EXPLORING SPEECH AND LANGUAGE THERAPISTS EXPERIENCE REGARDING THE ADAPTIBLITY AND ACCEPTABLITY OF STANDARDIZED ASSESSMENT TOOLS IN CLINICAL PRACTICE IN DHAKA CITY OF BANGLADESH

By

S.M. Asraful Alam

4th Year, B.Sc. in Speech & Language Therapy Department

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Research presented to the

Bangladesh Health Professions Institute (BHPI)

(*The academic institute of CRP)*

By

S.M. Asraful Alam

ashalam43@gmail.com

Supervisor

Md. Sazzad Hossain

Assistant Professor & Head

Speech & Language Therapy Department

Bangladesh Health Professions Institute (BHPI)

In partial fulfillment of the requirements for the degree of

B.Sc. in Speech and Language Therapy

Affiliated to the faculty of medicine, University of Dhaka

[January 2026]

APPROVAL

We certify that we have carefully read and recommended to the Faculty of Medicine, University of Dhaka, for the acceptance of this dissertation entitled “Exploring speech and language therapists experience regarding the adaptability and acceptability of standardized assessment tools in clinical practice in Dhaka city of Bangladesh.”

By

S.M. Asraful Alam

4th Year B.Sc. in Speech and Language Therapy

Approved by

Signature of Supervisor &

Head of Department

……..

Md. Sazzad Hossain

Assistant Professor & Head

Department of Speech and Language Therapy

CRP, Chapain, Savar, Dhaka-1343, Bangladesh

DECLARATION

I do solemnly declare that research entitled "Exploring Speech and Language Therapists' Experience of Adaptability and Acceptance of Standardized Assessment Tools in Clinical Practice at Dhaka City in Bangladesh" is not previously submitted to any other university for the purpose of awarding a degree. I declare that this thesis has not been presented, in any part or whole, for the award of any degree or diploma in any institution or university. All information, ideas, literature and data used on this study has been adequately referenced under the APA 7th edition style. This work was performed in accordance with the ethical standards of BHPI Institutional Review Board (IRB). I assume full responsibility for the accuracy, originality and integrity of the material contained in this thesis and for any errors or omissions.

Signature

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S.M. Asraful Alam

4th Year B.Sc in Speech & Language Therapy Department

Bangladesh Health Professions Institute (BHPI)

DEDICATION

This research work will remain dedicated and committed to my loving **parents**, who have unconditionally loved me, who have been with me and supportive at all times, and whose encouragement and motivation were always available for the taking. My parents have sacrificed, have been extremely wise, and have encouraged and believed in my capabilities. That is who and what I am. That's what enabled me to achieve this.

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List of Acronyms

Abbreviation	Elaboration
AI	Artificial Intelligence
ASHA	American Speech-Language-Hearing Association
BSc	Bachelor of Science
HICs	High-income countries
IDEA	Individuals with Disabilities Education Act Amendments
LMICs	Low- and Middle-Income Countries
MSc	Master of Science
MUST	Measure of potential barriers and facilitators to the Use of a Standardized assessment Tool
NGO	Non-Governmental Organization
SATs	Standardized Assessment Tools
SLT	Speech and Language Therapy
SLTs	Speech and Language Therapists
SLPs	Speech-Language Pathologists
SSLT	Society of Speech & Language Therapists
UK	United Kingdom
USA	United States of America

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ABSTRACT

Standardized assessment measures are crucial to assure that they are valid and reliable decision-making process in Speech and Language Therapy (SLT). However, their adaptability and acceptability in low-resource contexts such as Bangladesh remain under-explored. In this qualitative study was aimed to explore the experiences, views and challenges faced by SLTs working in Dhaka city when using, modifying and acceptance of standardized assessment tools in practice.

A purposive sample of 15 clinically practicing SLTs participated in data collection via semi-structured, open-ended interviews. The interviews were audio-recorded, transcribed verbatim, translated to English and analyzed based on Braun and Clarke (2006) thematic analysis. Participants were selected using purposive sampling and themes and patterns were determined through thematic analysis.

Five key themes were elicited from the analysis: (1) SLTs' experience and comfort level with standardized tools, (2) training and skill requirements, (3) cultural and linguistic barriers influencing tool usability, (4) institutional and resource constraints, and (5) recommendations for improving adaptability and acceptability. The findings revealed that SLTs understand the relevance of standardized tests in their practice but they are not easily accessible, and were rarely used due to training deficits; linguistically/culturally appropriate tools; English language content, materials unavailability; costs and policy support. The importance of developing standardized assessment tools in Bangla, opportunities for training professionals across disciplines and the need for interdisciplinary collaboration to improve diagnostic reliability were strongly highlighted.

This study highlights critical gaps in the current SLT assessment landscape in Bangladesh and provides evidence-based recommendations for strengthening standardized assessment practices. These results may have implications for relevant professional bodies, educators and policy makers in developing culturally- and linguistically-sensitive instruments, planning training pathways and implementing national guidelines to set standards for best practices in SLT assessment.

Keywords: SLT, SLTs, Speech and Language Therapy, Standardized Assessment tools, Adaptability, Acceptability, Qualitative study.

CHAPTER 01 INTRODUCTION

1.1 Introduction

The concept of evidence-based practice is relevant to the profession of speech-language therapy because it applies standard assessment procedures in a methodical manner when selecting treatment procedures so that therapy decisions are based upon fact and history, rather than subjective judgement (Cunningham, Hodge & Mullen, 2020; Jensen-Doss & Hawley, 2010). Speech and Language Therapy is very vital because it can help people when they have communication problems which could occur at any time in their lives. These disorders involve speech, language, voice production, swallowing and hearing. Examples of standardized assessment tools are questionnaires, which have been tested for reliability and validity but at regular intervals and in defined locations (McCauley, & Swisher: 1984; McCauley, & Strand: 2008; Paul & Norbury: 2012). Usually these tools do not use a reference data from selected people. Therapists can use this to objectively evaluate an individual's performance compared with peers (age-equivalent or disparity comparison), allowing for high-quality decision-making about appropriate treatment (McCauley & Swisher, 1984; McCauley & Strand, 2008; Paul & Norbury, 2012). SATs are associated with a great deal of professional responsibility, and are important for evidence-based practice to function effectively in many clinical areas (Jensen-Doss & Hawley, 2010; Cunningham et al., 2020).

While formal legislative law may be limited in the provision of in-policy legislation for speech and language therapy, professional bodies and some government policies play a substantial role in how assessments are conducted (World Health Organization [WHO], 2019). For instance, in the United States, the American Speech-Language-Hearing Association (ASHA) provides guidelines for what practitioners engaging in the assessment of bilingual children should adhere to when conducting such assessments (ASHA, 2016, 2020). The IDEA- Individuals with Disabilities Education Act Amendments of 1997 also stipulate that students be evaluated in their language of preference. As for assessment time, the other professional standards are not significantly different from current international standards and best practice guidelines that Lebanon's Speech-Language Therapists are working towards (WHO, 2019). In terms of appraisals these concepts highlight the necessity for valid psychometric tools to be used.

Standardized exams one aspect of professional training and policy in many wealthy

countries, including the United States, United Kingdom and Australia, is standardized examinations. Applying a similar methodology, however, in other countries (mainly low and middle income) may raise important concerns on the cultural relevance and validity of already existing instruments. Several studies have found that typical standardized tests designed for monolingual English-speaking children struggle to capture what bilingual or multilingual students know. For instance, the findings illustrate how difficult it can be to determine how proficient bilingual kids are in speaking and writing, for there are few norm-referenced tests that exist for such a group.

The government of Bangladesh, as well as professional organizations that provide speech and language treatment, had not yet formulated such rules or legislation regarding the use of assessment tools; how to adapt them; or how to standardize them. This is because the government has still not spelt out the assessment mechanism. It also makes it more difficult to use evidence based approaches (Noor, Alam, & Habib, 2021; Sultana, 2023). This is on top of the fact that it makes things harder. Diagnostic procedures may fail to detect or misidentify communication disorders in groups with specific sociolinguistic characteristics. This is because diagnostic tests are not sufficiently specific to discover this sort of abnormalities. Practicing in the low- and middle-income countries of the world I am constantly surprised by how this process is repeated with almost criminal neglect given to not only proper use but also training in their potential misuse. Speech-language therapists in Southeast Asia explained that this limitation was particularly evident within multilinguistic environments. They have discovered that inadequate training and access to resources suitable for children who speak more than one language are two of the issues that arise (Smith et al., 2025).

There are so many problems in Bangladesh that are like unsolvable. Typically, speech and language therapists in developing countries rely on translations of Western tools that are culturally non-specific or lack psychometric accuracy. This threatens to undermine diagnostic accuracy and culturally appropriate healthcare (Sultana, 2023; Afrin et al., 2024). While there are more people learning about evidence-based practice, there is also many systemic problems to be addressed. One set of the problems is restricted access to training and variations in the language of evaluation materials across countries.

Studies conducted in different countries of the world have highlighted some variables that help or inhibit the use of evaluation tools. It is said to be easy to learn, inexpensive and culturally appropriate. There are some obvious connections between the issues of

both availability and appropriateness in Bangladesh and the requirement for screening processes good enough not only in technical performance but also acceptability, for low- and middle-income countries, as So et al. said. In the area of therapy for both children and adults, there is a large gap in the literature regarding the views and practices of speech language therapists in Bangladesh as practitioners working within the field speech-language therapy.

Contemporary local literature, such as Solon, provided some interesting data relative to curative procedures and difficulties experienced by therapists. Yet there are moments when it doesn't pay adequate attention to how people actually use and turn technologies to their purposes. Solon has an excellent reputation for this. The purpose of conducting this study is to explore the services provided by Speech and Language Therapists (SLTs) for resolving these problems in Bangladesh as well as the ways tools can be developed more effectively to benefit them. This is to fill the cavity that has been created.

1.2 Significance of the Study

The use of standardized assessment procedures are an important component of evidence based speech and language therapy as they provide therapists with objective measures to determine the presence or absence of communication disorders. They are not widely used in low- and middle-income countries, including Bangladesh, due to several reasons including cultural insensitivity and language barrier (Castilla-Earls et al., 2022; Cunningham, Hodge & Mullen, 2020; Girolamo et al., 2022). A number of reasons account for this limitation. Many Speech and Language Therapists in Bangladesh are still using unstandardized assessments, and continuous interaction with patients of varied linguistic background increases the chances of error (Rasheeka, Gupta & Dey, 2022; Sultana, 2023). This is because there are no culturally relevant instruments. There is no explicit requirement in clinical and official guidelines for the application, adaptation and normalization of these tools. An important aspect is that evidence-based procedures are also underutilized, leading to a greater frequency of misdiagnosis (Noor, Alam, & Habib, 2021; Sultana, 2023). This study is crucial for clinical SLT in Bangladesh as it fills up a huge gap in the knowledge and presents how this will allow for more efficient training, policy formulation, and targeting of tools towards improving diagnostic accuracy and culturally sensitive therapy.

Recent initiatives to develop and validate speech and language tools for Bangla speakers are an indication of the significance of this work. Upcoming training initiatives will be more useful only when the opinions of SLTs regarding these technologies are documented.

It is now very common to use test measures in high-income countries such as the United States, UK and Australia, with the US particularly pioneering in this field through extensive t raining and legislation. But low- and middle-income countries (LMICs) don't go in for them much either because they aren't culturally acceptable, there is insufficient training, or there are not enough resources. For example, SATs are considered theoretically useful by SLTs in Iran, India and Pakistan; nevertheless, largely as a result of the absence of native-language tools, they tend to rely on clinical hunches or non-standardized practice (Nair et al., 2023 Farah & Cushing; Noor et al.; Rasheeka et al.).

The importance of this study is to fill up local literature gap regarding experiences of SLTs and receiving data of SAT acceptability in BD (Sultana, 2023). Impacts include improved training and flexible tools to support SLT clinical confidence and success;

accurate diagnosis to prevent multilingual misdiagnosis of clients; evidence-based protocol for capacity building, policy makers and, practice scale up amongst practitioners and alumni in Bangladesh- South Asia (Donald & Calia, 2025;Nair et al., 2023;Noor et al., 2021;Yeo et al., 2025).

The current examination adds to the global discussion of culturally appropriate speech language therapy approaches in low-resource contexts which reach across international boundaries. Bangladeshi perspectives will contribute to the evidence base from other LMICs and help inform recommendations on clinician capacity building and application adaptation (Donald & Calia, 2025; Yeo et al., 2025). This work may help determine how to consider culturally appropriate strategies for handling SLT as it expands rapidly in South Asia and other likeminded locations.

1.3 Research Question

How do Speech and Language Therapists (SLTs) in Dhaka, Bangladesh, perceive and experience the adaptability and acceptability of standardized assessment tools in their clinical practice?

1.4 Objectives

1.4.1 General Objective

- The study explores the experiences of Speech and Language Therapists in Bangladesh regarding the use, adaptability, and acceptability of standardized assessment tools in clinical practice.

1.4.2 Specific Objectives

- To ascertain the perceived advantages and disadvantages of standardized assessment tools as experienced by SLTs in Bangladesh.
- To investigate the contextual impediments and enablers affecting the utilization of standardized assessment tools in clinical environments.
- To see how well current standardized tools can be used in Bangladesh's language, culture, and clinical settings.

1.5 Literature Review

Standardized assessment tools, often known as SATs, are considered to be an essential component of speech and language therapy (SLT), particularly within the frames of evidence-based practice methodologies. For the purpose of assisting precise diagnosis, therapeutic decision-making, and intervention management planning, these instruments offer procedures that are systematic, objective, and repeatable for measuring speech, language, and communication abilities. In order to lessen the amount of subjectivity that is involved in clinical estimation and to raise the amount of consistency that exists amongst physicians across all service systems, SATs provide specified guidelines for the administration and scoring of their exams. According to Mansuri et al.'s research from 2020, as a consequence of this, they considerably improve the quality, accountability, and transparency of speech-language therapy treatments for a variety of developmental and acquired communication issues.

In high income countries (HICs), SATs are established as part of SLT practice and can operate within the appropriate educational, organizational and policy framework. Several popular standardized tests have employed extended normative reference samples that include a large proportion of individuals from monolingual English-speaking populations. These tests have been subjected to rigorous psychometric assessment to establish their reliability, validity, and treatment usefulness. According to Castilla-Earls et al. (2022) the USA, UK and Australia all regard SATs as an essential technology for clinical assessment. That’s why these institutions and other professional organizations all endorse the use of standardized testing in such circumstances. Importantly, they advocate for these structures as necessary in ethical and evidence-based care.

New evidence suggests that in wealthier countries health professionals are more liberal in the use of SATs. Binns et al. (2022) reported that more than 83% of SLPs rely on standardized/norm-referenced testing tools in their clinical practice. The big percentage comes because tendering to those standard tests is considered more serious. The research explored just how frequently tools are used, but also how that might change depending on more practical matters — such as time constraints and caseloads — and the amount of experience each participant had with every tool. The findings suggest that the wide-scale introduction of SATs may not be achieved, even in resource-rich environments. Findings suggest that, despite the widespread availability of evaluation tools, healthcare providers in high-income countries predominantly use a limited set of common

instruments. Denman et al. (2023) conducted an international survey of 335 SLPs that shows while many respondents owned standardized language tests, there were few methods consistent across caseload types. This pattern suggests that tool assignment is more strongly related to restricted consideration of options than it is to the level of training exposure, perception of clinical efficacy or administrative convenience among participants.

While known technology might make the process easier, it might not be able to provide children with advanced communication or unique profiles a comprehensive-enough trial in their own space. In LMICs, SATs are not commonly obtained and are only used when clinically indicated. In high-income countries (HICs), however, they are used constantly. There's lot of structural issues make it very difficult to apply standardized tests in these situations (Girolamo et al., 2022). These constraints include limited professional development options, lack of access to proven control instruments and resource shortages. Cunningham et al. (2020) also indirectly showed that social therapists working in low- and middle-income countries (LMICs) frequently need to rely on informal assessment methods or tools developed by clinicians which lack established psychometric properties. This can be attributed to inadequate supportive systems, under-developed care infrastructure and a high clinical workload.

As a result, evidence-based assessment processes may encounter further challenges in securing support, and the process of determining accepted diagnoses may rely more on clinical judgment than on norm-referenced measurement. The linguistic and cultural diversity of low- and middle-income countries (LMICs) presents an additional hurdle for SATs. Most standard instruments are created in Western or English-speaking settings, but they have been used based on language criteria that may not fully reflects how people who speak more than one language or who are diverse communicate. If the tools and processes that are designed to directly evaluate linguistic activity across several languages are not used correctly, then these might lead to cultural bias, misconceptions of language proficiency, and wrong diagnostic findings. Nair et al. (2023) expressed that rigorous adaptation approaches are important to ensure the reliability and validity of the SATs in novel linguistic and cultural contexts. These steps are translation, back-translation, cultural adaptation, and psychometric validation.

Empirical studies also underscore the consequences of inadequate adjustment. Patla et al. (2023) have reported that the Western based standardized tools are highly challenging

to use with bilingual school aged children by speech language therapists in India, because these do not goes with the code-switching patterns, dialectal variation and culturally laden uses of language. This problem is similar to that described in a variety of LMICs, where there are few culturally appropriate SATs which hampers the diagnostic accuracy and subsequent planning of interventions.

These findings reflects the need to create instruments that are sensitive in the local linguistic context rather than depend exclusively on translations of Western tools.

Recent technologies, particularly AI, are suggested to mitigate some of the problems related to SAT adaptation and accessibility. In AI-facilitated assessment, the dynamic adjustment of AI assessment systems to test content, scoring, and interpretation in local languages and cultural contexts can also increase localization (Yeo et al., 2025). These sorts of systems might potentially lead to less reliance on static normative datasets and more context-responsive testing approaches. But the applicability of AI solutions is highly dependent on the existence of optimal digital infrastructure, trained clinicians, and ethical oversight. Like in other LMICs, such as Bangladesh, the applicability of the AI-driven tools is restricted by a lack of technology and trained personnel. Despite the potential for revolutionary breakthroughs, the current state of AI's usefulness in low-resource settings remains inadequate.

The complications in using SATs are more strikingly relevant within the Bangladeshi context. There is evidence for the use of translated Western instruments in other contexts, and it has been noted that SLTs in Bangladesh use a number of content-equivalent assessments (Sultana, 2023). Clinicians therefore commonly add, or simply substitute, standardized tests for informal observational measures when they wish to screen for speech-sound or language difficulties. Although these methods might be applicable in a resource-poor environment, they tend to carry a higher rate of variability in examination findings and diagnostic accuracy. These practices are indicative of wider systemic weaknesses within the Bangladeshi SLT context, namely restricted availability of locally validated tools for testing, problems surrounding insufficient training in administering standardized tests, and the lack of an authoritative regulatory framework in relation to assessment practice (Afrin et al., 2024; So et al., 2022). Even though there have been ongoing attempts at translating and validating Bangla-adapted SATs, the work has just begun. Afrin et al. (2024) noted that there is growing evidence for the reliability and validity of some Bangla-translated SLT assessments, but still some more large-scale

validation studies are called for before their widespread clinical use. In addition to physician and systemic barriers, patient and family attitudes also influence acceptance and effectiveness of SATs. In several LMIC settings, people would prefer to be assessed in their native language and according to familiar cultural norms. These preferences also affect participation, cooperation, and the trust in assessment results. When assessment instruments do not take into account patients' language, culture, or worldview, they may be seen as irrelevant or inappropriate and can result in a negative impact on the therapeutic alliance and treatment outcome.

Under these circumstances, it is important to construct SATs that are not only psychometrically sound, but also culturally appropriate and socially meaningful (O'Donald & Calia, 2025). The key findings indicate variation between HIC and LMIC in the distribution and access to resources, the modification of standard assessment tools for development tracking and consistent use of SLT testing. The reason for this difference is that HIC countries earn more money than LMIC countries. One likely explanation for this discrepancy is that high-income countries now are richer than low-income ones in the past. Evidence-based practice, commonly known as EBP, is revered by many as the Holy Grail. It's bad enough that everybody knows the fashion for using something like SATs is very important. But in order to use these strategies effectively you need to think beyond clinical expertise. You also have to consider cultural competency and what resources are available within the person's community. When it comes to a goal of improvements in quality, equity and access to speech therapy services in low resource settings such as Bangladesh, it is downright essential to overcome these challenges to reach the goal. Among the ways to reach that goal might be creating tools that are culturally appropriate, training clinicians with a focus on this area and conducting research of relevance to the region. Here are a few other possible ways to do this.

1.6 Operational Definitions

1.6.1 Speech & Language Therapy (SLT)

Speech and Language Therapy or SLT is a specific area of healthcare which supports individuals who struggle with communication, voice and swallowing.

1.6.2 Speech &Language Therapist (SLT)

An SLT is a trained and certified specialist who has undertaken training in Speech &Language Therapy, who provide assessment and intervention communication, speech, language, voice, and swallowing services disorders.

1.6.3 Standardized Assessment Tools (SATs)

These are structured tools used in clinical settings to assess a variety of speech, language, and communication skills. They follow a predetermined set of instructions and scoring methods to ensure consistency and comparability across individuals. SATs are developed through rigorous testing to establish validity (accuracy in measuring what they intend to measure) and reliability (consistency of results over time). These tools are widely used in the diagnosis, treatment planning, and monitoring of progress in speech-language disorders.

1.6.4 Adaptability of Standardized Assessment Tools (SATs)

In the current study, adaptability of SATs specifically denotes how far standardized measures for speech and language could be altered to match and efficiently serve the clinical need in Bangladesh. This involves the SLTs' capacity to modify test language, instructions, and administration practice according to clients' mother tongue (MT), regional dialects, and cultural background while preserving the integrity of the assessment. A tool is regarded as adaptable if it has the potential to be optimally used in routine medical practice and when it is clinically relevant and contextually applicable.

1.6.5 Acceptability of SATs

Acceptability refers to SLTs' perceptions of how appropriate, useful, feasible, and relevant standardized assessment tools are in their everyday clinical practice. This includes their attitudes toward using the tools, perceived benefits and limitations, and the extent to which the tools meet client needs in Bangladeshi clinical settings.

CHAPTER 02 METHODOLOGY

This chapter outlines the study's methodological manner to determine its objectives. This study investigated the experiences of Speech and Language Therapists in Bangladesh regarding the use, adaptability, and acceptability of standardized assessment tools in clinical practice.

2.1 Study Design

This study's paradigm was qualitative because it was desired to explore the lived experiences of humans (Creswell & Creswell, 2013). Qualitative research concerns the social context in which human beings experience their world (Dew, 2007). In qualitative research, the 'science of numbers' comes after people's words or stories (Liamputtong, 2013; Patton, 2015). Four specific characteristics of qualitative methodology were used in this study: We describe the use of naturalistic setting, inductive reasoning, data triangulation, and narrative inquiry. According to Creswell (2013), the setting is part of the phenomenon being studied in qualitative research. Qualitative research has the characteristic of inductive reasoning. The data is initially specific and generalized at the end (Braun & Clarke, 2013; Creswell & Poth, 2018; Liamputtong, 2013). The student researcher did not have a hypothesis, but data was collected from participants separately and later yielded themes. The student researcher listened to the participants, observed during the interviews, took notes, and reflected critically on the findings. Creswell (2013) and Patton (2015) described qualitative research data triangulation as using multiple data sources in qualitative research. Additional data sources included demographic information, field notes, reflective journals, and in-depth semi-structured interviews. A comprehensive understanding of the studied phenomena was achieved through this approach (Patton, 2015). It is also a qualitative research strategy that allows the researcher to look at the data from different sources and describe the study phenomena richly and in detail (Carter, Bryant Lukosius, DiCenso, Blythe & Neville, 2014). In the same way, according to Clandinin and Connelly (2000), a narrative inquiry can allow participants to talk about their past, current and future experiences. The data in this study had a chronology: The researchers similarly structured the findings by having the participants describe their occupational identity, competence, and environment relative to their current status and the plan.

2.2 Sampling

The participants were chosen through a purposive sampling method. This nonrandom sampling method is frequently employed in qualitative research designs to select individuals or surroundings possessing a specific characteristic (Fitzgerald et al., 1997, p. 6). The researcher selected this sampling technique because it gathers accurate data from subjects based on the study's requirements. Qualitative research is generally conducted by asking questions to a relatively small sample of subjects and gathering detailed data (Fitzgerald et al., 1996, p. 221). In purposive sampling, the researcher will choose the sample according to the researcher's judgment. The case was selected intentionally for the study. However, purposive sampling necessitates careful consideration of the population parameters relevant to choosing a sample case.

According to Galanty (2000: Purposeful sampling) (337), the researcher utilizes their judgment to choose a sample that they know will provide them with the required data rather than simply studying accessible to anyone. Sampling for statistical purposes is representative and usually used in small-population qualitative research.

Harviland (1996:4-10) asserted that 4-12 individuals are essential for qualitative research. It will give a representative picture of such a small number of participants. Due to this, the researcher sourced data from qualified SLTs who could achieve the study’s purpose as per the inclusion criteria. Purposive sampling strategies help illuminate the experiences of selected individuals and groups, theories, and concepts. Under these conditions, a sample group of fifteen (15) participants was chosen for this study.

2.3 Study place

The study was also done in various private clinics, other hospitals, rehabilitation institutions, NGOs, and special schools in addition to the Centre for the Rehabilitation of the Paralyzed.

2.3.1 Study population

The subjects of this study were clinic-based SLTs working in different settings in Dhaka City, such as private practices, hospitals, rehabilitation institutions, NGOs, and special schools.

2.3.2 Informed Consent

The consent form was prepared in English {Appendix- 1(a)} and in Bengali {Appendix-1(b)}. The researcher obtained the participant's consent. The consent of those interested in participating in the research was obtained by signing a consent form. Furthermore, it has been ensured that all the individuals taking part in this research are in no way affected by their participation in this study. The information of the participants has been kept confidential by the researcher, and this information would never be disclosed to anyone. The reason for using this interview in this study has been conveyed to all those taking part in this research. Their identities as well as their addresses would remain anonymous in this research.

2.3.3 Inclusion criteria

- Must possess a B. Sc. in Speech and Language from any accredited institution, as declared by BRC (2018).
- Participants who were directly involved in assessment and practice for more than one year.
- Participants who provided informed consent.

2.3.4 Exclusion criteria

- This study excludes all individuals who are not practitioners.
- Participants were excluded if were not practicing clinically for at least one year.
- Participants who are unwilling to take part in this study will not be considered.

2.3.5 Rationale

These criteria were used to ensure that the participants taking part in the research would be competent and experienced Speech and Language Therapists. Including SLTs with a B.Sc. degree and at least 1 year of clinical experience helped to ensure that the practice-based findings were relevant and credible. Ethical guidelines required that individuals consent to participation. In order to maintain the integrity of findings, and ensure that they were meaningful for use in practice, non-practitioners, SLTs with minimal experience or those who declined to participate as part of the study were excluded from participation.

2.3.6 Participants Overview

This study comprised fifteen eight practicing pediatric setting and seven practicing at adult setting Speech and Language Therapists (SLTs). Purposive sampling techniques were used to select the participants to ensure that the selected professionals had different experiences, institutional affiliations, and geographic locations. The next page in the table gives an overview of the identified participants.

Table: Participants Overview

Participants	Age	Gender	Work settings	Practice Unit	Experience (Years)	Educational Background
001.	28	Male	Private Clinic	Pediatric	2	Bachelor's
002.	28	Female	Inclusive School	Pediatric	2	Bachelor's
005.	28	Male	Private Clinic	Pediatric	2	Bachelor's
006.	37	Female	NGO	Adult	12+	Master's
007.	26	Male	NGO	Pediatric	3	Bachelor's
008.	27	Female	Rehabilitation Centre	Pediatric	3	Bachelor's
009.	36	Male	Rehabilitation Centre	Adult & Pediatric	12+	Master's
010.	26	Female	Rehabilitation Centre	Pediatric	2	Bachelor's
011.	28	Female	NGO	Pediatric	3	Bachelor's
012.	27	Female	NGO	Pediatric	2	Bachelor's
013.	29	Female	Rehabilitation Centre	Adult	3	Bachelor's
014.	32	Female	Rehabilitation Centre	Adult	6+	Master's
015.	29	Male	Private Hospital	Adult	4	Bachelor's
016.	36	Female	Rehabilitation Centre	Adult	6+	Master's
017.	29	Female	Rehabilitation Centre	Adult	3	Bachelor's

2.4 Data collection

2.4.1 The Data-Collecting Instrument

Semi-structured interviews were conducted using standardized questionnaires with experienced speech and language therapists from various regions of Dhaka city of Bangladesh to explore the experiences of Speech and Language Therapists in Bangladesh regarding the use, adaptability, and acceptability of standardized assessment tools in clinical practice. During the interview, English questionnaires were translated into Bengal for the participants. At that time, some other required materials, such as a pen, pencil, stopwatch, white paper, and clipboard, were also used. The investigator received permission using a written consent form for each participant.

2.4.2 Data Collection Method

Questions from a questionnaire were asked to the individuals, and data was collected, which took around 15 to 30 minutes. Questions were answered in a general manner by the respondents.

2.4.3 Data Collection Procedure

First, the investigator explained to the participants the importance of conducting this research, the study's aim, and the study's objectives so that knowledge about the study is given to the participants. This would make the therapist willing to participate and answer the paper correctly. After that, the investigator explained how to fill out questionnaires and took the signature on the consent paper. The investigator set the sample for the qualitative part, and permission was requested to interview for about 15-30 minutes while maintaining confidentiality. To avoid disturbance, the interview section was done in a quiet room. A mobile phone was used to record the interview with participant's consent, and other information was recorded on paper.

2.4.4 Data Analysis

Thematic analysis of the interview data was conducted to enable a deeper understanding and detailed description of the empirical material. Finding the meaning of the research questions onto the data is for coding and ends with discovering themes (Thematic Analysis, 2013). I used the six phases of thematic analysis (Braun & Clarke, 2013). First, the student researcher reviewed the steps of the analysis with the supervisors, as detailed below.

Step 1: Get Familiar with the Data

The researcher audio-recorded all interviews and transcribed them verbatim in Bengali.

These were subsequently translated into English to make the data easier to analyze. Transcribing and translating, the researcher reads the transcripts repeatedly to become deeply familiar with the content, marking key statements, and recording the initial impressions.

Step 2: Generating the initial Codes

In this stage, the first codes generated by writing the meaning of the underlined text are made by student's researcher. The first phase of codes will also be established by the student researcher and supervisors. We systematically coded all the interesting features in the data. I observed there was a constant manner in which they described what the same or similar things meant. For instance, when the student researcher put down in his own words what the first codes meant to similar responses by various participants of a question of an interview guide he used the same word for that task.

Step 3: Searching for tentative Themes.

In this phase, all first-order codes were revisited to identify broader patterns of meaning. The researcher exported the codes and quotes and set them out physically-for example, on post-it notes-to visually map the relationships between codes. Codes reflecting similar concepts were grouped, enabling early development of tentative themes and subthemes.

Step 4: Reviewing Themes

These preliminary themes were then reviewed against the coded data and also against the data set as a whole in order to check for consistency. This also enabled the development of a preliminary thematic map, which was then reviewed with supervisors. This stage allowed for a set of themes, as well as subthemes, to emerge, including five key themes.

Step 5: Defining and Naming Themes

These themes were further developed with a focus on encapsulating the essence of participant experiences. Every theme, subtheme, has been defined, named, and described. This has helped in developing a comprehensive theme structure that provides a narrative of experience of SLTs with adaptability and acceptability of standardized tools in assessing in the city of Dhaka in Bangladesh.

Step 6: Producing the Report

Therefore, the final stage involved developing a thorough narrative analysis for detailing in the findings chapter. The findings report began being constructed by

connecting interpretations of data with quotes from subjects. This report-writing step aimed to offer a comprehensive description of how a set of themes, related to answering a research question, described SLTs in Bangladesh.

2.4.5 Ethical Considerations

- Ethical clearance was obtained from the Bangladesh Health Professions Institute Institutional Review Board in advance of data collection, and this ensured the moderation of ethical principles and institutional guidelines relevant to the study design, data collection, and analysis.
- Obtain informed consent from all participants before data collection, ensuring confidentiality and anonymity.
- Follow ethical principles and standards for the conduct of research in which human beings are subjects, out of respect for persons, beneficence, and justice.
- Privacy and confidentiality of sensitive data obtained in the research process should be ensured.

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CHAPTER 03 RESULT

Thematically, this chapter follows findings based on face-to-face in-depth interviews with fifteen Speech and Language Therapists (SLTs), who work in Dhaka city, Bangladesh. The data were thematically analyzed manually using the system approach where I read and re-read the transcripts to become familiarized, followed by initial coding, creation of categories, identification of sub themes and finally developing major thematic areas. The results provide insights into SLTs' practices and feelings with regard to utility and feasibility of standardized assessment tools in Bangladesh as a clinical setting. To increase credibility and transparency the findings are illustrated with verbatim participant quotes – where denoted by participant code (P001–P017) all participants (all those except for pilot participants P003 and P004).

3.1: Overview of Themes and Subthemes

Five main themes emerged as a result of the study, and these themes revealed the experiences, concerns, and views of SLTs around how appropriate the use of standardized assessment is within Bangladesh's clinical practice space. The study was carried out in Bangladesh. These themes are:

- SLTs' Experience and Comfort Level with Standardized Tools
- Training and Skills Required for Using Standardized Tools
- Cultural and Language Barriers in Standardized Tool Use
- Institutional and Resource Barriers
- Recommendations for Improving Adaptability and Acceptability

3.2 Theme 1: SLTs' Experience and Comfort Level with Standardized Tools

This theme investigates Speech and Language Therapists' (SLTs) perception of use of standardized assessment tools for clinical applicability in Bangladesh. Overall, participants expressed mixed perspectives. Results Overall the majority of SLTs agreed that standardized tools are clinically useful and improve assessment quality, however few felt competent to use them due to lack or infrequent usage, familiarity and environmental barriers. Some participants strongly agreed regarding the use of standardized tools, some with a reservation and others hardly had any practice using these tools. These diverse perceptions show a discrepancy between theoretical knowledge and practical use in everyday clinical practice.

3.2.1: Positive Perception toward Standardized Tools

A large number of respondents showed strong agreement regarding the 'usefulness' of standardized assessment instruments. These SLTs believed that standardized instruments were important for enhancing diagnostic precision, enabling a structured assessment and helping to make informed treatment planning. Respondents suggested that the use of protocols or tools, where these are suitable and available, helped toward clearer identification of clients problems.

> *"Because standardized tools help me clearly identify the patient's problem."* (P001)

> *"They are very specific and help in accurate assessment based on condition and age."* (P010)

> *"They improve clarity in assessment and help in planning treatment easily."* (P015)

Such responses indicate strong support for standardized instruments as being more organized, objective, and clinical than informal methods of assessment. The standard instrument champions in the participating sites believed that structured interviews improve clinician certainty, increased provider accountability and were useful for evidence-based decisions. The deal between them implies that SLTs agree that standardized tools are the preferred instruments to ensure quality and consistency of assessment in everyday clinical work.

3.2.2: Limited Practical Experience and Irregular Use

Although some participants agree benefits of have utilities of standardized tools, they reluctantly agreed that the level of using such tools is occasionally or barely. The SLTs in teaching did not report much exposure, which had a negative impact on confidence and familiarity gradually.

> *"I do not use them regularly, so sometimes I feel less confident due to unfamiliarity."* (P011)

Some individuals also mentioned that they don't use standardized tools right now but understand the value of doing so.

> *"I do not use standardized tools; if I did, I could assess patients in a more structured way."* (P012)

> *"No challenges because I do not use them."* (P012)

These comments appear to show a disparity between perceived utility and actual use. Participants indicated that although they endorsed the need for standardized assessments, exposure and opportunities to use such tools were few leaving them lacking confidence and feeling less comfortable. This hesitancy erodes assessment abilities slowly and emphasizes a gap between learning (academically) and earning (practically).

3.2.3: Influence of Clinical Environment on Tool Use

Several SLTs reported that their workplace structure limits their ability to effectively implement standardized tools.

> *"My working environment does not have the facilities to use standardized tools, which is a major limitation."* (P014)

> *"Patients are more comfortable with informal assessment tools."* (P017)

Such beliefs indicate that, in situations where SLTs are disposed to use standardized instruments, contextual factors (e.g. poor infrastructure, patient anxiety and cultural preference/availability of materials) compromise the feasibility of using them. Hence, certain therapists prefer non-standardized or flexible procedures in order to adapt according to clients' comfort levels and contextual requirements. It's a practical accommodation, not throw-the-baby-out discard of standard tools.

Diversity and connectedness of perceptions of SLTs in Bangladesh related to standardized assessment in the theme, diversity and connectedness is evident that the speech–language therapists (SLTs) in Bangladesh have differing views about standardized tests. The majority of participants totally agreed that standardized instruments improved quality of assessment and clinical decision making, however several were partially or not able to use standardized tools because of lack of exposure situations. As such, this theme indicates that in principle SLTs prioritize the use of standardized tools for assessment but barriers at the practical, institutional and contextual level heavily impact on their comfort with and regular use of these tools within clinical practice.

3.3 Theme 2: Training and Skills Required for Using Standardized Tools

The prominence of this theme highlights the importance in training and value of professional expertise when using standardized measures. Consistently, the participants emphasized that training and ongoing practice are necessary for contextually meaningful test administration, scoring, and interpretation. Yet many SLTs report that there were few, if any, opportunities for formal training, workshops or support from their institutions. Some therapists received instruction from elsewhere online, but that was atypical. Taken together, the results indicate that insufficient training is among the major challenges on regular and confident use of standardized technologies by people in Dhaka, Bangladesh.

3.3.1: Need for Professional Training and Expertise

Most participants agreed that they need to be professionally trained and hands on work experience is required to apply standardized assessment tools effectively. SLTs also repeatedly stressed that it is not enough to own a tool, but one needs to be familiar with its structure, the way of administering and guidelines for interpretation.

> *"Knowledge about the tool, proper training, and experience are necessary."* (P006)

> *"Understanding tool items and knowing how to ask questions accurately is essential."* (P002)

> *"Combined academic and in-service training improved my understanding."* (P011)

These illustrations support a common assumption that using standardized instruments demands certain skills, which are not learned through theoretical training only. Learners who had experienced training in both the classroom and clinical setting felt more confident and clear when working with standardized tests. This category more or less concurred that training directly affects the reliability and validity of assessment results.

3.3.2: Insufficient Training Opportunities

Most of them agreed on the significance of training, but many participants disagreed that sufficient opportunities exist in Bangladesh. Many SLTs felt knowledgeable with academic knowledge, but no formal/shown tool-specific training depicting how they had also limited confidence and usage of the tool.

"I have academic knowledge but no specific training on standardized tools." (P005)

"There is a lack of training and financial support to adopt these tools." (P013)

These groups are disappointed that there are no formal workshops, certificates and support from recognized institutions. A few partially agreed of the existence of teaching at level 1, but stressed that it was very inadequate in terms of creating clinical competence. On several occasions, the lack of training opportunities was associated with low confidence and variable use of standardized assessment in everyday practice.

3.3.3: Value of External and Online Training

Fewer respondents also had positive things to say about external/online training programs. These SLTs concurred that training of this type substantially improved their skill and confidence in employing standardized tools.

"I have used several standardized tools, including TALK Tools for Autism and completed a 4-day in-person course and also completed a 6-hour online course on standardized tools." (P005)

But while there is recognition of the merits of external and online training, it was pointed that access to these is patchy. Many SLTs were in agreement about the need for such training, but highlighted cost, time and restricted access as barriers that prevent most clinicians from benefiting. This discrepancy between skill acquisition among professionals leads to variations in practice.

On the whole, Theme 2 expresses consensus among SLTs that training and professional experience are essential for effective use of standardized assessment instruments. But there is a divergence of views on whether there are sufficient training facilities in Bangladesh.

3.4 Theme 3: Cultural and Language Barriers in Standardized Tool Use

This theme encompasses participants' shared issues concerning the cultural and linguistic relevancy of standardized assessments in Bangladesh. The majority of respondents believed that language and cultural mismatch constitute major obstacles to practical application of standardized tools. However, while some SLTs leant heavily towards language as a key barrier, others recognized the additional challenges to assessment accuracy introduced by the cultural relevance and regional diversity. Some of the users did in fact try-out some non-formal adaptations magnifiers, stating however that they discovered it was not enough.

Participants generally reported that the standardized tools that have been developed in Western and English-speaking contexts frequently do not correspond to linguistic realties, cultural norms, or lived experiences of their Bangladeshi clients. Consequently, SLTs are often faced with making decisions based on clinical judgement and improvisations for adjustments that may affect standardization and reliability.

3.4.1: Language Mismatch Reduces Tool Usability

Language barriers emerged as a common theme among the majority of participants, who identified language-related difficulties as one barrier to the optimal functioning of assessment instruments. Several SLTs concurred that the dominance of English-based resources forms a major barrier to comprehending for Bangladeshis, especially since BD clients generally do not understand much English. Focus group participants highlighted unfamiliar language and complicated sentence structures as barriers between clients' comprehension and performance on the assessment tools.

A few SLTs expressed the views on prioritisation of Bangla for assessments:

> *"Language should be prioritized; translation into Bangla is essential."* (P001)

Others, however, were concerned that direct translation alone might not suffice, as meaning can change during the act of translating:

> *"Some English terms are not understandable, and translation changes the meaning."* (P017)

Some of the contributors admitted that they do try and reform language in an adhoc manner to fit a Bangladeshi context:

"The language aspect is complex; we modify it to fit Bangladeshi context." (P005)

These responses suggested considerable consensus that language incommensurability hampers the usability of tools, although SLTs vary in the strategies used to address this problem. Some believe that translation is important yet others continue to be skeptical regarding clinical inaccuracy.

3.4.2: Cultural Relevance and Contextual Fit

Apart from the language issue, there was also a consensus among participants that cultural appropriateness is key in the success of assessments. Several SLTs shared that the test item, pictures and task examples included in standardized measures do not reflect the Bangladeshis' cultural practices, daily life activities, and social context. This lack of idiographic fit may lead clients to feel misunderstood and less invested while being assessed.

Some participants in particular made specific references as to the cultural fit:

"Tools should match Bangladeshi culture to be acceptable." (P002)

Others articulated explicit instances of cultural dissonance:

"Some pictures and items do not fit our cultural context." (P017)

Some of the SLTs explained that they were moving away from foreign aids towards locally prepositioned tools:

"Locally developed tools replaced foreign ones to match culture." (P011)

Although the strategies that participants used to deal with cultural mismatch varied, there seemed widespread agreement that content culturally inappropriate for a particular group detracts from assessment validity. Cultural equity was considered critical to increase client comprehension, reduce misinterpretations, and generate more valid assessment results.

3.4.3: Need for Regionally Sensitive and Context-Specific Tools

Apart from language and general culture, a few of the participants also emphasized on region and socio-economic diversity within Bangladesh. SLTs endorsed that one standard form would also not be sufficient to reflect differences in dialect, social background and lived experience within various areas.

Some contributors tempered the need to account for regional variation:

"Language should consider regional differences among clients." (P010)

And others pointed to broader social and economic factors:

"Tools must align with local culture and socioeconomic backgrounds." (P001)

That such instruments must be adaptable in the regional diversity of their use, is something these responses agree with. Participants observed that without such sensitivity, standardized measures ran the risk of yielding invalid or inaccurate findings. Therefore, SLTs called for contextually sensitive, culturally appropriate tools that take into account the linguistically diverse demographics of Bangladesh in order to undertake clinically meaningful assessment.

3.5 Theme 4: Institutional and Resource Barriers

This theme emphasizes the structural and organizational barriers to standard assessment tools in everyday practice environments of Bangladesh. According to the opinions of majority, sources of resistance in the institution are the most influential factor for standard instruments not becoming implemented in daily routine work. In their SLTs, they spoke very definitively (and often negatively) about resource and policy needs in general; but also tended to get off-topic with issues about institutional practice such as needing administrative permission or cleaning materials. Generally, respondents conveyed that institutional constraints are inevitably associated with lesser goals of consistency and calibration.

3.5.1: Tool Unavailability and Financial Constraints

Indeed, most subjects agreed that the lack and expense of standardized assessment tools are main obstacles to their primacy. SLTs identified the availability of tools as a significant barrier, even when these are known to be clinically beneficial and unavailable for financial reasons or acquisition issues.

"Due to lack of availability; adopting them becomes costly." (P013)

"Tools are usable but not available." (P009)

These are statements that we hear at all of our institutions and demonstrate a common concern that standardized assessment materials are simply not budgeted for. Participants said not having access drives them to rely on informal or un-standardized assessment. Although SLTs agreed on the need to standardize practices, most reported that financial or institutional factors often prevent regular use of these tools, regardless of clinical desire.

3.5.2: Administrative and Policy Limitations

Participants also very strongly concurred that administrative, and policy-related obstacles to the use of guidelines hinder application of standardized measures. A number of SLTs reported that the lack of any formal guidelines, teams or contractual agreement was an obstacle for them to initiate and continue using standardized assessments.

"Policy and specific teams must be present." (P016)

"Permission issues limit tool use in some cases." (P006)

Although all participants saw policy omissions as an issue, for some it was specifically in terms of issues to do with enabling within the institutions and for others at a national or organizational level. This disparate set of viewpoints suggests there is partial agreement on what the problem entails, and full agreement at least about its social consequences. Together, the participants emphasized a policy framework in place that would legitimize and promote locally standardized procedures for assessment in Bangladesh.

3.5.3: Material Quality and Replacement Issues

Some participants also believed, to some extent, material-based problems (i.e., damaged tools or not enough of them, the late arrival of replacing materials) have negative impact on assessment stability.

"Damaged tools are difficult to replace and take time." (P005)

While less often mentioned explicitly, the participants who did comment specifically on this topic emphasized that poor material compromises assessment practices and validity. This suggests some level of convergence among respondents, all acknowledging that 'taking care' of resources is a common oversight within organizations. They discourage active usage of standardized tools, even when clinicians are motivated to use them.

Theme four shows that institutional and resource barriers are perceived by SLTs as key challenges to the implementation of standardized assessment in Bangladesh. Although participants differed in the cost, policy or materials they emphasized, they reached consensus on the fact that system level barriers limit best practice. These challenges drive increased reliance on informal assessments and emphasize an immediate need for institutional investment, administrative backing, and policy level change to support sustainable as well as standardized assessment methodologies.

3.6 Theme 5: Recommendations for Improving Adaptability and Acceptability

This theme presents recommendations, focusing on the future, from participants to resolve challenge issues faced by using CATs in Bangladesh. The majority of SLTs believed the existing assessment process would require considerable improvement to be culturally suitable, linguistically accessible, and clinically applicable. Localized tools and more training were identified as key priorities, with consensus on the two issues being positive (some thought it was a priority) and strong ("could not be higher"). Some participants focused on CPD, whilst others identified policy-level working and multi-disciplinary work as areas of priority. Collectively, these recommendations underscore a common understanding that efforts to enhance the adaptability and acceptability of VTE prevention drive toward synergy among clinical, institution based, and policy initiatives.

3.6.1: Necessity of Culturally and Linguistically Adapted Bangla Tools

Most of the participants strongly agreed that building Bangla-based, culturally-appropriate standardized assessment instruments is a basic requirement for successful clinical practice in Bangladesh. SLTs indicated that use of international tools without modification directly affects clinical validity and patient acceptance.

> *"Tools should be developed in Bangla and aligned with Bangladeshi culture."* (P013)

> *"International tools should be adapted for Bangladesh."* (P013)

> *"Adaptation and translation in Bangla are essential."* (P001)

Most of the participants, however, concurred with the need for Bangla-adapted tools; nevertheless, a few felt that some international tools can still be utilized if properly adapted instead of being substituted altogether. In sum, the results indicated that culturally and linguistically tailored measures would promote better client comfort, perception during assessment, and accurate clinical detection in the Bangladeshi population.

3.6.2: Increasing Training and Professional Development

Across the groups, respondents emphasized that there was a requirement for more training and formal professional development to support field workers in using standardized assessment tools effectively. Several SLTs believed that tool use should be contingent on training and others referred to the responsibility of professional organizations in organizing such efforts.

> *"Training should be arranged before using any tool."* (P001)

> *"SSLT should arrange workshops and training."* (P016)

While there was general consensus regarding the role of training, participants focused differently. Some emphasized pre-service and in-service training, some worked on continuous professional development through workshops/re-fresher courses.

3.6.3: Need for Multidisciplinary Collaboration and Policy Support

Some study participants emphasized that enhancing utilization of standardized assessments involves joint input from a range of professionals and clear policy level backing. Key informants emphasized the need for collaboration and of designated teams to undertake research, adaption and implementation of assessment tools.

> *"Collaboration among doctors, OTs, PTs, SLTs, psychologists, and educators is important."* (P016)

> *"Specific teams must be responsible for research and adaptation."* (P016)

Multidisciplinary collaboration, supported by clear policies, can help to ensure assessment practices more standardized, culturally appropriate, and clinically valid. There must be specific teams to ensure the tasks related to research and publications.

This chapter presented the findings generated from interviews with fifteen SLTs practicing in Dhaka, Bangladesh. Through systematic thematic analysis, five major themes were identified, highlighting SLTs' perceptions, experiences, and challenges regarding the use of standardized assessment tools.

Lack of training and resources alongside contextual obstacles on a service delivery level meant signal study SLTs tended to acknowledge the value of standardization and actually using assessments in clinic whilst not doing so. Culture and language are significantly different between two populations and the available instrument may not

be effective; thus puzzles to see the necessity of Bengali rooted cultural adapted measurement. They also discussed problems with institutions — a lack of policy, administrative obstacles, the inability to attend training.

The final theme represented the solutions generated by participants. Some of these suggestions were that useful tools for the cultural requirements of the region be developed, expansion of training and professional development on designing systems work with stakeholders from different sectors working together. These results also offer us invaluable information on the impact of factors at system, programmatic and context levels on standard tools in Bangladesh.

These findings will be further discussed in the next chapter. It considers what they mean for therapy, policy and research — and it places them in the context of the larger literature.

CHAPTER 04 DISCUSSION

In this chapter, we discuss key findings from Chapter 3 and how they compare with other work done in the US and elsewhere. We want to understand how the experiences and views of Bangladeshi Speech & Language Therapists (SLTs) regarding standard assessment tools resonate with/differ from what has been written elsewhere. There are five key areas for discussion: familiarity with standardized tools by SLT's; what training or skills they require; language and cultural barriers to use; issues associated with institutions and processes and appropriate methods of making assessment tools more flexible yet valid.

The findings suggest that Bangladeshi SLTs value the appropriate use of standardized assessment tools for valid and fair diagnosis. This lends support to McCauley and Swisher's (1984) contention that standardized tests objectify things and render them less clinician specific. McCauley and Strand (2008) also noted that assessment instruments with good psychometric properties promote more reliable and defensible therapeutic decision making.

Many SLTs in this study said they used standardized tools inconsistently because these tools are scarce, expensive, and not widely known, even though they saw their benefits. Such challenges are also similar to what was described by Cunningham et al. (2020), who observed that in resource-poor settings, clinicians often resort to using informal methods of assessment when standardized tools are not available. Noor et al. (2021) also identified such issues among SLTs in Pakistan.

Clinicians who used fewer standardized instruments reported feeling less confident and at ease. According to Jensen Doss and Hawley (2010), clinician attitudes and self-efficacy are adversely affected by a lack of familiarity with standardized tests. Also, much like India, Bangladesh depends on unofficial or improvised tools. In fact, SLTs, especially in these resource-poor countries, often use unofficial methods because of local challenges.

This study concluded that there is a huge gap between the concept of standard measurements being useful and their practical application in a clinical setting in Bangladesh. The results of the study were included in a report.

The main obstacles, according to participants, to using the standardized tests effectively

include a lack of training. Many reported having few possibilities for professional development and little practical experience throughout academic coursework.

Results also are in agreement with those by Mansuri et al. (2020), who also found that SLPs in Iran had limited access to evidence-based technique training. Also, Nippold et al. (2020) indicated that appropriate use of standardized instruments requires knowledge of psychometric principles and hands-on practice along with specialized training.

The findings also indicate that SLTs have not developed the skills to use standardized tools since training opportunities are not provided consistently.

SLTs in this study described significant challenges using English-based standardized tools with Bangladeshi clients. Many items embed vocabulary, grammatical structures, and formats of response that are unfamiliar to students. This is thus in line with the concerns raised by Castilla Earls et al. (2022), who pointed out that most standardized approaches do not consider the linguistic development of a bilingual or multilingual individual.

Indeed, So and To (2022) noted that in low-resource multilingual environments, the instruments developed in English-speaking environments usually perform worse in terms of diagnosis accuracy. Similarly, Patla et al. (2023) have reported some of the challenges faced by Indian SLPs when working with assessment items that are not culturally and linguistically appropriate.

Participants highlighted the importance of context, photo images and culturally relevant granulation. This is in agreement with the models of adaptation into culture put forward by Nair et al. (2023), and the cross-cultural adaptation criteria established by O'Donald & Calia (2025). In Bangladesh at present, a culturally acceptable comprehensive package of SLT interventions is not yet available. Nevertheless regional initiatives like the Bengali COAST BD (Afrin et al. (2024) emphasize the role of culturally specific adaptation for validity and client understanding. Most importantly, even data indicated that diversity of dialects in Bangla Speaking countries contributes for the complexity what is another possible justification for context-specific approaches.

These results fit well with international views that in order to diagnose accurately and provide equal services, culturally sensitive assessment is a necessity.

One of the big problems was that there were limits, in other words. SLTs said there was never enough time and that the materials were costly to purchase, became damaged and

were not easily available in digital form.

These limitations are in agreement with those obtained worldwide by Girolamo et al. (2022) found that economical and logistical barriers significantly compromise accessibility to standardized instruments in various countries. Resource limitation may be a common problem in South Asian SLT-service, being that this kind of institutional barrier has been previously documented in Pakistan (Noor et al., 2021).

Participants also found that tool selection, acquisition and deployment had not been covered by company rules or national standards. This is consistent with LMIC evidence on the requirement for formal system level framework in assessment (Cunningham et al., 2020).

Also, suboptimal incorporation of digital technologies has led to inconsistent clinical practice, despite the global developments in AI-augmented evaluation as noted by Yeo et al. (2025).

Generally it is these frail institutions that make it difficult for Bangladesh to use standard tools in a consistent, legal and ethical manner.

The need for culture-friendly, clinically relevant tools was much felt by participants for Bangla context specific validation as recommended elsewhere in global literature. Nair et al. (2023) and O'Donald and Calia (2025) developed cultural adaptation frameworks which demonstrate how crucial it is to employ organized, defined adaption techniques. Success of Local Adaptation and Gaps in Bangladesh The success story of local adaptation is also established by an organization achieving both of its objectives as highlighted in COAST BD (Afrin et al., 2024).

In response to evidence-based capacity building in global SLT education, speech therapists indicated the need for improved training modules and professional seminars as well as supervision-based learning (Nippold et al., 2020; Paul & Norbury, 2012).

Lastly, the experts emphasized the importance of physicians working in collaboration with national standards. This is in line with recommendations from other parts of South Asia, and suggests that system-level policy changes and collaboration across different sectors are required to improve the assessment process. Noor et al., 2021; Patla et al., 2023.

This chapter reports that, although Bangladeshi SLTs regard standardized assessment procedures as being valuable and important, access to these services is severely limited

because of a number of hurdles including training-related issues, cultural appropriateness considerations, resources at the institutional level and a lack of official recognition by government. These findings are echoed by the broader LMIC research which indicates that standardized tools developed in western settings often do not work well in South Asia as they are not cost-effective or culturally relevant.

Developing national standards, extending training in competency-based management and devising culturally appropriate Bangla tools will all make such standardized tools more user-friendly and acceptable. Ultimately, they can help make appraisals more accurate, diagnoses more precise, and practice across Bangladesh better as a whole.

CHAPTER 05 LIMITATIONS & RECOMMENDATIONS

5.1 Implications for Practice

- **Ensuring Resource Availability:** SLTs require sufficient access to standardized assessment instruments, culturally appropriate materials and supporting clinical environments. Two ways to reduce reliance on informal methods: (1) Clinics and institutions need to prioritize providing and maintaining evaluation tools, and (2) researchers should find appropriate incentives to get people through the gatekeeping process.

- **Enhanced Training and Capacity Building:** The pre-service and in-service training programs would be strengthened if it is provided with the support of practical experience, seminars and study tours which emphasize standardized test instruments. Structured training programs may also enable SLTs to become more proficient at administering the SAT and feel more confident.

- **Culturally Responsive Practice:** In view of this discrepancy found in this study, it can be suggested that SLTs should be trained in cultural sensitivity, assessment, and adaptation techniques.

- **Institutional Support and Policy Integration:** A set of standardized tools will require an institution to implement a set of policies that encourage their use. An organizational policy that mandates standardized assessment needs may increase standardized practices among institutions.

- **Development of Local Tools:** The help of researchers, universities, The professional Organization SSLT-Society of Speech & Language Therapists, and clinicians would be needed to develop a locally relevant evaluation instrument in Bangla.

- **Public and Professional Awareness:** There should be campaigns and advocacy projects aimed at raising awareness of the significance of standardized assessment, as well as its role in diagnostics and implications for therapy results.

5.2 Strengths and Limitations of the Study

Strengths:

- An important strength of this study is that the participants were recruited from Dhaka city, where the majority of practicing SLTs in Bangladesh are currently concentrated. As a result, the findings reflect experiences from settings where most clinical SLT services in the country are delivered, enhancing the relevance of the results.
- This research is among the initial qualitative studies where SLTs' experiences concerning adaptability and acceptability of standardized tools for assessments in a Bangladeshi setting are being specifically explored.
- The qualitative design enabled a rich understanding of perceptions with a focus on contextual, cultural, and institutional issues, which were explored in detail.
- The research has also offered recommendations that can help in shaping the design of tools in the future.

Limitations:

- Because interviews were recounted in English translation from Bangla, some linguistic subtleties are possibly not caught despite careful attention in translating interviews.
- The report was published from solely SLT viewpoints, without including those of clients, caregivers, and policy makers.
- Because of certain constraints, a sample of only fifteen SLTs has been taken, which may not present a true representation of experiences all over the country.

5.3 Recommendations for Future Research

Future studies would benefit from including SLTs working in a variety of districts, as this will help variations in adaptability and acceptability of tools in different regions. Quantitative methodologies may be of use in estimating the rate of use of SAT, SLT attitudes, and particular types of institutional obstacles on a larger scale. Long-term studies can show the effects of adaptation of tools, training, and policy interventions on using SAT over a period of time. Studies including clientele, caretakers, administrators, and policymakers would offer a broader perspective on challenges in SAT implementation. Studies on cultural and linguistic adaptation or development of standardized materials in Bangla are vital for enhanced test validity.

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CHAPTER 06 CONCLUSION

This completes a chapter for research titled "Exploring Speech and Language Therapists' Experience Regarding the Adaptability and Acceptability of Standardized Assessment Tools in Clinical Practice in Dhaka city of Bangladesh." This research was set to explore and analyze how Speech and Language Therapists in Bangladesh experience, perceive, and manage challenges related to the application, adaptability, and acceptability of SATs. A detailed analysis of qualitative data collected through personal interviews with 15 SLTs identified five main themes which illustrate the intricacies associated with the application of SAT in Bangladesh.

The chapter conclusions bring together key findings and address empirical order for practice as well as next research steps.

The five strongest themes observed in the survey demonstrate how SLTs feel about standardized assessment tools from all angles:

SLTs agreed that a standardized tool had an impact on their clinical objectivity, accuracy and decision-making. Despite this, the application of such utility matrices has been limited by their novelty and the lack of applications in practice. This makes us wonder just how well they learn and then take up what they have learned in theory in everyday life.

One of the concerns that should be considered seriously is that of a lack of professional training as well as a lack of access to workshops that would enhance their skills. Although SLTs understand that for a tool to be administered effectively, there has to be professional training, very few of these individuals have been afforded this experience.

Again and again, it has been pointed out that most SATs are linguistically and culturally unfit for use with Bangladeshi clients. Non-Bangladeshi staff members are also ignorant of Bangla, which, in many ways, affects test efficiency. SLTs also make changes in many test questions, which, as a result, undermines standardization.

A glaring set of institution-based constraints exist, including a lack of access to SATs, limited budgets, insubstantial infrastructure, and a lack of administrative support. There are limited policies in place that support using standardized tests, as well as a lack of available tools, a noise-free setting, and a structure in place for a proper testing administration.

SLTs argued that there was a dire necessity to produce cultural and linguistic appropriate tools, more training alternatives, and provide more support. It was recommended that SLT-based Bangla SATs should be developed, training modules should be incorporated, collaboration across disciplines should be encouraged and a national protocol to optimize how students' assessments are conducted would best benefit the process. This would help standardize and improve the quality of SLT services in Bangladesh.

These results provide a status quo of problems related to standardized testing methods and introduce some strategies that may favor improvement. The current study also demonstrates the importance of politicians, health care and SLT educators in professional SLT society/groups all working together to address issues that prevent adaptation and acceptance.

This research provided a baseline for the evidence of change, as there are almost no previous studies in Bangladesh supporting that SLTs use standardized tools:

These results provide an insightful view on the linguistic, cultural, professional and institutional dimensions of assessment practices as well as their intersection.

The findings suggest the importance of national guidelines, organizational backing, and professional development to facilitate effective use of best-practice research methods. Such findings can help inform the development of regulation and training systems for policymakers and SLT stakeholders.

By highlighting the desire for improved tools, training and teamwork, these findings promote the development and strengthening of SLT in Bangladesh. Improved assessment procedures would facilitate diagnostic, therapeutic, and other intervention services.

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ANNEXURES

Annexure-1 (a)

Informed Consent for Participants

Assalamualaikum / Adab,

I am S.M. Asraful Alam, undertaking a research work for my Bachelor's project named:

"Exploring Speech and Language Therapists' Experience Regarding the Adaptability and Acceptability of Standardized Assessment Tools in Clinical Practice in Dhaka City of Bangladesh."

This work is a part of my academic requirement at Bangladesh Health Professions Institute (BHPI), CRP, University of Dhaka. The purpose of the present study is to investigate SLPs' experiences, attitudes, and perceived problems with using standardized language assessment instruments in their clinical work. You will be asked to complete the interview in 20–30 minutes.

I want to let you know that this is an academic research and will not be utilized for anything else. I am not a colleague, fellow-worker or belong to your workplace or any organization and your engagement will impact in no way to what you do professionally now or in the future.

All information that you provide will be held in the strictest confidence. In all reporting and publication, we will protect the confidentiality of your information.

Your participation is completely voluntary and can withdraw at any time with no negative effect word as you want during the interview – you can always refuse to answer any question that makes you feel uncomfortable.

If you have any questions about this study, or your rights as a participant in it, you may contact S.M. Asraful Alam (Researcher) or Md. Sazzad Hossain (Supervisor), Department of Speech & Language Therapy BHPI- University of Dhaka.

Do you have any questions before I start?

So, may I have your consent to proceed with the interview? ☐ YES / ☐ NO

Signature of the participant: _____Date:_____

Signature of the Investigator: _____Date: _____

Annexure- 1 (b)
অংশগ্রহণকারীর সম্মতিপত্র

আসসালামু আলাইকুম/ আদাব

আমার নাম এ স এ ম আশরাফুল আ ল ম আমি আমার ব্যাচেলর প্রজেক্টের অংশ হিসেবে একটি গবেষণা পরিচালনা করছি যার শিরোনাম:

"ঢাকা শহরে ক্লিনিক্যাল প্র্যাকটিসে স্ট্যান্ডার্ডাইজড অ্যাসেসমেন্ট টুলের অভিযোজনযোগ্যতা ও গ্রহণযোগ্যতা বিষয়ে স্পিচ ও ল্যাংগুয়েজ থেরাপিস্টদের অভিজ্ঞতা" ।

আদাব

এ ই গবেষণা বাংলাদেশ হেলথ প্রফেশন্স ইনস্টিটিউট (বিএইচপিআই), সিআরপি, ঢাকা বিশ্ববিদ্যালয়ের অধীনে আমার একাডেমিক কার্যক্রমের অংশ।গবেষণার উদ্দেশ্য হলো স্পিচ ও ল্যাংগুয়েজ থেরাপিস্টদের অভিজ্ঞতা, মতামত এবং চ্যালেঞ্জগুলো জানা, যা তারা স্ট্যান্ডার্ডাইজড অ্যাসেসমেন্ট টুল ব্যবহার করতে গিয়ে সম্মুখীন হ না সাক্ষাৎকারটি সম্পন্ন করতে প্রায় ২০-৩০ মিনিট স ম য় লাগবে।

আমি আপনাকে জানাতে চাই যে এটি একটি একাডেমিক গবেষণা এবং অন্য কোনো উদ্দেশ্যে ব্যবহার করা হবে না। আমি আপনার কর্মস্থল বা কোনো প্রতিষ্ঠানের সাথে সরাসরি যুক্ত ন ই এবং আপনার অংশগ্রহণ আপনার বর্তমান বা ভবিষ্যতের পেশাগত কার্যক্রমে কোনো প্রভাব ফেলবে না।আপনার দেওয়া স ব তথ্য গোপন রাখা হবে এবং কোনো প্রতিবেদন বা প্রকাশনায় আপনার ব্যক্তিগত পরিচয় প্রকাশ করা হবে না।

এ ইগবেষণায় অংশগ্রহণ সম্পূর্ণ স্বেচ্ছাসেবী এবং আপনি যেকোনো স ম য় কোনো কারণ ছাড়াই অংশগ্রহণ থেকে সরে দাঁড়াতে পারবেন। এছাড়া, সাক্ষাৎকার চলাকালীন আপনি যেকোনো প্রশ্নের উত্তর না দেওয়ার সিদ্ধান্ত নিতে পারেন যদি সেটি আপনাকে অস্বস্তিকর মনে হ য়।

যদি এ ই গবেষণা বা আপনার অংশগ্রহণ সম্পর্কিত কোনো প্রশ্ন থাকে, তাহলে অনুগ্রহ করে এ স এ ম আশরাফুল আ ল ম(গবেষক) অথবা মোঃ সাজ্জাদ হোসেন (সুপারভাইজার), স্পিচ ও ল্যাংগুয়েজ থেরাপি বিভাগ, বিএইচপিআই, ঢাকা বিশ্ববিদ্যালয়ের সাথে যোগাযোগ করতে পারেন।

সাক্ষাৎকার শুরু করার আগে আপনার কোনো প্রশ্ন আছে কি?

তাহলে, আমি কি সাক্ষাৎকার শুরু করার জন্য আপনার সম্মতি পাচ্ছি? ☐ হ্যাঁ / ☐ না

অংশগ্রহণকারীর স্বাক্ষর: _____ তারিখ: _____

গবেষকের স্বাক্ষর: _____ তারিখ: _____

Annexure- 2 (a)

Questionnaire (English)

Preliminary Questions

1. Do you use standardized assessment tools in your clinical practice?
   ~ Yes / No
2. If yes, why do you use standardized assessment tools?
3. If not, why don't you use standardized assessment tools?

Section 1: Clinician-related Factors

1. Can you describe your experience and comfort level in using standardized assessment tools in your clinical practice?
2. What kind of training or education have you received regarding standardized assessment tools?
3. In your opinion, what skills are necessary for effective use of standardized tools?
4. Have you faced any difficulties while using standardized tools due to lack of familiarity or confidence?

Section 2: Tool-related Factors

5. Are the tools you use in your clinical setting adapted to the Bangladeshi language and culture?
6. What aspects of standardized tools do you find difficult or easy to use? (e.g., duration, language, structure)
7. Have you ever modified or adapted any tool to better fit your client's background or communication style?
8. Do you feel the content of these tools reflects the needs of Bangladeshi patients?

Section 3: Organizational and Environmental Factors

9. Does your workplace encourage or require the use of standardized assessment tools?
10. Are standardized tools readily available and accessible in your workplace?
11. What institutional challenges do you face while trying to use standardized tools? (e.g., time, resources, workload)
12. Are there any supports (e.g., colleagues, policies) that make it easier for you to use these tools?

Section 4: Perspectives on Adaptability and Acceptability

13. How do you perceive the adaptability of current standardized tools to the Bangladeshi clinical context?
14. In your opinion, what makes a tool culturally acceptable and relevant for your clients?
15. What suggestions do you have for improving the adaptability and acceptability of standardized tools in Bangladesh?
16. Would you prefer using a locally developed tool if available? Why or why not?

Annexure- 2 (b)

প্রশ্নাবলী

প্রাথমিক প্রশ্ন:

১. আপনি কি আপনার ক্লিনিক্যাল প্র্যাকটিসে স্ট্যান্ডার্ডাইজড অ্যাসেসমেন্ট টুল ব্যবহার করেন?

~ হ্যাঁ / না

২. যদি স্ট্যান্ডার্ডাইজড অ্যাসেসমেন্ট ব্যবহার করেন তবে কেনো করেন?

৩. যদি স্ট্যান্ডার্ডাইজড অ্যাসেসমেন্ট ব্যবহার না করেন তবে কেনো করেন না?

অধ্যায় ১: ক্লিনিশিয়ান-সম্পর্কিত বিষয়াবলী

১. আপনি ক্লিনিক্যাল প্র্যাকটিসে স্ট্যান্ডার্ডাইজড অ্যাসেসমেন্ট টুল ব্যবহার করার ক্ষেত্রে আপনার অভিজ্ঞতা ও স্বাচ্ছন্দ্যের মাত্রা সম্পর্কে বলবেন কি?

২. আপনি স্ট্যান্ডার্ডাইজড অ্যাসেসমেন্ট টুল সম্পর্কিত কী ধরনের প্রশিক্ষণ বা শিক্ষা পেয়েছেন?

৩. আপনার মতে, স্ট্যান্ডার্ডাইজড টুল কার্যকরভাবে ব্যবহারের জন্য কী কী দক্ষতা প্রয়োজন?

৪. আপনি কি কখনওঅপরিচিতি বা আত্মবিশ্বাসের অভাবে টুল ব্যবহার করতে গিয়ে কোনো সমস্যা অনুভব করেছেন?

অধ্যায় ২: টুল-সম্পর্কিত বিষয়াবলী

৫. আপনি যে টুলগুলো ব্যবহার করেন সেগুলো কি বাংলাদেশি ভাষা ও সংস্কৃতির সাথে মানানসই?

৬. স্ট্যান্ডার্ডাইজড অ্যাসেসমেন্ট টুলের কোন কোন দিক ব্যবহার করা সহজএবং কোন কোন দিক ব্যবহার করা কঠিন বলে আপনি মনে করেন? (যেমন: দৈর্ঘ্য, ভাষা, গঠন)

৭. আপনি কি কখনওকোনো টুল আপনার ক্লায়েন্টের পটভূমি বা যোগাযোগের ধরন অনুযায়ী পরিবর্তন বা অভিযোজন করেছেন?

৮. আপনি কি মনে করেন এইটুলগুলোর বিষয়বস্তু বাংলাদেশি রোগীদের প্রয়োজনের প্রতিফলন ঘটায়?

অধ্যায় ৩: প্রাতিষ্ঠানিক ও পরিবেশগত বিষয়াবলী

৯. আপনার কর্মস্থলে কি স্ট্যান্ডার্ডাইজড অ্যাসেসমেন্ট টুল ব্যবহারে উৎসাহ দেওয়া হয় বা বাধ্যতামূলক করা হয়?

১০. আপনার কর্মস্থলে এইটুলগুলো সহজলভ্য ও ব্যবহারযোগ্য কি?

১১. আপনি স্ট্যান্ডার্ডাইজড টুল ব্যবহার করতে গিয়ে কোন ধরনের প্রাতিষ্ঠানিক সমস্যার মুখোমুখি হন? (যেমন: সময় উপকরণ কাজের চাপ)

১২. এই টুলগুলো ব্যবহার করতে আপনার জন্য সহজ করে তোলে–এমন কোনো সহায়তা (যেমন: সহকর্মীদের সহায়তা, নীতিমালা) কি আপনার কর্মস্থলে রয়েছে?

অধ্যায় ৪: অভিযোজনযোগ্যতা ও গ্রহণযোগ্যতা বিষয়ক দৃষ্টিভঙ্গি

১৩. আপনি বাংলাদেশি ক্লিনিক্যাল প্রেক্ষাপটে বিদ্যমান স্ট্যান্ডার্ডাইজড টুলগুলোর অভিযোজনযোগ্যতাকে কীভাবে দেখেন?

১৪. আপনার মতে, একটি টুল সাংস্কৃতিকভাবে গ্রহণযোগ্য ও ক্লায়েন্টের জন্য প্রাসঙ্গিক হতে হলে কী কী থাকা প্রয়োজন?

১৫. বাংলাদেশে স্ট্যান্ডার্ডাইজড টুলের অভিযোজনযোগ্যতা ও গ্রহণযোগ্যতা উন্নত করতে আপনার পরামর্শ কী?

১৬. যদি কোনো দেশীয়ভাবে তৈরি টুল পাওয়া যায়, আপনি কি তা ব্যবহার করতে আগ্রহী হবেন? কেন বা কেন নয়??

Annexure- 3 (a)

Date: 28-07-2025
The Chairman
Institutional Review Board (IRB)
Bangladesh Health Professions Institute (BHPI)
CRP-Savar, Dhaka-1343, Bangladesh

Subject: **Application for review and ethical approval.**

Sir,

With due respect I would like to draw your kind attention that I am a student of f B.Sc. in Speech & Language Therapy Department, session:2020-2021at Bangladesh Health Professions Institute (BHPI)- an academic institute of CRP under Faculty of Medicine of University of Dhaka (DU). I have to conduct a thesis entitled, **"Exploring Speech and Language Therapists Experience Regarding the Adaptability and Acceptability of Standardized Assessment Tools in Clinical Practice In Dhaka city of Bangladesh."** under honorable supervisor, Md. Sazzad Hossain Assistant Professor & Head Department of Speech and Language Therapy BHPI, CRP, Savar, Dhaka. The purpose of the study is to explore the experiences of Speech and Language Therapists in Dhaka city of Bangladesh regarding the use, adaptability, and acceptability of standardized assessment tools in clinical practice. The information will be used that will take about twenty to thirty minutes followed by Adopted self-made questionnaire. The information will be collected from the Speech and Language Therapists from Dhaka city of Bangladesh. Data collectors will receive informed consents from all participants. Any data collected will be kept confidential.

Therefore I look forward to having your kind approval for the thesis proposal and to start data collection. I can also assure you that I will maintain all the requirements for study.

Sincerely yours,

S.M. Asraful Alam
S.M. Asraful Alam
4th Year student of B.Sc. in Speech & Language Therapy
BHPI, CRP, Savar, Dhaka-1343, Bangladesh
Recommendation from the thesis supervisor:

Md. Sazzad Hossain
Assistant Professor & Head Department of Speech and Language Therapy
BHPI, CRP, Savar, Dhaka-1343

Attachment: Thesis Proposal including measurement tools and process and procedure for maintaining confidentiality, Questionnaire (English and Bengali version), Information sheet & consent & any other paper (if applicable).

Annexure- 3 (b)

BANGLADESH HEALTH PROFESSIONS INSTITUTE

বাংলাদেশ হেলথ্ প্রফেশন্স ইনস্টিটিউট (বিএইচপিআই)
Bangladesh Health Professions Institute (BHPI)

(The Academic Institute of CRP)

Ref. CRP-BHPI/IRB/ 09/2025/1163 Date: 15.09.2025

To
S.M. Asraful Alam
4th Year Student
B.Sc. in Speech & Language Therapy
Session: 2020-2021, DU Reg. No.: 14312
BHPI, CRP, Savar, Dhaka-1343, Bangladesh

Subject: Approval of the thesis proposal – "Exploring Speech and Language Therapists Experience Regarding the Adaptability and Acceptability of Standardized Assessment Tools in Clinical Practice In Dhaka city of Bangladesh." by ethics committee.

Dear S.M. Asraful Alam

The Institutional Review Board (IRB) of BHPI has reviewed and discussed your application to conduct the thesis mentioned above, with you, as the principal investigator and Md. Sazzad Hossain, Assistant Professor & Head, Department of Speech and Language Therapy, BHPI as thesis supervisor. The following documents have been reviewed and approved:

Sl. No.	Name of the Documents
1	Dissertation proposal
2	Questionnaire (English version)
3	Information sheet & consent form.

The purpose of the study is to explore the experiences of Speech and Language Therapists in Dhaka city of Bangladesh regarding the use, adaptability, and acceptability of standardized assessment tools in clinical practice. The study involves a adopted self made questionnaire that takes a maximum of 20-30 minutes and is not likely to harm the participants. The members of the Ethics Committee approved the study to be conducted in the presented form at the meeting held on 9.00 am, 21st May 2025 at BHPI (49th IRB Meeting).

The institutional Ethics committee expects to be informed about the progress of the study, any changes occurring in the course of the study, any revision in the protocol, and patient information or informed consent and ask to be provided a copy of the final report. This Ethics committee is working according to the Nuremberg Code 1947, the World Medical Association Declaration of Helsinki, 1964 - 2013, and other applicable regulations.

Best regards,

Muhammad Millat Hossain
Associate Professor, Project and Course Coordinator, MRS
Member Secretary, Institutional Review Board (IRB)
BHPI, CRP, Savar, Dhaka-1343, Bangladesh

সিআরপি-চাপাইন, সাভার, ঢাকা-১৩৪৩, বাংলাদেশ। ফোন: +৮৮ ০২ ২২৪৪৪৫৪৬৪-৫, +৮৮ ০২ ২২৪৪৪১৪০৪, মোবাইল: +৮৮ ০১৭৩০ ০৫৯৬৪৭
CRP-Chapain, Savar, Dhaka-1343, Bangladesh. Tel: +88 02 224445464-5, +88 02 224441404, Mobile: +88 01730059647
E-mail : principal-bhpi@crp-bangladesh.org, Web: bhpi.edu.bd

Annexure- 3 (c)

Date: 23-07-2025
To
The Head
Department of Speech & Language Therapy
Bangladesh Health Professions Institute (BHPI)
CRP, Savar, Dhaka-1343, Bangladesh

Subject: **Prayer for Seeking Permission to conduct the Research Project.**

Sir,

With due respect, I state that I am a 4th year student of B.Sc. in Speech & Language Therapy Department, Session: 2020-21 at Bangladesh Health Professions Institute (BHPI), the academic institute of Centre for the Rehabilitation of the Paralysed (CRP). I am sincerely seeking your permission to conduct my research project as the partial fulfillment of the requirement for the degree of B.Sc in Speech and Language Therapy. The title of research project is **"Exploring Speech and Language Therapists Experience Regarding the Adaptability and Acceptability of Standardized Assessment Tools In Clinical Practice In Dhaka city of Bangladesh"**. The purpose of the study is to explore the experiences of Speech and Language Therapists in Dhaka city of Bangladesh regarding the use, adaptability, and acceptability of standardized assessment tools in clinical practice.

Now I am seeking your kindness to approve me to conduct the research project and I would like to ensure that anything of my research project will not be harmful to the participants.

So, I therefore pray and hope that you would be kind enough to grant me the permission to conduct the research project.

Your obediently
S.M. Asraful Alam
S.M. Asraful Alam
4th year student of B.Sc. in Speech & Language Therapy Department
Bangladesh Health Professions Institute (BHPI)
CRP, Savar, Dhaka

Head of the Department	Comment
Md. Sazzad Hossain Assistant Professor & Head Department of Speech and Language Therapy Bangladesh Health Professions Institute (BHPI) CRP, Savar, Dhaka	Permission has been granted. 23/7/25

Md. Sazzad Hossain
Asst. Professor & Head
Department of Speech and Language Therapy
Bangladesh Health Professions Institute (BHPI), CRP

Annexure- 3 (d)

Date: 23-07-2025
To
The Head
Department of Speech & Language Therapy
Bangladesh Health Professions Institute (BHPI)
CRP, Savar, Dhaka-1343, Bangladesh
Subject: **Prayer for Seeking Permission to conduct the Data Collection.**

Sir,

With due respect, I state that I am a 4th year student of B.Sc. in Speech & Language Therapy Department, Session: 2020-21 at Bangladesh Health Professions Institute (BHPI), the academic institute of Centre for the Rehabilitation of the Paralysed (CRP). I am sincerely seeking your permission to conduct my data collection as the partial fulfillment of the requirement for the degree of B.Sc in Speech and Language Therapy. The title of research project is "**Exploring Speech and Language Therapists Experience Regarding the Adaptability and Acceptability of Standardized Assessment Tools in Clinical Practice In Dhaka city of Bangladesh**". The purpose of the study is to explore the experiences of Speech and Language Therapists in Dhaka city of Bangladesh regarding the use, adaptability, and acceptability of standardized assessment tools in clinical practice.

Now I am seeking your kindness to approve me to conduct the data collection and I would like to ensure that anything of my research project will not be harmful to the participants.

So, I therefore pray and hope that you would be kind enough to grant me the permission to conduct the data collection.

Your obediently
S.M. Asraful Alam
S.M. Asraful Alam
4th year student of B.Sc. in Speech & Language Therapy Department
Bangladesh Health Professions Institute (BHPI)
CRP, Savar, Dhaka

Head of the Department	Comment
Md. Sazzad Hossain Assistant Professor & Head Department of Speech and Language Therapy Bangladesh Health Professions Institute (BHPI) CRP, Savar, Dhaka	Permission has been granted. 23/7/25

Md. Sazzad Hossain
Asst. Professor & Head
Department of Speech and Language Therapy
Bangladesh Health Professions Institute (BHPI), CRP

Annexure- 3 (e)

21/10/2025

To

In-Charge

Department of Speech & Language Therapy

Centre for the Rehabilitation of the Paralysed (CRP)

Mirpur-14, Dhaka-1206

Subject: Prayer for Seeking Permission to data collection as part of Research Project conduction.

Ma'am,

With due respect and humble submission, I would like to inform you that I am a 4th year student of B.Sc. in Speech & Language Therapy Department, Session: 2020-21 at Bangladesh Health Professions Institute (BHPI), the academic institute of Centre for the Rehabilitation of the Paralysed (CRP). At this state I am intending to do dissertation as partial fulfillment of the requirement for the degree of B.Sc. in Speech and Language Therapy. The title of research project is **"Exploring Speech and Language Therapists Experience Regarding the Adaptability and Acceptability of Standardized Assessment Tools in Clinical Practice In Dhaka city of Bangladesh."** The purpose of the study is to explore the experiences of Speech and Language Therapists in Dhaka city of Bangladesh regarding the use, adaptability, and acceptability of standardized assessment tools in clinical practice..

Now, I am seeking your kindness to approve me to collect data as part of the research project conduction, and I would like to ensure that anything of my research project will not be harmful to the participants.

So, I therefore pray and hope that you would be kind enough to grant me permission to collect data for conducting the research project.

Yours obediently,
S.M. Asraful Alam
S.M.Asraful Alam

4th year student of B.Sc. in Speech & Language Therapy Department

Bangladesh Health Professions Institute (BHPI)

CRP, Savar, Dhaka

In-charge of the Department	Comment & Signature
Geetashree Das Consultant & In-Charge Department of Speech and Language Therapy Centre for the Rehabilitation of the Paralysed (CRP) Mirpur-14, Dhaka-1206	Approved 23.10.25 Geetashree Das In-Charge Speech & Language Therapy Department CRP, Savar, Dhaka

Forwarded
21/10/25

Md. Sazzad Hossain
Asst. Professor & Head
Department of Speech and Language Therapy
Bangladesh Health Professions Institute, BHPI, CRP

Annexure- 3 (f)

Date: 03.09.2025

To

The Head

Department of Speech & Language Therapy

Bangladesh Health Professions Institute (BHPI)

CRP, Savar, Dhaka-1343, Bangladesh

Subject: **Prayer for Seeking Permission to conduct the Data Collection .**

Sir,

With due respect, I state that I am a 4th year student of B.Sc. in Speech & Language Therapy Department, Session: 2020-21 at Bangladesh Health Professions Institute (BHPI), the academic institute of Centre for the Rehabilitation of the Paralysed (CRP). I am sincerely seeking your permission to conduct the data collection of my research project as the partial fulfillment of the requirement for the degree of B.Sc. in Speech and Language Therapy. The title of research project is "**Exploring Speech and Language Therapists Experience Regarding the Adaptability and Acceptability of Standardized Assessment Tools in Clinical Practice In Dhaka city of Bangladesh.** "The purpose of the study is To explore the experiences of Speech and Language Therapists in Dhaka city of Bangladesh regarding the use, adaptability, and acceptability of standardized assessment tools in clinical practice" Now I am seeking your kindness to approve me to conduct the research project and I would like to ensure that anything of my research project will not be harmful to the participants and the institution.

So, I therefore pray and hope that you would be kind enough to grant me the permission to conduct the Data Collection.

Your obediently

S.M. Asraful Alam

S.M. Asraful Alam

4th year student of B.Sc. in Speech & Language Therapy Department

Bangladesh Health Professions Institute (BHPI)

CRP, Savar, Dhaka

Head of the Department	Comment
Tahmina Sultana Head & Consultant Department of Speech and Language Therapy Center For the Rehabilitation of the Paralysed CRP, Savar, Dhaka	Permission Given. Tahmina (HOD)

Forwarded
3/9/2025

Md. Sazzad Hossain
Asst. Professor & Head
Dept. of Speech and Language Therapy
CRP