

Appendix 1: pre-workshop questionnaire

Participants' questionnaire (before workshop)

Thank you for joining this workshop concerning the assessment and treatment of patients with a cleft (lip and) palate. Please complete this form and return it to the trainers.

1. General demographic questions

A. What is your gender?:

Female Male

B. What is your date of birth (day/month/year)?:

...../...../.....

C. What is your country and city of birth?:

.....

D. What is your nationality?:

Ugandan Other , namely:

2. Work-related questions

A. Where do you work (country and city)?:

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B. What is your highest degree?:

No degree Bachelor degree Master degree PhD Other , namely:

.....

C. How many years are you graduated as speech therapist?:

Not yet graduated ≤ 1 year 1-2 years 2-5 years 5-10 years ≥10 years

D. If you are not yet graduated, which college/university and which year are you in?:

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E. How many years do you have experience as a speech therapist?:

Not yet graduated ≤ 1 year 1-2 years 2-5 years 5-10 years ≥10 years

F. Do you have other degrees beside speech therapist?:

Yes No

If yes, which other degree do you have?:

G. What is your expertise (speciality)?:

Cleft (lip and) palate I have no specific expertise Other , namely:

.....

H. In which center do you currently work?:

Hospital Rehabilitation center Private practice School Other , namely:

.....

I. How many years do you work in your current position?:

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J. Are you member of a cleft team?:

Yes No

K. How many patients with a cleft do you see per year?:

0 1-3 per year 3-5 per year 5-10 per year ≥10 per year

L. Do you have contact with patients with a cleft outside your job?:

No Yes, through friends Yes, through family

Yes, through voluntary work Yes, through anything else , namely:

.....

3. Cleft care

A. Are you aware of other speech therapists, specialized in cleft lip and/or palate, in your country?:

Yes No I don't know

B. Do you think that cleft care is easy accessible for the patients?:

Yes No I don't know

C. Do you refer patients with a cleft to a multidisciplinary team?:

Yes No I don't know

D. Do you refer patients with a cleft to an experienced speech therapist?:

Yes No I don't know

E. Would you refer patients to a colleague if he/she is more experienced than you?:

Yes, always Yes, sometimes No I don't know

F. To whom would you refer if a child presents with hypernasal speech? (Tick the appropriate items):

I would not refer the child Ear, nose and throat specialist Plastic surgeon Cleft team Dentist
Speech-language pathologist Psychologist Audiologist Physical therapist I don't know Other
, namely:

G. What are the obstacles to cleft care in your country?:

Lack of specialized knowledge High costs Lack of multidisciplinary teams Lack of awareness Travel
distance Prevailing taboo Other , namely:
.....
.....

H. Did your education as speech therapist contain sufficient information regarding cleft care?:

Yes No I don't know

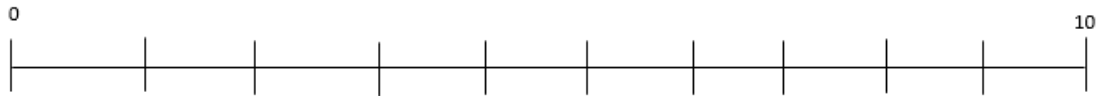
I. Do you think you have sufficient knowledge to treat a patient with a cleft?:

Yes No I don't know

J. Did you take initiative to obtain more knowledge regarding patients with a cleft?:

Yes, by following additional educations Yes, by asking to colleagues Yes, by reading scientific articles
No I don't know

K. How do you estimate your knowledge regarding patients with a cleft?



I have no knowledge concerning these patients

I have a profound knowledge concerning these patients

L. How confident are you in diagnosing these patients?



I feel extremely unconfident

I feel extremely confident

M. How confident are you in the treatment of patients with a cleft?



I feel extremely unconfident

I feel extremely confident

4. The workshop

A. How did you learn about this workshop?:

Social media Colleague E-mail Professional organization

Workshop staff Other , namely:

.....

B. What do you expect to learn during this workshop?:

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Appendix 2: post-workshop questionnaire

Participants' questionnaire (after workshop)

Thank you for joining this workshop concerning the assessment and treatment of patients with a cleft (lip and) palate. Please complete this form and return it to the trainers.

With this questionnaire, we would like to obtain some information about your satisfaction and experiences with this workshop.

1. General questions

A. Would you participate again in a similar kind of workshop?:

Yes No

B. Would you recommend this workshop to a colleague?:

Yes No

C. Would you use the acquired knowledge and skills in your practice?:

Yes No

D. Do you have suggestions for further workshops?:

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2. Satisfaction with the workshop

Please, put a check in the box that corresponds with your answer.

	Strongly dissatisfied	Dissatisfied	Satisfied	Moderately satisfied	Strongly satisfied
Content					
Clarity of the objectives					
Relevance of the content					
Design					
Structure of the workshop					
Level of difficulty					
Instructors					
Helpfulness and accessibility of the instructors					
Appropriate knowledge of the instructors					
Results					
Achievement of the objectives					
Applicability of the knowledge in your profession					
Delivery					
Delivery pace (too fast, too slow, good pace)					
Suitability of the delivery techniques					
Satisfaction					
Overall satisfaction with the workshop					

If you have any remarks, please write them here:

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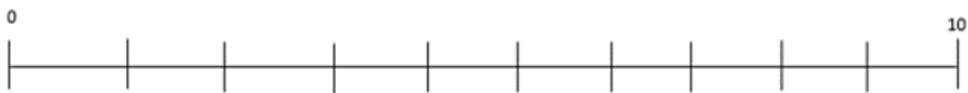
How do you estimate your knowledge regarding patients with a cleft?



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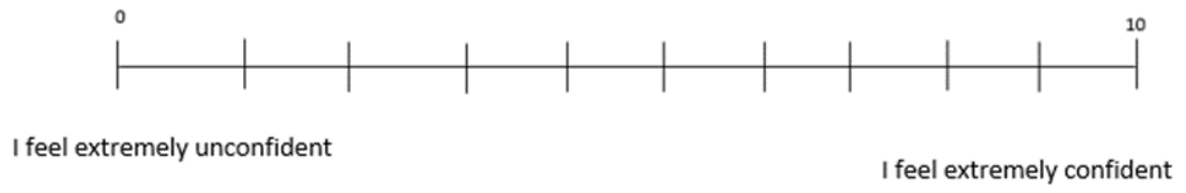
How confident are you in diagnosing these patients?



I feel extremely unconfident

I feel extremely confident

How confident are you in the treatment of patients with a cleft?



Thank you for joining this workshop!