

How to Say It Better!

Yes, we are SLPs, but a huge component of our job is the ability to communicate effectively. Like most things, communication is a *skill* to be learned and honed throughout our lives. In your clinical sites, you are going to be confused, lost, and frustrated at times. You will make mistakes. The purpose of this handout is to learn—not to be perfect. Here are some tips on how to better communicate the issues you may encounter:

Instead of....	Try...
"I have no idea!"	"I don't know the answer to that yet, but I will research and get back to you." (And actually research the answer and get back to the person.)
Someone puts you on the spot, and you aren't ready and/or prepared to give an answer. So you make up an answer or fumble through one without being sure of your accuracy.	For those of us who need time to think, we are presented with this scenario often, especially in fast-paced working environments. There is nothing wrong with communicating that you need more time to consider your answer.
"We need to develop an IEP for an ESL student and prepare an FBA for the BIP to ensure FAPE . . ." and nodding along even though you do not understand what is being said.	There are a lot of acronyms in our field, especially if you work in a school-based setting. Remember: you are in your setting to learn. This is the perfect place to say, "You lost me at IEP! Can you please remind me what the other acronyms are?" It takes time to master some of the speech-language lingo.
"I don't get what we're doing."	"Can you please help me better understand why we are doing this? Can you please show me how you want this completed?"
"I don't know how to do X therapy."	"I haven't had X coursework yet. Can you please show me how you want this completed?"
"My therapy session was terrible and didn't work well for the patient."	We have <i>all</i> had this happen. We have all planned a beautiful, purposeful session—and it fell apart within the first two minutes of therapy.



“Eek! Report writing! I have no clue!!”	“What components are needed for this documentation/report? Where do I find the needed components? Do you have a sample documentation/report that I can reference?”
“Oops! I messed up!”	Own your mistake! We’ve all made mistakes in our field. If an apology is warranted, a simple, “I am sorry for X . . .” If an apology is not warranted and instead clarification is needed, try, “Can you please show me again how you want this completed? I would prefer not to make the same mistake twice.”
You disagree with your supervisor’s decision making in therapy–so you correct them. For example, your supervisor is working on /r/ at the sentence level and not using tactile cuing. You think the patient should step back to word-level practice and use tactile cuing.	“Can you help me understand why we are working at the sentence-level instead of word-level? Why is tactile cuing not warranted in this case?” Again, finding out the <i>why</i> will help you decide how to respond.
You have questions regarding your supervision or feel uneasy about something in your placement. For example, your supervisor is regularly clocking out early and leaving you with little to no supervision. You tell them, “Please stop clocking out early. I need more supervision.”	Because there are program and licensure requirements regarding supervision of skills, please reach out to Amy Marshall, clinical coordinator, or Katie Suggs, assistant clinical coordinator, for guidance here.
An ethical dilemma arises in your professional life.	You can always check the ASHA code of ethics or your state licensing board’s code of ethics. You can always email Amy Marshall, clinical coordinator, or Katie Suggs, assistant clinical coordinator, for any guidance you need. We are <i>always</i> here to help <i>you</i> !

