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# Academic Preparation in Cleft Palate for Speech-Language Pathologists: Is the ICF-CY (Who, 2007) Alive and Well?

Mary B. Graham

*East Tennessee State University*

Jackie Palmer

*East Tennessee State University*

Brenda Louw

*East Tennessee State University, [louwb1@etsu.edu](mailto:louwbl1@etsu.edu)*

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# Academic Preparation in Cleft Palate for Speech-Language Pathologists: Is the ICF-CY (Who, 2007) Alive and Well?

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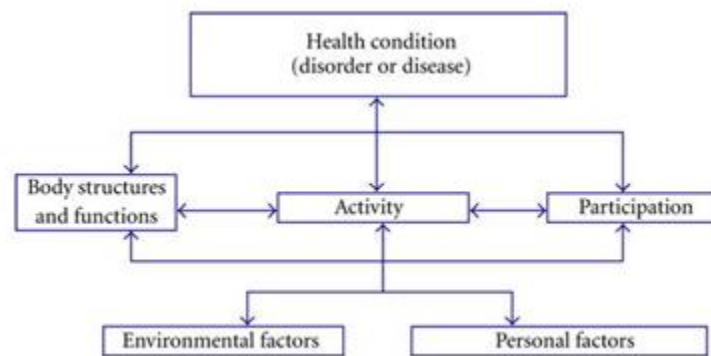
**TITLE:** Academic Preparation in Cleft Palate for Speech-Language Pathologists: Is the ICF-CY (WHO, 2007) alive and well? (Session # 8229, Poster Board # 519)

**Day/Time:** Thursday, November, 12th 2015 / 3:00 PM — 4:30 PM

**Authors:** Mary Graham, East Tennessee State University (ETSU) (Author who will be presenting at the session), Jackie Palmer, ETSU (Author who will be presenting at the session), Brenda Louw, ETSU (Author, but will NOT be presenting at the session)

**Purpose and Learning Outcomes:**

The purpose of this poster session is to discuss the extent to which the International Classification of Functioning, Disability, and Health-Children and Youth (ICF-CY) is included in Cleft Lip and Palate (CLP) training curricula for speech-language pathologists (SLP). Future research implications are identified and recommendations for including the ICF-CY framework are made.



**Figure 1: The World Health Organization model of the International Classification of Functioning, Disability and Health for Children and Youth (ICF-CY) (WHO, 2007).**

**Introduction:**

Cleft lip and palate (CLP), one of the most prevalent birth defects in the US, affects 7,090 infants per year with an incidence of approximately 1 in 600 births (Center for Disease Control, 2006). Speech-Language Pathologists (SLPs) require skills and competencies in assessing and treating CLP, however the academic and clinical preparation of SLPs regarding CLP remains a topic of concern. The current study aims to survey CLP graduate course instructors to describe the content of curricula and to determine the extent to which the ICF-CY is being included and applied in teaching assessment and intervention of CLP.

**Methods:**

A 35-item survey was constructed to obtain information regarding academic and clinical training in the area of Cleft Lip and Palate in US graduate programs. The survey was administered via an

online academic survey tool. The survey was distributed to the department chairs of ASHA accredited SLP graduate programs, then distributed through ASHA's SIG 5 and the American Cleft Palate Association's Cleft Serve to be completed by training programs' faculty who teach the CLP (or related) course. An item-by-item analysis was performed to describe survey results.

### **Results:**

A total of 61 fully completed surveys were eligible for analysis. 23 % of respondents reported teaching a graduate level course exclusively devoted to CLP. 25% of the respondents held a Master's degree, 75% held a Doctoral degree. 64% of respondents indicated that they always or often participate in continuing education (CEU) opportunities in the field of CLP. Less than 50% of the respondents include the ICF-CY framework in their CLP (or related) course. However, 80% of respondents specified to always or sometimes teach their course with the ICF-CY categories in mind. It was concluded that, although respondents do not directly refer to the ICF-CY, they include components of the ICF-CY in their courses. Specifically, the majority of course instructors (90%) stated to 'always' include two of the five components (body structure and body function), however, fewer respondents (54%-63%) reported to 'always' include activities and participation, environmental factors, and personal factors. Although 54% of respondents do not include the ICF-CY framework in CLP training curricula, 90% of those respondents expressed interest in including the framework following completion of the survey. However, only 21% of all respondents are considering changes in core learning outcomes for CLP courses based on ASHA's 2014 revision of the standards for CCC.

### **Conclusions and Recommendations:**

Only 23% of respondents are teaching a course exclusively related to CLP, which confirms concerns related to Vallino et al. (2008) and other researchers. The ICF-CY does not yet appear to be fully integrated into CLP course work and in response to the question posed by the researchers, does not appear to be alive and well in US CLP curricula. A case is made for the ICF-CY framework to be incorporated into CLP curricula to provide future SLPs a holistic perspective of children with CLP and to extend their thinking about the impact of speech impairment associated with CLP. Including the ICF-CY framework in training will facilitate collaborative inter-professional care of children with CLP. Lastly, the inclusion of the ICF components and their interaction into ASHA's most recent draft of the *Scope of Practice in Speech-Language Pathology* accentuates the necessity of ICF inclusion in course curriculum to support provision of high-quality services.

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