

Original Research Article

An exploratory study for the perception and attitude of internship program by students of speech and hearing

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Received: 14 July 2023

Revised: 17 August 2023

Accepted: 18 August 2023

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ABSTRACT

Background: The attitude and opinion of internship experience as reported by students can be a useful data for effective monitoring of any academic program. Such methods are common practice worldwide, e.g., ASHA publishes survey reports annually. The present project was aimed at evaluating the perception and attitude of students of the internship program of speech and hearing sciences at the graduate level of DrSRCISH.

Methods: The data was from 75 intern students posted at different rehabilitation, diagnostic and school setups. The study used a self-administered questionnaire in digital form (Google form) which had 22 questions in multiple choice or true/false statements. The questionnaire had three sections-demographic, experiences of the internship, and shortcomings in the internship.

Results: Completed forms were received from the 31 out of 75 subjects. The forms were available for internees for a period of one month. Return rate was 41%. Current internship is able to provide diversity of internship training. Institution, special schools and Hospitals were the highest choices with 23%. The results support the principles of internship as formulated by RCI and ASHA. i.e. internship is necessary for clinical training programs. Supervision received, infrastructure, case load and working hours received favourable rating. The least favourite part of internship postings was logistics or travel concerns.

Conclusions: The results of the data depict the effectiveness of the internship program on the professional - personal growth and skills of the students of speech and hearing sciences. Multidisciplinary working atmosphere, learning new skills were the strength of the program.

Keywords: Effectiveness, Internship, Professional growth, Speech and hearing

INTRODUCTION

A professional course is structured towards a learning experience that is meaningful and practical work related to a student's field of study or career interest. Along with academic courses, internship is also an important part of it. Internship is the duration in which the student gains clinical knowledge and gets to apply their skills in a minimum supervision set up.¹ An internship gives a student the opportunity for career exploration and

development, and to learn new skills. Internship Program is an essential part of clinical training in speech language pathology and audiology as with many other clinical disciplines.² It is also mandatory in speech pathology and audiology courses in India as well as abroad.³ This internship programs are important because they provide students an insight into real-world employment settings which can help to define their future career goals. It also enables students and young professionals to develop soft-skills which are essential for employability.

While Academic curriculum construction is based on well founded learning theories and models, clinical training curriculum is confounded with issues like how to incorporate other life skills into training other than that of academic values like learning how to learn, leadership skills, communication skills, ethics, tolerance, and the ability to adapt to a significant change. Internship offers a unique opportunity for young to be clinicians to be exposed to such learning experiences.

It helps to qualitative learning through real world experiences as compared to classroom learning or supervised clinical hours at a parent institute. Apart from gaining knowledge about therapeutic techniques and diagnostic works, students also have a chance to learn interpersonal relationships, communication with other professionals, working closely with health workers and being accountable in their line of work.

Therefore, studying the experience of an internship program from a student's perspective and their opinion about the program is helpful for any academic institute.⁴ The self evaluation is usually the tool used to obtain such information. It can assess their internship performance and degree of learning and their opinion towards the quality of training and experience received through the program. Such a method of collection of data gives the opportunity for institution to receive feedback on the level of training received by the students and also highlight the aspects that may need modifications in order to suit the requirements of the students. It also be a good research endeavor with objective of understanding the key elements of positive internship experience , know student's performance, learning, and professional skills emergence among young clinicians and offer appropriate feedback to them.

The attitude and opinion of internship experience as reported by students can be a useful data for effective monitoring of any academic program. Such methods are common practice worldwide, ASHA publishes survey reports annually, other such governing bodies worldwide, also has similar publications. Such collected information can also help institutions in policy decision making on matters related to internship places, duration of program and methods to motivate students to utilize the program structure in a better way. It also adds to visibility of institutions when the internship centres perceive the student clinicians as well trained vs. otherwise.

Aim of study were to know the perceptions, attitudes of students towards their 10 month internship program and identify key aspects that are satisfactory and /or unsatisfactory for a student. Also, the information was collected through a questionnaire designed for the purpose. This paper is part of the ongoing intramural project being carried out at the Dr SR Chandrasekhar Institute of speech and Hearing though the research department, BN Gupta Research Centre.

METHODS

It is a self administered questionnaire based survey research design, and included all the interns of the academic years of 2020 and 2021 were included in the study. However response rate was 41%. Questionnaire was distributed via Google forms and link were made available to participants from august 01 2021 to Aug 31st 2021. Descriptive statistics was carried out for the purpose of data analysis in SPSS Version 20.0.

Ethical clearance was obtained from the review board of Dr. S R Chandrasekhar Institute of Speech and Hearing. Along with the questionnaire consent and participation sheets which explain the purpose of the study and the confidentiality maintenance of the participants was provided.

Study population

The study was conducted on 75 interneers who did their internship program after their third year of graduate course in speech and hearing. They were all students from the student database of Dr. S.R. Chandrasekhar Institute of speech and Hearing.

Inclusion criteria

Inclusion criteria for the participants were that they are finished the graduate course and internship at various centres as deputed by the institute. The students who did not finish all the postings during the program were excluded. Of the 75 intern students, only 31 responses were obtained by the researcher.

Procedure

Phase 1: Develop a questionnaire to evaluate the perceptions and attitude of the intern students. A set of 50 questions which can be answered by the Interneers in a self-report format were prepared. The items were given by post graduate students who have experienced internship, the teachers of the students and the supervisors of the program.

Phase 2: Content validity and construct validity of the questionnaire.

The compiled list of items were presented to three experienced supervisors of the program to validate the questions on their relevance for the purpose of the study, appropriateness in context of socio-cultural dynamics, and framing of sentences. The content and construct validity of the questions was obtained on a 3-point rating scale (Likert Scale) which included, most appropriate, appropriate and not appropriate. The questions which good validity from all the judges (reliability coefficient (α)>0.7). The final list consisted of 22 questions divided into two parts, one evaluating the perception and attitude of the intern students and the other one to

understand the shortcomings of the internship program. The questions were multiple choice or true/false statements.

Phase 3: Evaluate the intern students using the questionnaire using a self-evaluating digital form.

The questionnaire was provided to the participants in the form a Google form which was sent to their emails. They were instructed to fill the sections as displayed.

RESULTS

The results of the questionnaire are given in following sections. The percentage of respondents for each of choices were calculated for all the questions and given below.

Response rate

Completed forms were received from the 31 out of 75 subjects. The forms were available for internees for a period of one month. Return rate was 41%. This response rate is comparable to rates reported in literature. Typically the return rates in professional fields for online survey is around 29%-45%.^{5,6}

A study reported that web surveys gave 44.1 % of return rate with time period of 5.27 days compared to 26.27% for mails. Mails also had longer time period for return of responses i.e. 16.46 days in their study.⁷

Demography

Gender: The female to male ratio among respondents was 4:1 (80% female vs 20% males). The female to male ratio among enrolled student population in speech and hearing is on average 3:1 as per the database available in the Institute. The gender ratio figures are in congruency with the population gender ratio for students of speech and hearing.

Internship year: Majority of respondents had completed internship in the previous one year or were in the final months of internship period.

Questionnaire responses

Diverse clinical exposure

When asked to list out the set ups where they chose the postings for internship, the choices were, hospitals, therapy centres, special schools, Institutions, hearing aid dispensing centres, autism specialty centres, and research project. Institution, special schools and Hospitals were the highest choices with 23% followed by hearing aid centres (12.3%) and therapy centres (14%) (Figure 1).

Current internship is able to provide diversity of internship training (Figure 1). It incorporates RCI

guidelines and ASHA recommended mandatory postings in majority areas of speech and hearing as well as providing value added additional experience like exposure to work on research project and autism specialty centres.

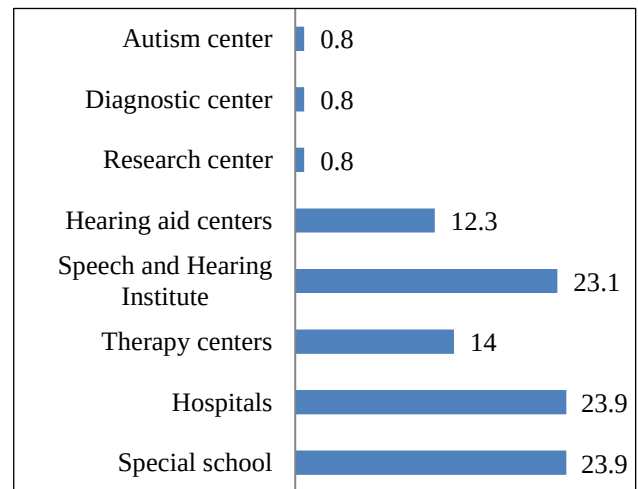


Figure 1: Percentage of respondents completing internship in different setups.

Satisfaction towards exposure to multidisciplinary team

The aspect of satisfaction towards exposure to multidisciplinary team was evaluated on a 5 point Likert scale. Around 60% of respondents chose options of strongly agree and agree, suggesting multidisciplinary team exposure was more likely limited to hospital postings and special school and thereby limiting the positive responses.

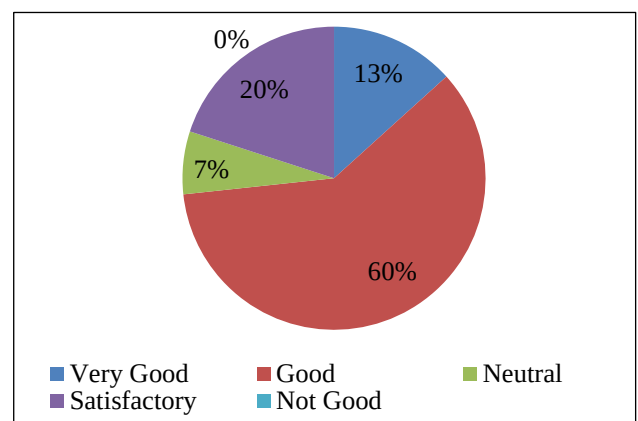


Figure 2: Responses for interactions of students with their supervisors.

With respect to the aspect of rich clinical learning experience not provided through academic program around 91.3% of respondents affirmative to this question. Only 8.7% respondents did not agree with the statement. The results support the principles of internship as formulated by RCI and ASHA. i.e. internship is necessary

for clinical training programs as it will provide opportunity to students on various aspects of clinical skills learning which would not otherwise be possible.

Regarding the supervision level, respondents with positive opinion about their internship postings is high (73.3%) with 13.3% of it being the maximum i.e. “very good” rating (Figure 2).

New clinical skills exposure and acquisition

Question “Did the Internship program provide Rich clinical learning experience not provided through academic program”, probed opinion of internee on the clinical skill exposure and acquisition. Around 91.3% of respondents gave affirmative answer to this question. Only 8.7% respondents did not agree with the statement. The results support that the internship program meets the objectives formulated by RCI and ASHA. i.e. internship is necessary for clinical training programs as it will provide opportunity to students on various aspects of clinical skills learning which would not otherwise be possible (ASHA, 2001).

The questions belonging to the area of learning of key skills during internship, majority (more than 70%) reported improvement in the key skills like, confidence in client interviewing, verbal communication, problem solving skills, interviewing skills as well as overall professional competence and knowledge of current practices. It was also observed that none of the skills received a negative rating.

Supervision adequacy and involvement

Number of respondents with positive opinion is high (“Good”- 60% and “Very good” -13.3%) (Figure 3).

Opinion/attitude towards the internship setups

When asked to rate the internship centres on key areas like infrastructure, caseloads etc, the following opinion were given; a) Infrastructure - overall rating of good and very good were obtained by only 40% of respondents; b) Equipment - 10% of respondents felt the centres were poor in equipment available in the setups. Majority (50%) reported it to be satisfactory; c) Case load; more than 80% gave positive rating for no of cases and variety of cases, suggesting internship was successful in providing excellent clinical exposure; d) Working hours; none rated it negatively, suggesting working hours were satisfactory and they were able to cope with current working time of clinical postings.

The inconvenience due to travelling was rated as the least negative factor by 80%(Count:12) of respondents. The opinions also showed that the remuneration provided being less seems to be a factor for 13.3%(Count:2) of respondents as well.

But it when overall internship experience, was rated, 20% felt it exceeded their expectation, 20% rating as meeting their expectations, 20% as unremarkable (neutral) and further 7% rating as not meeting their expectations. (Figure 5).

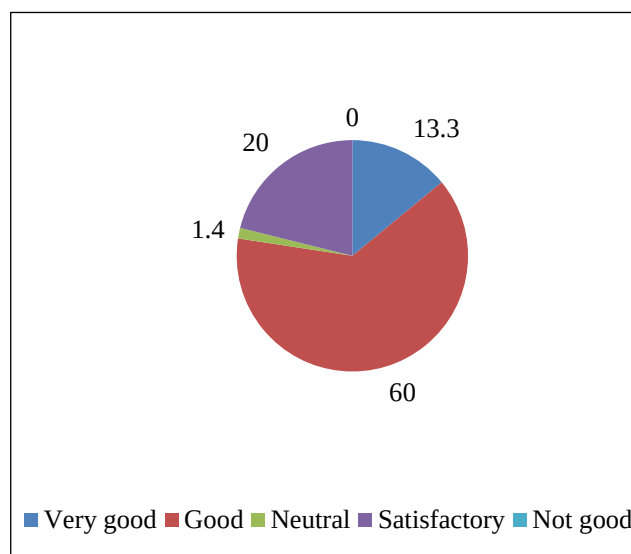


Figure 3: Responses of internees on supervision.

Shortcomings in the internship

From the responses obtained from the section two of the questionnaire, regarding the shortcomings in the internship program, the least favourite part of internship postings was logistics or travel concerns (Figure 4).

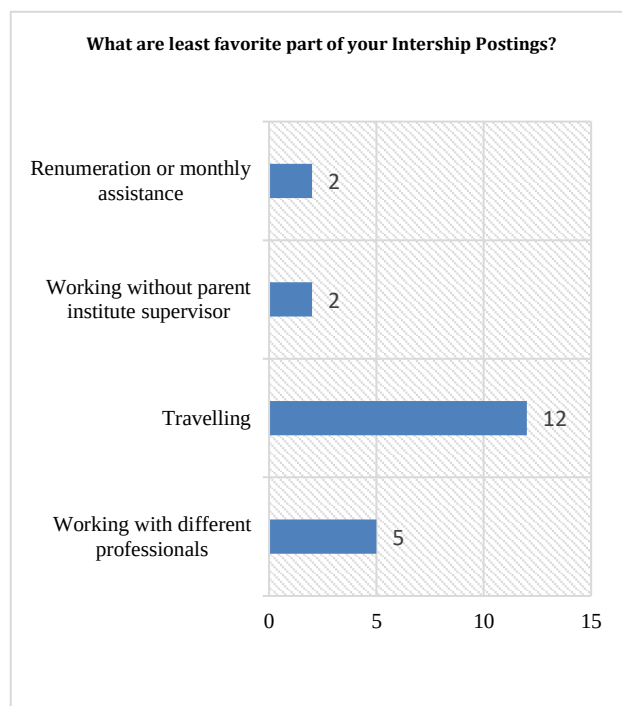


Figure 4: Results of responses of least favourite part of the program.

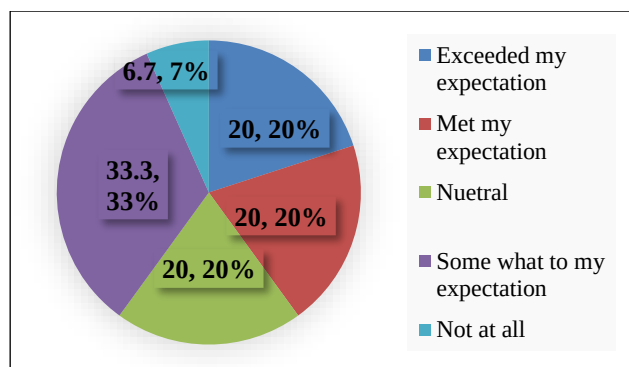


Figure 5: Results of attitude towards overall experience of internship.

DISCUSSION

The key strengths of the internship program (ASHA, 2008), are exposure to rich clinical work, better supervision, exposure to multidisciplinary teams. Carefully planned programs promote a positive learning environment wherein students get an opportunity to learn clinical skills, be able to make decisions independently, communicate the clinical decisions to fellow professionals effectively. The objective of the internship clinical training program can be considered to be achieved if the internees at the end of their training period have a positive attitude towards their learning experiences, feel confident and have positive opinions about themselves.

The results of the current survey suggests that the current internship program at SRCISH is able to address the objectives of a good program and able to install several key skills and attitudes in them. Students were positive in their opinions towards internship exposure.

However key areas that need to focus our ability to interact with their own supervisors in the institute on a regular basis during their internship postings, travel time be reduced and increase in the number of audiology diagnostic work related exposures.

The study is limited to internship experience in one Institution of India alone. It would have been more meaningful if all interns of the study period would have participated. Opinions of non participants would be useful in making future modifications to the program. Though reminders were sent through emails/ messages, response rates did not improve beyond 41%. The internship centers are located in different geographical areas of the city of Bengaluru and majority of students studying in DrSRCISH tend to be from out of Bengaluru and would have moved to city for study purposes alone. The negative opinion expressed about travelling to internship centers could be due to logistics of the city like, crowded roads, traffic jams and long travelling time when public transport is used. These aspects were not particularly probed in our study. Questionnaire study followed by

interview method probably would have added much more information on different aspects of internship experience.

CONCLUSION

The Internship program was favoured among the internees. Key positive strengths are variety in exposure to clinical settings, exposure to multidisciplinary working atmosphere, opportunity to learn new skills and opportunity to work with adequate number of cases directly.

The key areas that were suggested for improvement are, support from supervisors at the institute, travelling related issues specifically in big cities. And though students got the opportunity to see the work of other related professionals like physiotherapists, occupational therapists, psychiatrists, ENT specialists, they also felt that the interaction and learning experience was limited. They felt that a designated supervisor would have helped them to gain more from such postings.

ACKNOWLEDGEMENTS

We would like to thank the chairman of BSHT, the Dr Nagaraja, Director of BNGRC and CEO of DrSRCISH for support and help.

Funding: No funding sources

Conflict of interest: None declared

Ethical approval: The study was approved by the Institutional Ethics Committee

REFERENCES

1. Petrila A, Fireman O, Fitzpatrick LS, Hodas RW, Taussig HN. Student satisfaction with an innovative internship. *J Soci Work Educat*. 2015;51(1):121-35.
2. Oswalt J. Students' self-perceptions of knowledge and skills pre and post externship. *SIG 11 Perspectives on Administration and Supervision*. 2013;23(3):110–120.
3. American Speech-Language-Hearing Association. Certification Standards in Speech-Language Pathology. (n.d.), 2020. Available at: <https://www.asha.org/Certification/2020-SLP-Certification-Standards/>. Accessed 01 January 2023.
4. Klopfenstein M. Lived experiences of first-year graduate student clinicians in speech-language pathology. Poster presented at the annual convention of the American Speech-Language-Hearing Association, New Orleans, LA, 2009.
5. Löhler J, Akcicek B, Müller F, Dreier G, Meerpohl JJ, Vach W, Werner JA. Evidence gaps in ENT surgery—a qualitative survey. *GMS Curr Top Otorhinolary Head Neck Surg*. 2016;15.
6. Miller N, Bloch S. A survey of speech-language therapy provision for people with post-stroke dysarthria in the UK. *Inter J Lan Commu Dis*. 2017;52(6):800-15.

7. Cobanoglu C, Moreo PJ, Warde B. A comparison of mail, fax and web-based survey methods. *Inter J Mar Res*. 2001;43(4):1-5.

Cite this article as: Srividya A, Thontadarya S, Babu P. An exploratory study for the perception and attitude of internship program by students of speech and hearing. *Int J Community Med Public Health* 2023;10:3367-72.