



Single self-practice session enhances clinical procedural skills for speech-pathology graduate students

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Introduction

In speech-language pathology graduate programs, academic courses and clinical practicums provide students with knowledge and clinical skills. In other health-related fields, procedural skills have been trained using principles of motor learning (Gaida et al., 2016; Moulton et al., 2006). **Observational learning** and **self-practice** are two motor learning principles that enhance procedural skill learning within the time and curriculum constraints of most graduate programs (Table 1).

Observational Learning

Classroom demonstrations and modeling by the instructor (Weeks & Anderson, 2000)

Self-Practice

Additional physical practice completed outside the classroom (e.g., homework assignment; Laguna, 2008; Weeks & Anderson, 2000)

Table 1

Objectives

Investigate whether self-practice on voice assessment software enhanced skill performance in using the software compared to observational learning alone.

Predictions in using the voice assessment software

- Self-practice = more efficient (faster, fewer steps and cues)

Methods & Procedures

Participants

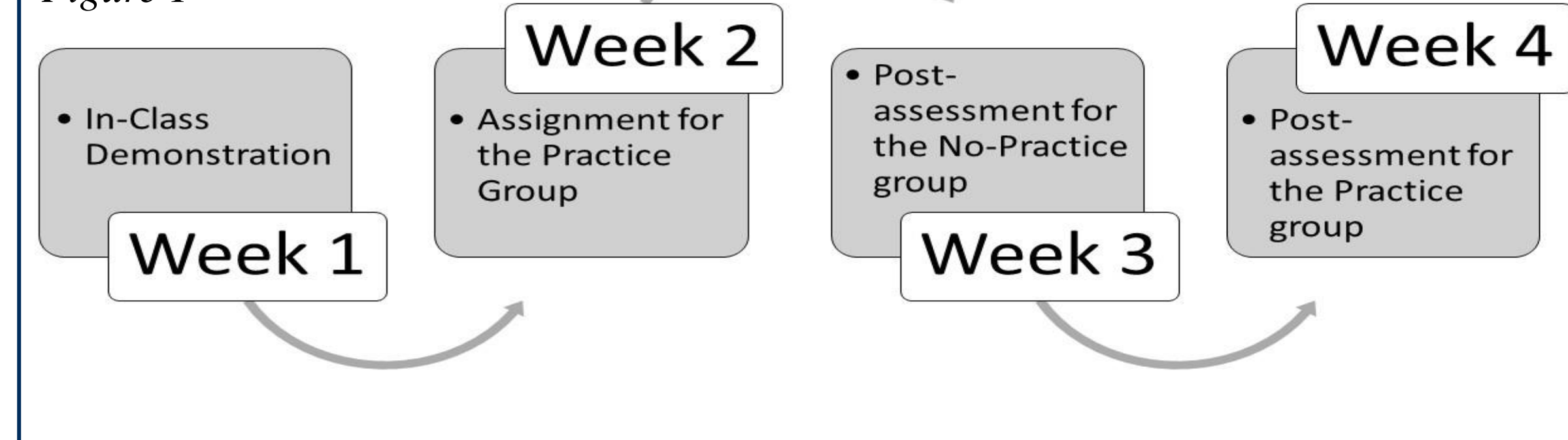
- 27 WVU students (all female)
- Enrolled in graduate-level voice disorders course
- No prior experience with software, *Multi-Dimensional Voice Program (MDVP)* software
- Randomly assigned to two groups: self-practice (N = 14), no-practice

Tasks

- In-class demonstration
- Self-practice assignment
- Post-assessment

Timeline

Figure 1



Methods & Procedures (continued)

Equipment and Software

- Voice Recorder
- Laptop
- Screen-cast-o-matic software
- MDVP software (Fig. 2)

Dependent Measures

- SOAP Note (control)
 - accuracy
 - duration (ms)
- Computer Program:
 - duration (ms)
 - number of steps taken
 - number of examiner cues

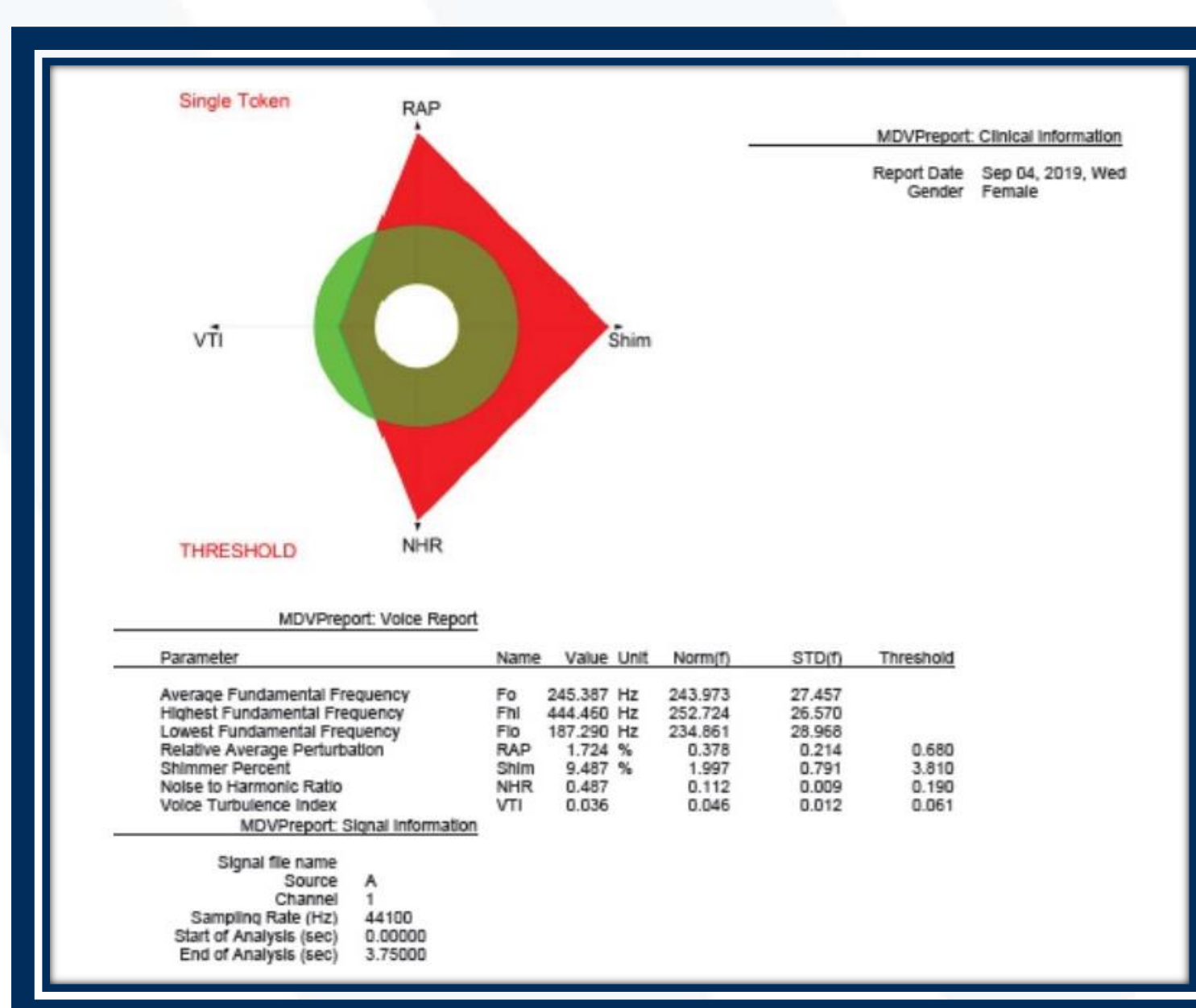


Figure 2

Results: SOAP Note Accuracy and Duration

No significant difference between groups regarding SOAP note duration or SOAP note accuracy, $F(2,23) = 2.46, p = .108$, Wilks' $\Lambda = .824$, partial $\eta^2 = .176$ (Table 2)

| Descriptive Statistics | | | | |
|------------------------|---------------|---------|---------|----|
| Group | | Mean | Std. | N |
| SOAP_Accuracy | Self-Practice | 20.5769 | 6.06852 | 13 |
| | No-Practice | 23.3846 | 5.60191 | 13 |
| | Total | 21.9808 | 5.89827 | 26 |
| SOAP_Duration | Self-Practice | 5.7165 | 1.83496 | 13 |
| | No-Practice | 7.2604 | 1.67757 | 13 |
| | Total | 6.4885 | 1.89387 | 26 |

Table 2

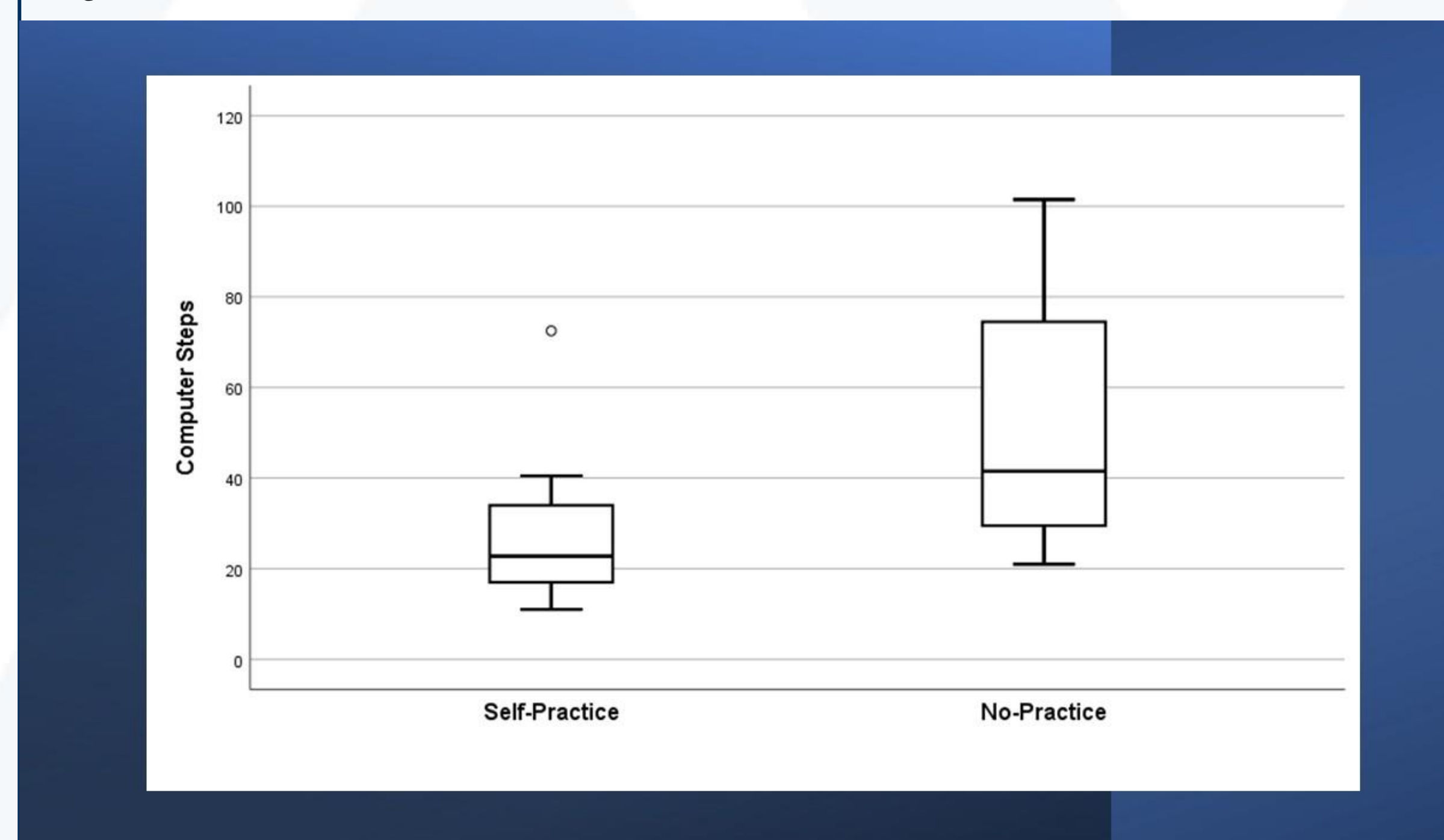
Results: Computer Duration (ms)

Figure 3



Results: Number of Computer Steps

Figure 4



Students who did not have practice were significantly slower to complete the assessment compared to the self-practice group, $M = -1.941$, 95% CI [-2.98, -.916], $t(20.13) = -3.91, p = .001$ (Figure 3). No-practice students also required significantly more computer steps to finish using the assessment software, $M = -23.149$, 95% CI [-40.79, -5.6], $t(19.572) = -2.756, p = .0124$ (Figure 4).

Results: Number of Examiner Cues

Figure 5



Students who did not have practice required significantly more examiner cues to complete the software assessment compared to the self-practice group, $M = -6.81$, 95% CI [-9.97, -3.65], $t(17.722) = -4.533, p < .0001$ (Figure 5).

Conclusion

This study investigated whether self-practice enhanced student's procedural learning of voice assessment software (MDVP) compared to observational learning (i.e., no-practice).

We evaluated **two types of clinical skills**: procedural skills in accessing and manipulating MDVP software and clinical writing a SOAP note.

Students provided with **self-practice** were **more efficient and accurate** in their use of **the MDVP software** than students who only received observational learning.

Students were **not** any more efficient or accurate in their SOAP note writing when they received self-practice than those students who did not receive no-practice.

Results may be due to the alignment of instruction and learning (e.g., Lowenthal, 2007; Mackay et al., 2002; Moulton et al., 2006; Table 3).

Observational Learning

Massed practice conditions
Generalized concepts

Self-Practice

Short practice sessions
Specific, sequential steps

Table 3

Further research is needed to determine the learning variables required to enhance critical thinking skills, e.g., clinical writing.

References & Acknowledgments

Selected References

- Gaida, J., Seville, C., Cope, L., Dalwood, N., Morgan, P., & Maloney, S. (2016). Acceptability of a blended learning model that improves student readiness for practical skill learning: A mixed-methods study. *Focus on Health Professional Education: A Multi-Disciplinary Journal*, 17(1), 3.
- Lowenthal, J. (2007). Teaching surgical skills: What kind of practice makes perfect?: a randomized, controlled trial. *Journal of Physical Therapy Education*, 21(1), 78.
- Mackay, S., Morgan, P., Datta, V., Chang, A., & Darzi, A. (2002). Practice distribution in procedural skills training. *Surgical Endoscopy and Other Interventional Techniques*, 16(6), 957-961.
- Moulton, C.-A. E., Dubrowski, A., MacRae, H., Graham, B., Grober, E., & Reznick, R. (2006). Teaching surgical skills: What kind of practice makes perfect?: A randomized, controlled trial. *Annals of Surgery*, 244(3), 400.

Acknowledgments

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