The Missing Link for SLPs Podcast
What I Didn't Learn in Grad School Series

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Episode 88: She Has Answers, and Good Ones: A Conversation with an SLP Who Isn't Afraid to Speak Up on What is Missing in our Field

This episode not only identifies what is wrong with our field today, but some very powerful, realistic, actionable solutions by an SLP who talks and talk and walks the walk. She is clear on what she didn't learn in graduate school, why she didn't learn it, and what to do about it!

Discussion & Reflection Questions

1. Why did you become an SLP?
2. How did you niche down in our field?
3. What is a missing piece not taught in graduate school?
4. Why do students no know what they want in their careers?
5. How do new SLPs maximize the classroom to clinic connection?
6. How do you keep your physiology base?
7. What if you supervisor doesn't have current knowledge?
8. Why doesn't our profession get the respect we deserve?
9. What is the STEP community?
10. Where do we go from here?

Quote of the Conversation

"...avoid the fake it till you make it. That is the worst thing you can do because faking it means that you don't ask questions that are critical. If you fake it, it means you're not open about what you don't know."

-Ianessa Humbert, Ph.D., CCC-SLP

Dr. Ianessa Humbert, Ph.D., CCC-SLP

Founder, STEP Community

Swallowing Training and Education Portal

Medical Speech-Language Pathologist

Dr. Ianessa Humbert is a world-renowned scientist, researcher, educator, and highly sought-after speaker with expertise in swallowing and swallowing disorders. With over 100 speaking invitations around the world, the most common feedback from attendees continues to be "This is the first time a course has really forced me to think about what I'm doing".

Dr. Humbert's teaching philosophy requires attendees to question everything they think they know before learning can begin. Dr. Humbert's innovative training style has been funded by ASHFoundation and extends to non-traditional learning formats. She is the co-creator of the popular Down the Hatch podcast and has co-founded STEP. She also does important work to help promote diversity, equity, and inclusion in the field of speech-language pathology and beyond.

Dr. Humbert has been on faculty at the Johns Hopkins School of Medicine, the University of Florida, and the University of Iowa. She has demonstrated her gift for creating images that depict the dynamism of swallowing via her Swallowing Pocket Guide and Swallowing Neuro Anatomy and Physiology Shorts (SNAPS) tutorials on STEP.

The content from Dr. Humbert's courses are supported by scientific evidence from her laboratory, from the larger body of research literature, and of course, common sense! Learn more at www.ianessahumbert.com.

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.

Follow me on Instagram, join the Fresh SLP community on Facebook or learn more at FreshSLP.com. Let's make those connections. You got this!

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!

Not a substitute for a formal SLP education or medical advice for patients/caregivers

The Missing Link for SLPs Podcast Show Notes

Welcome to the Missing Link for SLPs podcast. Have you ever wished you could go back and tell your younger self, a way to do something better, or something that you learned or goish, just those words of wisdom that you would have loved to have known when you first started as aan SLP? That's what this series is all about. I am interviewing guests, and we reflect back on their words of wisdom, and what they didn't learn in grad school. And you'll be surprised by each one of these episodes. So sit back, listen, and enjoy.

Mattie Murrey Tegels

Welcome to the Missing Link for SLPs Podcast. I am here with Ianessa Humbert. I am so excited you're here!

Ianessa Humbert

Thank you for having me, Mattie. I'm very excited about being on this podcast with you.

Mattie Murrey Tegels

I'm excited to have you here because you are launching with me the very first series for "What I didn't learn in grad school"!

And there are a number of times where when I'm talking with people or interviewing for podcasts, they'll say, "This is what I didn't learn in grad school!" And you have a lot to say about this topic, especially around dysphagia and I think what you do is excellent. So before we get into some of those thoughts, so we all have this common denominator of why we became speech pathologists, I would love to hear your story.

Ianessa Humbert

Sure. So I am originally from Toronto, Canada, and my whole family's Jamaican. And when we immigrated to the United States, I was in high school. And because in Canada, it's a bilingual country, I took French from kindergarten till I left grade nine when I was about 14. As I continued through high school, I took AP French, and then I figured "Let's just do what I know well", which is French, so I was a French major the first few years of undergrad. There's a stereotype about Jamaicans which is true, which is we have a lot of jobs. Jamaicans always have a lot of jobs. They're always asking what this job is leading to. My parents would say, "What is French leading to? What is the job of the end of that? We did not bring you to this country to find yourself. That is for white people. You need to find a job that is a career. Get a career, not a job. Get a career, not a job." And I was like, gosh, I don't know what job I'm going to do. I just like and enjoy French. So I asked my sister, what job she thought or what major I should switch to now I'd already done two years in French in my freshmen and sophomore year. And I

said, Hey, Tamay, that's my sister's name. "You know, our parents are crazy about careers, what should I do? " And she goes, "I don't know what you should do. I just know that if there's a job out there, when you can correct people's speech for free, you need to do it, because that's all you ever do." Anyway, I was like, "Really? Fine." So I go to the guidance counselor, or whoever the career management person is. I was like, "Can I correct peoples speech for money? Because I'm not doing it for free." And so they said, Yes, it's called speech pathology. And then so three degrees later, I'm still in this field, bachelor's, masters and PhD. Here I am.

Mattie Murrey Tegels

There you are. And how did you niche down? I initially began following you with your step program and your love of swallowing. How did you go down that trail?

Ianessa Humbert

I went down that path because I knew for sure that I wanted to do something more in the medical adult realm. I didn't know what it would be. In fact, I wanted to be the SLP to the stars for vocalists. I wanted to fix Mariah Carey or something like that. And because I love the lyrics, like I was just kind of obsessed with it. And I was like, "Maybe I'll be an EMT". My parents were like, "Okay, that's too many jobs, like, calm down, lady, you have a master's in SLP". Breathe, right? So it's like, well, so I went to do you know, my CFY in the school system, and I hated that. It was like the opposite of medical and adults. So then, then I decided to go back and get a PhD right after my CFy. And they were like, you have to do something, you know, related to the medical area. And I was like, that's fine. I went to the NIH. I sent a bunch of emails to folks at the NIH because I was at Howard University in DC. And I was just like, somebody let me in a lab. Somebody. So they said, Christie Ludlow who was the chair of the laryngeal speech section, or the chief of the laryngeal speech section, took me on and I did my PhD there. And she needed somebody to focus on the swallowing projects. And I was like, "Use me. I don't care. Just put me in there." And of course, I ended up completely falling in love with it because it was, it's fascinating because it's mechanistic. I got to work on adult neuro stuff. And I got to like trailblaze because there were so few things known and understood about the area. And it's so relevant to everything we do and nobody's uninterested when you say, I study swallowing, No one goes, "Yeah, yeah, tell me something interesting".

Mattie Murrey Tegels

Well, they say , "I've swallowed my whole life." So you got your Bachelor's. You got your master's. What was your Ph.D. in?

Ianessa Humbert

So all the degrees are conferred and on my degree, it will say speech pathology. But my area of specialty was swallowing physiology. Specifically, I studied the effects of electrical stimulation on swallowing physiology, but then my postdoc was on swallowing neurophysiology. So how does the brain control swallowiing.

Mattie Murrey Tegels

Interesting. And that's one of the things I'm teaching in one of my undergraduate course. it's anatomy and physiology of speech and hearing mechanism. And that was one of the things I was listening to you with George Barnes the other night. And you were talking about why this was a missing piece that was not taught in grad school.

Ianessa Humbert

Yep, Yep, absolutely.

Mattie Murrey Tegels

So I understand the path. It's an exciting path, you open some neat doors, you had some opportunities, incredible opportunities. When often as a professor, I'll meet with students, and they're like, I don't know what I want to do in grad school. Why do students say that?

Ianessa Humbert

The reason people, students say, “I don't know what I want to do in grad school” is maybe they're thinking about grad school the way they think about undergrad where there's a major specialization, but it doesn't matter what they want to do. The tracks in the program tells them. They might not know what they want to specialize in afterward but they're going to do what courses are required. If you don't mind me telling you some things that I think I know, after the years of being a professor, is, when I graduated, “I had no clue what to do with the patient”. I heard that quite a bit like they didn't know what to do. And I think the reason that they get that question that they say that a lot is, especially in swallowing is because we have a problem in our field with theory and practice coming together. Right? People like me who understand the theory very well and have less clinical experience, than somebody who graduated with little to no theoretical knowledge of swallowing who's been practicing, doing to do right, just going out there and doing the work. I liken it to a driver who doesn't understand the way a car works or a mechanic who's never driven. And somehow they're supposed to talk to each other and explain things and we can't know everything about what's under the hood. They don't have a feel for driving. And then you have a person who's been driving forever, something goes wrong, but like, I don't even know what the steering wheel is from the tailpipe. And would be nice if we had both. But in order to get to my level of expertise and swallowing physiology, you end up having to need to get a PhD. It shouldn't be that way but that is the fact of the matter. Because we

have so many different things that we're supposed to understand. Who can be this level of expertise in stuttering, autism, and swallowing? Nobody can and nobody should have to be. So part of the issue is that we have too many things that we're expected to be generalist in, and then you go into a hospital and nobody gives a rat's ass about, you know, stuttering. I mean, even that may have been the thing that you really excelled in and did well in.

Mattie Murrey Tegels

Right. And I see some of that in our programs around just around the nation that some of them...so then when students come out of grad school, and they've done their internships, and they're arriving at their very first day on that job, through orientation, everything, and they first step into that room all by themselves, or maybe their supervisors on the way. What words of advice do you have for them to improve, maximize that classroom to clinic connection? How do they take those first few steps?

Ianessa Humbert

Yeah, it's their job to avoid the fake it till you make it. That is the worst thing you can do. Because faking it means that you don't ask questions that are critical. If you fake it, it means you're not open about what you don't know. And if you have a supervisor who you're trying to impress with knowledge that you get by on and you don't know if it's right, and they actually don't say,"No, actually, this is what you should know." Then you have a supervisor who doesn't know as well and now you're really screwed. So that's a problem. That's one thing.

The other thing is you have to make sure that you ask questions. You have every right to be skeptical. It is literally your supervisor's job to give you the why...to give you the background and to not be offended when you ask questions to rationale for the the the things they're telling you to do. Unfortunately, the research in our field suffers from not finding out what's new and interesting. We suffer from chasing things that clinicians are already doing to see if there was ever any evidence to back it. So we can't just assume that because somebody has been doing it for 10 years, it's good. One of the favorite things I like to say is, "Does your supervisors have 20 years of experience or have they have done year one repeated 19 times?" There is no evidence to suggest that people have 20 years of summation of gradually increasing knowledge on a topic and deepening knowledge. We know that they understand the system better. They get to know the healthcare system very well. It's why they kept their job. But it doesn't mean they understand anything about physiology better. In fact, they often lose that and students go to those settings and say, gosh, like "I asked my professor a question based on the physiology, we just learned and they had no clue what it was. And they even said, you don't need that here."

So the third thing I'd say is in addition to 1 - "Don't fake it till you make it." is 2- be skeptical, 3-, do not lose that basis. That is that theory that physiology that you learned in school You are

literally the next generation to hold on to it. Every generation loses it. It's like flexible joints with age or something. They just lose it.

Mattie Murrey Tegels

So how do they keep it then?

Ianessa Humbert

Well, it's their job to incorporate it into what they're doing. This is the work. This is the thing that drives me crazy. A lot of people will say, “Well, they didn't teach me how to do it”. How did you learn everything else in your life that you're not getting paid for? You're dealing with someone's airway. It's just literally your job, just like a physician's job to make sure that he or she understands and keeps knowledge about the mechanism. I don't want my gynecologist to get genitalia confused in that they don't know what is male or female. “I have no clue. I haven't been using it for a while.” “Are you kidding me? A baby's coming out of me right now. I need you to know this, ma'am, or sir.” Right? And so we can't be like... I've had people ask me what the differences between the larynx and the pharynx and these are practicing clinicians, and raising their hand at meetings. And even if I said to a clinician, please differentiate the larynx and the pharynx, they couldn't give me a succinct, yet thorough differentiation of the two in the way that you're supposed to be able to explain it to a professional group versus a lay person. You are supposed to be able to transition between professional level conversations within your specialty to medical professionals outside of your specialty, and to the individual who's larynx and pharynx. You're messing with that the level of nuance and expertise were supposed to have.

Mattie Murrey Tegels

What would you recommend that new speech pathologists do when he or she gets out into the field and they realize their supervisor doesn't have this experience? They're working on getting their own. They've got their clinical fellowship supervisor saying one thing and they think something ddifferent? I mean, I read on a Facebook group one time someone said their supervisor was having them clean ears. She said, “My supervisor is telling me to clean somebody's ears”. It sounded like she was SNF based. And the supervisor held some of the cards and the student was reaching out. “What do I do?” What do you do when you don't know? You're working hard on developing and integrating and synthesizing and all that you're supposed to be doing. You don't have you need more resources.

Ianessa Humbert

Now, understand this. Let's understand why this is happening. It's happening because that supervisor doesn't know what their value is in that setting. So they do whatever somebody

asked them to demonstrate that they're useful, versus trying to keep their job. Now, the question is, do you want to be that person? No, the fact that you're asking on a Facebook group is an indication that you know, something is amiss, right? Take that, harness it and you have iit.

This is where the badass SLP needs to just be. It's not a badge of honor that you suddenly get. It is something you grow into that's not your natural disposition. You have to learn how to stand up for yourself. I said before, I guess I didn't say this in these terms, but I'm a double immigrant in that my parents came to a country where I was born. And I was raised with their disposition, which is an immigrant and then we all immigrated to the United States. Understanding that you're going to get duped by the natives is just a thing. We know if somebody tries to do you, and you ask around, like, is that really the way it works in this country? And somebody goes, Oh, no, they were just fooling with you. What do you do? You take that and you use it to build and say, Oh, I understand the way the system works.

There's a lot of people here who don't know what they're doing. And they have more power than me because they belong here in a way that I don't and I sked, how do I harness that? By learning what they're after and understanding their currency, but also learning how to do what's best for me and for my patient. You owe it to your patients, to not make it about you and keeping your job as opposed to making it about being the person in our profession that holds the light up to the dark finally,

Mattie Murrey Tegels

You are shifting the way so many long term SLPs think. You are shifting the way you're asking SLPs to step up in those settings and say I'm just as valid as any other member on this medical team. And that is harder. I love the way that this direction is going. And I love the way our profession is going. But sometimes it feels like we are the tagalong in the therapy settings and stepping up into that knowledge can be a harder thing for a newer SLP to do.

Ianessa Humbert

It's very true. But it's just the way that your parents dealt with things differently than you did. There was a generation before us that just couldn't get around sexism and racism quite the way that the new generation is expected to. What is the new generation to do? They step up. Every generation steps up in a slightly better way, and it's hard, but they're not coming in with the ingrained knowledge and guess what? You're going to be that inflexible, brittle person, when they get there. Learn how to flex yourself while you're still pliable. Don't wait until you're brittle and stuck in the system, and then you can't move anymore.

Mattie Murrey Tegels

And I am one of those who have been in the field for a long time. And when I was in private practice for many years, I shifted down to a big university hospital and I went for the interview. And I'm like, you know, I've been in this long time. How are they going to see me? And I got the job and I started doing videos for them. Loved it, loved it, loved it! And I had to pass a competency course and I was nervous about it. And at the same time, I had always been wondering, are my skills where they need to be? Am I doing what I need to be doing? Doing the continuing ed and passing the courses? Sometimes with continuing ed, you show up, you answer the questions and boom, you make your units, continuing ed units, but then you need to really be open by saying what do I need to learn and take it to that extra step? And not faking it till you make it.

Ianessa Humbert

Yeah, good. And most of the continuing ed's there's one thing that people don't know and it is that it is the incentive is to get people to pass. If everyone fails, no one makes any money, and ASHA doesn't have quality standard requirements other than people complaining. So it is literally still your job to ride your bike without the training wheels, right? And it's still your job to do that. Even though there are general guidelines about how to be on a bike, you still have to balance yourself. And always know that if somebody asks you the most basic question about the mechanism you're working on, which is "Break down the way a swallow works." and if you can't do that, no CEU course is going to give you that information. They're assuming you know what I mean, mind you, because I know what people don't know. And if you're embarrassed because you don't know something basic, take it upon yourself to self-study, just like everything else. If you can't afford to have somebody to come in and do the tile for your bathroom, and you decide you're going to do it, you study the heck out of those DIY things. We all know how to watch HGTV and praise somebody for their turnaround. But you're not getting paid for that. And you're not messing with somebody's neck. How much more is it for you to look beyond your self preservation and actually, work on what you don't know.

Mattie Murrey Tegels

And develop that degree of self-reflection and say, "This is what I know. This is what I don't know. And this is what I'm going to go learn". . And then because gosh, ages ago, you know, when I first was doing videos swallow studies, I wasn't fully developing that crucial piece of how they change their swallow or how we were able to improve their swallowing safety by introducing these different strategies or these different things. Such a crucial piece when you do those video swallow studies, is making those crucial connectons and "WHY" is this happening. I'm sure you said it more eloquently but yeah, pushing yourself to do better.

Ianessa Humbert

But you know why we're here. We're here for a couple of reasons. The reason we're even having this conversation, and that you can have a whole podcast, but with several people coming on answering this question for your and you won't even get to 5% of what you didn't learn (in grad school).

The reason we're here is twofold. One is the way that our field has rolled things out. In terms of new areas that are being brought into our area, it has been sort of like this random desperation of sort of grabbing. It's like that game Hungry Hungry Hippo where the hippo was just like grabbing all the little white balls you can get and then make sense of it later. Except we have all different color balls and shapes that we have to. The hungry hippo has grabbed everything that the head neck can do, except for areas that were already claimed, which is the eyes and the nose, and you know, that kind of thing. Right? And so what we have now is this problem where people grab things and they did it backwards when they grabbed it. They didn't do a grab where they say, "Let's really get some experts in our field and really build up curricula first. And then let's train people. And then let's put in our scope of practice and metrics in our scope of practice. Let's let people practice." It was the opposite. At least in the 70s, people were already doing swallowing because some physicians and SLPs said, "Look, we have these patients with Parkinson's, ALS, stroke, etc. and they've got speech problems, yes, but they really can't swallow and there's no specialty to do this. You guys are already dealing with the structures involved in swallowing, as part of speech. Is there something you can do?"

So SLPs just started doing it. Just like adolescents just start having sex. They just start putting things into things aand they were like, "How does this thing work? " And then they said, "Hey, in order for us to have any clout make any money, ASHA, you have to put it in our scope of practice". So finally, as you said, in the 90s, "Well, let's put in scope of practice. There is no expertise out there. Yeah, it's not even our curriculum, but they're already doing it. So let's go ahead and give them condoms. All right, now they're already doing it. There's some protection. It's in your scope of practice. But do we know what we're doing?"

In sex ed, 2005 finally rolls around. Maybe we should tell programs to tell people how to do the do. I don't know. Thoughts? Feelings? Attitudes? And here we are - all backward. It's no wonder we have all of these issues going on. And when you have that hungry hippo grab, is whatever comes in, because no one else has got it. Then you get mad at OTs because they're doing it. It's like, everybody's doing it, but nobody knows what they're doing. And the metaphor continues.

Mattie Murrey Tegels

Right, excellent. Excellent metaphor. I never, I never would have put those two side by side, but I love it.

Ianessa Humbert

Well, I've heard it all. Yeah,

Mattie Murrey Tegels

Well, I've walked into bars and said, Hey, I'm a swallowing specialist. And they're like, what? Yeah, that too? Why do you think Ianessa that our profession gets no respect?

Ianessa Humbert

Well, there are a couple of things. One is that it's what you said about what we don't know. It's huge. And no one's willing to admit it. So it's kind of like the blind leading the blind. The other thing to remember is, departments are filled with professors, who decide what the area of strength is going to be. We do everything from speech to language to hearing to swallowing, right? And so people can't really have a good conversation about what the other person does. Do you think I know anything about the semicircular canals anymore? No, I got a grade on that test and I left it in the past. My balance works. My hearing works, and done.

So I can't have a functional conversation with one of my colleagues, nor can they talk to me about the molecular spaces, right. It's just a thing that happens. But we can talk about teacher load, etc. How well are we going to be propped up either in this healthcare setting, or in our academic settings, or even in the study section at the NIH study section is where we were granted a review. There's no way that in one field, we can go from a hearing grant to a swallowing grant.

But now let's think about a parallel area. When I talked to my colleagues who specialize in breathing or specialize in OT or PT, they might not be specialized in pediatrics, but they understand locomotion top to bottom. They're not like, "Sweet! Feet! What are they? How are they different from kneecaps the way we are different?" We're asking about the difference between the larynx and phaarynx. And when you're asking those questions and you get mad when somebody says you should know this by now. Now, this is a cultural issues issue in our field. Nobody wants to be pointed out if you even say politely, that people shouldn't be attacking each other.

Well, what should we be doing when somebody is out there, probably hurting people. What should we be doing? How sweetly should I say, "Just eat. We actually did the work and understand the swallow now." Is that what you're telling me? Okay, well, then Pretty please, with sugar on top, please do it. So we have a cultural issue where nobody wants to point the finger. I did write a paper along with some other colleagues about gender issues in our field and white women get penalized most in studies about not being nice and being liked to spend really prioritizing that over being right. It's more what is the saying? It's nice to be important, but it's more important to be nice. Not in speech pathology. Ladies, I'm sorry. I need you to be right. I

need you to be spot on. And I need you to say if somebody calls me a bitch, and I was right, and I help that patient, well, maybe I'm not going to have the best friends. But I earned respect for myself in my field. And that is the collision. Sorry.

Mattie Murrey Tegels

You've protected your patient. That's what we're here for.

Ianessa Humbert

And that's the collision. We're having the cultural collision and the quality collision plus we have ASHA, which is so far, far from everything that we're doing, and I can say that and I've been on ASHA committees. I think the issue with ASHA is that they make decisions and they don't have a laboratory model of how to do it. They say they make a decision, and all of us has to do it because the the Emerald City said, "Go!" Well, wouldn't it make better sense to say if you're going to say everyone needs to have an AUD, get a couple of test universities or placements, where you say, let's test this model out and then say, yep, everyone should do it.

Well, I would say wouldn't it make better sense to say if you're going to say everyone needs to have an AUD, get a couple of test universities or placements, where you say, let's test this model out and then say, yep, everyone should do it. The reason swallowing is where it is, because there aren't enough swallowing experts on the planet, much less in the 350 Plus programs we have in our country, not even one at every university. There isn't one. There aren't 350 or 400, swallowing experts in the United States alone, go to be a faculty at each and every one of these universities. So how the heck are these students supposed to get high-quality knowledge? That's why we created stuff. I was like, I got a ferret myself out in some way. And that's because the makeup of every department is based on the faculty that they hire is going to be people who they like. Let's be honest, there's cronyism, people who are available and people who have grant money and people who say they can teach that area. That's it. There's no, "What do they do?" Go back to your previous students to say, "How well did she teach swallowing?" How are they judging value, right?

And there's one thing that I do want to say on the podcast with you and that is the following: The people who are left out the most, and this is one of the biggest, biggest gaps, chasms in our field is that, think about who the stakeholders are in our field. You have your ASHA at the administrative level. You have our faculty. So ASHA's making their money. We pay our dues. Faculty make a salary. We get grants. We get prestigious students. They get a degree at the end of the day, right?

Who is left out? Clinical supervisors. They are literally the bottleneck between the academic setting and the eventual clinician and they don't get paid. And yeah, somebody's like, “Oh, my God, I got my ASHA dues paid or they give me a little something”. You know, what other fields do? They have whole nurses and whole physicians whose job it is to deal with the residents. It is their job. They're not doing 500% productivity and neurosurgery and also telling this guy over there, which part of the brain to pick at. Are you kidding me? They are fully integrated into the medical system. This is what speech pathologists have problems with. In our field, we have the split between the at the school-based and the medical and somehow we know it's easier to infiltrate schools as speech pathologists. That's where we started out. But to start infiltrating the medical system, this is what the Pentagon is like. Suddenly, I decided I want to be a general four-star general. Ianessa Humbert, go do it. Are you kidding me?

It's possible to just go and infiltrate the Pentagon right now. That's how it is when one lonely SLP comes in with no medical training, and has to make decisions about the airway at the bedside without imaging because a physician needs the bed. What do you think is going to happen? A lot of tap dancing and a lot of probably crying in your car. And unfortunately, zero respect. And that's because the clinical supervisor, that middle point, used to be that crying SLP. And it's just figured out probably how to get on their feet, and now have to take another child. It's like, you know, babies raising babies, and we're wondering what's wrong with the next generation?

Mattie Murrey Tegels

Right! Next question, why do we have trouble finding those placements, then?

Ianessa Humbert

Because they're not getting paid. These people are not getting paid to do what they're doing. They're being a nanny. They aare being a nanny and a mom at the same time.. Can you imagine if you were a nanny and the mom at the same time, and I know that there's a lot of like, “I don't think of myself as a nanny.” Take the analogy and stop getting in your fields. What I'm saying is, if you have a full-time job, where you have to see patients or let's say 20% is taken away from you so you can have a couple of students, how well are you going to train those students? What you end up doing is saying, “Do what I do so you don't get in trouble. I have productivity to worry about.” You don't have time to explain things.

The truth be told is they probably don't really understand what they're doing either because they were trained the same way. Right? They need to pay. They need to be paid full-time jobs where they're actually on-site at the clinical placements, not having to worry about productivity. And these need to be well-trained and well-paid people so that you get what you paid for.

Mattie Murrey Tegels

And it needs to be recognized also at the university level. I know that is critical.

Ianessa Humbert

100%. They need to be university employees that also have some kind of affiliation with the hospital or hospitals around just the way nursing and all other places do it. The schools of medicine, they don't hide or find some random guy out in the streets to say, “Hey, can you take care of our students there? They're gonna be delivering babies.”

Mattie Murrey Tegels

But that clinical supervisor, I agree, is just crucial for the integration of those pieces. And when I supervise students, they will even ask, “How do I lay out a template for an evaluation? How do I do these things that I need to do? “

Ianessa Humbert

Agreed. And then what is the solution that ASHA comes up with? You now need to have supervisory CEUs. What, that's going to fix it? No! Pay these people. Find a mechanism to pay these people. Have you ever seen a CEU that has ever trained anybody and anything holistically? You know, many people are certified in every possible swallowing thing, every swallowing thing out there. All the ones that cost 1000s of dollars. And I say, “Hey, how does the UES open?” And the tap-dancing and tumbleweed I can hear from a mile away – going from ear to ear is astounding.

Mattie Murrey Tegels

So I love your passion. I love your clarity. I love your badass mindset. Where do we go from here?

Ianessa Humbert

Well, I can tell you what the field needs. In my opinion, the field needs a couple of things. One is it needs more SLPs like myself, who are tired of complaining and tired of saying the same thing over and over again at their 400 workshops where they answer the same question over and over again. They need to ferret themselves out wisely. They need to build businesses. They need to build preferably online businesses where they educate - where they can impact the globe. And that's what I did without knowing that's what I was doing.

I did it out of need and ended up being amazing. And that's the Swallowing Training and Education Portal, which stands for STEP. You can find it at www.stepcommunity.com While I was a full-time mom, full-time professor, a full-time professor with two RONs. Those are large NIH grants and two large classes that I was training and going all around the world teaching . I

realized, “Oh my god! I cannot answer these questions over and over again. I can't get to all the people who are asking me to give talks.” So I decided it was Rinki Varindani Desai and other SLPs, who I built out dysphagia grand rounds with, we decided, “Let's have one place, you know, it's like a swallowing Netflix or third house with all of my talks and an actual curriculum or a module that people can go through so they don't need to see me say it to them.” and because I do virtually all of my graphics, and I had so much content, we decided to have a high quality, low-cost place for people to access this, we need more of that, to my knowledge, it was the first and only of such a module, subscription base place to get that kind of knowledge as opposed to you take one course in a specialized area, at least.

We need more people to do that. We need the people in voice and stuttering and child language and everybody else who's frustrated to build those kinds of platforms. We now are licensed out to several universities, which means many of the people who are teaching swallowing know down in their heart of hearts, that they're not teaching it as well as they could. They can rely on my knowledge and my curriculum and my syllabi, to help get them there. It helps students who find themselves on the job like what the heck do I do? How do I tell this medical professional what to do, or what I don't do that I don't need yours? We don't have a whole course on not getting the cerumen out properly.

But the point is that our field needs more creative minds. And it also means that when you see somebody doing something interesting, and you know that you don't have any ideas, or you just know their problems, don't discourage them. There are so many SLPs who have amazing ideas, but they're so worried about what the field will say. Our field is filled with less than great just highly conventional thinking people who think about, “What will the neighbors think?” all the time. There are very few bold, independent individuals in both theory and what they think as well as their practice. And those are the people who need to get out there and do the job. They need to go out there and have those ideas.

And if people bash them, they need a few of us at that little cohort of people like myself, who will say, “Don't listen to them. Keep pushing. Maybe you don't have all the answers. Maybe you've made some mistakes along the way, but keep pushing.” There's a younger generation that's doing it more and they're realizing blaming ASHA will only get us so far yet. So let’s blame them for the things that they're in charge of, but also make a way for people to do something different.

Let people see you do that. And we need more creative people. And sometimes they're not the homogeneous group of people. Maybe they're not all the white females, maybe they are the 8% Maybe they are more males. Maybe we see things differently. And there are all kinds of people doing all kinds of things and we need to be pushing.

Mattie Murrey Tegels

Excellent. Well, here's to more of that. Thanks for your time today.

Ianessa Humbert

Thank you so much. Mattie! It’s great to be here.

Mattie Murrey Tegels

I hope today's conversation has created some “aha” moments for you and motivated you to become a better SLP, continuing to connect some of those missing links between what you know and how to use that knowledge.

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