

the **KSHA** *Communicator*

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Kentucky Speech-Language-Hearing Association



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Telehealth Advances in Kentucky

By **Joneen Lowman, PhD, CCC-SLP**

The exponential growth in technology, coupled with policy shifts, are forever altering the landscape of healthcare. Within this new digital biosphere, technology will be a prominent driver of healthcare encounters. In fact, 60 percent of millennials would prefer a virtual healthcare interaction to in-person care. The use of telecommunications to connect a healthcare provider and a patient is referred to broadly as telehealth. Originally conceived as an option for reaching underserved populations, telehealth has morphed into a viable model for addressing personnel shortages, for reducing costs associated with care, and for accommodating the transient lifestyle of today's society. With advances in telecommunication technologies and infrastructure, telehealth is migrating from health care centers to homes and mobile devices. Speech-language services are not immune to this "on-demand" culture. The American Speech-Language-Hearing Association endorses telehealth but prefers the term telepractice. This article will provide a broad picture of this delivery model and thus will use the term telehealth.

A common barrier to implementation is providers' lack of general knowledge about this service delivery model. Thus, a first step in understanding telehealth is to understand its various iterations. Currently, telehealth can be subdivided into five models.

- Videoconferencing is the most widely used and recognized form of telehealth.



In this format, a healthcare provider and a client interact in real-time using videoconferencing software accessed through their individual devices.

Videoconferencing has the advantage of allowing the provider and client to see and hear each other. Schools across the nation are adopting this model as a mechanism for addressing speech-language pathologist (SLP) shortages.

- Store-and-forward is the counterpart to videoconferencing. In this format, images and or recordings are taken of a client by support personnel and transmitted to the provider for interpretation at a later time. No real-time interaction occurs between the provider and patient. SLPs and audiologists (AUDs) may use this method for interpreting recordings of

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President's Message: A Legacy of Service

Kelly A. Kleinhans, PhD, CCC-SLP

KSHA President



Dr. Kleinhans (right) has been working closely with the Chairwoman of Education, Regina Bunch Huff (left) to move our political action plan forward.

My Dear Friends,

It is my great pleasure to write to you as the president of KSHA. I want to express my gratitude to the members of the KSHA Executive Council for sharing their expertise and enthusiasm for KSHA and the professions of speech-language pathology and audiology. We have had more than 90 percent of council members participating in monthly board meetings including giving up two days in September for the strategic planning meeting. The current composition of board members work full-time and I want to recognize the sacrifice of their personal time to attend to the business of the association. My heartfelt thanks to my presidential mentors, KSHA past presidents Janice Smith and Christie LaCharitie, for their exceptional service to the Association. KSHA is one of the top state associations for the professions! In addition to a large membership base and phenomenal Annual Convention, this year KSHA was awarded two grants from ASHA including a 2018 State Association Grant and an ASHA Student Advocacy Grant.

The leadership team has been engaged and working hard on several projects. The Kentucky Advocacy

Network, known as iKAN and led by Lacey Lane, is preparing KSHA members for success with advocacy at the local and state levels. Kellie Ellis and her team have been busy expanding the highly successful Student Advocacy Day event which lets NSSLHA students from across the state participate in real life legislative activities at the capital in Frankfort. In September, members of the executive council participated in an outstanding strategic planning session, working collaboratively to create a vision for the future of KSHA. You will be able to check it out on KSHA's YouTube Channel which we will launch this spring.

During my presidency, I have been meeting with legislators in Frankfort. I have personally invited them to look to KSHA as the experts they should consult with regarding issues that impact speech-language pathologists,

audiologists and individuals across the commonwealth who experience communication, swallowing and balance disorders. Additionally, we continue to make progress with our advocacy efforts. I am pleased

to report we have the continued support of Representative Regina Huff (District 82) who will sponsor HB 37, which would require funding of a \$2,000 salary stipend for speech-language pathologists and audiologists working for school systems in the commonwealth, equivalent to one received by teachers who hold national board certification. We are also launching a survey to gather information about our KSHA brand recognition by various groups such as nonmembers, the public and legislators.

KSHA is also looking at a busy spring between our Annual State Convention and planned advocacy efforts in

Frankfort. The Convention co-chairs Leigh-Anne Roden Carrier and Tommy Evans have been working to ensure this year's Convention is the most memorable of Conventions. Be sure to mark your calendar for February 20-23, and bring a couple extra bucks because, new this year will be the highly anticipated and frequently requested Convention swag available for purchase, such as t-shirts and other items branded with the KSHA logo. Also in 2019, we have a massive advocacy campaign planned. The first legislative session will begin in January. We have the plan and we have the tools for success. We will need you to do what you do best ... communicate! We will be asking members to communicate with legislators regarding issues on our public policy agenda and how policy affects you or those you serve. If you partner with us on this project we will empower you with the skills to

... make the choice to join a legacy of service to the association working behind the scenes in selfless ways to accomplish things that will impact you, the professions and those you serve.

influence public opinion and lawmakers!

Those who know me might agree I tend to have a merry heart and thus it brings a smile to my face when I consider how I have made the transition from dues paying, Convention attending, don't have a clue what KSHA does member, to my current leadership position. An opportunity to serve as vice president of higher education coincided with my need to document service to the profession in my tenure portfolio. It was admittedly an easy sell. I never imagined saying yes to serve the association would be so rewarding personally and professionally. The

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Keys to Obtaining the Best Clinical Placements

Tommy Evans, AuD, CCC-A

KSHA Convention Co-Director and ASHA Advisory Councilor (Audiology)



Members of KSHA would all agree that preparing students to enter the workforce as future speech-language

pathologists and audiologists is our collective responsibility to not only the student but to the profession as a whole. It is important to have effective leadership and communication at any level regardless if it is academic or in the clinic. At Cincinnati Children's Hospital Medical Center (CCHMC), we are lucky to have one staff member who is responsible for coordinating our student program in the Division of Audiology and working with the various universities from all over the country. Placing students in clinical rotations can be a challenging task for many universities especially when clinical sites are dwindling and students are competing with other students for similar rotations. Crystal Kudirka, AuD, CCC-A, education coordinator at CCHMC (pictured), was interviewed to solicit her advice on how to best prepare universities and students for obtaining desired clinical rotations in audiology.

What is the most important thing that a university can do to assist their students with obtaining a placement at a desired off-site clinical rotation?

- The university has a specific process and protocol for placing students that is consistently followed and respected by the students.
- The university clinical liaison effectively communicates the plan with the site with ample time to process the request.
- The university has an appropriate evaluation process for their students and evaluation of the site, as well as for well-rounded feedback.

- The university communicates a good understanding of the applicant's clinical skills and previous experiences prior to starting.

When reviewing applicant's resumes or applications for a clinical rotation, what are the most important attributes or characteristics you evaluate?

- Does the student demonstrate a high level of motivation and passion for the field?
- The student's cover letter needs to stand out and demonstrate they did their homework on where they are applying. For example, they should comment on the site specifically and why it is a good fit for them. The cover letter should complement their resume and not repeat it verbatim.
- The application should highlight relevant experiences and omit activities or jobs that do not apply to the career (i.e., bartending, baby sitting).

When interviewing applicants for a clinical rotation, what are the most important attributes or characteristics you evaluate?

- It is critical that a student portray appropriate professionalism when interviewing, such as being dressed appropriately, making good eye contact, putting away cell-phones, asking appropriate questions, engaging in conversation and expanding upon relevant experiences.
- Be prepared, punctual and ready to ask questions about the site.
- The students should be able to demonstrate a thorough thought process when answering questions and not always worry if the answer is right or wrong. It is okay to say you don't know, but expand when possible.

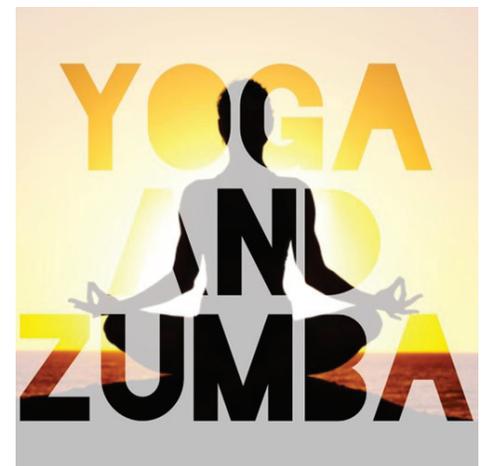
What advice would you give a student when looking for a clinical rotation?

- Start early.
- Do not get letters of recommendation from people who do not know you well enough to speak to relevant skills.
- Volunteer if possible at sites of interest.
- Make an effort to reach out to placements early to introduce yourself.
- Practice interviewing with friends, faculty and or video yourself so that you are self-aware.

Dr. Kudirka will be presenting at the upcoming KSHA Convention on advising students how to best prepare for applying and interviewing in a competitive environment.



Take advantage of opportunities to feel empowered throughout the Convention during our free Yoga and Zumba instruction.



On Defrost, Disclosure and Professional Drive

Cara Richman, MS, Western Kentucky University

2018 Student Ethics Essay 2nd Place Winner

"... before I can live with other folks I've got to live with myself."

—Harper Lee, *To Kill a Mockingbird*



The densely frosted windshield of your car doesn't seem to care that you're terribly late for work. In a stroke of decluttering

genius, you tossed that seldom used windshield scraper you got a few Christmases ago and that now-ruined credit card from your wallet made for an ineffectual substitute. Wasn't there some unspoken meteorological contract of life in the South: you tolerate sweltering summers in exchange for mild, uneventful winters? You know what you should do: wait it out, let your aged car's window defrost at a frozen snail's pace. But after five minutes, your patience—unlike the ice—is growing thin. The car's window is slightly less frosty right above eye-level on the driver's side. If you crane your neck just so, you can mostly see through the remaining haze. What are the odds that—in the time it takes for the windshield to completely defrost—the lack of visibility will cause a wreck? Do you put the car in drive and press the gas, or does the "what if" make you hesitate? You're risking your own safety and the safety of others if this happens to be the one morning that reduced visibility causes an accident. When you weigh short-term gain and urgency against the seriousness of long-term consequences, just how much are you willing to compromise on the transparency of your windshield?

Of course, your professional and academic career as a speech-language pathologist isn't a car, but it, too, can cause harm when driven with a lack

of competence and responsibility. For an illustration of the conflict that a well-intentioned clinician and researcher might feel between transparency and professional drive, consider the fictional plight of Julianna. Julianna completed her CFY under a supervisor who is a leader in exercise-based dysphagia rehabilitation. For some patients, her supervisor utilized a preferred system that provided neuromuscular electrical stimulation (NMES) in tandem with the performance of evidence-based exercise programs dictated by the individual patients' physiological impairments. Julianna's supervisor encouraged her to review the literature and draw her own conclusions about using NMES in dysphagia treatment. Julianna read several studies on the topic, both those that supported and refuted the efficacy of electrical stimulation. However, Julianna never located the high-level evidence that would have definitively convinced her either way (Carter & Humbert, 2012). She was certainly encouraged by seeing many of her supervisor's patients have positive outcomes using NMES, and ultimately decided that she supports its use as an adjunctive modality for select patients completing exercise-based dysphagia rehabilitation programs until more conclusive research comes to light.

Now, Julianna is in the fifth year of her career at a skilled nursing facility. She still believes in the clinical benefit of the same NMES system that she was trained in a few years ago. In fact, representatives from the company who manufacture the system recently came to her facility to train her colleagues in its use and were impressed with her knowledge and skill. Julianna feels she can use her expertise to contribute to the mounting

debate surrounding the effectiveness of NMES. She enrolls as a clinician on the Clinicians and Researchers Collaborating (CLARC) platform and is contacted by an esteemed researcher who asks her to collaborate on a single-subject study examining the use of NMES with one of her patients and co-present the findings at an upcoming conference. They collaborate on the design of an ABA study, and the research begins after the team receives IRB approval. Julianna feels excited to contribute to the ongoing conversation in the field concerning this novel intervention. However, about two weeks into the B-phase of the study, she receives a call from the company that manufactures the NMES system she is using in her research. They offer her a position as a clinical consultant and brand ambassador. It would be an absolute dream job for Julianna, allowing her to travel the country and share her knowledge and skills with fellow speech-language pathologists (SLPs).

Julianna knows that she will definitely be accepting the position, which will officially begin a few weeks before she presents her findings at the conference. As she opens her email to notify her collaborator of this potential conflict-of-interest, she hesitates. She imagines how her audience members might perceive her disclosure statement, which heralds her as a financial beneficiary of the very company whose devices she used in research. What if her collaborator wants to discontinue the research altogether in light of her new direct affiliation with the company? She doesn't feel it's fair that she must choose between preserving the perceived objectivity of her data—which reflects months of hard work—and her new position. Maybe

the “ignorance is bliss” adage applies here? After all, she knows that she will remain objective throughout the collection and analysis of the data. So why give her collaborating partner or colleagues any reason to question her findings? She would feel more confident and comfortable during the conference if she just kept her new job hidden until afterward.

The Code is clear: Julianna’s objectivity in conducting this thread of research may now be obscured, and she owes her colleagues the right to weigh her evidence alongside her disclosures and draw their own conclusions.

With this line of thinking, Julianna stands at serious risk of violating the ASHA Code of Ethics, the 2010 revision of which more explicitly addresses ethical issues in research and scholarship (ASHA, 2014, Introduction section, para. 2). Principal III, Rule B, stipulates, “Individuals shall avoid engaging in conflicts of interest whereby personal, financial or other considerations have the potential to influence or compromise professional judgment and objectivity” (ASHA, 2016). Furthermore, by failing to make the appropriate disclosures, she is also at risk of violating Principal III, Rule G, which states, “Individuals shall not knowingly make false financial or nonfinancial statements and shall complete all materials honestly and without omission” (ASHA, 2016). These guidelines should strip away any notions Julianna has about proceeding with her research as though nothing has changed. Convenient though it may be, any short-term professional gain is dwarfed by the significance of presented or published research that can send ripples into the field, impacting dozens of other practitioners and—in turn—their patients. The enormity of responsibility to disclose any conflicts-of-interest in reporting research is distilled nicely by Horne and Minifie (2011), who state, “The

integrity of the scientific record—its accuracy, completeness and value—ultimately impacts the health and well-being of society” (p. S346). The Code is clear: Julianna’s objectivity in conducting this thread of research may now be obscured, and she owes her colleagues the right to weigh her evidence alongside her disclosures and draw their own conclusions. Robbing them of that right through omission could result in unintended consequences, including potential complaints filed against her.

Julianna begins composing the email to her collaborator so they may move forward with the appropriate disclosures. Ultimately, her strong professional drive might have briefly tempted her to step on the gas without achieving full transparency, despite the unknown consequences that lay ahead. However, she knows she must also live with her own conscience, and the thought of such a professional transgression looming in her rearview mirror—blemishing the integrity of her promising career and creating road blocks for clinicians pursuing evidence-based interventions for their patients—is more than she can bear.

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Telehealth

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videofluoroscopy or tympanometry results, respectively.

- Remote patient monitoring (RPM) collects patient health information (e.g., vital signs, heart rate, weight) via devices placed in the patient’s residence. The information is transmitted to healthcare providers for monitoring. RPM allows elderly individuals and persons with disabilities to live at home longer and reduces hospitalizations, readmissions and length of stay.
- Mobile health, or mHealth, uses devices such as smartphones, portable monitoring sensors and apps to monitor patient’s health. At the University of Kentucky, Dr. Vrushali Angadi is developing a mobile app for monitoring vocal hygiene exercises.
- eHealth is the vaguest of the five telehealth models. Some advocates define eHealth as the use of any electronic/digital process in healthcare while others narrowly describe it as Internet-based healthcare practices with the emphasis on Internet. Given the broadness of the term, the other four telehealth models could be considered eHealth. The use of the term has more traction in developing countries where access to healthcare is scarce.

Telehealth provides SLPs and AUDs with boundless options for delivering services. Therefore, it is incumbent on our profession to become educated on its various iterations in order to make informed decisions regarding best plans of care.

Joneen Lowman is an associate professor in the Division of Communication Sciences and Disorders at the University of Kentucky. She is the project director for Linking Kids to Speech-Language Pathologists, a grant for training graduate students in telehealth. She also is KSHA vice president for higher education.

Communicating While Waiting

Mary Grace Starks, MS, CCC-SLP



Waiting ... that's what I have been doing. Waiting patiently for a high-tech robust device recommended by an augmentative and alternative

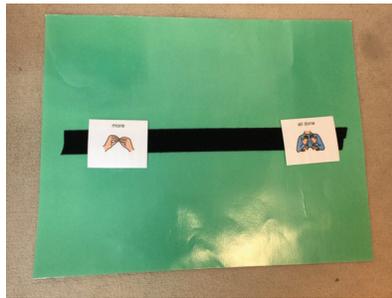
communication (AAC) specialist. I am a full-time, school-based speech-language pathologist (SLP) faced with limited resources, manpower and time. On top of this, I have never worked with a student diagnosed with Rett syndrome and I was about to be up close and personal with the unknown. But, I was ready to take on the challenge! First thing's first: she needed a way to communicate with her teachers, friends and caregivers right away. It may not seem as daunting a task to find a child a functional communication system; however, our circumstances were new to me. We were presented with several challenges we had never faced before. In addition to limb apraxia; my student did not have the ability to functionally use her hands.

So, what do we do when we don't have an answer? Research. That's where we started. I recalled a training presented by Denise Bryant and Amanda Oakes at Vanderbilt University on AAC. This specific training provided SLPs with information on how to create and target AAC language goals. During the training, specific case studies were presented and I just so happened to recall one that I needed to review that was similar to the case I now had.



While we waited for her high-tech robust communication device, I had to construct something this student could use now to participate at school and in the classroom. I had to consider alternative access methods using body

parts other than the hands; so, I went with eye gaze. With limited resources in the school, and needing to act quickly, I decided to create a low-tech communication system that could be accessed via eye gaze. I created a modified communication board with two core vocabulary words that would allow her to access and participate in the classroom environment. I used a poster board that was large enough that



we could place pictures on opposite sides and her communication partners could be certain of her choices when she looked at the pictures. I chose to start with two core vocabulary words, "more" and "all done," because these are in the top 20 most frequently occurring core vocabulary words (Van Tatenhove, 2013). Giving her access to "more" would allow her to request preferred activities and she is able to tell her communication partners when she is "all done" with that activity. These two core words can be used to communicate a variety of functions including: requesting, protesting and terminating an activity. So, while we wait on paperwork to be filed, insurance to approve and shipment, the student has a low-tech modified eye gaze communication system that allows her to participate with her teachers, friends and caregivers right NOW!

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President's Message

Continued from pg. 2

KSHA legacy of accomplishing its mission is due to speech-language pathologists and audiologists looking beyond their own little world to serve others in ways that help all of us. I discovered KSHA Executive Council members do a lot for the professions but do so with a servant heart, one in which there is no desire for recognition or accolades. I may not have known then but know now and I appreciate how hard KSHA leadership teams work to help speech-language pathologists and audiologists across the Commonwealth. Today, I am invested in serving you and the other KSHA members. It is my desire that you see value in your KSHA membership. When you become a KSHA member you have the choice to take and enjoy the advanced continuing education opportunities at the Annual KSHA Convention to enhance your practice. You can also make the choice to join a legacy of service to the association working behind the scenes in selfless ways to accomplish things that will impact you, the professions and those you serve. Through my service I have learned a tremendous amount about leading a team and have developed lifelong friendships along the way. I assure you the members of the executive council look forward to welcoming new team members.

While attendance at Convention might be your most memorable KSHA participation up until this point in time, I encourage you to make a choice to share your talents and energy with KSHA. I look forward to seeing you at our upcoming events.

Connect With KSHA

Follow KSHA on Twitter at <https://twitter.com/kyspeech>, Instagram at [kshakyspeech](https://www.instagram.com/kshakyspeech) and Facebook at <https://www.facebook.com/KYSPEECH>.



iKAN: Kentucky Advocacy Network

Lacey Back Lane, Janice Smith, Kelly Kleinhans

At ASHA last month, Kentucky Speech-Language-Hearing Association leaders discussed the development of the Kentucky Advocacy Network (iKAN) initiative designed to foster advocacy skills among our members to advance the mission of KSHA. The leadership team discussed aspects associated with building a successful advocacy network and described strategies used to empower the members to engage with the public and policy makers.

Why target advocacy to affect the empowerment of our members?

As advocacy is a central component of KSHA's mission, the executive council recognized a need to prepare the membership to participate in all levels of advocacy—individual, local, state and national. The inaugural iKAN cohort was created based on the following rationale:

- Professional advocacy and outreach are part of the ASHA Scope of Practice and advocacy skills must be fostered and developed among members of our profession.
- Grassroots advocacy is one of the easiest and most important strategies that can be utilized within an organization because it is driven by the members.
- The development of a network within your state association empowers members to work together to

share in a common advocacy agenda.

- The relationships built through an established network can improve the quality and the quantity of work by state associations allowing new opportunities for members to contribute ideas, expertise and resources.
- When advocacy efforts are successful, all members benefit.

Members of the executive council worked together to build a systems approach to the initiative to ensure sustainability and utilization to support the mission of KSHA.

How are we developing a sustainable advocacy network?

First, we felt it was essential to start small to build a foundation for growth among members of the network and garner feedback at each step of the process. The executive council collaborated with contacts in a variety of professional settings to identify target audiences among membership and best utilize our resources. It was also important to us to use and incorporate existing opportunities like hosting the first training session at Convention, participate in KSHA's established student advocacy day



and SLP and AuD Kentucky Capitol visits, membership forums and ASHA resources and templates to engage our cohort.

The KSHA leadership team also provided training and opportunities to practice new (or growing) skills, empowering members to be advocates at all levels as well as promote the state association and profession. From iKAN's inception, our first priority was to engage members directly with the executive council to build relationships by providing opportunities to share in the Association's current advocacy efforts. Finally, to promote sustainability, the team built in accountability for participation and development of leadership skills at both cohort and council levels. To date, our first cohort has participated in two group trainings, a variety of on-your-own and with-a-team assignments and looks forward to engaging with students and legislators alike on Advocacy Day on the Hill in February.

Apply for 2019 Kentucky Advocacy Network (iKAN)

The application period to be a participant of the next cohort of the Kentucky Advocacy Network closes on January 15, 2019, at 3:00 pm Eastern Time.

The program, designed for 15 KSHA-member audiologists and speech-language pathologists, begins on Wednesday February 20. To be eligible, applicants must be a KSHA member and interested in building leadership and advocacy skills within their profession.

The yearlong program kicks off with an opening workshop at the KSHA Convention, and continues over the course of a year with three online webinars and graduation and recognition at the Annual KSHA Convention. Participants have an opportunity to earn up to 7.5 hours of CEUs. During the course of the program participants will develop a personal advocacy plan and participate with program peers to develop advocacy skills and participate in statewide KSHA advocacy initiatives.

In identifying and developing a personal advocacy plan, each participant applies the leadership techniques and personal development goals established during the program. The personal action plan developed through the training focuses on developing skills for advocacy at the grassroots, state and national level.

Applications for this program are available on the KSHA website at ksha.info.

For more information, contact Lacey Black, KSHA president-elect, at lacey.lane@kcdc.org.



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Upcoming Events

February 2019

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February 20-23, 2019

April 2019

Student Research Grants
Submission Deadline
April 1, 2019

Professional Development
and Research Grants*
Submission Deadline
April 15, 2019

*Contact KSHA Office for more details. Applications will be sent via email closer to date.



The *KSHA Communicator* would love to hear from you!

Tell us what you think about our new style.

Tell us what you want to READ about in the upcoming issues.

If you have or are currently working as an audiologist or speech-language pathologist in a medical setting, we would love for you to tell us what we should write. ... Or better yet, go ahead and write about your story, your favorite new clinical strategy or your amazing mentor!

Send your feedback, ideas, suggestions for improvement and articles to write4ksha@gmail.com today!