

SOME INITIAL PROBLEMS ENCOUNTERED IN THE  
ORGANIZATION AND INTEGRATION OF A SPEECH  
THERAPY DEPARTMENT IN A TRANSVAAL PROVINCIAL  
HOSPITAL.

by

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The purpose of this paper is to present some of the problems encountered in organising a Speech Therapy Department in a General Hospital, as it is felt that the problems differ, quite widely in some respects, from those encountered in an Education Department Clinic.

In February 1947 a new venture was undertaken at the Pretoria General Hospital:- to provide treatment for yet another group of patients, those handicapped by speech, language and hearing disorders. Hitherto there had been no Speech Therapy provided at this hospital.

Accommodation.

The question of accommodation proved to be the first problem encountered. The Department was opened several weeks later in one small room 11 ft. x 15 ft., three walls of which were 7 ft. high beaver-board partitioning, dividing it off from the stairs and the Occupational Therapy Department, another new department to be started at the same time. This was at the top of the hospital in what was inappropriately known as the Sun Room - a store room cleared for the use of these two departments - with concrete floors, no running water, poor light and ventilation, and with little protection from the wind and rain which blew in unmercifully at times. The noise and distraction from the Occupational Therapy side made it quite impossible to hear oneself speak at times.

Some of the difficulties which arose from these conditions were:-

1. The lack of waiting facilities.
2. The absence of facilities to separate a child from his mother during case history taking and the discussion of his problems.
3. The problem of gaining rapport with patients, children or adults, who were fully aware that every one the other side of the partition could over-hear all we were discussing.

However, this was the start from which it was hoped to build up a better department, as the work became recognized, and the necessity to provide more suitable accommodation was realized.

Sixteen months later the department was moved to a newly opened branch of the hospital. The new accommodation consisted of two rooms and a small entrance hall, together with the use of the steep and the passage for waiting room facilities. The smaller room was used as a testing room and office, and the larger as a treatment room. These are in pleasant surroundings and comparatively quiet. The floors are wooden, and there is hot and cold running water, good light and ventilation. (Later, when a second speech therapist was appointed, another room was added to this).

#### Equipment.

As Speech Therapy was new at this hospital, little was known of the requirements of such a department. There was no difficulty in getting initial equipment passed. But rather, externally, in locating the best sources of supply of equipment other than that which was available in hospital stocks, internally, in locating exactly what helpful stocks were carried by each specific department in the hospital. Each department existed in relation to other already existing departments, there was a certain amount of overlap in the stocks carried by certain departments, and no one individual could be found who could supply all the necessary information as to what each supplied, and who had to sign the requisitions for each (some by the matron, some by the secretary and some by the Superintendent himself).

#### Educational Propaganda.

How were we to bring to the notice of the medical staff, that this new department was now open and ready to treat patients?

A circular was drawn up to the effect that these facilities were now available and listing, with short explanatory notes, the types of speech, language and hearing disorders which should be referred for treatment. This was sent to all honorary staff, and all wards and departments in the hospital.

Personal contact with Physiotherapy, Occupational Therapy and Social Services Departments proved very valuable in bringing the work of this new department to the notice of the medical staff.

One surgeon in particular has done a great deal towards helping establish this department, not only by planning a very workable scheme of integration for his patients

requiring speech therapy, but also in stressing the importance of speech therapy for these cases to all medical students under his tuition in addition to his qualified medical assistants.

The Social Services Department and doctors serving on the panels of certain medical benefit societies in addition to their hospital work, have been the source of patients being referred for treatment from external sources, such as the Municipal Health Clinics, Iscor, the Railways, and the Pensions Department. Several Nursery Schools in Pretoria have also made use of these facilities.

#### Stimulating Co-operation and integration with Medical Staff.

This has proved by far the most difficult problem that has had to be tackled, and the one in which the least results have so far been achieved. This problem has become increasingly difficult since the department was moved, as there is far less chance of personal contact and keeping track of the ever changing resident medical staff.

The apparent lack of interest and co-operation from many of the medical people is probably due part to the fact that they are very busy, in part to the tendency to be wary of anything that is new, and in part to ignorance. They have very little knowledge of speech defects, their etiologies, and methods of correction, through no fault of their own. They therefore do not realize that their assessment of the patient as an individual from the physical, intellectual and emotional standpoint, may have an important bearing on his speech defect, its prognosis and plan of treatment. There seems to be a tendency for many of them to regard speech as an isolated function, rather than as our primary means of communication and an integral part of the total personality.

This is a problem which we as Speech Therapists, must learn to solve through our own efforts, to show the medical profession what it is we want to know and why, without building up antagonism. We must learn medical terminology, and be able to explain clearly and concisely what it is we require from them. To quote Dr Henry, speaking to the American Speech Correction Association -

"It is up to you to make your medical wants known.  
You yourselves will have to educate the physician".

Traditionally, medical men have been regarded as superior beings, and have learnt to expect this from, not only their patients, but all members of the staff. This must always be borne in mind when contacting them for information and assistance if one is to build up an attitude of co-operation.

A further problem to combat is the tendency of many medicos to withhold from the patient, in the case of an adult, and from the parent, in the case of a child, the true diagnosis. This has been particularly evident in the case of Dysphasias and Dyslogias. They most assuredly have their reasons for this tendency, and it would be unethical to contradict, to the patient, the diagnosis given to him by the doctor. Whereas, if the patient and/or parents could acquire an understanding of the problem and its future implications, it would facilitate the planning of treatment and the discussion with them of the program to be followed. Moreover, it helps them to adjust more adequately to the problem as it stands in the present, and as it will alter in the future.

There is also the need to maintain the interest of the Doctors in the progress of their patients undergoing speech therapy. As compared with other treatments, this is often a long-term treatment - its results being slower and less obvious. Often, at any one time, the progress in social and economic adjustment is of more importance than that of the actual improvement in the speech, as many of these problems arise from the patient's attitude and reactions to his specific speech difficulty. It is essential for us to consider each patient as an individual, interpreting his difficulties in the light of his own personality, particularly as one so often finds that doctors and staff of other departments are too busy to consider him in this light.

#### Integration with other Departments.

For the smooth running of any one department, it is essential to co-operate with other departments. Therefore it is necessary to know something of the nature of their work and how they operate, and to maintain friendly though disciplined relations with the staff of each of them. This is by no means always easy, many departments being cramped, understaffed and very busy. It becomes far easier when one realises that their haste and irritability is generally a reflection of their working conditions, and is not directed at one personally.

This integration involves:- telephone exchange, workshops, linen room, stores, dispensary, kitchen, the porters, and administration staff as well as the wards, Radiography, Physiotherapy, Occupational Therapy, and Social Services Departments.

#### Administration.

This has two aspects. Firstly that of securing the assistance and co-operation of the general administrative staff of the hospital wherever necessary, e.g. in connection with accounts, typing, signing of orders, roneoed material, registration of

patients, and supplies.

Secondly, that of the administrative side of the department itself. This takes up a considerable time, and involving many items: e.g. requisitions, the checking up of equipment ordered and not yet received, letter writing, registration cards, the correlation of attendance schedules with other departments, searching for data in bedcards and files, copying of relevant data for records, supervising the follow-up and rechecking of all temporarily discharged patients, and attendance register of patients, files on each patient covering the treatment he is receiving, together with the many other items which arise from the handling of specific problems and patients.

There are several other problems which could be discussed at some length, which I shall just mention here:-

1. Development of a plan of co-operation with all other Speech Therapists employed by other organizations in the same area, so as to prevent overlap and at the same time provide the best treatment available for each particular patient.
2. Associations and integration with Civic Groups, Organizations and Institutions in the area and further afield, whose assistance and advice might prove valuable during the treatment of any one patient.

Only some of the more important problems encountered in setting up a Speech Therapy Department in a General Hospital have been discussed here. Many others are met in establishing such a department but none are unsurmountable. There are frequently times when one feels inclined to let things slide because they seem too difficult to surmount for the time being, and the results seem so slow in coming. It is at such times that it is essential for us to remember that we belong to a profession which is still very young in this country, and which has to fight every inch of the way towards recognition. The part each and every one of us has to play towards this end is never to let circumstances overwhelm and defeat our ultimate purpose.