Speech and Language Therapy in Sweden

Speech and Language Therapy (SLT) provision in Sweden is, in the main, similar to the UK. SLT is a public service, provided by either the local authorities or regional authorities, and all Swedish SLTs are required to have a licence to practise. However, the majority of school-aged children are treated in clinics (unlike the UK where local authorities send SLTs into schools) and Sweden has few special schools.

Sweden currently has five SLT education programmes, one of which is at Lund University. Our week-long visit provided a “whistle stop” tour of SLT practice in Sweden and Denmark.

Who do Speech and Language Therapists work with?

SLTs assess and treat children and adults with speech, language and swallowing difficulties. These include stroke, learning difficulties, hearing impairment, neurological disorders, head injury, head and neck cancer, cleft lip and palate, dementia, psychiatric problems, voice, stammering, problems producing speech and/or using and understanding language. SLTs really do work with clients “from cradle to grave”.

Monday: Introduction to SLT Dept, Lund University, Sweden

We were warmly welcomed by the Programme Director, Viveka Lyberg Åhlander, who introduced us to the department and its staff, quickly putting us both at ease. She explained the structure of the week and gave a short presentation about Lund University and the Speech and Language Pathology (Therapy) course. It was interesting to note the similarities, but also the differences, between the courses at Reading and at Lund. For example, both undergraduate courses’ duration is four years and both have an on-site clinic. However, Lund University teaches by using a problem-based learning style, introducing us to different ways of learning, which, with a dissertation to write, is always helpful.

We were introduced to Ulrika Tajthy, a Speech-Language Pathologist and Teaching Assistant, a role similar to that of “Clinical Tutor” here at Reading. Ulrika is a wonderful lively lady who, having had a varied career in the Swedish health system, gave us fascinating insights into the profession in Sweden. She told us about her masters research into Parkinson’s Disease and the effect of intelligibility on individuals who have electrical (“Deep Brain”) stimulation, and we learnt about our own voice and using relaxing and breathing techniques to gain good breath support. This was a thought-provoking area of teaching that was continued
mid-week, enabling us to analyse the mechanics of breathing and its relevance to speech. Ulrika then introduced us to three fourth year students who kindly gave up their afternoon to explain about the course from their point of view - a lovely ending to our first day in Lund.

**Tuesday: University of Copenhagen, Denmark**

A whole new dimension to the trip was added when we visited the University of Copenhagen’s Speech and Language Therapy Department. When organising the trip, we did not anticipate having the opportunity to see speech and language therapy provision in Denmark, the licensing system of which transpired to be so different to the UK’s. SLTs in Denmark do not need to have a three or four year university degree to practise, and this has caused great competition for jobs and a massive variability in the training and standards of the SLTs practising. Jenny Iwarsson, Assistant Professor, showed us around the department. Similar to Lund, Copenhagen’s SLT teaching is heavily focused on voice in normal and disordered speakers.

Jenny then showed us a computer programme which she played a part in designing and which helps SLTs to calibrate their grading of voice disorders by listening to disordered voices of differing severity. The intention is to improve the inter-clinician reliability of perceptual ratings of voice, and the CD has been distributed to clinics around Denmark. We were also able to hear about international working between Rikke Vang Christensen (a postdoctoral researcher) and Theo Marinis (our personal tutor) in the field of Specific Language Impairment.

**Wednesday: Academia, Lund University**

Midweek gave us the opportunity to join with the final year undergraduate students and hear a lecture given by the esteemed academic, Anders Löfqvist (Associate Editor for Speech Production in The Journal of the Acoustical Society of America and lecturer at Lund and Yale Universities). Professor Löfqvist challenged us to think about the credibility of science in terms of the process of scientific publishing, citing Dr Andrew Wakefield’s now discredited finding of the MMR vaccination and autism link as his opening example. As native English speakers, it had also never occurred to either of us that as English is now the universal language of science, any future publications from the Swedish students amongst whom we were sitting, will have to be in English (according to Prof Löfqvist “whether [the students] like it or not!”).

A session with Ulrika then followed. It was an illuminating role reversal to be put in the place of a client and be given exercises to reduce muscle tension and breathe diaphragmatically. Ulrika worked on different aspects of our voices that could be improved (e.g. reducing breathiness and lowering of pitch) and discussed how the voice can represent who we are and influence people’s (particularly clients’) perception of us as individuals.
Thursday: Clinic observations, Helsingborg Hospital

The university department kindly arranged for us to observe Speech and Language Therapy sessions at Helsingborg Hospital, one of the region of Skåne’s four specialised acute care hospitals. The SLT clinic (“Logopedmottagning”) is housed in a separate building and unlike British clinics, the twelve SLTs see both children and adults in one clinic. The head of the department explained that SLTs only have separate adult and paediatric clinics in Sweden’s largest cities (e.g. Stockholm and Gothenburg).

We observed Cecilia Lundström, the voice specialist (who also lectures at Lund), give voice therapy to a female client with hoarseness and a reduced pitch range following a vocal fold haemorrhage. Voice therapy can be quite eclectic but, interestingly, the techniques the therapist employed were much the same as those described by our lecturer of voice as her own personal approach. Compared to the UK, both Sweden and Denmark appear to have a particular focus on caring for voice patients. The clinic has its own recording studio for voice and cleft lip and palate patients. Recordings are taken before, during and after therapy and are automatically linked to the patient’s file on computer such that we could hear the dramatic improvement in the client’s voice quality since the commencement of her therapy block in June. Although, for the client’s comfort, parts of the session were in Swedish, the therapist and client did summarise key points in English.

We then joined Sara, an SLT working with adults, in the hospital and observed a FEES (Fiberoptic Endoscopic Evaluation of Swallowing) examination for the first time. A camera was inserted via the patient’s nose, to just above the level of the vocal folds. The video showed that this elderly lady had a typically disordered swallow often found in patients who recently have had strokes. This allowed the therapist to give safer and more reliable advice than the cheaper option of clinical palpation, as routinely used in the UK and throughout the majority of Sweden.

Friday: Surgery observations, Lund University Hospital

We donned scrubs for four hugely interesting hours of laryngeal, tracheal and oesophageal surgeries. We felt very privileged to have been given the opportunity to observe the phoniaticians at work (“super specialist” ENT doctors and a title unused in the UK’s NHS). SLTs are rarely involved in surgery as we usually only work with the “end result” of a patient’s surgery, e.g. to improve voice quality after laser surgery to remove a tumour in the glottis (vocal fold area).

The surgeons used a laser firstly to remove a tumour in the larynx of a male patient, and to carry out airway surgery for a lady with recurrent tracheal stenosis. The third patient, with a suspected widespread laryngeal cancer, only had a local anaesthetic because of an uncontrolled heart condition, so we heard the extremely severe persistent hoarseness of his voice caused by the
tumour. The final patient’s surgery gave us the opportunity to use knowledge of another aspect of our role as clinicians – disorders of swallowing (“dysphagia”). We observed endoscopic stapling of this patient’s pharyngeal pouch (when the pharyngeal lining herniates through the muscles of the pharyngeal wall). As with the clinicians at Helsingborg, the surgeons were fantastic in keeping us “up to date” in English with what was happening as they carried out the surgery. They magnified the endoscopic surgery onto a screen and they also allowed us to come forward and look through the instruments to the trachea and oesophagus below.

Sight-seeing in Copenhagen

The trip not only gave us new clinical experiences but also a chance to enjoy the delights of nearby Copenhagen and its laid back and tolerant pace of life. Our weekend of sightseeing included a number of royal palaces, the Danish Crown Jewels, Denmark’s most famous amusement park (the Tivoli Gardens) and the iconic Little Mermaid.

Final comments

We would like to thank the AHMS and JW Bee Award Fund very much indeed for allowing us to widen our view of SLT internationally and consolidate the knowledge we have already acquired in the first two years of our degree. We would also like to extend our grateful thanks to the staff at Lund University Logoped department for being so welcoming and organising such an interesting itinerary. Thank you also to Dr Theo Marinis, our personal tutor, for facilitating the trip.

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