



# The Missing Link for SLPs Podcast

## The Speechless SLP Series

[freshslp.com](http://freshslp.com)

### Episode 108: The Speechless PT: The Experience of Treating a Colleague

Whatever setting you work in, having an understanding of the various skills, and approach to care, of allied disciplines is important. In this eighth episode of the Speechless SLP series, Vanessa Abraham and I talk with the two Physical Therapists involved in her ICU care.



#### **Jess O'Brien, PT, DPT, CSRS**

Jess O'Brien is a Physical Therapist, mom to two tiny humans and two doggies, military spouse, and ranch dressing enthusiast.

Jess has been a PT for eight years, six of which have been at UC San Diego. She became a PT because she was fascinated with human anatomy and really intrigued at how our bodies move, adapt, and heal. She is really passionate about ICU rehab and the importance of early mobility in critical care medicine.

When she's not in her scrubs at the hospital, she's usually out and about exploring San Diego with her 2-year-old girl and brand new 4-month-old baby boy. Her husband is a Navy helicopter pilot and she is so proud of him every day. The Navy has blessed them with a home base of San Diego for the last seven years. Jess loves to swim, hike, travel, and consume a lot of Hidden Valley ranch dressing.

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#### **Tara Kharrazian, PT, DPT, Physical Therapist II**

Tara is from the DC metropolitan area, graduating from Virginia Tech University with a Bachelor of Science in Marketing Management and International Business. She

switched gears and pursued physical therapy, receiving her Doctor of Physical Therapy degree from Old Dominion University. A Her role as a graduate teaching assistant sparked her interest in mentorship and teaching, leading her to become an APTA Certified Clinical Instructor. During her physical therapy career, she has worked at Trauma Level 1 hospitals and inpatient rehab centers in Virginia and California, treating patients with various neurological and traumatic disorders. Tara's main areas of interest are traumatic brain injury and spinal cord injury rehabilitation and is currently a member of the Spinal Cord Committee at UCSD hospital. Tara loves what she does and hopes to continue to see growth in and support for the field of physical therapy. Outside of the hospital, Tara enjoys everything San Diego has to offer but also loves a good night in.

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## Quote from the Conversation

*"I think what's most important in an ICU setting, especially if there's family involved, is figuring out what their goals are, because I think there's a lot of emotions going on when you're a patient in the ICU. If we can make it functional, then I think we've done a good job if we start with that."*

**- Jess O'Brien**

## Vanessa Abraham, MS, CCC-SLP

Vanessa is a wife, mother and school based Speech-Language Pathologist. She learned firsthand what it's like to be on the receiving end of speech services after experiencing a sudden-onset critical illness that left her with limb and neck paralysis as well as a PEG tube and tracheostomy. She was thrown into the rehabilitation world after being an independent, healthy and vibrant young mother. Through many swallow studies, voice therapy, OT and PT, she had to learn to eat, talk and move again. Her goal now is to help people critically ill patients cope with the grief they experience after a critical illness through speaking up about the topic of Post Intensive Care Syndrome (PICS), depression and anxiety post ICU in addition to educating families and patients about the various rehab modalities that have been successful for her.

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## Quote from the Conversation

*"It's always important for me to continue to show my gratitude towards everyone that did so much for my entire family. Sometimes you go home thinking did I do enough? Am I enough? Am I appreciated? I always wanted to make sure my team knew how much I appreciated everything that they did, and still do."*

**- Vanessa Abraham**

## Quote from the Conversation

*"I think that with all the craziness that's happening in the ICU, as therapists our role is a really special one because we can refocus things into function and meaningful tasks and life outside of the hospital. It's hard when you're just in the midst of it, but I think we have a really special role in that."*

**- Tara Kharrazian**

## Mattie Murrey Tegels, MA, CCC-SLP, L, CPC, CLSC

*Medical Speech-Language Pathologist and  
Founder of Fresh SLP & Badass SLP*

Mattie Murrey-Tegels is the founder and SLP behind Fresh SLP, Badass SLP, and The Missing Link for SLPs Podcast. She's been "in-the-trenches" as a medical SLP around the world for over 25 years and now an Assistant Professor for 3 years. She is thrilled to be adding this dream of a podcast because paying her experiences forward is something she is very passionate about. If you ask her patients and students, one thing they will remember is how much she loves her job! She may not look like it but she is a huge introvert and when she is not actively working as an SLP, she is almost always reading, writing (writing over 1,000,000 words a year), or listening to amazing Chicago Blues bands. She also loves being outdoors and definitely enjoys soaking up the sun at her home in Minnesota, where warm and sunny days can be limited. She's ridden motorcycles for many years, raced sled dogs, hiked huge mountains yet she cherishes the quiet moments of climbing into a hammock to nap or timeless conversations with friends and family. The Missing Link for SLPs podcast and Fresh SLP is her legacy, giving back to a career that has so richly rewarded her.

## Quote from the Conversation

*"We can all picture ourselves in Vanessa's position – the woman, the mother, the wife. We see everybody in the wholeness, we try to incorporate all of that."*

**- Mattie Murrey-Tegels**

## Discussion & Reflection Questions

1. How can you find out what your patient or client's motivators are to help with their recovery?
2. How can members of your health team communicate, collaborate, and build rapport with family members who want to be involved in the care of the patient?
3. Are there ways you can make treatment less scary for children to understand and/or witness?
4. In what ways can you collaborate and communicate with other professionals or the wider team involved in the care of your patient or client?
5. How much do you understand about the goals of other disciplines involved with your patients or clients?

## Keep the Conversation Going

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Interested in sharing your experience as an SLP with our audience?  
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# The Missing Link for SLPs Podcast Show Notes

Whatever setting you work in, having an understanding of the various skills, and approach to care, of allied disciplines is important. In this eighth episode of the Speechless SLP series, Vanessa Abraham and I talk with the two Physical Therapists involved in her ICU care.

## The Missing Link for SLPs Podcast Full Transcript

**Mattie Murrey** 00:05

Hi, everyone, and welcome to the Missing Link for SLPs podcast. I'm Mattie, your host, speaker, and very passionate speech language pathology advocate. You are listening to The Speechless SLP series with Vanessa Abraham, and you get a unique perspective in each one of these episodes on her journey being the speechless SLP in the ICU bed, unable to talk. So, welcome to this series of the Missing Link for SLPs podcast. Glad you are here. Sit back, take a listen.

Welcome to this episode of the Missing Link for SLPs podcast. We are with our Speechless series, and wow, I'm so excited to be introducing for the first time ever, we have physical therapists coming on our episodes. So, welcome, everybody.

**Jess O'Brien/Tara Kharrazian/Vanessa Abraham** 00:53

Hi.

**Mattie Murrey** 00:54

So, before we start, because we are introducing new people, I want you guys to get to know the voices that you're going to be listening to. So, I'm going to have Vanessa introduce herself. She is our Speechless SLP, and then we'll move to Tara and Jess.

**Vanessa Abraham** 01:09

This is Vanessa. I'm the Speechless SLP, and patient. I have worked in a school setting for about, oh, 15 years as a school based speech pathologist, and then I turned patient.

**Mattie Murrey** 01:25

And that's why we have this episode, this whole series. Tara?

**Tara Kharrazian** 01:29

Hi, I'm Tara Kharrazian. I'm a physical therapist. I've been in the hospital setting for over five years now. And I was lucky enough to be one of the physical therapists to work with Vanessa.



**Mattie Murrey** 01:42

Wonderful. Jess?

**Jess O'Brien** 01:44

I'm Jessica O'Brien, and I have been a PT, gosh, eight years now. I've been at UCSD in the acute care setting for six years. And I worked alongside Tara and we got to see Vanessa through this whole experience, so.

**Mattie Murrey** 02:01

So, what was it like treating another therapist? When you first found out she was an SLP, what were your first thoughts that went through your mind? Jess?

**Jess O'Brien** 02:09

Yeah, we do our chart reviews. We opened up the chart, and when I saw that she was an SLP, it just changes your perspective. She was a new mom. Well, Mackenzie was three, right, Vanessa? I don't know, I feel like just doing that chart review, you sort of get a picture in your head of what you're going to be walking into, and I think her being an SLP and being in the therapy realm definitely touched my heart a little bit more. Not that all of our patients don't, but it definitely tugged a little bit more at my heart, so.

**Mattie Murrey** 02:40

Tara?

**Tara Kharrazian** 02:42

Absolutely. Jess was Vanessa's primary physical therapist, and she had asked me to fill in. I think, if my memory serves me, right, you were going to be gone for a couple of days, Jess. So, I was filling in for Jess during that time. And just from the way that she did her – she gave me such a thorough handoff on Vanessa, and just the way that she did, I could tell this was a really special case, and that her being an SLP, it just really affected, I could tell, everyone who had already been working with her. And, of course, I came into it with a very – it was even more delicate because I feel like we all – it was such an easily relatable case.

**Mattie Murrey** 03:27

Mhm.

**Tara Kharrazian** 03:27

We could all see ourselves in that hospital room, in that ICU room, when we saw and met Vanessa.

**Mattie Murrey** 03:36



Mhm. I think that's one of the reasons why this series is so well received, is all of us can picture ourselves in Vanessa's position. And Jess, I love how you pull in not just the patient in the bed, but the woman, the mother, the wife, all of these things that made Vanessa just that much – and we're all – we all treat our patients like that. We see everybody in the wholeness, we try to incorporate all of that.

Tell me what it was like, for those who are newer to the physical therapy, and in just the medical SLP setting, what is it that ESA PTS are primarily responsible for in the acute care intensive care setting? Jess, do you want to answer that one since you were the primary?

**Jess O'Brien** 04:22

Sure. Yeah. So, Tara and I both have worked a lot in the CCU, which at UCSD the CCU is a 13 bed ICU. It's our medical ICU, but it's also our cardiac care ICU. And at the time when Vanessa was there, we were having a little bit of neuro inflow too. So, we have a trauma ICU, and then the critical care unit. So, we were up on the critical care unit. Primarily, when we evaluate patients there, we're looking at a lot of things, right. They have a lot of lines. They have a lot of drains. Sometimes they're on ventilators. So, we do a morning rounding, which is just the flash rounds with the physicians. The speech therapists are also there, and I love that morning round, because we kind of get a brief little window of how the patients are today because in the ICU, patients are changing stability wise every day. So, it gives us kind of a picture on how our day is going to look, family procedures, if they're stable enough to work with us.

Our jobs as physical therapists, I think, in the ICU setting is just to start out with the basics. A lot of times I like to just start with bed level things, sitting up, assessing their postural control, and then you progress from there. But I think what's most important in an ICU setting, especially if there's family involved, like Vanessa's husband Dale was involved right from the beginning, is figuring out what their goals are, because I think there's a lot of emotions and a lot of stuff going on when you're a patient in the ICU, right, Vanessa? And I think the first thing I did probably was talk to Dale, and try to get a little bit more information about who Vanessa is as a person, and what's important to her, and what her goals would be. And I think that's the most important thing we can do in an ICU, is just bring back the patient's goals. Because they're going through a lot, and if we can incorporate those into what we're doing every day, but make it functional, then I think we've done a good job if we start with that.

**Mattie Murrey** 06:24

Wonderful. Tara, anything to add?

**Tara Kharrazian** 06:28

No. That was well said. I think that with all the craziness that's happening in the ICU, we as therapists, our role is a really special one, because we can refocus things into function and meaningful tasks in ICU. And then once they're out of ICU, and just refocus them into life outside of the hospital, and that is hard to do, and to kind of think that way when you're just in the midst of it, but I think we have a really special role in that.

**Mattie Murrey** 07:00

I'm dying to ask you, Vanessa, because one of the things that you and I have in common is we've both been the patients in the bed. And I remember in my trauma bed, the physical therapists walking up, and they're like, okay, we need you to do this. I'm like, what? What was your perspective, Vanessa?

**Vanessa Abraham** 07:19

Well, one of the things that I do remember, and I don't even know if Jess and Tara remember this, but being a school based SLP, I was very motivated. I think these two girls would remember how motivated I was. But I remember asking my husband, "How can I get PT twice a day?". And I wasn't in any condition to do it twice, but I was so motivated. All I kept thinking was, I don't want to continue to live like this.

**Mattie Murrey** 07:49

Mhm.

**Vanessa Abraham** 07:49

I need to work hard. I need to get out of here, and the only way I'm going to get out of here is if these girls are in here all the time. So, I remember making that request. I don't think I got it. I know I didn't get it. But you know, it's just not realistic, and you just kind of rest, and there's always other procedures and doctors and everybody coming in and out of your room, and therapists. But I was just so motivated. I just – I didn't want to be there, and just the SLP knowledge that I had, that I knew that I've got to work to get out of here.

**Mattie Murrey** 08:18

Mhm. So, what do you do, PTs, when you have a client/patient who is not as motivated as Vanessa? How do you get that buy-in from the patient and their family?

**Tara Kharrazian** 08:28

This is Tara. I think that it is so case by case, because oftentimes we don't – the patients don't always have a supportive family system, especially at the hospital that we, Jess and I, work at. So, it takes a lot of exploring and having those conversations, or just observations or conversations with nursing if the patient isn't able to give us that information as to what really does motivate the patient. What signs have we seen that does motivate the patient? Sometimes it's food, or just sitting up, or watching their favorite show, or talking on the phone to a loved one. There's so many different things that are meaningful for different people. So, it takes some investigation to figure out what that piece is, but once you do, and you do start building that rapport, it makes, of course, a world of difference in the care that we're providing, and the progress that we make.

**Jess O'Brien** 09:33

It was just going to say I feel like I'm a detective half the time because we're always trying to figure it out. I mean, what can we do to motivate someone, and kind of trick them into doing what we want them to do, but while achieving something else.



So, for example, today I had a patient up in the ICU, and sitting has been really difficult, or trunk control isn't great, but she's been here for 10 days and I was like let's do a spa day. We just are going to do a spa day. She really wanted to wash her hair, and we were able to work on her sitting balance while doing other things.

So, I think, like Tara said, it's just investigating and talking to the people that are with her, because I think as therapists we get more time with our patients than the doctors do. Sometimes they're so busy, and they're in and out. But I do think that the nurses get more time, obviously, with the patients than we do. So, I think just collaborating with the whole team. We talk to our OTs and our speech therapists a lot about our patients, and just being close with the nurses too, and they know a lot more about the patients because they're with them for whole 12 hour shifts.

**Mattie Murrey** 10:39

They do. It's funny you say detective, because when I teach my classes, I'm always like, "Okay, we are playing Sherlock Holmes, and these are the clues that we're going to pull together". And definitely including who they are, what motivates them is so important.

**Tara Kharrazian** 10:54

Like what Jess was saying, the speech therapist really sometimes can give us such great information actually digging into that cognitive and speech piece of things.

**Mattie Murrey** 11:04

Mhm.

**Tara Kharrazian** 11:05

So, I've relied on the speech therapist so many times to give us that valuable information too.

**Mattie Murrey** 11:13

Mhm. Do you guys do a lot of co-treating in ICU with SLPs?

**Jess O'Brie** 11:17

I think OT is doing a little bit more with SLPs, co-treating. I would say PT and OT co-treat more, just because of some of our patients' level of mobility, and the amount of assistance they need, but I know OT is. I don't know, Tara, what do you think?

**Tara Kharrazian** 11:33

Yeah, I think it's not as common, but it definitely can be of benefit. Because if, for example, if as a PT we're working on the gross motor aspect of things. I'm working on sitting balance. Sometimes the speech therapist is hoping to get that patient upright to do a swallow study –



**Mattie Murrey** 11:58

Right.

**Tara Kharrazian** 11:59

– or whatever they had planned. So, if we're working on an upright sitting balance, and then they can do their assessment in that position. We're kind of both doing our parts simultaneously, and it's a lot of value.

**Vanessa Abraham** 12:14

I have a memory of you guys, and OT, walking down the aisle, walking with [crosstalk]. Yes. But I don't have any memories of you guys and speech at the same time.

**Mattie Murrey** 12:27

So, PT and OT, but not as much speech.

**Vanessa Abraham** 12:31

Yeah, just more of the motor aspect.

**Mattie Murrey** 12:35

Is there an aspect, an opportunity for collaboration upon reflection that we can learn from, Vanessa? Because I know we've got a lot of grad students, and professors, and a lot of people listening to this.

**Vanessa Abraham** 12:48

I think they were all doing a very good job. There's so many times that I was so heavily sedated, I don't know what was going on around me. But I think that collaboration between the therapists, and the family is so huge, because – well, not only the family, but the nursing staff as well, because like they said, the nurses are there 12 hours a day. So, having that collaboration with the nurse, and the family caregiver that's hopefully there, I was fortunate that my husband was there a majority of the time, just so there's a lot of opportunities for communication to say, “Okay, this is what's working. This is what's not working. Try this, but don't try this. This is what she likes. This is what she doesn't like.”

I emphasize that, again, UCSD did an amazing job with that communication and making sure all team members were all on the same page. And everybody knew, hey, this is working for her. Let's do this. But no, this is not working. We need to ditch that and go with this.

**Mattie Murrey** 13:45

So, talking about communication, this is the Speechless SLP podcast. Tara and Jess, what was it like working – and what is it like working with somebody who is speechless and does not have the ability to communicate in a verbal form?



**Jess O'Brien** 14:01

Yeah, this is Jess. I think that's when we collaborated maybe a little bit more behind the scenes that, Vanessa, you probably didn't even see. But we talked to the speech therapists during rounds, how – what's the best way we're communicating with this patient? I know you wrote a lot. I remember your left hand was stronger than your right one, and you were – we tried the letter boards. She ended up writing a lot. I remember the first time we heard your voice, and that is just – those moments are so special.

I know speech was really focused on the inline PMV, and working on Passy Muir, and getting that part of her voice back. But I think Dale was her voice, I really do, for a while, because he was there all the time, and she could write to us and use the boards, but he was – he was your voice. I don't know. He knew what your goals were, and he advocated for you, and I just– as much as we tried to communicate with you, I feel like Dale was a key in that communication.

**Mattie Murrey** 15:07

Tara, any thoughts?

**Tara Kharrazian** 15:08

I think what really helped too, was the fact that Vanessa, to put it blankly, was cognitively intact. Because a lot of times the patients in the ICU setting are not, and they aren't able to verbally communicate. They might be with it, somewhat, but that complicates things as well. But because Vanessa was able to – I mean, you could really just come into the room and look at her face, and kind of know what she was feeling. And a lot of times that was anxious and fearful, and motivated, though. But you really could read how she was feeling. She was able to gesture. She was able to use those nonverbal forms of communication, which really helped us because it guided us to know how she was responding to different things that we were doing with her.

**Mattie Murrey** 16:00

Excellent. You guys talk about the connection you have with the family and with the caregivers, the spouses, how do you build up that trust with them?

**Tara Kharrazian** 16:11

There is a piece of investigation in that as well, because it depends how willing the family member is to be involved, and how involved they want to be in the care, and you do have to respect that as well.

The great thing about Dale was he was all in. So, it made it so easy to collaborate with him, and provide education to him, or things he could be doing with Vanessa, because he was just so receptive. And at a time when, of course, knowing how skilled Vanessa is as an SLP, and the fact that she knows so much about the healthcare side of things, when you're in that state – I can't speak for Vanessa, but you could kind of see you are not able to be as receptive to a lot of that education. So, Dale was really that valuable intermediary –

**Mattie Murrey** 17:07



Mhm.

**Tara Kharrazian** 17:07

– player and just receiving that education, and all the things that we were kind of providing that Vanessa may not have been able to fully receive in that moment.

But it takes a lot of just communication, and letting family know, giving a lot of reassurance, a lot of positive feedback about how their family member is doing. And, again, giving them that hope that we're preparing you for life outside of the hospital. We're trying to get you to that next step.

**Mattie Murrey** 17:42

Mhm.

**Tara Kharrazian** 17:42

And being just very transparent with everything going on. I think that really helps build that trust too.

**Mattie Murrey** 17:50

Good. Jess?

**Jess O'Brien** 17:51

Yeah. I think Dale had a lot of questions too, which I really liked.

And it was good to set clear expectations of what we were going to do today, and what our goal for the next treatment would be, and what we were going to carry over with the nurses, what we wanted the nurses to do overnight, what their homework was for the day. Vanessa needs to be up in the chair this many times a day. We're going to – our next goal is going to be walking. I remember when we went outside, and I do remember both Vanessa, but also Dale, were very anxious, a little bit, about that first time. We kind of put her on that portable ventilator –

**Mattie Murrey** 18:29

Mhm.

**Jess O'Brien** 18:29

– and did the whole team outside. And we sat down at a picnic table, all lines, ventilator, everything. And I remember with all those lines, and everyone was kind of anxious, both Vanessa and Dale. And I think after that one day where we did that portable ventilator, we just like built rapport with it.

**Unidentified Speaker** 18:50

Yeah.



**Jess O'Brien** 18:50

I mean, just the more we did, and kind of showed them that we know what we're doing, that it was making a difference, just made them feel more confident in our care with them. And I remember actually being a little intimidated, Vanessa, that you're a speech therapist. I'm like, that's coming back a little bit, and I was like, "Ooh, she probably knows a lot about this, even from a school setting!".

**Unidentified Speaker** 19:13

[Laughter]

**Jess O'Brien** 19:13

But I was like – I felt like I had to be on my – like best –

**Mattie Murrey** 19:18

Yeah, you do –

**Jess O'Brien** 19:19

Yeah.

**Mattie Murrey** 19:20

– when it's one of our own.

**Jess O'Brien** 19:22

Yeah. So, okay.

**Mattie Murrey** 19:23

So, I hear you coming, and saying that the family and the patient comes from a place of fear. And as therapists we come from a place of possibilities, and strength and knowledge. So, I really liked that juxtaposition. And before every podcast we always connect, and you and Vanessa were laughing because you were calling something noodles. Do you want to tell us that story?

**Jess O'Brien** 19:48

Yeah. So, at our hospital at UCSD, we have a department that's called Child Life, and they do a lot of things for our patients. We are a burns center. So, I feel like they mostly work with our burn population, because we do get pediatric patients there. But there are cases when we have patients on other floors that aren't necessarily a pediatric patient.

But, for Vanessa, it was her daughter, Mackenzie. They were planning for MacKenzie to come in and see her. I don't know how long you had been here, Vanessa, a couple weeks, I think. But they were planning on bringing her, and they didn't know what – the best way to do it. They were fearful of all the lines – her



seeing everything. And so, Child Life came in, and they have some great ideas, but one of them was calling the different lines, different names. So, they talked about the NG tube, and we can call it a noodle to Mackenzie, and it won't be as scary. And they made a teddy bear. They made two, is that right, Vanessa?

**Vanessa Abraham** 20:47

Mhm.

**Jess O'Brien** 20:47

They made two, and they made it with all the lines. They put a trach on the teddy bear, and the NG tube. And they set up the whole room, and it was just such a special moment, and Vanessa can probably tell you more about what it felt like for her, but.

**Vanessa Abraham** 21:03

Yeah. They are amazing, just amazing. They knew how to take a very scary moment for a child and make it a little bit softer, a little bit sweeter, a little bit less scary. I was so grateful for them, because that was a moment that I was terribly anxious over, and up all night thinking about having my child come and see me in this state. And yeah, calling the tubes the noodle, it definitely lightened the load, and it brought a smile to her face as opposed to "Wow, why is there these tubes in your nose? And why is Mommy in this position? The last time I saw her she was now running around with me". So, it was a really nice thing that they did for their patients.

**Mattie Murrey** 21:51

So, more an opportunity for curiosity rather than trauma, possibly. Nice.

**Jess O'Brien** 21:58

Absolutely.

**Mattie Murrey** 21:59

Alright. [crosstalk] Go ahead. Tara, go ahead.

**Tara Kharrazian** 22:02

I just remember Vanessa's daughter, Mackenzie, being in the back – just in the back of everything we did. When I walked in to my – first time into her ICU room, and there were pictures all over on this one wall of Mackenzie, and her beautiful family, and I realized – you realize immediately, like this is what – we need to get her well, to get back to her, because she just was – and talk about rapport, and all that. I mean, when you have a child you need to get back to, I mean, that's why, and I know that was in the back of Vanessa's head – mind, and that was in the back of our minds, is just we already know she's going to be motivated because of this. So, we just need to kind of run with that, and just do it for Mackenzie.

**Mattie Murrey** 22:54



Mhm, going back to that motivator.

**Tara Kharrazian** 22:56

Mhm.

**Mattie Murrey** 22:57

Last question, everyone. I'm excited to ask this to PTs. What do you wish that SLPs knew about your job?

**Jess O'Brien** 23:11

Well, I think in a sense, we can kind of look at our profession as a parallel to speech therapy. We're all kind of working towards similar goals. We all kind of go in and do assessments, and we learn all these skills.

And I think the biggest piece of advice as a new therapist, whether you're a speech therapist, an occupational therapist, or physical therapist, is just to take a step back sometimes from just all the skills and all the objective measures, and all the assessments you're doing, and just look at the patient as a whole person, and then see if you can pull these aspects of the patient's life, and what's meaningful to them, and just build it in with your treatment because that's where you're really going to make the biggest difference.

And I think we all are reaching towards the same goal, right? So, we can kind of support each other throughout a rehab department, and collaborate, and then just learn more and respect each other's opinion and thoughts..

**Mattie Murrey** 24:13

I love it. Tara?

**Tara Kharrazia** 24:18

I really do, I think there was a lot of respect between the disciplines, but when I find it the most valuable is when we do have those moments of collaboration. Because I can't tell you how many times I've asked a speech therapist about a patient, either before or after, and gained some just really valuable insight about the patient that I otherwise would not have known.

**Mattie Murrey** 24:44

Mhm.

**Tara Kharrazia** 24:44

Because we're just – we're going in, like Jess said, with kind of similar goals, and rehab focus. But we are – and then at the end of the day, looking at – we have different skill sets, and we are looking in through a different lens. So, those conversations and that collaboration can be so valuable, and is necessary,



especially when we are talking about the patient as a whole. And having those the best outcomes for the patient is when the whole team is collaborating and communicating.

**Mattie Murrey** 25:22

I want to squeeze one more question in, because as clinicians we should all be working to just be better, a little better every day. How has working with Vanessa changed your perspective on being a PT?

**Jess O'Brien** 25:37

This is Jess. I think Vanessa, as you can see, is very special to us. And we've maintained a connection with her outside of – it's been three years. I think it was April of 2019. So, it's been a little over three years. And that she just made a lasting impact. Because, one, her motivation, the progress she made. And the fact that we've stayed connected to her, and we don't really get that connection in the acute care setting. We, a lot of times, don't know what happens to our patients when they go on to that next level of care, and she gave that to us. And it just made us feel, at least me personally, like what we did made a big difference, and she's always so thankful to us. And I just, I don't know, it makes me emotional thinking about it, because a lot of times we don't get that follow through, and I just know that we made a big difference in her life. And I don't know if she realizes it, but she made a big difference in our lives, too. She taught us a lot.

**Tara Kharrazian** 26:43

Yeah. Vanessa is the first patient that I've had keep in contact with me for this long. I'm just always going to be so appreciative of Vanessa for keeping in touch with Jess and I, because seeing how the care she received at UC translated into such meaningful progress in her day to day life and then she would give us updates or her workouts. She gives us videos of her just doing amazing, all her strength and cardio, and all her training that she was doing after the hospital. And to see she still had that fire, and it was continuing after the hospital, all her great work and progress, it was – again, just amazing and remarkable. She's just a remarkable human being. So, I think we all can agree we're just so blessed to have met each other, and gone on this journey together.

**Jess O'Brien** 27:52

And I think I takeaway too, for people who may not get that carry through with patients every day, is just to know that you are making a difference, and you might not stay connected to some of your patients, but just know that what you're doing matters, and every little thing. We went on a hike with Vanessa. When was it? I don't remember when it was, but Mackenzie came and Dale came, and they drove all the way to [crosstalk - last year]. Yeah, we did a big hike, and it was just really cool to see your -.

**Vanessa Abraham** 28:23

Yeah, it's always important for me since I left ICU to continue to show my gratitude towards everyone that did so much for my entire family. I'm in the field. I'm not a med SLP, but I know what it's like to be on the frontline, and sometimes you go home thinking did I do enough? Am I enough? Am I appreciated? And for me, I always wanted to make sure my team knew how much I appreciated everything that they did. The communication you guys had with the team. And I just know what it's like sometimes, you come home



and you feel like you've been beat up all day, and I never wanted you guys to feel that way. I wanted you guys to always feel like you were making a difference because you really did, and still do.

**Unidentified Speaker** 29:14

Thank you.

**Mattie Murrey** 29:14

Well, thank you, everybody, for coming on and sharing your stories and your wisdom, your insight, your soul. And thank you, Vanessa, for this opportunity for the Speechless SLP podcast.

**Jess O'Brien/Tara Kharrazian/Vanessa Abraham** 29:27

Thanks.

**Mattie Murrey** 29:32

So, hey, SLPs, that concludes this episode of the Missing Link for SLPs podcast. Please visit my website at [freshslp.com](http://freshslp.com). Follow me on [Instagram](#), or jump on [Facebook](#) to connect in our safe and friendly Fresh SLP community where we are empowering new and transitioning SLPs. If you found value in this episode, or in any way had an aha moment, or I gave you a fresh perspective, please show me some SLP love, and support me on [iTunes or the Apple podcast](#) app or subscribe to me on [YouTube](#). You got this!

