

## **Research Assessment #2**

**Date:** September 11, 2020

**Subject:** Pediatric Speech Pathology

**MLA Citation:**

ASHA. "Pediatric Dysphagia." *Overview*, ASHA, 2019,  
[www.asha.org/PRPSpecificTopic.aspx?folderid=8589934965](http://www.asha.org/PRPSpecificTopic.aspx?folderid=8589934965).

Childrens, UNC. "Feeding and Swallowing Disorders." *UNC Children's Hospital*, 2019,  
[www.uncchildrens.org/uncmc/unc-childrens/care-treatment/feeding-and-swallowing-disorders/](http://www.uncchildrens.org/uncmc/unc-childrens/care-treatment/feeding-and-swallowing-disorders/).

### **Assessment:**

When envisioning a Speech Therapist, many inaccurately imagine someone who 'simply' treats those with stutters or those who slur their words. Speech Language Pathology consists of much more than just diagnosing and treating speech, that of which includes communicating, listening, understanding, reading, writing, socializing, feeding and swallowing. Feeding and swallowing specifically, may be harder to acknowledge, but are highly treatable and just as important to treat, especially at a young age.

A presumption I had made after being informed that Speech Pathologists treat the eating process, was that the disorders involving thus, are not identifiable without medical testing. What I have concluded thereafter analyzing this topic further, is that these disorders can also be pinpointed by nearly anyone because many are observable. These symptoms include but are not limited to, heavy breathing, choking/heavy swallowing while eating, frequent congestion, noisy or wet eating, as well as taking abnormally large or small amounts into the mouth at a time. This is necessary to consider as medical testing is more costly and time consuming, than solely examining eating habits. As well as expanding on my previous assessment, as to the significance of relationships, this has the potential to aid in keeping a positive relationship between clients and myself in the workplace. In simplest terms, if the same result can be concluded from observance, as can be concluded from a medical test, the client will be happy to hear that you are addressing them in the cheapest option, if it is a possibility. This information leads me further into the curiosity of the extent as to which medical testing would be necessary, as well as the resources I could potentially provide to clients (opposed to a different professional) to further their treatment on my own.

Another discussion addressed in both articles was that swallowing and feeding are typically diagnosed and treated by a team of professionals, rather than one by themselves. Many professionals including pediatric gastroenterology physicians, nurse practitioners, pediatric nutritionists, and speech pathologists, work together to provide

clients necessary diagnosis and then further procedure. This magnifies the importance it will be for me to dilate my knowledge of teamwork as much as possible, as if I do not know the answer to something, there is the possibility of a whole team of people working alongside me. Keeping that in mind, I will vaguely study the positions in which I could be placed in partnership with, as their profession seems to go hand in hand with mine. I can prepare for this by practicing companionship with co-workers at my current workplace, Eagle Gymnastics. My current experience relates directly with this part of the profession of Speech Language Pathology, as coworkers and I all coach different levels of kids, and those with different personalities, excetera, but we all are able to help each other out and provide ideas to one another. Many of the things I conclude about this profession can be practiced before pursuing the career and I am interested in looking into what can be done.

When researching “things pediatric speech pathologists do that many are unaware of” and reading both articles, a common topic is that of assisting with children's diets, when having swallowing difficulties. Personally, when envisioning telling a kid they cannot eat something or they need to eat more of something they do not like, I consider it a challenge or discomforting situation. What I have drawn from analyzing the articles is that it is uncommon for the actual diet to have to be changed, but more likely to assess the habits a child has as they eat. This is good to know as it eases my ‘fear’ and causes it to be a more approachable topic I could treat with comfort. Although from my understanding avoidance is not always the case, I am interested in exploring the ways I can become comfortable communicating that to children and learning some basics about dieting. I intend to test some of the common ways of temporary treatment used, such as tilting head to one side while eating, so I can prepare myself to relate to further research, and additionally provide myself some questions to ask a professional.

Now that I have expanded my knowledge in the subtopics of feeding and swallowing, I have gained interest as of what is to be researched next. I look forward to finding a mentor who can address some of these particular subjects with me and inform me of even more unexpecteds I could be approached with by Speech Language Pathology. I aim to know the basics of additional subjects of Speech Language Pathology before meeting with my first professional. Topics such as necessary tools and the psychology behind speech are interests of mine to look into next. Researching those will provide me background knowledge and content based questions for future interviews and mentor visits.