



Professional Communication in Speech-Language Pathology

How to Write, Talk, and Act Like a Clinician

Fifth Edition

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PREFACE

It was 8:14 on Monday morning and Abby strolled in for her 8:00 a.m. clinical practicum meeting with her supervisor, Ms. Bryce. She lingered outside Ms. Bryce's doorway, balancing a half-eaten breakfast sandwich and her cell phone while returning a text. Ms. Bryce looked up and set aside the papers she had pulled out to work on while waiting for Abby. She waited for Abby to introduce herself, or at least explain herself, but Abby was focused on her breakfast and her phone. Eventually, Ms. Bryce introduced herself and asked Abby, who was wearing a questionably short skirt and revealing tank top, to have a seat. Abby sat down across from Ms. Bryce and began to complain about how tired she was and that it was all her roommate's fault that she was late. Ms. Bryce proceeded with the meeting, informing Abby about her expectations for the semester as well as vital information about Abby's client. Abby appeared to be listening to what Ms. Bryce said, but she did not take a single note or ask any questions. What Ms. Bryce could not tell from her interaction with Abby was that she was a compassionate and intelligent student who wanted, more than anything else, to help children with autism. It was obvious that Abby was unaware about the many facets of professionalism.

How could she become a successful speech-language pathologist who works in a community clinic, school system, or medical facility? If Abby did not accept some instruction in professional appearance, professional demeanor, and professional communication before practicum started, her initial clinical experience would be similar to diving into a very cold pool of water. This textbook is designed to make the exciting journey from student to clinician more predictable and a bit less onerous for all students, especially those like Abby.

Making the transition from student to clinician is fraught with challenges. How do you become confident and competent in your ability to treat someone's loved one and communicate with those involved in their care? Students begin eager, yet anxious about embarking on a new and rewarding profession. They have studied some of the

disorders of communication in classes and observed treatment sessions led either by clinicians in person or online or more advanced graduate students. When the time for clinical practicum arrives, they are enthusiastic about their first foray into a clinical relationship but question their qualifications. Unfortunately, clinical work is one of



those enterprises that almost all students enter with no practical experience. By our calculations, people in the speech-language pathology major have about 3 years to complete the transition from undergraduate student to competent clinical professional with a master's degree.

We asked ourselves many questions in planning this text: Would students have a better grasp of professionalism if examples were provided and it was more clearly delineated? Wouldn't it be nice if we could forewarn students about common mistakes in the clinical practicum process so those pitfalls could be avoided? Would students operate more efficiently in off-campus placements if we spent a little time introducing the nature of those settings before the student leaves the university environment? Would clinical reports be of higher quality and written with more ease if we gave examples and provided suggestions for writing as well as a list of common errors? Would students be less anxious if we prepared them ahead of time with examples of the clinical documentation used in medical and school settings? Would students be better able to verbally interact with clients, families, other professionals, and supervisors if we provided suggestions regarding professional verbal communication? Clearly, we felt that the answers to our questions would no doubt be in the affirmative.

This textbook was designed to help speech-language pathology students as they approach and journey through the clinical practicum experience. There are several major characteristics that distinguish our textbook. First, we wanted to provide the student with a clear understanding of professional demeanor common to speech-language pathologists. It is our view that such professionalism is communicated through a variety of modalities. For instance, a person's behavior, written commu-

nications, and verbal communications are perceived by others as significant indexes of professionalism. Actions can include such varied components as appearance, ethical behavior, decision making, planning clinical work, and nonverbal communication skills. Actions, as they say, often speak louder than words. Written communications range from various clinical reports to progress notes and emails. We project our level of professionalism every time we write any type of clinical documentation. Verbal communication with clients, families, other professionals, and supervisors is the means by which we provide information, obtain information, counsel, and solve problems related to clinical activity. Because the features of professional behavior, professional writing, and professional speaking are so important in defining a professional, we elected to name this textbook *Professional Communication in Speech-Language Pathology: How to Write, Talk, and Act Like a Clinician*. In this fifth edition of the text, we have revised, updated, and expanded the original text to include up-to-date research and current trends in clinical practicum.

A second characteristic of this textbook involves the detailed information of different practicum settings. Because clinical practicum is different from any other experience these students have encountered, it is important to provide a road map of where they are headed in the process of learning to be a competent clinician. For this reason, we have chosen to discuss three practicum settings in almost every chapter: (a) university clinics, (b) medical settings, and (c) public school settings. The chapters provide examples of professional written communication that are unique to each type of workplace. Clinical documentation is similar yet different across these work settings and students should be aware of those variations before they experience an



off-campus placement. But the information in this text goes beyond paperwork. We discuss professional verbal communication when interacting with clients, families, other professionals, and supervisors across work settings.

A third characteristic of this textbook is our delineation of proactive suggestions, provided in almost every chapter, that are helpful to the student in navigating the various settings of clinical practicum. In this way, the textbook serves as a kind of survival guide to clinical practicum because we discuss common problems across work settings and ways to avoid them. If we expect students to perform well across different practicum experiences, then we should tell them how their behavior and documentation should change in these various work settings as compared to the university clinic. In many cases, it is as simple as just listing things to do and not to do. Ironically, many of the issues in practicum settings are caused by poor communication. Fortunately, it is also professional communication that plays a major role in solving practicum difficulties.

A fourth characteristic of this textbook is the inclusion of reflection questions at the end of each chapter. You will no doubt learn and gain valuable insights through reading the text and in-class discussions, but we feel that asking yourself the reflection questions will allow you to more thoroughly process the information and thereby enhance your knowledge of the material and ability to use it in clinical practice. Much of the contents of the text are not pieces of information that can be thrown by the wayside when you complete your course; rather, they contain

critical elements that will shape you as a practitioner. Therefore, taking extra steps to understand the material and to answer the questions individually or in groups will be worth your time. Use the provided questions as a guide and feel free to create some of your own! As John Dewey said, “We do not learn from experience . . . we learn from reflecting on experience” (Goodreads, n.d.).

The final characteristic of this textbook is that we attempted to write it in a student-friendly style with copious hypothetical examples and vignettes to help the student understand the material not only intellectually but also practically. Many books on clinical practicum are compilations of rules, references, regulations, and writing exercises that, although certainly important, are often difficult to digest. This textbook discusses most of these issues but also illustrates them in a practical and interesting way. We hope the text can be useful in making a smooth transition from novice student to respected speech-language pathologist.

Reflection Questions

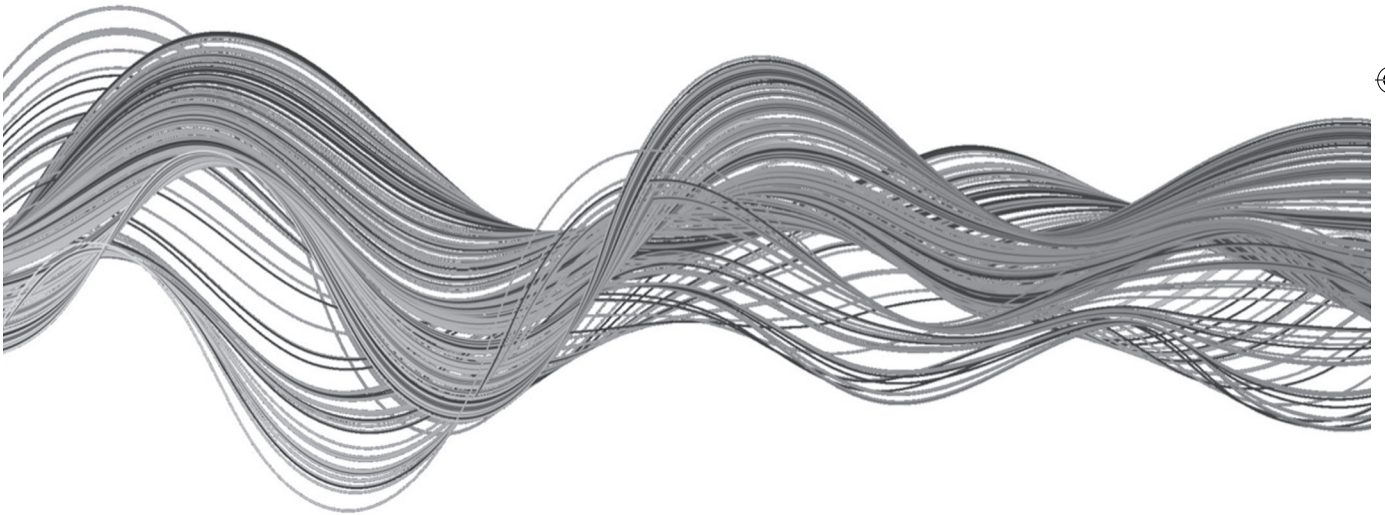
1. What would you most like to learn about how to write, talk, and act like a clinician?
2. What do you feel confident about when thinking about clinical practicum across different settings?
3. What are you puzzled or confused about when thinking about clinical practicum across different settings?





SECTION I

Introduction to Professional Communication, Clinical Practicum Sites, and Ethics





1

The Nature of Professionalism and Professional Communication

Learning Outcomes

The learner/student/reader will be able to:

1. Explain the importance of professionalism in speech-language pathology
2. Identify the modalities of professional communication
3. State the shared components of professional communication

we need to have a clear understanding of the concept. But when we think of *professionalism*, what does this really mean? Typically, a person knows if the treatment being received is professional and can easily distinguish unprofessional behavior on the part of a service provider. However, explaining what it means to act professionally is as elusive as reaching a consensus on a common definition. We wanted to investigate what students, professors, and clinicians thought, and we include a sampling in the following box.

Introduction

The field of speech-language pathology is among the many distinguished and respected helping professions. Speech-language pathologists (SLPs) work alongside a diverse group of related professionals in a variety of settings to assess and treat patients across the life span. No matter the setting, *professional* should be a term that describes us, so

“Conducting oneself in a manner that brings respect to the profession and reflects well on your fellow colleagues. It’s a line I have trouble with and constantly cross over.”

“Professionalism is being kind and respectful when other people are being unprofessional.”

“It’s a behavior represented by actions of collegiality and ethical conduct.”



“Acting and speaking with integrity and doing your best to present the best version of yourself.”

“Happily completing your job description.”

Professionalism: “The skill, judgment, and polite behavior that is expected from a person who is trained to do a job well” (Professionalism, n.d.).

According to Cornett (2006), “We demonstrate professionalism by attitudes, knowledge, and behaviors that reflect a multifaceted approach to the standards, regulations, and principles underlying successful clinical practice” (p. 301). She continued by identifying “inquiry, introspection, and integrity” as critical components of professionalism. Professionalism requires that you take the initiative to assess yourself before, during, and after each interaction to strive to improve your skills. It is typical that students and clinicians naturally have strengths in some areas as well as areas to improve on.

Professional behavior is an important part of every job, from plumbing and carpentry to lawn maintenance and teaching. In all of these fields, we expect the practitioners to have certain knowledge and skills that allow them to competently perform the job, and we, as a customer or consumer, expect to be treated with respect. For example, when you take your car in for a repair, you expect a certain degree of professionalism from the employees. We expect restaurant employees to behave professionally when serving customers. If these expectations are not met, people tend to not return for additional services or recommend these establishments to others.

It should be no surprise that professionalism is an important component in the practice of speech-language pathology as there are high expectations for those involved in the care of others. The literature from many

health-related disciplines is concerned with professionalism both at the level of training programs and in clinical practice after graduation. For example, fields such as medicine (American Academy of Pediatrics, 2007), occupational therapy (Randolph, 2003), pharmacy (Hammer et al., 2003), and nursing (Clooman et al., 1999) all view professionalism as a critical variable in clinical practice and in training programs.

When clients and other professionals interact with the SLP, there are certain expectations for professionalism. What are some practical ways you can show that you are a professional? The general public expects an SLP to be neatly groomed, pleasant, prepared, attentive, and to work in a clean and orderly environment. The language we use with clients, caregivers, and people from other disciplines should be professional in tone and content. The reports we generate in the course of assessment and treatment of patients should reflect the specialization and integrity of our field. We are responsible for professional behavior not only in more formal interactions, such as reports and presentations, but also less formal channels such as emails and conversations in the hallway. Wilkinson et al. (2009) identified several themes when researching the definition of professionalism. These included honesty and integrity, confidentiality, respect, demeanor, empathy and rapport, organization, punctuality, and responsibility. Students and practitioners must continuously enhance their cultural responsiveness and consider each individual they are treating, speaking with, or sending correspondence to. Attending to all these areas will build a foundation of trust, respect, and successful collaboration for your clients and colleagues.

Professionalism is not just about how clients and other disciplines perceive us; it is also about how it makes others feel about themselves. If you treat a client with empathy and respect, it will create an environ-

ment that is conducive to positive clinical change. Conversely, a client who feels disrespected, judged, or misunderstood might have decreased attendance, motivation, or participation in therapy. Consider your favorite peers to work alongside on a project or professors you enjoy learning from. These likely are people who exude professionalism and competence as an individual and you feel they appreciate both you as a person and your perspective.

You can see that professionalism is expected not only of seasoned clinicians but also of clinicians in training. One objective of this textbook is to help students realize the importance of professionalism in becoming an SLP and how one's behavior, spoken language, and writing are important factors in becoming a professional. You might be wondering why someone would not choose to act professional. It could be ignorance regarding a certain area or the choice to take an easier, more convenient route.

It is not difficult to recognize an unprofessional demeanor, as illustrated by the account in the following box by Allister Scott, a college student suffering from depression.

I was seeking help for my depression, so I searched online for *professional counseling services* and found Dr. Beck. When I arrived at the office, I found the receptionist complaining on her cell phone about the patient she had just checked out. After several minutes, she got off the phone and glanced up at me. When I told her that I had an appointment with Dr. Beck, she told me to follow the signs to room 112. I navigated my way through the halls, found room 112, and knocked on the door. A loud voice from inside the room yelled, "Who is it?" I felt uncomfortable announcing my name for others to hear, so I replied softly as I opened the door. Room 112 revealed a man sitting behind a cluttered desk in a t-shirt and sweatpants,

finishing a bag of potato chips. Cluttering the desk were old files and paperwork from previous patients. He greeted me by saying, "What's your name, again? I didn't have time to look at my notes." It took me months to work up the courage to make an appointment with a counselor, and now I'm doubtful if this person I'm sitting across from is someone I can trust to help me. It became clear that professionalism is not conferred on a person by simply earning a degree.

The extreme example provided in the previous text box illustrates lack of professionalism on many levels. In the following text box, Allister tells us of his second attempt at finding help.

I had postponed making an appointment with a psychologist for months now. Hesitantly, I opened the double doors to Dr. Tyson's office building and walked up to the receptionist's window. The receptionist welcomed me to the office and thanked me for completing my paperwork online. She told me Dr. Tyson was expecting me and invited me to have a seat in the waiting room. Five minutes later, before I could even crack open the book I'd brought to pass the time, a man in a freshly pressed suit emerged from behind the waiting room door. He walked directly to me and introduced himself. I put away my book and followed him out of the waiting room. Dr. Tyson escorted me to his office while we discussed our mutual appreciation for the crisp fall weather outside. We arrived at his office, a modest, yet tidy, room warmly lit by the natural light coming in through the window. Dr. Tyson asked me to have a seat and explained his goals for the session. He then asked me questions related to the concerns I had expressed over the phone. It was clear

that he was sincerely interested in me as a person, not just another patient, and I felt the fear and hesitancy I had built up for so long start to disappear.

The overall difference between these two vignettes could be described in terms of physical appearance of the offices, demeanor of the office staff, and the appearance and language of the psychologists. However, an overall distinguishing variable between the

two scenarios lies in the construct of professionalism. In one situation, professional behavior was lacking and in the other, it was not. Again, we know professionalism when we see it, but it is difficult to exactly quantify. That is probably because being professional involves numerous variables that all interact in complex ways. There are certain characteristics of a professional that not only include duties (e.g., assessment and treatment in the case of the SLP) but also interactions (engagements) and personal attributes (character or skill).

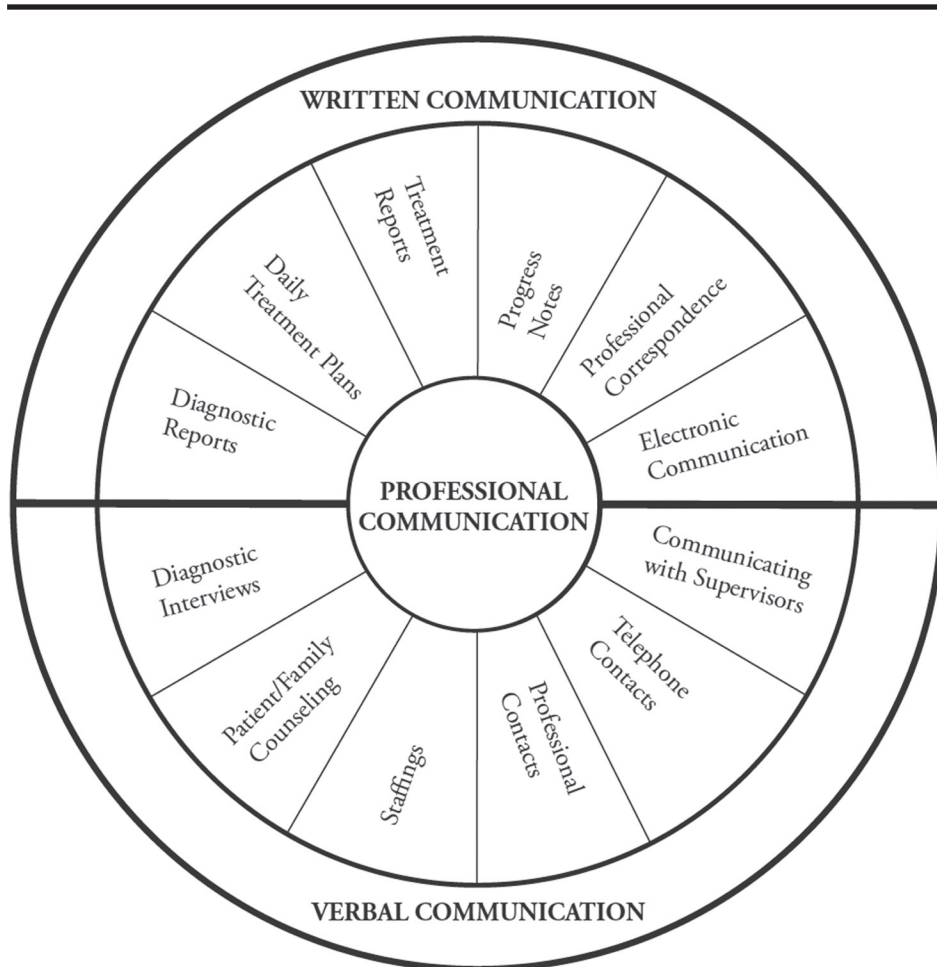


Figure 1–1. The two modalities of professional communication.

One common thread running through the concept of professionalism is the idea that it is demonstrated largely through various forms of communication. The physical properties of a clinical environment and your appearance communicate important information about professionalism, as illustrated in the vignettes. Nonverbal communication can indicate confidence and expertise as well as empathy for and interest in the client. Verbal communication with clients and other professionals can be a clear indication of a clinician's knowledge about the field, ability to perform assessment and treatment activities, and ability to make trustworthy recommendations. Finally, written communication (e.g., emails, reports, treatment plans, progress notes) represents the clinician to others when face-to-face interactions are not possible. The notion of communication is inseparable from the construct of professionalism. It is how professionalism manifests itself to clients and other professionals. Thus, it is not simply a coincidence that we have used the term *professional communication* in the title of this textbook. The term is very broad and includes both written and verbal interactions. Figure 1–1 shows examples of professional communication that represent the written and verbal modalities. Although we will be spending more time on the written forms of professional communication, it is important to address verbal communication as well. Let us spend a little time discussing the types of professional communication illustrated in Figure 1–1. In subsequent chapters of this text, we cover each of these areas in more detail.

Professional Written Communication

Both students and professionals are required to generate professional documents

related to evaluations, treatment planning, and treatment reporting. All of the following reports may be shared with patients, caregivers, and allied professionals to ensure the highest quality of care. In addition, paperwork is required by third-party payers. Depending on your setting, the clinical record could be electronic or written. The following important areas of professional written communication are shown in Figure 1–1:

- 1. Diagnostic reports:** These are clinical reports that summarize the results of a formal assessment of communication abilities, including standardized and nonstandardized testing and a case history. The diagnostic report paints a clear picture of the patient's communication abilities, including strengths and weaknesses. It becomes part of a patient's clinical record and is often transmitted, with the patient's permission, to other professionals. Our reports represent not only the student who wrote them but also the student's clinical supervisor and the facility (university, hospital, school system) that performed the assessment.
- 2. Daily treatment plans:** Students in training are often required to develop a detailed agenda for a session in the form of a treatment plan that is submitted to the clinical supervisor for review and approval. The treatment plan outlines the plan for the therapy session with regard to goals, procedures, cues, and the behavior modification plan, if necessary. Students might also be asked to include rationales from theory or research for goal selection and the use of particular procedures in the treatment plan. The treatment plan should represent the result of considerable thought and planning by the student after reviewing

the case information, appropriate textbooks and research, class notes on the appropriate disorder, and discussions with the clinical supervisor.

3. **Treatment reports:** These reports are designed to summarize and analyze the progress of a patient who has been receiving treatment over a specific period of time. Recommended modifications to treatment goals, cues, activities, or materials may also be included. These reports become part of a patient's record and serve to communicate the treatment approach and progress to other professionals or future students who will provide treatment. For example, a patient being seen in the university clinic might also be seen in the public schools, and treatment reports are routinely sent to the SLP in the school system to make him or her aware of the patient's performance at the university. Many primary care physicians and pediatricians keep a comprehensive plan of care for the patient and they will benefit from following their progress as well. When a patient meets their goals and is discharged from services, a treatment or discharge report will summarize their long-term performance.
4. **Progress notes:** Progress notes are short synopses written on a session-by-session, weekly, or monthly basis. They are part of the clinical record and summarize the patient's performance and progress toward long- and short-term goals and recommendations for the next session(s). Progress notes frequently follow the SOAP format, which represents four sections: Subjective, Objective, Assessment, and Plan. These notes may be shared with the clients, any part of the team of professionals involved in treating the client, and third-party payers.

5. **Professional correspondence:** These are letters written to referral sources, parents, family members, third-party payers, or other professionals discussing general clinical matters or clinical issues related to a particular patient. Sometimes, this correspondence is as simple as expressing appreciation for a referral from another professional. For instance, a physician might refer a patient with vocal nodules for voice therapy to the university clinic. It is always important to thank other professionals for referrals to maintain a good working relationship. You might also write a letter on behalf of a client explaining their communication abilities to a behavioral counselor to whom you are referring them or to a special education coordinator on behalf of a student you have evaluated who needs accommodations within the academic setting.

6. **Electronic communication:** Email or facsimile machines can be used to conveniently relay clinical information to others. Although reports are not typically sent via email, email between allied professionals is prolific, and the SLP could frequently communicate short summaries of patient progress or questions regarding the patient's performance in other areas. Patients and caregivers might find it easier to communicate questions, concerns, or other needs via email and you might be asked to fax reports. Electronic communication is an extraordinary option for sharing information but ensure you are knowledgeable about your facility's process for maintaining confidentiality of patient information.

In all six areas mentioned previously, the SLP is expected to adhere to specific