



SLP HACK:

any method, skill or information that increases efficiency and treatment!

Welcome to the 1st SLP Hack! The purpose is for clinicians to swap tips, materials so we all can provide the best care.

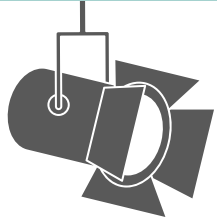
“There just isn’t enough time”!

This was my typical refrain as a treating clinician. Talking to families, training staff, locating patients, waiting for hair appointments, BINGO, smoke breaks, reviewing charts, completing screens, documentation and etc... there were sooo many things beside direct patient contact that I would do in a day. So I developed some hacks! Here are a few of mine -

- I had a plan but tried to remain flexible: I would set up appointments with patients, ask PT/OT if I could see patients before they left the gym, and provide treatment during other tasks. Treat during activities, BINGO, to address attention and recall. If possible, I would call family during sessions and do nursing education with patients present.
- I had templates (see an example of a daily note)
- Time required to adjust equipment or otherwise prepare the treatment area for skilled rehab is set-up time under MCA payers and is included in the count of minutes of therapy delivered to patients. For us that includes preparing for treatment - like pulling materials. If the patient was present I counted that time.
- Materials used often, blank monthly calendar, facility map and problem-solving questions, were laminated and on a key ring. Employed an erase marker to reuse materials.
- Mostly we provide direct 1:1 treatment sessions so sometimes point of service documentation is difficult however I tried to incorporate this at the end of my sessions. For example, I may say “I’m going to stop and type everything we just did so I don’t forget.” If appropriate, I would do progress notes with the patient. “I want us look at how you did last week and make new goals.” Reviewed each goal and told them a focus area for next week. This is also a great time to ask them to self-assess and monitor; “How do you think you’re doing with ...?”
- Utilized my iPad. Had pictures of common objects, scenes for picture description and apps.

ST Session Template

ST session focused on (Impairment) to increase/facilitate (Functional Outcome). Patient exhibited difficulty with (Task I’m addressing) and SLP analyzed response and generated (intervention provided) to increase performance to (response, percentage).



Treatment Spotlight: Reminiscence Therapy

Reminiscence involves conversations of events from the patient's past usually with the aid of tangible prompts such as photographs, objects, music.

This approach capitalizes on the Reminiscence Bump: The disproportionately higher recall of early-life memories by older adults

Steps to Intervention (Hooper 2009)

1. Create context or themes

(work, vacations, specific music genre, holidays)

2. Collect reminiscence props related to theme

3. Clinician Strategies:

Ask Yes/No questions or present binary choices to reduce demands on episodic memory.

To encourage discussion, use open ended questions that tap into semantic memory.

Pros/Cons: Ask patient what is good/bad about topics (i.e., watching television)

Advice and opinion scenarios: ask about historical points or situations.

4. Taking Data

Quantitative by amount of language output or type. Ex. number of words produced, number of topic statements.

Qualitative: perceptions of affect, nonverbal communication such as observations and caregiver, staff reports

5. Therapeutic approach can be targeted in group or individual sessions

Resources:

1. <https://www.ncbi.nlm.nih.gov/pubmed/15846613/>

2. Hopper, Tammy. "Treatments that Work for Both Dementia and Aphasia". Powerpoint presentation. ASHA, 2009.

3. <https://www.asha.org/PRPSpecificTopic.aspx?folderid=8589935289§ion=Treatment>

Do you have any hacks you would like to share? If so, send them to smorrow@rehabsynergies.com and it might appear in the next segment.