

Look Who's

TALKING

2006 Speech-Language Pathology

Alumni Association Newsletter University of Toronto

AURAL REHAB IN GHANA

By Amanda Ratner, Class of 2004

I went to Ghana, a small country in West Africa, with few expectations. Prior to leaving, I painstakingly searched for possible volunteer positions that might allow me to apply some of the skills and knowledge I had gained while in the SLP program at U of T. Having just graduated, I was eager to test my new clinical skills. There seemed no better place to begin than a country where basic medical services, let alone speech and language intervention, are unavailable.

Through the NGO (non-governmental organization) my husband was working for in Ghana at the time, I was fortunate to find the sole SLP working in Accra – Ghana's capital city. Trained in Australia, my colleague described the difficulties of advocating for speech and language services in the small medical clinic where she worked. Unfortunately, few Ghanaians were able to afford the high cost of service at the private clinic and her clients consisted mostly of relatively wealthy expatriates.

It was then that my colleague suggested I visit Buduburum, the Liberian refugee camp just outside of Accra. She warned however, that it was not for the faint of heart, but that it would most certainly be an interesting experience and a great place to offer my time and skills.

"Refugee camp" is somewhat of a misnomer. The term conjures images of people living in make-shift buildings and tents with few resources. In contrast, in its 16th year, internet shops and stands selling everything from Calvin Klein jeans to yams are scattered throughout the 140 acre piece of land. Conditions at Buduburum, however, are far from ideal. What began as a temporary area used to accommodate a maximum of 5000 people is now an overpopulated community of 42,000. Water is in short supply and most are forced to pay to use common toilets. Due to their refugee status, the Liberian community are unable to find legitimate, sustainable employment in Ghana.

It took no less than 1.5 hours to make the 45km trip to Buduburum, as Accra's dusty roads are in constant development. Most travel by tro-tro -- beat up Volkswagen minibuses with a capacity of 12, but often carrying up to 20 passengers. The commute did offer a unique view into Ghanaian life: the bustle of markets, the colours of the fabrics, the stench of fish and exhaust, and the unrelenting preaching of Christianity could all be taken in.

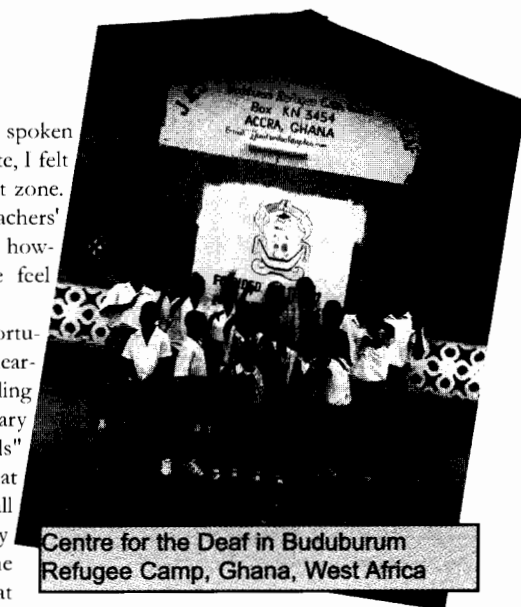
At Buduburum, I spent most of my time at a school for the deaf, nestled in a far, isolated corner of the camp. The children, aged 3 to 18, attended classes conducted in sign language every day. Given that I was one of

three people that used spoken language to communicate, I felt well outside my comfort zone. The children's and teachers' kindness and openness however, quickly made me feel welcome.

The children were fortunate to have received "hearing aids" through funding provided by a missionary group. The "hearing aids" consisted of a system that closely resembled a small walkman, but simply amplified sound. The deaf community at Buduburum, however, was reluctant to relinquish their deaf culture and was uncomfortable with the unfiltered sound produced by the aids. The children nevertheless felt obligated to use them as they were considered generous gifts.

My task at the camp was to teach a select group of older students how to speak using my limited knowledge of aural rehab. I stuck to the basics and started at single sounds and vowels, focusing on sound recognition and discrimination. Many of my sessions were rewarding, but the few hours per day I spent with the children with limited resources and

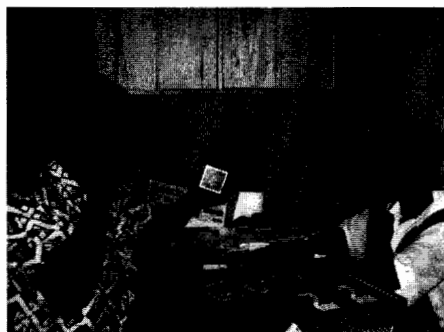
Continued next page



Centre for the Deaf in Buduburum Refugee Camp, Ghana, West Africa

ALUMNI EXECUTIVE COMMITTEE

Deryk Beal (president)	OT0
Beth McMillen (treasurer, newsletter committee)	OT1
Lisa McQueen (events coordinator, newsletter committee)	9T9
Karen Brayshaw-Marshall (Year One representative, newsletter committee)	OT7
Gail Gumphrich (Year Two representative, newsletter committee)	OT6
Dr. Alice Eriks-Brophy (faculty liaison)	
Janice Waugh Bennett (newsletter editor)	OT4
Ian Roth (newsletter committee)	OT0
Jennifer Barker (newsletter committee)	9T7
Steve Wilcox	OT1
Carolyn Stuart	9T7



Continued from previous page

rudimentary hearing aids were not sufficient to establish verbal communication.

Perhaps my more important contribution to the deaf school was educating the children, the staff and the community about the complexities and development of speech and language skills, while acknowledging and supporting sign language and the deaf culture within the community.

It was difficult to leave Ghana and the children at Buduburum. I hope I was able to leave my mark and make life on the refugee camp a little more tolerable. I am forever changed by the people I met, the places I saw and the things I did while in Ghana. I encourage anyone with the opportunity to travel to take the time to experience and appreciate the culture that surrounds you.

A Volunteer Experience to Remember

By Tara Davies, Class of 2006

Tara Davies is currently a second year student in the MHS program, who contributed the following to share her recent experiences in Africa.

This past summer, I traveled to Windhoek, Namibia for five weeks to volunteer with a small local NGO called The Association for Children with Language, Speech and Hearing Impairments, better known as CLASH. Through personal research, I learned that CLASH needed an SLP to fill their only therapist's maternity leave. This presented me with a wonderful opportunity to volunteer abroad in a practical way. Luckily they had no hesitations about taking a student and their only pressing concern was wondering how long I could stay.

I was welcomed to Windhoek and the small CLASH family with overwhelming kindness, heartfelt gratitude and continuous support. My short experience forced me to grow personally and professionally in so many ways. For instance, I needed to think in the moment, as there was no case history form to be sent out beforehand, and in some cases, no family to fill in the blanks. Resources were very limited and mostly in German, which forced me to be creative. I worked with 4 different languages and used whoever could speak the language as my interpreter. Formalized tests were nonexistent. I had no choice but to grow immensely in my clinical skills, confidence and counseling abilities, and I didn't even need a bubble sheet to encourage this growth!

So, in a few words, what was it like? Exhilarating, inspiring and at times wounding. Would I recommend a similar experience to my fellow classmates? Without hesitation... even for those of you who think spiders are icky.

A Year in Australia

by Dr. Luigi Girolametto

At the time of writing this article, I've been living in Melbourne for 10 months with 2 months remaining to my sabbatical leave. The choice of Melbourne as my home for a year was inspired by good friends who felt that Melbourne was the most liveable city in Australia - except for Sydney's beautiful harbour, which is unbeatable, I agree. When I arrived in Australia last July, Melbourne had been labeled the world's most liveable city by The Economist, a title it lost to Vancouver six months later! Melbourne is truly a cosmopolitan city, world-class in every respect, with excellent sports facilities, a fantastic arts and music scene, superb markets, beautiful architecture, excellent restaurants, and great shopping. I live in the heart of the Italian area on Lygon St. (Carlton) renowned for its Italian restaurants, cafes, pasta shops, and bakeries. As you might imagine, I felt immediately at home.

My official status in Australia is Visiting Associate Professor at La Trobe University, the only university program in speech-language pathology in Melbourne. AU has eight training programs for speech pathology (there's no "language" in the title here). Most programs offer undergraduate degrees, which is the entry degree for practice, but five universities have recently initiated master's programs. This is a popular move because AU university programs are allowed to generate operating revenue from students in master's programs - all of whom pay full fees (approximately \$13,000 - 16,000 per year). In the interim, before programs switch to master's-only programs, many departments are operating both undergrad and grad programs and the workload is quite stressful for faculty members and clinical educators.

During my sabbatical year, I'm working on research - writing manuscripts, collaborating with researchers in Melbourne, planning a research study for when I return. I'm also traveling at every opportunity - so far, I've been invited to give workshops on the efficacy of parent and educator language programs in Adelaide, Brisbane, Canberra, Darwin, Launceston (Tasmania), Melbourne, Perth, and Sydney (also Auckland and Christchurch in New Zealand). At workshops, clinicians' questions are identical to what I hear in Canada, indicating that pediatric speech-language pathology is quite similar in both countries. Like Canada, the availability of services for children

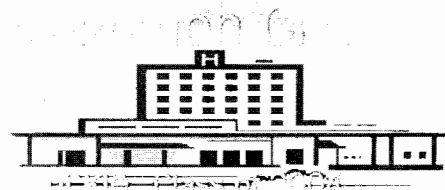


Dr. Luigi Girolametto taking a break in Queenstown, New Zealand during a busy foreign sabbatical research leave.

depends on where you live, with some Australian states offering more comprehensive funding for therapy services than others. For example, children in Canberra are generally seen within 3 months of referral; in Melbourne, the average waiting time is up to 2 years! The job market for new graduates is stable and they generally have no difficulty finding jobs. A beginning clinician can expect to earn \$40,000 per year. Given that AU has a higher cost of living than Canada, this salary isn't very high (and graduates with a master's degree don't earn more than those with a BA). Perhaps this is why many SLPs work very part-time as they raise their families - after deducting child care costs, there would be little excess left to take home!

Australia has a great climate and Australians have a wonderful, outdoor lifestyle. They're a warm, welcoming, and very well-traveled people and I'll miss the friends that I've made. But Canada is my home - cold, snow, and all. In my view, Canada does multi-culturalism better, provides better funding for social services, education, and health, and is much more socially progressive. I'm looking forward to being closer to friends/family and returning to my familiar job at the University of Toronto in July. That said, I've established a research collaboration with Drs. Melissa Wake and Sheena Reilly at the Royal Children's Hospital in Melbourne that may get me back to Australia often. After all, a 22-hour commute is an eye blink in the context of a lifetime!

A Specialized Focus on Cognition in an Ambulatory Clinic Setting at Baycrest



Over the past year, as the S-LP working within the Stroke and Cognition Clinic at Baycrest, I have participated in the growth and development of the Clinic from its inception and am pleased to have an opportunity to share the results with you.

What is the mandate of the Stroke and Cognition Clinic?

The Stroke and Cognition Clinic opened its doors in October 2004, with a mandate to provide goal-directed and client-centered cognitive rehabilitation and support to stroke survivors. The clinic matches Baycrest's research expertise in aging and cognition with a growing and under-served demand for cognitive rehabilitation following stroke. This demand is projected to continue to increase, as the population ages and medical advances allow more people not only to survive stroke, but to survive with better functional outcomes.

Where does the Clinic "fit" within the Brain Health Center Clinics?

As one of three clinics within the Brain Health Center, the Stroke and Cognition Clinic offers its clients stroke-related services, as well as referral, as appropriate, to the Mood and Related Disorders Clinic, which provides assessment and counselling services for mood disorders and/or the Memory Clinic, which specializes in the assessment and treatment of neuro-degenerative conditions, including dementia. The need to offer seamless, integrated care across all three clinics reflects the fact that depression and dementia can be two significant co-morbid variables affecting cognition in stroke survivors.

Where does the Clinic "fit" within the Ontario stroke "Continuum of Care"?

As a member of the Neuroscience Alliance, Baycrest has partnered with Sunnybrook Health Sciences Center and St. John's Rehabilitation Hospital to extend the acute and post-acute rehabilitation experience to include a full range of outpatient services, focussed on enhanced recognition and treatment of the cognitive sequelae of stroke. The Stroke and Cognition clinic is also integrated with region-wide efforts, as part of the University of Toronto division of neurology, and as a founding member of the Heart and Stroke Foundation's Centre for Stroke Recovery. The Clinic is a collaborator on international research projects as well.

How is the Clinic staffed ?

The Stroke and Cognition Team is an inter-disciplinary team consisting of a

neurologist, neuropsychologist, nurse-clinician, **occupational** therapist, physiotherapist, social worker and speech-language pathologist.

What services are offered?

- Inter-disciplinary assessment, care planning and cognitive rehabilitation, which may include individualized treatment and/or participation in clinical trials conducted through the Rotman Research Institute or the Kunitz-Lunenfeld Applied Research Unit (KLARU);
- Participation, as appropriate, in memory and executive function treatment programs offered at Baycrest;
- Diagnosis and consultation to the referring physician regarding pharmacotherapy and restorative therapy;
- Secondary prevention education and counselling;
- Psychosocial counselling;
- Referral to community resources, including the Baycrest SNA-CS service, which offers both videofluoroscopic and clinical swallowing assessment, and nutritional counselling advice;
- Referral to other Baycrest and community day programs and in-home services is also available.

Who can be referred?

The Clinic will be of most interest to clients who have had a stroke and have accompanying cognitive impairments, such as executive dysfunction, memory impairment, aphasia or visual/perceptual difficulties. To be considered for the rehabilitation program, clients must be motivated to participate, have a means of transportation to Baycrest, and have the ability to potentially benefit from outpatient therapy. Unfortunately, bedridden clients are not eligible for service, due to space constraints which do not permit stretcher access.

How can clients be referred?

Referrals from the client's physician may be faxed to (416)-785-2485. Referral forms are available on-line at: www.baycrest.org/Brain_Health_Centre/Stroke_and_Cognition_Clinic/8034_7543.asp.

Is there anything you would like to see written about, or an experience or thought you wish to share with other alumni? We welcome your input into your newsletter, alums! Contact the editor, with an article or with an idea for one, at any time of the year, through the Department of Speech-Language Pathology, speech.path@utoronto.ca, Attention Janice Waugh Bennett.

Dear Speech-Language Pathology Alumni Association,

Yes, I would like to support the Speech-Language Pathology Alumni Association at the University of Toronto.

I have inserted a *cheque for \$_____ in support of the Margaret Stoicheff Bursary. The Bursary is presented to a University of Toronto Department of Speech-Language Pathology student in the final year of the clinical Master of Health Science program who demonstrates significant financial need to help offset the expense of completing the program.

I have inserted a *cheque for \$_____ in support of the Paula Square Travel Award. The travel award is bestowed upon a University of Toronto Department of Speech-Language Pathology doctoral student who has had research accepted for presentation at a conference and requires significant travel expenditure to attend.

* Please make cheques payable to the Speech-Language Pathology Alumni Association and send them to:

Attn: Speech-Language Pathology Alumni Association
Department of Speech-Language Pathology
Rehabilitation Sciences Building Room #160
500 University Avenue, 10th Floor
Toronto, ON M5G 1V7

Thank you!

NEWLY INITIATED....

When eager and anxious applicants to the speech-language pathology program call to find out just what the status of their application is this year they are welcomed by a fresh new voice on the phone. Those soothing tones belong to Mabel Lau who joined our department in the position of Student Affairs Assistant in September 2005, taking over from Farhia Jabaney, who relocated with her family to the United Arab Emirates last year. We here at Look Who's Talking had a chance to sit down with Mabel and ask her the tough questions and she was kind enough to provide us with the tough answers that could make or break her time here in the world of communication disorders. Here's what Mabel had to say for herself:

LWT: I understand that you have worked in other departments at U of T. Tell us a bit about your past experiences here.

Mabel: I first started as a secretary in public relations in the faculty of arts and for one year. Then I moved over to Scarborough Campus in the Dept. of Life Sciences as secretary for 8 years. I got another job in the faculty of nursing as the admissions officer before I came to SLP.

LWT: What brought you to the department of speech-language pathology?

Mabel: I have never worked in the faculty of medicine before and would like to explore a bit more about the faculty and SLP is a good dept. to start.

LWT: What are some of the aspects you enjoy the most about working with the department so far?



Mabel: I love talking with students and helping them with their problems. Doing the admissions cycle.

LWT: Would you mind telling us a bit about your life outside of work? Tell us about your family.

Mabel: I have one son, age 23. He's also a graduate from U of T (Scarborough Campus) with a B.B.A. He's now working at TD Securities in investment banking.

LWT: Do you have any hobbies you'd like to tell us about? (e.g. skydiving, mountaineering, deep-sea fishing, travel, gardening, knitting?)

Mabel: Gardening.

LWT: What is your favourite movie, TV show, musical artist, restaurant?

Mabel: I like to watch Discover Channel because it's very informative and educational.

LWT: Is there anything you'd like to share with the alumni that I have not asked?

Mabel: I am proud to work with the students in this dept. as well as the alumni.

There it is folks. Straight from the source. I can tell you myself that Mabel is a wonderful person and it is a pleasure having her on board. She is always ready to lend a helping hand. She is also available to provide excellent guidance to all the students (past--take note alumni!--, present and future), staff and faculty here in the department. When you next contact the department, please remember to say "hi" to Mabel and introduce yourself.

2005 ALUMNA OF THE YEAR AWARD



The recipient of the award this past year was Marlene Stein, who gave the following acceptance address to faculty, students, alumni and guests at the 2005 Awards Breakfast.

It is an honour to be recognized by one's peers, and especially by one's alma mater.

I graduated with a DSP in 1967. The profession I entered that year bears little similarity to the profession we practice today.

In 1967, there was no such thing as speech science, or swallowing disorders, the word dysphagia had not been invented, neither had morphology, phonology, pragmatics. And what on earth was the genome? I could go on and on!

But, as some of you might know, I have spent the greatest part of my career working in government, so I thought I would say a few words about what I have learned over the years from that perspective.

Most of the work done by bureaucrats never gets beyond the halls of government so people in what we call "the field" never really understand government.

In order for any new services/program to be funded there first must be a policy developed. It is only after a policy has been adopted by the

government and funding is allocated that the information becomes public, often as part of the Budget. For example, TPSLS (Toronto Preschool Speech and Language Services) and the IHP (Infant Hearing Program) as well as Best Start.

People often ask how they can influence government decision-making on a particular issue. I really can't give advice on that, but I thought I might take a few minutes today to tell you what I have learned about making public policy.

1) First, you should know that it can take a long time. For example, the TPSLS program was announced in 1996; the first policy paper that outlined what eventually became TPSLS was written in 1984 during the Year of the Child.

2) I believe there are 4 factors that must come together in order for a policy to be accepted and implemented, like the stars aligning--many attempts do not see the light of day.

a) There must be good evidence that there is a problem, that there is a remedy that is efficacious and cost-effective, and that the cost of doing nothing outweighs the cost of the remedy,

b) The issue should be well understood by the public and the public must support, or at least be perceived to support, a solution, for example, to improve student success at grade 3 reading tests,

c) The government of the day must understand the issue, understand why it must be improved, and think it is as important as any other priority they have identified or that has been identified by other interest groups,

d) There must be sufficient funding available to meet all of the priorities on the list ahead of yours. The priority must be well-positioned on the list of competing priorities.

So those of you who ask, "What can I do", should look at the list and see where you can have an impact.

To the end I want to add, that in the years since I graduated, our profession has changed and matured. For me, the most important change is the now substantial and growing body of very good evidence to support what we did not know, but only believed, in 1967; that the ability to communicate is essential for the healthy development of every child, for academic success, and for the well-being and quality of life for every person of every age.

When you stop and think about it, helping people to communicate is an awesome role to have in life. After 38 years I remain inspired and excited with this profession and look forward to what will happen next.

A LOOK AT THE

FIRST YEARS

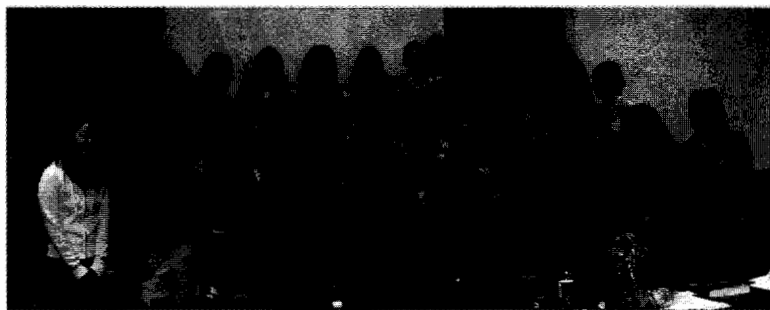
By Karen Brayshaw-Marshall, Class of 2007

It hardly seems possible that six short months ago we did not know each other's names, let alone the terms 'focused stimulation', 'cerebral peduncle', or 'flat tympanogram'. Two whirlwind units later, here we are passionately debating the most effective way to elicit an 'R', or discussing the merits of Precision Fluency Shaping over the Stuttering Modification approach. Sounds like a pretty intense group, right? However, the frequent shrieks of laughter emanating from the classroom reflect our determined search for the lighter side of higher education - even where Speech Physiology is concerned! Graced with at least two resident comedienne and an eager supporting cast, the class of 2007 is seldom short on mirth.

Over the year we have participated in many extra-curricular activities together: weekly volleyball at Hart House, supporting our representative in this year's Daffydil production, monthly potluck lunches, and let's not forget end-of-semester celebrations at O'Grady's! Dragon boat racing will be our next major endeavour, and our success hangs entirely on our choice of moniker for the boat. So far, 'The Buccinator' seems to be the forerunner in the name game; we're hoping it sounds sufficiently similar to 'The Terminator' to strike ice-cold fear into the hearts of the O.T.s and P.T.s!

A theme that has rapidly surfaced with this group of 40 young women and one young man is diversity. We bring a wide range of vocational experience to the program. In addition to foreign-trained speech language pathologists, a communication disorders assistant, elementary/ESL teachers, and an audiometric technician, this class also boasts the talents of a copywriter, financial broker, French pastry chef and abacus teacher. There is no doubt in my mind that these diverse backgrounds are to be credited for the mental agility, creativity and passion that my peers have consistently displayed during Units 1 and 2 (just ask Bob Kroll about our Oscar-worthy presentations!).

Likewise, our undergraduate careers span the gamut of educational pursuits in four different provinces--Alberta, British Columbia, Manitoba and Ontario. We have been able to use our unique academic backgrounds and



strengths to assist each other via formal and informal study groups.

Perhaps the most remarkable characteristic of the First Year class, however, is our cultural diversity. The Greater Toronto Area and many large cities nationwide are welcoming increasing numbers of residents who are not of Canadian descent. Members of our class represent many diverse cultures and languages, including West Indian, Jewish, French, Spanish, Portuguese, Italian, Japanese, Korean, Cantonese, German, Russian, Polish, Slovenian, Dutch, Flemish, Finnish, Farsi, Bengali and Hindi. Granted, the field of speech-language pathology is still playing catch-up in terms of attracting members of several key cultural groups (e.g., Native Canadians). However, I daresay that the ethnic and cultural diversity of our class represents a significant stride in the right direction.

As we embark on our first internship in Language Development, I know we will continue to rely on each other (and on our volumes of lecture notes) to facilitate the transition into the "real world" of speech-language pathology. Also, our Second Year buddies will remain a preferred resource. They did an excellent job fielding our barrage of questions during the frantic first semester and we will most likely turn to them again as the clinical educators turn up the heat in our placements.

Ultimately, despite the sleep deprivation, mid-term mania and mountains of reading that characterized Units 1 and 2, I think it's safe to say that we First Years absolutely love our chosen field! We have learned a phenomenal amount in Anatomy, Child Language, Audiology, Clinical Practice/Research, Speech Physiology, Fluency and Articulation, and we look forward to upcoming units with unrelenting enthusiasm. We will embrace each challenge with our own unique blend of perfectionism/Type A neurosis balanced by frequent socializing and constant laughter - one way or another we intend to get the job done.

THE YEAR TWO CLASS:

WRAPPING THINGS UP!

By Gail Gumprich, Class of 2006

The program is fast approaching its end as we second year students head into our final May-July placements. The amount of knowledge and experience that we have acquired is amazing and the amount left to learn as we start our first jobs is incredible! I think it is fair to say that we are all looking forward to entering the workplace and getting our feet wet in the "real world."

The coming months will be exciting for our class, as many of the placements are out of town. There will be students across the country, from St. John's, Newfoundland to Vancouver, B.C. There was even an international placement opportunity available in Trinidad this year. We will be getting S-LP Class of 2006 sweatshirts so that wherever we end up for placement, people will know that we come from U of T! After that, it's time for class photos, and the graduation dinner and reception for students and partners which will be held the day after clinical placements end. We will be finishing off the program in style!

See you all at work next year!

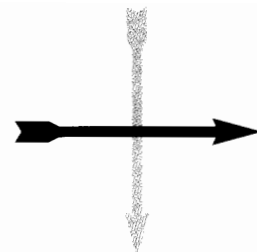




WHERE

R
E
S
E

and



CLINICAL PRACTICE INTERSECT:

R
C
H

The Vision of Dr. Catriona Steele

By Lisa McQueen, Class of 1999

Flashback to 1999 - a dedicated Speech-Language Pathologist feels disillusioned with her clinical job. Unrelenting caseload demands, constant organizational changes and the nagging sense that she needs to do more than diagnose dysphagia and modify diets. She dreams of rediscovering the passion she once felt for her profession...but how??

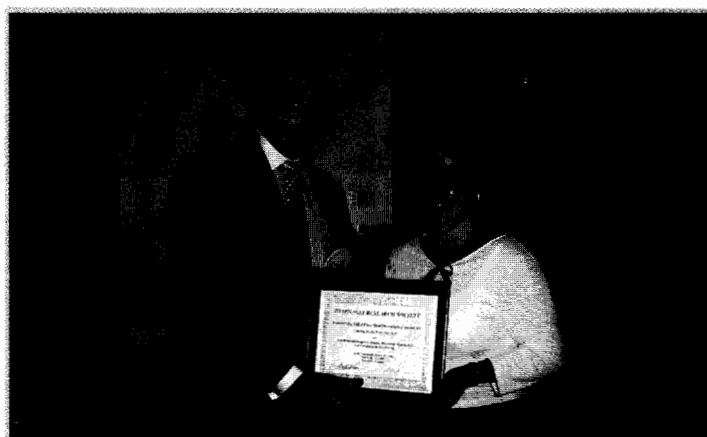
Sound familiar? Have you ever felt that there is "something more" out there? If so, perhaps you should consider a Ph.D. in Speech-Language Pathology. Dr. Catriona Steele is someone who took the leap and did just that.

Flash forward to 2006 - no longer a disillusioned SLP; Dr. Steele is now overseeing the creation of a state of the art dysphagia research laboratory at Toronto Rehabilitation Institute. This laboratory will house a unique set of equipment, which does not exist anywhere else in the world. Supervising several graduate students and research assistants, Dr. Steele is coordinating exciting research projects, which, she hopes, will have far-reaching clinical significance.

Dr. Steele strives to engage in research that will "bring answers to questions from clinical practice in swallowing rehabilitation." A current project of interest, funded by the Canadian Institute of Health Research (CIHR) involves the timing of the swallow and its variation in healthy participants across different flavours and textures. Dr. Steele hopes to determine whether a different flavour or texture of stimuli could be therapeutic for people who demonstrate a delayed swallow. Is it possible that some level of "sourness", for instance, may trigger a more timely swallow, therefore allowing individuals who previously required thick fluids to enjoy a lemon-flavoured thin fluid beverage?

Dr. Steele acknowledges that completing a Ph.D. is hard work. "One is under constant critical observation. There are countless hours of research and writing to complete."

However, when asked to describe what she has gained from her efforts, she replies, "the benefits have been tremendous - a chance to make a difference clinically - to do research that brings answers to questions for clinical practice - and more importantly, to act as a conduit to help clinicians change their practices based on current research findings." Indeed, Dr. Steele's



Dr. Catriona Steele accepts an award for her presentation entitled "Age-Related Changes in Tongue Movement Kinematics and Variability in Swallowing" at the Dysphagia Research Society Meeting in Arizona this year from Dr. Arthur Miller, President-Elect of the Society

unique position as the Corporate Practice Leader for Speech-Language Pathology at the Toronto Rehabilitation Institute allows her rare opportunities to use her research endeavours to directly impact clinical practice. She also presents workshops to clinicians across the country and internationally many times each year, in addition to presenting her work at research conferences.

Dr. Steele and her associates are seeking to create an internationally renowned laboratory in swallowing research. There are many projects currently underway, and more waiting in the wings - stay tuned. Since dysphagia research is relatively new, there are limitless questions to answer. Dr. Steele delights in the opportunity to explore as many of those questions as possible, and to help infuse the new answers into clinical practice.

Flash back to your practice. Not everyone can "take the plunge" into a Ph.D, but in each clinical environment, there are opportunities for improvement, "Can I do this better? Could the process be more efficient? Is there some new information available?" Inspire and refresh your practice by engaging in research in any capacity from literature reviews to formal controlled studies. We look forward to *your* upcoming spotlight!

The University of Toronto respects your privacy. We do not rent, trade or sell our mailing lists. If you do not wish to receive future issues of the Speech-Language Pathology Alumni Association Newsletter, please contact us at 416-978-2139 or 1-800-463-6048 or address.update@utoronto.ca

Layout by Ken Carrière