



DAY IN THE LIFE

FIONA LEONG

SPEECH AND LANGUAGE THERAPIST



What is your current role?

I am based on the stroke ward at Russells Hall Hospital and I am currently working with patients with speech and language difficulties. This refers to people who have difficulties saying what they want to say, difficulties understanding what is said to them or having speech that is not as clear

What does an average day look like?

My typical day can be split into two main areas which are clinical work and administrative tasks. Admin tasks are very often overlooked but they actually take up a significant proportion of my day. I begin each morning by checking where patients are in the hospital or whether they have been discharged. If a patient has been discharged, onward referrals to the appropriate speech and language therapy teams are made. We then prioritise the rest of our patients, check our online system for updates on a patient's medical status and create or review therapy plans to ensure that goals set are still relevant. Finally, we prepare resources for therapy sessions before heading up to the wards to see patients. Prioritising the patients is especially important particularly if the team is at capacity. Where a patient falls on our priority list depends on many factors, including when they were last seen, their level of engagement and how well they are managing their diet and fluid recommendations.

My clinical work falls into two broad categories which are assessment and therapy. The type of assessments and therapy activities completed in an SLT session can vary greatly and depends upon the type of impairment and my differential diagnosis. Our initial language assessment usually allows us to arrive at a differential speech/language diagnosis. However, if more detail is required, assessments targeting more specific areas (e.g. higher level language abilities, speech intelligibility) may be used.

Therapy activities depend on a patient's difficulties. For example, naming tasks and picture description tasks may be appropriate for individuals with word-finding difficulties. If a person has difficulties understanding what is said, we may practice following verbal commands and yes or no questions. When a patient's speech quality is less clear than what it was before, therapy may involve reading words, sentences or whole paragraphs aloud or having a general conversation whilst remembering to use specific strategies such as over-articulating and speaking slowly. I also work together with other allied health professionals, especially for functional abilities. Functional activities allow us to assess an individual's ability to function in these situations and evaluate factors such as safety and independence.

Another part of my working day goes towards indirect clinical work. This includes liaising with family members to gather relevant information, keeping them informed about our input and making family aware of the various strategies they can use to facilitate communication.

What do you like about your role?

One of the best things about being a speech and language therapist is that every day is different. We work with patients who can present so differently from each other, as well as with different AHPs as part of a multidisciplinary team to ensure our patients receive the best possible care. Seeing a patient improve and return to hopefully where they were before is definitely one of the best feelings in the world!