A Vision of the Ideal SLP of the Future

Panel Presentation
SLP Summit
New Orleans, LA
February 2, 2007
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Objectives and Expectations for This Session

- Set the stage for the next round of breakout discussions.
- Roundtables are guided through a series of (logically linked) topics; we presenters are merely to get the dialogue started.
- Started morning by considering the current and changing environments of SLP.
- Now we will create a picture of a clinician IDEALLY equipped to succeed in those environments.
- Each take about 20-25 minutes, with time for Q & A.
- Panel comes from different perspectives; points of view; overlaps and departures; comments related to specific work settings but also bring “big picture,” broader perspectives into the discussion.
Look at the cast of the shadows
Perspectives

- Medical Speech-Language Pathology
- Early Intervention
- Settings other than Public Schools
- Administrator
- Graduate Educator
- CAA
SLP Work Environments

- What do these settings require?
- Threats/Issues?
- How will SLPs be “valued” in those settings?
- Ideal traits?
- How we might better insure ideal abilities are acquired?
Demographics – ASHA 12/06

- Clinical Service Providers – 81.9%
- Health Care Facilities – 35.5%
  - Hospitals – 14.1%
  - Residential – 7.8%
  - Outpatient Clinics – 13.6%
- Schools – 55.4%
  - Special School – 2.3%
  - Preschool – 9.5%
  - Elementary School – 25.5%
  - Secondary School – 3.1%
  - Several Schools/Unspecified/College & Univ – 15%
Children’s Hospitals

- Family focused, family supported model
- Families in crisis
- Multi-cultural, multi-lingual (nonEnglish) populations
- Young (very young) mothers, prematurity, FTT, and LBW and VLBW
- Physician and nurse led multidisciplinary teams
- Nurse specialists (e.g. Lactation Nurse)
- Overlapping scopes of practice (PT and OT)
- Environment of highly skilled professionals; trained specifically in medical sciences at medical centers
- Fast paced; think, respond, speak, write quickly
- Both electronic and paper record retrieval/documentation.
Children’s Hospitals

- PICUs & NICUs
- Tracheostomies; enteral or tube feeding; monitors
- Consultation model, drs’ orders; heavily directed toward dx and management of swallowing/feeding and to a lesser extent determination of cognitive status/communication status
- Communication, cognition and swallowing/feeding within the context of an array of genetic syndromes and acquired medical disorders, frequently catastrophic in nature and can be terminal conditions.
- Treatment plans determined by LOS and discharge plans
- Cost factors are important (staffing shortages, new graduates)
Adult Hospitals and Medical Centers

- Life changing events for families and patients
- Families in crisis
- Multi-cultural, multi-lingual (nonEnglish) populations
- Physician and nurse led multidisciplinary teams
- Consultation model, drs orders; emphasis on dx and management of dysphagia and cognitive status
- Highly skilled, **medically trained professionals**
- Fast paced; think, speak, and write quickly
- Electronic documentation
- Risk Management
- Trauma, Stroke/Neuro, Rehab, H & N CA, Acute Med/Surg Unit Teams
- ICUs, Burn Units
Adult Hospitals and Medical Centers

- Cognition/communication and swallowing within the context of the primary medical conditions rapidly changing hour to hour
- Metabolic disorders, nutritional disorders, dementing diseases
- Medications and impact on cognition/communication
- Screening tests, nonstandard assessments
- Patient safety (swallowing)
- Infection control
- Regulations and standards JCAHO and Compliance office
- Cost for service delivery (less expensive staff)

The ASHA Leader, July 20, 2004
Early Intervention

- Family-Centered/Supported Model (mandated IDEA)
- Families in crisis, grieving/loss
- Medical and developmental conditions
- Relinquish professional roles, transdisciplinary
- Family supported tx
- Goals established by the families
- Multi-cultural, multi-lingual (nonEnglish)
Early Intervention

- Very young children
- Young (very young) mothers/new parents
- Grandparents
- Behavioral management
- Services are provided in a “Natural” Environment (home, day care center), other service options
- Swallowing/feeding disorders & nutritional deficiencies
- Generalist and have specialty training and skills (cochlear implants/aural habilitation, AAC, autism)
- Eligibility criteria, testing, and service delivery are addressed in Part B and C statutes of IDEA.
Threats and Issues

- Economics of health service delivery; policy and politics (IDEA, CMS)
- Encroachment (psychologists, deaf educators, OTs, PTs, nurse specialists, etc.)
- Credential creep - (PharmD, DPT, OTD, AuD)
- SLPs primarily work with professionals trained in medical centers (physicians, nurses, allied health)
- Delivery in natural environment, little experience
- Service delivery in interdisciplinary/transdisciplinary model, little experience
- Value of SLP services is constantly being judged.
Intangible Threat: Challenge to demonstrate our VALUE

- The VALUE of the speech-language pathologist’s services within any work setting lies with the extent to which we bring unique expertise and skilled technologies, that no other professional group has, to fulfill an area of need no other group is prepared to address.

- Do the SLP services significantly enhance the quality of care and outcomes? Do we make an important and meaningful difference in the lives of our clients?

- Does the service reflect current, cutting edge information and technology?

- What is the cost : benefit, are we worth what we cost, is there a compelling reason for the program or facility to incur the costs for this service?
Past Predicts the Future: The bar continues to raise.
Ideal World

- Compassion, empathy, and respect for others
- Objectivity and professionalism
- An ability to follow rules and ethical principles
- Problem solve independently
- Flexibility; the ability to adapt to the environment
- Curiosity and self motivation; seeks out answers
- Creativity and innovation
- An ability to speak and write intelligently, effectively---and efficiently
- An ability to express a logical argument
Ideally…

- Self awareness and self regulation (Emotional Intelligence)
- Critical thinkers and have a scientific attitude (objectivity, hypothesis testing)
- Comfortable with reading and applying the research literature; life-long learner
- Highly familiar with and able to use and adapt technologies to our needs
- Good interdisciplinary communication and collaboration with other disciplines; respects and values other disciplines
- Understands how the ways in which they contribute to the success of the organization; understands business practice
And….

- An appreciation of *and* an ability to respond appropriately to diversities and individual differences
- Solid grounding in communication *SCIENCES* and *DISORDERS* (anatomy; neuroanatomy; human development; speech science; linguistics, phonetics & phonology; genetics and developmental disabilities; family systems; counseling; theory-based, evidence based practices across all disorders; Med-SLP, etc.).
- Leader and a team player; supports collaboration
- Positive attitude and a good work ethic
- Sense of humor
- Speaks more than one language
- *Career* oriented attitude (degree, license, and CCC provide the privilege of entry into a profession not just a ticket to a job)
Vision of ideal?
Shooting for: multilingual, multicultural, tech-savvy, business-minded, humanist-leader-clinician-scientist
Thanks