

Episode 70: 4 Tips for Preventing Burnout as a Medical SLP (A Day in the Life of a Medical SLP Series)

Meet Jenni Provda, an acute care speech-language pathologist who works in a hospital setting. Jenni shares her SLP origin story, what her typical day looks like, the rewards and challenges of working in her setting, and advice for new SLPs hoping to break into acute care.

Discussion & Reflection Questions

1. Tell us a little bit about who you are and where you work.
2. Did you always want to become a medical SLP? How did you get started in that field?
3. What does a typical day working in the acute care unit look like?
4. What are the top etiologies that you see or disorders that you treat?
5. Can you describe to us what a COVID patient is like? What do you look for?
6. What are the challenges of working in an acute care setting? The rewards?
7. Do you have any networking advice for recent grads and new SLPs?
8. What advice do you have for new or transitioning SLP that someone may not agree with?

Quotes of the Conversation

"And it's so hard because, when you've been doing this for years, you forget about the small wins, right? You forget about the smallest things that happen. And we experience a lot of loss in acute care. It's a really hard thing to do. There are days where all you're experiencing is loss and you don't have those wins. And you have to remember that those wins did happen."

-Jenni Provda, CCC-SLP

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Acute Care Speech-Language Pathologist

Jenni graduated from The College of New Jersey in 2008 with an MA in Speech-Language Pathology. This is a second career for her. She also has a Master's Degree in Organizational Psychology. She has worked as a medical SLP since graduating. During her CFY, Jenni covered both inpatients and outpatients. She saw only adults on the inpatient side and adults and children in the outpatient clinic. Shortly after her CFY, Jenni transitioned to a strictly inpatient role, although she sees outpatients for video swallow studies. Currently, she is based out of Camden, New Jersey. The hospital she is working out of is a neurosurgery center, so her role has a neurological focus although she sees many different disorders. Jenni also functions as a clinical expert for her hospital system, which comprises five community hospitals. On the personal side, she is married with two sons and a new puppy. Jenni serves on the Board of Trustees of the

Jewish Federation of Southern New Jersey and on the board of a local school. She also volunteers her time at a local animal rescue.

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Keep the Conversation Going

Thank you for listening to *The Missing Link for SLPs* podcast! **If you enjoyed the show, I'd love you to subscribe, rate it and leave a short review.** Also, please share an episode with a friend. Together we can raise awareness and help more SLPs find and connect those missing links to help them feel confident in their patient care every step of the way.

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*Do you have a question you'd like answered on the show?
Interested in sharing your experience as an SLP with our audience?*

Send a message to Mattie@FreshSLP.com!

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The Missing Link for SLPs Podcast Show Notes

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 homecare, 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

I'm welcoming Jenny Provda to The Missing Link for SLPs podcast today. And she and I, before we started recording this, were talking about how busy we can be as speech pathologists. And one of the things I'm going to be asking Jenny about is how you balance everything with all that you have going on. Now you're coming on the series "A Day in the Life of a Medical SLP." Right?

Jenni Provda

Yep.

Mattie Murrey

So, tell us what setting you work in.

Jenni Provda

So, I work in acute care. In my hospital, there's also an acute rehab. So, we're very fortunate because sometimes we get to follow our patients from acute care through to rehab, which is really cool and a little bit different. I spend 90% of my time these days in acute care. It's what I love. It's my passion. So, you know, it keeps me very busy. It's certainly been a busy year for us in acute care, with COVID. And the regular, everyday cases that we saw didn't stop because COVID was going on. So, it was a whole new mix of learning something new and being able to balance what we were already doing.

Mattie Murrey

So, tell us, have you always been wanting to be a medical speech pathologist? And how did you get started in our field?

Jenni Provda

So, interestingly enough, I do have a Master's in organizational psychology. So, I was living in New York on 9/11. And after that happened, for weeks, I was volunteering for the cleanup after 9/11 in Manhattan. And I just had the feeling that I wasn't fulfilled, and that I wanted to be doing something else. Later that year, my father had gotten very sick, and he was in a coma for about six weeks. And when he came out of the coma, he had suffered a hypoxic brain injury. And while I was in the room with him, his speech therapist came in one day to work with him. And, like many other people, I just assumed that speech therapists worked with kids. And I became very interested in what she was doing with him. And I said, "What's this? This is what I want to



do." And we met for coffee that weekend, and I was hooked. And I started taking my prereqs. And this was already after I had gotten my Master's degree in psychology [and] had been working in the field, and I decided that I wanted to go back to school. And that's how it got started. And I knew going into my graduate degree and into my prereqs that I just wanted to work in the hospital. And I was a woman with a mission. That's all I wanted to do. Nobody was going to stop me. And everything I did was toward that goal.

Mattie Murrey

So, can I ask how old you were when you went back for your second degree?

Jenni Provda

I was 30.

Mattie Murrey

You were 30? Excellent.

Jenni Provda

I was 30 when I went back to school. I was the old lady in the class. I had a one year old. When I was taking my prereqs, I remember I'd be nursing my son and writing a paper at the same time. And my professors would make comments like, "You sent me that paper at two o'clock in the morning." And I'd say, "I had a baby at home. I had him in one arm. I was typing in the other. That's the time I had to send in that paper." So, it was a very crazy couple of years for me.

Mattie Murrey

What an inspiration you are for people who are nontraditional. I was like you. I went back after, not a first Master's degree, but I went back from a different career as a writer and decided to go back.

Jenni Provda

Well, I think... I find it very hard to believe that people know what they want to do when they start college at 18. And not everybody does. You haven't seen the world yet. You haven't had all this experience yet. Right? So, sometimes when you experience different things, it leads you down a different path.

Mattie Murrey

I have to apologize for my voice. I'm coming off bronchitis, and I did not want to cancel this interview with you because I'm excited about what you had to share with us with all your backgrounds. And I think you have a lot of wisdom. We don't all know where we want to go. And even when we graduate from graduate school, we're like, "Where do I want to go? Where do I want to work?"

Jenni Provda

And I think that's what's so great about our degree: we can do so many different things. You know, you're not just set on doing one thing. When I did my CFY, I actually worked in acute care



and outpatient with adults and pediatrics. So, I was doing all these different things. You're not set just doing one thing. And you can always change that thing. Right? You can always do something else.

Mattie Murrey

Right. In the medical SLP setting, I think I've worked along the whole entire continuum: ICU, acute, subacute, rehab, home health, outpatient, palliative care. It's been a great journey, but not always easy.

Jenni Provda

Right. [It's] not always easy.

Mattie Murrey

What does your day look like in an acute care rehab?

Jenni Provda

So, part of what I love about my day is that it's never the same. So, our day is always different. I come in the morning. I take a look at our census in the hospital. I kind of have a plan for the day. We usually see our patients all morning, and in the afternoon, we do video swallows. So, I get in fairly early. I'm usually at work before 7 a.m. I like being there for two meals because I think that doing our swallowing evaluations during meals is so much more functional. And treating patients during their meals is so much more functional. So, I've just gotten used to this schedule over the years. And so, basically, we do all our evaluations and whatever therapy we can get done in the morning. And [in] the afternoon, we do our video swallows. And if there's time left over, we'll see more patients after that.

Mattie Murrey

My day's [the] opposite. I do my videos when I'm in the clinic on Fridays, and I do my videos at work in the morning and inpatients in the morning. And then my evals and treatments are in the afternoon.

Jenni Provda

So, I started off doing it that way. The hospital that I'm working [in], [where] I spend most of my time now, prefers to have video swallows in the afternoon.

Mattie Murrey

So, your day begins at 7. And when does it end?

Jenni Provda

Does it ever end?

Mattie Murrey

Hopefully, we leave work at work sometimes.



Jenni Provda

Typically, the workday ends at 3:30.

Mattie Murrey

Okay. How flexible is your schedule?

Jenni Provda

In terms of...?

Mattie Murrey

If you need a day off or time off for a doctor's appointment or something.

Jenni Provda

Yeah, they're really good about that. There is a lot of flexibility. I also work every other Sunday, so I have off every other Friday. So, having that Friday off during the week is excellent for me because I can get so much done. I typically don't mind working on Sundays because the hospital is a lot quieter on a Sunday. So, I tend to get much more done because there's less going on. You know, patients have fewer tests on Sundays. Typically, I find everybody in their room on Sundays. So, it's a more productive workday for me.

Mattie Murrey

What are the top etiologies that you see or disorders that you treat?

Jenni Provda

So, I work in a neurosurgery hospital. We are seeing a lot of neurosurgeries now, and not a lot of neurosurgical patients. We have a lot of stroke patients. Now we're starting to dwindle down on COVID patients, but I mean, for months all I was seeing was COVID patients. That would be a majority of our patients.

Mattie Murrey

So, I don't think a COVID patient is something that the students are learning in graduate school right now. Can you describe to us what a COVID patient is like? What do you look for?

Jenni Provda

So, it depends. There are different kinds of patients with COVID. There are those that have been intubated and those that have not been intubated. The intubated patient is going to look different than the nonintubated patient. Typically, they have a different presentation. The presentation of our COVID patients have also changed over the last year. I find — and this is just my observation — our patients are not as sick as they were at the beginning because I think that we're treating them better. We've now gotten more of a handle on how to treat the disease, so they're not as sick. At the beginning, our patients were dying all the time. Now, it's a lot less frequent. Whereas, maybe a year ago, 90% of my patients had COVID. Now, I have maybe one or two on my schedule at any one time. So, we're seeing a lot of patients with laryngeal damage from being intubated. Swallowing issues. Voice issues. Cognitive issues. I



mean, I've seen patients on ventilators. Our ventilator population, historically, has been very low. But over the past year, because the COVID patient population was getting tracked more often, we were seeing more patients on ventilators.

Mattie Murrey

What would you say your age range is for these patients?

Jenni Provda

For our general population or the COVID population?

Mattie Murrey

The COVID population and the general.

Jenni Provda

So, our COVID patients are all over the place to be honest. I don't say that there's a generalization at all. I've seen COVID patients in their 30s. I've seen COVID patients in their 90s. There really is not a general age. Our patients overall range from... I mean, I've seen patients in their 20s. I had a patient who was 19 last week. To patients in their hundreds. You know, it's amazing to me. I had a patient a couple of weeks ago [who is] 96 and goes to the gym every day. Every day. He says he drives to the gym. He goes to the gym every day at one o'clock.

Mattie Murrey

Good for him.

Jenni Provda

Yep. Good for him. He drives himself. Now that worries me a little bit. But, you know, I'm not a great driver, so I can't complain.

Mattie Murrey

What have been some of your challenges in your setting?

Jenni Provda

So, challenges come in different forms. Sometimes, it is challenging because I see something I've never seen before. And I've been lucky enough to have a lot of colleagues throughout my career — mentors throughout my career — that I can go to with questions, if I have any questions about something I haven't seen, or something that baffles me, or a clinical presentation, where I'm looking at patient and saying, "This just doesn't make sense." So, I think that one of the best things for anybody who's new is to build up that clinical network and have those contacts and people that you can just throw questions at. So really, those presentations of things that you have never seen before. That's a challenge. It's also a challenge knowing that things could be done a certain way, but not having either the resources or the availability to do what you want to do.

Mattie Murrey



What have been some rewards working in that setting?

Jenni Provda

So, seeing somebody progress from their worst. I think about one of my patients who came in in her 30s. We were about the same age at the time we first met, and I've known her for probably about 10 years now because we've kept in touch over the years. So, she came in with a brain tumor. And when I first met her, she couldn't speak. She couldn't eat. She couldn't walk. And I saw her progress all the way from acute care, through rehab, post-rehab and outpatient. We kept in touch. And seeing her get her life back, and seeing her overcome all these challenges, [is] so inspirational to me.

Mattie Murrey

One of my favorite things about being a therapist is, we really have the time to sit alongside someone and educate and collaborate with them on where their challenges are, and where they want their treatment plan to go. And that just makes it so much more functional for them. And that inner drive comes from them. And it is fun to watch them progress and gain back some of what they've lost.

Jenni Provda

And not everybody does. but even gaining back some of what they lost.

Mattie Murrey

It's those little baby steps.

Jenni Provda

I mean, one of the challenges in acute care is that you don't always get to see all of the progression, right? So, you see them right after an acute event. And sometimes they're gone in three or four days. Sometimes they're gone in two weeks. And not being able to see them get better is sometimes a challenge because you want to know what happens to them. Right?

Mattie Murrey

Right. It's been interesting — and I think you may have this perspective as well — working with someone who is acute, and then seeing them on the other side. So, you know that when you're sitting beside their bed, and you're talking to their caregiver, and they're through a fresh stroke, you can give them the perspective of, "This is not how they're always going to be. And they may get better." We can't promise anything.

Jenni Provda

There is no magic ball, right?

Mattie Murrey

No, there's not. But I believe in us. I believe in our profession. I believe in our skill. You mentioned resources earlier and networking. Do you have any networking words of advice for



listeners? How do you reach out to somebody and say, "I don't know this. Can you tell me?" How do you do that and not sound like you don't know something, yet still be confident?

Jenni Provda

So, the first thing is that you have to get rid of that idea of being embarrassed that you don't know stuff. Because we've all been in that place. I've been working in the field... I graduated from grad school 13 years ago this week. And I'm out in the field for 13 years. And I will tell you, there's things I do not know. Because you can't be an expert in everything. So, getting rid of that idea. Okay, I'm going to be embarrassed. I don't know this. I have made cold calls to other therapists. I've thrown questions out on forums and then sent private messages to people and said, "Listen, can we talk about this?" I think I posted a question on a forum, and I had gotten a bunch of responses from this one woman. I private-messaged her and I said, "It seems like you're in my area. Can I call you? Can we talk about this?" And it turned out she was working in a hospital that was 20 minutes from mine. We exchanged email addresses. And sometimes, [it's] just putting yourself out there and making that connection with people. We're in a helping profession, right? So, we all want to help. We should want to help each other. And I take students every year because I believe in giving back to our profession. And I keep in touch with my students and hire many of my students. I think that's important, right? And maintaining those relationships with people.

Mattie Murrey

I agree. I agree. How about some of your top resources?

Jenni Provda

Who are they, my top resources? So, one of my top resources is a speech therapist who actually covered for one of my maternity leaves, who is now a program director at a school in New Jersey. Another one of my top resources is a colleague that I work with. She's phenomenal. And she left our hospital system. She's in private practice. You know, I have also developed for myself people who I know are experts in different things. So, when I have questions on voice, I call my voice friend. And I have questions on a neuro issue. I have a neurologist by call, and really getting those people together, that are your experts that you know that you can call, okay, I have this question. I've been called this person. And it takes a couple of years to form a network, right? It's not gonna happen overnight. But if you are a student, and you have a phenomenal supervisor, keep in touch, right? It's important. And just putting yourself out there.

Mattie Murrey

And then also, it is a mature speech pathologist — a wise speech pathologist — who says, like you said, "I don't know everything. Let's collaborate on this." And by not pretending you know everything and by not faking it, those in your network know that they can trust the recommendations they send to you as well. Because when you don't know something, you're going to ask and you're going to figure it out.

Jenni Provda



Exactly. And I don't pretend to know everything. Listen, there are a lot of diagnoses that I had never heard of. I had a man come in for an outpatient video swallow. And I had never, ever heard of this syndrome before. And I don't know anything about my outpatient, so they're sitting in the waiting room. And here this man was, and I'm looking at him, and I haven't the faintest idea of how to go about this video swallow that I'm about to do based upon his diagnosis. And you know what? I educated myself. I educated myself before. I asked questions to his family. And I said, "Tell me a little bit more about this." And they said, "I'm so glad you asked." And then afterwards — he had a trach that was specially created for him from a medical company — they sent me all the information about his specific trach, so that I could educate myself. Because this is not anything I had seen before.

Mattie Murrey

You got me thinking. Because I have been in the same situation, where I've done a video swallow, and we've gone through a first or second swallow, and something happened I just [was] not expecting — like, the reflux is so bad that everything that goes down comes right back up. And I've had to really work closely with my radiologist. And you mentioned a couple of minutes ago that, when you have questions about neurology, you call your neurologist friend. How do you develop those relationships with physicians?

Jenni Provda

So, I am very lucky to have been working with the physicians in my hospital for a very long time — many of them for a very long time. There are some physicians that I've known since they were residents in the hospital. So, I've known them for a very long time. And you develop relationships over time just based upon respect of knowledge and of intelligence, I feel, and education. A lot of the physicians that work in my building will come to me about things that they've seen and ask me questions. And if I can answer them in an educated way, we build up respect and rapport.

Mattie Murrey

How would students start doing that if they're newer in their clinical fellowship?

Jenni Provda

I would say... And I said this to my student just last week. She apologized to me. She said, "I'm sorry I'm asking so many questions." And I said, "There's nothing wrong with asking questions. Asking questions builds education. And then I hope that you're going home at night and researching the things that you asked me about." And I will lead her to resources to research the question she's asking me. And just building up that knowledge base.

Mattie Murrey



Can you share with us a story of a patient that... You've shared one already of a woman that you followed along with her recovery. Can you share another story that you'll remember that just touched your heart [and made you think] this is why we do what we do?

Jenni Provda

Yes, I can. I had this gentleman who had gone in for knee surgery and had a stroke while he had the knee surgery. He came to our hospital. He came to rehab. He could not swallow anything. He could not swallow his saliva. He would walk around with a coffee can and spit into the coffee can all day because he could not even swallow his saliva. So, it was a frustrating couple of months for him. And he had gotten a little bit better while he was there, in our hospital. He had progressed a little bit. And as an outpatient, he came in for a video swallow after discharge. And I looked back at the video swallow and I said, "You know what? I bet you would benefit from Botox." I said, "Botox to the UES is not something we do in our hospital." But I referred him to somebody who did it. And he went, and he got the Botox done.

The day before Thanksgiving, he called me with his outpatient speech therapist, and said to me, "Jenni, I never thought I would be able to eat again. And tomorrow is Thanksgiving. And I had resigned myself to not being able to eat. And now, because you called me and told me to get this done, I can now eat. And I will be eating Thanksgiving dinner tomorrow." And it was an amazing feeling. It was an amazing feeling. Because here's somebody... You know, you try to think about different ways of helping your patients. And this is an example of something that was not available at my hospital. So, I had sent him somewhere else to get it done. And it was not something I thought he would even consider, but he did because he really wanted to get better. And at the end of the day, it did help him. And he had resigned himself to never eating again. And it was an amazing thing.

Mattie Murrey

I love stories like that. I love stories like that. I have them. Once in a while, I try to write them down. And I try to remember them, so on days when they're a little harder and I start to get burned out, I can say, "This is why I do what I do."

Jenni Provda

And it's so hard because, when you've been doing this for years, you forget about the small wins, right? You forget about the smallest things that happen. And we experience a lot of loss in acute care. It's a really hard thing to do. There are days where all you're experiencing is loss and you don't have those wins. And you have to remember that those wins did happen. Right?

Mattie Murrey

How do you prevent burnout?

Jenni Provda



When you figure that out, let me know. All jokes aside, I love what I do, but there are days where I know I've had enough. I try to go home at night and turn it all off — get a glass of wine and just relax. Before COVID, I was taking regular vacations. And sometimes, you just need a couple of days away to kind of recharge. You just need that time to recharge and come back to yourself.

Mattie Murrey

Because I think your joke has a lot of merit to it: "When you figure it out, let me know." I think burnout [and] feeling like you're starting to burnout is a normal part of our careers because we are asked to give so much. But remembering what we give back. Doing our self-care. Integrating life and career and work is important.

Jenni Provda

It is important. And I think [what's] equally important is not to miss out on the people that are around us. Right? So, there are days, especially over the past year, where my days were horrible. And taking a step back and being like, "Okay I'm taking off my hospital scrub cap, and I'm putting on my mom cap or my wife cap or my friend cap and letting it go."

Mattie Murrey

What made those days so horrible?

Jenni Provda

I mean, COVID was rough for us in the hospital. You know, you'd hear the Code Blues being called constantly. I had two patients that died within minutes of me being in their rooms. And you'd think, like, "Why are you getting called in for an eval on somebody that was that unstable?" Who knew they were that unstable? We had never seen this disease before. So, who knew that they were that unstable? And sometimes, it was a matter of, "Okay, we need to give them oral meds. Can you just come in and see if we can give them meds?" We experienced a lot of loss in acute care this year. But we also experienced a lot of wins, right? And I don't know if they did this where you work, but when they had a COVID patient being discharged from the hospital, they would play a song over the loudspeaker. So, they'd play The Beatles' "Here Comes the Sun" any time somebody got discharged.

Mattie Murrey

That's a good idea.

Jenny Provda

It was a beautiful thing. And you'd know that they were going home.

Mattie Murrey

Celebration. Last question: What words of advice do you have for the new or transitioning SLP that somebody might not agree with? We all know the normal words of advice. What are some out-of-the-box words of advice you can think of that not everybody might agree with?



Jenni Provda

Hm, that's a really hard one. You know, when I was in graduate school, my program was closing at the end of my year — which was a difficult spot to be in because, basically, I knew what I wanted to do. So, how was I going to achieve my goals? We had to do three placements for our clinicals. I managed to get three placements in hospitals because I was such a pain in the butt. So, I made myself a spreadsheet of every hospital within one-hour distance of my house. And I called everybody on the list every week to ask them, "Do you have any internships open? Do you have any CFY positions open?" And I'm literally called all the time. Now, I didn't always get phone calls back, but I left messages. I was a royal pain in the butt. I had seen a movie. I don't know if you've ever seen it. "The Pursuit of Happiness"? Will Smith? I had seen that movie at a very timely point in my life. Because nobody was calling me back, or if they were calling me back, they were calling me back to say no. And I was so motivated by this movie. I said, "You know what? If he can go from homeless to being this stockbroker and making this crazy life for himself, I can get myself a job in a hospital. Right? And I called so many people, and I did it. So just reaching out. And coming back to what we said before: not being afraid to put yourself out there."

Mattie Murrey

Well, thank you, Jenni, for your time today and your wisdom.

Jenny Provda

Thank you very much. I really appreciate this opportunity.

