The involvement of people with lifelong disability and communication impairment in lecturing to speech-language pathology students

SUSAN BALANDIN1,2 & MONIQUE HINES2

1Molde University College, Molde, Norway, and 2The University of Sydney, Sydney, Australia

Abstract
In order to provide appropriate service and support to people with lifelong disability, including those who use augmentative and alternative communication (AAC), speech-language pathologists need to develop positive attitudes to people with disability and a holistic approach. The aim of this paper was to explore final year students’ and new graduates’ perceptions of the impact of lectures by people with lifelong disability on their attitudes and learning. Fourteen final year speech-language pathology students and nine graduates who had been practising for a year participated in four focus groups to discuss their perceptions of four 50-minute lectures by people with lifelong disability and communication impairment. A content analysis of the focus group transcripts revealed five themes; understanding the perspectives of people with disability, seeing the person as a whole, attitudes, working in the field, and gaps in the lectures. Overall there were few differences between the groups that were not accounted for by clinical experience. Participants agreed that the lectures were interesting and informative and provided new insights into lifelong disability, but were an adjunct to a learning process that also required theoretical lectures or clinical practice.

Keywords: Teaching, student speech-language-language pathologists, lecturers with disability, AAC.

Introduction
The importance of facilitating positive attitudes and a holistic approach towards people with lifelong disability (e.g., intellectual disability, cerebral palsy) in future health professionals is underscored by the nature of the roles these professionals play in the lives of people with a disability (Basnett, 2001; Beck, Bock, Thompson, & Kosuwan, 2002). These include providing health or social care, acting as a gatekeeper to treatment, influencing health policy and society, and training future professionals (Basnett, 2001). With such important roles to fulfil, it is essential that students in health-related vocational courses, such as speech-language pathology, develop positive attitudes towards individuals with disabilities and do not take on negative stereotypical attitudes which are likely to impede health care (Tracy & Iacono, 2008). Positive attitudes towards people with disability include treating people with disability as an equal, looking beyond their disability, and respecting their rights, wishes, and beliefs (Lennox & Diggens, 1999a).

Although lecturers in vocational courses may engage students in discussion of the importance of a holistic approach to the assessment and treatment of clients, there is evidence that many students do not change their understanding or attitudes as a result of lectures (Biggs, 1999). Indeed, students who are not interested in the subject are unlikely to adopt a ‘deep’ approach to learning, typically characterized by students actively making sense of content, relating new ideas, and making connections to previously learnt information (Ramsden, 1992). Consequently, students employing ‘surface’ approaches to learning are unlikely to remember what they have been taught in the long-term (Bruffee, 1992).

In recent years, the importance of involving service users, including people with lifelong disability, in the education of undergraduate students has been highlighted increasingly as a way to facilitate positive attitudes and a deeper understanding of working with people with disability (Kroll, Groah, Gilmore, Neri, Elrod, & Libin, 2007; Tracy & Iacono, 2008). Currently, most research into changing student attitudes towards people with lifelong disability has focused on medical or nursing students (Kroll, Groah, Gilmore, & Neri, 2008; Tracy & Iacono, 2008). For example, Lennox and Diggens (1999a) explored expert opinions about the knowledge, skills, and attitudes towards intellectual disability that medical students should have at the end of their undergraduate training. They noted that the ‘ideal
students learn to view their clients holistically rather than as a ‘disorder’ (e.g., cerebral palsy, dysarthria) and develop positive attitudes towards disability. However, to date there is little information on what this learning involves for students studying communication impairment and lifelong disability. Exploration of their own attitudes towards people with lifelong disability can be problematic for undergraduate students who may have had limited exposure to people with a disability and consequently little opportunity to assess their own attitudes to disability. Therefore, it is possible that undergraduate students may learn the theory of working with people with a lifelong disability yet have difficulty overcoming negative or stereotypical attitudes to disability if their primary contact is limited to the therapy situation (Ellis, 1998). In addition, if they hold negative attitudes about disability or lack confidence when interacting with people with disability they are unlikely to be comfortable interacting with clients with disability as graduates (Eddey & Robey, 2005; Eddey, Robey, & McConnell, 1998). This is particularly true if the clients have severe communication impairment, and use a communication mode other than speech (Eddey et al., 1998).

Indeed, Estrella, a man with a cerebral palsy who uses an augmentative and alternative communication (AAC) system, has criticized speech-language pathology courses for providing a “limited taste of reality” (Estrella, 2000, p. 41) when it comes to working with people who use AAC. In his experience, speech-language pathologists often have not taken his needs to be able to communicate effectively in the manner he chooses with a range of partners into account when planning treatment. He criticized the over-use of the provision of “picture producers” (usually nouns and verbs) and preformed sentences in vocabulary selection, noting that one of the joys of language use is being able to say something that the communication partner does not expect or has not heard before.

Anecdotally, there are many instances where speech-language pathologists have been criticized by people who use AAC and their families for their lack of knowledge about people with lifelong disability and AAC. It can be argued that some of this criticism could be avoided if educational training in speech-language pathology courses included contributions from individuals with lifelong disability and communication impairment able to demonstrate not only communicative competence but also to provide students with insight on the meaning of living with disability.

In Australia for example, a high proportion of speech-language pathologists will at some stage work with clients who have a lifelong disability and use augmentative and alternative communication (Balandin & Iacono, 1998), yet there are few reports of involving people with lifelong disability who use AAC in speech-language pathology undergraduate or post graduate training. Despite a review of 13 studies on attitudes towards individuals who use...
Notwithstanding positive reports within other disciplines (Rainforth, 2000), there is little information on the outcomes of joint teaching between academic staff and people with lifelong disability at a tertiary level on speech-language pathology courses (Balandin & Armstrong, 2001). At The University of Sydney, people with a lifelong disability and communication impairments have been involved in presenting lectures to third year undergraduate speech-language pathology students in a unit that focuses on communication and lifelong disability. One lecturer has intellectual disability, two have cerebral palsy and use speech generating devices (SGDs), and one has brain damage resulting from surgery in childhood and also uses an SGD (Balandin & Armstrong, 2001). The lecturers encouraged students to view life-long disability and communication issues within the context of the general community and from a broad perspective, and discussed their own experiences of speech-language pathology over the years. The lecturers also discussed their perceptions on how lifelong disability and communication impairments impact on quality-of-life, employment, ageing, sexuality, participation, and self-advocacy opportunities for people with lifelong disability. They identified what in their view speech-language pathologists need to understand to support people with lifelong disability more effectively in these areas. The aim of the lectures is to increase students’ knowledge and understanding of disability and communication impairment and to encourage deep approaches to learning. Deep approaches are desirable as they result in a better understanding of the material presented (Biggs, 1999; Ramsden, 1992). A deep approach to learning in clinical education tasks encourages students to integrate theoretical and practical information, and appreciate the complex relationship between symptoms and how these relate to theoretical knowledge (Ramsden, 1992). Consequently, if speech-language pathology students are encouraged to search for meaning and adopt a holistic approach to a topic, they are likely to be better able to apply the information in a clinical context.

Evaluations conducted in the last week of the unit of study indicated that the Sydney students believed that the experience afforded them a greater understanding of the issues confronting people with a disability (Balandin & Armstrong, 2001). They noted in particular that listening to people with lifelong disability provided them with new insights into the abilities of this client group. Furthermore, they noted that the lectures from people with disability were more interesting and the information seemed more “real” coming from someone with a disability rather than from an academic staff member. Gaining an insight into the students’ views on the learning process is one way of ensuring that teaching strategies that meet students’ needs can be developed and implemented (Laurillard, 1993). The aim of the present study was to explore how final year speech-language pathology students and graduate speech-language pathologists who had been working for a year viewed the impact of the lectures by people with lifelong disabilities on their learning and attitudes to disability.
two withdrew from the study, one due to illness, and the other to conflicting appointments. All participants had completed the communication and lifelong disability unit involving lectures by people with a lifelong disability and communication impairment successfully in their third year of training. Thus, the students groups had attended the lecture 18 months previously and the new graduates 2.5 years previously.

Participants were divided into four groups. Group 1 consisted of seven students who hoped to pursue a career in the field of disability, Group 2 consisted of seven students who did not plan to work in disability, Group 3 consisted of five new graduate speech-language pathologists who had worked in the field of lifelong disability for a year, and Group 4 consisted of three new graduate speech-language pathologists who had worked in a non-disability setting for a year.

Procedure

In keeping with focus group methodology (Liam-puttong Rice & Ezzy, 1999), the investigators developed a question guide to provide some structure and direction for discussion within the focus groups. The questions related to participants’ perceptions of the impact of lectures by people with lifelong disability and communication impairments on the participants’ learning and attitudes to disability and on their views of the viva assessment. These are included in the Appendix. The first author acted as moderator for the groups. The moderator began focus group discussion by asking each group what they thought was the purpose of the lectures from people with disability. In order to ensure that all participants had the opportunity to contribute to the discussion, interaction amongst participants was encouraged and facilitated by the moderator (Liam-puttong Rice & Ezzy, 1999). Each focus group session was audio taped and lasted ~ 40 minutes to an hour.

Transcription and analysis

All the audiotapes were transcribed verbatim. Using a content analysis (Patton, 2002) patterns in the answers to the questions were identified and described. Patton (2002, p. 453) describes patterns as descriptive findings, for example most participants perceived that the lectures gave them insight into disability, whereas a theme is categorical (e.g., insight). The patterns and themes contained within the patterns were compared and contrasted within-and across-groups. Both investigators analysed the data independently and identified recurring regularities and differences in the data, with discrete examples taken from the text. The investigators used consensus to identify core consistencies and meanings or patterns in the text. The content analysis process identified five themes. The deidentified transcripts with a preliminary list of the description of the patterns and themes were shared with two randomly selected participants from each focus group to check the authenticity of the interpretations. The participants were asked to read the transcripts and themes and invited to make revisions or additional comments if they considered that issues had been missed or misrepresented. All participants agreed that the researchers had captured the main issue and that they had no additional comments or requests for revisions.

Results

Analysis was conducted concurrently with data collection so that some experiences noted by participants in the first groups were raised and probed in subsequent groups. Despite differences in the experience and future work preferences of participants, findings were consistent across the four focus groups and therefore are presented together. Five themes emerged which are presented below using the patterns that comprise the themes as sub-headings.

Understanding the perspectives of people with disability

The content analysis revealed a pattern of participants reporting that the lectures by people with disability gave them insight into the perspectives of people with disability regarding communication and speech-language pathology that a lecturer without disability could not impart. Many participants commented that these new insights had a positive impact on their learning. Therefore, understanding the perspective of people with disability was identified as a major theme.

A different perspective. Thus, one participant stated: “One of the other purposes was also to get a different perspective ... their perspective of using [AAC] rather than having someone who doesn’t actually use that device telling us their beliefs or how they perceive it”.

Having such information coming directly from potential clients or service users appeared to have made a significant impact on participants, influencing the learning processes at work. Participants frequently referred to the information seeming “more real”, “more concrete”, “interesting”, and “easier to understand” since it was based on personal experience.

A new understanding. Additionally, participants indicated that having lectures presented by people with disabilities was a “more powerful” way of teaching, and as a result students were more likely to listen intently in lectures, and remember information presented. One participant aptly summarized the effect: “I think you get a different view of the information presented ... to receive it from someone
who has actually lived it, you sort of see it in a slightly different view … you see it in a different light’’.

Nevertheless, a new graduate working in disability pointed out that most guest lectures are useful; whether they be from people with disabilities, clinicians, or others with specific expertise, noting ‘‘To be honest, the idea of having guest lectures I was expecting, well they must know something you don’t. You know if someone’s coming to talk there’s usually a good reason for it’’.

**People with disability in a different role.** Both the students who did not wish to work in disability and the new graduates working in disability noted that the lectures provided their first experience of ‘‘being lectured by people who we were potentially working with’’. One participant remarked: ‘‘Like we didn’t have children with artic who were saying ‘I’d rather go footy out the back than come to speech therapy’. ‘I’d rather go to the shop and blah blah blah’, so it wasn’t just unique to disability’’. Such comments suggested that participants were aware that lectures by people with lifelong disabilities represented a shift in the typical clinician–client power relationship, with future clinicians experiencing and learning from potential consumers as experts and teachers. One participant commented ‘‘I think you can learn theory in a variety of ways, but that emotional feeling, that understanding and empathy is so much stronger when it comes from people themselves’’. A new graduate working in disability added:

I mean it’s all very well saying how to use a SGD, but you actually see a person can give a lecture using one, you don’t actually—I never thought that that would be possible, yeah in front of you, pretty amazing. And I also think that having people with disability there, especially for me, it was seeing people with cerebral palsy, and I mean I’m ashamed to say it but I’ll openly say it, that even up to when I was in 2nd year I had no idea that a physical, like a physical impairment and a mental kind of thing, you couldn’t, I didn’t think you could separate them, and to see someone who is physically impaired and completely not, you know, affected mentally, that was huge for me, to be able to see they are communicating completely effectively through another device, I found that very big.

**Understanding why functional goal-setting is important.** The realization that people with disability have abilities that may be under-estimated led in both groups to a discussion that the lectures highlighted the importance of functional goal-setting; “it doesn’t really click until you see a client like that”, along with some dismay that speech-language therapy may not always be a positive experience for clients. As one participant commented: ‘‘I remember (lecturer) saying not understanding the things the speech-language pathologist was doing with her, She couldn’t see the reason for it’’.

Overall participants in all four groups agreed that the lectures were useful and enjoyable and that they made an effort to attend each one and remembered much of the content. Only one participant, a final year students noted that:

**Student:** I found the lectures really affected me, like I’m a sensitive person anyway but I found it quite distressing a lot of the time, and I think that’s maybe why I haven’t thought to work in the area.

**Moderator:** Distressing because of the things that sort of, are happening or not happening?

**Student:** Distressing because of the feelings involved and also with how they get on in everyday life, it’s just such a big struggle. You know, everything is just such a huge thing for them and yeah, I couldn’t help feeling really really sorry and sad for them that they had to go through this everyday.

Indeed all participants, regardless of their length of experience or work choices or contexts, commented that a main strength of these lectures was that the lecturers with disability successfully provided a new perspective of their lives as a whole rather than just an overview of their communication difficulties.

**Seeing the person as a whole**

Seeing the person with a disability holistically was the second pattern that emerged and included some criticism that the lectures were too short to provide more than a superficial understanding of what it is like to live with a disability.

**Seeing past a label.** Participants agreed that the lectures helped them to view the lecturers with disabilities holistically, seeing past a label, or a disability. They noted that they came away from lectures with a deeper appreciation of the life of the person with a disability and the reality of living with a disability. By giving lecturers an opportunity to tell their stories, participants were provided with an opportunity to understand the wide range of issues, including societal barriers, which impact on individuals with disability, their communication, and their treatment. One participant commented: “You really need to see the person as a whole, get that holistic view of everything and how it relates to the communication”.

**Only a superficial view.** Nevertheless, both groups of final year students noted that the lectures, although helpful, were too short to provide any in-depth understanding of life with a disability. The students not planning to work in the field of lifelong disability said:

**Student 1:** They gave me more of an appreciation of the life of a person with disability, rather than the actual disability.
Participants in all confronting their own attitudes. may demonstrate negative attitudes and be disabling. many abilities and how the use of language in itself reflecting on their own attitudes. Participants reported a albeit in the context of a lecture, caused them to reflect on their own attitudes to disability also. New understanding that people with disability have would have been better? No exactly, but it’s better than nothing. Student 4: It wasn’t really meant to anyway, but that’s really, aside from clinic, that’s the only time when we would be exposed to what it would have been like. Student 2: I think it’s better than nothing, I mean you have to start somewhere.

Attitudes

The content analysis revealed a pattern of participants reporting that meeting people with a disability, albeit in the context of a lecture, caused them to reflect on their own attitudes. Participants reported a new understanding that people with disability have many abilities and how the use of language in itself may demonstrate negative attitudes and be disabling.

Confronting their own attitudes. Participants in all groups agreed that the lectures provided students with exposure to people with disability that they might not have if they were not allocated a placement in a disability service and that this gave them an opportunity to confront and analyse their own attitudes to people with disabilities. One participant remarked: “I gained from it a sense of exposure . . . having not ever met someone with a disability . . . Being faced with it confronts your own fears and stereotypes”.

The pervasiveness of negative attitudes. Students who wanted to work in the disability field noted that reflecting on their own attitudes to disability also caused them to reflect on how the negative attitudes can be reflected throughout a service system:

Student 2: And I think it’s a chance for me to confront my own attitude to disability. Sometimes we talk about the attitudes that people may have towards people with disability, and, well I think I don’t have that attitude but when you’re confronted with someone who does have a disability, you, yeah.

Moderator: You have to look at your own attitudes then, and can be quite surprised at what you feel.

Student 2: Emotions.

Student 4: It sort of makes you look at the attitudes of the system, and how systems are set up and how, while they’re trying to do the best for everyone, they mightn’t actually be achieving that, that they can actually be limiting people.

Ability not disability. Participants noted that they learned, not only from hearing the personal experiences of the person with a disability, but also from the opportunity to interact directly with a person with a disability and by observing the person with a disability communicate with the class as a whole. As a result, participants became more aware of what people with disability are able to achieve, and of the potential of communication devices. These revelations were often striking for participants: “It’s the young woman who’s doing . . . the degree, I was just like wow, look how much you have achieved and it’s changed my idea about disability . . . it just made you go, look at all the potential there is for people . . . I thought that was a real eye-opener”.

Disabling language. A prominent facet of participants’ perceptions as a result of the lectures by people with disability was, in particular, awareness of disabling language. This was true whether participants were working or intending to work in lifelong disability or not. Indeed, when a graduate speech-language pathologist working in a hospital setting was asked by another member of her focus group if she became upset when other professionals use disabling language, such as talking about “aphasics” she responded: “Yes, or bed 16. It drives me crazy! I just can’t stand hearing it . . . [from] doctors and people that should know better”.

Both the students and the new graduates noted that it was difficult to remember all the specific skills they may have learned from these lectures as by the end of the fourth year or having worked for a year, as learning from different units of study had become consolidated, and this was influenced by their clinical experiences or work.

Working in the field of lifelong disability

All participants spoke at length about the relationship between lectures by people with disability and learning how to work in lifelong disability.

Provision of information. They considered that the focus on disability issues and communication in the lectures provided students with background information and skills prior to actual clinical experience. A number of participants highlighted the generic
nature of some concepts discussed in all the lectures, such as the importance of functional assessment and goal-setting, family and client-centred practice, and the need to avoid disabling language and to act as advocates for clients. Participants pointed out that these topics were essential for all professionals, regardless of the field of work.

Impact of lectures on clinical practice. New graduates working on a non-disability field were also able to describe how application of such issues influenced their clinical work. One graduate speech-language pathologist working in a hospital setting, for instance, described her role in advocating for the rights of a person with a severe brain injury with no verbal communication. She said: “When you look at this guy and you think ‘You’ve got no way of telling people to get out of your space’ . . . I feel I’m more of an advocate for him and I think that’s probably what was really communicated across in those lectures, . . . training staff and educating staff about . . . appropriate behaviour”. Only one participant working in disability confirmed that the lectures by people with disability had been influential in this decision:

It wasn’t an immediate effect for me but it introduced the idea of working towards real goals and issues and stuff and as I went through uni I seemed to value that above all else and so naturally then it presented something, hang on there’s definitely things that happen in this area so let’s pursue that.

Impact on work choice. Student participants who planned to work in the field of disability tended to report that the lectures confirmed this interest for them and illustrated the variety of opportunities provided by working in the field but noted that they were already thinking of working in this area prior to the lectures. Others who had not thought about working in this area reported that the lectures stimulated an interest in the field but that they still were not confident to apply for jobs in disability because they did not feel they had the clinical skill yet. Thus, there was a tendency for those who worked in lifelong disability or were intending to work in the area to emphasize the role of clinical placements as the key influencing factor.

Importance of clinical experience. New graduates remarked that it was their clinical experience that increased their confidence in applying for positions in the disability field, and without that experience did not feel that they would have been comfortable applying for such positions. One speech-language pathology student intending to pursue a career in disability remarked: “I think having had the practical experience in my block has really set me up for it and without that I don’t know if I’d feel at all comfortable going out there”.

Indeed, for those who were not working or did not plan to work in disability, a recurring theme was that the lectures alone did not give participants confidence to pursue a career working in disability if they had not had the opportunity to develop clinical skills in the area. Final year speech-language pathology students who did not intend to pursue work in disability tended to cite lack of practical experience as the primary reason for this decision. As a result, these students referred to the prospect of working in disability as “daunting”, and did not feel “confident” or “comfortable” in pursuing clinical work in disability. One student stated: “That practical experience, if you don’t have any, it can be quite daunting . . . the fact that I haven’t had any experience, that’s more the reason why I would probably steer clear of working with this population”.

Although lectures by people with disabilities imparted valuable information on disability issues and generic clinical skills, the lectures alone did not suffice to impart confidence to students. Indeed, presenting students with information on the significant issues raised by people with disability, without providing opportunities for students to gain experience in dealing with such issues in a clinical context, may contribute to uncertainty. Thus, one graduate speech-language pathologist working in disability proposed: “I think what might have scared a lot of people who didn’t do practical placements for people with disabilities was just the enormity of issues . . . I did a lot of disability placements . . . so I could work out how to be a clinician within those issues, . . . and if I hadn’t had that I would probably have been quite scared to go for a disability job”.

Although students and graduates had similar perspectives on the factors that contributed to confidence in pursuing work in lifelong disability, the groups differed in their opinions of the content of lectures. Thus, students were more likely to stress the need for more practical input, with lectures focusing on specific assessment and therapy strategies. Students often remarked that they wanted to know more about “what to do in therapy”. However, new graduates tended to appreciate the broader disability issues raised by the lecturers with disability. New graduates recognized that there was a limited amount of time available to teach students about disability, and agreed that it was more beneficial to teach students about disability issues in order to prepare them for working in the field. This appreciation for disability issues meant that new graduates were better able to see applications for the skills learned during the unit of study than students. The new graduates, after a year of work, noted that they were able to apply their knowledge and skills learnt in the unit of study to other caseloads. Thus, one graduate speech-language pathologist working in disability stated: “On the therapy, clinical and theory balance . . . I think if I was to put a preference on it, I’d go more for the therapy side and understanding the issues”.

Lecturers with disability
Despite being positive about the lectures by people with disability and the impact of these on their learning and clinical practice, participants also identified gaps in the lectures and suggested ways of filling these.

**Gaps in the lectures**

In every group, participants commented that although the lectures were useful, they only presented the perspectives of adults who were functioning well enough to give a lecture.

**Omission of different stakeholders.** They noted that although there was a lecturer with intellectual disability, there were no presentations by families, or service providers about people with severe intellectual disability, yet speech-language pathologists are often asked to provide service to this group which may be challenging for newly qualified speech-language pathologists.

A new graduate working in the field of lifelong disability remarked that, although the lectures helped her gain an appreciation for the potential that people with disabilities have, she has found that her expectations of what people with severe intellectual disability can achieve have had to be revised. She stated: “There was only one [lecturer] with an intellectual disability . . . we didn’t have any insight into [working with people with intellectual disabilities] . . . we were limited still, even with the speakers that we had”.

**Lack of paediatric focus.** Similarly, participants reported that the lectures tended to have an adult focus, and that there was a lack of focus on the paediatric population, although they recognized that it would be difficult to include children as guest lecturers. Participants reported not having a full understanding of assessment and treatment techniques for children, and a lack of understanding about what to expect from children with disability who may comprise the bulk of caseload in a disability service. One participant who attended a school placement in disability following the lectures by people with disabilities stated: “I did some school placements with kids who had severe physical and intellectual disabilities . . . I sort of went, ooh, this all seems very new to me”.

**Improvements for future lectures.** Participants recommended that future units of study involve teachers or service providers, such as group home staff. Those who were working in disability or who had attended a placement in disability highlighted that much of their work involved negotiation with these people, and that their opinions regarding speech-language pathology, and how to best collaborate to meet clients’ needs, was critical. Furthermore they noted that although one of the strengths of the lectures was that they provided an alternative format to lectures by academic staff, it would be helpful if guest lectures such as these could be followed by small tutorial group discussions or the opportunities to view videos about different disabilities across a range of ages and levels of severity, and discuss these in the light of what was presented by the lecturers with disability.

**Discussion**

**A taste of reality**

Overall there were few differences in the views of the four groups of participants. Consequently, despite professed differences in work choices or in the case of the graduates differences in work contexts, these differences were not apparent in the data. Only one participant noted that she would not work in the disability field as it would be too stressful for her. All participants had attended the lectures at the beginning of the third year of a 4-year course and the lectures varied little from year-to-year as the lecturers tended to use the same materials. The data from the four groups indicates that the lectures were successful in giving students “the taste of reality” that Estrella (2000, p. 41) noted speech-language pathologists may lack.

Despite being over half way through their speech-language pathology course, eight of the 23 participants noted that they had little understanding of disability and how it might impact on a person’s life prior to the lectures. Thus, participants reflected on their increased awareness of what people with disability, in particular those who use AAC, are able to do, and also how their lives may differ because of their communication impairment.

Given that the lectures had taken place at least 18 months to 2.5 years previously, most participants were able to recall the different lectures and issues raised with apparent ease. They attributed this to the lectures having a high level of interest and meaning, but it may also be that the practical issues raised by the lecturers with disability complemented the theoretical information from academic lecturers and readings and, thus, contributed to a deep learning process and a more holistic view of people with disability (Ramsden, 1992).

**A holistic view**

One of the differences between the groups of final year students and practicing speech-language pathologists was their need for information. All participants agreed that the lecturers helped them to think of a client with disability holistically, but the students were critical that the information gained was not enough to help them understand disability deeply or to feel confident in working in this area. This may reflect a lack of confidence that a year’s practice can bring and also the students’ natural anxiety about starting work. Nevertheless, all participants agreed
that lectures, along with clinical practice, were the key to consolidating the information about disability (Le Var, 2002). Furthermore, whereas the students in both groups had noted that the lectures were interesting and meaningful because they were practical, the practicing speech-language pathologists noted the value of theory and that in their first year they were able to consolidate and apply theory and practice across a range of work situations, including ones outside the field of disability. Thus, it seems that although the participants appreciated the lecturers as experts with unique insights to offer (Knox et al., 2000), the lectures were an adjunct to learning, but not a substitute for theory or practice.

People with disability have criticized some speech-language pathologists for a lack of expertise (e.g., Estrella, 2002). They have suggested that what is lacking is teaching input from people with disability. This may be the case, but it is also possible that these professionals have negative attitudes toward disability and are not interested, or have a weak theoretical underpinning and so do not remember what they were taught about disability and communication intervention (Bruffee, 1992).

**Changes in attitudes**

In common with other studies (Kroll et al., 2008; Tracy & Iacono, 2008) the results of this small study indicated that the lectures by people with disability had influenced the participants’ attitudes positively. The practicing speech-language pathologists noted that what they learned in these lectures was still salient and important to them in their work 2.5 years after the lectures, indicating that the positive influence was long-term. They also noted that they could apply what they had learned to other groups of people with disability (e.g., those with brain injury, or who had had a laryngectomy) and to family members. Although participants attributed their positive attitudes to the lectures they could also have developed and strengthened these attitudes through clinical practice and exposure to a range of clients who they were committed to help. Nevertheless, there are reports, for example from people who use AAC, that experienced health professionals do not always have positive attitudes towards communicating with people with disability (Balandin, Hemsley, Hanley, & Sheppard, 2009; Hemsley, Balandin, & Togher, 2008), thus the value of lectures by people with disability both in influencing attitudes and developing skills and knowledge should not be under-estimated.

**Clinical practice**

Although few participants were influenced to choose their initial job as a result of the lectures, all agreed that the lecturers with disability had added to their level of confidence, although not always to the extent that they would choose to work in the field of disability. Some participants suggested that more time to discuss the impact and meaning of the lectures in terms of their clinical practicum with a range of people with disability would have been helpful in consolidating what they learned. They also noted that it was important that the lectures were supported by some supervised experience with people with disability in student practice.

**Limitations of the study**

This project was supported by a small grant that meant only four groups could be conducted. The snowballing recruitment process may have encouraged those who held similar values to participate, although it could be argued that those who were negative towards people with disability would have refused to participate, whatever the recruitment method. The use of additional focus groups and alternative sampling designs, such as inclusion of undergraduate students with neutral feelings towards working in disability, may provide a better understanding of the underlying processes at work when people with disability provide lectures to undergraduate students. A survey of what influences students’ decisions about working in the field of disability that includes present and past students from programmes that do and do not provide lectures by people with disability would provide further insight into the value of including lectures by people with disability in training programmes.

Participants in this small study received 4 hours of lectures by people with disability and communication impairment during a 39-hour unit of study. The results do not indicate if this was an adequate amount of time or if indeed 1 hour would have been sufficient. Furthermore, the scope of the study did not allow any exploration of how the participants interacted with people with disability and their families.

**Conclusions**

This study supports other reports of the positive value of including lecturers with disability in healthcare student training. When people with disability and communication impairments lecture they are the experts. This may be the only time speech-language pathology students have contact with people with disability outside a therapeutic relationship in which they, however under-confident they may feel, hold the power. Finally, the results of this study indicate that students who attend such lectures are likely to engage in deep learning and that what they learn is consolidated through both their other units of study and clinical practice.

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Appendix: Questions for focus groups

1) What do you think was the purpose of the lectures by people with a lifelong disability?

2) Did the lectures from people with a lifelong disability in third year help you to understand more about disability?

3) What impact did the lectures from people with a disability have on your learning?

4) How did the lectures impact on your decision to work/not to work in disability?