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Measuring what we do

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The art of medicine consists of keeping the patient amused while nature heals the disease. – Voltaire

The best medicine

You gotta laugh. It's fun, it's free and, experts agree[1], it's good[2] for you: reducing stress, improving your mood, geeing up your immune system, increasing pain thresholds, and connecting you with others. Simply put, a ready sense of humour and regular laughing, exercise[3] the cardiovascular bits that matter, warding off heart[4] attacks, reducing blood pressure in stroke[5] patients and binding relationship[6] by countering the risks of boredom and isolation and helping to keep life events in perspective.

Below the belt

Potential sources of healthful chuckles are the wonderful worlds of metaphors, nick names and medical acronyms and abbreviations. Metaphors now. I just cannot look Speedos in the eye any more without having to suppress a smirk as "budgie smugglers" (Neilson, 2003) springs to mind. Nick names? What about Detective Inspector Graeme Fowler's? He stunned Australians with his fund-raising activities and alliterative vocabulary, but who can view well-worn washed-out TV replays of those overexposed dashboard-cam knees without a chuckle. I mean, chook is a funny enough word in itself, but Chook Fowler! That's inspired. Medical shorthand[7]: don't get me started! Suffice to say that FABIANS (Felt Awful But I'm All right Now Syndrome) usually raises a faint grin, and VTMK (Voice To Melt Knickers: the voice deliberately cultivated by some doctors) has them laughing rather rudely from Feet-up General (a quiet district hospital) to Gibraltar.

Humour is increasingly used in a variety of therapeutic situations. With the benefits of a good belly laugh identified not only anecdotally but also by empirical research, the power of laughter and play is being discovered. – Christine Puder

Not amused

In a thoughtful piece about humour as an effective self-care and care-giving, therapeutic tool, Puder (1998)[8] cautions that there are occasions when a joke is not in order. Timing, relationship, content, developmental issues and culture must be taken into account when using humour systematically to therapeutic ends. It is important, she says, citing Olson, 1994, not to use "toxic" humour that incorporates put-downs, ridicule, stereotyping, or marginalisation.

Laughter is contagious. But to really share the benefits you may have to laugh out loud. A recent study revealed that voiced, songlike laughter elicits a more positive response from listeners than an unvoiced laugh. – Bachorowski & Owren[10]

Evidence

Medicine has a current and robust evidence base[9] (Sacket, Rosenberg, Gray, Haynes, & Richardson, 1996) to draw upon in the responsible implementation of the planned use of humour and in funding further research in the area.

In speech pathology, as in medicine, evidence based practice (EBP[11]) relies upon strong, contemporary treatment efficacy[12] findings as the basis for "best practice" in the clinical management of each client. An efficacious procedure must provide a benefit to a target population under ideal circumstances, as in a strictly controlled laboratory research project. On the other hand, a procedure may be deemed effective if the client group benefits from the procedure under average or typical conditions.

Best practice

Practice guidelines arise from the systematic review of efficacy research in a particular topic area (e.g., developmental apraxia of speech, AAC, dysphagia). But best practice is an optimal and reasonably achievable "typical conditions" process that does not aspire to an idealised "efficacy study" standard. It is recognised by professional peers in comparable settings, is applicable across a typical range of settings in terms of size and resources, and it takes account of ethical, legal and moral responsibilities and requirements.

Best practice guidelines are designed to aid clinicians in addressing issues around screening, diagnosis and intervention. When they work well, the guidelines permit clinician and client to be involved in decision-making that is systematic, logical, transparent, defensible, practical, feasible, respectful, and understandable.

Outcome measures

Outcome measures (Enderby, 1997; Frattali, 1998) such as the Australian Therapy Outcome Measures (AusTOMs), and its UK and US predecessors, the Therapy Outcome Measures (TOMS) and National Outcome Measures (NOMS), provide a practical and efficient means of reporting, to a central authority, the outcomes of best practice in action. These are real-world figures based on what clients and clinicians are accomplishing in typical treatment and instructional settings.

For Australian speech pathologists, the benefits of having these figures will slowly emerge, promising to be wide-ranging and concrete. First and foremost, they have the potential to improve the quality of client care, enabling more accurate estimates of desirable length and intensity of treatment and type of treatment, and prognosis. They will enable the development of national benchmarks, guide labour-force decisions, provide quantifiable data to back up marketing and research proposals, facilitate grant applications, and inform social policy.

And they might even raise the community profile of speech pathologists and all the things we *really* do! And maybe, just maybe, they will encourage governments to send substantially more of the nation's wealth towards people with communication impairments. Now that would make you laugh out loud: reducing stress, improving your mood, geeing up your immune system ... what an outcome *that* would be!

References

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Olson, H. (1994). The use of humor in psychotherapy. In H. Strean (Ed.), *The use of humor in psychotherapy* (pp. 195–198). Northvale, NJ: Jason Aronson Inc.

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Sacket D.L., Rosenberg, W.M.C., Gray, J.A.M., Haynes, R.B., & Richardson, W.S. (1996). Evidence-based medicine: what it is and what it isn't. *British Medical Journal*, *312*, 71–72.

Links

1 http://www.crystalinks.com/laughter2.html
2 http://www.helpguide.org/aging/humor_laughter_health.htm
3 http://www.newscientist.com/opinion/opinterview.jsp?id=ns23436
4 http://www.umm.edu/news/releases/laughter.html
5 http://www.ananova.com/news/story/sm_885978.html?menu=news.scienceanddiscovery
6 http://helping.apa.org/family/marriage.html
7 http://www.pharma-lexicon.com/
8 http://www.cyc-net.org/cyc-online/cycol-0803-humour.html
9 http://www.humourfoundation.com.au/index.php?page=224
10 http://www.columbia.edu/itc/psychology/rmk/Readings/Bachorowski.pdf
11 http://www.mnsu.edu/dept/comdis/efficacy/article.html
12 http://www.mnsu.edu/dept/comdis/efficacy/efficacy.html

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Book Review

McAllister, L., and Lincoln, M. (2004). *Clinical Education in speech-language pathology*. Methods in Speech and Language Pathology Series. London: Whurr. ISBN: 1 86156 310 8. RRP $63.80. Available from Elsevier Australia, phone: 1800 263 951, email: service@elsevier.com.au

Elizabeth Doell

This book offers clinical educators and students an opportunity to reflect on clinical educational experiences from a refreshingly new perspective. The authors encourage readers to consider the reciprocal outcomes for professional development that can be achieved through clinical educators and students establishing effective learning partnerships. Through discussion related to clinical education issues that challenge and sometime frustrate participants in speech pathology clinical education, the reader gains unique insights into clinical educators' and students' perspectives. Indeed, the authors are well placed to discuss these issues from both the theoretical and applied perspectives as they have both undertaken research in clinical education and have a combined experience of 45 years work as clinical educators. Their grounding in the real issues related to establishing successful learning partnerships in diverse speech pathology professional settings is apparent throughout the book.

Two parallel processes of professional development are proposed for clinical educators and students as they move from novice-level competency to the final stage of professional artistry and entry-level competency, respectively. In highlighting the pathways for developing professional skills, the authors provide a means for clinical educators and students to gain an understanding of each other's learning experience. For example, the knowledge that entry-level students often have increased anxiety related to their readiness for employment is likely to have a significant impact on the type and amount of support clinical educators need to provide for students at this level.

Having an entire chapter devoted to preparing for clinical education indicates how planning and organising clinical experiences results in successful outcomes for the partners. The authors raise questions to promote personal reflection on participants' motivations for offering or attending a placement and their respective roles in the clinical education experience. The next three chapters contain information related to student and clinical educator roles in establishing effective learning relationships and aspects of learning experiences that facilitate the development of personal and cognitive skills. There is a balance between theoretical discussion and practical application alongside candid reflections in the form of vignettes that challenge the reader to reflect on their similar experiences. For example, in the section on establishing learning relationships, a detailed discussion of practical organisation pertaining to developing a supportive environment includes a reminder that effective learning is more likely to occur when students feel welcome at a setting. A poignant student story illustrates how feeling unwelcome in the clinical setting had a damaging impact on her confidence and self-esteem.

The section on clinical reasoning in chapter 6 provides a framework for integrating the theory generated from other disciplines with speech pathology clinical education. Speech pathologists who have formerly struggled with the practicalities of teaching and evaluating critical reasoning skills will appreciate the comprehensive description of theoretical approaches and the learning exercises and suggestions for enhancing the mutual development of clinical reasoning skills. Continuing the theme of the reciprocal nature of clinical education experiences, the discussion on learning from assessment includes the previously neglected area of appraising clinical educators' learning. Strategies for self-evaluation and formative evaluation are specifically related to supporting clinical educators in their journey towards professional artistry.

The final chapter will be of interest to speech pathologists and particularly university staff interested in reviewing, promoting and advancing clinical education practice in speech pathology. All participants in clinical education are likely to agree with the authors' conclusion that this book "challenges both clinical educators and students to seize the professional and personal development opportunities that entering into learning relationships in clinical education can offer" (p. 172).