"If This is What I'm 'Meant to be'…": The Journeys of Students Participating in a Conversation Partner Scheme for People with Aphasia

Caroline Jagoe · Ruth Roseingrave

Abstract The development of speech language therapy students into clinicians is an area of increasing interest as educators focus on how knowledge, skills and attitudes are taught and learnt within the profession. The personal journeys of students through experiences of service learning have potential to further our understanding of the impact of civic engagement on the student experience and their learning. This paper explores the journeys of first year speech and language therapy students through a Thematic Analysis of reflective letters written by students to themselves at the beginning and completion of a service learning module. Analysis demonstrates development of interpersonal and preclinical skills as well as an understanding of attitudes and values inherent in the social model of disability. The skills and attitudes developed by the students through participation in the Conversation Partner Scheme are consistent with social model principles that support therapists to fully address the long-term, real life needs of clients with aphasia (the acquired communication disorder that frequently follows stroke). The interface between the social model of disability and the role of service learning in nurturing the attitudes and values which underpin this model are explored.

Keywords Service learning · Aphasia · Conversation partner scheme · Student education · Social model of disability

Introduction

Volunteerism in higher education has been increasing incorporated into the explicit curriculum in many institutions, being structured as 'service learning'. Service learning may be defined as the teaching and learning practices that link both community service by meeting identified needs of the community, and involve reflective practice linked to academic study (Ash and Clayton 2009; Bringle and Hatcher 2009; Ehrlich 1996). The

C. Jagoe (✉) · R. Roseingrave
Department of Clinical Speech & Language Studies, Trinity College Dublin, 7–9 South Leinster Street, Dublin 2, Ireland
e-mail: jagoec@tcd.ie

process thus involves engaging students in meaningful service within communities, with the aim of not only meeting the needs of the community (as in volunteerism) but also providing the opportunity for students to "gain further understanding of course content, a broader appreciation of the discipline, and an enhanced sense of personal values and civic responsibility" (Bringle and Hatcher 1995:112). The experiential and reflective processes associated with service learning constitute a journey of personal development as well as academic learning and civic engagement for the students. The reciprocity inherent in the ethos of service learning is a key factor that arguably distinguishes it from volunteerism. This paper will explore how a service learning project, a Conversation Partner Scheme (which actively aims to ameliorate social exclusion of those with communication disability) provides the opportunity for personal and professional development of speech and language therapy students in their journey as developing clinicians.

Engaging in conversations is fundamental in developing and sustaining relationships as well as validating one's identity. A communication disability invariably has an impact on the individual's participation in life. Aphasia is a communication disorder which commonly follows stroke, and affects the ability to process language, making it difficult to talk, read, write and interpret what is said. People who have aphasia have described their struggle to cope day-to-day, and their loneliness and frustration in living with the communication disorder (Parr et al. 1997). Limited opportunities for successful conversations frequently underlie these frustrations and arise largely due to the fact that few people know how to adjust their own communication to support successful interactions with people with aphasia. For many, the loneliness and isolation consequent on their significant change in roles can be extremely challenging. The services that can be provided are constrained by resources and many people with chronic aphasia remain relatively isolated with limited access to conversation and experiences of success and competence. To address the social isolation of individuals with aphasia it is not enough for clinicians merely to focus on the linguistic impairments of clients but instead need to "assume meaningful roles in promoting the quality of life for individuals with communication disorders" (Glista and Pollens 2007: 352). Student education therefore, must take into account these broad social and clinical considerations to enable students to develop into socially conscious clinicians.

The social model of diability provides a framework for clinicians, and student clincians, to assume these "meaningful roles" (*ibid*). The social model emerged from the disability rights movement, and represents disability as resulting from the social limitations and disadvantages imposed by society, rather than as a direct consequence of the impairment itself (Oliver and Barnes 1998; Shakespeare et al. 1996). The social model has been increasingly applied to aphasia. It provides a framework that aims to address the impact of communication disability on social interaction and life participation, recognising that communication disability is most frequently experienced as a chronic life-long disability (Simmons-Mackie 2000). Such an approach can provide a framework for addressing the needs of people living with aphasia as they change over time, as well as addressing their need to reengage and participate fully in society (Simmons-Mackie 2000; 2008) and therefore has the potential to play a significant role in ameliorating social exclusion. In defining the social model, Simmons-Mackie (2008) suggests that it "is not a specific approach or technique; rather it is a value system adaopted by clincians" (p. 292). The social model is essentially then a philosophical framework from which specific principles (or values) emerge. Byng and Duchan (2005: 208–909) identify five principles which underly the model: (1) equalising social relations, (2) creating authentic involevment, (3) creating engaging experiences, (4) establishing user control, and (5) becoming accountable to users. Given that civic engagement, so central to service learning, is considered to be service or work which is "not only *in* but also *with* the community" (Bringle

et al. 2007: 70), the parallels between the social model and service learning seem clear. The notion that engaging with the community (people with communication disability in this case) to meet identified needs, is not service *for*, but service *with*, resonates with these principles of the social model.

Professionals influenced by social model principles focus on "understanding and acknowledging the experience of the disability as well as identifying and dismantling disabling barriers" (Parr et al. 2003:4). The ramifications of this model for SLT practice are extensive, including engaging clinicians and clients in roles of advocacy through confrontating disabling attitudes; challenging the traditional relationship between health care profesionals and service users (in which the service user is traditionally a passive recipient of care); directly addressing social exclusion and isolation; and valuing the lived experienced of the service user (Byng and Duchan 2005: 907–908). The values and attitudes which underly the philosophical framework of the social model are arguably central to the development of socially conscious and effective clincians and should be actively addressed in student education (Byng et al. 2002). Preparing students to develop into clinicians who are engaged in the wider societal issues which impact on the clients whom they serve is a challenging process, requiring the adoption of approaches able to not only impart knowledge but engender the values and attitudes central to the profession. The parallels between the philosophy of the social model and that of service learning would appear to suggest that the two may have a fruitful relationship. Indeed, the specific service learning initiative which is described in this paper, rests on the notion that the values and attitudes of the social model are best learnt in 'action'. Such learning may be conceptualised as a developmental journey which requires the opportunity to engage with people with communication disability in contexts which allow for authentic and reciprocal engagement. Service learning is arguably well-situated to meet the aim of engendering these values and attitudes which may be less effectively conveyed in traditional didactic teaching.

The Conversation Partner Scheme (CPS), an initiative started by the London-based charity 'Connect', engages volunteers in visits to people with aphasia. The CPS was initially piloted in November 2001 by Connect, a charity that works to provide therapy and support for people living with aphasia while promoting the principles of the social model within its organisation (McVicker et al. 2007). The CPS, specifically, is a project that aims to "reach people with aphasia who experience a real sense of isolation and who miss the opportunity for conversation within their everyday lives" (McVicker et al. 2007: 55). It involves a conversation partner visiting a person with aphasia for 6 months at a time, 1 h a week (McVicker et al. 2007). While the scheme initially ran with volunteers, several universities have embraced the CPS which fulfils goals of civic engagement and outreach as well as acadeamic and student development goals. The Department of Clinical Speech and Language Therapy (CSLS) at Trinity College Dublin (TCD) adopted the scheme in 2006 in order to provide similar opportunities for meaningful engagement for individuals with aphasia in the Dublin region, while at the same time providing learning opportunities for first year students enrolled in the BSc program. The scheme is a collaborative project between the university and stakeholders in the community and healthcare settings in the region.

Weekly visits see a relationship develop between the pair of visiting students and their conversation partner with aphasia. The visits not only afford the person with aphasia an opportunity to access conversation, but also aim to allow the students to develop personal attitudes and beliefs about communication disability that may be challenging to impart through traditional didactic teaching. Reflective writing and regular tutorials offer the students opportunities to deepen their learning as they progress through their own developmental journey. Research on the learning and experiences of BSc SLT students of

various universities in the UK and Ireland participating in the CPS reveal development of skills and attitudes for students that are consistent with the social model (McVicker and Horton 2007). Through the CPS, the students developed their communication skills and demonstrated an increased ability to assume responsibility; reflect on their emotions and attitudes towards their partner; and enhance students' understanding of what it means to have aphasia (McVicker and Horton 2007). The personal nature of the CPS may provide the students involved with unique opportunities to acquire attitudes and skills such as compassion, empathy and social competence that, although described as 'soft skills' (Strickland 2000), are nonetheless vital for effective practice. Opportunities for personal development and the development of skills such as self-reflection, empathy and interpersonal competence may orientate students towards valuing the competence of people with communication disabilities (Byng and Duchan 2005). Such a project may also provide an early opportunity for students to gain firsthand knowledge of the nature of their chosen profession. In the context of their early professional development, such an opportunity provides the chance to explore "if this is what I am meant to be". While the CPS aims to offer the students an opportunity to engage in activities and conversations to foster the development of values and attitudes in keeping with the social model, no direct teaching with regards to the model is provided. In other words, the service learning experience and reflective practice aims to foster these values and attitudes while providing a context for developing skills in supporting conversation with people with aphasia.

The aim of the current study is to qualitatively explore the 'journeys' of a group of first year CSLS students participating in the Dublin CPS. With self-directed letters as windows into the personal and academic journeys of these students, this study aims to specifically explore how students negotiate and reflect on issues pertaining to their experiences, at the beginning and end of the process. Of particular interest in this paper is whether the reflections demonstrate evidence for the growth in, or adoption of, some of the values and attitudes inherent in the social model of disability.

Methodology

Research Design

This study employs a pre- post- qualitative research design using a preexisting data set gathered as a component of student learning.

Participants

Twenty-two students engaged in letter-writing for reflective purposes. Eight of these students gave consent for their letters to be used as data for the current research project. No prior criteria were required for participation, other than that the participants must be in their first year of the course at the time of letter-writing, and must also be participating in the CPS as part of the course.

Data Collection

As a reflective component of the CPS, two of the three programme supervisors encouraged the students to write letters to themselves reflecting on their expectations and experience of the CPS. This was done at two points during the programme to allow

for reflective practice. The first letters were written by the students during their first CPS tutorial, at which stage most students had only experienced a small number of visits and were thus still 'settling in' to the programme. These letters were collected by the students' supervisors and stored in an envelope to be opened by the relevant students on completion of the programme to allow for reflection on growth and change. The second letters were written by the students during their final CPS tutorial. Following completion of the second letters, the first letters were returned to the students, giving them the opportunity to reflect on their initial writing and the learning that had occurred. The students were subsequently invited to anonymously submit both letters to the CPS coordinator as course feedback. In order for the data to be included in the current study, the year group was invited to give consent for the submitted letters to be used in research. The students were given the opportunity to anonymously remove their letters from the data set, and the remaining letters were gathered by the researcher to be included in the project. Six sets of pre- and post- CPS letters were entered into the data set along with two single post-CPS letters. The data set was transcribed into a document stored on a password-protected laptop accessible only to the researcher. Transcription ensured that the data remained true to its original nature (Braun and Clarke 2006). Any spelling mistakes were left uncorrected, and any symbols the student used were replicated in the transcribed data. Where a word or phrase was crossed out by the writer, either to change the wording or to protect anonymity of the participants, this was noted in square brackets.

Data Analysis

The study employed a qualitative approach to data analysis, utilizing the data-driven approach of Thematic Analysis (TA). TA is a method of qualitative analysis outlined by Attride-Stirling (2001) and Braun and Clarke (2006). The researchers followed principles of thematic analysis as described by Boyatzis (1998) and Luborski (1994), and drew on a number of studies using these methods (e.g. Dattilo et al. 2008; Fereday and Muir-Cochrane 2006; Anderson and Felsenfeld 2003; Butcher et al. 2001; Sullivan 2003). Thematic networks (Attride-Stirling 2001) were used as a final visual representation of the data in order to provide a clear summary of the salient features as identified during the analysis process.

Attride-Stirling (2001) describes thematic networks as 'web-like illustrations that summarise the main themes constituting a piece of text' (p. 385) and that allow 'a sensitive, insightful and rich exploration of a text's overt structures and underlying patterns' (p. 386). Data was thus arranged into basic, organising and global themes, with basic themes representing the most basic ideas in the text, organising themes grouping these ideas into abstract concepts, and global themes bringing the data together to represent the main thoughts of the entire text (Attride-Stirling 2001). Following Dattilo et al.'s (2008) study, the material was initially separated into 'thought units', defined as 'the smallest amount of information that is informative by itself' (Vaughn et al. 1996: 106; in Dattilo et al. 2008). This was achieved by marking passages of text that the researcher felt were meaningful to the participants (Luborski 1994). Each unit was labelled with an identifier corresponding to the participant using letters of the alphabet, in order to evaluate frequency and distribution of themes in further analysis. The units were then reviewed, and preliminary themes were identified using inductive analysis, which involved summarising the salient points from the data itself rather than applying a theoretical framework to extract meaning (Fereday and Muir-Cochrane 2006). Themes

were refined in order to be '(1) specific enough to be discrete (non-repetitive), and (2) broad enough to encapsulate a set of ideas contained in numerous text segments' (Attride-Stirling 2001: 392). The units were grouped under these themes, which became the basic themes. Basic themes were then clustered into organising themes based on 'larger, shared issues' (Attride-Stirling 2001: 392), and subsequently brought together under one global theme; a theme representing the 'principal metaphors in the text as a whole' (p392). Throughout the analysis process, the researcher used the original data to carry out ongoing revision of themes for the purpose of minimising redundancy (Anderson and Felsenfeld 2003), and to reevaluate, summarise and reflect on the original research question and its theoretical underpinnings (Attride-Stirling 2001). The final thematic network drawn up by the researcher using Attride-Stirling's (2001) proposed layout is represented in Fig. 1.

Findings

The final thematic network, displayed in Fig. 1, represents the perceptions and experiences of the students on their reflective journeys through the CPS. During analysis, the same organisational themes and a number of similar basic themes emerged from both data sets. Consequently, these themes were grouped under one global theme: Perceptions and experiences of the CPS. The reflections of the students at the start and the end of the CPS are analysed and compared within each basic theme in order to evaluate change and growth that occurred over the course of the programme.

Perceptions and Experiences of the CPS

At the beginning of the CPS, all of the students had participated in at least one visit to their partner, and thus could reflect on the experience of the initial meeting, conversing with their
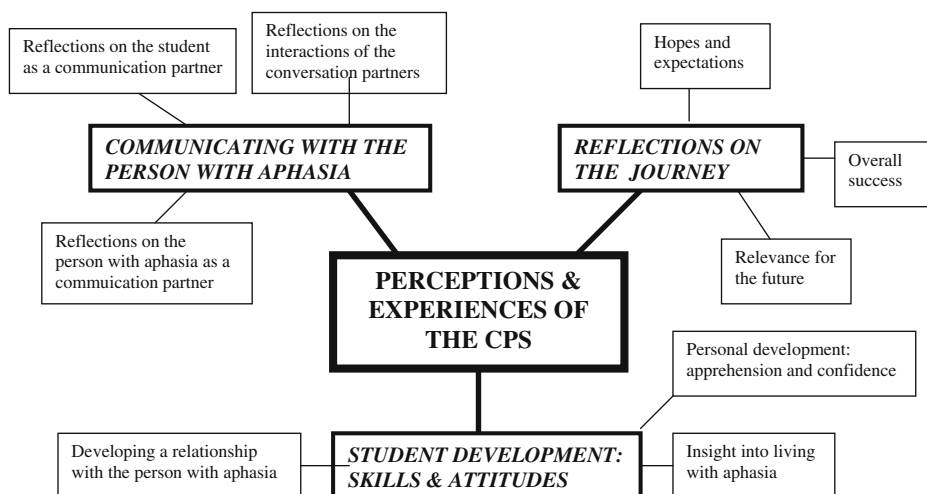

Fig. 1 Thematic network: perceptions & experiences of the CPS

partners, and developing a relationship with them during the early stages of the programme. They could also reflect on any concerns or feelings they were experiencing at the outset of the scheme. The analysis process revealed three organising themes which emerged from the initial letters: student development: skills and attitudes; communicating with the person with aphasia; and reflections on the programme.

The same organising themes emerged from the students' final letters. In particular, many students mentioned issues and concerns that were present at the start of the CPS, indicating how these issues were addressed over time. Other students mentioned specific issues that did not emerge in their first letters, demonstrating ongoing learning throughout the programme. Such issues reflected a deeper insight into living with aphasia, and a positive attitude to communicating with people with aphasia. The organising and basic themes will be discussed below, with reflections on student change and growth supported by extracts from the letters.

Student Development: Skills and Attitudes

Developing a Relationship with the Person with Aphasia

At the Start of the CPS

From their reflections on the visits, it appeared that the students were gradually developing a personal relationship with their conversation partner. One student's reflections suggest that her conversation partner shared many details about his life with the pair:

A: *We have already discovered he has divorced twice and I think that it is because of this he does not believe in love. He has told us a bit about his children, but I hope that he eventually comes to talk about them freely and in detail. I would like to see him get in touch with his family.*

Another student commented on the personal nature of the CPS for her partner (Student D). This aspect of the programme impacted negatively on one student initially (Student E):

D: *It is very nice of her to allow us into her home and allow us to share her memories.*
E: *On the first week, both [student partner] and myself felt that we weren't really welcome but this changed in the second visit.*

Others also reported difficulties in the initial stages of their relationships. Student C, in particular, expressed anxiety relating to conversational content and technique:

C: *I had absolutely no idea what to say to her or how to communicate with her…The conversation was very awkward [during the first visit]*

At the End of the CPS

In their final letter, a number of students reported that they had developed a close relationship with their partner during the CPS. Student A in particular suggests that developing a relationship with her partner was emotionally rewarding for her:

F: *I think we built up a really good relationship with our partner.*
A: *It was very touching and moving getting to know T.*

However, not all students achieved such a level of intimacy due to the circumstances:

H: *We didn't get to know our partner very well because we didn't see her often.*

Evidence of Change and Growth

Over time, it appears that many of the students developed a strong relationship with their conversation partners. This was unexpected for some students, especially those who reported communication difficulties in their first letter.

Extracts from initial letters	Extracts from final letters
E: *On the first week, both [student partner] and myself felt that we weren't really welcome but this changed in the second visit.*	*What I enjoyed the most about the visits was the varied conversations and the relationship that built up as a result.*
C: *I had absolutely no idea what to say to her or how to communicate with her…The conversation was very awkward [during the first visit]*	*It was nice to build a relationship with W as I didn't think it would happen*

For some student partnerships such change may not have occurred due to the circumstances of visit arrangements. Student H's comment perhaps illustrates how opportunity and engagement are central to the growth expected in service-learning encounters.

Insight into Living with Aphasia

At the Start of the CPS

Insight into living with aphasia is demonstrated by a number of students at this early stage. Again, this understanding appears to increase towards the end of their CPS participation. Student A, in particular, appeared to gain an awareness of the psychosocial impact of aphasia on her partner from the initial visits. A's perception of T's attitude as '*negative*' continues to be of concern to the student, and she reflects upon this further in her second letter:

A: *It is sometimes quite sad to realise how depressed or pessimistic T is regarding life…he seems to have a negative outlook on life…its saddening that he is dependent on us for visitors. He says his week goes slowly…*

Student B reflected on her developing insights into her partner's relationship with her family and their attitude towards her aphasia:

B: *I don't like the way V can be seen as being a burden on her family and feel that, given the chance she could be more independent although she is wheelchair-bound. I don't know whether S sees our visits as beneficial to V as he usually encourages us to leave for our train*

A number of students also described the emotional impact of their partners' experiences on them. Student C, for example, writes about her fears that aphasia will come to affect her family:

C: *I don't like not being able to talk to people and I don't like seeing older people like that. Sometimes it's scary because I'm scared my granny could become like that or in the future myself or my parents. It's sad seeing how limited she is.*

Student D believed that she would be emotionally affected by her partner's difficulties. However, this was balanced by an understanding of her partner's positive attitude and strong relationships:

D: *...I believed the sadness felt at our partner's frustrations would be the worst part by far. This is true as it is rather tragic to see but I think [our partner's] outlooks and the relationships she has maintained are somewhat inspirational.*

Initially, one student felt concerned about her partner's comprehension abilities. F's subsequent comment, however, reveals her developing understanding of the nature of aphasia as a language disorder that may mask competence:

F: *When I found out at the start that his speech was completely gone, I was a little scared because I thought maybe he wouldn't understand us. [...] Now I know there is nothing at all else wrong with Z + he is well able to communicate without speech + language.*

Similar comments are expressed by a number of students in their second letters.

At the End of the CPS

As their relationship develops over time, students appeared to continue developing an insight into the lived experience of aphasia:

G: *It was great to gain experience with a person with aphasia—to realise how it affects their life.*
B: *[the CPS] gave me an insight into how a person with aphasia copes day-to-day*

Some gained specific insight into their partners' experiences. Student A continued to reflect on the perceived loneliness of her partner and how this affected her emotionally:

A: *T's attitude was quite overwhelming—he seemed resigned and didn't have much hope for the future...I didn't expect that we and the referring SLT would be his main visitors—his lonliness was quite apparant.*

Another student, B, reflects further on the impact of family attitudes towards aphasia, an issue commented on in her first letter. B suggests that her partner's aphasia is not the sole barrier she faces in living independently:

B: *We suggested going for a walk 1 day but she refused. I think that her husband doesn't allow her to be as independent as I feel she could be.*

Finally, student A also reported a change in her understanding of people with aphasia. She suggests that these individuals are a heterogeneous group:

A: *The visits were different from what I expected as T is not typical of most people with aphasia—he is still very young and able...I realised how individual each person with aphasia is.*

Student A's comments reflect a developing awareness of the individual needs, wants and experiences of people living with aphasia.

Evidence of Change and Growth

Comparison of students' initial and final letters reveals a broadening insight into aspects of living with aphasia such as loneliness, social isolation, and attitudinal barriers. In their final letters, a number of students reflected on the same concerns that they had at the beginning of the CPS, and these reflections seemed to incorporate contextual and personal considerations. Their reflections may indicate a deepening understanding of the long-term nature of communication difficulties and their complex social and emotional consequences.

Extracts from initial letters	Extracts from final letters
A: *its saddening that he is dependent on us for visitors. He says his week goes slowly…*	*I didn̓t expect that we and the referring SLT would be his main visitors—his lonliness was quite apparant.*
B: *I don̓t like the way V can be seen as being a burden on her family*	*I think that her husband doesn̓t allow her to be as independent as I feel she could be.*

Personal Development: Apprehension and Confidence

Many of the students expressed feelings of apprehension before and at the beginning of the programme. For some, this apprehension reduced over time. A number of students also reported an increase in confidence as a consequence of participating in the CPS. It may be that through partaking in a challenging learning experience, the students have had the opportunity to develop their sense of selves as well as their communication skills.

At the Start of the CPS

Three students reported general feelings of nervousness and fear before starting their visits:

C: *At the beginning I was terrified. I wasn̓t looking forward to this part of the course at all. On our initial visit I remember I was nearly crying when we went to her house… When we had to visit her on our own for the first time I was dreading it.*

D: *Before we even started Connect, I was very scared at the prospect of it*

Student E also suggested that the intensive training that the students received contributed to increasing their anxiety towards the visits:

E: *At first I thought that Connect would be really difficult because during the first training session, the organisers said that there would be support groups available if people felt it was too difficult, sometimes the partnerships don̓t work etc. so in this way I felt anxious at the beginning. I thought that it would be very difficult based on the fact that we had had so much training.*

Some students also mentioned particular concerns. Student F appeared to worry about her prospective conversation partner's level of interest in the CPS:

F: *Initially, I was really scared at the thought of going to someone̓s house. I felt that they might not want to do the programme and that I might just be intruding.*

Finally, two students reported reduced apprehension over time:

F: *Now that I'm on my fourth week, I find it easier as I know that Z enjoys the visits…I still feel nervous going out to him on a Tuesday, I don't know why but I do, but it's getting much easier.*

D: *Initially I thought this would be a disaster but now I think it might be okay.*

At the End of the CPS

Many students described feeling more confident after participating in the programme. Some felt more confident in their communication abilities, while others felt an overall sense of confidence in themselves:

E: *I feel that I am more confident in communicating with people with speech and language difficulties.*

C: *Now that I've finished up with the programme it has given me more confidence in communicating with people.*

G: *I gained alot of confidence in myself and my ability to talk with my conversation partner.*

Evidence of Change and Growth

At the outset of the programme, many students reflected on their apprehension in meeting and having weekly conversations with individuals with aphasia. However, at the end of the programme, a number of these students reported that they felt more confident in these areas, and consequently, more confident in themselves.

Communicating with the Person with Aphasia

Many students remarked on various aspects of the interactions between their conversation partner and the student pair in both letters. Some issues considered initially included redefining perceptions of the students' own skills and reflecting on the dynamics of the interactions. These issues were also examined in the students' final letters, in which a number of students reflect on their increased ability to communicate with their partner.

Reflections of the Student as a Communication Partner

At the Start of the CPS

Visiting the conversation partners forced one student to reconsider the perceptions she held regarding her communication skills:

D: *I previously always considered that I had very good communication skills and while I doubted it from the first two visits I hope they can improve from now.*

Student C also reported feeling uncomfortable when attempting to use alternative ways of communicating. Student E expressed anxiety about potential conversational breakdown, a concern that persisted into the initial few visits:

C: *I am afraid that I am patronising to W when we try and sign symbols to her.*
E: *I still feel patronizing and uncomfortable, when we are trying to guess what Y is saying.*

At the End of the CPS

Many students felt that their communication improved during the programme. One student, H, mentioned particular communication strategies learnt, while others reflected on their communication more generally:

F: *I feel we learned some really good skills and are far better communicators because of it.*
D: *I think our skills developed well and we managed better I thought we would*
H: *It was good though for developing my ability to keep a conversation going and for trying to encourage my conversation partner to contribute. I learnt how to phrase my questions in such a way that she could answer.*

Another student reported that she learned to feel comfortable with silences in conversation through the CPS. Although only mentioned once in this data, the issue of students becoming comfortable with silence in conversation also emerged in Fitzmaurice's (2009) undergraduate thesis examining perceptions of 3 rd year TCD CSLS students reflecting on their experiences of the CPS:

G: *I felt comfortable with silences and didn't feel the need to break the silence immediately which I would have had before*

Evidence of Change and Growth

The comments made by students at the start of the CPS may indicate a lack of experience and confidence in communicating with people with aphasia. Through the experiential nature of the programme, however, it appears that many of the students had the opportunity to develop such skills. The students' comment in their final letters illustrate the learning of strategies to support their partners' conversational turns and to maximise opportunities for conversational contributions by their partners.

Reflections on the Person with Aphasia as a Communication Partner

At the Start of the CPS

No specific comments were made reflecting on the person with aphasia as a communication partner at the start of the CPS.

At the End of the CPS

B's first letter mentions her hopes that the visits would help her partner's communication to improve. In the second letter her reflection appears to suggest a more in-depth

understanding of the nature of her partner's difficulties, as well as the impact of her partner's reactions to those difficulties on conversation:

B: *Our conversations did not flow very well as my partner sometimes has difficulty finding the words they want to say, and often gives up instead of searching for the word.*

Other students found that they were surprised with the way their partner could communicate despite their aphasia:

A: *I didn't expect for his personality to show through as strongly as it did—proving there is other ways to express oneself besides speech.*
G: *[I realised] that communication can exist without speech—there are other ways to get a message across.*

Evidence of Change and Growth

Although no comments were made regarding conversation partner communication skills at the outset of the programme, the reflections of students in their final letters indicate that the CPS journey may have supported the students to view their partners as competent communicators despite their aphasia, and, as a consequence, as competent individuals.

Reflections on the Interactions of the Participants

At the Start of the CPS

Of those that reported on the dynamics of the interaction between the students and their partner, one student mentioned feeling uncomfortable when conversing with their partner during the initial visits. However, she found that the 'awkwardness' improved with experience:

C: *The conversation was very awkward [during the first visit]…The 2nd visit was better. We had better ideas on how to communicate with our partner.*

Students F and E reported feelings of anxiety about the content of their conversations. This anxiety remained for student E:

F: *I also thought we would run out of things to say very early on.*
E: *For the first few visits I felt anxious as we had to prepare what we would talk about, but gradually it became a less anxious procedure. I'm still worried that the conversation flow will dry up*

Another student described the interaction difficulties experienced as stemming from the participants' respective personalities rather than the impact of aphasia:

B: *[I] sometimes find it difficult as there are periods of silence due to the fact that none of us are particularly chatty.*

One student reported that the peered aspect of the programme helped in supporting conversation:

E: *the good thing about having someone else there is that they can pick up the slack when an awkward pause begins.*

Finally, student A expressed satisfaction at overcoming communication barriers presented by aphasia:

A: *It feels fulfilling that we are able to talk with him*

A's use of the word '*with*' rather than '*to*' in the sentence above may illustrate her developing awareness of conversation as a two-way process, with responsibility for successful communication resting on both participants.

At the End of the CPS

As mentioned previously, student B reported experiencing difficulties in conversing with her partner. She explains how the participants coped towards the end of the visits:

B: *towards the end, we began to run out of things to talk about and had to resort to props: looking at pictures, watching TV etc. Our visits also started to get shorter.*

Conversely, other students experienced surprise at the ease of conversation with their partner, which may reflect a growing understanding of their partner as a competent communicator (Student A). Student G also comments that her conversation partner demonstrated interest in the students, which may have facilitated interactions between them:

A: *I didn't expect the conversation to flow as easily as it did.*
G: *our conversations were always very natural [...] My conversation partner was always up for a laugh and a bit of gossip. She loved hearing about what we had gotten up to during the week.*

Finally, student C suggests that she was empowered by the notion that conversations can take place with people who have communication disabilities:

C: *it was nice to know that you can communicate with people no matter how much they have problems with it.*

Evidence of Change and Growth

At the beginning of the programme, students' comments appeared to reflect anxiety about the ability of the partners to maintain conversation. Although conversational difficulties remained for one partnership at the end of the CPS (Student B), the positive communicative interactions experienced by other students led to remarks acknowledging the abilities of their partners and their potential for conversational success. C's statement in her second letter, for example, may reflect both communication skills development on her part as well as a deeper insight into the

nature of communication difficulty, and the possibility of achieving successful communication in spite of this.

Extracts from initial letters	Extracts from final letters
C: *I had absolutely no idea what to say to her or how to communicate with her…The conversation was very awkward [during the first visit]*	*it was nice to know that you can communicate with people no matter how much they have problems with it.*

Reflections on the Journey

A number of students reflected on their feelings about the experiential journey of the CPS. In their initial letters, the students wrote about their hopes for themselves and their partners, and the CPS's perceived relevance for their course and profession. They also reflected on the overall success of the programme thus far. At the end of the CPS, the students reflected on both the overall success of the programme and the relevance of the journey to their course and future careers.

Hopes and Expectations

At the Start of the CPS

The students expressed diverse hopes and expectations in relation to the programme, both for their partners and for themselves. Hopes for their partners related to communication (Student B) and life participation (Student A). Student A writes about her hopes for her partner in light of her understanding of living with aphasia, as her partner is '*still very young and able*'. This illustrates the expectations A has for the programme and its perceived potential to change lives:

B: *I hope that V's communication will improve somewhat from our visits.*
A: *I hope that by the end of the visits, T will have the confidence to speak in public places, or perhaps even have joined a club. I would like to see him get friendly with a few more people. I hope his self-confidence is boosted and that he realises that he can enjoy his life again… I hope he begins to really live his life in the way that he did before.*

With regards to personal expectations, a number of students hoped that their own conversation skills would improve:

D: *I hope [my communication skills] can improve from now.*

One student, E, also expressed the wish that there was a universal way of communicating. She had hoped that she could learn this universal communication method through participating in the programme, which may reflect the perceived importance of the CPS by this student:

E: *I wish that there were other ways of learning how to communicate eg with alphabets, world-wide recognised gestures (a bit like sign language). that was what I was hoping Connect would be about, that we would learn skills for connecting for our future careers.*

Furthermore, student D hoped her friendship with her paired peer would develop as a result of the programme:

D: *It may also allow our friendship to grow [speaking about student partner]*

D also saw the programme as a potential validation of her choice of career:

D: *If this is what I'm "meant to be" this programme will be a huge determent of it.*

At the End of the CPS

The students' initial hopes are not addressed directly in their final letter. However, a number of comments analysed under other basic themes will be mentioned here, as they may imply that the students' increased awareness of the nature and impact of aphasia resulted in altered beliefs and expectations for their partners. Comments made by Student A, for example, evaluated under the basic theme of 'insight into living with aphasia', reveal a deeper understanding of the day-to-day reality faced by individuals living with communication disorder:

A: *T's attitude was quite overwhelming—he seemed resigned and didn't have much hope for the future…I didn't expect that we and the referring SLT would be his main visitors—his lonliness was quite apparant.*

Student E did not report on whether she found a '*world-wide recognised*' method of communication. However, comments made by other students demonstrate successful communication experiences with their partners. Student C's comments, analysed under the basic theme of 'reflections on the interactions of the participants', are given as an example:

C: *it was nice to know that you can communicate with people no matter how much they have problems with it.*

Evidence of Change and Growth

Comments made by the students in their final letters reveal changes in their hopes for their partners, particularly for student A, whose second letter focused on the continuous difficulties faced by her partner. She did not revisit her initial hopes. Other comments made by the students, however, reflect on a number of positive communication experiences, as mentioned previously. Consequently, these experiences may have addressed their hopes of improving both their own communication skills and those of their partners. Finally, D's hopes for the programme as a way to determine whether she is '"*meant to be*"' an SLT are addressed by a number of students in their second letters under the basic theme of 'relevance for the future'.

Overall Success of the Programme

At the Start of the CPS

With regard to the success of the CPS, one student reported a perception that the programme was not well run:

F: *I do feel the programme itself wasn't well organised this year and the people involved don't seem to know enough about it.*

However, student E mentions that she is enjoying the programme. B also writes that she enjoyed feeling that her visits were positively affecting her partner's life:

E: *I'm really enjoying Connect and it is so much more enjoyable than I had thought*
B: *Its good to feel like we are making some form of difference/impact on somebody's life.*

Other students also believed that their partners enjoyed the visits. D was one example:

D: *[our conversation partner] also seems to enjoy the visit and looks happy to see us when we arrive.*

At the End of the CPS

From experiencing apprehension at the beginning of the visits, one student found that she ultimately began to enjoy them (Student E). Enjoyment of the visits was reported by a number of other students, with comments by H and E providing some examples:

E: *While I was very apprehensive at the beginning, the visits soon became a routine process that I looked forward to [...] I really enjoyed the programme. It was a very valuable experience.*
H: *Because I enjoyed this so much I think with another conversation partner I would have gained a lot [Student H felt that she had not had enough visits due to the particular circumstances]*

Finally, another student reflected on the perceived impact of her visits on her partner's life in a similar way to B in her first letter. This perception in turn appears to have been a satisfying experience for both students:

C: *the way in which my partner remembered us made me feel the I was somehow making a slight difference to someones life.*

Evidence of Change and Growth

Overall, the comments from students in both letters reveal a positive reaction to the programme. From these comments, it appears that the visits benefited both students and partners with aphasia. This perception did not appear to change over the course of the visits, despite the various challenges noted by the students in their letters.

Relevance for the Future

At the Start of the CPS

Two students reflected on the impact of the CPS for the future even at this early stage. These students suggested that the CPS was relevant for gaining clinical skills, and for understanding the role of the SLT working with adults with aphasia:

E: *[the CPS] is good way of gaining hands-on experience for the future.*
B: *The Connect programme has given me an insight into the type of work I'll be doing after I finish my degree.*

Both students E and B are among a number of students who further reflect on this issue in their second letters.

At the End of the CPS

Having expressed the hope that this programme would have relevance for their future careers, some students reflected further on this issue. One students reported that they felt that participating in the programme supported their learning about aphasia (Student B), while another felt that the severity of her partner's difficulties helped gain an insight into aphasia (Student F):

B: *[the CPS] helped put a face to the people we had been learning about in classes.*
F: *Because my partner was so extremely affected by his stroke it was very good education in dealing with people with aphasia.*

A number of students also reflected on the relevance of the CPS for their future job. Although D, the student who hoped the CPS would be *"a huge determent"* of confirming whether or not she was '*"meant to be"*' an SLT, did not comment again on this issue, other students found that the programme gave them an understanding of the role of the SLT:

E: *I think this programe has prepared me for my future work as a speech and language therapist*
C: *It was a good experience as it gave me an example of what the job could be like if I qualify.*

For student E, the CPS served to confirm that she chose the right profession:

E: *I am glad that I enjoyed the visits so much as I am now reassured about my future work.*

Evidence of Change and Growth

The comments made by students E and B in their initial letters are reiterated in the second letters of a number of students, who note that the programme helped to develop the students' understanding of the role of the SLT and the nature of acquired communication difficulties. Some students also felt that the programme supported the development of skills required in their future careers.

In summary, it appears that the CPS offers many benefits for the students involved. The results indicate that many students enjoyed the programme, and some felt it helped them to learn skills they needed for the CSLS course, and indeed for their future careers. Students reported learning communication skills, and appeared to gain personal insights into their partners' lives and the experiences of living with aphasia.

Discussion

Byng et al. (2002) suggest that educational courses preparing students to practice as SLTs should actively focus on the values and beliefs that underlie the profession, and the CPS appears to provide this opportunity. In training speech and language therapy students, programs which draw on the principles of service learning and civic engagement may allow

students to develop competencies in skills needed to interact with individuals with communication disorders as well as providing opportunities for successful conversation and social engagement for those living with communication disability. The analysis of the students self-directed letters have revealed the journey of personal and professional development which is undertaken by students engaged in the CPS. The limitations of self-report are recognised, as well as the fact that the letters represented the students 'thoughts and feelings' at two points in the program, rather than the more systematic reflective practice which is typical of the CPS process. These letters, however, were unconstrained by the guidelines for weekly reflective practice in which the students engage. In this way, it could be argued, that the content reflects the issues uppermost in the students minds, and thus are appropriate data for exploring the journeys of these students through a service learning module which actively attempts to ameliorate social exclusion of these with aphasia.

The letters written by the students in this study reflected a developing understanding of aphasia and its effect on identity; the importance of conversation for life participation; and the ability to see the person behind the aphasia. This knowledge is consistent with the social model of disability in aphasiology. Given that the students receive no direct teaching in this regard, the evidence for the values and attitudes reflective of a social model, underscores the power of service learning to engender these principles. The findings have implications for the role of service learning in the education of SLTs and other healthcare professionals, as well as potential implications which extend beyond the realm of SLT.

The role of service learning in the early stages of educating SLT students, appears to have an important role, not only in relation to their developing identify and awareness of their profession, but, crucially, in nurturing the values and attitudes which underscore that profession. A number of the students appeared to see the CPS as playing an important role in their journey towards becoming a clinician. Indeed, a number of students reported on the relevance of the CPS for the course, as well as its usefulness in gaining an insight into the profession, and acquiring skills for their future careers. It appears some students looked on the programme as a 'test run' that allowed them to practice interacting with people with communication disorders in order to confirm the suitability of their choice of future career. This is in line with research which suggests that service learning may result in better retention of first year students (Bringle et al. 2010).

One of the challenges of supporting student's development towards becoming socially conscious clinicians is how best to engender the values and attitudes which underlie the profession, and, in particular, the specifically articulated principles of the social model. The values that therapists project are reflected in how clients are treated, and those who are regarded as real people rather than just a disorder report more positively about intervention (Byng et al. 2002). Those who believe that clients can, and should, be valued as experts on their life experiences, including the experience of living with aphasia, and who feel that clients have a contribution to make in therapy as well as in society may provide services that help clients to enhance their experience of living with aphasia (Barrow 2008). The students' insight into aphasia also gave them the opportunity to see their partner as a competent individual and communicator. Valuing the ability of people with aphasia to make choices regarding services at both a personal and organisational level is a core tenet of the social model, and promotes equalisation and empowerment for people with disabilities (Byng and Duchan 2005). In recent years, practitioners have discussed the need for the profession to reevaluate the role of the therapist and the nature of aphasia intervention (Lyon et al. 1997; Kagan et al. 2001; Byng et al. 2002), especially with regards to "the redistribution of resources; acknowledging the therapeutic potential of conversation;

promoting and valuing the expertise of other people; and foregrounding social connections above linguistic gains" (McVicker et al. 2007: 68). The findings of this study suggest that service learning may be a feasible and effective way to achieve the integration of intangible but crucial values and attitudes towards disability. Such values and attitudes may inspire students to develop user-driven services within the community while efficiently using resources and reaching beyond the impairment to the person's wants and needs.

These findings may have implications beyond the realm of SLT. We suggest that some of the principles and ramifications of the social model (Byng and Duchan 2005) may be usefully extended to service learning to operationalise some of the aspects of civic engagement. Recognising the resources and abilities inherent within communities is arguably essential for authentic partnerships, on which successful service learning initiatives depend (Bringle and Hatcher 2002). It may be argued that such authentic partnerships may be established on the values exposed by the social model and articulated by Byng and Duchan (2005): equalising social relations; fostering authentic and engaging experiences for all parties; and giving consideration to accountability and user control. Acknowledging the expertise which lies beyond the institution and is vested in the individuals of a community is likely to result in more effective ways of meeting the identified needs of that community in a way which respects the notion of civic engagement put forward by Bringle et al. (2007:70) of working 'in' and 'with' the community. The social model may, therefore, have utility in providing a framework for authentic community engagement. In stating that service learning aims to address identified needs in the community, it would appear useful to identify ways in which these needs are addressed in a collaborative empowering manner. Investigation of this interface is beyond the scope of the current discussion but is an area which warrants further exploration.

The limitations inherent in the current study are recognised. The limited sample size impacts on the validity and generalisability of the findings, particularly given the possible bias in the data as those who resubmitted their CPS letters for inclusion may have felt strongly about the CPS and its benefits. Qualitative approaches to data analysis strive to find meaning and coherence and 'analysis of qualitative material is a necessarily subjective process capitalising on the researcher's appreciation of the enormity, contingency and fragility of signification' (Attride-Stirling 2001: 402–403). However, when research is data-driven, as it was in this study, rather than investigator-controlled, the 'meaning' of the data can be highlighted in a way that may be difficult when using quantitative methods (Agar 1986). Finally, given the nature of the data as self-report may impact on its validity (Bowman and Brandenberger 2010), as discussed. Future research should consider more extensive types of reflective practice as well as other longitudinal measures, such the possible inclusion of discourse analysis of interactions between students and their conversation partners.

Conclusion

The CPS, as a service-learning initiative, is a journey of personal development for the students involved. It may also prove to be an important journey for the profession of Speech and Language Therapy if we are to continue to evolve and incorporate the principles of a social model of disability into our professional practice. The service learning experience shows promise with regard to engendering within students the values and attitudes which empower those living with communication disability. Looking beyond the profession of speech and language therapy, we suggest that service learning has an essential

role in providing authentic opportunities for students to engage with those communities that they will later serve in a professional capacity, or live within as civically engaged citizens. The opportunity to engage at that level appears, in our data at least, to provide a context in which students are able to see the resources inherent in the people and communities they engage with, as well as the barriers to social inclusion and participation.

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