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# Current paediatric auditory processing disorder assessment and management practices implemented by speech-language therapists working in private pratices in Johannesburg, South Africa

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**CORRECTIONS FOR EXAMINERS' REPORT**

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Title: Current paediatric auditory processing disorder assessment and management practices implemented by Speech-Language Therapists working in private practices in Johannesburg, South Africa.

Degree: MA (Speech Pathology)

Candidate: Ms Liane Lewis

Examiner: Dr. Karin Joubert

| Outlines | Examiner's comments | Student's corrections |
|---|---|---|
| **Abstract** | However, pertinent characteristics of the participants, results [themes] and implications of the study's findings are not included | These have been included on pg. ix |
| | Paediatrics refer to the medical speciality (Line 1), please change | This has been changed on pg. ix |
| **Introduction and rationale** | In my opinion, the information presented in this chapter (pp. 1 – 13 [1st paragraph] is the literature review and should be moved to Chapter 2. | The information in chapters 1 and 2 have been swopped around, pg 1-16. |
| | The word 'theoretical framework' should be deleted from the title of the chapter as well as the rest of the report (e.g. theoretical foundation on p. 1, 2nd paragraph) as this report did not achieve that. | The word 'theoretical framework' has been deleted from the title pg. 1 as well as throughout the rest of the research pg. 1 |
| | The flow of the information could however be improved as to provide a compelling argument for the study. Suggestion: definition of APD, prevalence, symptoms, assessment (with more focus on the SLT tests (e.g. TAPS, CELF, Pendulum), role of SLT, role of Audiologist (briefly), multidisciplinary involvement in the assessment and management, challenges (internationally and then in South Africa), management, rationale (ending with research question). | The flow of information has been changed verbatim according to the examiners suggestions pg. 7-16 |
| | Although there are a number of definitions (which the student rightly refer to) it is important to indicate the | The definition that is referred to has been stated on pg. 8 |

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| | definition that is used by the student to provide a context for the current study | |
| | This section (1.5) refers more to the bottom-up aspects of APD, so the audiological view point, this despite the fact the focus of this study is on the current practices of SLTs. More emphasis should be placed on the SLTs definition of APD | The audiologists point of view has been limited and much of the audiological information has been deleted and a focus more on SLT has been maintained and focused on pg. 7 |
| | In my opinion, the information presented on the history of APD is redundant, but some of the information (e.g. on language processing) could be more appropriately placed in a discussion on the role of the SLT or the assessment. | History as well as anatomy sections have been deleted and some aspects e.g. Language processing have been added in the role of the SLT in the assessment of these children presenting with APD pg. 10 and 11 |
| **Literature review** | In my opinion, this section (pp. 15 – 19) is rather the introduction and 'rationale' | This section has been moved to the introduction and added to the rationale pg. pg1 and pg. 14-16 |
| | The information presented in this chapter does not flow logically as paragraphs often contain more than one topic (e.g. pp. 15 – 16 = one paragraph). | The paragraphs have been edited and changed to flow smoothly and include only one topic per paragraph pg.1-6 |
| | It is important for the student to build a logical argument/rationale for the current study and provide the context of the study. This could be facilitated moving it to Chapter 1. | As stated, the information was moved to chapter one. pg.1-6 |
| **Methodology** | The first sub-aim (ito '*what knowledge SLTs have'*) does not correspond to the questions in the interview schedule (e.g. questions 7, 8, 9, 10 and maybe 19) as participants' knowledge was not explored. These questions rather relate to experience and to a limited extent, training. It is suggested that the aims of the study (especially sub-aim 1) should be reconsidered to possibly the following:<br>*Main aim:*<br>*To describe the experience and current practices of SLTs working in private practise for the assessment, management and referral of children presenting with APD in Johannesburg.*<br>*Sub-aims:*<br>- *To explore the experience that SLTs have in working with children with APD*<br>- *To describe the training that* | The changes were made verbatim according to the examiners suggestions pg. 17, 30, 33, 37, 42, 44, 45, 46, 47 |

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| | *SLTs underwent in the field of APD*<br>- *To describe the assessment practices of SLTs for children suspected of presenting with APD*<br>- *To describe the management practices of SLTs when working with children with APD*<br>- *To identify the referral resources SLTs use when working with children with APD* | |
| | The student erroneously referred to the qualitative approach as 'qualitative data analysis', please amend that to reflect an appropriate definition and description of qualitative research. | Qualitative data analysis, has been removed and an appropriate definition has been put in place on pg. 29 |
| | There is some repetition of information in section 3.4 and 3.4.2. | The repetitive information has been deleted pg. 23 |
| | It is proposed that this section should be reorganised (and correctly numbered) to include the following: Heading 3.4 (Participant selection and description) with the following sub headings (3.4.1 Sampling strategy [which could be more concise]; 3.4.2 Inclusion criteria; 3.4.3 Exclusion criteria and 3.4.4 Participant description). | These corrections were done verbatim according to the researchers suggestions pg.21-23 |
| | It is further suggested that additional exclusion criteria (as it relates to the inclusion criteria) should be added. | The extra exclusion criteria have been added as suggested on pg. 22-23 |
| | The participant description is appropriate, but it would be interesting to also get some information on their years of general speech therapy experience (as per Q 5). This could then be linked to where they obtained most of their experience in APD. | This information was obtained as shown on pg. 23 |
| | Descriptive statistics regarding years' experience (general and APD) can also be expanded by including the standard deviation. | This has been done on pg. 23 |
| | Some information presented in the text are redundant (e.g. description of the graduation years) as the information is clearly presented in 'Figure' 2. | The extra information has been deleted as suggested by the examiner on pg. 23 |
| | The last sentence on page 24 needs to be deleted. | This sentence has been deleted pg.23 |

<table>
<tr><td></td><td>The section could also benefit from a more critical description, rather than just a repetition of information presented in the table.</td><td>This has been done as suggested on pg.23</td></tr>
<tr><td></td><td>It is suggested that the interview questions be described in more detail in the report by providing a rationale for each of the questions included as well as whether they were open- or closed ended questions, the presentation of results might be enhanced if the sections be aligned to the aims of the study (see table below).<br><br><table><tr><th>Section</th><th>Question number</th></tr><tr><td>Demographic information</td><td>1, 2, 3, 4, 5, 6, 12</td></tr><tr><td>Experience in APD</td><td>7, 9, 10 (and maybe 19)</td></tr><tr><td>Training</td><td>8</td></tr><tr><td>Assessment practices</td><td>11, 13, 14, 15, 16, 18, 20</td></tr><tr><td>Management practices</td><td>17, 18, 20</td></tr><tr><td>Referral practices</td><td>21, 22, 23</td></tr></table></td><td>The interview questions were described in more detail as suggested by the examiner and it was reported that the questions were open ended. Rationales for the questions were also included as suggested by the examiner all on pg. 24-25</td></tr>
<tr><td></td><td>The trustworthiness of the findings are then presented – this should rather be the trustworthiness of the study</td><td>This was changed according to the ‘trustworthiness of the study’ on pg. 27</td></tr>
<tr><td></td><td>This section of the report needs strengthening and should in addition include a discussion of trustworthiness, credibility, rigor and quality.</td><td>This section of the report was strengthened on pg. 27 and 28</td></tr>
<tr><td></td><td>Was analytical triangulation used in the thematic content analysis?</td><td>No, it was not used unfortunately</td></tr>
<tr><td></td><td>It is further suggested that the pilot study section (3.8.2 – 3.8.6) be moved to earlier in the chapter.</td><td>The pilot study was moved to pg. 20-21</td></tr>
<tr><td></td><td>The data collection procedure section (3.9) should also be expanded. As is, it would be difficult to replicate the study.</td><td>The data collection procedure was expanded upon, as suggested by the examiner on pg. 28-29</td></tr>
<tr><td></td><td>The data analysis procedures are included. However the descriptive analysis (mean, range, SD) information should be included in this section as well.</td><td>The descriptive analysis has been included on pg. 29</td></tr>
<tr><td>Results and discussion</td><td>The first two paragraphs of this chapter, and the first line of the third paragraph</td><td>These paragraphs and first line from the 3rd paragraph have been removed as suggested</td></tr>
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| | (although interesting) is redundant | by the examiner on pg. 30 |
| | The student should be careful when making statements such as on page 33, 2nd paragraph "This knowledge and understanding of APD may have been influenced by diverse University Curricula content…" as only participants from two universities were included in the study. | This has been omitted and amended as suggested by the examiner on pg. 30 |
| | In some cases the flow of information presented in the result section can be improved, for e.g. first presenting the findings in terms of numbers (p. 34 last paragraph) before providing the illustrative examples/quotes from participants (p. 34 3rd paragraph) to highlight the identified themes. | This change of information has been implemented throughout this section as suggested by the examiner on pg. 30-43 |
| | Add the participant numbers in brackets after the quotes | The number of the participant has been added throughout this section pg. 30-43 |
| | Under Section 4.2.2 the theme highlighted the limited availability of audiological equipment. The focus of the study was on current SLT practices (rather than Audiologists). The link could be made the SLTs in South Africa rather assess and management children with language processing disorders? | This was changed according to the examiners suggestions on pg. 36-37 |
| | This theme could also fit under the referral sources, highlighting the need for multidisciplinary involvement and referrals, especially since they do not have the equipment to conduct audiological assessments | The theme of multidisciplinary referrals was brought up as suggested by the examiner on pg. 36-37 |
| **Conclusion** | This summary may benefit from more a condensed version | |
| | These implications are appropriate and relate to training (delete knowledge) both at undergraduate level and through continuing professional development activities. | The word 'knowledge' was deleted four times on pg. 44-47 |
| | Additionally the importance of multidisciplinary intervention and appropriate referrals could be included in this section. (Especially, in relation to the comments in the last two sentences re the use of non-verbal stimuli). | These changes were implemented according to the examiners suggestions on pg. 49 |
| | An additional limitation could be that only participants that graduated from two universities were included in the study. | This additional limitation was added pg. 50 |

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| | The last bullet under 5.3 should rather be stated as a limitation. | This change was made on pg. 50 |
| | It is important to also add another heading: *Recommendations for future research.* This can then be related back to the limitations of the research. It would be valuable to obtain similar information from SLTs working with mainly English Second language speakers in a variety of contexts. | These changes were made according to the examiners suggestions on pg. 50-51 |
| **General comments** | Language editing is required throughout the report as sentences (e.g. p.33 last sentence; p. 35, last sentence of first paragraph) and paragraphs (p. 38 – 39 is one paragraph!) often contained more than one topic/idea. | Language editing was implemented and each paragraph was made to have only one topic/ idea pg. 7-16 |
| | It is important that terminology be used consistently e.g. aims, sub-aims and objectives (in the methodology chapter you refer to 'sub-aims' and in the results chapter 'objectives') | This was changed throughout the entire paper pg. 30, 33, 37, 42 and 44-47 |
| **Abstract** | • Abstract p vi; line 1: 'Peadiatrics' should be 'paediatrics' | The word 'peadiatric' was changed according to the examiners suggestion pg. ix |
| | • It is not necessary to use the words 'APD assessment' and 'APD management' – rather just use 'APD', 'assessment' and 'management'. | The word 'APD' have been omitted pg. ix |
| **Methodology** | • p 23: HPCSA is referenced incorrectly | This has been corrected on pg. 21 |
| | • Section 3.4 is not numbered correctly | This has been corrected on pg. 20-21 |
| | • p 24: Figure 2 should actually be Table 2 | This has been corrected on pg. 23 and vii |
| | p 25, 1st bullet: It is suggested words such as: 'The researcher **thought** that …' should not be used, rather rephrase | This has been corrected on pg. 22 first bullet |
| | • p 28: Last section of ethics ('The current…) is redundant and can be removed. | This section has been removed on pg.27 |
| | • P 32: Delete the last sentence | Deleted on pg. 29 |

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| ***References*** | • Incomplete references (e.g. Katz et al., 2002) | Corrected on pg.12 |
| | • Publication details city versus country | Corrected on pg. 52 - 56 |
| | • Capitalisation of journal titles (e.g. *International Journal of Audiology*) and Article titles | Corrected on pg. 52 - 56 |
| | • Spacing | Corrected on pg. 52 - 56 |
| | Use of full stops and commas | Corrected on pg. 52 - 56 |
| | The following references that appears in the reference list were not used in the text:<br>Brooks (2013), Burkard (2009), Katz (1994), Neutens and Rubinson (1997), Neville et al. (2011), Roeser et al. (2007) | Brooks added on pg. 32.<br>Deleted Katz, Neutens & Rubinson, Neville et al, Roeser |
| | The following references appears in the report but not in the reference list: Arnst and Katz (1982) [p. 7], SAAA (2009) [p. 15]; Parthasarathy (2006) [p. 18]; Canadian Interorganisational Steering Group (2012) [p. 19] | Corrected and deleted throughout report<br><br>Arnst reference added pg. 52<br>SAAA added pg.56<br>Parthasarathy deleted in report throughout<br>Canadian Interorganisational Steering deleted in report throughout |
| ***Other (not exhaustive)*** | • Page 2, 1st para: AAA reference date is 2010 but the in reference list it is 2012 | Corrected pg. 1 |
| | • Page 3, last para: Spelling of Wilsom vs Wilson and Campbell (in reference list) | Corrected pg.3 |
| | • Page 4, 2nd para, line 4: Katz et al. (not 1st time used) | Corrected pg.8 |
| | • Page 4, 2nd para, line 14: Dillon et al (not 1st time used) – apply throughout | Corrected throughout |
| | • Page 4, 2nd para, line 10: Dillon ref – no date | Corrected pg.8 |
| | • Page 6, 1st para: Moore ref (should be et al – not the 1st time used) | Corrected pg.9 |
| | • Page 11, last line: Millet should be et al. – apply throughout | Corrected pg 4 and 12 |

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| | • Page 18, 1st para: Spelling of Saleh ( in the reference Salah, Campbell and Wilson) | Corrected pg.5 |