

# INTEGRATING COMMUNITY NEEDS WITH CLINICAL EDUCATION OPPORTUNITIES



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One of the great advantages of being clinical educators and service providers within a professional academic program is the ability to offer unique placements. Most recently a placement was developed that allowed students to experience settings and populations that challenged their training and skills, while fostering an appreciation of diverse cultures as well as an awareness of service needs that exist in remote communities.

Clinical educators Taslim Moosa and Susan Schurr accompanied S-LP students to the remote northern communities of MooseFactory, Kashechewan, and Attawapiskat during the week of February 24 to March 1, 2008. As part of the Weeneebayko Ahtuskaywin Regional Health Authority, these remote First Nations coastal communities lie along the western Ontario shores of James Bay. Five second-year graduate students in speech-language pathology at the School of Communication Sciences and Disorders at the University of Western Ontario (UWO) participated in this opportunity.

Clinical teaching and preparation began a year in advance of the placement. This allowed students to investigate Cree culture, challenges faced by the communities they would be visiting and lessons learned from other S-LPs who have previously provided contractual services to the communities. Under the guidance of the clinical supervisors, the S-LP students developed resources requested by the community and programming materials to be shared with the school and hospital staff. These teaching clinics resulted in in-depth discussions about the value and applicability of traditional assessment approaches and served to facilitate the development of alternatives that would yield results that could better inform programming recommendations. These discussions forced students to be creative and consider the qualitative information that they could get with the tools available to them.

Clinical students spent 2½ days assessing 46 school age children in Attawapiskat and Kashechewan. These numbers alone presented a challenge to the S-LP students and supervisors. Several school children demonstrated significant and unusual speech and language characteristics. The challenges that these children face in developing academic, communication and literacy skills have been compounded by four recent community evacuations and limited staffing and resources. Schools have been abandoned due to contamination, resulting in elementary and high school

students in Kashechewan sharing one school. Elementary students in Attawapiskat have been forced to function in temporary portable classrooms while continuing to wait for a permanent school to be built. In addition to experiencing firsthand the impact of these global community challenges, S-LP students faced the practical obstacles of gathering clinically useful assessment information while respecting cultural differences, assessing children in their second language, and understanding the phonemic, morphological, and syntactical differences between Cree and English. The S-LP students developed online problem solving skills when faced with the lack of resources appropriate for engaging children in language sampling and when gathering and relating information to teachers and staff who were already over extended.

This placement also offered an opportunity for the students to work with adults at the Weeneebayko General Hospital in MooseFactory. In a span of 1½ days, the students worked with other healthcare disciplines when conducting a wide range of speech, language, communication, and swallowing assessments. They provided several in-services, bedside training sessions, and presented at grand rounds. Cree was the first language of most of the patients assessed and this presented a significant challenge to the students when completing speech, language and swallowing testing and when relating the recommendations. In addition, with no S-LPs on staff, the students and supervisors had to rely heavily on the nursing staff to carry out these recommendations. With only one hospital serving a large geographical area, patients are removed from their home communities to receive services. This means that a patient's family is unavailable at the bedside and students recognized this additional challenge.

Upon reflection, students identified several areas of growth. They commented on their growth as professionals: "It helped me learn to remain professional even under challenging circumstances". Students talked about re-evaluating their clinical skills: "Because our time was so limited with the kids, it made me constantly think about what I was doing, deciding if the approach was working and if the task was worthwhile and what else I needed to do to get the information I needed". They also developed an awareness and respect for cultural differences: "It has heightened my awareness about how cultural differences can lead to different values and priorities than my own and that I need to examine and modify my practice to respect those differences."

Initial feedback from the hospital and schools has been positive. However, it is clear that these communities feel that it is important to make initiatives like this sustainable. We continue to communicate with these communities to develop a plan that is sensitive to the needs of each community. This will involve the development of partnerships with key community stakeholders. We are hopeful that this will prove to be a productive and on-going clinical placement opportunity for students.

In reflecting on our adventures, we have come to realize that it is not easy to accommodate seven visitors in these remote communities. Many of these communities do not offer typical hotel accommodations, nor are there always places to eat. This meant we relied heavily on the generosity of community individuals to house and feed us. Accessing these communities necessitates flights that were often delayed, even when weather was not a factor. Such a system of transportation comes at a high cost and we are thankful to the Weeneebayko Ahtuskaywin Regional Health Authority for their contributions to this. We look forward to building productive and effective partnerships with these communities.