

Q&A With Amanda Cole, Outpatient Speech-Language Pathology Fellow

Amanda Cole, CF-SLP | Class of 2019



- **Undergraduate school and major:** University of Virginia, communication sciences and disorders; Spanish
- **Graduate school:** Vanderbilt University, M.S. in speech-language pathology
- **Hometown:** Richmond, Virginia
- **Professional interests:** acquired cognitive-communication disorders, motor speech disorders, aphasia
- **Fellowship completion year:** [Outpatient speech-language pathology fellowship](#), 2019

Why did you pursue an outpatient speech-language pathology fellowship?

I pursued a fellowship in the outpatient setting because I was interested in working with individuals to improve their quality of life and increase their participation in daily activities after an acquired brain injury or illness.

Why did you choose the fellowship program at Johns Hopkins?

I chose this program because Johns Hopkins is a unique place that attracts both patients and professionals from Baltimore and all over the world. I was hoping to have a diverse caseload of patients and meet many interesting new colleagues. And both happened!

What were your general responsibilities as a fellow?

My clinical responsibilities generally included evaluating and treating patients in our outpatient neurology clinic. Additionally, I had weekly outpatient videofluoroscopic swallow studies — VFSS — and evaluated patients in the ataxia clinic monthly. I also worked closely with other rehabilitation professionals to provide collaborative care for our patients, including participating in weekly Rounds meetings with the brain and stroke rehabilitation team.

What was your caseload like and what kind of patient populations did you work with?

I had a diverse caseload of patients with needs in all of the areas that speech-language pathologists treat: aphasia, dysphagia, motor speech disorders and cognitive-communication deficits. I also had the opportunity to work with many patients with diagnoses that were new to me, such as spinocerebellar ataxia and Lance-Adams syndrome.

Name one important thing you've learned from your mentors in the program.

I learned to adapt evaluation and treatment procedures in order to meet the needs of individual patients. My mentors encouraged me to research new information and to be creative. They were also a wonderful resource to bounce ideas off of!

Were there activities outside work that helped you make friends and maintain work-life balance?

Yes. Both the outpatient team and the physical medicine and rehabilitation — PM&R — therapy residents were active in planning happy hours and other outside work activities. I got to know the outpatient team by working with them daily, and the PM&R therapy residents by participating in monthly journal clubs.

How has this program helped you grow professionally so far?

I learned a lot about communicating with patients, families and rehab professionals. In addition to daily communication regarding my current caseload, I had the opportunity to participate in two motivational interview trainings (the standard training and one for patients with cognitive impairment), which also helped me establish ways of communicating with patients throughout the rehabilitation process.

What advice would you give to someone interested in this program?

I would definitely recommend taking advantage of the shadowing opportunities throughout this fellowship to further your understanding of what your patients experience while attending other appointments — e.g., PT, OT, neuropsychology. These observations also give you a chance to ask questions to learn more about other disciplines and see how they can incorporate our SLP strategies in therapy, and how you could incorporate their strategies as well. This also helped me if I was reaching out to a physician recommending a referral to another one of my colleagues.

Anything else you would like to share about this program/your experience?

After the completion of this fellowship, I now feel much more confident as a clinician when I encounter a new patient with an unfamiliar diagnosis or severity of diagnosis.