musi być w stanie: | |
| Zakres praktyki | ocenić zaburzenia mowy, zdiagnozować je i interweniować w ich przypadku |
| | ocenić, zdiagnozować i interweniować w zaburzeniach jedzenia, picia i połykania |
| | nawiązać porozumienie i umożliwić udział w procesie oceny i diagnostyki różnicowej |
| | identyfikować wpływ różnych zdarzeń, otoczenia i kontekstu na problemy klienta |
| | analizować wyniki badań i właściwie je interpretować: łączyć zarówno informacje z historii choroby, jak i inne istotne źródła |
| | w jasny sposób przedstawić klientowi i jego bliskim stosowną interpretację wyników badań |
| | tworzyć zarówno ustne, jak i pisemne sprawozdania oceny wyników z uwzględnieniem analizy i interpretacji zebranych informacji |
| | identyfikować brakujące informacje i poszukiwać danych niezbędnych do zrozumienia zaburzeń klienta |
| | diagnozować wpływ zaburzeń klienta na kondycję psychospołeczną, status społeczny i zdrowotny jego samego i jego bliskich |
| | jeśli zachodzi taka potrzeba, w odpowiednim czasie i w uprzejmy sposób polecać klientowi konsultację u innych specjalistów |
| Planowanie i wprowadzanie terapii | łączyć wyniki badań z innymi istotnymi informacjami, aby wyznaczać cele terapeutyczne |
| | rozumieć zasady i reguły rządzące konkretnymi metodami terapeutycznymi |
| | rozważać długoterminowe rezultaty terapii i w porozumieniu z klientem decydować, czy terapia logopedyczna jest właściwa lub wymagana jest jej kontynuacja; włączyć w dyskusję kluczowe osoby z otoczenia klienta |
| | wybierać i planować właściwą i efektywną terapię, angażując kluczowe osoby z otoczenia klienta |
| | zrozumieć rolę pozostałych członków inter-/transdyscyplinarnego zespołu i tworzyć plany terapeutyczne w porozumieniu z nimi |
| | wprowadzać odpowiednie techniki terapeutyczne, wykorzystując niezbędne materiały i przyrządy |

| KLUCZOWE KOMPETENCJE SPECYFICZNE DLA POCZĄTKUJĄCEGO LOGOPEDY | |
|--|--|
| Początkujący logopeda musi być w stanie: | |
| cd. | w oparciu o konkretny tok rozumowania podejmować decyzję rozpoczęcia, kontynuacji, modyfikacji bądź zaprzestania stosowania wybranych metod terapii oraz dokonywać stosownej dokumentacji podjętych decyzji i poprzedzającego je rozumowania |
| | dokumentować wyniki terapii i wszelkie zmiany wprowadzane w planie terapii |
| | na bieżąco prowadzić czytelną i dokładną dokumentację zgodną zarówno z wymogami prawnymi, jak i obowiązującą terminologią |
| | w celu dokonania ewaluacji efektywności terapii zbierać informacje, włączając dane jakościowe i ilościowe |
| | nałóżycie przygotować klienta do zakończenia terapii, ustalając moment jej zakończenia z klientem i jego bliskimi, i stosować się do przewidzianych odgórnie procedur zakończenia terapii |
| | w kontekście interwencji logopedycznej rozumieć pojęcie skuteczności i wydajności |
| Profilaktyka | zapobiegać zaburzeniom komunikacji i zapobiegać wystąpieniu zaburzeń rozwojowych, w tym włączać wczesną interwencję w przypadku wystąpienia zaburzeń |
| Rozwój zawodowy, dokształcanie się i etyka zawodowa | rozumieć zadania i ograniczenia związane z zawodem logopedy |
| | przestrzegać kodeks etyczny przewidziany przez krajowe organizacje zawodowe i/lub pracodawcę, i/lub krajową administrację rządową |
| | zarówno przez wnikliwą obserwację już posiadanych umiejętności, jak i dalszy rozwój różnych zdolności interpersonalnych i komunikacyjnych doskonalić swój warsztat zawodowy |
| KOMPETENCJE OGÓLNE DLA POCZĄTKUJĄCEGO LOGOPEDY | |
| Kompetencje intrapersonalne | działa w sposób uczciwy, szczerzy i odpowiedzialny |
| | wykazuje empatię w stosunku do klientów i współpracowników |
| | uzyskuje informacje od informatorów w sposób sprawny i taktowny |
| | udziela precyzyjnych informacji zwrotnych w sposób zrozumiały i taktowny |
| | wykazuje umiejętności społeczne, takie jak asertywność, współpraca, umiejętność negocjacji |
| | docenia różnorodność i wielokulturowość |
| | wykazuje pozytywne nastawienie i aktywność |
| | przejawia samokrytycyzm i zdolność do refleksji nad podjętymi działaniami |
| | wykazuje odporność w radzeniu sobie z wymogami zawodu w sposób, który pozwala na utrzymanie poczucia własnej wartości i radzenia sobie ze stresem |

| KOMPETENCJE OGÓLNE DLA POCZĄTKUJĄCEGO LOGOPEDY | |
|--|---|
| Kompetencje systemowe | bierze odpowiedzialność za rozwój własnej wiedzy i umiejętności przez całe swoje życie |
| | działa niezależnie i samodzielnie |
| | dostosowuje własne zachowanie i podejście do nowych sytuacji |
| | formułuje twórcze i oryginalne rozwiązania w nowej sytuacji |
| | orientuje się w literaturze naukowej, aby znajdować informacje najbardziej adekwatne i przydatne do udzielenia odpowiedzi na postawiony problem |
| Kompetencje operacyjne | używa odpowiednich i skutecznych umiejętności i materiałów instrukcyjnych oraz informacyjnych w formie pisemnej, ustnej i komunikacji wizualnej |
| | gromadzi dane za pomocą różnych metod, w tym na podstawie analizy literatury przedmiotu, zbierania wywiadu, kwestionariuszy i obserwacji |
| | identyfikuje istotny czynnik danego problemu i proponuje możliwe rozwiązania |
| | przedstawia preferowane rozwiązanie/decyzję w sposób zrozumiały oraz przedstawia konkretne, niezbędne działania |
| | dostrzega ryzyko możliwych pułapek związanych z poszczególnymi rozwiązaniami |
| | wykorzystuje swoją wiedzę, aby wybrać najbardziej odpowiednie rozwiązanie dla konkretnych okoliczności |
| | analizuje informacje, aby wyciągać odpowiednie wnioski i uznaje związane z nimi implikacje |
| | syntetyzuje informacje z różnych źródeł, aby wybrać odpowiednie działania bądź odpowiedzieć na pytanie |
| | stosuje zasady prawne i etyczne w zarządzaniu informacjami oraz chroni integralność, rzetelność i autentyczność dokumentacji medycznej |
| | dzieli zadania na konkretne etapy i ustala harmonogram z realistycznymi celami, biorąc pod uwagę wszystkie wymagania towarzyszące |
| | spełnia cele i dostarcza wyniki podjętej pracy w terminie |

BIBLIOGRAPHY

- European Higher Education Area, *The Bologna declaration of 19 June 1999. Joint declaration of the European Ministers of Education*, 199, www.bologna-bergen2005.no/Docs/00-Main_doc/990719BOLOGNA_DECLARATION.PDF, accessed: 09 X 2013.
- European Qualifications Framework for lifelong learning, 2005, http://ec.europa.eu/education/policies/educ/eqf/com_2006_0479_en.pdf, accessed: 07 X 2013.
- NetQues, *NetQues Project report: Speech and Language Therapy Education in Europe: United in Diversity*, 2013, www.netques.eu/?page_id=1051, accessed: 12 I 2014.

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ANNEX I.

Benchmarks for Speech and Language Therapy Education in Europe (Key subject specific and generic competencies which form common standards for European SLT initial education)

| SUBJECT SPECIFIC COMPETENCES FOR THE NEWLY QUALIFIED SPEECH AND LANGUAGE THERAPIST | |
|---|--|
| The newly qualified speech and language therapist must be able to: | |
| Scope of practice | assess, diagnose and intervene in speech and language disorders |
| | assess, diagnose and intervene in eating, drinking and swallowing disorders |
| Assessment and identification of communication needs and swallowing problems | establish rapport and facilitate participation in the assessment and differential diagnosis process |
| | identify the influence of different situations, environments or contexts on client's problems |
| | analyse and interpret assessment results accurately and integrate information from case history and other relevant sources into findings |
| | provide appropriate feedback on interpretation of assessment results to the client and significant others, in a way they can understand easily |
| | produce oral and written reports of assessment results, including analysis and interpretation of assessment information |
| | identify gaps in information needed to understand the client's disorders and seek information to fill those gaps |
| | recognise the effect of the disorders on the psychosocial wellbeing, social and medical status of the client and significant others |
| | when necessary, refer client to other professionals in a timely appropriate manner |
| Planning and implementation of intervention | integrate assessment results with other relevant information to set goals |
| | understand the rationales and principles that underlie specific therapy methods |
| | discuss long-term outcomes and decide, in consultation with the client, whether speech and language therapy is appropriate or required <u>by including key people in these discussions</u> |
| | select and plan appropriate and effective therapy interventions involving key people in the client's environment |
| | understand the roles of other members of the inter-/transdisciplinary team and produce intervention plans in consultation with them |
| implement appropriate therapy techniques using the necessary materials and instrumental equipment | |

| SUBJECT SPECIFIC COMPETENCES FOR THE NEWLY QUALIFIED SPEECH AND LANGUAGE THERAPIST | |
|--|---|
| The newly qualified speech and language therapist must be able to: | |
| (continued) | make reasoned decisions to initiate, continue, modify or cease the use of chosen techniques, treatments or procedures and record the decisions and reasoning appropriately |
| | document response to intervention and any changes in intervention plan |
| | keep legible and accurate contemporaneous records in accordance with professional and legal requirements and use only accepted terminology |
| | collect information, including qualitative and quantitative data, to evaluate the effectiveness of therapy |
| | prepare a client for discharge from therapy appropriately, agreeing a point of closure with the client and significant others, and following relevant agency discharge procedures |
| | understand the concepts of efficacy and efficiency in relation to speech and language therapy intervention |
| Prevention | prevent communication and swallowing disorders from occurring or developing, including early intervention in disorders |
| Professional development, continuing education and specific ethical responsibilities | understand the professional roles and boundaries of a speech and language therapist |
| | observe the code of ethics of the national professional body and/or as prescribed by the employer and/or the national/state government |
| | develop personal growth as a speech and language therapist through insight into, and further development of, a range of interpersonal and communication skills |
| GENERIC COMPETENCES FOR THE NEWLY QUALIFIED SLT | |
| Interpersonal and intra-personal competences | demonstrate behaviour which is honest, sincere and reliable |
| | demonstrate empathy with clients and colleagues |
| | extract information from informants efficiently and sympathetically |
| | provide accurate feedback in a comprehensible and sensitive manner |
| | demonstrate advanced social skills such as assertiveness, cooperation, negotiation |
| | appreciate diversity and multiculturalism |
| | show positive attitude and proactiveness |
| | be self-critical and reflect on their own performances |
| Systemic competences | demonstrate resilience in coping with the demand of the profession in a way which enables him/her to maintain self-esteem and manage stress |
| | take responsibility for developing his/her own knowledge and skills throughout his/her lifespan |
| | work independently and autonomously |

| GENERIC COMPETENCES FOR THE NEWLY QUALIFIED SLT | |
|---|---|
| (continued) | adapt his/her own behavior and approach to fit new situations |
| | formulate creative and original solutions for novel situations |
| | conduct a search of the scientific literature to find the most relevant information to answer a question |
| Instrumental competences | use appropriate, effective skills and materials in written, oral and visual communication of information and instruction |
| | gather data using various methods including literature review, interviewing, questionnaire and observation |
| | identify the important factor in a problem and suggest possible solutions |
| | express the preferred solution/decision in a comprehensible way and outline the concrete actions required |
| | identify the risks or pitfalls associated with each possible solution |
| | use this knowledge to select the most appropriate solution for the particular circumstances |
| | analyse information to draw appropriate conclusions and recognise the implications of these conclusions |
| | synthesise information from diverse sources to select an appropriate course of action or to answer a question |
| | apply legal and ethical principles in managing information and protect integrity, reliability and authenticity of records |
| | divide tasks into concrete steps and set time schedules with realistic aims, taking into account all other demands |
| | meet goals or deliver products of work on schedule |