Look Who's TALKING

2001 Speech-Language Pathology Alumni Association Newsletter University of Toronto

TRADING DONUTS FOR DAFFODILS

in the Land of Peaches

BY CINDY Walmsley (née Lett), 9T7

I must admit, there are benefits to life in Atlanta: Daffodils in February, shorts and sandals in March, robins all year round ... I've even picked up some of the local dialect, and find myself saying "insurance." That's really the name of the game in children's therapy services here. You must have some form of insurance, be it the state-funded Medicaid program (for low-income families or children with medical diagnoses), or a private insurance carrier. Otherwise, it's up to families to pay the $62.00 (US) per hour for speech therapy and $95.00 per hour for occupational or physical therapy.

To be fair, there are early intervention programs in all states. In Georgia, "Babies Can't Wait" subsidizes therapy services in the "natural environment" (i.e., home or daycare) for children birth to three. At age three, the child may qualify for a specialized preschool program in the public school (something like junior kindergarten). A child with only speech and language concerns may only qualify for speech services on an "outpatient" basis at the school. Of course, just as in Canada, there is very little opportunity for individual therapy at school. So, a child with a severe speech disorder may not receive the service he/she needs.

But accountability in the system is high. I work at a small, private, multidisciplinary clinic. We see children who are referred by early intervention services or their physicians. At the time of referral, we ask parents to request a prescription for speech therapy from the child's doctor. Once an evaluation is completed, a plan of care outlining long and short-term goals is sent to the physician for signing. Goals are updated every six months. Alternatively, an "individualized family service plan" (IFSP) is written by the early intervention coordinator and therapists involved. If a valid, signed plan of care or IFSP is not in a child's file, Medicaid can withhold payment.

All this paperwork has actually been good for my practice. It's satisfying to check off goals as they are completed, rather than only at discharge time. It's also easier to stay "on-track" with each client. All the take-home exams at U of T paid off, I guess!

Clinically, the practice of speech-language pathology is much the same here. I had to brush up on my pediatric dysphagia and oral-motor intervention skills, but this has only expanded my horizons. I can also see children more often - up to twice weekly - and this has helped me form stronger bonds with families.

So, while the daffodils and robins are nice perks, I still miss government-funded therapy, Tim Horton's, and, I'll admit it, snowflakes falling on a cold Canadian evening.

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CHINESE FOOD AND GUN CONTROL: Newest faculty member, Dr. Tim Bressmann, gets acquainted with his new home

BY IAN Roth, OTO

Where were you working before you came to U of T?
Since 1995 I have worked in different centres for neurological rehabilitation in and around Munich (Germany). Since 1997 I held a position at the University of Technology in Munich for three-and-a-half years where I worked as a speech-language pathologist and researcher in the Department of Oral and Maxillofacial Surgery. There, I saw mostly clients with cleft lip and palate and head and neck cancer. In 1998, I visited the Department of Speech and Hearing Sciences at the University of Hong Kong on a stipend for three months to work with Dr. Tara Whitehill.

What is your role in the Department of Speech-Language Pathology at U of T?
I am teaching the courses on Structurally Related Disorders and on Voice. The Structurally Related Disorders course is about cleft lip and palate, craniofacial syndromes, and head and neck cancer.

Had you visited Toronto before moving here?
No, I had not. The first visit was for the interview last April. I liked the town right away but I think that everybody does: It is so multicultural and diverse that people from all over the world can feel right at home. My visitors here so far confirmed this impression. To me, Canada seems to be characterized by a nice blend of European and American lifestyles. It has the best of both worlds, I would say.

Can you describe this blend?
Gun control.

Let's talk food. Anything different here?
This is one of the most interesting aspects about the cultural diversity, and I will probably never get bored with all the different cuisines here in Toronto. The Chinese restaurants are great, so that is very nice. I can also get a lot of German products should I get homesick.

Have you gotten into the "Survivor" craze?
No, because I do not own a TV. I have not owned one for years so I am a little out of the loop.

What are your spare time activities?
What spare time? I am in tenure track! I like hiking, I like to go sailing sometimes and every now and then I go diving. I play guitar and bass and I have played in a number of different bands over the years.

In terms of research, what areas will you be working on?
One focus of my work will be on the use of ultrasound as a tool to study lingual, glottal, and pharyngeal movement. A first project in cooperation with the Head and Neck Cancer Centre at Princess Margaret Hospital will look at lingual shape and volume in speakers who have undergone partial tongue resections using 3D-ultrasound. In a joint project with Sick Kids, we will compare the diagnostic efficacy of different instruments for nasalance assessment. We are also in the process of collecting soundbites for a demonstration CD with different cleft palate speech disorders. In another project in collaboration with the Department of Prosthodontics, we will use a novel flexible palatal lift prosthesis that some of my colleagues in Munich developed for a speech bulb reduction program for hypernasal speakers of different etiologies.
Alumni Association

EVENTS

ON THE PRESSURE: Year 11 student, Dana Prutschi (L), passes through Susan Tingley and Ian Roth's mock interview questions at the Info Social.

THE FACE OF PRIDE: Proud graduate, Deryk Beal, is all smiles at the Graduate Reception.

THREE DEGREES OF GRADUATION (L to R): Rajan Patel, first ever graduate of the Ph.D. program, Deryk Beal, M.H.Sc. graduate, Susan Tingley, M.Sc. grad.

EXCELLENT: SM Henderson Award winner for clinical excellence, Maya Kishida Ratnay (R) with Alumni Association president Jenny Barker at the Graduate Reception, 2000.

POWDERING THE REFRESHMENTS: IF Walker lecturer, Dr. David Luterman, with Jenny Barker and....

MOM KNOWLEDGE: Dr. David Luterman extols the virtues and techniques of counseling people with communication disorders and their families.

SMILE YOU MADE IT! The members of the graduating class who not only completed the program, but conquered a blizzard to get to the grad reception.

A TOAST: Graduates Wassam Moura (L) and Terri Cameron enjoy a celebratory glass of wine at the Graduate Reception in November 2000.

WELL RECEIVED: Alumni Association secretary, Carolyn Dunn (L) and Jenny Barker, Alumni Association president, stand with Dr. Paula Square (R), department chair at the grad reception.
THE END OF AN ERA

Dr. Paula Square completes her term as Chair

BY DR. CARLA Johnson

June 2001 will mark the end of an era for the Graduate Department of Speech-Language Pathology, as Dr. Paula A. Square concludes her ten-year term as Chair of the department. During her term, Dr. Square has championed the department through a remarkable period of growth and development.

Early in her term, Dr. Square focused on recruiting new faculty, fostering their development as teachers and researchers. Next, she successfully lobbied for and oversaw a move of the department from the inadequate facilities at the Old Church to more functional, newly-renovated quarters at the Tanz building.

She then expanded the department's scope by initiating research-stream programs leading to M.Sc. and Ph.D. degrees. Recently, Dr. Square supported an extensive curriculum renewal effort within the professional M.H.Sc. program. Throughout her term, Dr. Square also promoted the department and the discipline of speech-language pathology through her extensive work on local, national and international committees. She raised the reputation and visibility of the department within the Faculty of Medicine and within U of T as a whole. Moreover, hundreds of current and former students will continue to carry forward her philosophy of dedication and service to the needs of individuals with communication disorders.

In short, Dr. Square leaves a proud and impressive legacy. She has positioned the department well to take advantage of opportunities that will arise in the new millennium.

Thank you, Dr. Square!!

- DR. CARLA Johnson, Ph.D.

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YES, I WANT TO MAKE A SPECIAL GIFT to the Speech-Language Pathology Alumni Association in honour of DR. PAULA SQUARE

FULL NAME (with title)

ADDRESS

PHONE: Work (____) Home (____)

E-MAIL ADDRESS:

☐ $50 ☐ $100 ☐ $250 ☐ other $ ________

I’ve included a cheque payable to the “University of Toronto Speech-Language Pathology Alumni Association”

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SIGNATURE ___________________ EXPIRY DATE __________

PLEASE REPLY BY MAIL: Division of Development and University Relations, Alumni Gift Records, University of Toronto 21 King's College Circle, Toronto, Ontario, M5S 3J3 or by Fax: (416)-978-3958

We will be recognizing your generous support in our newsletter publication. Please advise us in writing should you not wish to be listed. A tax receipt will be issued promptly.

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When one thinks of the school and its energy, one cannot but think of Paula. This little dynamo has moved mountains over the years! She literally took the program from "the old church" and put it in the Tanz. She took our small program to new heights with the Ph.D. stream of studies. All have been dreams for Paula over many years of hard, dedicated work, but always with a smile (and a wink).

SARA Koke, 87T

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Dr. I.B. Orange, 8T2

It is a fine testament to Paula's efforts that her numerous accolades come while she is still in office. Her greatness is reflected not only in her academic contributions to the scientific literature but more importantly by the legacy she's established in educating expert scientists and clinicians in speech-language pathology.

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MARY Soucie, 7T0

Paula Square has made a huge contribution to the field of Speech Language Pathology. She has strongly supported curriculum renewal in the U of T program, which was essential to meet the current demands in the field. I have had the privilege of working with her on the Board of the Speech Foundation of Ontario and have greatly admired her professionalism in supporting much needed research in our profession.
2nd Year Survivors take on Comps

BY STACEY Sandusky, OT1, and STEPHEN Ellison, OT1

The class of 2001 was the last class of the "old curriculum," thus it was the last class to have the privilege of writing the Comprehensive Examinations (affectionately known as 'Comps'). In the wee hours of the morning while furiously studying for the dreaded Comps, one member of the 2nd year class - Stephen Ellison - decided to take a stab at writing the clinical question, himself. Put your clinical savvy to work and consider the following:

- You are a first year clinician who has decided to employ a milieu approach to child language therapy in your busy rural practice. As such, you aim to provide naturalistic opportunities for language modeling in environments such as the supermarket, the child's home, etc.

Recently, you have started seeing the children of two Peace Corps missionaries who will travel to many places throughout their school age years. As part of one of your sessions, you decide to take the two children, Jackie and Mitch, to a deserted island in a rowboat to teach them the language they will need to survive in the wild. You have only a slice of bread, a spoon and three Flintstones Vitamins.

- Describe the activities you will employ with Jackie and Mitch using these resources.
- When you notice that only one child is making gains in therapy, outline your criteria for deciding which child will be voted off the island.

While the 2nd year class all "survived" the official 'Comps' exam - Stephen's creative version definitely would have added an interesting twist! But who knows what will happen in the New Curriculum...

USHERING IN THE NEXT ERA: Perspectives from the first class in the 'New Curriculum'

BY ALLISON Dingman, with files from other members of the OT2 class

As all alumni surely remember, the first year of the M.H.Sc. program at the University of Toronto brings with it many new beginnings for students. The year 2000, however, brought with it the new beginnings for the whole department with the introduction of the much-anticipated New Curriculum.

With a few wrinkles still to be ironed out, the class of 2002 has ventured blindly, but willingly, into the 'new and improved' program.

The new modular structure of the program groups related courses into units that promote learning through integration.

Much of the basic and introductory information meant to lay the groundwork for further learning was presented in Unit 1 (September to December). In the second unit (January and February), we completed paediatric speech and language courses in preparation for our first clinical placements. The introduction of integrated learning experiences, which consist of small-group collaborations, research, and application of the information to real-life case studies, allows for further consolidation across courses.

Full-time clinical placements for all internships are another addition to the New Curriculum. These four placements relate directly to the preceding course work. For example, immediately after completing our paediatric coursework we all had placements in paediatric speech and language. Without any concurrent courses, these practicums allow us to focus on, apply, and expand on our new knowledge while it is still fresh in our minds.

Being the 'test cases' of the new curriculum can be frustrating at times. We are acutely aware that many aspects of the Curriculum require some fine-tuning. More often, however, the changes are exciting. In a professional field that is constantly evolving, these changes will help to update and improve the education we receive. Also, because we are constantly encouraged to give our feedback, we will definitely leave our mark on the program! The careful thought, time, and preparation that has been put into the New Curriculum will no doubt benefit us in our careers and those of future students.

CLINICAL PRACTICE generalizes to great life skills

BY KAREN Trotter-Riehm, GT1

I read the Look Who's TALKING 2000 newsletter with much interest and great nostalgia. So many names from days gone by. Notably, Dr. Square's reference to Donald McGeachy - who encouraged me to enter the profession and served as a great mentor.

All these years later, I know that the skills I acquired both during my training and while directly involved in clinical practice have stood me in good stead throughout my subsequent career choices and in my current volunteer activities.

I learned how to research a contentious situation (assessment), identify the problem (diagnosis), develop remedial approaches (clinical plan), implement the program (treatment), and measure outcomes (discharge criteria). I learned how to write a report, present my case, and apply for additional funds. Great life skills all.

I am now a volunteer tutor in an adult literacy program, and in one of life's intriguing little twists, I work with a client who has experienced several cerebral traumas and neurosurgical procedures. After 40 years, I am back working in my chosen area of expertise and I still love it. Most importantly, I am still proud of my association with our vital, ever-developing profession.
# STAY IN TOUCH

Make sure the Speech Pathology Alumni Association has your up-to-date information! Submit any changes in name, address, or email to slp.alumni@utoronto.ca

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## SURVEY SAYS!

**Compiled by Michelle Flores, OT1**

In preparing to graduate, I decided to pass around the following survey for the graduating class to reflect on the past two years. Here is a compilation of some of the best answers:

1. When I become a "true" SLP, I will need to have... always on hand.
   - Purell (hand sanitizer)
   - An ample supply of tongue depressors - with a little glue they make excellent jewelry boxes!
   - A sweater set - have you ever seen an SLP without one?
   - Kleenex for all my snotty patients
   - An OT - what would you do without one?

2. If I wasn’t in this program, I would probably be:
   - "Welcome to Wal-Mart. May I help you?"
   - Working at the Gap for the discount (and the headset)
   - A puppeteer on "Sesame Street"
   - In less debt, less stressed, and making babies
   - A talk show junkie
   - Producing some much-desired grandchildren

3. If I had a private practice its web address would be:
   - www.talk4fun.com
   - www.promptthis.com
   - www.keepyourfingerscrossed.com
   - www.justpayme.com
   - www.specializinginstuff.com

4. The weirdest off-topic thought I had during class was:
   - Singing the entire soundtrack from Free To Be You and Me in my head ("William wants a doll, a doll, a doll")
   - I wonder how many people have sat in this chair before me?
   - If I ran off and joined the circus, what would my special talent be?
   - Can you get fat eating an all-pudding diet (thickened milk anyone?)

5. Best type of ice cream when under midterm stress?
   - Chocolate crackle - it is also ready to snap.
   - The kind that makes a yogurt and coke float
   - The one that lasts you through "Survivor," "Will & Grace," and "ER."
   - Any kind, as long as you have a beer with it.
   - Who’s stressed?
   - Ben & Jerry’s chocolate chip cookie dough—not at all high in fat!

6. Best clinical placement with best non-clinical perks?
   - Sick Kids. Have you seen their food court???
   - Any placement where I don’t have to take public transportation.
   - U of T Internal Clinic — I got to hang out at the Tanz Building all evening!
   - Doing transfer activities during the "Great Moose Hunt" in downtown Toronto.

7. Which celebrity would best portray a typical SLP on the show ER?
   - Janet from "Three’s Company"
   - Someone with over-achieving, stressed out-tendencies: How about Sally Field?
   - Deborah Messing ("Will and Grace")
   - Lara Flynn Boyle ("The Practice")
   - Me!! I’m thinking I might be a better actress than an SLP!

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## FEEDBACK ON STARTING WORK IN ISRAEL

**By Karmit Galimidi, OT9**

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### CONFIRMING Feedback

| Our name in Hebrew roles more easily off the tongue “communication clinician” |
| The challenge of pioneering our place in the health care world |
| Very flexible practice and room for creativity |
| Pay: Nothing I can think of |
| Choice of many positions due to shortage of SLPs |
| Opportunity to work in a new language — Hebrew. It is written from right to left and is full of morphemes |

### DEVELOPMENTAL Feedback

| People think a “communication clinician” works in the business and advertising world |
| There is no Law equivalent to the Registered Health Professionals Act |
| Few standardized tests in Hebrew, few materials available for purchase |
| Pay: minimum wage with ministry of health, double that with ministry of education |
| Only one training program in the whole country |
| You can’t use English books for preliteracy skills because Hebrew books open from right to left |

### NEGATIVE Feedback

| Anyone can pass as an SLP |
| Anyone can pass as an SLP |
| Difficult to standardize practice across clinicians and clinics |
| SLPs need to work many hours to make ends meet |
| Long waiting lists for service |
| Reading doctors’ handwriting in Hebrew is the challenge of a lifetime |