

Episode 75: Overcoming Imposter Syndrome as a Speech Language Pathologist

During the second interview with medical speech-language pathologist Maggie Donaker, she takes us through some of the challenging aspects of her career. She also shares advice for new and transitioning SLPs and shares what advice she'd give her younger self.

Discussion & Reflection Questions

1. What do you wish you did differently in your speech career?
2. Who is one of the most challenging patients you remember working with?
3. How do you deal with a patient who has a degenerative disease and is not going to be making gains? Any words of wisdom there?
4. Can you share a story about a memorable patient or setting?
5. What are some words of advice someone gave you that you didn't follow?
6. If you could go back and talk to your clinical-fellow self, what words of advice would you give her?
7. What words of advice do you have for the speech pathologist who suffers from imposter syndrome or has that fear?

Quote of the Conversation

"Here's how I compensate for [imposter syndrome]. If it's a pep talk in the mirror, you're doing a great job. Pausing throughout the day. You know what, I'm studying for this test. This is kind of tough, but I'm moving through it."

-Maggie Donaker M.S. CCC-SLP

Maggie Donaker M.S. CCC-SLP

Medical Speech-Language Pathologist

Maggie Donaker, a Medical Speech-Language Pathologist, is a graduate of Ohio University (BS) and Bowling Green State University (MS). She has 10 years of knowledge and clinical expertise within the acute and subacute healthcare settings.



Maggie serves as Director of Operations for Dysphagia Outreach Project, where she leads the nationwide distribution of supplies from the organization's Dysphagia Food Bank. She is a 7 time ASHA ACE Award winner and is the primary facilitator of the only swallow support group in FL supported by NFOSD, Dysphagia Digest of Florida. Maggie is a respected

presenter, educator and considers herself to be a passionate learner who believes that a sense of humor will always go a long way when working to form a personal connection with the individuals that she serves.

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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The Missing Link for SLPs Podcast Show Notes

Mattie Murrey

Hello, and welcome to The Missing Link for SLPs podcast. I'm glad you're here. Today's episode is part of the SLP Spotlight series, where I talk with SLPs in a variety of SLP positions and settings, doing things that we knew SLPs did, but also working in areas that we've never thought or heard of SLPs working in. It is amazing the opportunities these SLPs have taken and where their careers have gone. This is storytelling time.

Mattie Murrey

Maggie, you and I have picked up because our first interview just went along really well. [There's] so much to talk about. And I love these as much as, I hope, you guests do. It is so fun talking about the things that a speech-language pathologist can do in his or her career. So, thank you for coming back on for round two.

Maggie Donaker

You're very welcome. I'm happy to be here again.

Mattie Murrey

We're going to focus a little bit differently in this episode and talk a little bit more about how rewarding your career has been [and] how challenging it has been. So, first question off the bat — and this is one I get a lot from students — what do you wish you had done differently in your career?

Maggie Donaker

Sure. So, each path... Sometimes, it is the path that you're on. And those paths that you take lead you to situations that you didn't think were possible. So, I've had an opportunity to kind of reflect on that, and see that I'm very, very happy with where I am currently. I've had wonderful opportunities, and I'm happy where I'm going in relation to speech pathology. The one thing that I do find that I would probably recommend some people do is — I think I mentioned it, actually, in the first section — you might need to go and find the setting that you want to be in, the specialty that you want to be in, outside of your comfort zone. So, if that even means moving to the next city, even if that'd be moving to a different state or across the country, or so forth, to give yourself the opportunity to grow from working with different people, but also continue down the path that you would like to go on into that specialty. Or even if you're there and you're finding, whoa, I actually don't want to do this, at least you figured it out. At least you had the opportunity to get that exposure [and] to get that knowledge in relation to that.

I kind of settled when I was out of my CFY to go into a skilled nursing facility, just due to the advice that I was given. And looking back on it, I feel as though, if I had the opportunity and did kind of trust my gut at that time, I would have had the opportunity to get more of a distinct medical placement if I wanted to. But I took the path that I did to get to where I am today, and the drive that I have in order to have gotten to the place where I was. When I finished my CFY —



I'll tell you a little bit about how I got into the medical setting. I left my CFY in a skilled nursing facility, and then I moved down and worked in pediatrics. That was a mistake.

Mattie Murrey

Big difference.

Maggie Donaker

Yeah, big difference. That was a mistake. Women's pediatrics. I did not find that to be strong in relation to working in a school system. I learned a lot from that experience as well. Number one: didn't want to do that. Number two: I needed to find a new job.

Mattie Murrey

So, you switched from skilled nursing to a school setting?

Maggie Donaker

To a school setting, yeah.

Mattie Murrey

From an outpatient clinic. That's a really big shift to the school setting.

Maggie Donaker

To the school setting. Yeah. That was a huge shift. I was like, "Oh, I can probably [get used to this], I'll see how this is." Well, I learned very quickly that was not part of who I am.

Mattie Murrey

Yeah, that wouldn't be my jam.

Maggie Donaker

But that's okay. You know what, I took the leap in order to find that out. I learned a lot of information. I was working for a private practice, actually, as an independent contractor. So, that was a very interesting growing experience about billing, about doing certain things. From there, I was darn well determined to apply for PRN in order to get into a hospital. From that standpoint, I was then married. And we moved back. And I had to really explain in an interview that I have the drive. I have the letters of recommendation that indicate that I might not actually have the foundational work that you need for this position, but I have taken CEU courses. These are the CEU courses I'm going to be taking in order to even get more [of a] knowledge base in a hospital. I got a hospital setting, which then connected me to an LTACH to work with Carrie Stance, and it's been all the way through medical after that. So, I had to position myself. I had to do a little bit of work. I had to really try to sharpen my interviewing skills — not to lead them in the wrong path, but to let them know that I do want to pursue this position. Looking back on it, just go to the medical setting if you want to go. You may have to move, if you have the opportunity to do so.

Mattie Murrey



I am pausing because I'm looking back at my podcast masterlist. And I know — I'm trying to remember her name — there's an episode, and the word interview is in the title. I interviewed her on interviewing other speech pathologists, and she said [that] the very first thing she looks at on a resume is the continuing ed courses that a speech pathologist takes. Because that's where the pedal meets the road. That's where she can tell how serious this speech pathologist is about her knowledge and her skill set. Is she taking the time to focus on courses? is she taking her time to really do due diligence to get ready and be prepared for this position? So, it's interesting you say that.

Maggie Donaker

Yeah. And that's a true fact. Now, do I keep a running list anymore? No. But luckily, I pay for the ASHA CEU thing. So, I can just print that out, which is good. But it's always good, as well — especially for students that are listening, or even speech-language pathologists — to look into what a Criterion Vitae is. And try to keep that up to date. Because if you get into a situation where you want to do that later, and you try to make one, it is a lot more difficult. But if you keep that up to date and include your coursework, even if it'd be on a Google Drive or Air Table or something along those lines... If you keep that documentation — when you took it, a little bit of a description that you can pull off of the website or retype from the mailer that you get — that's going to help you later on. That's also something, too, I'd probably recommend myself to do. Keep a running list of the experiences, a short list of the people that you enjoyed, maybe four or five things that you've learned, and then the CEU courses that you've taken, and kind of constantly update that. Once a month. Take a look back.

Mattie Murrey

The first of the month, when you pay your credit card bill. What is it Criterion Vitae?

Maggie Donaker

Okay, so that is a very expanded resume. And it goes into a little more detail about what you're doing. So, typically, a normal resume, I guess nowadays it's anywhere from two to three pages. Maybe just two front and back.

Mattie Murrey

Yeah, my resume is long.

Maggie Donaker

And then a Criterion Vitae is very long. So, this kind of breaks down very distinctly [and] in more detail, what did you really do when you were working for such and such a hospital? Give me more details outside of just that simple sentence. Tell me more about what happened. Tell me more about your leadership skills — you know, looking beyond just the day to day work. How are you, specifically, a leader? I've had an opportunity to go through a recent review. And one of the compliments that I got in a yearly review for one of the hospitals that I PRN at is that I'm known to bring up, like, "Oh hey, did you happen to take a look at this research article?" Or, "Hey, how have you been affected? How has OT or PT been affected by changes in billing?" Or,



"What are some new things that you're looking into to pursue?" You know, specialty certifications.

That's kind of how I do my leadership. I don't know if I corner people, but I ask them, "What are you doing? How are you continuing to expand? Did you take an interesting CEU course? What's something that you learned? How can I help this patient when I'm going in there, helping them with cognition? How can I reposition this patient a little bit more efficiently if I'm having them sit at a particular table or in a wheelchair or transferring them safely?" Those kinds of things. So, that Criterion Vitae looks into a lot more of that information as well. You know, what education have you done? Did you present something, even at school? Did you do that for an assignment, or did you kind of do that on your own? When you were at a clinical placement, did you present a presentation to the nursing staff or to an intervention specialist? What did you do that really kind of sets you apart? That's where you can go into more detail about that.

Mattie Murrey

Good advice. What was one of the most challenging patients you remember?

Maggie Donaker

Sure. So, I find that it's kind of interesting. I find that situations are more challenging than an individual person. I find that conceptualizing things can sometimes be difficult — conceptualizing maybe that the patient is silently aspirating, or that the throat clear is actually causing their swallowing problems. Or even cognition kinds of things, like it's just age related. Those kinds of things that you can't tangibly see. You can see a weakened arm, right? Or you can see an amputated leg. You can conceptualize those things. But I find sometimes in speech pathology, it's the situations where the patients have a hard time conceptualizing what I'm doing or conceptualizing the things that they want to do — it's a little bit more of the intangible things — that can sometimes be a limitation. So, working through those.

Mattie Murrey

I've had some challenging patients come to my Videofluoroscopy swallowing suite. And I think what makes challenging yet very rewarding patients are those who are so medically complex. And then to be able to not simplify but help them see through the fog [of] what's going on. And then answering the questions that they had when they first arrived. And helping them make those decisions. Even when you're recommending NPO status for the rest of their lives, possibly, you know what I mean? I've worked with some of those, where they're just so incredibly challenging. But when you are able to understand and explain and help them know and learn how to make their decisions moving forward, that's been very rewarding.

Maggie Donaker

Yeah. Really, helping the patient just in general has always been a rewarding experience. Getting them to help make decisions for themselves. To better understand what's happening with them. And then, also, seeing how they have developed skills or compensated for [them] or starting out in one way and then transitioning to something else, especially when it comes to



visual aids and so forth with cognition and processing things. You know, it's a lot of aids needed, and then you're able to kind of phase that out to where it just becomes that systematic or the every once in a while [care]. Or transitioning from utilizing the chin tuck [and] those kinds of things to then not needing that at all. You know, making those gains.

Mattie Murrey

How do you deal with a patient who has a degenerative disease and is not going to be making those gains? Any words of wisdom there?

Maggie Donaker

Sure. So, in relation to that, when it comes to those kinds of situations, you can still compensate for certain gains based on what the patient wants to see. Now, if it's 100%, this is going to be 100%, normal kinds of things, again, it's walking them through that ideology: let's make some benchmark goals, let's project to another kind of benchmark goal, and then so forth. And once again, utilizing what you said, too, kind of that education aspect — understanding more about what they're looking for or where they want to potentially progress, but also having them self reflect [and say], "This is where I am and this is what I am doing." I've had other kinds of situations where I've kind of walked them through or assisted them with making some gains, to the point where it's good for now. In relation, it's [if] they're satisfied with where they are, and then also, educating them that, if they want to either maintain [this] or as this transitions, you'll need to come back. Let's give you some things that, if you're passionate to do so, there is that structure in relation to their everyday approach to what's going on with them. Then let's see what we can maintain, and then come back later. Go see another specialist. Maybe you need to transition to this versus this kind of situation. That's what I've seen before with patients that I've worked with.

Mattie Murrey

And redefining success. Redefining some of those goals.

Maggie Donaker

Yeah.

Mattie Murrey

How about a memorable patient? Can you share with us a story of a memorable patient or a setting?

Maggie Donaker

That's always a really fun topic. Remember how I was indicating that I kind of bless and release work? A lot of the time, when I bless and release work, I also kind of [do the same with cases] — like, out the door it goes. So, I can't remember a particular patient. But it's the rewarding part of them letting me know that I was thorough enough to the point where they understood what's happening. Or they're thankful for the community support that's out there. I live in Sarasota, Florida. And one of the wonderful things that Sarasota has is an Aphasia Community Center. It's



a wonderful center, which provides education, some classes, and so forth to really inspire and continue to support individuals with aphasia. And a lot of people actually don't know about it. So, my ability to just even tell them at work, "Hey, did you happen to know about this organization?" "Wow, I didn't." You know, the response of them being like, "No, I didn't even know Sarasota had that." Now, is that 100% therapeutic? Not really. But it allows them to realize what else is out there in the community. Because their hospital stay, their skill stay, or even their outpatient stay is not forever. So, what else is out there that can really assist? That's the joy. That's the impactful thing that I take with me every day: that I made an impact. They're telling me, "Thank you for being thorough." Once again, it might be that eccentric part of me.

Mattie Murrey

May we all be a little more eccentric.

Maggie Donaker

Right. Yeah. So, it's just there in relation. That's the satisfaction. That's the memorable thing that I take with me.

Mattie Murrey

When I'm driving home from my day, and my husband will say, "How did everything go for you today?," I'm like, "Oh, great." And I mean, my days are not great one after another. Because the reality is, it's work. It's challenging. It's exhausting. I pour myself into my work. And I look for one really super bright moment every day that I work. I say that because I work clinics on Fridays, and I teach Monday through Thursday. But it's like, "Yes, this is why I'm doing what I'm doing." And you're right. There's not one that stands out. There are a multitude that stand out. Like, with a pediatric feeding, when I had a 12 month old come ages ago, and the mother had only given the baby a bottle and hadn't transitioned. And that bottle was only propped up. And so, I was able to teach: "Here's how you feed and care and bond and enjoy." Or the older couple who [I told], "Here's how you help your father who's dying take their last little bit of things by mouth" — not because it's important for their father, but because it's important for them to be able to give to their spouse or their parents. And it's those memories that mean the most and are the most rewarding for me.

Maggie Donaker

I agree. It's definitely hard to just pick one because there are so many. But it's that impact that keeps the drive going, that keeps that pull that I have to really provide [and] to connect with these people.

Mattie Murrey

Right. And we have the time to do that as speech pathologists. I've had head and neck cancer patients come, and they're looking for answers. And their physician is busy, busy, busy, and they haven't found those resources yet. So, we sit and we talk. And I teach and I explain. And then I... What's your terminology, bless and release?



Maggie Donaker

Bless and release? Yeah.

Mattie Murrey

I come from Minnesota, where we have fish and release. Release the fish. Bless and release. I love that. So, shout out to Theresa Richard for that. What are some words of advice that someone gave you that you didn't follow?

Maggie Donaker

"Don't do that."

Mattie Murrey

Tell us more.

Maggie Donaker

Or "we don't do that here," sometimes, as well. But definitely "don't do that." I've had the opportunity, once again, to have developed — and will need to continue to develop — listening skills. Being sure to point out or shape how I continue to educate either patients [or] physicians. Or having discussions with other speech-language pathologists in regard to why certain things that I do is what I do. Or how it may be challenging at this time to either reach that goal or start a support group. For example, don't do that because you're not going to have enough time for your family. Or don't do that because it might actually take a lot more of your time. Or don't do that because nobody knows. Why would you want to perform some sort of technique — just in relation, as long as it's obviously safe. Those are the kinds of things that I try to absorb: "Thank you for sharing that with me, or thank you so much for your feedback."

And this is the reason why I provide that high-quality care. This is the reason why I advocate for my patients. This is why I tried to take as many CEUs as I can that really apply to the patient setting that I'm working with. Or if, for example, I'm not the best suited person to see that patient, you bet I'm going to do the best that I can to find that person for them. I'm not great for everyone. My approach is not received by everybody. And luckily, there are other speech-language pathologists out there that will always know more than I do, and are better suited for other individuals. That's why, when people tell me, "don't do that," it's more along the lines of, "Why?" I don't ask the question. I just kind of receive that and try to process it sometimes, like, "That's interesting." You know, let me go through my wheel circle in my head and try to figure out what's happening, or that initiation of "why?" Because I know that my five year old and my two year old — two blond-haired, blue-eyed little girls — constantly ask me that. So, maybe I do ask people why a lot and I just don't know.

Mattie Murrey

I have a husband who asks me why a lot. He's left-brained. Why? Why? Why?



Maggie Donaker

Right.

Mattie Murrey

So, I had to pull up a quote. And I love what you said. When I decided to step out and be brave and start Fresh SLP, I had people who said, "Don't do it," for all of these reasons. And I was at a point in my journey where I'm like, "Well, this is what I would like to do." And [here's the quote]: "'It's impossible,' said Pride. 'It's risky,' said Experience. 'It's pointless,' said Reason. 'Give it a try,' whispered the Heart." So, if I understand you correctly, you're saying, follow your heart and don't always take it when someone says, "Don't do it." Decide for yourself if you're going to do it or not.

Maggie Donaker

I mean, and obviously, too, reach out. Expanding upon that, too, is that there are some things that people are like, "Don't do that," and I'm like, "Okay, that's totally fine." It is a level of following your heart and what you want to do, but it's also doing that in reason. Do you have somebody that you can actually talk to, to say, "Hey, I'm going to hash this out with you real quick, let me just go ahead and do this"? Like I told you, I had two weeks of vacation, which is wonderful, and I had a girlfriend from graduate school drive up here. She and I are on the phone — sometimes about people, situations, so forth. Like, "Would you actually do that, too?" Having a network. And as you continue to grow in your career, your cohort, in relation to your graduate-level program people, will be your buds — for sure, at least one or two. And then, when you get into your CF, and as you continue to grow, you're going to have your people that you can come back to and ask those questions. And those people are also there to help you realize, "Is that a 'don't do that' because I'm going to harm somebody? Or is this a 'don't do that' because they're like, 'well, that might not be the safest road?'" So, those are the kinds of things that you can hash out with your core people. And then, there's also the realm where it's like, "Well, I appreciate even your cohort telling me, 'don't do that,' but it's like, 'well, I'm going to go ahead and make an educated decision in order to go the 'yeah, I'm going to do it anyway' [route]." So, there are avenues there. It's not quite that black-and-white "follow your hearts." Make sure that you're informed when you make that decision, Make sure you feel good about what you're going to do and accept the risk from continuing to do what you are doing.

Mattie Murrey

And then, be accountable when things don't always go the way you expect them to go. And learn.

Maggie Donaker

Yeah. Once again, as long as you're not putting anybody's life in danger when you're doing that. There you go. There's always that caveat — like, be careful, but...

Mattie Murrey



This is one of my favorite questions: If you could go back and talk to your clinical-fellow self, what words of advice would you give her? I love this question.

Maggie Donaker

These are always the questions where I'm like, "Okay, how do I [answer]?" So, I have been fortunate enough to be given opportunities that many won't [get]. I would probably tell myself to acknowledge, once again, that you have been given fortunate opportunities. [I'd] thank myself for the drive that I've had from the beginning to go above and beyond to make sure that I'm understanding what's happening, or if the answer isn't quite there, to use the network that I either created myself or at least take the CEU course to find the answer. I would also tell myself to be a little less hard on yourself that you don't know the answer. But really, come back to that idea that you're looking for it. You're taking the CEU course. You're asking the questions. I harped on this, I believe, in the previous podcast, too: to move. To take the leap. I had the opportunity to go to Nova Southeastern for my graduate-level program. I went to Bowling Green instead and had a fantastic experience there. I had really strong professors. I had, like I indicated before, fantastic externship work and have made wonderful connections. But at the same time, I was afraid to go to Nova because it was new. It was different. It was away from my family. But what Nova has to offer, too, and things like that, or even meeting speech-language pathologists that went to Nova to get their doctorate or even their undergrad.... It's a unique experience down there because of the way that it was set up at the time that I was applying. So, I think that telling myself that it's okay to be uncomfortable and embrace that.

And obviously, once again, be careful. You don't want to do anything majorly risky. At that time, I didn't have a family. Now I do, so things are a little bit different. But I still am fortunate to have a support system that allows me to take CEU courses, present at national conventions, [and] jump on here to talk with you. And I think I needed to have trusted myself a little bit more with the drive that I had. And still do. But [I'd] thank myself at the same time, too, for what I've learned — for the risks that I did take at that time. You know, switching from a SNF to pediatrics, then driving and really trying to get myself into a healthcare setting in that medical SLP realm. Also, probably as well, kind of tracking some things — you know, kind of doing those Criterion Vitae things. I saw one CFY, actually, five years after I graduated, and I was like, "Wow, that's such a good idea." If you don't know something, write it somewhere and then write the definition next to it. That way, you can refer back to it. That's a fabulous idea. Or possibly, too, telling my CFY self, you can start a business in relation to speech pathology, even at a young age. Is it the Speech Room? I think she's a speech-language pathologist here. Anyway, I believe it's called the Speech Room. She's an individual who makes materials for schools and things like that. She was in the graduate-level class above me. And she started that in graduate school. And I believe she's highly well-known, maybe in relation to the school setting. But she was there. So, if you've got an idea, go with it. See if it works. You know, be careful with that cost ratio, but it would be okay to do that. I had an opportunity in my CFY to actually get paid for a presentation. I guess the presentation was so well-received that they wanted to pay me to record it and then flush it out.



Mattie Murrey

What was the presentation?

Maggie Donaker

It was about dysphagia in the elderly population, kind of a clinical but easy speech. And the way that I presented it, I guess, was so well received that the therapy company wanted to buy it.

Mattie Murrey

Wow. Excellent.

Maggie Donaker

And I didn't do it.

Mattie Murrey

Oh. Shocker.

Maggie Donaker

Why? I have no idea. To this day, I'm still like, "I don't know." I don't know if it was fear or thinking that I was going to do more with it. You know, those kinds of things... I wish I would have allowed them to do that because I could have made a staple at that time.

Mattie Murrey

So, what words of advice, then, do you have for the speech path who suffers from imposter syndrome or has that fear?

Maggie Donaker

The reason why I laugh is because I suffer from imposter syndrome. So, I have a lot of that. I have a lot of those things. To be honest, I'm still working through it. To allow yourself to work through that. Understanding a little bit more about why you're suffering from that. Looking into mentorship for it. You indicated that you assist individuals with kind of developing those skills, kind of understanding where they want to go, the vision boards and so forth. You know, invest in yourself in order to see what you're capable of. There are books out there about self-help things. I know that Brooke Beilman, she recommended in one of her servant leadership courses that she completes, "The Compound Effect." That's a fantastic book. A lot of books along those lines can help you feel confident in yourself [and] help you continue to shape yourself as a medical professional. But yes, I am an individual who is afflicted with imposter syndrome. And I'm still learning to walk through that as a professional.

Mattie Murrey

Many of us are because we hold ourselves to this ridiculously high standard, which is great. High standards are great. And we also need to give ourselves grace and realize we're not going to be perfect. We're not always going to just do things perfectly. And that is the hallmark of a good speech pathologist. It's somebody who says, "I don't know everything. I will find out for you. I will learn. I will give you my best." But I suffer from imposter syndrome, and that's one of



the reasons why I asked that. And I'm a strong clinician. But I think imposter syndrome is taking a mindset and switching it from the negative to the positive and saying, "I don't know everything, but here's what I do know. Here's what I am good at."

Maggie Donaker

Yeah. And here is how I'll compensate for it. If it's a pep talk in the mirror, you're doing a great job. Pausing throughout the day. You know what, I'm studying for this test. This is kind of tough, but I'm moving through it. I'm going to use [my network]. I kind of harp on this — it seems to be a thing that I'm happy about — networking, getting connected with speech-language pathologists that may be in two different states, but connecting with them. You know, having the opportunity to reach out. I was tickled recently that I had three or four different people email me and ask for my advice on stuff.

And the first thing that I said was, "What? Thanks so much, but I have no idea. However, this is what I've done in the past [and] that kind of worked with me. Hopefully, it works for you. Or, "Have you reached out to such and such a person?" Or, "Did you look up this article by chance?" Those kinds of things. Or [in] certain situations, too, it's like, "Well, I'm in this interview and they're asking me these questions." I'm like, "I don't know, but my husband's really good with that. So, let me ask him what it is." And he's some sort of star. But there are ways to do it. Sometimes, it's your network in order to help you to move through that imposter syndrome — making sure [you're saying], "Okay, maybe I don't feel as confident with this. What can I do to shift that confidence level? Do I need to take an extra course? Do I need to ask somebody? Do I need to reread that article?" Actually, jumping back for recommendations that I have for students in general, or even people in CFY or speech-language pathologists, is [that] there's a program that you can download on your computer in order to save all of your research articles that you read. And [you] can organize them very well. I would highly recommend that. Luckily, I had a friend that stopped working, and she actually organized mine. And I'm trying to remember what it's called.

Mattie Murrey

Oh, nice. What is it?

Maggie Donaker

Mendeley.

Mattie Murrey

Mendeley?

Maggie Donaker

M-E-N-D-E-L-E-Y.

Mattie Murrey

Well, thank you so much for your time.



Mattie Murrey

Oh my gosh, thank you so much for having me.

Mattie Murrey

I asked you for one episode. We got two.

Maggie Donaker

Yay! Thanks so much. Hope you enjoy.

