



The Missing Link for SLPs Podcast

The Speechless SLP Series

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

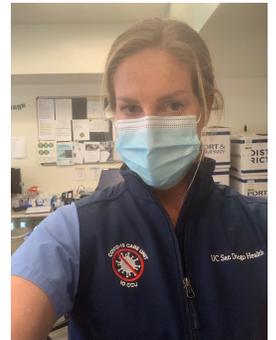
In this episode in the Speechless SLP series with Vanessa Abraham, we meet one of the first people to take care of her in the ICU, Shannon Cotton, RN. Care being the operative word, Shannon walks her talk. Shannon shares how she navigated and planned appropriate communication with Vanessa while she was speechless, the important role that SLPs working in ICUs play, and her suggestions for SLPs working with patients and their families.

Discussion & Reflection Questions

1. What tactics can you use personally to ensure you remain patient and give patients/clients enough time to respond and communicate to you?
2. How physically distanced are you from your clients/patients when you interact with them? Would they find it reassuring if you can safely and appropriately be closer to them and on their own level?
3. Are you working in a setting where it's okay to provide reassuring physical contact and touch to your patients/clients?
4. How are your observational skills? Are you good at picking up little signs and signals that may give further insight into how someone is?
5. Do you interact with family members/caregivers who can let you know if a patient/client is displaying symptoms, body language, or other characteristics outside of their norm?

Shannon Cotton, RN

Shannon Cotton has been a nurse for 15 years, with most of her time spent in critical care. She loves the challenge of caring for the sickest of the sick, and watching them heal. Shannon is passionate about learning and teaching, and is a PhD student at UC Irvine. Shannon currently lives in San Diego, CA, and spends most of her free time outdoors, at a beach or tasting a new beer from a local brewery.



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Quote from the Conversation

"You're constantly interviewing and triaging, but it's important to let the patient speak as well and to give that person time, especially in the ICU. Think of the whole person. Give that person time to react to your questions and to your interview because they do have something to say, even if they can't talk."

- Shannon Cotton

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

Be patient with patients. Let them get their words out. Give them time and let them process their emotions. Let them take their time to get their words out because a lot have a lot to say, and a lot of questions. Don't stand eight feet away. That proximity, I think, lessens the patient's fears and anxiety.

- Vanessa Abraham

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

Hold on to that hope that what you are doing as a speech pathologist is making a difference whatever setting you're in. You may have somebody who can't say their gratitude back, or whatever is holding them back, but you are making a difference.

- Mattie Murrey-Tegels

Keep the Conversation Going

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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!*



The Missing Link for SLPs Podcast Show Notes

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The Missing Link for SLPs Podcast Full Transcript

Mattie Murrey 00:06

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. This is our very, very final bonus episode of the Speechless SLP series. So, I am here with Vanessa Abraham, our Speechless SLP, and her guest today, Shannon, an ICU nurse. Welcome to the both of you.

Vanessa Abraham 01:00

Hi, thi is Vanessa, the Speechless SLP.

Shannon Cotton 01:02

Hi, this is Shannon. Thanks so much for having me on today.

Mattie Murrey 01:05

So, happy you're here. These are such important discussions to be having, and I'm glad you came on because you were one of Vanessa's ICU nurses and what an incredible position to be in. My daughter in law's an ICU nurse, and she just has these stories. So, I'm so excited to be asking you some questions. Before we jump into those bigger questions though, tell us a little bit about yourself and your background.

Shannon Cotton 01:29

Sure. I am Shannon, and I've been a nurse for, geez, June 7th will be 15 years since I passed my Boards, if you can believe it. And I am a mom to two kids, a 10 and an eight-year-old. I'm a wife here in San Diego, living at the beach and living it up. I just love being a nurse, watching my patients come in sick, barely



even able to move, and walking out of there. And Vanessa is that ideal story that you want. So, yeah, I'm so excited to be here and share some of our experiences with everyone.

Mattie Murrey 02:06

She's the ideal podcast guest too because she just says, like, "Yes, let's talk about all these things!"

Shannon Cotton 02:12

Yeah.

Mattie Murrey 02:12

So, it's excellent. Vanessa, anything you want to add before we jump on in?

Shannon Cotton 02:17

No, Shannon was just an awesome team member that I worked with at UCSD that I'm forever grateful for, and so grateful that she's here to join us today and share her story, and hopefully teach some new grads, new SLPs, some things about being a nurse in the ICU setting.

Mattie Murrey 02:34

So, let's lay out the scenario just a little bit. Can you, Vanessa, describe to us – because I know you're keeping so many good details for your book, but describe to us basically. You're in an intensive care unit. Are you speechless? Where does Shannon join your journey?

Vanessa Abraham 02:49

Shannon joined me on day one. Unfortunately, I was at a point that I don't remember a lot on day one – or day two, three. So, she was there during that first period of time where things were just I was in a very critical state. I'll just put it that way. So, at this point in time, she was doing a lot of communicating with my husband. I was heavily sedated. So, I don't really remember a lot, other than the information that she told me about, and obviously the stuff that my husband relayed to me after I kind of woke up.

Mattie Murrey 03:20

All right, so the stage is set. We're opening the first page of this chapter. Shannon, what was it like treating an SLP, especially a speechless one?

Shannon Cotton 03:31

Well, I remember when Vanessa first arrived at the hospital where I work, and she was so young, and they had said we don't know what's going on, but she has a breathing tube and she's coming here to figure out what's the diagnosis, and what's going on. I didn't know she was a speech language pathologist until her husband arrived, and was telling me her background. I was like, "Oh, no. I've got to step up" –



Mattie Murrey 04:01

Mhm.

Shannon Cotton 04:01

– because communicating with someone who has a breathing tube and is on sedation isn't easy in the first place. And I have my own ways of communicating, but then you throw in an SLP, who has her own way of communicating. I'm like we're going to have to lighten this sedation up and get her talking, in a sense, because she's going to go nuts. This is her thing, is communication.

Mattie Murrey 04:24

Mhm.

Shannon Cotton 04:25

So, that's what I was talking about with her husband when she first arrived.

Mattie Murrey 04:30

So, you recognized that her need to communicate was just paramount for her.

Shannon Cotton 04:34

Yeah, that's the basis of her job. Her passion is helping others communicate, whether through words, actions, writing, and special language tools. I know in the ICU I work in we have a flipbook with letters, and I remember showing her the A to Z and telling her “You’ve got to point to every letter and spell the word”.

Mattie Murrey 04:59

Mhm.

Shannon Cotton 05:00

And she was just like, “No, that's not – there's got to be some better way to communicate with me”.

Mattie Murrey 05:06

Mhm.

Shannon Cotton 05:07

Because this is exhausting. Just spelling one word while your body's working so hard to recover and heal. I mean, she would get out one word, and it's exhausting.

Mattie Murrey 05:18



Mhm. When scenarios like that opened up, and she's exhausted, and you need to get information, what kind of emotions did you feel? And then, how did you settle her down?

Shannon Cotton 05:33

Yeah, I think initially, and I can only imagine the frustration that she was feeling because she knows the techniques.

Mattie Murrey 05:41

Mhm.

Shannon Cotton 05:41

And in my mind, I'm telling myself she's going to lead me, she's going to explain something, how to communicate, and I just – she was frustrated. I think I was getting frustrated with the word boards. And luckily, her husband was there.

Mattie Murrey 05:57

Mhm.

Shannon Cotton 05:57

Because they have this innate sense of communication that I think comes with just being around someone for years, and understanding a slight twitch of the eyebrow, or trying to – an eye roll that someone else might not notice. And he would just say, “You know what, we're going to have to just take a break”, because he knew when she was frustrated.

Mattie Murrey 06:20

Mhm.

Shannon Cotton 06:21

So, I would often look to him to explain her emotions, and to her to figure out what she was trying to tell me.

Mattie Murrey 06:29

So, I love how you approach Vanessa, or any of your patients, I'm sure, as what is important to this patient. And I love also how you pull in the caregiver into the care that you're giving.

I know Vanessa has talked a lot about the importance of having her husband included in these conversations. Vanessa, that was just something so important to you, right?

Vanessa Abraham 06:51



Oh, absolutely. Absolutely. He knows me better than anybody. Well, maybe my mom as well.

But yeah, like Shannon says, your spouse, the person that you're with, they can read your body language. They can read that eye roll. They can read the facial expressions. I was so heavily sedated, but I think if anybody's going to know you, it's going to be your spouse. Or if you're even younger, it's going to be your mom and dad.

Mattie Murrey 07:14

Were there ever any moments, Shannon, where there was more of a medical crisis and you needed Vanessa to be able to say something? How did you overcome that challenge?

Shannon Cotton 07:24

I think one time I do remember was the first time she had gotten out of bed, and she still had the breathing tube. And we were pushing, and by this time we had pretty much turned off all the sedation, just kind of intermittent meds for anxiety or pain, but nothing keeping her in an induced coma. And we said, "It's time to walk".

Mattie Murrey 07:51

Mhm.

Shannon Cotton 07:52

And I was so nervous because she hadn't been out of bed for a couple days, and who knows how long she was in bed in the other hospital without doing any exercise.

So, we came up with – almost like at the dentist's when they're in your mouth and you can't talk – and they said, "If you need a break, hold up your hand like a stop sign, and we'll pause". So, here we go getting her out of bed with the ventilator, and she had to use a walker. And she's this young woman, kind of stumbling down the hall chased by all this medical equipment, and there's me saying, "Put your hand up when you need a break". And finally, we made it right out of the room, and she put her hand up. And I was like, "That's it, get the chair, we're going to have a five-minute break".

And I just think that the planning of communication, and thinking about what could potentially go wrong in the situation, and both parties knowing how to stop an action or change course quickly really helped. Because she could have – if we didn't know the conversation and the signs, could have fallen, her breathing tube could have come out. And just the planning part was so important in that situation.

Mattie Murrey 09:11

Mhm. Good insight. So, what would you say is your greatest strength then as an ICU nurse?

Shannon Cotton 09:17

Wow, that's a really interesting question. I don't know if I've ever really thought about that. I think I have a deep level of compassion for everyone who comes into the ICU. Whether or not you're my patient in the



bed, you're a family member, you're a co-worker, I just make sure that you leave my ICU better than when you arrived.

Mattie Murrey 09:43

Mhm.

Shannon Cotton 09:43

And the personal connections I make with people is so important to me. I really think I pay very close attention to the small signs – facial twitches, little movements that patients make. And that really drives my nursing intuition, to know if my plan of care is going in the right direction or not, and that attention to detail has really developed over my years as a critical care nurse.

Mattie Murrey 10:13

So, for the new SLP, the graduate student, or somebody transitioning into the medical setting, what words of advice do you have for developing that empathy and that rapport with the patient and/or their family?

Shannon Cotton 10:28

Yeah. I think especially after the COVID pandemic, where a lot of hospitals almost turned into prisons, and no family and no visitors were allowed, mostly for good reason. But I think it's time to welcome visitors back into the hospital, especially close family members, because you can learn so much about that patient from their family member who brought them in who knows their history, those innate signs, if something looks different than what it did at home, "Oh, her mouth isn't usually drooping like this".

Vanessa always had this head tilt because of her one-sided weakness, and it almost became normal to see this head tilt. Your husband would always be like, "That's not normal for her. She doesn't usually cock her head to the right".

So, just being able to know. And I think as a new SLP, you've got to do all the talking too.

Mattie Murrey 11:28

Mhm.

Shannon Cotton 1:28

And you're constantly interviewing and triaging, but it's important to let the patient speak as well and to give that person time, especially in the ICU. Think of the whole person. All the medications they're on – maybe sedation, maybe not. Give that person time to react to your questions and to your interview because they do have something to say, even if they can't talk.

Mattie Murrey 11:53



So, for communicating with a speechless patient, what would you like the speech pathologist specifically to know, other than – I love the cues you've given. Is there anything else you can add about building rapport with a speechless patient?

Shannon Cotton 12:07

I really think a lot of care and compassion comes from physical touch as well.

Mattie Murrey 12:12

Mm.

Shannon Cotton 12:13

And sometimes just, if it's safe, that skin to skin. If you can remove your gloves, touch your patient's face, hold their hand while you're talking to them, rub their back or their shoulder a little bit, and reassuring them that where they're at right now in their life is okay. Maybe they can't talk. Maybe they can't swallow or eat a complete meal. But that's okay, and everyone here is there to support them. And everyone really does have something to say. I do think that we've kind of lost that the past couple years, the human touch, and I wish that would come back a little bit more to nursing.

Mattie Murrey 12:51

Vanessa, I know you have some thoughts on that.

Vanessa Abraham 12:54

Yeah. When she was talking about the human touch, it reminds me of a previous podcast. We talked about where that human connection and touch, and that really resonated with me because that was one of the things that I felt like really lifted me up. It lifted my spirits. Nurse Laura was even talking about when she gave me a foot massage and rubbed lotion on my feet, and that human touch. It lifted me up. It made me feel good. It calmed me.

And I think that's really important what she was just saying about what's happened in the world in the past two years, and how we've lost that touch, and that that physical, and embracing your patients like that. Even the patient's families, being able to like shake hands with them. And since the hospitals have lost that, I do think that's really sad. And I would really – I would love to see that come back in some way. I don't know if it is. I'm not in the hospital setting now, which is a blessing. But I do agree with all of that.

I think that's really important. It helps gain rapport too. It helps the patient trust you. It gives them that buy-in. That, okay, this person really cares about me. This person is really here advocating for me. They really truly do care.

Mattie Murrey 14:00

So, the next question is for both of you as well. We've talked about what it's like from the nurses perspective. We've talked about what it's like – what advice we would give to speech pathologists. What



advice do you have for the speech pathologist to give to the patient who's lying in the bed that's speechless?

Vanessa Abraham 14:20

Well, here's the thing. Speech pathologists should know, right? For a speech pathologist, I would say that patience. I was a patient. Being patient with the patients. Letting them get their words out. But I would hope that the speech pathologist would know to give them time, and let them process their emotions. Let them take their time to get their words out. Because a lot of them, me included, you have a lot to say. You have a lot of questions. Gosh.

Shannon Cotton 14:49

Vanessa, I agree with you. I just think having patience with people who can't get their words out, who can't vocalize what they're feeling, who can't ask for what they need. So much communication is body language, and responsiveness, and just reassuring that person that just because you can't make sounds that form words, I know you have something to say and I'm here to listen. And just support that person emotionally.

I mean, that's one good thing about COVID, if there's anything. It definitely brought to the forefront the importance of mental health.

Mattie Murrey 15:28

Mhm.

Shannon Cotton 15:29

And I can't imagine not being able to talk, to make my needs known, or having to write everything down all the time. It just sounds exhausting. I know you're frustrated. I know you're tired, but your needs are important to me and I'll stay here until I can figure them out.

Mattie Murrey 15:46

Wow. That, I'm sure a patient would be very grateful to hear.

Vanessa Abraham 15:50

Absolutely that. Like she said, letting the patient know that I'm here. I'm not leaving.

Mattie Murrey 15:56

Yeah.

Vanessa Abraham 15:56



I have all the time in the world for you to let me know what it is you need. I'm not leaving. Just pull up a chair next to them. Hold their hand.

Mattie Murrey 16:05

Mhm.

Vanessa Abraham 16:05

And just sit there and let them take their time to process what they need to ask. Sometimes they have very scary questions to ask, and they need somebody to just sit there and almost grieve with them, and hold their hand through the process. And give them the time and the space to process it, think about it, and ask questions. And that process, unfortunately, could take half an hour, an hour. Who knows? I don't know, but all of that is just so, so important

Mattie Murrey 16:37

To attend to the physical, as well as the medical and the emotional health as well.

Vanessa Abraham 16:42

Mhm.

Mattie Murrey 16:42

Shannon, you talked before about the hand signals you had – if we need to stop, put your hand up. And then you talked about the alphabet flip board. If you could create an augmentative system for a medical setting, what would you be sure to include?

Shannon Cotton 16:57

Well, I think that the flip boards are easy to use. I think that pictures with some common words are always helpful. Like bathroom, or pain, somebody may be grimacing and they can point to pain. Geez, I don't really know what else, other than the hand signals.

For my other patients that have breathing tubes that can't talk, I often ask them to just give me a thumbs up. "Can you hear me? Give me a thumbs up." "Are you thirsty?" People who have breathing tubes can't drink, and they often have really dry mouths from all the meds and everything. And that's kind of the first thing I think of when patients are looking uncomfortable. is they're probably just dry. I don't know what other tools we could use out there in the ICU.

Mattie Murrey 17:45

It's an interesting situation. where the medical needs are so high, and the communication needs can be so low.



So, thinking of how it is working alongside speech language pathologists, from a nursing perspective how does that work?

Shannon Cotton 17:55

Yeah. So, we have SLPs that see our patients in the ICU, and they come by – most of the time they are consulted and see patients in my ICU that have just had their breathing tubes removed, or that have new tracheostomies, which are breathing tubes in part of the neck, kind of to simplify it, to help the patient breathe, and those are more permanent.

Mattie Murrey 18:19

Mhm.

Shannon Cotton 18:19

And with those types of tubes, the patient can eat, and the speech language pathologist teaches them how to do it. And also how to talk again, because if you think about the airflow, right, it goes out through the trach, and it doesn't pass through the vocal cords, so there's no sound.

I think another really important thing that our SLPs do is cognitive therapy. There's a huge disconnect between physically making it out of the ICU and cognitively making the ICU.

Mattie Murrey 18:54

Mhm.

Shannon Cotton 18:54

Someone's vital signs might be great. Their infection is on the mend. Physically, they're looking great. But in their minds, they have delirium. They're confused. Their sleep-wake cycle is off. They need some help mentally. And unfortunately, oftentimes, I just don't have time to do that. And our SLPs come in and do cognitive behavioral therapy with them, with questionnaires, and almost like retraining the brain to put A and C together, like getting to B. And that is so important to me because I can mend someone physically and get them – maybe I can get them home from the ICU. That's great. But if they're so confused and anxious and scared all the time, have I really done my job? Is this a good quality of life? And the SLPs really come in, and I think, help prevent delirium and treat it.

Mattie Murrey 19:52

Mhm. Increasing their chance and success of staying home.

Shannon Cotton 19:56

Yeah, exactly, and not bouncing back or living with fear of coming back to the hospital. It can be scary. I'm sure Vanessa knows it is scary being in the ICU. I'm scared sometimes! But as a patient, I just can't imagine waking up and this stranger being in your room, and I don't know, it must be really frightening.



Mattie Murrey 20:18

In previous episodes, I had mentioned that I was in a trauma unit, and the nurses when they came into the room, it felt like they were coming into just my little area. That was my little bubble because that's all I had. That's all I could do.

Vanessa, what was it like when anybody approached your bed that you didn't know? Were you – any strategies or recommendations for body posture, eye gaze, smiles, things like that? How did you know?

Vanessa Abraham 20:45

When people I didn't know came in the room it always just made me anxious. What are they here for? What are they going to tell me? Are they going to tell me very bad news? Are they going to bring good news? It was just always an anxiety provoking thing for me. I would say, going back to that body contact.

Mattie Murrey 21:08

Mhm.

Vanessa Abraham 21:08

Coming into the patient's room. Standing bedside. Don't stand eight feet away. Stand bedside. Hold the patient's hand. Maybe if they're crying, offer them a Kleenex. That proximity too, I think that lessens the patient's fears, anxiety, just by coming up to them and holding them, and touching them on the arm. Introducing yourself, "Hey, I am Dr. So and so. I am your whatever". I think that, like we've mentioned too in previous podcasts, that helps with the buy-in too, and getting that trust with the nurse or the doctor.

I've said this a million times, and I'm going to just say it one more time because this is my final podcast, but the team at UCSD, they are phenomenal. They all just knew exactly what I needed. What to say and when to say it. How to approach me. What I needed. Even when I couldn't communicate, they somehow were able to read between the lines and know that, "Hey, she needs her feet rubbed right now", or, "Hey, she needs sedation, or she just needs a clean [inaudible]. Maybe we all just need to leave the room and let her just cry for 10 minutes". I always felt like my needs were being met there. I always did. As scary as it was, they were just phenomenal. They were an amazing team. And trust me, I had dozens of people coming into my room that I didn't know what they were there for, or what kind of tests they wanted to run, or what their titles were. But somehow I always had a sense of security and feeling that I was going to be treated with respect, and they would always be fighting for me and always by my side. And here they are all, three years later, still, by my side. It says a lot about them there. It makes me emotional.

Shannon Cotton 22:54

I know. You're getting to me here, Vanessa!

Everything you're saying is so right though. Like, even something as simple as what side of the bed do I approach? I mean, for someone who can't lift their head and look to the right, if you're standing on that side of the bed and talking to them, they can't even look you in the eye, or see who you are. Get down to their level or raise the bed up. Go to the correct side of the bed. And think about what's best for them, not



what's convenient for me all the time. And just look them in the eye and say, "I'm a nurse and I'm here to take care of you". I think it's so reassuring to hear that.

Vanessa Abraham 23:37

I always – when you said, "Raise your bed or go to their level", even when I'm working with my young children at the school setting, I always bend down and I get at their level and I look them in the eye.

Mattie Murrey 23:49

Mhm.

Vanessa Abraham 23:50

Whether they're four, five, six, seven, eight, I always try to get an eye level. So, Shannon, hearing you say that, that reminds me of me and what I do in my job, and it is very true. I get on their level and I communicate with them. And I think it builds that rapport with the patient, or student if you work with kids.

Shannon Cotton 24:10

Yeah.

Mattie Murrey 24:12

Yeah. It reminds me of that Maya Angelou quote that says something like "People don't care until they know that you care", I'm slathering that. I should write that down, because I say that all the time. But when people know we care –

Shannon Cotton 24:28

Mhm.

Mattie Murrey 24:28

– and in an intensive care unit, or acute care, or rehab, or outpatient, or school systems, wherever – people want to know you care. And that comes through loud and clear with you, Shannon.

Shannon Cotton 24:39

Oh, thanks.

Mattie Murrey 24:40

Any final comments?

Vanessa Abraham 24:42



I think everything was covered, and it's been a great journey. Thank you so much.

Shannon Cotton 24:47

I really appreciate all your comments, Vanessa. That just means so much to me to hear that. Just the acknowledging of my work, and everyone's work at the hospital –

Mattie Murrey 24:55

Mhm.

Shannon Cotton 24:56

– because we really are rooting for all of our patients. No matter where you come from, what you look like, who you love, whatever – we want you to get out of that bed and walk out of the ICU. And we know it's not always possible, but we always try to communicate that love and that compassion and empathy to our patients.

And just the fact that I was able to do that with you, Vanessa, even though you couldn't really tell me, “Yes, I feel it”, just – it means so much. And it's really improved myself as a nurse, and probably as a mom, taking care of you. So, thank you so much for having me on. It's really great to reminisce about such a great time in my career. Thank you.

Vanessa Abraham 25:41

Oh, thank you. When I was there, and especially since I got out, I've always – it's kind of been my mission to always make sure my team understood how much what you guys did for me. I know from working in the schools as a speech pathologist that often in your job you get overlooked. Sometimes you have really bad days, rough days. You go home, and you often think, “Gosh, why am I doing this?” And you're often not appreciated, and I know that from my own job. And it's always been my goal to make sure everybody on my team knew how much both Dale and I appreciated everyone. You guys just rose to the challenge and went above and beyond our expectations. I am forever grateful.

Mattie Murrey 26:30

So, I want everybody listening to hold on to that hope that what you are doing as a speech pathologist is making a difference whatever setting you're in. That you may have somebody who can't say their gratitude back, or whatever is holding them back, but you are making a difference, as evidenced by this podcast episode today.

Shannon Cotton 26:56

Thank you.

Vanessa Abraham 26:57

Thank you.



Shannon Cotton 26:58

Thank you so much.

Mattie Murrey 26:58

And a special – Vanessa, this has been a gift you've given us in our field. You've been brave. You've come forward. You've been honest and transparent, and I cannot wait for your book to come out.

Vanessa Abraham 27:14

Thank you. Thank you for allowing me to go on this journey with you and share my story.

Mattie Murrey 27:20

Incredible. So, hey, SLPs, that concludes this episode of the Missing Link for SLPs podcast. Please visit my website at 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!

