

‘The Early Exposure is Really Helpful’ – Students’ Views of Participating in Communication Skills Screening

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Abstract

Students commence university with many hopes and dreams for their future and for most, these are realised. Health professional students must succeed in both their academic and clinical experiences. Excellent communication with their patients and colleagues on placement is necessary and particularly so for speech pathology students. This qualitative, descriptive study investigates how first- and final-year students view the screening of their communication skills in which they participate. The focus groups took place within the speech pathology department of a major Australian metropolitan university. Data were transcribed and analysed thematically. Three main themes arose: professional development, students’ cognitive and emotional responses, and the organisation of the screener. Both groups of students felt the screener was both an important part of their professional development and a way of identifying and supporting speech pathology students with communication difficulties. They valued the student-led nature of the process. Implications for the value of using a student-led communication screener to identify students with weaker communication skills early in their program and for the support of such students are discussed.

Keywords: *communications screening; Speech pathology; student communication skills; student voice*

Introduction

Starting university is an exciting time for students (Kahu et al., 2016). They may be the first in their family to go to university or may be following a long family tradition; in either case, they have succeeded academically. They look forward to passing comfortably through university — possibly with honours and prizes — and on to their future careers (Kahu et al., 2016). Indeed, high achieving school leavers are likely to achieve success in the first year of their allied health or science studies at university (Anderton, 2017). For most students, this vision is accurate: they have or can develop all the skills needed for practice. However, for a small number of students, the perfect dream

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ends when they experience failure in academic or practice-based subjects. This can be devastating to these previously high achieving students ([Ajjawi et al., 2020](#); [Davenport et al., 2018](#)).

In Australian universities, most allied health and nursing professional qualification programs accept school leavers solely based on their high school results. No personal skills or characteristics other than the ability to achieve a sufficiently high rank for entry to the program, are part of the selection process. However, successful health professionals are not simply high academic achievers. They are also people with excellent communication skills and empathy ([Quail et al., 2016](#)). Communication skills in the language in which they will practice are essential for all health professionals, but particularly for speech-language pathologists ([Goldbart et al., 2005](#)). In Australia, international students must 'achieve a minimum International English Language Testing System score of 6-7 or Test of English as a Foreign Language of 600' ([Chan et al., 2016, p. 899](#)); other countries have similar requirements.

Using Astin's Input-Environment-Outcome (I-E-O) model for ensuring unbiased and comprehensive assessment of university student outcomes ([Astin, 1991](#)), these personal skills and admission criteria can be described as input factors. The outcome for all health students is successful professional entry in their chosen field on completion of their degrees.

Environment factors also contribute to this successful outcome, in addition to communication skills and other input factors. These are students' educational, health and social experiences during the program. Students' practice-based and academic education are key to their competence development ([Johnson et al., 2013](#); [Wolden et al., 2020](#)). A small number of students have difficulty developing the academic or practice-based skills required for entry-level competence, requiring additional support from university staff and practice educators to achieve these competencies. Students struggling with academic subjects can access their university's generic learning support services early in their program. However, difficulties achieving practice-based competence are unfortunately not always apparent until students are on placement. Practice-based education commences later in many programs, after students are equipped with theoretical knowledge. Those speech pathology students who struggle on their placements do so because of inadequate theoretical understanding (E) or inadequate skills, such as poor communication, reasoning, or professionalism (I) ([Dowling, 1985](#); [Lo et al., 2017](#); [Shapiro et al., 2002](#)). If such difficulties could be identified earlier, university staff could offer students targeted support as soon as possible, so that they had more time to improve their skills prior to going on placement ([Cleland et al., 2005](#)). This study focuses on understanding students' communication skills, a key element underpinning competence development.

Speech pathology students with poorer communication skills have long been known to require more support during their programs ([Dowling, 1985](#); [Shapiro et al., 2002](#)). Despite the reported impacts on students and staff ([Shapiro et al., 2002](#)), the communication skills of speech pathology students have not been recently researched ([Johnson et al., 2021](#)). One way of identifying students potentially at risk of struggling in practice-based education is through the screening of their communication skills early in the program, to provide insight into an otherwise unknown input factor. A student-led communication screener is used with speech pathology students in one program in Australia ([Johnson et al., 2019](#)). Final-year students screen first-year students' communication skills, then feedback is provided by university speech pathology staff, including follow up on any identified concerns. Difficulties with some of the communication skills identified in the screener — spoken grammar, pronunciation, and phonological awareness — are now known to be significant predictors of difficulty developing competence in placements ([Johnson et al., 2021a, 2021b](#)). It is therefore essential to understand how the students and university staff feel about the screener, and if it is perceived as a positive or perhaps punitive experience. [Johnson et al. \(2019\)](#) were the first to describe the perspectives of the university staff involved in such a screening process. The staff felt the screening process was useful to identify students requiring targeted support, particularly as an initial layer of information for the student on which to build the support. They discussed two main themes: the reason for the screener — including the role of the university, the purpose of the screener and support for students — and the content and administration of the screener ([Johnson et al., 2019](#)).

The views and perceptions of the speech pathology students about this process are not known. This qualitative study aimed to examine the views and beliefs the speech pathology students of one undergraduate program hold with regard to the communication screener they experience.

Method

This qualitative, descriptive study took place within the speech pathology department of a major Australian metropolitan university. This study was approved by the university Human Ethics Committee (HREC 2012/499) and was part of a larger study investigating stakeholder opinions of the communication screener. To ensure rigour, this paper was prepared using the consolidated criteria for reporting qualitative research (COREQ) checklist for reporting qualitative research ([Tong et al., 2007](#)).

Participants

The participants were first and final-year undergraduate speech pathology students, recruited by an email from the course administrator. All students who attended the focus groups participated until the end of the discussion and consented in writing for their data to be included in the analysis. Pseudonyms were used in the transcription to protect participants' anonymity (first-year students' pseudonyms began with J, final-years' with R). The final-year students were not from the cohort that screened the first-year students. The first and final-year students attended separate focus groups, allowing them to freely discuss their different experiences of the screener. Both groups of students had previously completed the screening as a first-year student, but only the final-years could consider the experience of screening their peers. These participants add their perspectives to those of the staff stakeholders, previously reported (Johnson et al., 2019).

The final-year students (n=5) were all female and Australian born. Six students volunteered, but one was unable to attend. All but one student was in the final semester of their degree. One participant was enrolled in the honours program, and another noted during the focus group that she had not initially passed the screener. This focus group took place six months before the first-year group.

The first-year students (n=6) received 5% of their marks in one of their subjects by participating in any research during the semester; participation in this study was one option for completing this requirement. The first-year participants were volunteers who had completed their screener but had not been contacted with the outcome. The focus group was held during the first semester of their degree. Two were international students from different countries of origin, two others were mature age students, and one was male.

Procedure

The first author facilitated both focus groups, using the same prompt questions as those used by Johnson et al. (2019) in the staff focus groups:

- Why do you think we screen the first-year students?
- What do you know about the way we screen the first-year students?
- How effective is the present process?
- What is good about the present process? and
- How could the present process be improved? (Johnson et al., 2019).

The focus groups took place in the on-campus clinic, a setting familiar to the first-year students – and very familiar to the final-years.

The groups were audio and video recorded, and the discussion transcribed. The transcripts were imported to NVIVO 12 (QSR International, 2018). The data were analysed thematically by the first author. Codes were identified and grouped into categories, which were then grouped into themes. The themes, categories and codes were checked by – and discussed with – the other authors, and consensus was achieved.

Reflexivity

The first author, a speech pathologist and a practice educator, facilitated the focus groups. She was well known to some of the final-year students. It may be that this encouraged them to be more talkative and open in their views. The focus groups in this study were the first and last of four completed with students and departmental staff as part of a larger study (Johnson et al., 2019).

Results

Three themes arose from the focus group data: *Professional development*, *Students' personal and learning needs*, and the *Organisation of the screener*.

Theme 1: Professional development

Developing professional identity

Both first and final-year students discussed the value of the insights the screener provided into speech pathology practice. The first-year students relished the opportunity to make an early start on developing their professional identity: *'I actually think the main good thing is the early exposure we are getting'* (Joanna). Another commented *'(be)cause I feel like the screening was to give first-year students a taste of what it is like to be in SP'* (Joshua). The final-year students agreed: *'Yeah it gives you like a good insight into what you do as a speech pathologist'* (Rachel). Other final-year students expressed similar views; Rebecca, for example, said *'I know for first year I was really sussing out if it was the right degree for me. So I guess even that experience would give you some insight into whether you'd like it or not.'* They also talked about the screener as a new, possibly daunting early experience for the first-years: *'the whole new environment thing, starting clinic, being in a speech pathology setting, the whole foreign nature of it'* (Rachel).

The final-year students also reported a growth in their own professional development, with one stating *'it was a good experience for us'* (Rebecca). They noted the screening process adding to their experience in assessing adults' communication and found that, although it was with peers on campus, the experience *'was still definitely professional'* (Rosa) and not *'as easy as just talking to someone'* (Rhiannon).

Linking theory to practice – 'better than just a chunk of theory'

The first-year students found the experience valuable in linking theory to practice, with Jane noting that *'Before the screening we had this lecture about memory and psychology and we went into the screening, and I was like ... this is so familiar'* and Jenny replying *'Oh yeah. It is how they apply what we learn in the lectures into the testing.'* The final-year students briefly compared the hearing screening they carried out with the first-years to the state-wide screening program for newborns.

Theme 2: Students' cognitive and emotional responses

Mix of emotions

The participants discussed their mix of emotions around the screener — the final-year students believed that the first-year students found the process *'scary'* with Rachel adding that *'some people are just so ... anxious that you can't really say anything or do anything to bring them back down'*. Some of the first-year students mentioned anxiety due to the novel situation, as Jane noted *'I think it is just natural to be like, anxious when you first go'*. It was suggested that the increasing difficulty of the tasks was a factor: *'As the number increases, the anxiety level increases'* (Justine). Concerns around their performance were also raised: *'I am just going "Please don't think I have a speaking disability, I am just really nervous"'* (Joanna) or *'will we still be able to do this course if we have an issue?'* (Jenny). On the other hand, the two mature-age first-year students found the whole process enjoyable. Rachel, one of the final-years, noted *'it's strange that everyone is nervous'* and posed an additional student-led solution, suggesting that a *'clinic lady'* talking to the first-years about the screener is *'more scary'* than final-year students. Both groups reported feeling positive about working with students from other years. Rhiannon, a final-year student, said, *'it's good that its student run instead of ... [staff] run'*, and a first-year student was pleased that he could *'get to know what I am going to do when I move on into the senior years'*.

English language skills

Both focus groups discussed English language skills, with participants in each group noting the diverse skills of students in the other year. Rachel, a final-year student, reported that one of the first-year students she assessed was *'really defensive about her speech'* because of her *'thick accent'* while others said that their first-year students were from culturally and linguistically diverse backgrounds and there *'was no problem'* (Rebecca). Joanna, a first-year student noted that the final-year who conducted her screening assessment *'had an accent'* and she thought *'that could have affected my performance'*. Rhiannon, another final-year student, spoke about an international student she had screened: *'I talked about something a bit more complicated because I noticed she was using really simple language and then after that I was noticing a lot of funny grammar'*. A first-year, Joshua, noted *'I am not sure if English as a*

second language would affect my performance ... [I was] actually converting the English into my first language into numbers and back to English'.

Rosa, one of the final-year students, noted 'I felt a bit uncomfortable being like "oh what are your languages?"' and Rachel agreed but felt it 'was more me, being too like worried about what they might think'. The first-year students did not mention feeling uncomfortable about being asked what languages they spoke.

Support

Both groups discussed the support that is offered following the screener, with a first-year student, Jenny, stating simply 'we can get support before it gets too late'. In contrast, the final-year students consciously used their deeper clinical reasoning to insightfully discuss the tension around whether students follow the advice they are given and seek support, summarised neatly by Rachel:

'I think they need to be told just how much of a problem it is because if you don't have to, if it's like if it's just a suggestion like we suggest you see a speech pathologist and they say "oh no" and "I think I can cope" and then later on you realise it's bigger than you thought and it's not fair to really give that option because they don't have the clinical judgment that you do. But then you can't just deny people access to education, tertiary education'.

Joanna, a first-year, also wondered, 'If I have a speech impediment can I help kids with speech impediments?', but reported 'they said a lot of the time they will find something and you will come back in and it will turn out there is nothing anyway', recognising that there is follow up for identified issues. Another first-year, Justine, stated the screener helped the university to know who 'to focus on and what ... material can be adjusted to help the students.'

Theme 3: Organisation of the screener

Content

The students discussed the content of the screener, including the areas of communication assessed. Rebecca, a final-year student, expressed her understanding of the reason for some of these: 'How is a client meant to receive therapy from a person who doesn't have a good model of language and speech?'. Jenny, a first-year, noted 'they are testing for both speech and hearing, but as well as cognitive problems. Cognitive being like memory as well'.

The first-years did not expect the wide range of areas screened, for example Joanna noted 'I thought it would just be me talking and then commenting on my elocution'. The final years noted that the screening did not consider pragmatics and felt this would be a valuable addition given the importance of interpersonal skills to speech pathology practice. They also noted that the mental health of the students was not screened, and Rhiannon wondered 'whether there is a role for those screeners to ... tell who is going to ... have a problem with anxiety in clinic or not' as they had seen some peers struggle with this area.

Process

Both groups discussed the process and arrangements for the screener, including the signup method, and contact for appointments, which was variable: Joanna said, '*my fourth year thought it was another day*', while Joshua received '*a confirmation email*'. The first-year students suggested improvements, such as the students' timetable being considered by the appointment scheduler, particularly with reference to assessment tasks. The final-year students noted the screener '*was easy to administer*'. Both groups valued the student led nature of the screener, with Jenny, a first-year, stating '*And I think we all agree they were really nice and not prejudiced. I think that makes it a really good process*'. Rhiannon, a final-year student, felt that '*it's good that its student run instead of ... something else*' and Rosa replied '*yeah it'd be a lot scarier if like [certain lecturer] was doing it*'. Rachel and the other final-year students also liked that a staff member '*overrules the fourth years*' so that '*we don't have to break [bad news] to them*'. Julie, a first-year, thought that '*the screening would just be the end, like I didn't expect there would be a research discussion for this group. I think this group discussion is pretty good ... it is quite useful to hear about all the different experiences.*'

Discussion

This study examined the views of first and final-year students about the communication screening in which they participated, as part of the speech pathology program. Both groups of students expressed the view that the screener is both an important part of their professional development and a way of identifying and supporting speech pathology students with communication difficulties. The first-year students value the screener because it gives them *'a taste of what it is like to be in speech pathology'* and an opportunity for them to link theory to practice prior to practice-based learning. However, *'being helped'* (if needed) was of lesser value to them. The final-year students value the screener as they recognise the need to seek early support for any difficulty with communication skills, and gave examples of peers on placement who *'don't realise it's a problem until they fail'*. Although noting areas for improvement, the students were satisfied with the screening task. Some were anxious, some enjoyed it, but all learnt from it. Final-year and mature age first-year students found the process enjoyable and informative. The students discussed three main themes: Professional development, Cognitive and emotional responses, and the Organisation of the screener. The final-year students also viewed the screener as a professional practice task, commencing or adding to the practice-based learning experiences during their degree.

The present study and that of Johnson et al. (2019) are the first to describe stakeholder perceptions of this type of detailed communication screening of university students in any discipline. No other studies describe a similar student-led communication screening process or stakeholder perspectives about it.

The student themes in this study aligned with those discussed by the staff in the same university (Johnson et al., 2019). When the themes from both staff and students were considered together, three clear overall themes arose: Professional culture, Student support and learning, and the Organisation of the screener (see Table 1). These are discussed in detail below.

Professional culture

The students identified the screener as part of their professional development, and the staff discussed it as part of the university's role as *'gatekeepers for the profession'* (Johnson et al., 2019). Throughout their program, speech pathology students are developing their professional values, knowledge and skills, their understanding of the culture and expectations of the profession, and thus their identities as members of the wider community of practice of speech pathology (Godsey, 2011). This development can be seen in the increasingly complex perspectives around the importance of communication for speech pathologists of the first- and final-year students and the staff, with the increased experience of the profession of speech pathology of each group. The first-year students expressed this very simply, *'If I have a speech impediment can I help kids with speech impediments?'*. The final-year students recognised peers who had struggled in placement because of communication difficulties, *'I feel really bad for students once they get into clinic and then they fail because ... of something was picked up'*. They also overtly discussed their improved perspective on the need for students to actively seek support: *'they say ... I think I can cope and then later on ... realise it's bigger than [they] thought and it's not fair to really give that option because they don't have the clinical judgement that you do'*. Such understanding is known to increase with knowledge (Almeda et al., 2017). The staff discussed the need for speech pathologists to be excellent communicators and, in identifying the university's role as *'gatekeepers'*, clearly implied that students with poorer communication must either improve their skills during the degree or be unable to enter the profession.

Additionally, the early interaction between experienced and novice students in the communication screener helped each group develop their sense of belonging to a wider speech pathology community of practice and of their professional selves (Jensen & Jetten, 2018; Kahu et al., 2016). While the first and final-year students experience different aspects of the communication screener, it is a truly shared experience. The final years reflected on both administering the screener and being screened and the first-years reflected on being screened and their future task of carrying it out. The final-year students felt the screener was an opportunity for them to extend their professional practice skills, aligning with evidence from other final-year health students who believe their professional development is enhanced by assessing their peers (McGarr & Clifford, 2013). This is a key finding that has not been made before in speech pathology and could provide a rationale for further screening programs.

Table 1: Thematic overview of students and staff viewpoints (staff themes from *Johnson et al., 2019*)

Student themes	Categories	Codes	Staff	Categories	Codes	Overall
Professional development	Developing professional identity	Early collegial experience – <i>‘getting to know what the experience is’</i> <i>‘a taste of what it is like to be in speech pathology’</i> Novelty of SLP – <i>‘the whole new environment thing’</i> Pre/clinical experience – <i>‘good to actually feel what it will be like with your patient’</i>	Reason for the screener	Role of university - ‘We serve as gatekeepers for the profession’	‘We serve as gatekeepers for the profession’ Need for research: ‘did it actually help?’ Imperfect communication within the discipline	Professional culture
	Linking theory to practice	<i>‘Better than just a chunk of theory’</i>				
Students’ cognitive and emotional responses	Mix of emotions	<i>‘They were really nice’</i> <i>‘They say “oh it’s a scary experience”’</i>		Role of screener - ‘What is the purpose of the thing?’	‘What is the purpose of the thing?’ Identifies communication difficulties Students with previous difficulties Pre-empts issues/ identifies support needs What do students think?	Support and learning
	English language skills	Impact on clinic and client care – <i>‘not an easy fix’</i> Student skills – <i>‘everyone has a different accent’</i> Discomfort discussing language – <i>‘too worried about what they might think’</i>				
	Support	Early identification – <i>‘flag anything before it becomes a major issue’</i> Communication difficulties – <i>‘they need to be told just how much of a problem it is’</i> Support is offered to students – <i>‘they will help you if you have got some issues’</i> Do students choose to get support? – <i>‘it’s one thing giving advice but whether they action it’</i>		Support for students - ‘Layer, layer, layer’	‘Layer, layer, layer’ Students from diverse backgrounds Do they choose to get support? Support offered Future improvements	
Organisation of the screener	Content	Unexpected – <i>‘it was interesting about the different testing’</i> Overall content – <i>‘it’s like all different areas of speech pathology’</i> Pragmatics – <i>‘that’s not part of the screener’</i> Mental health issues – <i>‘who is going to have a problem with anxiety in clinic’</i>	Content and administration of the screener	Content - ‘screener picks up a whole lot of stuff’	Overall content Writing Hearing screening Mental health issues Does it screen anything useful for clinic? Future improvements	Practical organisation
	Process	Process – <i>‘quick and efficient’</i> Location of screener – <i>‘do I tell the receptionist?’</i> Staff decision making – <i>‘[staff] overrules the fourth years’</i> Student led – <i>‘they have the same feelings as you’</i> Timing – <i>‘just get it over’</i> Problems with process – <i>‘it could be clearer as to what to expect’</i>		Process and arrangements - ‘the first-year screening process’	Process Timing Student led Future improvements	

The first-year students described the screener as a taste of professional practice as a speech pathologist and a way to start linking theory and practice. Participating in the communication screener gave the first-year students an additional insight into their chosen profession, as they perceived the task to be a part of speech pathology practice. Early, on-campus experiences such as this are known to facilitate students' exploration of their sense of who they will become as professionals without the stress of needing to perform in a workplace setting (Christensen et al., 2017). However, no existing studies have described this impact in a discipline-specific, student-led professional practice task. An early, on-campus, discipline-specific, professional practice task could replicate this valuable insight for students in other professions. Framing a communication screener within the task would also inform both staff and students of any areas of communication that require additional support before practice-based learning commences.

Student support and learning

The students discussed the way the screener impacted on their personal and learning needs. The students all discussed the utility of the screener in identifying the need for support for students. First-year students appeared to simply trust that help would be given to them if required, while the final-year students viewed the screener as a professional practice task. They recognised that excellent communication is essential for successful speech pathology practice and viewed the first-years' difficulties as impairments that would benefit from a full professional assessment and intervention.

Final-year students expressed concern that first-years may not understand the importance of seeking help for any communication issues, with one stating 'they don't have the clinical judgement that you do'. Practice educators are known to have concerns about the extent and timeliness of students' support seeking choices (Johnson et al., 2019). All recognised the importance of obtaining help early, but the staff and final-years reported that first-years sometimes choose to help themselves, or to delay or avoid seeking help. This is not particular to speech pathology students, as other research has shown that students with less prior knowledge have a poorer sense of when to seek help than those with more knowledge, the final-years or staff (Almeda et al., 2017). Supporting these students early in their learning is imperative, thus it is important for universities to develop strong, engaging strategies to encourage students to participate in support. This could be done by extending the role of the final-years. One option, not preferred by the final-years, would be for them to provide direct feedback to the first-years. Peer feedback is known to improve students' academic self-concept which then improves the likelihood of their success at university and later employment (Simonsmeier, et al., 2020). Both groups of students identified the need for additional student involvement before and after the screening process. The final-years believed that the first-years would experience less anxiety about the process if it was introduced by other students who had recently experienced the screener, rather than an unfamiliar 'clinic lady'. The first-years felt that discussion with 'senior students' after they had the screener about both the process and their experiences of communication on placement would be invaluable. These processes could further develop the first-years' sense of belonging, recognised as a key factor in persisting in university programs (Ajjawi et al., 2020).

The students believed the screener sheds light on essential skills for speech pathology practice. Although speech pathology students with poorer communication skills require additional support (Dowling, 1985; Goldbart et al., 2005; Shapiro et al., 2002), there has been little evidence as to which specific skills are needed for successful practice (Johnson, et al., 2021) or whether these can be screened for (Chan et al., 2016). Recent research indicates that these communication screening outcomes do predict performance on placement (Johnson et al., 2021a, 2021b). A screening process such as this is would be a valuable way for universities to identify students at risk of failing their placements. If this is done early in the program additional supports could be given to the students to improve their communication prior to their first placement. This would potentially minimise the proportion of students experiencing the distress of failure. For a speech pathology program, a communication screener is simple to plan and implement, as communication assessments are everyday professional practice tasks for speech pathologists.

Practical organisation of the screener

Most striking is the value of the student-led process to both groups of students. Although the screening is an assessment process and completed by peers, it differs from the peer assessment discussed in the literature, as it screens communication skills rather than assessing a set piece of work by the student

(Ashenafi, 2017; Falchikov & Goldfinch, 2000). The positive views expressed in this study are unsurprising; other studies report that formative peer assessment enhances student learning and development (Vickerman, 2009). The difficulties and benefits noted by the participants — discomfort with some parts of the process, problems with the process and benefits to learning — are common to others involved in peer assessment (Hanrahan & Isaacs, 2001). Peer learning has long been recognised as an integral part of practice-based learning (Lincoln & McAllister, 1993). However, there is sparse evidence for discipline-specific skill screening of health students. In dentistry, discipline-specific dexterity screening is known to predict competence development (Lugassy et al., 2018) and this is often one of the selection criteria at admission. We can find no evidence of student-led discipline-specific skill screening of health students other than this communication screening process, also described by Johnson et al. (2019). Both groups of students felt the process was supportive rather than punitive, principally because of its student-led nature. Traditional peer learning experiences include peer assessment of academic work and peer support and feedback on placement. This student-led, discipline-specific screening extends peer learning into a deeper experience with final-years opening the door into the profession for their first-year peers. Such an experience is invaluable for both groups of students.

Limitations

This study was carried out in one university with students from a single health profession. Future research regarding the desirability of communication screening in speech pathology and other health disciplines and in other universities is required to understand whether these results reflect the views of a wider range of student health professionals. The participants were volunteers, which could mean the sample is biased. The first-year students were not only volunteers in this project but students who had chosen to do the screener very early in their first semester at university. It may be that students choosing to do the screener later in the year have different views.

Conclusions

Student-led screening is a method of identifying health students with communication problems with multiple benefits. It was viewed positively by the students, who proposed further student-led enhancements. Student-led communication screening enables universities to support students whose poorer communication skills may impact their practical skills development during their degree. This aligns with the views expressed by the university staff (Johnson et al., 2019). Our findings provide areas to consider when planning such screening or developing other support packages for health students. The student-led communication screening helped the speech pathology students understand the profession they were planning to enter, giving first-years a valuable early experience. Framing a communication screening within a discipline-specific task could replicate this valuable insight for students in other professions.

Ethical approval

This study was approved by the relevant university human ethics committee (HREC 2012/499).

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