

# bulletin

THE OFFICIAL MAGAZINE OF THE ROYAL COLLEGE  
OF SPEECH & LANGUAGE THERAPISTS

January 2015 | [www.rcslt.org](http://www.rcslt.org)

**70**  
CELEBRATING 70 YEARS  
1945 - 2015

Establishing a  
competency-based  
programme

Useful advice  
on how best  
to secure new  
clinical business

Reducing risk  
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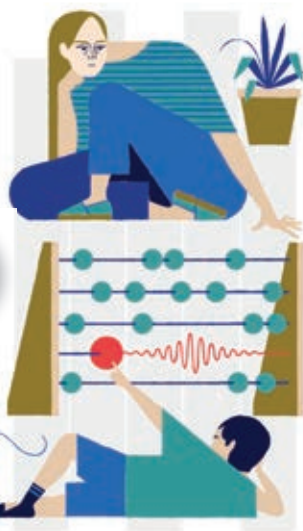
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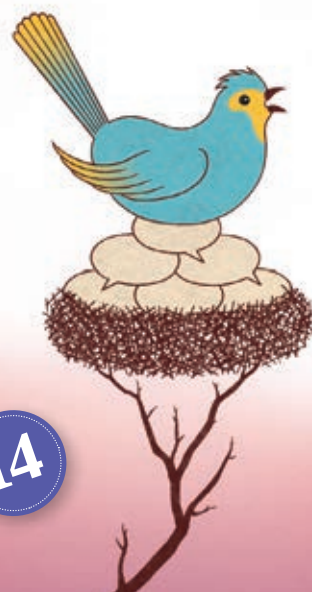
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# Steven Harulow

EDITORIAL



Bulletin thrives on your letters and emails. Write to the editor, RCSLT, 2 White Hart Yard, London SE1 1NX email: [bulletin@rcslt.org](mailto:bulletin@rcslt.org) Please include your postal address and telephone number. Letters may be edited for publication (250 words maximum)



## Degrees of readiness

**A** happy new year to one and all. Whether you are still enjoying your festive break or have already headed back to the harsh realities of that cold January morning journey to work, I hope 2015 proves to be a good year.

The skills, values and attributes that managers and clinical and education colleagues expect in new SLT graduates are the subject of our cover feature this month (pages 12-13). In this article, Jane Nicklin looks at work commissioned by University College London to inform its masters level pre-registration speech and language sciences course.

I would be very interested to hear your views on the subject. Are new graduates ready for the rigours of the clinical workplace? Do employers and educators have realistic expectations of newly-qualified practitioners? Email me with your thoughts or send a tweet to <https://twitter.com/RCSLT>

Elsewhere in this issue, Alison Nickson explores the use of social media in developing online professional networks (page 14). She says it shouldn't come as a surprise that Twitter 'works' on a professional level.

On pages 16-17, Judith Burt describes a project to establish a competency-based programme for Band 5 and 6 SLTs working with clinical voice disorders.

Meanwhile, on pages 18-19, RCSLT Workforce Planning and Development Adviser David Amos provides some useful advice on how best to secure new clinical business.

### Steven Harulow

Bulletin editor

[bulletin@rcslt.org](mailto:bulletin@rcslt.org)

### My RCSLT

#### Aysha Siddika



I am a newly-qualified therapist. Having been the Cardiff Metropolitan University student representative on the RCSLT Wales Board, I have seen first-hand how dedicated and committed the RCSLT is to our profession and to its members. The RCSLT was incredibly supportive of student Giving Voice events, providing advice and resources along the way. It also provides a lot of

guidance regarding the newly-qualified practitioner competency framework. I especially appreciate having access to journal papers – this means I can keep abreast of new developments in the field and expand my knowledge base whilst awaiting that all-important first post.

## Service users deserve appropriate therapy interventions

I am writing to congratulate Gina Davies ('Making therapy meaningful', Bulletin, November 2014, page 11) for her thought-provoking opinion about the consultancy model.

The dissonance between providing effective service provision with managing demand and meeting targets does not excuse dilution of clinical outcome driven or evidenced-based speech and language therapy clinical services into consultancy models of delivery. I am not advocating against skill mix or universal services, rather that comprehensive service delivery should provide a range of efficient service models and this includes aligning tailored application of the highest skill set with the most complex presentations.

In a period of service attrition, it has become another major challenge to influence our stakeholders to value direct speech and language therapy activities. The consultancy model may be one response to austerity measures, but when applied inappropriately this model undermines professional, targeted service provision.

Service managers must resist offering this as a blanket solution before it becomes the preferred model of general managers and commissioners in a slow creep towards thinly spread, lowest common denominator provision.

Independent practitioners have long recognised this. Indeed, for some the loss of freedom to tailor appropriate speech and language therapy has been the factor that propelled them into private practice.

Some services have already risked diluting their effectiveness and our profession's credibility by giving away our undergraduate and postgraduate training and skills acquisition to others. This has eroded the value, impact and reputation of our profession. Those who are leading change should consider the implications of their short-term planning and decisions on the future of our own profession and the consequences for our service users.

Our service users deserve appropriate therapy interventions with highly effective SLTs. Good speech and language therapy is life changing. It is a powerful synergy of science and art. I urge each SLT to think about what sort of service provision they would advocate for their family and friends. Would it not be high-quality, targeted speech and language therapy provided by an expert SLT?

H Fiona Robinson, Nottingham

*“Comprehensive service delivery should provide a range of efficient service models”*

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VISIT: [WWW.RCSLT.ORG](http://WWW.RCSLT.ORG) AND FOLLOW THE LINKS



## SLTs can help people with dementia find their voice

### RCSLT calls for better funding for dementia services in Northern Ireland

The RCSLT launched the Giving Voice for People with Dementia campaign in Northern Ireland on 13 November 2014 with a high-profile event in Stormont's Long Gallery.

Democratic Unionist Party MLA Paula Bradley, vice chair of the Health Committee, joined the audience of RCSLT members and health and community campaigners to raise awareness of the communication and eating, drinking and swallowing needs of people with dementia.

Speaking to BBC TV news at the launch, RCSLT Northern Ireland Policy Officer Alison McCullough MBE emphasised that there is only one part-



The Alzheimer's Society's Carol Hegarty, whose mother has dementia, tells delegates that as dementia progresses so too can communication difficulties

time SLT in NI specialising in dementia.

She explained, "Dementia is one of the biggest health challenges facing the world today and the RCSLT has made it our top priority from

2014 onwards. Too few people understand the role SLTs have in helping individuals with communication, eating, drinking and swallowing difficulties, and the support we can provide to carers.

"We aim to raise awareness of our role in dementia care. Our task is to demonstrate to fellow health professionals, politicians and, most importantly, decision-makers that we have a vital place in supporting the care of people with dementia, so that our services are properly funded and used appropriately."

The event also marked the launch of 'Communicating effectively with a person living with dementia' - Public Health Agency guidance written by Belfast Trust Dementia Care SLT Ruth Sedgewick.

Ruth said, "People with dementia who find themselves requiring full-time care are already at a disadvantage as they have no voice and are therefore not included in decisions about their life and care. I believe SLTs have a significant role to play in advocating and helping these people to find their voice.

"One of the reasons people with dementia have poorer outcomes is because healthcare staff are not trained with the appropriate communication skills required to break down barriers."

Visit: <http://givingvoiceuk.org/dementia>

#### NEWS IN BRIEF

#### The Early Intervention

Foundation's (EIF's) new report, 'Getting it right for families', provides practical advice and examples of how services can be 'joined up' or integrated across the early years. The report identifies obstacles to bringing services together, highlights some of the innovative work going on in 20 EIF pioneering sites and provides practical advice for local areas.

Visit: <http://tinyurl.com/ogkxfut>

#### Ataxia-Telangiectasia

(A-T) is the topic of new clinical guidance on the treatment of this rare genetic multi-system neuro-degenerative disorder, which from early childhood leads to increasing physical disability and significantly shortened lives. Produced by the A-T Society, the guidance covers the key clinical areas of genetics, neurology, respiratory care, immunology, treating cancer, therapy and dietary options.

Visit: [www.atsociety.org.uk/clinical-guidance](http://www.atsociety.org.uk/clinical-guidance)

#### Communicating Quality

The RCSLT is withdrawing CQ3 (2006) to avoid members referring to out of date information. A steering group will oversee the development of CQ Live. In the interim, please refer to the RCSLT website where you will be signposted to supporting documents and information, and where you can find out how to become involved in CQ Live's development.

Visit: <http://tinyurl.com/ppzu4ww>

**£1 million** is available to support care of older people. Do you have a track record of high-quality clinical and/or health/social service research related to the care of older people?

The Dunhill Medical Trust is inviting applications from senior researchers that propose an innovative, large-scale intervention aimed at improving the care of frail older people within their residence. Deadline 16 January 2015.

Visit: <http://tinyurl.com/m2qudef>



**SBT@SBSSpeechTherapy**  
@WordAware @RCSLT Should  
business studies and marketing be  
integral to SLT training? #SLT

**sarah@miriamw129**  
Love this new 'Evidence-based clinical  
decision-making tool' by @vjoffe  
@RCSLT: <http://tinyurl.com/o3add4n>  
#slpeeps

## Make every contact count in 2015

*Start the new year with a resolution to get involved in public health*

In June 2014, Linda Hindle wrote about her new role as lead allied health professional (AHP) at Public Health England (PHE). Since then, she has established a project board for each of the four agreed priority areas. The SLTs who agreed to represent the profession are:

- Michelle Morris MBE and Janet Cooper: Children ready for school/early years.
  - Eve Baird and Bryony Simpson: Making every contact count.
  - Professor Pam Enderby: Improving health for older adults.
  - Viki Baker and Dr Della Money: Emotional wellbeing and mental health.
- These groups will raise



awareness of the contribution SLTs are already making to public health, identifying specific areas where SLTs can do more, and suggesting mechanisms to measure the impact of interventions and communicate successes.

Professor Enderby says,

"We already do some fantastic public health work; however, this is often only apparent to our local areas. There are many opportunities for SLTs to have an impact on public health. We need a few key priorities on which we can collectively contribute to make a visible

impact and have a consistent message to shout about."

The two Sheffield universities will be working with PHE to map the AHP contribution to public health, to determine the breadth, scope and effectiveness of AHP public health work now; identify areas of promise with potential to expand; and indicate the strategic areas that will increase impact.

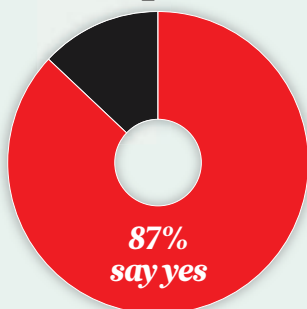
Early in 2015, PHE will record short videos showing SLTs modelling a 'making every contact count' approach. These will demonstrate how AHPs can incorporate the approach into their day-to-day roles and will also become part of the campaign to raise the profile of AHPs with stakeholders.

Similar work is occurring across the UK and leaders from each of the four countries will be getting together to identify where they can work together and opportunities to share good practice.

**To find out more or to share examples of your good practice email: [caroline.wright@rcslt.org](mailto:caroline.wright@rcslt.org)**

RCSLT Web Poll  
Have your say...

Are the SEND reforms a positive development?



VISIT: [WWW.RCSLT.ORG](http://WWW.RCSLT.ORG)

## Apply now for an RCSLT minor grant

The next RCSLT minor grants deadline is fast approaching on 11 February, so why not apply for some money to boost your continuing professional development activities?

Twice a year, the RCSLT awards grants of up to £500 to certified and other RCSLT members. This can contribute to presentations and/or attendance at conferences; conference fees; specialised training, particularly short courses; academic publications, such as publishing of research; research into speech and language therapy; and the purchase of specified



equipment and/or books (normally to a maximum of £100). We will consider other purposes on their merits.

Over the past years, grant recipients have used their money to help attend conferences as far away as San Jose and Pittsburgh in America, and Pune in India. Nearer to home, members have used the financial assistance to attend RCSLT and other national conferences. Grants have also contributed towards masters level modules, post-registration dysphagia courses and specialist short courses such as Hanen, Elklan and Picture Exchange Communication Systems.

Visit: <http://tinyurl.com/nn488gu> to find out more about the application process



**Stephen Parsons @WordAware**

Great article in @RCSLT bulletin by Gina Davies. Children with #asd need skilled intervention. Consultative model leads to disillusionment

**MMU Speech Soc @MMUSpeechSoc**

Great hearing Joan Whalley MP (@UKLabour, Stoke) ask about stroke patient service provision at #PMQs. @StrokeAssocNW @RCSLT #givingvoiceuk



**MARIA LUSCOMBE & KAMINI GADHOK**

# A new editor-in-chief for the IJLCD

The RCSLT is pleased to announce the appointment of Dr Steven Bloch as the new editor-in-chief of the International Journal of Language and Communication Disorders (IJLCD).

Steven (pictured), a senior lecturer at University College London’s Language and Communication Research Department, and graduate tutor for the University’s Faculty of Brain Sciences, will replace Dr Katerina Hilari, who ends her term of office in early 2015.



Steven is an existing IJLCD associate editor and has a healthy track record of peer-reviewed publications, book chapters and international conference presentations.

Commenting on his appointment, Steven says, “This role is such an honour. The IJLCD has an unrivalled international SLT professional brand recognition. Its home within the RCSLT and the fact that the majority of its manuscripts are authored by at least one SLT provide a strong model for clinical-academic partnership.

“The IJLCD editorial team will be looking forward to developing even more opportunities for clinical engagement through closer

collaborations with the RCSLT.”

In announcing Steven’s appointment, the RCSLT paid tribute to Katerina, who together with Professor Nicola Botting, has taken the journal to great heights during her 10 years as editor-in-chief.

RCSLT Chair Maria Luscombe said, “The RCSLT would like to thank Katerina for her work on the journal during the past decade. Under her expert stewardship, it has developed a strong international standing and a reputation for high-quality papers. Her work in assembling the journal’s editorial team and advisory board has been a key factor in the journal’s continuing success.”

## Giving Voice Week @ UEA

Students from the Speech and Language Therapy Society at the University of East Anglia (UEA) raised awareness of the RCSLT’s Giving Voice campaign during the week commencing 17 November.



Trying thickened drinks was part of awareness raising activity in Norwich

The week involved activities such as featuring on the university’s radio, raising awareness among students on campus and engaging with members of the public in Norwich city centre. Participants had the opportunity to discuss the speech and language therapy profession, write on Giving Voice speech bubbles, try thickened drinks and also to take free balloons and stickers.

I would like to take this opportunity to thank SLT Society President Danielle Tinker and all the students involved.

**Jasmin Hernon, Giving Voice Champion at UEA**

## TIME TO ENGAGE IN POLITICS

As we write, the news is full of the financial pressures facing the UK and the fact we might be returning to the spending levels of the 1930s, with all that follows. This, along with the stark figures on how much the NHS still needs to save, means we all need to engage in the democratic process leading up to the general election next May.

Regular readers will know that the RCSLT is working with both the third sector and with our Allied Health Professions Federation colleagues to meet with senior politicians across the political parties to highlight the value of allied health professionals and raise our profile. We have developed a number of asks along with case studies to illustrate how allied health professionals improve outcomes and provide value for money.

One key ‘ask’ is to move the health narrative away from its traditional focus on the activities of doctors and nurses and to highlight the role of AHPs as the third biggest healthcare workforce. Without a transformed workforce, we cannot transform services.

Given that we need to increase awareness across the political parties and with as many politicians as possible, we would like to call on you to arrange to meet with your local political candidates between now and May 2015.

*“Meet with your local political candidates between now and May 2015”*

There is more detail in October’s Bulletin (pages 12-14) and online, with ideas about how you can go about this. Visit: <http://givingvoiceuk.org/general-election-2015/>

Producing case studies with the necessary information is always a challenge. We have produced a useful template with the data you will need when you meet your local candidates. If you would like a copy of the template or any advice about meeting political figures, email: [peter.just@rcslt.org](mailto:peter.just@rcslt.org)

As part of these case studies, it is helpful to quantify your value in financial terms. The RCSLT Matrix report has done this for some areas, but it is important that you provide statistics related to your services – such as the impact of early intervention, early discharge from hospital, prevented readmission and the cost savings these can generate. We look forward to hearing about how you get along. Email Peter as above or tweet us at <https://twitter.com/rcslt> ■

**Maria Luscombe, RCSLT Chair and Kamini Gadhok, MBE, RCSLT Chief Executive. Email: [kamini.gadhok@rcslt.org](mailto:kamini.gadhok@rcslt.org)**

## Beyond GRBAS: developing auditory-perceptual analysis

In 1998, a British Voice Association (BVA) expert panel on the use of auditory-perceptual analysis schemes in the UK recommended that all SLTs should be able to use Hirano's Grade, Roughness, Breathiness, Asthenia, Strain (GRBAS) Scheme as the minimum standard. The panel felt SLTs specialising in voice disorders should use more detailed auditory-perceptual analysis systems.

In 2004, a group was set up to develop training in the use of GRBAS because no training was available and use of the scheme was highly inconsistent. By agreeing a set of consensus guidance on its use, listening to and consensus-rating voices, and developing training days

and workshops, the plan was for SLTs to develop their skills in rating voices using GRBAS.

Many training days did take place and some higher education establishments took up the teaching of GRBAS at undergraduate level. However, the plan to roll this teaching out nationally never really happened. Many SLTs, having used the GRBAS scheme, are very aware of its limitations but it would appear few are trained in other more detailed schemes, such as 'Consensus Auditory-Perceptual Evaluation of Voice' or the 'Voice Skills Perceptual Profile'.

Nearly 15 years since the initial BVA report, are we where we want to be in terms of developing and maintaining our



Do you work with people with voice disorders?

auditory-perceptual skills? With the increasing use of auditory-perceptual measures as part of evaluating outcomes of both therapy and laryngeal surgery,

perhaps it is time to move this project on. It would therefore seem appropriate to find out which auditory-perceptual analysis schemes are in common use and whether SLTs feel adequately trained to use them.

I am distributing a brief questionnaire to clinical excellence networks to find out what skills SLTs working with voice disorders feel they have in the field of auditory-perceptual analysis and how these can be developed further. I would also be keen to hear from anyone else who would be willing to contribute to the project and am looking for volunteers to become part of an ongoing 'Perceptual Analysis Project Group' - with the aim of building a robust framework for developing and maintaining this vital SLT skill.

**Sue M Jones, Consultant Voice Therapist, University Hospital of South Manchester. Email: [suem.jones@uhsm.nhs.uk](mailto:suem.jones@uhsm.nhs.uk)**

### The RCSLT prize draw Win a book...



PRIZE  
DRAW

Bulletin readers can win a copy of 'Beyond Stuttering' by Dave McGuire. Email your name, address and membership number to [prizedraw@rslt.org](mailto:prizedraw@rslt.org) and put 'January draw' in the subject line. **Entries close 15 January.** *November's winner was Julia Snelling from Stroud.*

## HCPC audit coming soon: is your CPD up to date?

The Health and Care Professions Council (HCPC) will begin its next audit of SLTs in July 2015. Organised to take place along with the renewal of your biennial HCPC registration, the audit will examine your continuing professional development (CPD) since your last registration period, from 2013.

As with the 2013 audit, the HCPC will examine a sample of SLTs during this year's renewal process to check registrants are meeting its CPD standards. The HCPC will send out renewal notices and notification of audit selection at the beginning of July; the deadline for both will be the end of September.

The HCPC will ask those it selects for audit to complete a profile that summarises their CPD activities from 1 October 2013 to 30 September 2015. You can use the information you recorded in your online RCSLT CPD diary to put into your profile by copying and pasting the details from

your CPD diary to the HCPC pro forma. For more information on HCPC standards, how to fill in your CPD profile and guidance notes for writing the profile, visit: [www.hpc-uk.org/registrants/cpd](http://www.hpc-uk.org/registrants/cpd)

### Your renewal and audit resources:

- CPD profiles in the CPD toolkit (chapter 8): [www.rslt.org/members/cpd/toolkit](http://www.rslt.org/members/cpd/toolkit)
- Sample CPD profiles: <http://tinyurl.com/6wkd649>
- Information on HCPC standards, how to fill in your CPD profile and guidance notes for profile writing: [www.hpc-uk.org/registrants/cpd](http://www.hpc-uk.org/registrants/cpd)
- Understanding the HCPC requirements for CPD and preparing for your CPD audit: [www.hpc-uk.tv/flash.html](http://www.hpc-uk.tv/flash.html)





**£1m**

Dunhill Medical Trust  
money available to support  
care of older people

**4,767**

full text downloads of 2012 Cochrane  
review of speech and language therapy  
for aphasia following stroke



**Derek  
Munn**

**COLUMN**

## A YEAR OF DECISION

It's 2015 and for political anoraks across the nation – of whom I am one – that means it's general election time. Last year was a warm-up year with Europe and immigration to the fore, along with the Scottish referendum and the rise of UKIP. At the very end, with George Osborne's Autumn Statement, attention turned back to public spending – with how much money the NHS needs and may get right at the heart.

We will continue our influencing work right up to the wire. Particularly useful since my last column was a meeting with Labour's Shadow Education Secretary Tristram Hunt MP around what Labour's approach would be to the new special educational needs and disabilities reforms.

Meanwhile, you have no doubt noticed that NHS England Chief Executive Simon Stevens has laid out his 'Five Year Forward View'. Politically, it's very astute, with headlines that chime with the agenda of all three main parties. For Labour, a greater role for health and wellbeing boards (HWBs) is proposed, along with the integration of health and social care. For the Conservatives, there's better access to primary care, with clinical commissioning groups (CCG) having the option of more control over the wider NHS budget. For the Liberal Democrats, there's a greater focus on mental health.

More power to HWBs and more power to CCGs? Hold on a minute. With tensions like this in the document, the exact emphasis will await the outcome of the election.

But it's clear that the system is moving ahead with much of the view right now, so we're engaging straight away on issues including expanded health and care roles; community-based staff working in new integrated out-of-hospital organisations; involving therapists in future models of primary care leadership; seven-day services; integrated personal commissioning; and much more. ■

*“Attention  
turned back  
to public  
spending –  
with how much  
money the NHS  
needs”*

**Derek Munn, RCSLT Director of Policy and Public  
Affairs. Email: derek.munn@rcslt.org**

## Rhyme Rocket lands in Worcestershire



**Professor Poet and First Officer Ditty, from the CBeebies television programme Rhyme Rocket, with the competition winners**

As part of the innovative ongoing Get Worcestershire Talking campaign, preschool settings took part in a competition devised by Worcestershire Children's NHS Speech and Language Therapy Service.

We asked participating settings to create a rhyme using a helpful rhyming resource. The prize up for grabs was a performance for their children with the original characters from the popular CBeebies television programme Rhyme Rocket, as they zoom through space on a mission to collect poems from around the

universe, one rhyme at a time. We were overwhelmed with entries but the final winner was Brighter Futures Nursery based in Malvern Worcestershire.

The owners of the nursery also gave a very touching video testimonial praising the support they receive from our service in the form of our Talking Walk In service and preschool intervention groups.

**Monica Smith, Worcestershire  
Health and Care NHS Trust  
Children's Speech and Language  
Therapy Marketing Team**

## Help us shape the RCSLT's online future

Are you having trouble finding what you need on the RCSLT website? Do you want to make a difference and help shape how the website will look in the future?

We have some very exciting ideas which we hope will transform your experience of the website for the better, but we need your help to make them work.

The RCSLT is looking for members to participate in virtual and/or face-to-face workshops to help inform the development

of our new website. Here is a taster of some of our ideas – using technology to signpost, discuss and share the evidence base; finding, reflecting and sharing continuing professional development; developing innovative ideas collaboratively; and providing new and engaging ways to develop and support the RCSLT professional community online.

If you would be interested in being involved in these workshops, email: [info@rcslt.org](mailto:info@rcslt.org)

## Get in on the pan-European 'Action'



Groups supporting children have never been brought together before to focus on intervention and service delivery

At a time when evidence-based practice is on the lips of practitioners and policy makers alike, the 'COST (European Cooperation in Science and Technology) Action' research network has funded major new research activity. The project is entitled, 'Enhancing children's oral language skills across Europe and beyond: a collaboration focusing on interventions for children with difficulties learning their first language. [IS1406]'

Estimates suggest that language impairment (LI) affects 5.8 million children and young people across Europe. There is evidence for the efficacy and effectiveness of intervention to improve the language skills of these children, but this information is not well disseminated and services are inconsistent. Many different academic and professional groups support the children, but these groups have never been brought together before to focus on intervention and service delivery.

This Action will enhance the science in the field and improve the effectiveness of services for children with LI and develop a sustainable network of researchers well placed to answer the key questions in this area. The network will be an

excellent opportunity for researchers and practitioners to come together to discuss the issues that matter, to look for patterns of practice across Europe and to take forward the evidence agenda.

The network will run for the next four years and consist of three working groups and what are known as 'short-term scientific missions' – where researchers can work in departments in the countries involved. The working groups are entitled:

- The linguistic and psychological underpinnings of interventions for LI.
- The delivery of interventions for LI.
- The social and cultural context of intervention for children with LI.

Professor James Law, Professor of Speech and Language Sciences, Newcastle University, will lead the Action, which will place particular emphasis on the development of early stage researchers with an interest in research in this area. It is early days, but interested parties can follow developments on Twitter (#COSTIS1406). As the Action develops, all will be able to communicate with intervention specialists across the Action countries, contribute to the working groups and attend the annual Action conferences.

### Aphasia tops Cochrane stroke review

Professor Pam Enderby writes: "The Cochrane Collaboration is a not-for-profit organisation of international collaborators which produces credible, accessible reviews of research evidence to inform healthcare decisions. The annual Cochrane report of review access and abstract downloads across the entire Collaboration indicates the Cochrane review of speech and language therapy for aphasia following stroke (2012) was the highest accessed Cochrane Stroke Review in 2013 (4,767 full text downloads and 8,535 abstract views) coming in above other systematic reviews from this group, including the review of organised inpatient stroke unit care and the review of the effectiveness of thrombolysis after stroke."

Visit: <http://www.cochrane.org>

### Dementia care research money available

The Abbeyfield Society is calling for research grant applications for 2014-2015 and is keen to support studies that cross boundaries between organisations, services and professions in the area of dementia care. The society seeks applications for its PhD studentships – typically around £20-30k per year over three years – from prospective supervisors. Grants in the small project category – up to £50k per year over two years – will cover applicant salary, running costs and possibly essential equipment. Pump-priming grants of up to £20k will cover preliminary evaluation of an innovative concept to underpin a more substantial application for research funding. Deadline, 23 January 2015.

Visit: <http://tinyurl.com/mflv8ru>



### DH endorses Baby Buddy app

The Department of Health in England has endorsed the contents of 'Baby Buddy', the free mobile phone app for young parents and parents-to-be launched by the charity Best Beginnings. Also endorsed by the RCSLT and other professional organisations, Baby Buddy guides parents from conception through to the first six months of a baby's life, using a 'Buddy' avatar, on their mobile phones. The Buddy provides tailored health and wellbeing information, sends regular messages with timely reminders and video information, and enables the parent to set goals, manage health appointments and find local groups and resources.

Visit: <http://bit.ly/1sBrquz> (Android) or <http://bit.ly/1nwkc4J> (iPhone)





## Eric Foggitt

# Opinion

**Eric Foggitt asks, does waiting for a swallow assessment delay patient discharge?**

## Time is of the essence



ILLUSTRATION Trina Dalziel

**T**he argument for dysphagia assessment of general hospital inpatients is straightforward: without it, some patients with dysphagia would probably eat and drink riskily and develop infections such as aspiration pneumonia; others would be fed via nasogastric or percutaneous endoscopic gastrostomy tubes; others still would eat and drink little, fearing that they would choke. The result may sometimes be fatal, but more frequently lead to further illness and discomfort to the patient and delayed discharge.

*“Our audits suggest a delay in awaiting assessment may slow patients’ recovery and cause extra days in hospital”*

A recent audit in Southend University Hospital attempted to monitor the impact of waiting for speech and language therapy

assessment over the weekend period, when no service is available. The audit compared the length of hospital stay of weekend-referred patients to that of those referred during the week. We audited 82 nil-by-mouth (NBM) patients assessed by an SLT – 39 of them referred over weekends and the remainder during the week. Unsurprisingly, over the weekend patients waited longer for assessment (more than two days), whereas during the week they waited a little over half a day on average.

Weekend-referred patients stayed in hospital an average of 9.46 days after assessment, whereas weekday-referred patients stayed 6.6 days. In other words, those 39 weekend-referred patients stayed a total of 85 days longer in hospital than their counterparts referred during the week. This despite the fact that weekend-referred patients were further down the ‘patient journey’ and had usually started antibiotic and other treatments by the time they were seen. We had expected these patients to be less acutely-ill, having been admitted on average 36 hours or so earlier than patients admitted and referred during the week. It would seem reasonable to think that they would spend less time in hospital after SLT assessment.

A further audit between October and December 2013 compared the average length of stay of 135 patients (19 weekend and 116 weekday referrals to speech and language therapy) taking oral diet and fluids. Weekend-referred patients had marginally shorter lengths of stay (6.15 days) post-assessment than weekday-referred patients (6.9 days). This is in line with expectations mentioned above – that weekend-referred patients who are not NBM have usually started on the road to recovery by the time SLTs see them.

These audits suggest one clear and one tentative conclusion.

First, patients should be referred as soon as possible for dysphagia and should not have to wait days for assessment. This may require a weekend speech and language therapy service. Second, there appears to be a link between the length of the NBM period prior to speech and language therapy assessment and the subsequent length of stay in hospital. The differential of some three days is clear and suggests that without adequate nutrition, a patient is less likely to get well. It may also be that there is an increased use of nasogastric tubes in patients waiting over the weekend for speech and language therapy assessment; this would also delay discharge.

There are other possible factors: over the weekend, the hospital is less well-staffed in many areas and therefore other assessments and interventions are delayed. Patients admitted on Saturday and Sunday may also be more acutely ill; less urgent cases would wait until Monday. However, the second audit of non-NBM patients calls this possibility into question.

The average age of our group was well in excess of 65 years and these short audits reminded us of the critical role that nutrition plays in recovery from illness, especially for older and often frail people. After all, going without food for a day or two may be unpleasant but tolerable for someone of working age; for someone of 80 or 85 it may be far more severe. Making a patient NBM due to risk of aspiration is one thing; making them NBM for two or three days while awaiting dysphagia assessment is quite another. The audits we conducted suggest this delay in awaiting assessment may slow their recovery and cause extra days in hospital. ■

**Eric Foggitt, Team Lead SLT, Southend University Hospital NHS Foundation Trust. Email: Eric.Foggitt@southend.nhs.uk**



**G**

etting a match between the qualities developed in new graduates and the demands of ever-changing services and

workforce is always difficult, but definitely worth striving to achieve.

University College London commissioned a piece of work to inform its masters level pre-registration speech and language sciences course. We aimed to engage as broad a range of stakeholders as possible through an online questionnaire, semi-structured focus groups and interviews. The majority of the 254 stakeholders who participated were SLTs active in the field, along with 42 individuals working in education or as multidisciplinary team colleagues.

We analysed the results thematically, producing a picture of the skills, values and attributes that managers and clinical and education colleagues working across all sectors expect in the new SLT graduate. This confirmed that personal and professional attributes such as integrity, ability to be a team player and excellent communication skills remain the expected bedrock for new SLT professionals. However, beyond these, clear themes arose related to the changing workplace.

## New Practitioners

UCL commissioned work to inform its masters level course

Majority of 254 stakeholder participants were SLTs active in the field

Results show skills, values and attributes expected in new SLT graduates

Demonstrates genuine appetite for partnership working between universities and workplace to prepare new graduates

# New practitioners for the world of work: getting it right

**Jane Nicklin** outlines the skills, values and attributes that managers and clinical and education colleagues expect in new SLT graduates

ILLUSTRATION BY Nick Shepherd

### Constant change

Several respondents made the point that new graduates have to be prepared for constant change. Universities should support students to develop techniques to maintain a positive attitude, while providing the best clinical care possible in these circumstances. The workplace environment increasingly requires new graduates to handle time pressures effectively and these skills are at a premium in the transition from relatively protected student to autonomous practitioner.

New graduates now often work as lone practitioners. Some respondents voiced a concern that newly-qualified practitioners (NQPs) did not always recognise their need to construct a support network and ensure supervision was in place, if not offered by their employer.

Senior clinicians and managers suggested graduates must have a better understanding of the wider context in which they will be working, including the business aspects of providing services, and should be aware that they are the face of their 'business'.

Respondents reported that new graduates were often frustrated by constraints on service delivery and that a greater awareness of the main policies and reports impacting on service delivery and funding would be helpful. For example, "Understanding how care is financed and organised within the statutory, private and voluntary sector is a

complex issue that impacts enormously on the influence we can have over patient care and access to community facilities."

Beyond having good assessment, treatment planning and intervention skills, respondents wanted new graduates to be very mindful of the whole person. This included the individual's priorities and an understanding of the impact of other aspects of their condition on them and their families, not just the issue that brings them into contact with an SLT.

The ability to educate and influence other colleagues and volunteers, whether working with children or adults, was a theme highlighted by focus groups and survey respondents. "Although graduates often have a lot of theoretical knowledge, many leave university believing traditional methods of 1:1 assessment and intervention are the most effective (gold standard) way of working with all. In the real world, environmental change through collaboration and offering quality training are far more effective ways of working."

Although practitioners today often have to work through others, they still need a good understanding of the assessment and management of various communication difficulties in order to effectively train and support those in direct contact with the service user. Respondents pointed out the changes that are underway in speech and language provision in education. Given



the increasing focus on older children and adolescents in mainstream schools, an ability to work with this age group and create activities that engage them is of increasing importance.

Respondents also highlighted various ways in which courses could make sure their graduates meet the needs of practice

more closely, including the role of university-based clinical tutors. While these can be difficult posts to set up, they have real impact on courses, providing current experience and perspectives, and should be encouraged.

This work has demonstrated there is genuine appetite for partnership working

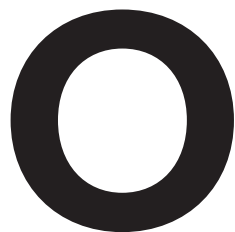
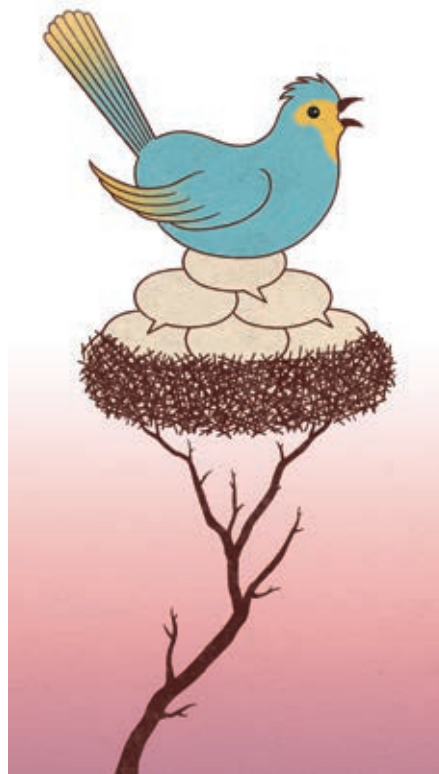
between universities and the workplace to make sure that NQPs are prepared for a fast-changing environment and have the broad skill set and attributes to meet the challenges in a positive, informed manner. ■

**Jane Nicklin, Senior Associate, NHS Clinical Soft Intelligence Service**

# Introducing an SLT community on Twitter

It shouldn't come as a surprise that Twitter 'works' on a professional level, says Alison Nickson

ILLUSTRATION BY Robbie Porter



Online professionalism has become a core issue of professional practice since social networking appeared. The

literature reminds us repeatedly of the potential for unprofessional behaviour as a result of content posted on social media sites (Greysen, 2010) with far fewer examples of positive applications for social media in the professional context (Lerner, 2013).

As part of my Masters degree, I looked for positive examples of professional use of social media. I discovered the 'WeSpeechies' account on Twitter (@WeSpeechies) – launched in March 2014 and moderated and directed by Dr Caroline Bowen and Dr Bronwyn Hemsley. This joins a number of professional healthcare and academic networks using Twitter to offer professional peer support and information exchange.

A rotating curator (RoCur) process is in place so that each week there is a different person (curator) leading a topic of interest. 'WeSpeechies' also organise real-time tweet chats every Tuesday on a pre-arranged topic (#wespeechies). This is a great way to make connections, improve your online presence and improve your confidence and skills for interacting in public forums.

Until this point, I had no idea that such structure was being applied to Twitter, building new forms of professional representation and networking that capitalise on the opportunities offered by a social media platform. The focus of the professional networks is to emphasise the meaning of 'social' as a shared community of practice, rather than the definition of 'social lives' outside of work, which is perhaps more typically associated with social networking on Facebook.

Research suggests that many students are using Facebook rather than Twitter. Although the adoption rate of social media in 18-29 year olds is 86%, there is a relatively low penetration of millennials across Twitter (Thoms, 2012). I particularly

hope more students and new graduates will follow 'WeSpeechies' and start to explore the potential it holds for continuing professional development, for disseminating information to service users and its role in therapeutic intervention. Twitter could also offer opportunities to circumvent the issues that may be associated with attempting to navigate both professional and personal identities via a single online account such as Facebook.

It shouldn't come as a surprise that Twitter 'works' on a professional level, being designed as a platform for information dissemination to larger audiences. Critics argue that the freedom offered by these platforms when they became available to everyone via the Internet created an 'infantalisation' (Lovink, 2011), resulting in the characterisation of Twitter as 'inane' and populated by users who 'just tweet what they had for breakfast'.

Thanks to the instigators of these professional networks on Twitter, the literature is beginning to reflect an appreciation for social media platforms as a form of engagement that has the potential to enhance professional development (Cheston et al, 2013; Kind et al, 2010). The more people who contribute, the richer the resource becomes. I hope that more people will be motivated to follow and contribute to these online professional networks so that we can further explore and evaluate the potential of social media for our profession. ■

Alison Nickson, SLT, @AlsNickson

For more information about WeSpeechies, visit: <http://tinyurl.com/qz2wqzw>



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# This month's resources reviewed and rated by Bulletin's reviewers

# Reviews

## BOOK

### Diagnosis and treatment of voice disorders (Fourth Edition)

**PUBLISHER:** Plural Publishing  
**PRICE:** £203.95 (Amazon)  
**REVIEWER:** Fiona Ford, Specialist SLT, The Orchards Primary Academy, Birmingham  
**RATING** Book ●●●●●

This contains new and relevant information from a range of international specialists, making it suitable for all those working as part of a multidisciplinary team.

Contributors from the field of speech and language therapy include Leslie Mathieson, Linda Carroll, Susan Thibeault and Thomas Harris. The book covers embryology and adult and paediatric aspects of voice. It is divided into three sections: basic science, clinical assessment and management, making it easy to use as a reference manual.

Well-illustrated with colour photos, dyed slides and diagrams it covers the anatomy of the larynx and the basic science and characteristics of voice disorders in depth, making it suitable for SLT students.

New chapters in this edition of direct relevance to speech and language therapy include 'The role of the voice coach in the treatment of voice disorders' and 'Occupational voice'. Other topics covered include the impact of psychological factors, medication, ageing, hormones and posture on voice, in addition to the neurology of stuttering and the role of the SLT in treating voice disorders. It is a very comprehensive and useful book.

## BOOK

### Cognitive-communication disorders of dementia

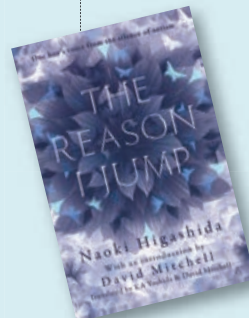
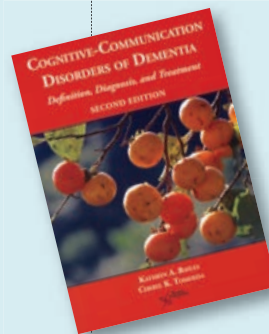
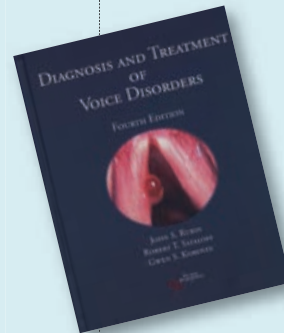
**PUBLISHER:** Plural Publishing  
**PRICE:** £50.77 (Amazon)  
**REVIEWER:** Heidi Feld, Clinical Lead SLT, The Royal Bournemouth Hospital  
**RATING** Book ●●○○○

Aimed at SLTs and students, two American SLTs have written this overview of dementia-related diseases, assessment and intervention.

The emphasis throughout is on cognition. The authors describe that, "persons with dementia have trouble with intentional communication because by definition they have multiple cognitive deficits".

I found it difficult to adapt my expectations of the book to the content as I had preconceptions of what 'cognitive-communication' means to me. In addition, the detail that was afforded to certain issues, eg the differentiation between 'possible vascular dementia' and 'probable vascular dementia' appeared in stark contrast to the lack of emphasis on interventions to improve the communicative interactions between those with dementia and others.

Overall, the book is interesting if you want to know more about cognition in various types of dementia, but less practical in terms of therapeutic interventions.



## BOOK

### The reason I jump

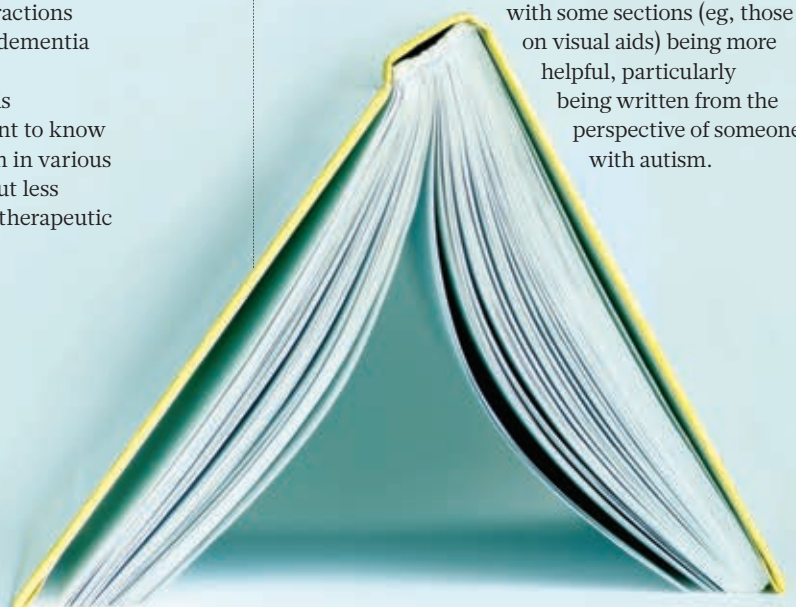
**PUBLISHER:** Sceptre  
**PRICE:** £12.99  
**REVIEWER:** Hilary Otter, SLT  
**RATING** Book ●●●○○

The Reason I Jump was written by a 13-year-old Japanese boy who has autism. It will appeal to a general audience, but is most suitable for student SLTs and parents of children newly diagnosed with autism.

The introduction by David Mitchell is over-long, but states that this is one of the few books written by someone who has autism and is especially relevant to parents as it is written by someone still very close to their childhood.

The book has 58 concise chapters interspersed with pictures and other short stories. However, the pictures do not always appear to link clearly to that story. Chapters are organised around key questions such as 'Why do you line up toy cars and blocks?' and 'Why do you flap your fingers and hands in front of your face?' making it a very easy read.

Overall, the text explains autistic traits at a basic level, with some sections (eg, those on visual aids) being more helpful, particularly being written from the perspective of someone with autism.



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# Competencies and clinical voice disorders

Judith Burt describes a project to establish a competency-based programme

ILLUSTRATION BY Charlie Lewis

**C**ompetency-based approaches to education, training and assessment are widespread in the NHS. According to Communicating Quality 3 (RCSLT, 2006), competence in its simplest format is an individual's ability to apply all their knowledge, understanding, skills and values effectively within their designated scope of practice, witnessed by the effective performance of the specific role and its related responsibilities; and an individuals' critical reflection on their practice.

As with any competency-based programme, there are challenges surrounding how to measure competence. Ashworth and Morrison (1991) argue that as well as skills and knowledge, the notion of competence is broad and involves a diverse set of qualities, including attitudes, motivation, personal interests and perceptiveness.

Is it appropriate to label these different qualities as competencies and to what extent do these qualities facilitate learning? Watson (2002) observes that competence is a poorly-defined concept and its measurement even more problematic. However, he also concedes that competence does have a currency and there should be serious efforts to define and measure it.

The RCSLT Clinical Guidelines (2005)



outline the minimum best practice in relation to the content of care provided. The RCSLT Competency Framework (2003) also highlights this. The NHS Knowledge and Skills Framework (KSF) (2004) provides a guideline for identifying different levels of expertise and defines this in terms of the level of complexity experienced by a clinician.

A competency programme that can feed into the above documents can help identify gaps, overlaps and key areas that need to be developed at each stage of experience. It can also determine standards, represent a starting point for the construction of knowledge in a specific area and provide an underlying evidence-based framework for the assessment of learning needs (Bullock et al, 2002).

## Competencies and clinical voice disorders

Current RCSLT clinical voice disorders documents set out a series of signposts to develop skills and outline best practice for assessment and management (RCSLT Competencies Project, 2003; Clinical Guidelines, 2005). At the start of this project

the documents had not been linked to the KSF, which could enable competencies to be evaluated specifically at each band and fed into personal development records, continuing professional development and, where appropriate, job descriptions.

With the above issues in mind, I embarked on a project to explore this further. The trust I work for had recently amalgamated with another to form a new health board as part of the re-organisation of the NHS in Wales. This brought together two very different speech and language therapy voice services, in terms of approach, policies and clinical set up. It was, therefore, important to:

- Set up robust policies to support the newly-combined clinical voice disorders services.
- Develop a programme to train, assess and develop skills in the specialism.
- Attempt to outline what knowledge and experience were not only available but also required at all levels of banding.

The project seemed vast to start with and required a substantial amount of background work, benchmarking with local voice services and colleagues in England.

This demonstrated that although services had competencies in place, they were not linked to the KSF.

The table (below) demonstrates how I have matched the guidance from ‘underpinning competence to practice’ (RCSLT, 2003) and our local policies to the KSF descriptors making it specific to voice. I started with Band 5 descriptors as a baseline and then each band in turn working with my manager, the training department and the voice team.

### Positive feedback

The complete Band 5 and Band 6 descriptors have been shared via the RCSLT and the Welsh Speech and Language Therapy Advisory Forum, and have been used by three Band 5 and 6 therapists over a period of 12 months. The qualitative feedback

obtained by email after 12 months includes:

- “The competencies fitted well with the RCSLT NQP framework as the evidence collated for the voice competencies also fed into the NQP structure.”
- “The competencies guided my CPD, identified learning needs and the structure enabled me to reflect appropriately.”
- “They helped me meet the needs of the KSF outlines for my post.”
- “Supported discussions around the structure of the service.”
- “The structure helped breakdown learning into meaningful and manageable chunks.”
- “I felt motivated and on target with my personal development.”

This competency programme is not without its flaws, but I believe it is a start. As with any programme, it does not exist in isolation and needs to be considered in the context of

## Competencies and clinical voice disorders

Project aimed to enable evaluation of competencies at each band

Matched RCSLT guidance and local policies to voice-specific KSF descriptors

Three Band 5 and 6 therapists used the competencies for 12 months

Feedback indicates structured approach has benefits

**Table one: Guidance from ‘underpinning competence to practise’ and local policies matched to voice-specific KSF descriptors**

Dimensions and level descriptors	What will the SLT need to know/ understand to achieve this learning outcome?
<p><b>C1 Communication Level Three</b></p> <p>a) Identifies the range of people likely to be involved in the communication, any potential communication differences and relevant contextual factors.</p>	<p>Describe voice service in relation to national, local and client context (BVA, VCN, RCSLT, employment issues, family background, medical factors, demographics and client expectation). National and local language policies.</p>
<p>b) Communicates with people in a form and manner that:</p> <ul style="list-style-type: none"> <li>■ Is consistent with their level of understanding, culture, background and preferred ways of communicating</li> <li>■ Is appropriate to the purpose of the communication and the context in which it is taking place</li> <li>■ Encourages the effective participation of all involved.</li> </ul>	<p>Aware of language policies. Describe client context and how this relates to voice service (employment issues, family background, medical factors, demographics and client expectation). Describe consent in relation to the voice service. Demonstrate interviewing and communication skills for sensitive questioning. Demonstrate appropriate written and verbal skills when explaining/undertaking therapy.</p>
<p>c) Recognises and reflects on barriers to effective communication and modifies communication in response.</p>	<p>Describe how language and the local client context affects voice therapy.</p>
<p>d) Provides feedback to other workers on their communication at appropriate times.</p>	<p>Interacts with the voice team and attends voice team meetings.</p>
<p>e) Keeps accurate and complete records of activities and communications consistent with legislation, policies and procedures.</p>	<p>Complies with local and national guidance on note writing.</p>
<p>f) Communicates in a manner that is consistent with relevant legislation, policies and procedures.</p>	<p>Describe national and local policies/guidance related to the voice service (protocol, voice clinic, package of care).</p>

the environment in which it is used.

We will continue to make opportunities available to therapists to enable them to demonstrate the components of competence and apply knowledge effectively, building up experience to support the process. At the time of writing, we are in the process of matching further bandings to the KSF outlines. ■

**Judith Burt, Principal SLT, Clinical Lead for ENT, Cwm Taf Health Board. Email: [Judith.Burt@wales.nhs.uk](mailto:Judith.Burt@wales.nhs.uk)**



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**T**he purpose of this briefing is to guide NHS SLTs to consider, plan, and design proposals to secure clinical business from commissioners and employers

who need to provide speech and language therapy services. While many NHS services are subject to a purchaser-provider market system, which in most other industries would require all activity to be fully customised to meet the need to address marketing, this is less so with speech and language therapy services.

Even though there are contracts which govern the overall NHS commissioners' requirements, they are oftentimes fairly general and do not specify the exact nature of these services. This makes classic commercial-style marketing inappropriate.

Given the financial and service pressures facing speech and language therapy services, this briefing is designed to help those leading them to produce a plan to generate additional activity in order to continue to subsidise and provide a broad range of services. Whilst marketing is core to everything a service seeks to do (with the limitations listed above), this briefing focuses on the generation of additional activity.

### Marketing defined

A useful definition of marketing is that it is the process of communicating the value of a product to customers, for the purpose of selling that product (goods or services). Another simple definition of 'marketing' is 'managing profitable customer relationships'. In other words, knowing who could be a potential client and having a deep insight into their needs and purchasing position (what they can afford). While advertising has a role to play, it is only a part of an effective approach to marketing.

For most speech and language therapy services, there is limited time and capability to undertake a substantial amount of actual marketing. The best thing to do is to earn an evidenced-based reputation for providing a high-quality and responsive clinical service. Any available time which can be dedicated to specific marketing activity needs to seek additional clinical business on the basis that there is sufficient capacity and capability to meet any new demand, that this is compatible with the purpose of the overall service and that it does not undermine

# Generating additional activity through marketing

**David Amos provides some useful advice on how best to secure new clinical business**

ILLUSTRATION BY John Thomas



the provision of existing services. In tight financial times, taking steps to pursue additional clinical business is not a luxury and it is worth taking risks to achieve the potential benefits.

### Searching the marketplace

The following checklist aims to aid a service to identify which providers/commissioners are in their marketplace:

- How far away from the base location can a service be provided on a safe and efficient basis?
- Which are the school academies within

the practical scope of service provision?

- Are there any school academies that operate in a federated way, which would make contact more time-efficient?
- How are other SLT providers coping with their existing demand, and is there an opportunity to provide services either in competition or collaboration?
- To what extent is there a significant private-payer opportunity, where patients can afford to pay privately for services?
- How are local primary healthcare services organised as providers (in addition to being commissioners), and is there an



*“The best thing to do is to earn an evidenced-based reputation for providing a high-quality and responsive clinical service”*

and social media tools to patient portals and mobile apps, online marketing is a mainstream channel for marketing, advertising and public relations. Exactly how you use the muscle of the digital freeway can be highly effective and profitable or a huge waste of time and money.

**Branding:** This is all about standing out from the crowd in a positive way and it includes virtually everything you do. A powerful, differentiating brand for your healthcare business is part of your reputation. Meaningful and effective branding does not occur without a deliberate effort to shape and express the right message at the right time.

**Internal marketing:** This heading includes all the ways and means that you communicate with people who already know you, primarily present and previous patients. Depending on the nature of your practice or situation, this influential audience can be a rich resource for referrals, additional services, testimonials and/or word-of-mouth advertising.

**External marketing:** These are the media that reach prospective patients that don't know you. Advertising in newspapers, radio, television, billboards and the like target an audience that needs to know that you provide an answer for their healthcare need. There's little margin for error in an external media budget that is expected to produce a measurable return-on-investment.

**Public relations:** This heading includes, among other things, planning and generating healthcare publicity and free press exposure, such as newspaper articles or broadcast interviews. The end results look easy and it can be a positive and powerful influence. But 'free press' typically results from careful planning, good timing, a clear message and a deliberate effort.

### **Making the clinical business case**

While it can sometimes be worth taking a punt without thorough planning and preparation in order to generate additional business, it is best to have a structured approach. This checklist can be used to undertake this in an integrated and comprehensive way:

- **Cost versus income:** Have a detailed understanding of the costs of running additional services and make sure any revenue is at least the same, and preferably greater than this level. The trust is likely to want a contribution to overheads so the cost is more than just what the speech and language therapy incurs.
- **Organisational capacity:** Make sure the whole service is able to deploy staff to meet new demand without undermining existing services. This can be done by modelling current capacity and demand and incorporating the extra activity into this model.
- **Clinical governance:** Create the necessary governance arrangements to assure the SLT leadership and the client to make sure that the quality of services meets the required standards (with evidence).
- **Flexible working:** Put in place a degree of flexible working (which does not just suit the needs of staff) so that unexpected and variable demand can be met without incurring above average staffing costs.
- **Clinical business planning:** Ideally have a clinical business planning approach for the whole service – which addresses inputs (staff and non-pay), outputs and outcomes. This should integrate workforce, financial and service planning on a cyclical basis.

.....  
**David Amos, RCSLT Workforce Planning and Development Adviser. Email: david@davidamos.net**

unmet need at the practice (or pan-practice) level?

- Are there any private hospitals or clinic centres which require speech and language therapy support?
- Who are the relevant medical staff within the trust who could have links with other providers (public and private) who could act as a representative, advocate or connector?

### **Doing the marketing**

Whilst this advice is directed at medical staff, the following 'Six Fundamental Elements' of marketing (Gandolf S, Healthcare Marketing, 2011) can be adapted by speech and language therapy services:

**Professional referral marketing:** A reliable and continuing stream of inbound patient referrals from other medical, dental or other professional sources is the lifeblood of many specialty providers. And whether it's a primary or secondary channel, professional referral sources can't be taken for granted. Doctor referrals do not happen by magic or simply because you are a good provider. Success requires a written plan and an unflinching system to preserve and grow the flow of professional referrals.

**Internet marketing:** From websites



15 patients. The variation in sample size was due to some patients being nil by mouth and the ward not being at full capacity.

Comparing the pre- and post-Mealmats results indicates an increase in compliance with occupational therapy mealtime guidelines (from 47% to 86%); eating and drinking guidelines (from 68% to 80%); food texture (from 84% to 100%); and fluid consistency (86% to 100%). Additionally, through collaborative working and reinforcement of patient-centred goals, independence at mealtimes was maximised.

We also received very positive informal feedback from patients, relatives and ward staff about the usefulness and accessibility of the Mealmat. Nursing staff additionally reported increased time efficiency because they no longer needed to locate and check multiple guidelines from different multidisciplinary members.

The success of the pilot project has led to all rehabilitation patients who are able to eat and drink having a Mealmat produced within 48 hours of admission or on commencement of oral intake. We update this as their needs change along their rehabilitation journey and the Mealmat accompanies the patient to their discharge destination for continuity of care. We are currently rolling out Mealmat to our specialist nursing home because we believe this resource is transferrable and has the potential to be effective in a wide range of settings. ■

**Erin Probert, Specialist SLT; Clare Fundell, Senior I Occupational Therapist, Royal Hospital for Neuro-disability. Email: [eprobert@rhn.org.uk](mailto:eprobert@rhn.org.uk)**

**T**he Royal Hospital for Neuro-disability (RHN) is both a hospital and a specialist nursing home for approximately 250 people with complex neurological impairments.

As RHN therapists, we are aware of the challenges in ensuring thorough understanding and consistent implementation of eating, drinking and mealtime guidelines. The risks of individuals not following guidelines closely include aspiration or choking as well as a reduced level of independence at mealtimes – for example, when patients who have the ability to feed themselves with the right set up and support are fed unnecessarily.

Speech and language therapy eating, drinking and swallowing guidelines, and occupational therapy (OT) mealtime guidelines are often separate documents; sometimes even kept in separate locations. As part of a pilot project, we created multidisciplinary team (MDT) Mealmat by merging the two sets of guidelines into one simple document that is immediately available at the point of care. Our aim was to increase compliance with eating, drinking and feeding guidelines, reduce the risk of aspiration/choking and promote optimal independence at mealtimes.

We started by looking at the existing adherence to relevant guidelines. Occupational therapists and SLTs covertly observed the lunchtime practice around 17 patients. Pre-prepared audit sheets detailed the recommended food texture, fluid consistency, OT mealtime guidelines (for example, equipment required, assistance needed to self-feed), and SLT swallow guidelines for each patient.

We then implemented the Mealmat: two-sided, wipe-clean place mats that contain individualised multidisciplinary recommendations on one side and standardised food/fluid texture descriptions on the other. The Mealmat clearly describe food and fluid textures, swallow strategies, set up of required equipment, patient positioning and the level of help required for each individual.

We carried out five short sessions of ward-based training over several weeks. These covered the objectives of the project and the correct use of the Mealmat. The training took place immediately before mealtimes in the dining room in order to ensure full contextual understanding and practical carryover of the training. Approximately six to eight nursing and care staff took part in each session.

After several months, we carried out a further audit to establish the ongoing use and effectiveness of the Mealmat. We followed the same observation process with

## Reducing risk and promoting mealtime independence

**Erin Probert and Clare Fundell describe their MDT Mealmat project**



**T**he RCSLT Board of Trustees has considered the findings of the outcome measures appraisal exercise (see Powell and Lowenthal, 2014) and agreed that

the existing tool that is currently the 'best fit' with the 11 agreed criteria is the Therapy Outcome Measures – Core Scale (TOMs) (Enderby, John and Petheram, 2006; Enderby and John, 2014).\*

We felt the Core Scale to be the most appropriate to highlight in the first instance because it is the most widely applicable. We acknowledge some may feel TOMs does not meet their needs fully, but it was accepted from the outset that no single tool would be perfect and it is not a 'stand-alone' option. Key considerations in the selection of TOMs were its:

- Compatibility with existing diagnostic tools.
- Compatibility with existing frameworks of practice, eg Care Aims, EKOS.
- Ability to aggregate data from individual to population level.
- Speed of administration (less than five minutes).

Those preferring more detailed condition specific descriptors could use, or may already be using, the adapted scales. This will not affect members' 'opting-in' to the project, or consensus work for condition/setting specific outcomes, so we would urge you to take a look.

TOMs is a first step in the profession's journey to collect a core set of valid and reliable outcomes at national level to help

# TOMs: A 'best fit' tool

**Gaye Powell, Amy Ward and Dominique Lowenthal outline the progress of Phase 1 of the RCSLT Outcomes Project**

demonstrate the impact of our services. In Phase 2, members will define and refine core outcomes and indicators specific to conditions and settings.

## 'Opting-in'

We hope that anyone who wants to be involved in national data collection will try to start using TOMs from 1 April 2015, acknowledging that some are already using it and others will join later.

One-day training is advisable – currently offered through the Community Therapists Network ([www.communitytherapy.org.uk](http://www.communitytherapy.org.uk)) (up to 30 participants) and there is a half-day 'train the trainers' workshop for experienced users who can then cascade training. Professor Enderby can attend RCSLT Hubs to run workshops for members. You will need to read the TOMs book (approximately £35) in order to

understand the rationale/research behind it and to become familiar with the scoring system on a minimum of 10 cases.

## Data collection

We are exploring how best to do this so members can input and access their own data and eventually benchmark against others anonymously, taking into account that individuals and services are at different places in their data capture and reporting (from IT to paper based). We will let you know about this as soon as possible.

We would be grateful if all members/ services already using TOMs and those hoping to begin data collection from April or later, could please contact us. ■

**Gaye Powell, RCSLT Project Manager; Amy Ward, Project Officer; Dominique Lowenthal, Head of Professional Development. Email: [Amy.ward@rsl.org](mailto:Amy.ward@rsl.org)**



## References & resources

Enderby P, John A, Petheram B. *Therapy outcome measures for rehabilitation professionals* 2nd edition. London: Wiley 2006.

Enderby P, John A. *Therapy outcome measures for rehabilitation professionals* 3rd edition. Guilford: J7R Press, 2015. <http://tinyurl.com/n7kzc2k>

Powell G, Lowenthal D. Outcomes and outcome measures. *RCSLT Bulletin* September 2014; 749, 22-24. World Health Organisation. *International classification of functioning, disability and health – Children and youth version*. Geneva: World Health Organisation, 2007

\* The Core Scale and additional adapted scales are published in the book's 3rd edition (November 2014) and includes a CD for printable forms. The 3rd edition should be available by the end of 2014.

## TOMs overview

TOMs scales address four dimensions of an individual – impairment, activity, participation and wellbeing – in line with the International Classification of Functioning, Disability and Health (WHO, 2007). Each is measured on an 11-point ordinal scale with six defined descriptors, ranging from 0 (worst case scenario), to 5 (best possible presentation).

- **Impairment** describes the severity of the presenting difficulty/condition (from 0 – the most severe, up to 5 – no impairment). This domain does not look at functioning per se, but can show the impact of intervention on progress and reducing or maintaining the severity of the difficulty.
- **Activity** looks at the impact of the difficulty on the individual's level of independence (from 0 – totally dependent/unable to function, to 5 – able to function independently).
- **Participation** looks at levels of social engagement and autonomy in recreation, work, and education.
- **Wellbeing** ranges from 0 – high and constant levels of concern/anger/severe depression unable to express or control emotions appropriately, to 5 – well adjusted, stable and able to cope with most situations; accepts and understands own limitations.



# Victoria Joffe & Emma Pagnamenta

**Victoria Joffe and Emma Pagnamenta reflect on the RCSLT Conference 2014 – Mind the Gap: Putting research into practice**

## Looking back to look forward

**C**an you believe that four months have passed since the RCSLT 2014 conference in Leeds? After so much thought, planning, preparation, excitement and anticipation, it feels that it whizzed by in seconds. Here are some of our own recollections and favourite moments. We also reflect on how attending conferences has the potential to shape and transform our clinical practice.

### Connecting face to face

The 2014 conference gave us the opportunity to meet many of you and get your feedback on the increased exposure of clinical research and evidence-based practice in the Bulletin and on the research pages of the RCSLT website. We also obtained your views on the range of support structures we have in place, including the research newsletters, Bulletin research features, research champions, and the

new evidence-based decision-making tool that we introduced in the November 2014 Bulletin and hope you are already using (see: [www.rcslt.org/members/research\\_centre/e\\_learning/tools](http://www.rcslt.org/members/research_centre/e_learning/tools)).

Some of you came to meet us at the research surgeries and it was inspiring to hear about your ideas for embedding evidence in your clinical practice and your plans to be involved in research to enhance the services you provide to your clients. Wherever we met you, you were keen to share your own reflections about the conference, your thoughts and

*“Networking opportunities may begin at the conference, but their impact and longevity is very much in your hands”*

ideas about the role of clinical research and ways to ‘mind the gap’.

Clearly, the topic of the conference resonated deeply with you all and the overwhelmingly positive feedback we got from you – informally during the conference and through your feedback forms – is a testament to your commitment to finding the best possible ways of putting research into clinical practice.

### Making the experience conference count

It is often acknowledged that the excitement of a conference wears off very quickly after the event, and it can be quite difficult to keep that ‘feel-good factor’ alive and to carry forward the changes planned while in conference mode. What we like to do after an event is to revisit the accompanying booklet, review the abstracts and any legible, and not so legible, notes we wrote while listening to the speakers. This is an excellent way to resurrect the ideas and plans you had while at a conference. Some of you may have even written some SMART action plans that you generated from the presentations or posters and now is the perfect time to revisit those objectives and see where you have got to with them.

Don’t despair if they have not moved on as much as you would have hoped, but commit to moving forward on



at least one of these plans. Do something that will kick start the objective, whether it be revisiting the lecture notes, contacting a speaker, meeting your manager or adding an objective to your personal development plan. The idea was obviously a good one when you were in Leeds, so make sure you keep it alive, share it with colleagues and make it happen.

Most of you will already have incorporated your learning objectives from the conference in your RCSLT continuing professional development diaries, but even if you have, you might like to revisit these entries and reflect again on your learning and development, with particular emphasis on how this learning is shaping and transforming your clinical practice. Share

# Research and Development Forum



ILLUSTRATION BY Ben Mounsey

these entries with your colleagues and consider how you can support each other, not only in making these changes, but importantly, in maintaining and extending them over time. Also, decide to follow up on some of the new connections you made and the contacts you took down. These networking opportunities may begin at the conference, but their impact and longevity is very much in your hands.

Some of you may have attended the conference as a representative for your service and will need to feedback to them about the conference highlights. If you have not yet prepared a feedback session, make a date to do this now and start your preparations. Think about what aspects of the conference will be most

applicable to the people with whom you work – other SLTs, teachers or parents, for example. The conference included information suitable for a range of stakeholders across different contexts and you can take the opportunity to share the highlights and involve others who were unable to attend. Make the conference count for you, for your colleagues and for the clients with whom you work.

### Armchair benefits

We know many members were unable to be with us at the conference. If you are one of them, please don't think you cannot benefit from the event. Many of the presentations are on the RCSLT website and we would encourage you to look at the conference programme and

locate the sessions that are of interest to you (<http://tinyurl.com/mqq7thr>). If a talk you are particularly interested in is not online, don't lose heart. It is worth trying to contact the speakers and ask them to send you a copy of their presentation. Most of us seasoned conference presenters are delighted when someone contacts us for information about our work, so the chances are you will get a copy of the talk and the opportunity to start a discussion about a shared area of interest. We also conducted a webinar in October, where we discussed our particular conference highlights and took questions from the audience. If you have not accessed this yet, please listen to our perspectives on the conference (<http://tinyurl.com/oaevqvz>).

### Planning ahead

We hope that whether or not you came to the 2014 conference, you will start thinking about attending another event soon. The next RCSLT conference will take place in 2017, so while we certainly want you all to be at this one, we don't want you to have to wait that long. There is a wide choice of national and international conferences

throughout the year, focusing on a range of different areas. You will find information for these events in many different places, including the Bulletin, your work settings, our research newsletter, your RCSLT Hubs, clinical excellence networks, and through social media.

Keep looking out for them and one will jump out as being a perfect match for your clinical area and interest. Register as early as possible to take advantage of the early bird deals. Think about contributing to the conference, either by submitting a poster or an oral presentation of some of the work you have undertaken. There is a buzz and excitement about conferences that many of you who attended in Leeds will attest to. So, jump on the bandwagon and look out for your first/second/third... conference. Be warned, it is infectious and can become a hard habit to break. You may very well become addicted. ■

**Professor Victoria Joffe, RCSLT Trustee for Research and Development. Email: [vjoffe@city.ac.uk](mailto:vjoffe@city.ac.uk); @vjoffe. Dr Emma Pagnamenta, RCSLT Research Manager. Email: [emma.pagnamenta@rcslt.org](mailto:emma.pagnamenta@rcslt.org)**

### Make conferences count

- Revisit the conference booklet and review the abstracts and your own notes
- Resurrect the ideas and plans you made at the conference
- Commit to moving forward on at least one of your plans
- Do something to kick start an objective – eg contact a speaker, meet your manager, add an objective to your personal development plan
- Use your RCSLT CPD diary to reflect on your learning and development
- Follow up on some of the new connections and contacts you made
- Feedback to your colleagues about the conference highlights
- Read the conference presentations on the RCSLT website: <http://tinyurl.com/mqq7thr>
- Listen to our views on the conference highlights: <http://tinyurl.com/oaevqvz>



## Our monthly look at the latest in published research

# In the journals

Send articles or publications to consider for future issues. Email: [emma.pagnamenta@rcsl.org](mailto:emma.pagnamenta@rcsl.org)



### Collaboration supports generalisation

Teachers' understanding of children's difficulties, and their ability to use key strategies, improved after they started to use the Systematic and Engaging Early Literacy (SEEL) approach effectively, according to an American study.

Participants included three experienced preschool teachers and classes of 15 to 18 children, aged three to four. Children attended two 15-minute SLT small group (three to five children) sessions each week. Weekly or biweekly SLT-teacher collaboration sessions focused on the joint-planning of classroom sessions for the following week. Teachers shared curricular themes then activities were linked with these. For example, the SLT introduced rhyme and alliteration in small groups, then during a baking activity teachers asked children to find a word that rhymes with 'cake' and all ingredients in the cooking cupboard that began with the sound 'b'.

As a result of the collaborative SEEL approach, teachers' supportive strategy use – and children's story comprehension, rhyming, alliteration and letter sound/name knowledge and skills – improved and generalised to a range of contexts. The authors report that teachers felt enthused and inspired, and children were more engaged and keen to participate in whole-class literacy activities.

Reviewed by Lucy Nicoll, Specialist SLT, Moor House School



#### Reference

Korth B, Sharp A, Culatta B. Classroom modelling of supplemental literacy instruction. *Communication Disorders Quarterly* 2010; 31: 2, 113-127. <http://tinyurl.com/krl6chv>

### Culturally- competent practices

There is a need for feedback from parents as to their experience of attending therapy and their thoughts on culturally-competent practices used by SLTs. This is the conclusion of a study designed to describe the culture and culturally-competent practices of a group of SLTs in a London borough.

Researchers collected data about perceived cultural competence from 20 SLTs using a written questionnaire and from seven SLTs using a focus group. Data analysis used the framework approach. The roles SLTs think they take (eg, curing and enabling participation), their expectations of parents (eg, attendance at and involvement in speech and language therapy) and differing parents' views contributed to some of the challenges SLTs reported in their work.

SLTs described adapting their practice, eg giving extra time, changing communication styles and working collaboratively. Most gave suggestions for improving the cultural competence of the speech and language therapy profession. The authors interpreted their findings through two models of cultural competence (Purnell and Paulinka, 2003; Papadopoulos, 2003).

Although the authors considered their data to be useful, they caution that "further research is needed into what SLTs actually do in practice".

Reviewed by Dr Julie Marshall, Reader in Communication Disability and Development, Manchester Metropolitan University



#### Reference

Leadbeater C, Litosseliti L. The importance of cultural competence for speech and language therapists. *Journal of Interactional Research in Communication Disorders* 2014, 5(1),1-26. Doi 10.1558/jircd.v5i1.1 <http://tinyurl.com/qev9r5a>

### Wet voice assessment

The use of wet voice as a predictor of low penetration and low penetration/aspiration in clients with Parkinson's disease has higher specificity than sensitivity and prediction accuracy varies according to whether fluid or solid boluses are being swallowed.

These are the findings of research using a prospective, observational and blind study design. Participants met various selection criteria, such as being able to phonate for a minimum of three seconds, and were selected by convenience sampling.

Nineteen participants with Parkinson's disease underwent a fiberoptic endoscopic examination of swallowing and simultaneous voice recording using fluid (saliva, water, yoghurt drink and spoon-thick yoghurt) and one solid food (wafer cookie). Participants phonated an /e/ sound after swallowing. Two experienced speech-language pathologists (SLPs) and an otorhinolaryngologist agreed the results of the assessments.

Three SLPs with a specialism in dysphagia and blinded to the assessment results, listened to the recorded voice samples and independently judged the presence or absence of wetness, hoarseness and tremor.

The authors recommend that combining assessment of wet voice with assessment of other clinical signs, "may enhance the accuracy of the evaluation, but it is important to understand how different populations, viscosities, voice disturbances and swallowing disorders affect the clinical impressions associated with each clinical test".

Reviewed by John Lancaster, Senior Lecturer in Speech Pathology and Therapy



#### Reference

Sampaio M, et al. Wet voice as a sign of penetration/aspiration in Parkinson's disease: Does testing material matter? *Dysphagia* 2014; 29, 610-615. <http://tinyurl.com/lu3s992>

This section aims to highlight recent research articles that are relevant to the profession. Inclusion does not reflect strength of evidence or offer a critical appraisal. If you find any of these interesting follow them up and apply your own critical appraisal.

# Beef & Gravy

with mashed potato and peas

Blended at home for people with dysphagia



## Made in a blender at home

Staying well-nourished can be a challenge for patients who have difficulty chewing or swallowing. Those on a puréed diet are faced with:

- The danger of not blending to a safe consistency
- Messy and dissatisfying results
- Reduced nutritional content
- Time-consuming food preparation
- Reduced choice – unable to enjoy high-risk foods like peas

Unsurprisingly, patients can often lose their desire to eat and may try to avoid mealtimes altogether.

The good news is there is a more appetising alternative...





Bulletin remembers those who have dedicated their careers to speech and language therapy

# Obituary

REMEMBERING

## Dr Anthea Masarei

1964 – 2014



We were all so shocked and deeply saddened at hearing the very sad news of Anthea's sudden and premature death following complications from inflammatory bowel disease.

Anthea's first job in the UK was at the Royal Free Hospital, where it soon became clear that she was expertly trained, following many months spent honing her skills with American experts. Here, she streamlined the tracheostomy and videofluoroscopy services. She then went to the National Hospital for Neurology and Neurosurgery, Queen Square, London. Whilst there, she started to show her potential as an academic in clinical research, contributing to peer-reviewed journal articles and presenting at conferences.

Clinically, Anthea was highly regarded by the multidisciplinary team – reflected in her independently leading the adult dysphagia clinic, unusual at that time. She then moved into tertiary paediatrics at Great Ormond Street Hospital. Her switch to working with children was seemingly effortless, transferring her knowledge and skills to children with tracheostomy. She showed great tenacity in developing a

multidisciplinary approach to paediatric speaking valve assessment and swallowing evaluations. She was jointly responsible for the first paediatric tracheostomy course for SLTs in the UK.

Anthea then moved into the specialty of cleft lip and palate, and soon embarked on her clinical PhD. She grew into a highly accomplished clinician and an expert in the field of feeding and dysphagia in children born with cleft palate. As the only dysphagia SLT in the newly-formed UK regional cleft teams, she was pioneering, establishing this role at both a local and national level, using evidenced-based practice ahead of her time.

Anthea was a generous person who was committed to giving support and affection to people. She had an innate ability to put young children facing the strangeness of a hospital environment at their ease and was never adverse to kicking off her heels and getting down on the floor to play and have fun. She showed a tremendous respect for the families with whom she worked and was an active member of patient support groups. Her academic rigour was evident in her day-to-day practice, her teaching and

her drive for service improvement. She was known for her thoroughness, determination and tenacity to get the best outcomes for her patients. She had no 'side' and was always very willing to get on with the work in hand.

We remember her warmth, smile, giggle, honesty, generosity and love and commitment for her family and friends, which eventually took her back to Perth, Australia, where she had grown up. Here, she set up a highly successful private practice and also fulfilled her long-term ambition of becoming a mum. In 2011, she adopted little Louis from China and she really did a great job transforming him into a very cheerful and competent young boy. She was a wonderful mother to him and loved him dearly. Despite her health problems, she was soon helping at a national level for Special Needs Adoption Australia, and created and participated in different social media networks offering support to families. This was part of Anthea's commitment to helping people change their lives.

We all enjoyed her company enormously. Anthea loved the good things in life, Prada shoes, pearls and perfume were not unusual, a standard which we still maintain. We also remember her fine baking and her carrot cake was second to none. It was our real privilege to have known Anthea. She touched so many hearts. We send our heartfelt condolences at this time and for the days ahead to her parents, family, Louis and many friends. She is remembered and missed by all.

*“Anthea was a generous person who was committed to giving support and affection to people”*

Marie Pinkstone, Debbie Sell, Renata Whurr, Ilias Paphanasiou, Roshan McClenahan, Lesley Cavalli, Martina Ryan, Val Pereira, Vicky Thorpe



# Beef & Gravy

with mashed potato and peas

Created by  
our chef for  
people with  
dysphagia



## ...created by Wiltshire Farm Foods' award-winning chef

Our award-winning Puréed, Pre-Mashed & Fork Mashable meals make a genuine difference to the people who use them. We ensure each recipe is:

- Made to the specific requirements of Category C, D or E diets
- Great-tasting and visually appealing
- Nutritionally balanced
- Quick and easy to prepare
- Increased choice – prepared to safely include high-risk foods like peas

Visit [www.wiltshirefarmfoods.com/dysphagiadiets](http://www.wiltshirefarmfoods.com/dysphagiadiets) or call 0800 066 3702 to request our free dysphagia brochures and help your patients put the meal back into mealtimes.

Phil Rimmer, Head Chef



The Raphael Medical Centre presents the following Neurorehabilitation workshops

## DYSEXECUTIVE CONSEQUENCES OF BRAIN INJURY: ASSESSMENT AND INTERVENTION | Wed Feb 11th 2015

Speakers: Professor Barbara Wilson, Dr Anita Rose & Dr Jill Winegardner

This one day workshop will consider the dysexecutive consequences commonly seen after brain injury. It will look at the assessment of executive dysfunction, and practical interventions for managing these focussing on rehabilitation interventions for executive functions, which are known to significantly impact upon a person's independence and limit social and vocational participation.

## PTSD FOLLOWING BRAIN INJURY | Wed May 6th 2015

Speakers tbc

This one day workshop aims to look at assessment, diagnosis and intervention of PTSD following TBI. It will also consider the issues of Combat TBI and PTSD. This promises to be an exciting workshop with experts from the field sharing their knowledge and providing practical steps for delegates to take into their own clinical work.

## PSYCHIATRIC EFFECTS OF TRAUMATIC BRAIN INJURY: ASSESSMENT, DIAGNOSIS AND MANAGEMENT | Wed June 24th 2015

Speakers to include: Dr Mayur Bodani, Dr Anita Rose, Dr Jyoti Evans

This one day workshop will review the incidence, aetiology and diagnosis of psychiatric illness after traumatic brain injury. Assessment and Management strategies, prognosis and impact on rehabilitation and community participation will also be covered, along with PTSD, depressive illnesses, anxiety disorders, the psychotic disorders and personality change after traumatic brain injury.

## PAIN MANAGEMENT: AN INTEGRATIVE APPROACH | Wed Sept 23rd 2015

Speakers tbc

This workshop will consider the issues of pain management in complex patients. It will look at the assessment of pain across various patient populations and discuss the complexity of assessment. This workshop will consider a holistic approach to pain management and will discuss interventions from psychological, therapeutic, pharmacological and Anthroposophical perspectives.

## LIVING WITH A BRAIN INJURY: LEARNING FROM THE PATIENT | Wed Nov 25th 2015

Speakers: Professor Barbara Wilson and Dr Anita Rose

This one day workshop is case study based and aimed at (1) highlighting difficulties following brain injury and (2) learning from "survivors" and their families.

A number of case studies will be presented ranging from subjects who have survived in a disordered state of consciousness through to those individuals living in a community setting following rehabilitation. Each case study presented will focus on assessment, interventions and the subsequent lives led by affected subjects. The workshop is designed to be didactic and interactive.

For further details and to book go to [www.raphaelmedicalcentre.co.uk](http://www.raphaelmedicalcentre.co.uk) or [www.communitytherapy.org.uk](http://www.communitytherapy.org.uk)

12-13 March, 2015

## Advanced Decision Making to Support Clinical Reasoning

Lecturer: Kate Malcomess

The workshop has been developed in recognition of the increased demands being placed on clinicians to make highly complex clinical decisions in the context of competing patient needs and large multi-professional teams/involvement. It addresses issues at the heart of good clinical decision making including risk management, outcome measurement and contracting.

Cost: £210 | Venue: The Yew Lodge, Kegworth, Derbyshire

28 - 30 April, 2015

## The Michael Palin Centre for Stammering Children

This workshop aims to increase participants' understanding of the issues involved in working with secondary school students who stammer, confidence in assessing overt and covert aspects of stammering, and skills in integrating speech management, communication skills and cognitive therapy in packages of care which reflect individual need. The course will present work which can be adapted for individual or group therapy for teenagers aged 12-18 years. Cost: £150 | Venue: Derby

13th May, 2015

## Therapy Management of Parkinson's Advanced Course

The programme will cover management at each of the 4 stages of Parkinson's - Diagnosis, Maintenance, Complex and Palliative, with emphasis on the latter 2 stages. Motor and non-motor symptoms will be covered and principles of therapeutic management will be followed by individual discipline workshops. Each session will be led by a clinical specialist in the field of Parkinson's.

Cost: £130 | Venue: Derbyshire

21 - 22 May, 2015

## Lidcombe Program of Early Stuttering Intervention

The Lidcombe Programme is a treatment for early stuttering. Children enjoy this programme, which makes it extremely effective. The treatment is implemented by parents during a period of close consultation with the clinician. Research and clinical trials have shown The Lidcombe Programme reduces stuttering quickly to very low levels, in the long and short term, when stuttering begins in the first few years of life. Obtain sufficient knowledge to implement in your own clinic.

Cost: £300 | Venue: Derby

01332 254679 | [dhft.ncore@nhs.net](mailto:dhft.ncore@nhs.net) | Twitter: @NCORE\_NHS

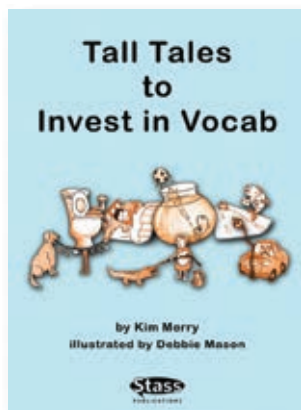
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Tall Tales to invest in Vocab - A fun resource to learn, reinforce and embed vocabulary. Essential for anyone serious about teaching vocabulary for aged 10+

**FUN**

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180 pages of stories, quizzes, odd one out, matching opposites, sentence completion, crosswords, word searches and other activities to provide plenty of practice.

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[www.stasspublications.co.uk](http://www.stasspublications.co.uk)

## Stammering: Basic Clinical Skills

Dynamic 2+ hour DVD demonstration of stammering therapy techniques by experts from around the world to help you work effectively with children and adults who stammer. DVD No. 9600



### DVD CHAPTERS INCLUDE:

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- Soft starts
- Changing rate
- Voluntary stammering
- Holding/ tolerating moment of stammering
- Pullouts
- Cancellations
- Making change durable
- Transfer
- Disclosure

From Michael Palin Centre for Stammering Children, London: **Frances Cook**, MBE, MSc, Cert. CT (Oxford), Reg UKCP (PCT), Cert MRCSLT (Hons); **Willie Botterill**, MSc (Psych. Couns.), Reg UKCP (PCT), Cert MRCSLT; **Ali Berquez**, MSc, BA (Hons), Dip. CT (Oxford), Cert MRCSLT; **Alison Nicholas**, MSc, BA (Hons), Cert MRCSLT; **Jane Fry**, MSc (Psych. Couns); **Barry Guitar**, Ph.D., University of Vermont; **Peter Ramig**, Ph.D., University of Colorado-Boulder; **Patricia Zebrowski**, Ph.D., University of Iowa; and **June Campbell**, M.A., private practice, provided additional footage.



To order:  
[StutteringHelp.org](http://StutteringHelp.org)  
Click on "store" and then click "professionals"


# Any questions?

## Manchester University 1985 reunion

Did you graduate from Manchester University in 1985? If so, join us for our 30-year reunion at the Richmond Tea Rooms, Richmond St, Manchester, on Saturday 6 June at 3pm. Please contact us for more information.

**Julie Marshall and Juliette**


**Gregory (nee Latcham)**

 [j.e.marshall@mmu.ac.uk](mailto:j.e.marshall@mmu.ac.uk) or [juliettegregory@o2.co.uk](mailto:juliettegregory@o2.co.uk)

## Critical care/tracheotomy post

Do you have specific ring-fenced funding for a critical care/tracheotomy post? Do you have first-hand evidence to demonstrate our value which could potentially secure the funding?

**Vanessa Hayward**

 [Vanessa.Hayward@wales.nhs.uk](mailto:Vanessa.Hayward@wales.nhs.uk)

## Advice on working abroad

I am a Band 7 SLT who has worked in England and Scotland for the past six years, mainly with adults with neurological impairment and adults with learning disability. I have recently moved to Amsterdam and am very keen to keep working in the profession. Do you have any advice as to how to start working as an SLT in Holland?


**Heather Jowitt**

 [heatherjowitt@hotmail.co.uk](mailto:heatherjowitt@hotmail.co.uk)

## Experience with CDKL5

Do you have a child on your caseload with the diagnosis of CDKL5? We are exploring the use of eye gaze equipment and would like to speak to any SLTs who have experience of this rare genetic disorder.


**Charmaine Gordon**

 [charmaine.gordon@theredway.net](mailto:charmaine.gordon@theredway.net)

## iPads and security

Do you use iPads to deliver therapy to adults in the community? How have you managed concerns and/or issues related to ICT security?


**Melanie Houston**

 [melanie.houston@setrust.hscni.net](mailto:melanie.houston@setrust.hscni.net)

## Setting up SLT department

If you were setting up an SLT department from the complete beginning for a 60-bed neuro-rehab centre (stroke and TBI, max 90-day stay) and money was no object, what assessments, therapy resources, equipment would you order?

**Lucy Strawford**

 [lstrawford@amanahealthcare.com](mailto:lstrawford@amanahealthcare.com)

Want some answers, why not ask your colleagues?

## iPads and assessment

Do you use iPads/tablets to assess the communication of adults with learning disabilities in community settings?

**Karen Bamford**

 [slt@bhamcommunity.nhs.uk](mailto:slt@bhamcommunity.nhs.uk)

## Conversation practice

Please contact me if you know of anybody who would like to practice their conversation skills with this gentleman: "I would like to practise conversation using Skype. I have aphasia and can talk and see but not read. I enjoy football, travelling and used to run but we can talk about anything. It would be great if you have a sense of humour."

**Lauren Jones**

 [LNJones.slt@hotmail.com](mailto:LNJones.slt@hotmail.com)

## Assessments to donate

We have some assessments to donate to a new home: STAP - South Tyneside Assessment of Phonology (complete package); EAT - Edinburgh Articulation Test (complete kit); RDLS - Reynell Developmental Language Scales (complete kits) x 2. Please email with your name, complete postal address and place of work.

**Sarah Kilcoyne**

 [sarah.kilcoyne@ouh.nhs.uk](mailto:sarah.kilcoyne@ouh.nhs.uk)



Email your brief question and any replies to [anyquestions@rcslt.org](mailto:anyquestions@rcslt.org).

 [www.rcslt.org/discussion/forum](http://www.rcslt.org/discussion/forum)



Send your CEN notice by email: [cen@rcslt.org](mailto:cen@rcslt.org) by 9 January for February, by 6 February for March and by 5 March for April. Venue hire at the RCSLT – special rates for CENs (formerly SIGs). For further details or to arrange to view our refurbished rooms, email: [venuehire@rcslt.org](mailto:venuehire@rcslt.org)

**Sure Start NI CEN**

**19 January, 1pm – 5pm**

What to measure and how to measure it – looking at outcomes within Sure Start. Conference Room, Warren Children's Centre, Lisburn.  
Email: [sallianne.giles@southerntrust.hscni.net](mailto:sallianne.giles@southerntrust.hscni.net)

**Head and Neck (South) CEN**

**20 January, 9.15am – 4.30pm**

'Advances in surgical approaches and evaluating outcomes following laryngectomy'. + AGM. Expressions of interest requested for the role of treasurer and two 'additional committee members'. Nutford House, Common Room, University of London, Brown Street, London, W1H 5UL. Members £10; students/H&N North CEN members £20; non-members £30 (lunch not included). To book, email: [Lindsay.Lovell@stgeorges.nhs.uk](mailto:Lindsay.Lovell@stgeorges.nhs.uk)

**Palliative and Supportive Care CEN**

**20 January, 9am – 5pm**

Supporting communication difficulties towards the end of life. Topics include AAC, dementia, progressive neuro, neuro-oncology and more + AGM. Cost TBC. Location RCSLT HQ TBC. For information, email: [samantha.cree@nhs.net](mailto:samantha.cree@nhs.net)

**Auditory Verbal Therapy CEN**

**22 January, 10am – 3pm**

'The magic of purposeful play', a presentation and interactive session on using play effectively in therapy with deaf children. Midlands Hearing Implant Programme (Children's Service), Optegra Building, Aston University, Birmingham, B4 7ET. Free, please bring lunch. To book, email: [Abigail.Wain@bch.nhs.uk](mailto:Abigail.Wain@bch.nhs.uk)

**Adult Acquired Dysphagia CEN**

**28 January, 9.30am – 4.30pm**

'Swallow screening in acute, rehabilitation and community care settings'. Presentation by Consultant Stroke Physician Dr David Smithard, specialist presentations and opportunity for case discussion. National Hospital for Neurology and Neurosurgery, 33 Queen Square, WC1N 3BG. £15. To book, visit: [cenaadjanuary2015.eventbrite.co.uk](http://cenaadjanuary2015.eventbrite.co.uk). For information, email [contactcenaad@gmail.com](mailto:contactcenaad@gmail.com)

**Emotional and Behavioural Problems CEN**

**6 February, 9.30am – 4pm**

Hosted by therapists from 'Kids Company'. Includes attachment theory and communication, working alongside psychotherapists, key workers, learning mentors, social workers, etc and the influence of this on our work + case studies. Education Centre, Room 7, Mile End Hospital, Burdett House, Bancroft Road E1 4DG. £25 for this and further two meetings. Email: [sylviasugarman@ntlworld.com](mailto:sylviasugarman@ntlworld.com) or [ruthl@blossomhouseschool.co.uk](mailto:ruthl@blossomhouseschool.co.uk)

**Disorders of Fluency National CEN**

**11 February**

Research findings and workshop: working with parents of dysfluent children/teenagers. Sarah Costello: online survey findings: Parental beliefs about stammering and attitudes towards the therapy process. Ali Berquez: findings of parents' expectations of therapy. Alison Nicholas and Ali Berquez workshop: working with parents of children/teenagers who stammer. The Quaker Meeting House, Sheffield. Email: [kate.williams@nhs.net](mailto:kate.williams@nhs.net) or [isabel.oleary@nhs.net](mailto:isabel.oleary@nhs.net)

**Trent Dysphagia CEN**

**24 February, 8.30am for 9.30am – 1.30pm**

'Dysphagia management for patients with dementia'. Speakers include Consultant Physician Dr Rod Kersh and Highly-specialist SLTs Julie Baker and Mark Jayes. Presentations/case studies will explore decision-making in palliative/end-of-life care, including alternative hydration and nutrition + introduction to multidisciplinary approach to personalising such needs in dementia. The Northern General Hospital Medical Education Centre, Sheffield S5 7AU. Members £5; non-members £10 (includes one-off membership fee). Pay on day (cheque/cash). Refreshments provided. To book, email: [laurette.tahmassian-zarneh@sth.nhs.uk](mailto:laurette.tahmassian-zarneh@sth.nhs.uk). Find us on RCSLT 'Basecamp'

**Yorkshire Adult Dysphagia SIG**

**26 February, 9.30am – 4pm**

Videofluoroscopy, review of dysphagia terminology and a chance to discuss complex cases. The Poppleton Centre, York, YO26 6JT. Members free; non-members: £10. Email: [ellie.girdwood@york.nhs.uk](mailto:ellie.girdwood@york.nhs.uk) or tel: 01904 725 768

**West Midlands SLI CEN**

**2 March**

Basic shape coding course led by Susan Ebbels. Members £50 (to include yearly membership); non-members £60. Includes lunch and refreshments. Grange Street Education Offices, Casey Lane, Burton-on-Trent DE14 2ER. Tel: 01283 239 083 or email: [beth.madigan@staffordshire.gov.uk](mailto:beth.madigan@staffordshire.gov.uk)

**South West Brain Injury CEN**

**5 March, 11am – 4pm**

'Brain injury claims explained - a client's and an expert's perspective.' Opportunities for sharing knowledge, networking and more. Worthy King, Midland Bridge House, Midland Bridge Road, Bath BA2 3FP. £4. Coffee and lunch included. To book, email Ashleigh Denman: [adenman@natstar.ac.uk](mailto:adenman@natstar.ac.uk)

**Scotland CEN for Voice**

**6 March**

Jane Shaw: Managing the ageing voice and laryngopharyngeal reflux disease. The Perth Royal Infirmary, The Steele Lecture Theatre. Members £25; non-members £35; students £25. Email: [clare.tarr@nhs.net](mailto:clare.tarr@nhs.net)

**London Adult Neuro CEN (LANCEN)**

**10 March, 9am – 5pm**

'Mental capacity – whose role is it anyway?' Focusing on mental capacity, advanced directives, power of attorney and deprivation of liberty and how these influence the SLT role and remit. Will consist of speakers from both legal and medical (AHP) fields and include SLT-based case studies and discussion groups. £30 (£10 student). National Hospital for Neurology and Neurosurgery, Queen Square, London WC1N 3BG. Visit: [www.londonadultneurocen.weebly.com](http://www.londonadultneurocen.weebly.com)

**Counselling and Therapeutic Skills CEN**

**17 April, 9.30am – 4pm**

'An introduction to art therapy and music therapy within a communication context'. Birmingham City University, Edgbaston, Birmingham. Email: [ruth.phillips.sig@hotmail.co.uk](mailto:ruth.phillips.sig@hotmail.co.uk)

**Central Paediatric Dysphagia SIG**

**21 April, 9am for 9.30am – 4pm**

Membership £15. For more details, visit: [www.cpd-sig.co.uk](http://www.cpd-sig.co.uk), email: [secretary@cpd-sig.co.uk](mailto:secretary@cpd-sig.co.uk)

**GREAT NEW OPPORTUNITIES FOR MEMBERS TO ENGAGE WITH THE RCSLT**

The RCSLT Council (at its meeting before the September 2014 AGM) decided to strengthen the role of the RCSLT Hubs in each country, and especially in England, where a new England Hub Forum will oversee and coordinate the 11 England Hubs as they develop.

We would like to encourage members to apply from each of the hubs in England to be part of the RCSLT Hub Forum England. The aim is to have at least one representative from each hub. We would like members from a range of sectors, backgrounds, clinical groups. More than one from each hub should/can apply to enable a selection of members that reflects the coverage as set out in the terms of reference.

The time commitment for all roles is an initial three-year term\*, with an expectation of attending three meetings a year.



The timetable for applications is:

**Closing date:** 12 Jan 2015  
**Successful applicants informed:** 18 Feb 2015  
**Induction day:** 5 Mar 2015  
**First Hub Forum England meeting:** 25 Mar 2015

Find out more about what's involved. Visit: [www.rcslt.org/about/trustee\\_recruit\\_2014](http://www.rcslt.org/about/trustee_recruit_2014)

\*For the avoidance of doubt, if the three-year term is off-putting to members or their managers, it is possible to be elected/selected for the role and then resign before the end of term of office if personal circumstances change, so members should not feel they are tied in to three years.

## Grove House School Head of Therapy



Required for September 2015 – Salary £39,239 - £45,707 (p.a. pro rata, term time only)

The Trustees of Grove House School, Essex, are seeking a Head of Therapy to develop and lead a new therapeutic team (7 therapists by 2018).

Grove House School, opening in 2015, will be a specialist school for pupils aged 9-19 with Speech, Language and Communication Needs in Essex. The school will be distinctive in its offer of a collaborative, classroom-based approach to the delivery of therapy. It will offer an innovative, mainstream curriculum based on clinical research and best practice.

The Head of Therapy will motivate, manage and develop the fledgling department to maximise the quality and effectiveness of the therapeutic provision. They will work with the educational team to ensure the collaborative practice model is embedded in the life of the school. This is a unique opportunity for the right candidate to help develop and shape this aspirational new school and in turn transform the life chances of young people with SLCN in Essex.

For further details please email [info@grovehouseschool.co.uk](mailto:info@grovehouseschool.co.uk)

Closing date: 6 February  
Interview: Mid/Late February

Grove House School is committed to safeguarding and promoting the welfare of children and young people and expects staff and volunteers to share this commitment. The successful candidate will be subject to an Enhanced DBS along with other pre-employment checks.



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on 0845 230 6666 or email [speech@mediplacements.com](mailto:speech@mediplacements.com)



## Full/Part-Time Speech and Language Therapist Band 5/6

*'For those in the specialist speech and language unit, achievement is outstanding because of the quality and effectiveness of the support that they receive as well as the rigour with which their progress is monitored.'* - Ofsted June 2012.

An exciting opportunity to join a well-established and highly successful department working with secondary aged students with specific language impairment.

We are looking for a therapist who has experience of working with young people, is interested in working in a strong specialist team to assess and support pupils both in the Speech & Language Department and mainstream school. Greenshaw offers a supportive environment for trialling and developing new and innovative ways of working.

We have a strong commitment to personal and professional development for all staff and we would provide opportunities for an enthusiastic person to develop into this role. We have close links with I CAN who provide professional supervision and support to ensure the continued success and development of the provision.

The successful applicant will be paid during school holidays.

Please visit our website [www.greenshaw.co.uk](http://www.greenshaw.co.uk) for further information or alternatively contact Jenny Cain, Personnel Manager on 020 8715 1001 or via email [jcain@greenshaw.co.uk](mailto:jcain@greenshaw.co.uk).

Greenshaw High School is committed to safeguarding and promoting the welfare of children and young people and expects all staff to share this commitment.

Closing date for applications: Monday 19th January 2015

## Specialist Speech and Language Therapist - Special Schools Service

£32,553-£36,612 Term-Time Only (£36,921-£41,550 p.a. pro-rata)  
To cover schools in Hampshire based in Winchester  
37 hours (Term Time Only) | Fixed Term for 1 year to cover maternity leave  
Ref:HCC1638082

This is an innovative Specialist Speech and Language Therapy Service, within Hampshire County Council Children's Services, which provides input to all Hampshire's Special Schools.

In this post you will be responsible providing therapy for children and young people with a wide range of communication and learning difficulties, in both Primary and Secondary schools, and also working in a consultancy capacity to develop staff, enabling them to maximise children's learning through meeting their communication needs.

You will hold a recognised SLT degree qualification or equivalent coupled with significant post graduate experience working children with a wide range of SEN.

You can show evidence of delivering effective therapy along with a commitment to continuous service improvement in a fast-paced multi-agency environment requiring a flexible approach to work with colleagues.

For an informal discussion please contact Alison Davies, SLT Manager:  
01962 876293 or email [Alison.Davies@hants.gov.uk](mailto:Alison.Davies@hants.gov.uk)

For more information and to apply online visit [www.hampshirejobs.org.uk](http://www.hampshirejobs.org.uk)  
Alternatively, to request an application pack please call the Integrated Business Centre on 0300 555 0223. Textphone users only can call free on 0808 100 2484

Closing date: 23 January 2015  
Interview date: TBC





## APPOINTMENTS

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## Come and Join our Team in Aylesbury!

APAC is a small independent practice working with children in the Bucks/Berks area. We are looking for a dedicated, enthusiastic therapist to join our friendly, supportive team, working in a Special Educational Needs school in Aylesbury. Our team of nine therapists delivers a high quality service to children with a range of special needs. We offer good rates of pay and opportunities for CPD. The position we have available would be suitable for a newly qualified therapist, in which case appropriate support would be provided. 12 month fixed contract initially.

To apply for this position, please send us your CV by e-mail.

**Closing date: January 16th 2015.**

For further information please contact Ali Pitt or Ali Codling, APAC Speech & Language Therapy Practice. Email: [apitt\\_acodling@msn.com](mailto:apitt_acodling@msn.com)

## Speech and Language Coordinator/Band 7



The Chelsea Group of Children is an independent special needs school for children aged 4-11 years, with complex needs, in South West London.

We are looking for a dynamic and experienced SLT to provide individual and group speech and language therapy and provide clinical supervision to three junior therapists. The post holder will act as a liaison between management and the therapy team.

**For more information or for an application form contact Susan Brown on 02089468330 or [therapychelseachildren@gmail.com](mailto:therapychelseachildren@gmail.com).**

Closing date: 16 January 2015

*We are committed to safeguarding and promoting the welfare of children and any applicant must be suitable to work with children.*

Healthcare  
from the heart of  
your community

Berkshire Healthcare   
NHS Foundation Trust

*Join our award winning Acute Stroke Unit at the Royal Berkshire Hospital, Reading and fast-track your Speech and Language Therapy career.*

**Band 7 Highly Specialist Speech & Language Therapist**  
37.5 hours (£30,764)

**Band 6 Specialist Speech and Language Therapist**  
37.5 hours (£25,783)

The Royal Berkshire Hospital is in Reading, only 30 minutes from London.

An exciting opportunity has arisen with new funding to join the Acute Stroke Unit at the Royal Berkshire Hospital. The service is provided by Berkshire Healthcare Foundation Trust.

You will join a skilled and supportive SLT team which provides a seamless service from acute hospital to our community rehab teams.

We have established links with the University of Reading and excellent learning and development opportunities within the trust.

Band 7 – we are happy to accept applications for a band 6 developing 7 and provide a comprehensive programme of clinical leadership and supervision training. You will be responsible for supporting a band 5 and 6, whilst providing high quality assessment and therapy; videofluoroscopy (training provided); MDT working and service development.

Band 6 – we are happy to accept applications for a band 5 developing 6 with on-site support and programme of competencies to achieve. You will be providing high quality assessment and therapy as part of the MDT, supporting students and contributing to service development.

Job share will be considered.

For more information contact: [susan.willows@royalberkshire.nhs.uk](mailto:susan.willows@royalberkshire.nhs.uk)  
0118 3225205. Closing date: 16th January '15

the huntercombe  
group

## Speech and Language Therapist

**Up to £31,000 per annum - depending on experience (Band 6/7)**  
**37.5 hours per week**  
**Start date: ASAP**

Ashley House provides care and support in a residential setting for Adults on the Autistic Spectrum including Asperger Syndrome and/or displaying Autistic traits.

Situated in a stunning and peaceful setting in Ashley, Staffordshire, Ashley House is a 36 Bedded Site.

We are looking for an experienced, dynamic and confident Speech and Language Therapist to manage a caseload of adults with learning disabilities who have complex communication difficulties. This may include people who have a diagnosis of ASC, mental health problems and difficult to manage behaviours. There is potential to work with individuals who have forensic histories and who are detained under the Mental Health Act.

Working as a pivotal member of our Multi-Disciplinary Team the post-holder will be responsible for managing the communication needs of the service users with long arm supervision provided from a more experienced colleague.

Suitable applicants must have a recognised degree in Speech and Language Therapy or equivalent, a minimum of 2 years' post graduate relevant experience and hold current registration with the HCPC and the RCSLT. The postholder will be expected to manage complex case loads independently and therefore must have excellent organisation skills and the ability to adapt written and verbal communication to suit the needs of the service users. A post-graduate qualification in dysphagia is also desirable but not essential.

For further information regarding this post and to submit an application form, please visit our website [www.huntercombe.com](http://www.huntercombe.com); or telephone our Recruitment Line on **0845 070 1914**.

[www.huntercombe.com](http://www.huntercombe.com)



**Motivated, experienced SaLT wanted for an educational, residential and outreach service covering Cheshire, Manchester and Stockport. You will support children and adults with ASC, LD and mental health needs.**

You will be part of a fast paced team delivering total communication approaches, assessment, training and supervision of support staff. You will also have responsibilities for wider management responsibilities including recruitment and business development. Working in a team around the family model, you will develop and maintain relationships with all relevant stakeholders.

Band 6 equivalent salary, dependent upon experience and skills. Driver with own car and business insurance essential. Benefits are in line with our company policies. A great opportunity for an enthusiastic individual who is ready for a challenge.

Email [Kellieanne.abiola@fairfieldresidential.co.uk](mailto:Kellieanne.abiola@fairfieldresidential.co.uk) for further information.



MOOR HOUSE SCHOOL & COLLEGE

**Speech and Language Therapist**

Full Time 1 year fixed term contract  
Salary: AFC band 5 / NQP plus fringe allowance

We are seeking a therapist with demonstrable keen interest in SLI. Successful candidates will join a large, established Therapy Team. CPD and research opportunities are considered vital to the provision of a high quality service, and these are actively encouraged. You will also benefit from excellent terms and conditions and generous holidays.

If you wish to discuss this positions you are invited to contact Nataša Marić, Head of Therapy Services on 01883 712271. Closing date for application: 26th January 2015

Please visit our website to download further information including an application form. [www.moorhouseschool.co.uk](http://www.moorhouseschool.co.uk).

Completed applications should be emailed to: [jobs@moorhouseschool.co.uk](mailto:jobs@moorhouseschool.co.uk).

*The School is committed to safeguarding and promoting the welfare of the children and applicants must be willing to undergo child protection screening appropriate to the post, including checks with past employers and the Disclosure and Barring Service.*



**Speech & Language Therapist** 

The Children's Place is a growing private paediatric clinic located in central London that assesses and provides therapy to children with a range of speech, language and communication delays and disorders within a fun and relaxed environment.

*"Today you are you, that is truer than true. There is no one alive who is 'youer' than you." - Dr. Seuss*

We are looking for an innovative and enthusiastic Speech and Language Therapist to join our team full time. Someone who is enthusiastic, passionate about making a difference in children's lives, excited to learn and interested in continually developing their clinical skills. Experience in ASD is desirable.

For more information on the position please send us an email with your CV to [welcomethechildrensplacesit.com](mailto:welcomethechildrensplacesit.com) or give us a ring on 020 7636 9796.

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[info@sugarmanmedical.co.uk](mailto:info@sugarmanmedical.co.uk)



LONDON SYDNEY

Speech & Language Therapy Department,  
Based in Royal Cornhill Hospital, Aberdeen

**NHS Grampian**

**Advanced Speech & Language Therapist**

Band 7 £31,072 - £40,964 per annum  
Full-time 37.5 hours per week

This post will be based in the Royal Cornhill Hospital in Aberdeen, North East Scotland and supported and supervised from the City community learning disability team.

Multidisciplinary working is a key element of this post and all professionals are available and onsite. This post offers the candidate an opportunity to further develop specialist mental health skills within a large mental health facility that supports the full range of mental health problems from a large geographical area. This includes the learning disability inpatient facility. The caseload will be mixed and include a number of complex, dysphagic, forensic and demanding clients.

The suitable candidate will have a broad range of adult experience to allow them to manage a diverse range of client groups. This is an exciting and rare opportunity to work within a specialist mental health environment and a developing speech and language therapy service.

Informal enquiries to Fiona Flett on 07867720388.

To apply please visit [www.nhsgrampian.org/jobs](http://www.nhsgrampian.org/jobs) and search for Ref No PR9677. Closing date 21 January 2015.

For all other vacancies visit [www.nhsgrampian.org/jobs](http://www.nhsgrampian.org/jobs)






# Anna Jones

THE EDINBURGH APHASIA INTEREST GROUP

*“We are discussing possible research collaborations, with clinicians looking to work alongside aphasia and neuroscience researchers”*



I set up the Edinburgh Aphasia Interest Group (EAIG) in 2012, with the support of lecturer Dr Thomas Bak, PhD student Mariana Vega-Mendoza, therapists from NHS Lothian and academics from the University of Edinburgh. The purpose of the group is to share current aphasia research taking place in Scotland, particularly in Edinburgh, and to allow practitioners and researchers in Scotland access to international expertise and cutting-edge research. The ultimate aim is to foster collaborative and inter-disciplinary work within and between neuroscience researchers and healthcare professionals, and to enhance evidence-based practice in neurology and speech and language therapy.

The group consists of around 85 researchers and students from Edinburgh, Queen Margaret, Dundee and Newcastle universities; neurologists; specialist brain imaging researchers; NHS and independent SLTs; psychologists; audiologists; music therapists; and other aphasia researchers and clinicians.

We meet approximately four times a year and have 20-30 attendees at each meeting. We advertise meetings on the EAIG website, the University of Edinburgh Psychology research group pages, and through the group mailing list.

Each meeting focuses on a specific area related to aphasia. In the eight meetings to date, topics have included aphasia research in clinical practice, cognition in aphasia, trial design in aphasia research, reading in aphasia, pharmacological and behavioural therapies, cross-linguistic studies of aphasia, apraxia of speech in relation to aphasia, and updates on current aphasia research. Our ability to attract high-quality international speakers covering a wide range of topics relevant to aphasia has allowed the group to operate as a translational science setup, making scientific results available for practitioners



to incorporate into clinical practice.

Over the past year, the format of meetings has developed and each now consists of a speaker presentation, followed by a formal interview between an aphasia academic and the speakers. An informal discussion, allowing for interaction between all members of the group, then ensues.

The value of such a multidisciplinary and collaborative group can be seen from the results of a survey we conducted - 73% of group members stated that being a part of the EAIG and attending meetings was very useful; 87% said meetings were very useful and the quality of speakers at the meeting was excellent; and 93% stated the group 'fully achieves its purposes'.

We have received funding from the University of Edinburgh Neuroresearchers Fund (<http://tinyurl.com/136k9la>). This has allowed the group to further develop, enabling us to invite high-quality external

speakers. The funding has enabled the videoing of formal interviews between speakers and academics, which when possible, we upload to the group website for those unable to attend the meetings. The funding has supported the group to build links and collaborations between researchers in different fields, different universities, and between the academic and clinical world. It has also strengthened links between the clinical work and researchers, which helps promote and improve evidence-based practice. As a result, EAIG members have formed a funding committee to specifically search and apply for funding for the group.

The group has further developed over the past year and has facilitated the sharing of research techniques and ideas. As a result, we are discussing possible research collaborations and initiatives, with clinicians within the group looking to work alongside aphasia and neuroscience researchers to carry out a possible joint research initiative. An example of this is a proposed PhD, developed between the University of Edinburgh and a group member, in response to the interest generated in the topic of aphasia from the development of the group. The British Aphasiology Society (BAS) committee has approached the group and we will be hosting the next Research in Progress study day in 2015. Please contact EAIG or BAS for further details.

Our next meeting will take place in January 2015. The group website will provide further information. If you would like to join the mailing list, attend any of the meetings or speak at a meeting please contact me. ■

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**Anna Jones, Clinical Researcher and SLT.**  
**Email: [edinburghaig@gmail.com](mailto:edinburghaig@gmail.com)**

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**<http://tinyurl.com/ahj4cf6> and <http://tinyurl.com/bzzv62t>**

**Various dates and locations**

**Picture Exchange Communication System (PECS) Level 1 Workshops**

London, Glasgow, Cardiff, Liverpool, Birmingham, Oxford, Newcastle and more. PECS Level 2 Workshops – Sheffield and London. SoSAFE! Sexual/Social Safety Training – Manchester. Teaching critical communication skills – Birmingham. A teachers' guide to organising and managing the classroom – Manchester. Visit: [www.pecs-unitedkingdom.com](http://www.pecs-unitedkingdom.com) tel: 01276 609 555

**Neuromuscular electrical stimulation (NMES) for dysphagia**

NICE has produced guidance that recommends NMES (IPG490) should only be used with special arrangements for clinical governance, consent, audit or research. (<http://tinyurl.com/mf92t3q>). This VitalStim Therapy involves a specialised form of NMES designed to treat dysphagia through muscle re-education. Contact: [training@vitalstim.co.uk](mailto:training@vitalstim.co.uk), [www.vitalstim.co.uk](http://www.vitalstim.co.uk)

**26-27 January, Manchester; 29-30 January, London**

**The Big Autism Play Day**

Hirstwood Training invite you to 'The big autism play day' sharing early intervention strategies, ideas, resources, techniques and evidence for using play to develop engagement and interaction. £450 + VAT. Email: [lois@hirstwood.com](mailto:lois@hirstwood.com), visit: [www.hirstwood.com](http://www.hirstwood.com), tel: 01524 426 395

**6 February, Leeds Hearing Impairment Service**

**Sound to words: The brilliance of babies in one year**

Follow the development of three babies, born profoundly deaf and implanted around their first birthday. Consider techniques their parents used to accelerate language. £85. Email: [sam@earfoundation.org.uk](mailto:sam@earfoundation.org.uk)

**9-10 February, RCSLT London; 2-3 March, Salford**

**Elklan total training package for verbal children with ASD**

Equips SLTs and teaching advisers to provide practical, accredited training to those supporting verbal children with ASD. Covers a range of strategies and approaches. £450. Tel: 01208 841 450, email: [henrietta@elklan.co.uk](mailto:henrietta@elklan.co.uk), visit: [www.elklan.co.uk](http://www.elklan.co.uk)

**9-10 February, RCSLT London**

**Elklan total training package for vulnerable young people**

This course equips SLTs and teaching advisers to provide practical, accredited training to staff working in secondary school settings and SLTAs. Teacher/therapist teams welcome. £450. Tel: 01208 841 450, email: [henrietta@elklan.co.uk](mailto:henrietta@elklan.co.uk), visit: [www.elklan.co.uk](http://www.elklan.co.uk)

**10 February, Kilmarnock Hearing Impairment Service**

**Home supporting: Leave the toys in the car**

Practical ideas using everyday routines at home to support parents to develop techniques and strategies for spoken language with their child. £85. Email: [sam@earfoundation.org.uk](mailto:sam@earfoundation.org.uk)

**11 February, Raphael Medical Centre, Tonbridge, Kent**

**Dysexecutive consequences of brain injury: Assessment and intervention**

Speakers include Professor Barbara Wilson, Dr Anita Rose. This one-day workshop will consider the dysexecutive consequences commonly seen after brain injury. Will look at the assessment of executive dysfunction, and practical interventions for managing these focussing on rehabilitation interventions for executive functions. Further details and to book, visit: [www.raphaelmedicalcentre.co.uk](http://www.raphaelmedicalcentre.co.uk)

**12-13 February, RCSLT London; 4-5 March, Salford**

**Elklan total training package for under-fives**

This course equips SLTs and teaching advisers to provide practical, accredited training to staff working in early years. Teacher/therapist teams welcome. £450. Tel: 01208 841 450, email: [henrietta@elklan.co.uk](mailto:henrietta@elklan.co.uk), visit: [www.elklan.co.uk](http://www.elklan.co.uk)

**12-13 February, London, RCSLT; 2-3 March, Salford**

**Elklan Total Training Package for 5-11's**

This course equips SLTs and teaching advisers to provide practical, accredited training to education staff and SLTAs. £450. Tel: 01208 841 450, email: [henrietta@elklan.co.uk](mailto:henrietta@elklan.co.uk), visit: [www.elklan.co.uk](http://www.elklan.co.uk)

**17 February, RCSLT London**

**TalkTools Study Day**

New to TalkTools? Come along and find out more. Already using TalkTools? Update and expand your knowledge and skills. Only £45 per person. Visit: [www.eg-training.co.uk](http://www.eg-training.co.uk) email: [info@eg-training.co.uk](mailto:info@eg-training.co.uk) tel: 01530 274 747

**4-6 March, Salford**

**Elklan total training package for under-fives**

4-5 March 2015, with optional TTP for 0-3s, 6 March 2015. Equips SLTs and teaching advisers to provide practical, accredited training to staff working in Early Years. Teacher/therapist teams welcome. £450 for under-fives two days. £650 for all three days. Tel: 01208 841 450, email: [henrietta@elklan.co.uk](mailto:henrietta@elklan.co.uk), visit: [www.elklan.co.uk](http://www.elklan.co.uk)

**5-6 March, Salford**

**Elklan total training package for 11-16s**

This course equips SLTs and teaching advisers to provide practical, accredited training to staff working in secondary school settings and SLTAs. Teacher/therapist teams welcome. £450. Tel: 01208 841 450, email: [henrietta@elklan.co.uk](mailto:henrietta@elklan.co.uk), visit: [www.elklan.co.uk](http://www.elklan.co.uk)

**12-13 March, Queen Elizabeth Hospital Birmingham**

**'Assessment and diagnosis in the voice clinic'**

Course convenors: Julian McGlashan, Declan Costello, Sue Jones. Two-day course covering the theoretical and practical aspects of working in a multidisciplinary voice clinic. Led by experienced voice clinic teams from the UK. Course administrator: [jackie.ellis4@btpopenworld.com](mailto:jackie.ellis4@btpopenworld.com)

**13 March, Durham**

**Autism: British Academy of Childhood Disability Annual Conference**

A comprehensive review covering advances in early identification, diagnosis and intervention that ties new research to service delivery. Suitable for all professionals involved with the management of children with Autism. Visit: [www.bacdis.org.uk](http://www.bacdis.org.uk)

**18 March**

**Current evidence base for school-age children with language impairments**

'Enormous condensation of EBP studies across areas in just one day' with Dr Susan Ebbels. For more information: [www.moorhouseschool.co.uk/courses-and-conferences](http://www.moorhouseschool.co.uk/courses-and-conferences), tel: 01883 712 271

**21 March, Ealing London**

**ASLTIP 2015 Conference and AGM**

'Talking technology: current trends in speech and language therapy'. Keynote speaker: Jane Marshall plus workshops on autism, phonology, dysarthria,

aphasia and more and tools such as blogging, Kinect, Skype and apps. Pre-conference Lego therapy workshop. For details and to book, visit: <http://tinyurl.com/ox7vwwk>

**21-22 March, Radisson Heathrow**

**Listening and auditory processing problems auditory integration training conference**

International speakers and academics present their research, observations and reports. Of interest to all therapists, professionals, teachers and parents of children with SEN, SpLN, ASD, CAPD. Registration £210 (Early Bird 180). For information, email: [berardtributeconference@gmail.com](mailto:berardtributeconference@gmail.com)

**24 March, St George's Hospital, London**

**An introduction to head and neck cancer and the role of the SLT**

One-day course on head and neck cancer, its treatment, and the role of the SLT in managing this patient group. Suitable for SLTs wishing to move into this specialist area, and interested students. £90; students £65. Email: [Daniela.Rianjongdee@stgeorges.nhs.uk](mailto:Daniela.Rianjongdee@stgeorges.nhs.uk)

**26-27 March, City Lit London**

**Acceptance and commitment therapy for SLTs**

Helpful to wide range of SLT clients/carers and with a strong evidence base, ACT is about acceptance of difficult experience and taking action towards living a valued life. Learn about ACT's key components on this experiential workshop. Email: [rachel.everard@citylit.ac.uk](mailto:rachel.everard@citylit.ac.uk), tel: 020 7492 2579

**20-23 April, Birmingham**

**Post-registration paediatric and ALD dysphagia course**

This four-day taught course plus work based learning develops skills and

competence in dysphagia assessment and management. £580. Jo Frost Quest Training, tel: 07904 981 462, visit: [www.quest-training.com](http://www.quest-training.com)

**30 April – 1 May, City Lit London**

**Mindfulness for SLTs**

Experiential introduction to key elements of mindfulness with reference to mindfulness-based stress reduction and mindfulness-based cognitive therapy. Relevant to wide range of adult/ paediatric client groups and has personal stress management/well-being benefits for therapists. £146. Email: [carolyn.cheasman@citylit.ac.uk](mailto:carolyn.cheasman@citylit.ac.uk), tel: 020 7492 2578

**6 May, Raphael Medical Centre, Tonbridge, Kent**

**PTSD following brain injury**

This one-day workshop aims to look at assessment, diagnosis and intervention of PTSD following TBI. It will also consider the issues of Combat TBI and PTSD. Further details and to book, visit: [www.raphaelmedicalcentre.co.uk](http://www.raphaelmedicalcentre.co.uk)

**16 May, Warwick University**

**NAPLIC Conference: SEND Reforms and SLCN**

Good practice to support children and families. Keynotes include Sue Roulstone, Marie Gascoigne. Seminars/exhibition. Member's early booking held at 2010 price – £95. Information: [www.naplic.org.uk](http://www.naplic.org.uk) or email: [carolingwood@btpopenworld.com](mailto:carolingwood@btpopenworld.com)

**18-22 May, UCL London**

**'Working with deaf people'**

Part 1: An introduction to all aspects of assessment and therapy with deaf children and adults. £420. Email: [ruthmerritt@cscsconsultants.com](mailto:ruthmerritt@cscsconsultants.com), tel: 01227 262 141



**The National Autistic Society's Professional Conference**

3 and 4 March 2015, Harrogate International Centre

*Innovative approaches to support and intervention*

This conference is a unique opportunity for professionals working in the field of autism to discuss best practice and share learning.

[www.autism.org.uk/conferences/professional2015F](http://www.autism.org.uk/conferences/professional2015F)

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