

Episode 56: A Day in the Life of a Medical SLP Who Works in a SNF

Meet Jessica Schell, a speech-language pathologist who currently works in the skilled-nursing setting. In our latest episode, Jessica shares what a typical day at a SNF facility looks like. She reveals what clinical fellows can expect from this work environment, how they can prepare themselves, and some of the biggest challenges she has faced. As an SLP who has also dipped her toes in home healthcare, she offers some insight into that setting as well.

Discussion & Reflection Questions

1. Tell us who you are, how you got started as a speech-language pathologist, and what setting you currently work in.
2. For those who don't know, what is skilled nursing? What does it entail?
3. Walk us through a typical day in a SNF setting. When does it start? When does it end?
4. Tell us about productivity requirements. What advice do you have for new speech pathologists regarding productivity?
5. So, working in SNFs, what is your primary patient population that you treat? When primary etiologies [and] diagnoses do you work with?
6. What are some opportunities speech pathologists may have in a SNF setting?
7. Tell us about some of the challenges of working in a SNF. What are some of your biggest joys?

Quote of the Conversation

"To the speech path student (or CF), one of the biggest pieces of advice I could ever tell you as a student is to advocate for yourself and to work hard. Don't be afraid to ask and question your professors (or supervisors) in a way that is respectful. Asking questions is how you can learn and grow." -Jessica Schell

Jessica Schell

Speech-Language Pathologist



Jessica Schell received her Bachelor's and Master's degrees from Minot State University. She has been an SLP for 15 years, and has worked in skilled nursing and home health care. Jessica has been a CF supervisor six times, and an internship supervisor over 20 times. When she's not working, Jessica likes to travel. She has a goal of seeing all 50 U.S. states (and is currently at 42!).

Keep the Conversation Going

Jessica Schell

Contact Jessica Schell

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Resources

<https://eyesoneyecare.com/resources/ultimate-interview-guide-new-grad-slps/>

<https://eyesoneyecare.com/resources/10-things-you-didnt-learn-slp-grad-school>

"When you're the speech therapist, people like to talk to you. And they like to tell you their life stories, and they tell you their secrets. And they depend on you, and they share stuff with you. And that is really fun. I love learning about people's lives. And they're so fascinating."

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Send a message to Mattie@FreshSLP.com!

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Mattie Murrey

Hello, and welcome to this edition of The Missing Link for SLPs podcast. We are starting a new series, and I put a thing out there on Facebook in Medical SLP Land. And I asked for 12 people to step up to the podcast who would be interested. And I had more than 27 returns when I closed it like 24 hours later. So, we have a line of medical SLPs lined up for you, ready to talk to you. And I'm so excited because we're just going to talk about what it looks like in their day. So, this is the first in the series of "A Day in the Life of a Medical SLP." And our first guest is Jessica Schell. And she is a speech pathologist who's been in the field for 15 years, working in the home health and skilled nursing areas. So welcome, Jessica.

Mattie Murrey

Hello, and welcome to The Missing Link for SLPs podcast. I am so glad you are here. Today's episode is part of the Medical SLP Series, where we talk to some amazing speech paths who work in a variety of medical settings — all the way from intensive care through to home care, and everything else in between and beyond. You're going to hear some incredible medical SLP stories and lots of advice from these passionate medical SLPs.

Mattie Murrey

Welcome to The Missing Link for SLPs, Jessica. Good to have you here.

Jessica Schell

Thank you for having me.

Mattie Murrey

So, you are the first that has lined up for the series, "A Day in the Life of a Medical SLP." Your setting is?

Jessica Schell

Skilled nursing and home health.

Mattie Murrey

Excellent. Tell us how you got started as a speech pathologist.

Jessica Schell

Well, I was a business major as a freshman in college. And I found out that I was very bad at math and macroeconomics. And I had an aunt who was in graduate school at the time, and she said, "You should try speech pathology. I think you'd really like it." So, I took my first intro courses as a sophomore, and I thought, well, when I fail out, I'll just find something different. And I never failed out, which was kind of a shock. And I just went all the way through and graduated, and saw myself as a speech language pathologist.

Mattie Murrey

Excellent story. Good story. And you've been in it for how long?



Jessica Schell

15 years. I finished... I did my Master's in 2006.

Mattie Murrey

Okay. So, you stepped up for this series because you wanted to talk about what your day was like as a medical SLP. So, tell us, can you walk us through a typical day? When does it start? When does it end?

Jessica Schell

I usually get to my facility about 7:45 in the morning. It's before breakfast. So, I check in and see what my schedule looks like. That's one of the reasons that I like working in skilled nursing. It's because I have a decent idea of what my day is going to look like versus our colleagues in acute care. They tend to have a lot of different folks every day. So, it's kind of a personality thing. I just like having that consistency. I get in and I check in. Then I print off my schedule. I try to see some folks at breakfast to make sure that my strategies are in place, that our tickets are right, that they're getting the right diet texture...stuff like that. It's also good to check in with the staff and see if they have any new concerns for the day. Sometimes folks have acute episodes, that things change even overnight. So, it's good to check in and make sure nothing like that has happened overnight or over the weekend. After that, I usually do a lot of cognitive therapy. Some folks don't understand that in skilled nursing, we do have a fair amount of patients that do go home. There's kind of a bad reputation for skilled nursing that, once you're admitted, the only way out is out on a stretcher. And that's definitely not the case.

Mattie Murrey

Can we pause for just a second? Take us back for those who don't know what — and I didn't know, I didn't think of asking this, I'm following you perfectly because I worked in skilled nursing — and I'm thinking maybe there are some listeners out there who don't know what skilled nursing is, and what home-based speech pathology looks like. So, skilled nursing. Tell us, basically, what that is.

Jessica Schell

So, skilled nursing is... People refer to them as a nursing home. And we do have a section for folks that are going to stay long-term. And that's called long-term care. So, they are going to stay with us for the foreseeable future and probably to the end of their lives. Not necessarily. We have had many long-term care patients that have gone home or to a lesser level of care, like assisted living, independent living, living with their families at home. And then we have another section of our building that's dedicated to those folks that do plan on leaving and going home with family, home independently, into independent-living facilities, into assisted-living facilities. And their care is definitely different than those that we treat for long-term. Our skilled patients are the ones that we foresee going to a lesser level of care, like I said. So, we target functional community things more like cooking and medication management and safety, and all those



sorts of things that will make them safe and independent at the least restrictive living environment they can be in.

Mattie Murrey

Wonderful. Excellent. Very clear. So, you get them sometimes from hospitals and from your referrals from hospitals and other places like that, where they discharge. And sometimes, they're short-term stay and then they go on to other settings — maybe assisted living or home with assistance. Sometimes, they stay more long-term.

Jessica Schell

Yes. Yep. You know, you never know what you're going to get. Some people get into skilled nursing and they think, you know, "This is way better than sitting at home by myself. I have people here. I have someone to take care of me." We have a lot of folks that do choose to stay long-term just because it's actually a more functional living environment than what they've been used to.

Mattie Murrey

And skilled nursings are also called SNFs.

Jessica Schell

Yes. So, if you come across that in the hospital, which... I did my internship in the hospital. I spent a good eight weeks not knowing what a SNF was.

Mattie Murrey

And it was the acronym: SNF.

Jessica Schell

S-N-F: skilled nursing facility.

Mattie Murrey

No Is in there at all. So, back on track. You describe that you start at 7:45. You see your dysphasia. And then you work into your cognitive patients.

Jessica Schell

Yes, I tend to check in with physical and occupational therapy. We do a lot of work together. Because our ultimate goal is the highest level of function discharge to a lesser level of care, whatever that is. So, we want to make sure we're coordinating all of our treatments together. We sometimes do cooking tasks. We do cognitive tasks. Anything along those lines. Communication tasks. Make sure they know what questions to ask and how to ask them and how to get services they need. Everything like that. If there are obstacles that we think that they're going to have, how can we address those obstacles so that, when they do go home, they have the best shot at staying there? So, that's kind of my morning. In my afternoon, I do lunch again. Check in with folks and see what it looks like as far as strategies, swallowing, making sure my patients that I want in the dining room getting assistance are getting assistance. I do work



with occupational therapy as they help with feeding. I do work a lot with physical therapy in the dining room, which a lot of people don't really think about. But if you have a patient who can't maintain a good posture, your swallowing therapy is not going to be nearly as successful. So, a lot of times I ask for help from my physical and occupational therapy colleagues because they're also part of the swallowing treatment, even though most of its base is speech therapy. In the afternoon, I finish up more cognitive communication treatments. I always check in and make sure there's no more evals. They can have evaluations, and then I would do those in the afternoon usually. Follow up on any orders, anything the doctors or nurse practitioners want me to look into. And I'm usually done about 3:30.

Mattie Murrey

Sounds very organized and scheduled.

Jessica Schell

It doesn't look that way, but it does sound that way.

Mattie Murrey

It does. Tell us about productivity requirements. I know we might as well get that right off the top. Tell us about what your productivity requirements are.

Jessica Schell

My productivity is 80%. It's been 80% for quite a long time. We are encouraged to document when we're with our patients. We're encouraged to document while we're doing treatment —like at the end, if they're doing a worksheet or we're talking about their goals, things like that. It has changed because of COVID. We aren't really encouraged to take a lot of devices into rooms. You have to clean them. You're wearing all your PPE. All that good stuff. So, that's kind of been not the norm for the last year. That is generally what we do, though. Our rehab director advises us to reach productivity. It's not do or die. We need to be productive. It's part of time management. So, I understand that it's necessary, but I know there's a lot of ethical concerns that I've heard throughout our organizations that have those problems of productivity. And I've definitely seen that out there. I don't feel like I experience that right now. But it's definitely something to keep in mind.

Mattie Murrey

When I was getting ready to interview you and getting ready for this podcast, I looked through... You have given me some resources. And you wrote two articles. One of them is "10 Things You Didn't Learn in SLP Graduate School," and the other one is "The Ultimate Interview Guide for New Grad SLPs." And those will be in the show notes. Both of them, I thought, took such a realistic view. And you're like, "Productivity is part of the job. It's what it is." And, you know, in grad school, we're measured by our grades. And that's what we have to pass. And in the work setting, we all have productivity standards that we have to meet. And so, that's what you're talking about.



Jessica Schell

Absolutely. It's part of time management. I think if there was no productivity requirement, you would see folks that would end up with poor time-management skills across all disciplines. That being said, there are a lot of perils of productivity. So, there are many issues that I think need to be worked out. But I think there could be a balance at some point.

Mattie Murrey

So, for the new graduate student moving into a SNF, what types of advice would you have for him or her regarding productivity?

Jessica Schell

I would definitely ask about it in the interview. I think 80 to 85 is pretty reasonable. Like I said, I have 88%. I do have a fairly small building, so going back and forth doesn't take me very long. I know we've had some colleagues who have said, "It takes me 10 minutes to get to a room." And that's not my situation. So, that is a difference. I would tell them to inquire what exactly counts. I tell my students... I'm an intern supervisor for a local college, so I see a lot of speech students. And I tell them to think about it as billable versus non-billable. Because that makes it different. There are a lot of things you have to do for your patients that are non-billable. And you're expected to do that, but you can't count that as productivity. So, that's an obstacle. So, I definitely would have them inquire about what they view billable versus non billable. How do you accommodate those things? Is there help that you can get? Some companies have rehab techs that can bring patients to the therapy gym or to where you need them to be. Other companies have time built into productivity for documentation, talking to doctors, whatnot. So that's definitely something you want to inquire about before you take a job.

Mattie Murrey

Good advice. And managing time.

Jessica Schell

And managing time. And as a CF in a new environment, you're not going to be able to manage your time when you start. It's very overwhelming. And you need to expect that it's going to be overwhelming, and it's going to take some time to adjust. And you want to work for a company that understands that. There is no CF on this planet that is going to walk into a facility on their first day and be productive to the point that their company wants them to be. That's impossible. And the company just needs to understand that. That's a question that I would ask: How long until you expect me to be this productive? Because I'm going to need to learn all this stuff.

Mattie Murrey

That's a good question. Very good question. So, working in SNFs, what is your primary patient population that you treat? When primary etiologies [and] diagnoses do you work with?

Jessica Schell



I feel like, in this area of the country — and my physical therapist and I have talked about this — we see a lot of multiple sclerosis.

Mattie Murrey

And what area of the country are you in?

Jessica Schell

I'm in northern Colorado. And for some reason, we feel... We've had this conversation. We should do a research study, honestly. Because we feel that we see a lot of multiple sclerosis. And as a speech therapist, that can mean you have dysphasia. You have cognitive issues. It can manifest in so many different ways. And I feel that we have a very large population of multiple sclerosis in here. We also have cognitive issues, early onset Alzheimer's, early dementia. I've had some traumatic brain injury in the nursing home. You do see a lot of Parkinson's. Things like that.

Mattie Murrey

How about documentation? Talk to us about documentation in the SNF.

Jessica Schell

Documentation in a SNF is fast. I'm expected to be fast. I usually do a quick... I don't even know that I'd call it a SOAP note. It's a little blurb of what I do during the day. And then, every 10 visits, I have to do a progress note, which I would consider being more of a SOAP note that we're taught in graduate school. You get into more of the details of things. This is how they're progressing. This is what is happening that's making them not progress. Things like that. And then, every 90 days, you would do a recertification if you're continuing to see them. And that would entail kind of a more in-depth progress note. I do an evaluation that usually takes place with a basic screener. We don't generally do a lot of the in-depth cognitive tests because they take too long, and our patients kind of can't handle them. It's too overwhelming to whip out. I have a RIPA-G, but I don't do a Boston often. I don't do things like that because they're just too overwhelming and time-consuming. And my patients tend to get very frustrated with that.

Mattie Murrey

Opportunities for growth in the SNF?

Jessica Schell

Generally, the most direct opportunity for growth is to become a rehab director. So, that would be the person in charge of the rehab team. And then you could go on with that. You could go on to be a district person, a national person within your company. And that could be a variety of positions. You could oversee the rehab director. You could do compliance. You could make sure that we're following all the new laws and regulations. And there are a lot, and they vary with the states. So, there are people out there that are in charge of knowing all of that and making sure we understand all of that.

Mattie Murrey



So, if you're a fresh grad student and you really want to step into the medical setting, and you view a SNF opportunity as a way of starting, would you... I think you'd recommend this, yes? I know I would.

Jessica Schell

I would, yes. I feel like you do have to have...I don't know if I would call it a desire, but a want to work with the elderly population. I don't think anyone is successful in the SNF setting if they really don't like that population. And that's fair. I don't like to work with kids. So, working as a SNF was the best population for me because I like that population. So, if you're doing it as a means to an end — and I understand that a lot of us have to do things like that — be aware that you have to like the population on some level for you want to be in that job.

Mattie Murrey

And go in eyes wide open, knowing some of the challenges you're going to have.

Jessica Schell

And there are a lot of challenges. A lot of companies in SNFs don't have the caseload to support two speech therapists in the building. Some do. But generally, most companies don't. Therefore, if you have a CF supervisor, chances are they're not going to be in the building with you. And that's something that I stress to my interns. I say, "I want you to be as independent as possible because, no matter where you end up, you're probably going to walk in as the only speech therapist in that building the first day. So, I want you to have some confidence in yourself and know that you can do this."

Mattie Murrey

There have been times when I've been contracted by a rehab company to be the clinical supervisor for their clinical fellow. And there's nobody else around. No one.

Jessica Schell

That's an obstacle.

Mattie Murrey

That's a big obstacle. It's a big obstacle. And I've been in settings where I've come on as the consultant, and I've had to teach the clinical fellow how to self-advocate. Like, you know, "You can't be driving to three or four different facilities to put your hours in and not being paid for the time and this and that." And so, if you go into a SNF... I mean, I love working with the adults. I've loved my years in the SNF, and I wouldn't trade them for anything. I mean, I've worked in hospitals, acute care, and intensive care. I've worked in home health. The SNF is just... Sometimes, you walk through that door and you're just like, "Ah, it's my second home."

Jessica Schell

Yeah. I would agree with that. It's definitely my favorite setting. I've done PRN and acute care. I've done it in PRN in home health. And it's definitely my favorite setting. But yes, you have to



teach new students to advocate for themselves in all settings because sometimes new students just get taken advantage of because they don't know any better.

Mattie Murrey

Right. Right. Right. And one of those ways is not having supervision. It's so important for clinical fellows to have that. Sometimes they need that instant. What do I do if nursing does this or a patient does this? And they need to be able to reach out to that supervisor, or to say, "No, I'm not going to drive here," or, you know, there are a variety of things that this setting does present. But it can be just a wonderful opportunity if you enjoy dysphasia, if you enjoy cognitive linguistic and working with adults.

Jessica Schell

That's definitely true. And I always tell people to ask to interview your CF supervisor before you take a job, and ask them those questions. Are you going to be around? Can I get a hold of you whenever I need to if you're not going to be around? And they should be able to answer yes to all of that, so that they can support you when you need it.

Mattie Murrey

Right. What has been one of your greatest challenges working in a SNF?

Jessica Schell

There's a lot. Advocating for swallowing. I have a lot of referrals that are not dysphasia, but they feel that they need to send them straight to me. And usually, I have to assess and say, "Super! We did an instrumental. You need to see a GI doctor." And advocating for oral care. Advocating for safe feeding practices. Advocating to make sure that their meals are correct texture-wise. That's been a big obstacle for me. And right now, it depends on your staffing. There's a lot of turnover in all departments. Right now, I have a great CNA department that's really on top of things. And that's very fortunate. But that's something that I feel I battle just as a whole — that they think speech therapy is the catch-all for someone who coughs, and it's frustrating because that's not the case a lot.

Mattie Murrey

Well said. So, what would you say would be the top non-clinical skill that clinical fellows would be wise to focus on and develop stepping into a clinical fellowship? Time management? People management? Building rapport?

Jessica Schell

Managing behaviors. When I interview my students, I ask them what their work background is. And any job they've had that they've been yelled at, I feel they tend to do better as interns. I think that you need to have dealt with the real world. And you need to have dealt with customer service. And you have to have dealt with the general population to kind of prepare you. Because just because you have a shiny degree that says "speech-language pathologist," a lot of people don't care. And therefore, you can't walk in and say, "I'm a speech therapist, it's time," because



they're going to tell you to go fly a kite. You need to have experience working with people and building rapport, like you said, so you can start building that therapist-patient relationship that you're going to need.

Mattie Murrey

Very correct. So, Jess, before we get off, I know you've also dipped your toes in home health. What can you share with us about that setting?

Jessica Schell

I like home health. It actually, I feel, helped me be a better therapist in the SNF because I got to see what happened once they got home, and what were actual problems that we needed to address.

Mattie Murrey

A functional approach then.

Jessica Schell

Yes. And I would see these people in home health that couldn't tell me how to dial 911. Or couldn't tell me how to safely do anything in their kitchen. Or had no clue how they were going to get their medications. So, those questions that I learned were a lot more common than you would think they are. [They] helped me focus on that in the SNF. I ask those questions now because, if you can't answer things like that, we've got to work on that. We've got to have a plan. Because you can't go home safely with that. And I do it PRN. I don't think I could do it full-time. It's a lot of time in your car. And it sounds glamorous, but it's a lot of scheduling. And it's a lot of cancellations. And it's a lot of time on your phone. And, as much as I enjoy it, I don't know that I would recommend it to a new clinician. Some people do it and like it, and I get that. But I think that you need to experience your job as a speech therapist in a little bit more of a structured setting before you go into home health. Because you are really an army of one. You have to know, "Okay, this is normal but weird" versus, "Okay, I need to call the police." And there are situations where that comes up, and you kind of need to have a little bit of experience with people and healthcare under your belt before you wander into people's homes. Because it's a much different situation.

Mattie Murrey

I have been in some of those situations as a new speech pathologist. I enjoyed home health when I did home health. And I think one of the things that I enjoy about our career is, there are times when we just have different priorities in life. And when my children were young, my priority was my children. And home health gave me a schedule where I could shift that around as needed. And, you know, now I'm a professor and work in a medical setting on Fridays. And, you know, it just depends on where we go and what we do. But I would agree with you that home health is not the best for a clinical fellow. Because a clinical fellow is when you really want that supervisor to be right beside you in the trenches, if at all possible, to say, "How do I do this?" Or, "Hey, I'm going to go do a video. Come with me." Or, you know, "Let's pair up on this."



Jessica Schell

And it's nice to have other professionals. I've learned so much from nurses and physical therapists and occupational therapists and CNAs, and dietary managers. If you learn so many different things that you can take that knowledge with you into someone's house when you don't have those people around that you can ask, then that's a really valuable tool to have.

Mattie Murrey

Very, very true. So, I know we've talked about some of the challenges of a SNF. What has been one of your greatest joys? What have you really liked about working in a SNF?

Jessica Schell

When you're the speech therapist, people like to talk to you. And they like to tell you their life stories, and they tell you their secrets. And they depend on you, and they share stuff with you. And that is really fun. I love learning about people's lives. And they're so fascinating. You think you've heard it all, and I promise you have not heard at all. It's just so fascinating every time you meet somebody new to hear their life story and how they got there and what their plans are. Everything like that. I really love it.

Mattie Murrey

And I love the reflection they have at that point in their lives.

Jessica Schell

Mhm. Absolutely.

Mattie Murrey

I can learn from that. And they improve my life, as well as me improving theirs.

Jessica Schell

That's true. I would agree with that.

Mattie Murrey

Words of advice for the new speech pathologist?

Jessica Schell

Oh, goodness. People are crazy. And once you accept that, your life will be so much better.

Mattie Murrey

All right. Well said. Thank you for coming on with us today, Jessica.

Jessica Schell

Thank you for having me.

