To be or not to be? That is the question. This Shakespearean phrase from the play Hamlet may sound very familiar to many. No, we are not going to analyse Hamlet, as it will take longer than just an editorial. This phrase is actually more than 400 years old, and yet it is so relevant to our days! Lately, we all came to terms with how many roles each one of us has. We might not have realised this until we had to juggle each of them at one go, under the same roof. But, despite the number and nature of the different roles one can carry in one’s profession and in society, who do you really want to be in this circle of life? It’s all about choices.....how one looks at life events, how one tackles them and faces them. I can choose to be that person who sees a difficulty in every opportunity or else I can be that kind of person who always manages to find the opportunity no matter the difficulty. I can be that one who while the others whine about the wind, I am the one who adjusts the sails. On the other hand, I can just be that kind of person who chooses to look at what is happening around me, maybe complain about it, but let others dirty their hands because it is not my fault. But what if I start doing and not let the ‘maybe’ take over. It’s the little things that really count and make a difference not only in one’s life but also in others’ lives. Today is like a present so let’s unwrap it and really start enjoying the moment. We will not change the world but rest assured that the very small things will surely lead to that. In fact, allow me to thank my friend and colleague Jamie Said. Thank you! for your work behind the scenes is very much appreciated! So, while inviting you all to be vivid in these times, I would like to share with you a very short sweet video on how simple effortless gestures can make a brighter nicer day!
AAC Goal Setting: hAACks

Target audience: Professionals working with individuals with Complex Communication Needs.

Presenters:
Martina Zarb & Jamie Said
(Speech-Language Pathologists)

Monday 8th June 2020  18.00 – 19.00
ASLP Members: Free
Non-members: €2.00

Limited number of participants
Book your place on info@aslpmalta.org

Also coming up

Living with Parkinson’s Disease: introducing methods for an improved quality of life. Webinar organized in collaboration with the NGO Step Up with Parkinson’s, on Wednesday 24 June 2020 at 1800hrs

Covid-19 advice to the public

To date, there is no evidence or information to suggest that the COVID-19 virus is transmitted through houseflies.
The virus that causes COVID-19 spreads primarily through droplets generated when an infected person coughs, sneezes or speaks.
You can also become infected by touching a contaminated surface and then touching your eyes, nose or mouth before washing your hands.
To protect yourself, keep at least 1-metre distance from others and disinfect frequently-touched surfaces. Clean your hands thoroughly and often and avoid touching your eyes, mouth and nose.

FACT:
COVID-19 IS NOT transmitted through houseflies

World Health Organization

#COVID19  #coronavirus

5 April 2020
Protective mask... why and how to wear one

In the light of relaxation of certain measures and the new restrictions by which these measures are being allowed, we have to come to terms with using protective masks and include them in our new lifestyles. It may be useful to know of the different masks available and also the proper way to wear one. The Health Promotion and Disease within the Prevention Directorate provided the following information. You may also follow the link here for a short video on how to wear a protective mask produced by WHO.
Just to say Thank You

In this issue we would like to show our gratitude to our colleagues, Speech Language Pathologists, who have been serving on the front line in different caring facilities with the most vulnerable citizens, among which St. Vincent De Paul (SVP) and at the Community Specialised Adult Services (CSAS). Your hard work may not be often highlighted but rest assured that it is very much appreciated. So here we are sending our thank you, and we mean it from the bottom of our heart!

PSYCHOLOGICAL WELLBEING FOR FRONT LINE WORKERS
DEALING WITH CHANGES & TRAUMA DURING COVID-19

• ACKNOWLEDGE YOUR EXPERIENCES AND EMOTIONS

Why? Feeling under pressure is a likely experience for you and many of your colleagues. It is quite normal to be feeling this way in the current situation. Managing your mental health and psychosocial well-being during this time is as important as managing your physical health.

How? Try to understand that stress and the feelings associated with it are not by no means a reflection that you cannot do your job or that you are weak. Manage your expectations of yourself and remember that this situation is unprecedented and out of the ordinary.

Acknowledge and be accepting of your coping mechanisms, which differ from person to person. Consider sharing your experiences of the current situation with people who can understand you. If your emotional and/or mental distress persists, reach out to psychological services for professional support.

• PREPARING FOR THE AFTERMATH

Why? After a period of working during COVID-19, a readjustment period is to be expected which would require making personal reintegration a priority. Becoming aware of the available means and services in advance can be very reassuring.

How? You may consider the following: seeking out and sharing social support; checking in with other colleagues to discuss work experiences; increasing supervision, consultation, and collegial support; scheduling time off work for gradual reintegration into personal life; avoiding negative long-term coping strategies; and psychological therapy.

Call 1770 for 24/7 Psychological Support

Psychology Department
Mental Health Services Malta

We are here for you!

With all the changes happening our first priority as healthcare workers is towards our clients and their wellbeing. Having said this, the psychological wellbeing of all those frontline workers is of utmost importance. We urge you all to take care of yourself so will be able to take care of those in need!

Photo – Mental Health Services Primary HealthCare Malta
Storytime

GHALIEX GHANDNA NOQOGHDU ĠEWWA

Storja originali ta’ Samantha Harris u Devon Scott, maqluba għal Malti minn Learning Stars
... Storytime

“Millie, imqajma?” Sue staqsiet.
Sue ma setghetx tongd, allura riedet tkun tal jekk othha ghodhiex imqajma.

“Iva mqajmal” Millie wlejjet.
“X ghandek bżonn Sue?”

“Wollusa qed naħsuk karmenjxon kuntasta il Roll filmien qed neċeghdu d-xar. Vera qed riċiha gatt.”
Sue kompiża.


“Jettia tal miċkrobli li huma taqbiż, għettja li huma fieljar.”
Il Koronaa huwa miċkrobli taċ-ċass, u jista jinommu li kif kollu. Niċċabrx-nnaxx u-xawm f’humetl-ink flukkjutaries:
Anke dotta li garea taqbiż
Għollhek kullkoll ta’ bjàs bi WWF bil-İnfluzzenza ma tattinnox. Kvarri ta’ ħol li tħasseri!”

“Xi’sentorn li jista” jkolluk human
(ie-egħna, id-dejri u grat SME natta)

“Importanti li naħsla idejna spiss, nibba l-maskmeta aċċettatur rix jiexxi qabel u nibba l-tamass siskill id-proteż.”

Xit fa’d għandhom mara u papahbaħne, u lupax oħne. Dawk jinsel xu fekkedhom. Hawa importanti li naħsla idejna spiss u xawm f’humetl-ink flukkjutaries:
“Nifhrax Millie.”
“Imma Millie...” Sue twieq elż. “Din ax żużum ha fna!”

“Tin Sue, dagħi niġu diżerj l-importanti li naħsla id-proteż u nibba l-tamass għolien filmien!”
“Covid times” – That is what we call them. The underlying notion upon which we have tacitly agreed is that we are having to quickly adapt to an ever changing scenario. The ‘novel’ nature of the virus also meant that the “unknowns” were many; leading to a rolling hour by hour strategy to deal with it.

Apart from myself, our SLP team at SVP includes Paul Schembri, Emma Fenech, Helen Fiorini, Ruth Calafato, and Edwina Goudar.

On 7th March - the day the first Covid-19 positive case in Malta was diagnosed – the management at SVP kicked off the necessary protocols to ward off the virus from the SVP campus. Relatives were no longer allowed to visit and all staff had to be triaged at the gates before accessing the grounds. Symptomatic staff or staff with a documented history of travelling were not allowed in.

As the days rolled by and the number of cases increased, new policies had to be implemented. Our clinics were converted into a swabbing centre, thus forcing us to pack up all sort of things which had accumulated over the span of 20 years and move to a make-shift clinic. This ‘clinic’ was also to serve as the Covid patients mortuary should the need arise. This dual designated role meant that in the thick of it we could have been ‘asked’ to relocate… again!

With respect to patients, in the early days it was business as usual. We continued seeing patients on a daily basis, as required. Ongoing training in donning and doffing started too.

As the numbers of positive patients in the community kept on increasing, we took further precautions and redistributed wards. Firms were formed and every SLP worked within specific wards and within the same firm, so SLPs could only cover their designated wards. At this stage, all leave and study leave was stopped to ensure staffing levels are not adversely affected.

We were also asked to plan for services once we had our first positive patient. Three wards within the Ruqar Briffa complex were now exclusively dedicated for Covid patients. RB1 was marked to cater for new admissions and patients who needed to go to MDH for treatment or investigations. Patients in this ward would stay there for 14 days in preventive quarantine. Once swabbed and cleared for discharge they would be transferred to the clean area. RB2 and RB3 were modified for COVID patients. Every room was modified, anterooms with extractors where built, intercoms where installed in each room and the wards were cleared up with most furnishings and all soft furnishings sent to storage.

On 9th April, we had our first positive patient. Working with a positive patient was challenging. The patient was generally well throughout the Covid positive period. But on the fourth day, the patient began to develop signs consistent with aspiration pneumonia, which meant that I had to visit and examine in very close proximity of the patient. Once diet was modified and patient was no longer aspirating, a quick stabilisation occurred and within three weeks, test results returned negative and thus discharged back to the ward.

Donning done, sessions generally lasted 2 to 3 hours, because due to a lack of PPEs once someone in full PPEs went into the room, the person had to do whatever needed to be done. The hardest part was to resist the urge to remove my gloves once they got dirty. Once in there nothing goes off so I had to keep reminding myself to clean gloves with alcohol wipes and to continue working rather than change into a new pair. Examining the patient with full PPEs was quite a challenge too. With the visor and stethoscope getting in the way.

I am glad I had the opportunity to make a difference, and to help save a life in such unusual circumstances. Would I do it again? Undoubtedly… this is what we signed up for years ago when we decided to become healthcare workers; and nothing beats the satisfaction of saving another human being’s life!
Covid-19 meant continuous changes on a daily basis, in order to maintain optimal SLP services while protecting ourselves and our clients from the virus. As Annelise mentioned, our first change was to pack all our clinical stuff and move out of our office, which was turned into a swabbing area.

In order to restrict contamination, we reshuffled our wards amongst us in a way that each covered one block of wards, to minimise running around SVP. This meant saying abrupt goodbyes to long-term colleagues and clients and adapting to wards that were new to me.

With the first COVID-19 patient, our colleague moved her SLP services to the Covid ward, meaning that the rest of the wards were covered by now 5 SLPs. Referral modes were also changed to electronic routes, in order to further reduce chances of contamination via paper referrals.

As the cases continued to rise in number, we were now adapting to our new roster mode. This meant that we no longer met our fellow SLPs and only communicated amongst each other electronically as we attended SVP only on our specific days or solely on the wards that we were responsible for. Working on stand-by brought some instability at home as neither me nor my family would know if I was to visit clients at SVP or work from home. Routine became a thing of the past as we juggled among house chores, online education of my kids, the development of telepractice and leaving the house abruptly to follow up clients that were referred.

Despite the difficult times, I can only say that I am proud to be part of the SLP team at SVP as we managed to adapt effectively and efficiently in times of fear and uncertainty, while maintaining optimal SLP services at SVP and PHC.

Ruth

Left to right: Nicola Saccassan, Pasquale Balzan, Stefan Sciberras and Ylenia Mamo, CSAS Team.

Our everyday working routine has been severely affected and we must admit that this is a very challenging time. To minimise risks of cross-infection, we are working individually on a rotation basis. Our temperature is screened prior to entering the hospital, and we are provided with basic PPE. Given the situation only urgent dysphagia cases are being followed up.

Due to the fact that we are seeing vulnerable people in one entity, all other community services have been withheld.

Work is being done at an individual basis which means that we don’t have physical contact with other colleagues. Since we are entering a hospital, we are doing our best to minimise contact with our own family members, which lead to feelings of isolation and anxiety.

Nicola, Pasquale, Stefan, Ylenia
Members Corner

This corner is meant to reach out to all of you by sharing more positive vibes. We called for our members to send us their contributions and we are receiving quite interesting ones, varying in nature. Thank you and keep them coming! We would like to remind you that you may submit your contributions on info@aslpmalta.org and they will appear in the coming Let’s be Vivid issues.

Here we are sharing a video sent to us by GRAZIELLA. M. CINI. She wished to share it as she felt it helped her start looking at this new situation from a different perspective. Graziella is a newly graduated Speech Language Pathologist (SLP). Her special interests are Developmental Language Disorders and Autism Spectrum Disorder. She works within the Speech Language Centre, offering speech and language services at St.Paul’s Primary School. She is also a freelancer SLP at Inspire Foundation in Gozo.

The COVID-19 started as much less of a real threat than it is now. I think it’s fair to say that most of the country was not worried about how it might affect us when we first heard about it. Now that it is in full swing we are all now well aware of how much of a threat it is.

I can confidently say that my life has indeed changed. As a new recruit at the Speech and Language Centre, this is not how I planned to spend my first few months as an SLP. Coming from a family who every member works in the healthcare sector, I am the only one can do telework. Moving in with my 83 year old grandma, helping her in her daily activities was not an easy task as I had to adapt to a whole new routine. Sticking to this new routine was the biggest challenge as I had to manage my time better, knowing that there is someone who’s depending on me. However, I never lost hope. I stuck to my routine by waking up early, do chores, do my work and then workout. I eat at the times we normally would eat. My routine is extremely repetitive, and we have only been doing this for a few weeks. I understand that we may have to do this for a long time, and I am fully willing to do so in hopes that we can return to normal soon.

While in reality, the world feels paralyzed in a suspenseful state of anticipation of the future. It’s ominously quiet, however our homes are full of life, parents are playing board games with their children again; we’re enjoying supper together; and yes, in the midst of this chaos we’re having more quality time with our families. Despite the crystal clear blue skies from the lack of traffic, the future couldn’t be more obscured as everyone waits anxiously hoping for the pandemic to pass. In some ways, we all have a common enemy for once: COVID-19. So, maybe this common suffering and challenge will make the world see each other as one thing, as one generation.

Above all this, I feel incredibly optimistic about the future, there is an antidote to fear: HOPE. This will pull us through these difficult times. By having faith that this virus will pass. We have to hold on. We shall not give in to fear. We shall be mindful and supportive for those deeply affected either physically or emotionally. I sincerely believe that we will be able to persevere and come out stronger than ever.

So here is a very short video I would like to share with you….lest we forget…. #weremember

Graziella M. Cini
Telepractice

As telepractice is becoming more engraved in our new lifestyles, different professionals are seeking the best ways to reach out for their clients, to keep in touch and providing the same or similar service as before. In this article Pivoting to Telepractice: Adapting Audiology Care to our New Virtual Reality, we are given some tips on how Audiologists too can adapt to this new normal and reach out for their clients. This article is written by Laura Coco AuD, CCC-A, a PhD candidate in speech, language and hearing sciences at the University of Arizona and Nicole Marrone, PhD, CCC-A, an associate professor in speech, language and hearing sciences at the University of Arizona.