

The Clinician's Turn: Speech Pathology

How do you most effectively use your clinical skills in private practice? What are some of the problems encountered and how do you deal with them?

In the April-May 1982 issue of Hear Here, (and with an update in June 1983 issue of Human Communication Canada) the British Columbia Private Practice Group issued an invitation to any person in private practice to meet informally at the C.S.H.A. Convention that was being held in Vancouver. That date is long past but interest in private practice continues to grow.

The B.C. group seems to be an active, well organized group who not only share their "trials and tribulations of self-employment" but who are currently involved in designing guidelines for new members wishing to set up a private practice. As this is one of the most requested topics for "The Clinician's Turn: Speech Pathology", two private practitioners from the "East" were asked to share their experiences. Mildred Jacobson works in Halifax and Mary Ann Peloso has set up her practice in Sudbury.

Questions about specific issues should be addressed to the authors. Comments on this or previous topics, or suggestions for future topics should be sent to the Coordinator:

Angela M. Murphy
34 Weir Crescent
Saskatoon, Sask., S7H 3A9

CLINICAL SKILLS IN PRIVATE PRACTICE

*From: Mary Ann Peloso, B.Sc., D.S.P.A., Reg. O.S.H.A.
Speech-Language Pathologist
Private Practice - Sudbury, Ontario*

The transition to private practice, after eleven years of clinical Speech-Language Pathology work, required considerable adjustments. Private practice has many challenges, as well as great rewards and personal and professional satisfaction. Along with dealing with "image problems" related to the shift in role and the payment system and business and financial issues, it was necessary to critically look at my clinical skills, determine how to use them most effectively and how to maintain them after all they are my "commodity".

Some of the issues involved were:

- 1) defining and limiting my caseload;
- 2) establishing a referral and professional contact network to prevent professional isolation and ensure multidisciplinary support;

- 3) ensuring adequate professional development and accountability with limited time and financial and professional resources available;
- 4) efficient management of time and time pressures.

I will outline some of the steps I have taken to resolve these issues.

Defining a caseload for myself and relaying this information to the community and referral sources was initially very difficult. Service gaps, referral anxiety and the desire to respond to needs, made it tempting to accept referrals for all ages and types of communication problems. However, in order to maintain clinical competence and appropriate level of clinical service, it was necessary to specialize in certain disorders and age groups, eliminating some, while

still making my practice viable. (I had to be responsive to my own interests and skills and responsive to the needs of the community. I also had to be consistent and clear to the public regarding this and to say no to and/or redirect inappropriate referrals.)

Professional isolation and professional development issues really overlap so I will discuss them together. To a large extent my referral sources and professional contacts were already established prior to leaving the clinical setting. However, careful effort has been required to maintain and use these contacts and professional relationships effectively. I make efforts to meet and correspond with, or phone colleagues and related professionals on a regular basis to discuss cases, procedures and issues and to take advantage of every opportunity to do so. Some additional steps I have taken are:

- a) maintaining active participation in our Regional Group of the Provincial Speech & Hearing Association.
- b) arranging contract work with different health and educational agencies that allow for professional interaction.
- c) attending, organizing and presenting workshops, seminars and conventions on a regular basis.
- d) arranging accountability sessions with a respected colleague on a reciprocal basis, including case reviews, observations and evaluation of charting and assessment and therapeutic techniques.
- e) reading journal articles, books and professional association newsletters and listening to professional development tapes while driving.

Perhaps the most difficult issue is effective time management and dealing with the pressures associated with sessional fees and contracting services on an hourly or daily rate. Establishing reasonable expectations for a Speech-Language Pathologist's time is complicated, since, no productivity scales are

available for professional tasks, and clinicians and centres vary greatly, with very limited data or standardization of caseload size and service delivery style. I have relied very heavily on time studies I previously conducted clinically and I now periodically conduct comparison and time studies to review my own productivity, relative to other related professionals and have taken time to improve time usage. Organization and preparation are key factors - avoiding duplication, streamlining tasks, eliminating non-essentials and delegating appropriate tasks to other staff. Some time savers include Referral and Case History forms (sent out prior to an assessment), pre-prepared screening tests kits and forms (my own), assessment recording forms (completed during the assessment), assessment report forms and checklists, dictating rather than writing reports, training and having resource teachers administer appropriate screening and other test items, form letters, prepared programs for remediation of common problems that can be individualized for different children (keeping copies), adapting and using commercially prepared programs, goal oriented program planning and progress report forms that are fast and efficient to complete by hand before, during and after sessions and having readily available photo copying services.

Private practice has forced me to focus and maximize the skills I developed clinically, to be more creative, selective and diversified in service delivery models making the most effective and efficient use of my "Professional Time" and to take advantage of many situations to ensure the maintenance of a high level of clinical competence.

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PRIVATE PRACTICE

From: Mildred C. Jacobson, B.N.,
M.Sc.

Speech-Language Pathologist
2086 Poplar St.

Halifax, N.S., B3L 2Y7

Private practice provides services to those who cannot or do not wish to use government funded agencies or for those who wish additional services. It also looks after clients who have difficulty leaving their homes.

Up until recently, to my knowledge, I have been the only speech pathologist engaged in private practice in Nova Scotia. Lately, several other clinicians have been seriously considering this option. I feel there is a need and a place for such a service, especially now when government restraint has put a freeze on staff increases, limiting job opportunities and creating long waiting lists.

I have provided services in a variety of settings, encompassing all age groups, of whom the majority were not receiving services elsewhere and who exhibited a variety of speech and language problems.

At a preschool for mentally handicapped children and a senior citizens complex, I had the opportunity of counselling staff members and volunteers. This included individual client conferences as well as instructional inservices. I also trained volunteers at the complex to work with individuals who had suffered strokes, thereby enhancing therapy time.

Services are also provided in the homes of clients, who for various reasons find it difficult to go out for therapy. Working in the home, I find I have greater contact with families and the opportunity of discussing therapy with more members than the one who would come to an appointment with a client.

Private practice allows the clinician to work as little or as much as

he/she desires and at times which are convenient to both clinician and client. Caseload depends on how much time the individual private practitioner puts into it.

Private practice is also an option for the person who wishes to be his/her own boss. It must be realized that the clinician in private practice not only does what he/she is trained to do, but also runs a business which carries with it the benefits and problems which are inherent in running any business. This must be taken into account when considering this method of providing services.

Most difficulties occurred when I was starting my practice. As with starting any business, a substantial initial outlay of money was required. Supplies, especially test materials, are very expensive, as is advertising the availability of this private service. Because I was uncertain how things would go, I started off with a limited number of tests and have added others gradually. I was fortunate in being able to borrow some materials when I needed them and made many things for therapy myself. Flea markets are also great in finding needed objects and pictures.

Advertising was limited and referrals came to me through word of mouth from a variety of sources.

Especially for clients needing long-term therapy, cost has been a major consideration. There is no reimbursement from medicare, nor do the majority of health insurance plans pay for speech therapy unless it is specifically stated. I have spoken to officials at M.S.I. and the Nova Scotia Department of Health. At present, there are no plans to help people financially to obtain speech therapy through private services.

Another difficulty I found, was working in isolation with little or no colleague contact, a complaint shared by clinicians working in small centers and rural areas. Attendance at professional meetings and what local inservices I hear about helps me

clinicians. It also helps me keep up to date with some of the new developments in our field. Reading current journals and books also helps, but I feel discussions with colleagues, sharing ideas, knowledge and experience most valuable.

To repeat, I feel that private practice is a viable alternative and that there is a need for such service. I would be most interested in hearing from others engaged in it or from people considering going into it.

HEAR HERE

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*Plan to attend the
Blissymbolics Workshop
or the ELKS Symposium
prior to the Conference.*

For further information, contact:

Catherine Arthur Macdonald

Box 623

Regina, Sask. S4P 3A3