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February 2018 | www.rcslt.org
Opportunity knocks

You don’t have to be eagle-eyed to notice that there’s an international theme to this month’s issue of Bulletin – the globe on the cover gives it away somewhat! So, if you’ve ever considered practising overseas – maybe volunteering in a low- or middle-income country; helping refugees with communication difficulties gain access to vital services in a humanitarian context; or working in countries such as America, Ireland or New Zealand – we’ve got lots of interesting articles that will motivate and inspire. There’s also some top advice on how best to prepare before you take that leap, regardless of whether you choose to broaden your horizons in Australia or Cambodia. The world is your oyster!

You may also have noticed some exciting new emails landing in your inbox over the past few weeks. January saw the launch of our new-look enewsletter, providing a taste of things to come in your inbox over the next month. You will have also received an email asking you to take part in the member survey. There’s still a few weeks to make sure your voice is heard, so don’t forget to take part. Your opinion really counts, particularly as the responses are used to inform our eagerly anticipated digital transformation – more on that next month. You may also have noticed some exciting new emails landing in your inbox over the past few weeks. January saw the launch of our new-look enewsletter, providing a taste of things to come in your inbox over the next month. You will have also received an email asking you to take part in the member survey. There’s still a few weeks to make sure your voice is heard, so don’t forget to take part. Your opinion really counts, particularly as the responses are used to inform the RCSLT’s strategic plan for the next few years.

Clare Williams
Bulletin editor
bulletin@rcslt.org

LETTERS

Your RCSLT

Nicolette Divecha
I joined the Allied Health Professions Federation (AHPF) as co-ordinator in November 2017. The AHPF consists of 12 professional bodies representing allied health professions (AHPs), including the RCSLT. My role is to co-ordinate collective leadership and representation on common issues that impact on its members’ professions. In practice, this means that I co-ordinate responses to consultations and government papers, changes to policies and regulations, and horizon scan for issues that might affect the majority of AHPs. My job is to add value and not cut across individual professional bodies’ responsibilities, and I do this by working closely with our Board, which includes all CEOs and Chairs of the 12 AHPs, the Board Chair and a Policy Officers’ Group representing all AHPs.

To find out more, please email me at nicolette.divecha@ahpf.org.uk

Nicolette Divecha, AHPF Co-ordinator, Allied Health Professions Federation
Email: nicolette.divecha@ahpf.org.uk

Rotation system for Band 5s

We are investigating the feasibility of having a rotation system for Band 5s in order for them to gain experience in a wide range of specialist areas, and would like to know if any other speech and language therapy teams have experience in this.

Please contact us if you or your service has any experience with a speech and language therapy rotation system of any sort that could be applied to a community paediatric service based over a wide geographical area. We would be interested in any feedback (positive or negative) to feed into this discussion.

Please email jessica.marler1@nhs.net with your responses.

East Coast Community Healthcare Paediatric SLT team

A tribute to Joy Ragavelas on her retirement

At the handsome age of 73, our dear friend and colleague Joy has retired from her role as SLT Assistant Practitioner for North East London NHS Foundation Trust, having contributed 27 years to the profession. Her deep compassion and connection with children, as well as her passion for learning, have produced a level of care, commitment and clinical skills greatly admired by all who have worked with her. She was an invaluable member of the team, taking on new challenges, providing good cheer and a wise word, as well as star-quality cakes!

For the majority of her career, Joy worked in the Additional Resource Provision (ARP) for children whose primary need was speech, language and communication, and trained up teaching assistants (TAs) working in the ARP and in the mainstream school. She also inspired other SLTAs who joined our team, as well as many other TAs in mainstream schools across the borough. She often came to the rescue of newly qualified and more experienced SLTs who were struggling to know how to engage children or what activities they might use to achieve their targets. In the last two years of her working life, Joy successfully took on a lead role in formal training to teachers and TAs about speech sound disorders and how to support children with those needs.

Joy’s next chapters will include spending more time with her husband Greg, her eight beautiful grandchildren and no doubt making her special mark on new projects in her community. Go for it, Joy!

Claire Dorfan and Sylvia (Tibby) Sandler (ex-colleagues) and Debbie Reith (colleague)

Follow the RCSLT on Facebook and Twitter

Visit: www.rcslt.org and follow the links

February 2018 | www.rcslt.org
A tribute to Lord Quirk

A ‘seminal figure in the history of the profession’
dies, aged 97

Just before Christmas, the RCSLT was very sad to learn of the death of Lord (Randolph) Quirk, a seminal figure in the history of the profession of speech and language therapy.

Between 1969 and 1972, Lord Quirk was the Chair of the Government-appointed Committee of Enquiry into Speech Therapy Services. The resulting report, known as the ‘Quirk Report’, had a massive impact on speech therapy. As Lord Quirk later said, “I’m delighted to say [the enquiry] totally revolutionised the profession, not least by making it an all-graduate career.”

Lord Quirk’s contribution to the profession did not end there. In 1987 he became President of the RCSLT, serving a four-year term until 1991.

On his appointment to the House of Lords in 1994, Lord Quirk’s interest in and support for the RCSLT’s work endured, continuing to the very end of his life. In January 2015, he asked written questions on the speech therapy workforce and the communication needs of young people in the youth justice estate. In February 2016, in one of his last interventions in the House of Lords, he spoke in defence of speech and language therapy services, arguing that “the skills of speech therapists are essential to maintain and repair the language faculty”.

The profession has lost both a towering figure and a good and loyal friend. We will miss him and his support hugely. Our thoughts are with his family at this sad time.

Lord Quirk, pictured with Kamini Gadhok, RCSLT CEO, at the Voice Box competition final, Speaker’s House, Westminster, 2016

A new video has been added to the RCSLT’s YouTube channel as part of the Storytelling Project, which aims to highlight and celebrate the valuable work that SLTs do. In this ‘My Journey, My Voice’ story, Clodagh talks about her recovery from a stroke, which initially caused her to be ‘locked in’.

◉ To watch the video, visit: www.youtube.com/c/RCSLTOfficial

Scoping activities are being run by the RCSLT Research and Development Team to explore whether the profession would like, and would benefit from, a new journal that features research from everyday speech and language therapy practice.

◉ If you would like to share your thoughts or get involved in an activity, please email Amit.Kulkarni@rcslt.org

The inclusive communication playlist on the RCSLT’s YouTube channel now includes a video created by SLTAs at Nottingham Healthcare NHS Trust. Featuring Della Money, Deputy Chair of the RCSLT Board of Trustees, the video raises awareness of the challenges people face every day when they have a communication need.

◉ To view the video, visit: youtube.com/hARX8aF7II8

Are you facing restructuring in your service? The RCSLT has released a brief position statement regarding the importance of effective leadership in speech and language therapy services. The paper also documents the capacity and capability required.

◉ To read the statement, visit: www.rcslt.org/members/leadership/leadership_in_slt_services

Campaign for swallowing awareness

Join us on 14 March for another great day of campaigning to highlight how dysphagia can affect people’s lives and how speech and language therapy transforms negative experiences into positive ones.

Last year, you held events across the globe, raising awareness from hospitals and care homes, to universities and railway stations. The European Space Agency and astronaut Major Tim Peake also contributed to the conversation by posting messages about what it’s like to eat and drink in space, helping the campaign to trend on social media. Can you make 2018’s campaign as successful as last year?

◉ To download the toolkit, visit www.givingvoiceuk.org/swallowing-awareness-day

News

QUICK LOOK DATES »

February 2018 | www.rcslt.org

04 FEB

World Cancer Day

21 FEB

Application deadline for RCSLT minor grants

23 FEB

RCSLT Public Health and Communication Needs webinar

QUICK LOOK DATES »

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RCSLT Public Health and Communication Needs webinar
Study Day leaves students inspired

After careful planning, the RCSLT National Student Study Day took place on 7 December in Birmingham. Tickets sold out in record time and 13 UK universities were represented. The day’s primary objective was to inform, inspire and empower final-year students as they stride towards their future as SLTs.

Morag Dorward, Chair of the RCSLT Board of Trustees, kick-started the day with a welcome and reminder of the event’s vision to unite and motivate. Students then had the opportunity to meet colleagues from other universities through a creative icebreaker activity, and were encouraged to network with the SLT community through social media, CENs and RCSLT Hubs.

RCSLT Research Manager Amit Kulkarni was thrilled by the student response in his ‘Application of Evidence-Based Practice’ session, tweeting: “Full room at #SLTStudentDay who are behind evidence-based practice. The future is bright!” Meanwhile, RCSLT’s Head of Professional Development, Dominique Lowenthal, provided helpful information on the newly qualified practitioner (NQP) competencies framework, with an opportunity to feed back on planned improvements. A memorable quote from the morning was: “Be a Fruit Loop in a world full of Cheerios!” – ie, show passion about issues you care about, take chances and stand out!

A highlight of the day for many were the talks from NQPs, who described their personal experiences and agreed on three key points: go for jobs that suit your personal interests and needs; accept there is a lot to learn and be open to feedback; and don’t put too much pressure on yourself.

The session entitled ‘Guide to finding your first job’ included valuable advice from a panel of managers, covering applications, interviews and supervision, along with practice interview scenarios. Sharon Bishop tweeted: “Great advice on applying for jobs and interviews this afternoon. The next step in my journey still feels scary... but more achievable.”

The day was a huge success, as attested by attendees on Twitter: “Super day at #SLTStudentDay – feeling motivated and excited about the next leg of the journey as a newly qualified SLT!” tweeted @feewal86.

On behalf of all students, we would like to thank the RCSLT for the support they show to the student community. To all final-year SLT students, we wish you every success in your journey.

Denise Bain and Leonore Evans
Public health webinar

WEBINAR

Public health and communication needs: can the UK afford not to listen? The RCSLT will be hosting a webinar on 23 February at 1pm to discuss the role of speech and language therapy in public health, why it matters and how you can get involved.

The webinar will be chaired by Derek Munn, RCSLT Director of Policy and Public Affairs, with presenters Viki Baker, Director for Learning Disability and Neurobehavioural Services, Sussex Partnership NHS Foundation Trust; Janet Cooper, Early Language and Communication Strategy Lead, City of Stoke-on-Trent; and Berenice Napier, Policy Adviser, RCSLT.

To join the webinar, visit www.rcslt.org/news/webinars to register

Group provides support for managers

The London Region Speech and Language Therapy Managers Network (LRSLTMN) is a 30-strong group of adult and children’s services managers that meets four times a year at the RCSLT. Agendas include hot topics, current themes, direct liaison with higher education institutions (HEIs), and presentations from RCSLT officers about policy and practice.

Become a member

Benefits of membership include peer support; networking; identification of common themes across organisations, allowing for cross-boundary working/projects/partnerships; regular links with and updates from HEIs and the RCSLT; and professional strategy/updates. There is also an area in Basecamp that provides access to an online chat forum for members, and safe storage of meeting papers and presentations.

Members report that the group “provides a unique forum ... to share experiences and ideas, providing inspiration and support,” and offers an opportunity “to lobby the RCSLT on specific topics, to get a more political slant on what we do”.

If you would like to join (membership fee: £30 per year), please contact us (details below).

Interactive session

On 1 March, the LRSLTMN will be hosting an interactive session for children’s service leads at the RCSLT in London, looking at the impact on practice of the Children & Families Act. Members and non-members are welcome.

Sarah Hulme, Chair. Email: sarahhulme@nhs.net; Eileen Walshe, Secretary. Email: eileen.walshe@nhs.net

SHAPING THE PROFESSION

As we start 2018, the focus of our influencing work has been on the development of responses to key consultation documents affecting the profession.

The first document, ‘Promoting professionalism, reforming regulation’ proposes a number of changes to professional regulation – see tinyurl.com/professional-regulation. These include: designing a more responsive model that can swiftly adapt to changing patterns of healthcare, develop new roles and ways of working without the need for frequent legislative change; establishing clear criteria to assess which level of professional regulatory oversight is appropriate for different professional groups; considering whether the current number and set-up of regulatory bodies is delivering effective and efficient public protection; ensuring that regulatory bodies have a consistent and flexible range of powers that allow them to take a prompt and proportionate approach to concerns about an individual’s fitness to practice; enabling regulators to better support professionalism among registered groups; and increasing joint working, sharing functions and services between regulators.


We are aware that there are significant gaps in the document and will ensure that issues relevant to a workforce that meets the needs of the service users we work with are raised, even if the questions asked do not provide an opportunity for us to do so. We would encourage members to engage in any local meetings or events that support and inform a response from local organisations to respond as appropriate. The deadline for responses, which can be submitted online, is 23 March.

“We encourage members to engage in meetings or events that support and inform a response”

Morag Dorward, RCSLT Chair and Kamini Gadhok, MBE, RCSLT Chief Executive. Email: kamini.gadhok@rcslt.org
To raise awareness of communication difficulties, alternative strategies and the importance of speech and language therapy, Newcastle University student SLTs took part in a ‘No voice’ challenge. Instead of speaking, the students used a range of alternative and augmentative communication (AAC) methods (such as voice output communication aids, signing, E-Tran frames and symbols) for a week, raising £566.63 for the Percy Hedley Foundation.

As students, we often discuss the frustration of communication difficulties; however, this challenge made us realise how true this actually is. Not speaking was emotionally and mentally draining, and left us feeling isolated and self-conscious. People gave up on trying to communicate when they realised we couldn’t speak back. Small things, such as not being able to sing in the shower, also had a big impact.

The challenge helped us grow in empathy and compassion towards clients, experiencing in a small way the frustration involved in trying to find alternative means of communicating. Giving adequate time for clients to respond means so much. The mutual support and empathy that was shared among those who took part also highlighted the importance of communication support groups.

Catherine Morrison, Newcastle Speech Therapy Society (Giving Voice Representative)

‘No voice’ (AAC) challenge

Improving communication through reading

Across the UK, up to two in five children in disadvantaged communities have difficulties with literacy. Introducing children and young people to the habit of reading in everyday life can improve communication skills and future prospects.

Achievement for All’s ‘100 Million Minutes Reading Challenge’ is a national initiative that aims to eradicate illiteracy and build a brighter future for children and young people. From 1 March (World Book Day), children and young people will try to collectively read 100-million minutes in a week! Ten minutes of reading a day can make a huge impact to a child’s development, so imagine what 100-million minutes can achieve.

To find out more and register, visit www.100millionminutes.org

Global award for swallow clinic

East Sussex Healthcare NHS Trust’s Swallow Disorder Clinic recently celebrated receiving the ‘Project Recognition Award’ at the Zenith Global Healthcare Professionals Awards. The ‘one stop’ Swallow Disorder Clinic was recognised as an innovative, collaborative approach between ENT (ear, nose and throat) and speech language therapy. It was commended for offering a quality, holistic, patient-centred approach, which has reduced treatment time from 24 to five weeks and improved patient safety and satisfaction.

The clinic, which is led by Consultant SLT Anita Smith and ENT Consultant Paul Kirkland, was also recognised at the Advancing Healthcare Awards earlier in 2017.

Thanks to the encouragement of RCSLT Membership Officer Erika Ward, the team raised £56 for the cause.

Visit: www.bbc.co.uk/news/uk-42365872

RCSLT team gains BBC kudos

Staff at the RCSLT’s London office were delighted when the BBC decided to include a photo of them proudly sporting their Christmas jumpers on the BBC online news pages. The photo, which was featured in an article about Save the Children’s Christmas Jumper Day, even made it onto the BBC’s home page!

Held annually, the campaign aims to help ‘Make the world better with a sweater’, with participants donating £2 to Save the Children.

Did you know that RCSLT members have free access to a collection of more than 1,800 peer-reviewed journals published by Sage Journals, Taylor & Francis and Springer? You can access a number of these journals online through an A-Z list on the ‘Journals collection’ page on the RCSLT website. Titles range from ‘Aphasiology’ to ‘Young Exceptional Children’. Visit: www.rcslt.org/members/research_centre/journals_collection

£500 available through the RCSLT minor grants scheme

13 UK universities represented at the 2017 RCSLT Student Study Day

To find out more and register, visit www.100millionminutes.org
Cardiff open day showcases profession

To provide those interested in a career in speech and language therapy with an insight into the diversity and dynamic nature of the profession, SLTs from Cardiff and Vale University Health Board organised an open day last November.

The morning session provided an overview of paediatric and adult services, including discussion around communication difficulties and an introduction to dysphagia; while the afternoon session comprised talks from various specialist SLTs, including the Young Onset Dementia Service, Cleft Lip and Palate, Flying Start and Stroke Rehabilitation. The day also included interactive sessions, such as thickening drinks and trialling high-tech alternative and augmentative communication.

Feedback was very positive, with attendees saying that it was “really helpful and interesting”. In future, we aim to increase attendance through the use of Twitter, Facebook, health board and career websites. Attendees also voiced an interest in case studies and interactive therapy workshops.

Olivia Wheatley and Annabel Ackland, SLTs at University Hospital Llandough, Cardiff

New resources available online

The National Tracheostomy Safety Project (NTSP) has added 26 new films to its website, highlighting vocalisation, fibreoptic endoscopic evaluation of swallowing (FEES), and tracheostomy care.

Funded by a Health Foundation grant, the films may be used to assist SLTs giving talks, training or at the bedside with patients/carers. For example, speech and language therapy and patient communication needs are showcased in films illustrating Above Cuff Vocalisation (ACV), Passy- Muir speaking valves and patient experience. The ‘Benefits of FEES’ film, which features a live FEES, could help those SLTs trying to set up FEES or critical care services.

Led by Dr Brendan McGrath (Consultant Anaesthetist Intensivist) and including SLT Sarah Wallace, the NTSP has also collaborated with key stakeholders in tracheostomy care to produce online learning (developed with Department of Health), downloadable emergency algorithms and bedhead signs.

To view the films, visit www.tracheostomy.org.uk

Sarah Wallace, Clinical Lead IP Dysphagia, Clinical Specialist SLT, Wythenshawe Hospital, Manchester

Wales Office says thank you

RCSLT Wales held a special ‘Thank You’ celebration in December, in appreciation of members’ contribution to speech and language therapy in 2017. The event also provided an opportunity to present a retirement award to Calum Dalaney, Head of the Speech and Language Department at Cardiff Metropolitan University, for his services to education in speech and language therapy.

We were honoured that our members could celebrate with us.

Rachel Cule, PA to Dr Alison Stroud, Head of Wales Office, RCSLT

Derek Munn

NEW YEAR, RESHUFFLE

The political year began with a reshuffle of the UK Government, with a number of the ministers most relevant to us leaving their posts.

First, Justine Greening opted to leave Government rather than move from the post of Secretary of State for Education. In her speech at the Conservative Party conference and subsequently, she had championed early language, including language hubs that aim to identify and spread home learning environment programmes to support early language development and form a partnership with Public Health England to enable health visitors and early years practitioners to identify and support children’s early speech, language and communication needs.

Justine’s replacement is Damian Hinds, MP for East Hampshire. Damian is a previous chair of the All Party Parliamentary Group on Social Mobility, and made his first parliamentary speech on the pupil premium, so we will be urgently making the case for him to continue the emphasis of his predecessor.

Also, at the Department for Education, special needs minister Robert Goodwill has moved on. He had been in post since last year’s election, and we will work hard with civil servants to ensure continuity as we approach the launch of the ‘Bercow: Ten Years On’ review.

Meanwhile, at the Department of Health, Jeremy Hunt survives again. He has now been in post since 2012, the longest-serving minister in government in the same role. However, the minister responsible for AHPs, Phillip Dunne, has departed – there has been a sequence of ministers in this role in recent years. One of the new health ministers, Caroline Dinenage, is already known to us from her role as an education minister responsible for early years – she is also married to Mark Lancaster MP, who spoke at a Defence Stammering Network meeting about living with his own stammer.

As for policy, it’s steady as she goes, with the principal areas being mental health – both adults and children – and social mobility.

“We will work hard with civil servants to ensure continuity”
RCSLT membership renewals 2018

**RCSLT membership: your essential professional advantage**

Very soon, you will be receiving your 2018–2019 RCSLT membership renewal information by email. The email will include your personal membership fees and outlines the benefits of RCSLT membership. It will also confirm your new membership category if you have been affected by the RCSLT’s new membership structure, which will come into effect from 1 April 2018.

If you pay your fees by direct debit, we will renew your membership automatically. If you bank in the UK and don’t currently pay by direct debit, switching will save you time and money. Nearly 16,000 members now pay by direct debit and benefit from a £13.00 discount on their fees.

If you need to change your membership category, your personal details or the way in which you pay your fees, please contact the membership team (see below).

### Deadline: 1 April 2018 and insurance cover

The RCSLT provides professional indemnity insurance for Certified, Newly Qualified – Practising, Overseas Qualified Practitioner – UK Practising, Student and Assistant members based in the UK, as well as for Non-practising, Returners and Retired members in respect of past practice. It is a legal requirement of your Health and Care Professions Council (HCPC) registration to hold professional indemnity insurance. Please ensure you are in the correct category when renewing your membership, as this cover cannot be backdated. The RCSLT also provides legal fees insurance for UK-based members in respect of referrals to the HCPC.

Suitably qualified HCPC-registered SLTs resident in the Republic of Ireland are eligible to join the Certified members category to benefit from professional indemnity and legal fees insurance.

The RCSLT’s insurance only covers fully paid-up members in the categories noted above. If you pay by direct debit, this cover will be renewed automatically. However, members who pay by cheque or credit card will only be covered from 1 April if we have received your payment before this date – our insurance policies will not cover those who pay by cheque or credit card after 1 April. Cover will resume from the date you make your payment.

### Late renewals

Some members choose to renew their membership outside the usual renewals period. If you re-join after the renewals period, you will still be liable for your fees on the full year basis. However, as highlighted above, we will not be able to backdate your insurance cover and you will not have access to member-only areas of the RCSLT website, including the CPD diary, if your membership lapses.

### Contact us

If you have not heard from us about renewing your membership by 1 March 2018, please get in touch.

**Email:** membership@rcslt.org or call us on 020 7378 3008/3010

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### RCSLT fees 2018–2019

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1. Reflects £13.00 discount for payment by direct debit.
2. HCPC-registered SLTs resident in the Republic of Ireland may wish to join the Certified members category to benefit from professional indemnity and legal fees insurance.
3. Retired members who are not resident in the UK and wish to receive hard copies of Bulletin and the IJLCD will be charged a supplementary postage charge, depending on where they live.

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### Statutory notifications

Occasionally, the RCSLT has to formally notify members of corporate business, most notably the annual general meeting. We would like to take this opportunity to remind you that, to save on postage and printing costs, as well as doing our bit to protect the environment, formal notices will by default appear in Bulletin, which is received by all members, with links to the RCSLT website, on which will be posted formal documents. Any member has the right to request that formal notices are sent to them in hard copy. Requests should be sent to the Company Secretary at the RCSLT.

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Email: membership@rcslt.org or call us on 020 7378 3008/3010
Elena Moore explores the family-centred service delivery model used in the USA and compares it to the UK approach

Service delivery: a US approach

As an early years SLT working in the UK, I find myself referring to ‘our colleagues in the USA’ and to the American Speech-Language-Hearing Association (ASHA), but ask myself: do we actually know how our American peers deliver therapy services? So I emailed ASHA, who provided me with research papers on a family-centred service delivery model used in government-funded programmes in 28 states in the USA. The model seemed to be moving in the opposite direction to our child-centred, clinic-based models in the UK. Why was that? Surely the evidence base is the same the world over? So when I saw an advertisement in Bulletin about the Winston Churchill Memorial Trust, which offers travel grants for British citizens to investigate inspiring practices to benefit the UK, I saw an opportunity to investigate.

Following a rigorous selection process, I was granted funding to travel to the USA for one month to research the family-centred model in Texas, Kansas and North Carolina, and collect data through case studies, caregiver surveys, home visits in three states in the USA and discussions with caregivers, service providers and state leaders.

So what is the model? The family-centred model comprises the following three components (Rush & Shelden, 2011; Shelden & Rush, 2013):

1) Natural learning environment practices

UK early years SLTs acknowledge the importance of the caregiver’s role in helping children learn and generalise skills to other activities/routines, settings and communication partners. UK SLTs also recognise that greater parental involvement in home practice leads to better outcomes. However, typically in the UK, services are delivered in the clinic setting. Furthermore, pathways and waiting lists have been found to largely determine the structure of therapy, rather than individualising therapy to the family’s needs (Klatt & Roulstone, 2016).

Under the US family-centred model, therapy takes place in settings where the child spends most of his/her time (eg home/nursery), and appointments are booked to suit the child’s and family’s needs. The caregivers are equipped to support the child’s learning during naturally occurring opportunities, such as mealtimes and getting dressed, resulting in repeated occasions to develop and use new skills (Campbell & Sawyer, 2007; Cheslock & Kahn, 2011; Howe, 2008).

2) Coaching

Evidence suggests that greater caregiver involvement in home practice leads to better outcomes for the child (Girolametto & Weitzman, 2006; Guimond et al, 2008). Coaching is used by health professionals working within the US model to promote the caregiver’s ability to support their child’s needs during and between every intervention visit. Results from speech and language therapy services surveyed in the UK indicated a need to increase caregiver participation in sessions; for example, by using coaching to help them better support their child’s health needs.

3) Primary service provider

Multiple appointments have been found to increase pressure on families and increase non-attendance as families start to prioritise some appointments over others (Touch & Berg, 2016). The US family-centred model reduces additional appointments by assigning a key clinician to the family, known as a primary service provider, and by routinely using joint working practices within the multidisciplinary team. The UK and USA survey results indicated that a family-centred approach reduces additional appointments for families, reduces the negative impact on families, and may therefore decrease non-attendance rates.

On my return from the USA, I had the difficult task of summarising all my experiences and findings into one report. Overall, I concluded that UK early years services should create therapy services for 0 to 5 year olds that are more functional by being part of family routines and equipping parents to become lifelong advocates for their child’s health needs. I also determined that UK early years services should be more cohesive by using the primary service provider approach, which fosters joint working among professionals.

Elena Moore, Early Years SLT, Central London Community Healthcare NHS Trust
Email: elenamoore@nhs.net

References

For the full report (including references used in this article) and video interviews, visit www.wcmt.org.uk/users/elenamoore2017 and tinyurl.com/Elenainterviews
Making a difference overseas

Members of Communication Therapy International share their top tips on how to maximise the experience of working in low- and middle-income countries

There are almost 14,000 practising SLTs in the UK (RCSLT, 2017), but in low- and middle-income countries (LMIC), numbers often total less than a hundred.

So it’s no wonder so many SLTs think about volunteering overseas and making a difference. But where do you start, and how do you make a sustainable impact on the community, as well as yourself?

Communication Therapy International (CTI) is a clinical excellence network (CEN) founded in 1990 by UK SLTs to support SLTs and other professionals volunteering or working with people with communication disorders (PWCD) in LMIC. Here we provide an overview of the main points to consider if you’re thinking of broadening your horizons. Resource packs covering everything from preparation, sustainability and returning home are also available at communicationtherapyinternational.org, as well as networking opportunities, further resources and details of international roles.

Be prepared

Most organisations offering volunteer roles request a minimum commitment of two weeks to ensure a meaningful experience for both host and visitor. Some organisations, such as MAITS (Multi Agency International Training and Support), send therapists to assist in training programmes and may offer shorter opportunities. For development work, a longer-term commitment of a year or more is often required, both for paid non-governmental organisation (NGO) posts and for Voluntary Service Overseas (VSO) roles.

Volunteering may be an adventure, but practical considerations are important too. Contact the RCSLT about public liability insurance overseas, ensure you are fully vaccinated, and take out travel and medical insurance. You may need a visa or work permit; and you should ensure you register with the UK Embassy. Security can be an issue in low-income countries, so it’s best to check the latest advice from the Foreign and Commonwealth Office before you travel.

Cultural considerations

Effective working in an overseas context is a continual process of learning and striving for cultural competence – language, religion and traditions, as well as gender, age and ethnicity (see Figure 1). Nothing compares to living in the country, but it’s worth researching language and dialects, appropriate dress, customs and climate before you leave the UK.

We tend to make assumptions based on our own cultural and educational experiences. Working overseas can help us become aware of these assumptions and how to challenge them. Areas relevant to speech and language therapy, such as parenting, feeding/eating and drinking, caring for people with disabilities, language and communication are all strongly affected by culture. Cultural differences and language differences can also exist between urban and rural areas; for example, in Kenya, Sheng is spoken in urban contexts, Kikuyu in rural areas.

You may live in a country for months before you appreciate the nuances, and it can take longer to incorporate knowledge into clinical practice. “Cultural brokers” who can facilitate your understanding of local culture can be invaluable. An SLT assistant, teacher, nurse, doctor, therapist, friend or family member can help by translating, giving appropriate analogies and explanations to clients in their mother tongue, or by making suitable materials and explaining cultural practices.

Figure 1. Model for developing cultural competence (Papadopoulos et al, 1998)
FEATURE
OVERSEAS WORKING
“You may be at the forefront of the profession in an LMIC, and have a chance to plan its future”

You may be the first SLT that people have met, and you will frequently have to explain the profession and the need for it. Teams may comprise professionals from multiple countries/cultures, so the therapeutic environment and ethos can also vary culturally, and you may want to agree common ways of working that acknowledge others’ training and knowledge.

Clinical considerations

The speech and language difficulties seen are often reassuringly familiar; however, be prepared for unfamiliar conditions or diseases, such as malnutrition, tropical diseases, gunshot injuries, severe contractures, advanced cancers, HIV/AIDS and related infections, jaundice and contractures, advanced cancers, HIV/AIDS and related infections, jaundice and nutritional deficiencies in children, and associated developmental delays.

Many people in LMIC are multilingual to varying degrees, and you may be using informal interpreters such as family members, so assessing in multiple languages can be time consuming. Literacy levels and teaching styles vary widely, so languages of education and work may be different to those used at home. This can affect treatment methods for people with language delay/disorder or aphasia. Patients and their families may also need to be encouraged to ask questions and be involved in the therapy process.

Consider the resources needed. If you have electricity and internet, a laptop, printer and laminator will help you to adapt and produce handouts, assessments and therapy materials. Rather than bringing European toys, purchase local items, as these will be more available and affordable to families. If appropriate, it is also often better to buy picture/story books locally. English assessment and treatment materials may be useful if you are likely to work with international or higher income clients to supplement your income. To maximise sustainability, it’s advisable to work with an existing programme (where possible) that has a structure in place for when volunteers return home. Contemplate the skills and knowledge that are appropriate to transfer through training and those that aren’t. Take time to explore existing skills and practices and build on them, rather than start from scratch. Be realistic about the support you can provide after you return home, such as mentoring via instant messaging or fundraising for your host organisation.

Overseas jobs often don’t include the support and supervision you are used to. Look for professionals who can provide this locally or link up with colleagues through the internet, by text or instant messaging. Keeping in contact with the RCSLT and CTI in the UK, as well as other English-speaking organisations worldwide (eg South African Speech-Language–Hearing Association, Indian Speech and Hearing Association, American Speech-Language–Hearing Association, Speech-Language and Audiology Canada), will help reduce isolation and provide access to CPD. If accessible, webinars are also useful resources – consider making links with a local business that will let you use their internet.

Be aware that there will be low times: poverty, local professionals lacking motivation due to poor pay and conditions, travel expenses affecting people’s access to treatment and therapy, and the need for flexibility can be a challenge. Remember that you are a guest, and aim to observe and support while also showing appreciation of colleagues’ local knowledge and therapy skills.

An amazing experience

Volunteering or working in a community that is very different from your own can be an amazing experience. A new context will help you identify your strengths and weaknesses, both personally and professionally. You may be at the forefront of the profession in an LMIC, and have a chance to plan its future, set up support groups and professional organisations, as well as be involved in supporting new training courses.

Leading in new and exciting areas of the profession and being immersed in another culture can increase your confidence in your ability to adapt to the needs of people and organisations. This will give you skills you can use back at home – each family has slightly different cultural and language values, and increasing your own cultural sensitivity will enable you to help PWCD and their families to feel like true partners in the therapy process.

Globally, employers recognise the benefit of employing people with international experience, and you should certainly include your overseas experiences in your CV.

Eliza Chan-Ma, Lucie Hogger and Emma Shah, Communication Therapy International
Email: ctimemembership@gmail.com

References & resources


Opportunities:
www.maits.org.uk
www.vsointernational.org
reliefweb.int/jobs
www.operationsmile.org.uk
communicationtherapyinternational.org

Resources:
‘Working in Less Resourced Settings’ guidance for AHPs (available from CTI): tinyurl.com/CTI-guidance (pdf)
Technology for effective partnership collaboration toolkit produced by Tropical Health and Education Trust: tinyurl.com/THET-tech (pdf)
Global Health CPD Toolkit for reflecting on how volunteering overseas can benefit the NHS: tinyurl.com/NHS-international
Creating Sustainable Services: Minority World SLPs in Majority World Contexts. Speech Pathology Australia’s Journal of Clinical Practice in Speech Language Pathology, November 2016: tinyurl.com/JCPPLP
If you are thinking of working overseas as an SLT, or speech–language pathologist (SLP), you may want to apply for certification in that country via the Mutual Recognition Agreement (MRA). This is an agreement between the American Speech-Language–Hearing Association (ASHA), Speech Pathology Australia, Speech–Language and Audiology Canada (SAC), the Irish Association of Speech and Language Therapists (IASLT), the New Zealand Speech–language Therapists’ Association (NZSTA), and the Royal College of Speech and Language Therapists. The aim of the MRA is to facilitate the movement of SLTs between those countries and increase collaboration and the alignment of professional standards.

Equivalence of competence
At the core of the MRA is recognition of the broad equivalence of the competence of clinicians who have successfully completed a programme of professional education and who have satisfied the requirements for certification by the professional association in their own country. The associations grant their certification to applicants from the other countries on the basis of trusting the systems and procedures of the applicant’s own association. As these are not identical, each association has a number of additional requirements that need to be met, but the process of recognition is much more straightforward than is the case outside the MRA. As an example, RCSLT applicants need to pass the ASHA Certificate of Clinical Competence (CCC) because we do not have an equivalent exam. Prior to the MRA, this was not possible for SLTs with bachelor degrees. This is one of the ways the MRA has provided new opportunities to SLTs from Australia, New Zealand, Ireland and the UK.

The MRA was renegotiated and signed again by the six associations at the recent ASHA conference, and includes two changes that have improved the position for RCSLT members. Whereas previously all RCSLT applicants needed to provide additional evidence of dysphagia competence, recognition of our Dysphagia Training and Competency Framework has meant that, for graduates from 2015, achievement of level C will satisfy the requirements of IASLT, NZSTA and Speech Pathology Australia. A second change is that SAC has lifted its requirement for a breakdown of student clinical hours as part of an application.

"At the core of the MRA is recognition of the broad equivalence of the competence of clinicians"

Regulatory approval
It is important to emphasise that, while the MRA permits professional recognition across the six associations, this will not always translate into regulatory approval (or licensing). Applicants from other countries still need to obtain HCPC approval, just as applicants from the UK need to satisfy the licensing requirements in the country (or state or province) in which they hope to practise. In some cases, professional association certification is accepted as the sole criterion for a licence. In other cases, additional requirements need to be fulfilled. Typically, the greatest difficulty obtaining licensure is encountered in some American states, where applicants without a masters degree are automatically barred from applying for a licence. This is not the case in all states however, and some licensing boards will consider applications for licensure based on the applicant holding the CCC.

Employment outlook
If you are looking for work as an SLT/SLP overseas, it is becoming more difficult to find. An increase in the number of universities offering speech and language therapy education in Ireland and Australia means there is no longer a shortage of clinicians in those countries. The Australian and New Zealand governments are implementing regulations to ensure that posts are filled by locally educated clinicians before employers may consider overseas applicants, and Australia is also about to stipulate that SLPs will require a minimum of two years’ experience before they will be eligible to apply for a temporary visa. It has always been difficult to obtain work in America because of that country’s very strict visa requirements. The outlook for finding employment as an SLP in Canada is more favourable though, as there has been a shortage of SLPs in that country, which is projected to continue to 2024.

Dr Calum Delaney, RCSLT negotiator for the Mutual Recognition Agreement

If you are interested in working in one of the MRA countries, or would like to find out more about the MRA, visit tinyurl.com/RCSLT-working-outside-the-UK
Educating Cambodia in dysphagia and speech therapy

Liz Gould and colleagues describe the rewards and challenges of providing training and establishing procedures for treating patients in Cambodia.

In Cambodia, because patients bear the cost of hospital treatment, they are often only admitted when desperately ill. Stroke, chronic obstructive pulmonary disease and head injury are common, and mortality data from the World Health Organization (WHO, 2015) shows an emerging burden of road traffic accidents, high blood pressure and heart disease. Patients with progressive conditions, eg Parkinson’s disease, are cared for at home. Others travel to Phnom Penh from rural areas but, due to expense, may be discharged medically unfit. Ward patients with dysphagia are placed nil by mouth with nasogastric tubes that can be kept in for years; expensive tube feed and supplements are rarely used. Dysphagia and speech therapy are poorly understood, and silent aspiration is underdiagnosed. Families perform the basic patient care, sleeping on mats by the bed or outside, and provide all food, drink and bedlinen. There are currently no Cambodian speech therapists.

Vital team of volunteers

A small cohort of experienced volunteer speech therapists ensures a high quality of training and education in dysphagia assessment and management. For example, in January 2016, 2017 and 2018, Professor Susan Langmore visited Cambodia to teach fibreoptic endoscopic evaluation of swallowing (FEES) to groups of trainees; American SLP Stacey Silverman maintains the trainees’ skills and develops dysphagia hospital services; while UK SLT Katherine Watson Short has recently returned from a year in Phnom Penh delivering dysphagia teaching and supervising swallow screening and clinical assessment. In addition, Australian Volunteers for International Development (AVID) is funding an SLT, Geraldine Harris, to work full time in Calmette Hospital.

During February and March 2017, three UK volunteers – Sarah Wallace, Clare Park and Liz Gould – visited to work on respiratory, neuro and critical care wards, which enabled further improvements in trainee bedside assessment and FEES skills. Contributions to teaching and patient resources have continued since their return to the UK, and Stacey is visiting Sarah to experience the UK FEES and dysphagia set-up.

Healthcare pressures

Although government health funding in Cambodia has increased significantly since the introduction of health reforms in the 1990s, it remains at only 1.4% of GDP. Challenges include low-quality services, inequity and lack of diagnostic equipment. Following urbanisation, Phnom Penh’s population has more than doubled since 1980, which has further increased healthcare pressures.

The public sector dominates health promotion in maternal, neonatal, child health and communicable diseases, but private practitioners are usually sought for curative care. Affluent Cambodians travel to Thailand, Vietnam or Singapore for medical care.

Challenging conditions

Access to FEES provides an ideal solution to problems of short hospital stays, lack of videofluoroscopy and emphasis on rapid ‘one-off’ intervention. Basic resources are often taken for granted in the NHS, but, in Cambodian hospitals, gloves, aprons, food, handwashing facilities, masks and
Overall, performing and teaching FEES in these conditions is demanding but very rewarding.

Scope decontamination equipment are in short supply. STC buys items from local pharmacies to take onto wards, but this is expensive. Sarah was able to take donated decontamination wipes, which are extremely useful for bedside scope cleaning, as well as donated fibreoptic nasendoscopes from the UK.

Wards are hot, with temperatures reaching 40°C in April. Although air conditioning is available in newer buildings, it isn’t used because patients are billed. Iron hospital beds are often broken, and patient positioning relies on relatives holding them upright. Thickening agents are unavailable, and families need help to devise fluid modification alternatives, eg sieved rice porridge. Liquidised home-cooked foods are administered by relatives via feeding tubes, resulting in blockages; FEES shows resultant reflux, aspiration and soft-tissue trauma.

Low literacy rates mean that FEES/dysphagia advice needs to be highly accessible, with STC volunteers communicating complex information in simple, translatable, culturally appropriate terms. STC is developing pictorial leaflets to address long-term dysphagia management solutions.

Although trainees are released to engage in dysphagia training, they continue to carry out their job as doctors, nurses or physiotherapists. They are keen and committed but lack clinical experience of...
**FEATURE**

**SPEECH THERAPY CAMBODIA**

Sarah Wallace, Highly Specialist SLT, Wythenshawe Hospital, Manchester University Foundation Trust, RCSLT advisor; Clare Park, Specialist SLT, Registered Intermediary

**References & resources**


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**Medical notes**

Medical notes are in a mixture of English, French and Khmer, and not all staff understand all languages. Due to professional hierarchy, only medics document, and notes are not routinely read prior to assessment. Volunteers aim to build the trainees’ confidence in documentation and facilitate a structured approach, emphasising the need to record assessments to track patient progress and improve recognition of speech therapy and dysphagia. Barriers such as lack of multidisciplinary teamworking also exist, but medics have shown strong interest following case discussions.

Overall, performing and teaching FEES in these conditions is demanding but very rewarding.

**Critical care**

Speech therapy is provided in intensive care units (ICU) when patients are identified with suspected dysphagia. Limited use of mechanical ventilation, tests, medications or monitoring restricts medical diagnosis, dysphagia case history and management plans.

Patients requiring tracheostomy often remain in ICU with an endotracheal tube until one can be sourced from another country at considerable cost (£100 each). The same single lumen tube may be kept long-term, as tube changes are costly. Patient infection and tracheostomy complication rates are not known.

**Head and neck cancer**

Alcohol consumption and tobacco misuse are major concerns, with oncology recognised as a medical specialty in 2010. However, oncology and palliative care are extremely inadequate, and cancer patients commonly present with late stage disease (75% at stage three or four).

Oral and maxillofacial surgeons are desperately needed; ear, nose and throat (ENT) surgeons operate on oral cavity tumours, and only one is able to perform laryngectomy. Surgeons at the national ENT hospital Preah Ang Duong describe frustrating shortages of equipment, lack of airway surgery and vocal cord intervention. Some have gained experience of procedures in France and South Korea, which are rarely performed due to late presentation and equipment issues. Post-operative rehabilitation for head and neck cancer does not exist.

**Future work**

Awareness-raising for improving referrals and protecting trainee time to treat patients is ongoing. Negotiations have begun with hospital administrators, alongside presentations to medical staff, with continual follow up with senior leadership necessary to secure implementation of plans.

STC has developed translated materials, but more remains to be done, including advice leaflets, bedhead signs, safer diet/fluid modification and meal ideas. In addition, a bank of FEES recordings for discussion and analysis practice has been developed. Work continues to develop teaching materials structured to trainees’ learning style and English ability, as well as lecture handouts in Khmer and English and opportunities to practise scop ing.

With Susan Langmore and the volunteers’ input, STC has now developed a formalised dysphagia module for the physiotherapy degree at Phnom Penh University of Health Sciences. The RCSLT also kindly agreed to allow STC trainees access to its online resources, which is of tremendous value.

Experienced volunteers and financial donations are crucial to the ongoing success of STC. While demanding, volunteering is incredibly rewarding, with opportunities to gain invaluable skills. If you are interested in volunteering, please contact Sarah (sarah.wallace@mft.nhs.uk) or Clare (clare_park@hotmail.com).

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Liz Gould, Macmillan Specialist SLT, Worcestershire Acute Hospitals Trust; Katherine Watson Short, Advanced Specialist SLT, Royal Bournemouth and Christchurch Foundation Trust; Sarah Wallace, Highly Specialist SLT, Wythenshawe Hospital, Manchester University Foundation Trust, RCSLT advisor; Clare Park, Specialist SLT, Registered Intermediary
A round the world today, more than 65–million people have been forcibly displaced from their homes due to war, civil unrest or natural disasters. Some are internally displaced within their own country; others cross borders, seeking asylum and becoming refugees. Eighty-six per cent of the world’s refugees are hosted in low and middle-income countries (LMICs), many of which themselves struggle with poverty and instability. Refugees with disabilities are acknowledged to be some of the most excluded and vulnerable among the refugee population, facing difficulties in accessing the protection and life-sustaining services they need, including shelter, food, water and sanitation, education, health, child protection and protection from sexual and gender-based violence (SGBV) (UNHCR, 2010).

Limited services
Communication disability (CD) is chronically misunderstood, under-reported and highly stigmatised in many LMICs. There are very limited services for people with communication needs, especially in humanitarian contexts, where SLTs seldom form part of a rehabilitation response team.

Traditionally, disability-focused humanitarian agencies focus on providing rehabilitation services for people with physical and sensory impairments, rather than broader inclusion agendas. Since speech and language therapy services are often non-existent in LMICs, and CDs often go unrecognised, the needs of people with ‘invisible’ disabilities are yet to be addressed.

Supporting refugees with CD
In Rwanda, we have been working with the United Nations High Commissioner for Refugees (UNHCR) Representation Office, where CD was identified as a particular risk factor for exclusion from services, including vital protection services to prevent SGBV – people with communication disorders (PWCD) are less able to advocate for themselves or report problems or abuse (UNHCR, 2015).

Since 2015, we have collaborated on issues including SGBV – people with communication disability (PWCD) are less able to advocate for themselves or report problems or abuse (UNHCR, 2015).

We have been fortunate to have some of our work financed by Elrh’a’s Humanitarian Innovation Fund to begin to understand and document the challenges facing refugees with CD in Rwanda. We have also engaged with UNHCR Geneva on the issues of education and SGBV.

SLTs and humanitarians come from wildly different experiential and professional backgrounds; however, we found a great desire and willingness to collaborate, share expertise and learn from each other. We have become specialists in reducing information about CD down to the absolute basics – training people about the causes and nature of CD and its effects on people’s lives. Dispelling myths about the causes and presentation of CD has become an important part of our work. We have also had to immerse ourselves in a new world of terminology and organisational culture, learning that our priorities are often the same but may be articulated differently.

Evidence-based practice
Although academic research in humanitarian contexts has been limited, it has become apparent that high-quality research is needed to generate evidence about best practice. Funding is now emerging to carry out research into challenges and innovative solutions to problems facing refugee communities. We have been very fortunate to have some of our work financed by Elrh’a’s Humanitarian Innovation Fund to begin to understand and document the challenges facing refugees with CD in Rwanda. We have also engaged with UNHCR Geneva on the issues of education and SGBV.

We believe that there is potential to apply our international learning to situations in the UK, where SLTs may encounter refugees or asylum seekers from LMICs within their local services.

Helen Barrett, Communicability Global, Rwanda; Julie Marshall, Manchester Metropolitan University, UK

References & resources

New horizons: responding to service demand

Matthew Mills, Gillie Stoneham, Nazlin Kurji-Smith, Nicola Gorb and Annie Elias outline the latest cutting-edge developments in the field of trans and gender-diverse voice and communication therapy

The need for services for the trans community has soared in the past two years. Referrals for people seeking alleviation of their gender dysphoria have doubled in the UK since 2016. Subsequently, there have been significant increases in referrals for voice and communication therapy at specialist centres and local services. This rapid growth in demand has led to a greater spirit of partnership and collaboration with the trans community.

According to healthcare records, 0.6%, and likely higher, of the population identifies as trans; and in the 50 years since UK NHS services started, more than 130,000 people have changed social gender role (Barrett, 2017). Increased understanding of service-user needs has created trans-affirming attitudes and influenced terminology that is less pathologising (Lewis et al, 2017; Mills & Stoneham, 2017). For those unfamiliar with the sensitivity regarding terminology, we use the community-preferred terms ‘trans’, rather than transgender, and ‘gender diverse’, referring to non-binary people who identify with genders that transcend the male–female dichotomy.

The challenge

The challenge for gender centres and local providers is how to develop the workforce in this high–need low–incidence specialism, and to provide more equitable service delivery across the UK. Problematically, in particular, NHS England specialised commissioning that funds gender services has no leverage to incentivise or tell clinical commissioning groups how to appropriate their budgets and contract local providers. In short, trans and gender-diverse people often travel large distances to gender centres, and local speech and language therapy may not be available.

Response and developments: gender services

- Since July 2017, 6/7 of the Gender Identity Clinics (GICs)/Centres for Gender Dysphoria in England have a specialist SLT embedded within the multidisciplinary team: there are now SLTs at Nottingham and Leeds GICs; one additional SLT has joined Sheffield; and three additional SLTs are at London GIC.
- Since April 2017, the Tavistock and Portman NHS Foundation Trust hosts both the national paediatric and largest adult service for trans and gender-diverse people in England, and is expanding current outreach into adult services.
- Welsh commissioners plan to create their own GICs in 2018 – a hub of GPs with special interest in gender dysphoria.
- In 2017, Health Education England embraced ‘credentialing’ – regulation and training of medical practitioners (to include gender).
- A new service specification for Gender Identity Services for Adults is scheduled for April 2018.

Response and developments: the profession

- SLTs elected to CRG and BAGIS

In 2016, NHS England’s Clinical Reference Group (CRG) for Gender Identity Services elected its first-ever SLT. In addition, the British Association of Gender Identity Specialists (BAGIS) now has two elected SLTs on its council. There is also a developing partnership between BAGIS and the Trans Voice & Communication Clinical Excellence Network (CEN) in the creation of breakaway sessions for SLTs within their annual scientific symposia. This is in addition to papers on voice and communication presented at three symposia – most recently, on developing therapy approaches and client perception outcomes of psychological wellbeing (Mills & Gorb, 2017).

- Trans Voice & Communication CEN

The CEN supports 55 UK members and has delivered continuing professional development on topics including skills and approaches in voice feminisation, voice masculinisation, group therapy, working with autistic spectrum disorder clients with gender dysphoria, presence and authenticity, shame/stigma and heteronormativity. Basecamp is a practical forum for networking, and the mapping of SLTs in the UK has been useful as a guide for access to specialist therapy.

Competency framework for SLTs

A project to develop a supportive framework for SLTs was initiated by NHS England’s CRG for Gender Identity Services and developed at the RCSLT’s Gender Dysphoria workshop in 2014. A draft framework was subsequently developed by specialist SLTs, RCSLT advisers and members of the Trans Voice & Communication CEN.

The RCSLT appointed project lead Caroline Wright to oversee the process, and the draft framework moved to public consultation in early 2017, with the RCSLT canvassing members to be part of a review group. A cross section of members was sought, and
six SLTs were drawn from specialist gender centres, education, independent practice, community services and management. The group met on four occasions between March and June 2017 to review the 264 responses to the draft document. Each response was rigorously discussed, with the rich feedback resulting in a significantly revised version of the framework. The group’s remit was to ensure that the framework not only adequately reflects the views of SLTs in the field, but is also a valuable and practical guide for developing knowledge and skills, and a comprehensive, logical tool for supervising SLTs and managers.

The Trans and Gender Diverse Voice & Communication Therapy Competency Framework was published online in January 2018 at www.rcslt.org/clinical_resources/trans_voice, and has attracted positive comments both from SLTs who are using it and gender specialist colleagues:

“The framework will foster excellence in voice and communication for trans and non-binary people, and contribute to ensuring equitable access to competent therapists throughout the U.K.” (Dr Helen Greener, Consultant in Gender Dysphoria)

“The consultation was profession-wide to ensure SLTs’ views were captured and the needs of trans and gender diverse people are central to the focus.” (Dr Sean Pert, Senior Lecturer and SLT, Manchester)

“The framework has been useful for identifying training needs within our small, rural department, and has supported requests for training and supervision.” (Ruth Vernall, SLT, Hereford)

“The competencies have highlighted the information and skills I need to practise safely, and the suggested learning tasks have pointed me towards helpful resources and reading material.” (Bryony Carfoot, SLT, Hillingdon)

“It is a very useful framework to explore, enhance and guide my learning.” (Carys Bracken, SLT, London)

“SLTs (along with psychologists) are currently well ahead of the various medical disciplines in this field in drawing up well-delineated guidelines relating to skills, training and supervision. This sterling work represents a sound foundation for the RCSLT and also a template for other colleges, and is to be commended.” (Dr James Barrett, BAGIS President)

Further skills development

Members from the Trans Voice & Communication CEN created the ‘Suggested learning tasks’ supplement for each skills and knowledge competency within the Competency Framework. The resources include courses, documentaries, journal articles, books and apps.

In addition, the Tavistock and Portman NHS Foundation Trust has developed a two-day training course in voice and communication therapy (with follow-up individual tutorial), designed so that knowledge and skills acquisition directly maps on to the Competency Framework. Aimed at SLTs at all levels, it will be available in July 2018. Other providers may also develop similar courses and opportunities.

Positive response

Despite challenges of soaring referrals, there has been a positive response by gender services to increase resources, and a considerable response by the speech and language therapy profession to develop a skilled workforce. Work by the CEN and the publication of the Competency Framework is timely in the face of a new service specification and national procurement process for all gender services in 2018 within the NHS.

Matthew Mills, RCSLT Adviser in Trans & Gender-Diverse Voice, Consultant SLT and Head of SLT Service, ‘Charing Cross’ Gender Identity Clinic. Email: MMills@Tavi-Port.nhs.uk; Gillie Stoneham, Advanced SLT at ‘Charing Cross’ Gender Identity Clinic & Senior Lecturer at Plymouth Marjon University. Email: GStoneham@Tavi-Port.nhs.uk; Nazlin Kurji-Smith, Lead SLT at Northern Region Gender Dysphoria Service. Email: Nazlin.Kurji-Smith@ntw.nhs.uk; Nicola Gorb, Advanced Specialist SLT at ‘Charing Cross’ Gender Identity Clinic. Email: NGorb@Tavi-Port.nhs.uk; Annie Elias, Consultant SLT in Voice. Email: aelias@nhs.net

References & resources


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cluttering: another look

with Kathleen Scaler Scott, Ph.D., CCC-SLP

In recent years, many advances have been made in understanding the communication disorder, cluttering. Kathleen Scaler Scott, Ph.D., of Misericordia University helps to clarify prior myths and explain recent research findings about cluttering. She presents the current lowest common denominator definition of cluttering and demonstrates how to apply this definition to assessment, differential diagnosis, and treatment.

For therapists who have been confused about how to identify, assess and treat cluttering, this 76-minute DVD provides practical strategies for understanding and managing complex clients.

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www.hanen.org/MTWworkshop
Vocabulary intervention for older children

Children with developmental language disorder (DLD) are known to struggle with the acquisition of vocabulary, impacting upon educational and social attainments. This study aimed to ascertain if teaching vocabulary would be an effective form of intervention for 25 patients aged 9 to 16 with DLD—autistic spectrum disorder—associated language disorder. The patients were in educational settings, and already received SLT input.

Interventions were delivered over seven weeks (therapy time totalled four hours and five minutes). Participants were assessed and given either an A or B set of words. During sessions, target words were taught in ways that were deemed likely to help participants, eg repetition of phonology, word meaning and word use in isolation/context.

The outcomes showed increases in treated and control vocabulary. Progress on treated vocabulary was significantly higher than on control words, and patient self-rating scores increased, indicating that the intervention was effective.

The authors conclude that: “The intervention delivered one-to-one by the participants’ usual SLT was effective in teaching new vocabulary to older children with language disorders. This shows that older children with language disorders can make progress with direct one-to-one intervention focused on vocabulary.”

Lauren Drake, Paediatric SLT, Airedale NHS Trust

Reference


Language outcomes for late talkers

Late talking is a known risk factor for developing later language difficulties. Many children are within normal limits by school entry, while others develop difficulties despite typical early language development. Identifying risk factors for later language difficulties could prove useful for targeted intervention and the prevention of associated adverse outcomes across education and social and mental health.

Armstrong and colleagues identified 783 children from the Australian Kaine cohort (the Western Australian Pregnancy Cohort Study). Ninety children were identified as late talkers at the age of two years, using fewer than 50 words or not using two-word combinations. When re-assessed at age 10, 226 had below average receptive or expressive language. Just under half of the late talkers demonstrated a persistently poor language profile, with maternal smoking during pregnancy identified as the singular risk factor. Risk factors contributing to a deteriorating language profile included low socioeconomic status, being male and a poor early literacy environment.

The authors argue that the “planning of future intervention services should have a family-centred approach and consider the role of fathers, as well as mothers, in all efforts to improve language development,” and that preventative intervention could begin as early as two years.

Nikki Gratton, SLT, Humber NHS Foundation Trust

Reference


Developing reflective practice skills

According to research in New Zealand, reflective practice skills of speech-language pathology (SLP) students can be developed over a six-week period, which has the potential to contribute to future workplace success.

In this study, 59 undergraduate and 14 postgraduate SLP students wrote critical reflections using guiding questions at the end of weeks two, four and six of their third clinical placement in a community hospital environment. Clinical experiences included observation, supervised participation in swallowing and communication assessments, and clinical note-writing.

Students were given two pieces of formative feedback within 72 hours following submission of their reflective writing. A modification of Plack et al’s coding schema was used to code breadth and depth of reflection. Mixed-effects modelling was then used to analyse the effect of time on breadth and depth of written reflections. Process and content of reflection was shown to develop over time.

The authors reported that: “The majority of students began at a basic reflective skill level but possessed a potential to develop towards higher categories of written reflective practice over time.”

Lauren Longhurst, Research and Development Officer, RCSLT

Reference

In November last year, we used this column to publicise our updated elearning module ‘An Introduction to Evidence-Based Practice’ and our new module ‘Research Under the Spotlight: an introduction to navigating and understanding research articles’. In both of these modules, we touch on the importance of critically appraising the research that you read. While we acknowledge that this can be a challenge, it is a key component of an evidence-based approach to practice.

Although previous R&D forum articles have focused on this skill, revisiting the topic not only complements the elearning, but also enables us to respond to feedback we’ve received. We often hear how you would appreciate a few more hints and tips in this area, and are keen to share some valuable tools. Therefore, over the next couple of months, we will endeavour to do just this.

This month we will begin by considering what is meant by critical appraisal and by highlighting key resources in the area. We will follow this with worked examples of critical appraisal over the next couple of months. In the March R&D Forum, one of our research champions will use a critical appraisal tool to analyse a qualitative research paper and share their findings. In April, another of our research champions will do the same with a piece of quantitative research.

We hope that, overall, this will provide a broad, clear and useful introduction to this important component of evidence-based practice.

What is critical appraisal?
“Critical appraisal is the process of carefully and systematically examining research to judge its trustworthiness, and its value and relevance in a particular context” (Burls, 2009). All three parts of this process are key, requiring careful consideration of: how the research was carried out; whether the conclusions were appropriate; and how the research relates to your clinical context.

Why do I need to critically appraise research?
Published research has already been through the tough, peer-review process, so surely we can trust the conclusions? Well, as ever, life is not that simple! While the peer-review process should ensure research is carefully scrutinised, issues can remain. Take the often-cited example of Andrew Wakefield’s research linking the MMR vaccine and autistic spectrum disorder (Wakefield et al, 1998). Although it was published in The Lancet, one of the most respected medical journals, upon closer inspection it was shown to contain numerous methodological issues.

However, even with research that is methodologically sound, you need to use your clinical judgement to determine whether the findings are relevant to your specific, local circumstances. Your service delivery pathway, service users, intervention protocols, and many other factors, may differ from those in the research article. Therefore, it is important for you to consider how applicable the findings are to your work. Overall, when using research findings to inform your clinical practice, careful consideration and clinical judgement are key, just as they are in any other part of our work.

How do I carry out critical appraisal?
Different research designs require different considerations. Even for the most experienced researchers, it can be a challenge to appraise all key aspects of a study. One simple way to get around this is to use a critical appraisal tool. These tools prompt you to reflect upon key considerations for different research designs and relate the findings to your clinical context.

Simply look in the abstract or methods sections to identify the research design (for example, single case study, systematic review), find a critical appraisal tool that targets that design, and off you go! While your clinical judgement is clearly still required, using a critical appraisal tool can help make the process much more straightforward.
“Use your clinical judgement to determine whether the findings are relevant to your specific, local circumstances”

Key resources

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What critical appraisal tools are there?

A number of websites offer overviews of many of the critical appraisal tools that exist, such as the University of South Australia and Understanding Health Research (see the table for links). Some of the most popular critical appraisal tools come from the Critical Appraisal Skills Programme (CASP). Developed by Professor Sir Muir Gray and others to support healthcare professionals to adopt an evidence-based approach to practice, CASP checklists exist for a number of different research designs: systematic reviews, randomised controlled trials, cohort studies, case control studies, economic evaluations, diagnostic studies, qualitative studies and clinical prediction rule.

Although these CASP checklists are probably the most popular critical appraisal tools, many others exist; for example, the Scottish Intercollegiate Guidelines Network (SIGN) has a number of popular tools, as does the evidence-based practice research group at McMaster University, and many others. The important thing is to find an appraisal tool that works for you. Have a look at the table for links to these tools, as well as many other sources of information.

What other critical appraisal resources exist?

As discussed above, a brief introduction to critical appraisal is provided in our elearning modules, especially the new module “Research Under the Spotlight”. More detailed information can be found on the BMJ website (see table), which features a series of articles by Professor Trish Greenhalgh, an internationally recognised expert in this area, who has also written a book entitled ‘How to read a paper: the basics of evidence-based medicine’.

In addition, many NHS departments offer brief courses in critical appraisal. For those of you working in independent practice, a number of face-to-face or online courses are available. These can range from a few hours up to a full MSc, so it is important for you to determine the level of support you require and the amount of time you are prepared to devote to the task. See the table for an introduction to some of these options.

Just the beginning

We hope this has been a useful re-introduction to a topic that often comes up in our discussions with RCSLT members. Over the next few months, you can find out how some of our research champions have approached this topic and, hopefully, this will further demystify the process, allowing you to take another confident step on your journey as evidence-based practitioners.

Amit Kulkarni, RCSLT Research and Development Manager
Email: amit.kulkarni@rcslt.org

References

Obituary

Maggie Gunn (née Belk)
1953–2017

It is with great sadness that we say goodbye to our inspirational ex-colleague and friend, Maggie Gunn.

Maggie was born in Sheffield, and trained at Queen Margaret College in Edinburgh from 1971 to 1975. It was there that she met her husband, Angus, and they married in 1975.

After graduating, Maggie’s career began in West Lothian, where she worked in a community speech and language therapy service.

In 1979, Maggie and Angus moved to the Wirral, and Maggie began working in the Child Development Centre at Alder Hey Children’s Hospital in Liverpool, where she was part of a forward-thinking multidisciplinary team of speech and language therapists, educational psychologists, paediatricians, occupational therapists, physiotherapists and teachers. Maggie was a passionate believer in multidisciplinary working and forged close links with professionals from a wide range of other disciplines, many of whom became friends as well as colleagues.

Maggie also worked in Language Unit provision, attached to schools in Liverpool, where she and her colleagues carried out some pioneering work and developed therapy materials that are still used in the Speech and Language Therapy Department today. She was a highly skilled clinician whose priority was always to provide the best quality support for the children and families in her care.

During this time, Maggie was involved in writing the following published articles:

- The development of conversational disability: a case study. (Conti-Ramsden G & Gunn M. British Journal of Disorders of Communication, 1986)
- A team approach to assessing and working with children with specific language difficulties. (Neville A & Gunn M. Child Language Teaching and Therapy, 1987)

Maggie was also proud to have taken part in the equal pay case, which found in favour of speech and language therapists in 1997.

In the late 1990s, Maggie became manager of the Liverpool Community Speech and Language Therapy Service and continued in that role until her early retirement. She was a caring and supportive manager, and created a family-friendly department, combining her career with bringing up her own family.

Maggie always had time to listen to her staff, colleagues and the families she supported. She was very highly thought of by her colleagues and friends.

In 2012, Maggie retired due to ill health, and her growing family became her focus, but she continued to have a passion for her profession and always wanted to be kept up to date with the developments in the world of speech and language therapy and the department she had worked in for so many years.

Maggie bore her illness with a dignity and strength of character, which was an inspiration to us all.

Maggie will be so greatly missed by so many. Our thoughts and deepest sympathies are with her husband Angus, her children Caroline, Alasdair, Erin and their partners, and her grandchildren Reece, Jessica, Chloe, Holly and Phoebe.

Alison Hudson, Rita Omar, Fiona Timmins, Liverpool Community Speech and Language Therapy Service

“Maggie’s priority was always to provide the best quality support for the children and families in her care”
Send your CEN notice by email to bulletin@rcslt.org by 6 February for the March issue, 6 March for April and 6 April for May. To find out more about RCSLT CENs, visit: tinyurl.com/rcslnscent

Venue hire at the RCSLT – special rates for CENs. For further details or to arrange to view our refurbished rooms, email: venuehire@rcslt.org

North West Aphasia CEN
5 February, 10.30am – 4pm
Psychological interventions in aphasia rehabilitation. Dr Sarah Northcott will report on the SoPA trial (adapting solution-focused brief therapy for people with post-stroke aphasia), and Dr Rosin Cunningham will explore how SLTs adapt psychological interventions for people with aphasia in the clinical context. Venue: Manchester Metropolitan University, 239 Brooks Building, M15 6GX. Members: £10; non-members: £20. Places limited. Visit: www.eventbrite.co.uk/si/michelle.lawton@postgrad.manchester.ac.uk or email michele.lawton@postgrad.manchester.ac.uk

North East Deafness/Hearing Loss CEN
8 February, 9.30am
Location: Newcastle-upon-Tyne. Cost: free. For location details and further information, email Poppy at poppyjane.wells@gmail.com

National Transgender Voice & Communication CEN
9 February, 9.30am – 4pm
Study meeting and AGM. ASD and Trans Voice and Communication: Ruth Bevan, Consultant in Gender Dysphoria, Northern Region Gender Service. Bristol Voice Service: speakers Sam Brady and Sophie Holfand. The Intersection of Voice Therapy and Voice Coaching in Trans Voice Work: panel to include voice coaches Annie Morrison and Maggie Stratford, and invited clients for practical workshop. Lunch provided. Venue: Tavistock & Portman NHS Foundation Trust HQ, London NW3 5BA. Members: £20. For information and to book, email: gstoneham@tavi-port.nhs.uk

CEN in Disorders of Fluency
21 February, 10am – 4.30pm
Music and art therapy for people who stammer, at Birmingham City University. Members: free; non-members: £45; (includes membership for 2018). To book, email Claire McNelis at cmcnelis@swindon.gov.uk

Children who have Social Emotional and Mental Health Needs CEN (SE)
23 February, 9.30am – 3.30pm
This is a participant-led day; please bring assessments/resources/interventions to share. We will be discussing issues raised from practice; how to train others regarding SEMH and SLCN; and how to support newly qualified therapists in this field. Location: Dartford, Kent. To book, email clare.brightwell@nhs.net

Palliative and Supportive Care CEN
2 March, 9am – 5pm
The SLT’s role in long-term/palliative respiratory conditions. Topics to include acute respiratory conditions; advanced lung cancer; management of respiratory conditions in the community, including MND; secretion management; and the SLT’s role in the deteriorating patient. SLTs: £20; students: £15; non-SLTS: £25. Venue: RCSLT, London SE1 9NX. Book via Eventbrite. For more information, email palliativecarecen@gmail.com

Scotland Dysphagia CEN
5 March, 9am – 5pm
Topic: Dysphagia, Pneumonia, the Gut, Oh My! Medical SLT decision-making off the yellow brick road with Professor James Coyle, University of Pittsburgh. Venue: The Improvement Academy, Ninewells Hospital, Dundee. Cost: £15. Lunch, coffee and tea provided. For more information and to register, visit: dysphagia-pneumonia-the-gut-oh-my.eventbrite.co.uk

Mainstream CEN
6 March, 9am – 4.30pm
Study day: focus on mental health; speakers tbc. Location: RCSLT, London SE1 9NX. Cost: tbc. For more information, contact mainstreamcen@gmail.com or visit mainstreamcen.yolasite.com

Trent Voice CEN & University of Sheffield
8 March, 6.30 – 9.30pm
A not-to-be-missed unique opportunity to hear journalist and broadcaster Nick Robinson’s story about his battle with cancer and how he got his voice back, followed by drinks reception and book signing. His SLT Julia Selby will also share voice rehabilitation techniques and an update on the long-term impact. Venue: University of Sheffield, The Diamond, 32 Leavygreave Road, Sheffield 3G 1RD. Open to non-members, students and non-SLT colleagues. Cost: £15. Proceeds to Macmillan. Tickets from tinyurl.com/EveningWithNickRobinson. For more information, email: TrentVoiceCEN@outlook.com

Essex SLI CEN
9 March, 9am – 4.30pm
Preschool Word Aware: join us as Stephen Parsons and Anna Brangan share their latest intervention programme. Venue: Cordite Room, Wat Tyler Centre, Pitsea, Basildon, Essex SS16 4UH. Cost: members: £25; non-members: £85. Lunch provided. Email: katherine.farrow@nhs.net

London FEES & VFCS CEN
16 March, 9am – 4.30pm
Guest speaker Victoria Burnay will present on voice therapy for the dysphagia therapist following FEES, a workshop on VFSS standardisation project and the AGM. Venue: RCSLT, 2 White Hart Yard, London SE1 9NX. For further information, email FEESVFSCEN@outlook.com

Respiratory CEN
16 March, 10.00am – 4pm
Respiratory CEN Study Day. Venue: Royal Victoria Infirmary, Queen Victoria Rd, Newcastle Upon Tyne, NE1 4LP. Maximum 30 places available. Cost: £30. Lunch and refreshments provided. To book, email jessica.blakemore@lthtr.nhs.uk

Adult Acquired Dysphagia CEN
19–20 March
CENAAD is hosting US speech pathologist Dr Joseph Murray for a two-day dysphagia seminar. Topics: aspiration pneumonia and dysphagia; dysphagia management in the frail elderly population; visualising disorders during videofluoroscopy. Suitable for SLTs with all levels of experience treating adults with acquired dysphagia. Venue: Resource for London, N7 6PA. Price: £120 for two days, including refreshments. Tickets available at tinyurl.com/CENAADseminar. Email contactcenaad@gmail.com

CEN for SLTs with an interest in ABA
23 March, 9am – 5pm
CEN members Mags Kirk, Fiona Mallin and Tara Millan-Drayton will present their MSc in ABA research thesis findings. There will also be presentations on specialist feeding issues. Jane McCreedy of ABA4ALL will provide an overview of current ABA provision in the British state sector. Cost: members: £10; non-members: £30. Venue: RCSLT, 2 White Hart Yard, London SE1 9NX. Contact the CEN via Basecamp or email Bethan Mar Williams at bethan.mar@rcsll.co.uk

 Aphasia Therapy E24 CEN
27 March
New topics in linguistics and aphasia research. Study day presented by Elizabeth Anderson, whose research as a linguist focuses on the usage-based approach to language and how this can inform clinical practice. Venue: Freemason’s Hall, Cambridge. Cost: members: £30; non-members: £50. To book, contact Morag Bixley: mbixley@dmu.ac.uk

London Adult Neuro CEN + The Aphasia Research Group (ARG)
27 March, 9am – 5pm
Progressions in Aphasia; PPA and beyond. For more information and for tickets, visit: ppaandbeyond.eventbrite.co.uk

South West Brain Injury CEN
27 March, 10am – 4pm
Day of reflective practice – to include multiple case presentations from CEN members focused around therapy successes and challenges when working with brain injured adults in acute, inpatient and outpatient neurorehabilitation settings. Cost: £5. Location: Mardon Neurorehabilitation Unit, Wonford Road, Exeter, EX2 4U. Agenda to be advertised on Basecamp. For more information and to book, email sarah.gibbin@nbt.nhs.uk

TRACHE CEN
24–25 April
A two-day multidisciplinary event with lectures and case discussions from expert Passy-Muir Valve representatives from the USA, in conjunction with KappTex. This course is the first of its kind in the UK and will include swallowing and communication assessments on tracheostomy and ventilator-dependent adult and paediatric patients. MDT colleagues welcome. Venue: Queen Square, London. Cost: £50 per day. For more information, visit: tinyurl.com/tracheecn

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TRACHE CEN
24–25 April
A two-day multidisciplinary event with lectures and case discussions from expert Passy-Muir Valve representatives from the USA, in conjunction with KappTex. This course is the first of its kind in the UK and will include swallowing and communication assessments on tracheostomy and ventilator-dependent adult and paediatric patients. MDT colleagues welcome. Venue: Queen Square, London. Cost: £50 per day. For more information, visit: tinyurl.com/tracheecn
**Specialist Speech and Language Therapist**

**Required to join a multidisciplinary team working with young adults with complex learning needs and autism.**

**Nash College, Bromley, Kent**

Permanent - up to 37.5 hrs per week - term time only.

Salary up to £33,102 full time - pro rata depending on experience

Equivalent to band 7

The Speech & Language Therapy team works closely with Education, Care and Nursing to provide further education for over 70 students, aged from 18 to 25, with a range of complex learning needs, physical disabilities and autism.

We work as part of the multidisciplinary team at Nash College to meet the communication and eating and drinking needs of the students.

**What we are looking for:**

- HCPC registered
- Member of RCSLT
- Postgraduate qualification in dysphagia (completion of RCSLT competencies)
- Experience of working with people with complex needs and autism

What we can offer you:

- Excellent training opportunities and CPD
- Friendly-family working arrangements
- Childcare vouchers and access to an employee assistance service
- A pension scheme
- Clinical supervision

**Closing date for applications is: 2nd March 2018 | Interviews: 13th March 2018**

To discuss this post further, please contact Julia Haydon (SaLT lead) on 020 8315 4817

**The College is committed to safeguarding and promoting the welfare of its students, and it is the responsibility of all staff and volunteers to safeguard and promote the welfare of all the students in their care.**

**All posts are subject to an enhanced DBS disclosure check.**

Livability positively welcomes applications from all sections of the community in which we work.

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**Speech and Language Therapist**

**Band 5 (Suitable for Newly Qualified Therapist)**

**Churchill School**, a special school for pupils aged 8-18 with speech, language and communication needs (SLCN) and/or Autistic Spectrum Disorder. We currently have 69 pupils on roll. Based on the site of Samuel Ward Academy, the school has a strong commitment to inclusion and the provision of functional speech and language therapy provision.

The role would involve:

- Assessing pupil’s needs and communication environments
- Developing individual programmes
- Working directly with individuals and with small groups of pupils
- Working collaboratively within the classroom
- Monitoring and reviewing pupils’ progress in speech, language and the social use of communication
- Attending and contributing to annual review meetings
- Providing training and advice to school staff (including consideration of learning approaches)
- Maintaining notes and reports
- Working collaboratively with other health professionals
- Keeping parents informed of pupil’s progress

The successful candidate will receive regular supervision sessions from our in-house Speech and Language Therapist and support in working towards RCSLT Competencies.

Pupils at Churchill School are at the heart of everything we do. We have high expectations for both behaviour and achievement and see that every learner has unique personality and talents to be developed.

Visits to the school are warmly welcomed.

For further details and an application pack please contact: Claire Morton, Administrative Officer, Churchill School, Chalkstone Way, Havering, Suffolk, CM8 8LB.

Tel: 01606 692222 | Email: cmorton@churchillschool.co.uk

Closing date: Monday 19th February | Interview date: Monday 26th February

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**ST JOSEPH’S SPECIALIST SCHOOL & COLLEGE**

**SPEECH AND LANGUAGE THERAPIST**

**Salary range £21,581 - £37,680pa depending on competencies**

ST Joseph’s is a specialist, non-maintained School & registered Children’s Home providing day and residential places for learners 5-19 whose special educational needs may include autistic spectrum disorders, learning difficulties, communication disorders, ADHD and challenging behaviour.

We work as part of the multidisciplinary Therapies Team. Speech and Language Therapy is a fully integrated part of the multi-disciplinary Services Team. We are an SHO on the Rehabilitation of Offenders Act 1974 and therefore will be subject to a DBS check from the Disclosure and Barring Service.

All posts are subject to an enhanced DBS disclosure check. Livability positively welcomes applications from all sections of the community in which we work.

**Closing date for applications (which may be submitted electronically) is 12 noon on Monday 19th February 2018 with interviews taking place in the w/c 26th February 2018.**

**Grade: PT30-PT47 (Band 6/7 equivalent) Actual salary: £18,431 - £27,760 pa**

**Hours: 30 hours per week; term time only (39 weeks) 2 days per week – 2 days per academy**

Location: Hope Wood Academy and Ash Trees Academy

The Ascent Academies’ Trust is a partnership of five special academies in the North East, which provides and develops special needs provision across the region. The Trust is committed to providing excellent speech, language and social communication skills to students. The postholder will head the speech & language therapy service in the academies and carry an appropriate clinical caseload.

We are seeking to appoint an individual with:

- Clinical speciality in autism and substantial experience of working within this field
- Experience of communication models
- Ability to deliver training and coaching to staff
- Ability to work on own initiative and form networks with other professionals
- HCPC and RCSLT registration

An Application Form, Job Description and Person Specification can be downloaded from the website www.ascenttrust.org listed under job vacancies.

Completed applications are to be returned via email to HR@ascenttrust.org or direct to Human Resources, Portland Academy, Weymouth Road, Sunderland SR3 2NQ.

The Trust is committed to safeguarding and promoting the welfare of children and young people.

**NO LIMITS ..... JUST POSSIBILITIES**

**ST JOSEPH’S SPECIALIST SCHOOL & COLLEGE**

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We are seeking an enthusiastic Speech and Language Therapist to join our expanding multi-disciplinary Therapies Team. Speech and Language Therapy is a fully integrated part of the whole curriculum. Opportunities for specialist training and up-dating are regularly available.

You will be HCPC registered and belong to the RCSLT. Our transport essential due to rural location of School. Position to commence as soon as possible after interview.

Although the salary range quoted is based on 37.5 hours per 52 weeks of the year, in practice the annual hours to be worked (1,924) will be compressed into term time only working (plus 5 In-service training days each academic year). Full details of the working pattern are shown on the website.

Annual hours to be worked (1,924) will be compressed into term time only working (plus 5 In-service training days each academic year). Full details of this post and how to apply can be found on the website www.st-josephscarneleigh.surrey.sch.uk

Closing date for applications (which may be submitted electronically) is 12 noon on Monday 19th February 2018 with interviews taking place in the w/c 26th February 2018.

The school is committed to safeguarding and promoting the welfare of children and young people. This position requires an enhanced DBS disclosure.
Having grown up hearing colourful stories about Myanmar, in March 2016 I applied for a one-month voluntary SLT position based in Yangon (formerly Rangoon).

My mother was born in Myanmar in 1939, but fled with my grandmother in 1942 when the Japanese invaded Burma. My grandfather, who led other civilians hundreds of miles to relative safety, wasn’t reunited with them until 1946. My grandmother firmly believed that, without the kindness and generosity of the Burmese people, they would not have been able to escape and go on to enjoy fulfilling lives in England. I was excited for the opportunity to experience the country first-hand and to return some of the benevolence shared with my family.

The post was organised by retired New Zealand physiotherapist Janet Armstrong, who, following a trip in 2015 to support the ongoing education of physiotherapists, was asked by the Myanmar Physiotherapy Development Foundation (MPDF) to bring an SLT on her next visit.

Prior to leaving the UK, I consulted with Communication Therapy International (CTI) and other SLTs who had volunteered overseas, using their valuable knowledge and experience to prepare suitable materials to take with me. CTI emphasised the importance of understanding the specific learning needs of the local physiotherapists, and urged a cautious approach, especially with reference to dysphagia, due to the rudimentary health service infrastructure. Consequently, my seminars covered an introduction to communication and dysphagia, international classification of disability (WHO, 2002), communication breakdown, communication strategies, dysphagia and dysphagia management, including international descriptors (IDDSI).

After arriving in Yangon, I visited schools, clinics and hospitals, and observed the physiotherapists’ primitive surroundings and the high volume, range and complexity of clients they treated – from young children with cerebral palsy, to elderly adults with dementia. In each setting I was expected to assess, guide and advise.

Myanmar hosts no speech and language therapy training facilities. A handful of internationally trained SLTs operate in private practices, predominantly treating the ex-patriot paediatric population in international schools. There is scant provision for Myanmar’s adult population, resulting in considerable dysphagia-related risk and unrealised potential of communication-impaired Burmese people. Inadvertently, I became the first SLT to lead a seminar relating to communication and swallowing difficulties in Myanmar, which was also attended by two nurses, an Indian-trained paediatric SLT, a neurologist and a retired occupational therapist.

Meeting the clinicians before the training seminars was invaluable, as it gave me an opportunity to modify my material and enhance its application to their circumstances. Throughout, I felt their conviction that I ‘knew everything’, as well as their enormous appetite for knowledge. During the smaller teaching sessions, the physiotherapists brought along videos of their patients. One, Thet, showed me a clip of his patient walking and talking and asked for my help with his speech. As I do not understand Burmese, I was unable to assess any language impairment but, by observing facial symmetry, the speed and agility of his articulators and his clear voice, I could surmise there was no dysarthria or dyspraxia. However, Thet wanted ‘tongue exercises’ to give to his patient to ‘improve his speech’, which he described as ‘trouble saying words’. Establishing a ‘word-finding’ problem rather than an ‘articulation’ problem changed the focus from tongue exercises to general semantic stimulation, which was a huge shift that revealed the wider concept of ‘communication’ and the value of both verbal and non-verbal expression.

At the close of the seminar, senior organisers spoke at length of their gratitude and insisted that, as the inspiration for my visit, my grandmother’s photograph be shown on the screen while I issued certificates to each delegate. It was incredibly moving.

My brief period in Yangon was a deeply rewarding experience. I am grateful to Janet and the MPDF for giving me the opportunity to experience Myanmar and share my skills with the next generation of ambitious, committed physiotherapists.

References & resources

Communication Therapy International (CTI): communicationtherapyinternational.org


February 2018 | www.rcslt.org
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:
• Explore talking and stammering
• Identification
• Explore stammering
• Explore change
• Tools for change
• Soft starts
• Changing rate
• Voluntary stammering
• Holding/tolerating moment of stammering
• Pullout
• Cancellation
• Making change durable
• Transfer
• Disclosure

From Michael Palin Centre for Stammering Children, London: Frances Cook, MBE, MSc, Cert. CT (Oxford), Reg UKCP (PCT), Cert MRCSTL (Hons); Willie Bottrell, MSc (Psych. Couns.), Reg UKCP (PCT), Cert MRCSTL; Ali Benninger, MSc, BA (Hons), Dip. CT (Oxford), Cert MRCSTL; Alison Nicholas, MSc, BA (Hons), Cert MRCSTL; June Fry, MSc (Psych. Couns.); Barry Guitar, Ph.D., University of Vermont; Peter Ramig, Ph.D., University of Colorado; Jo-Anne Brister, MA, private practice, provided additional footage.

To Order:
Stuttering Help. Click on “store” and then “professionals”

Professional Training for Healthcare Professionals

8th - 9th May 2018
Palm Parent-Child Interaction Therapy - Practical Intervention for Early Childhood Stammering
Lecturer: Vicki Crofts (The Michael Palin Centre for Stammering Children) This two-day workshop will aim to increase speech and language therapists’ knowledge and skills in assessing and identifying those children who are at risk of more persistent problems, as well as in the treatment of early stammering. Venue: London Road Community Hospital, Derby | Fee: £155

18th June 2018
Cervical Ascutlation
Lecturer: Dr Alison Stroud Therapists will learn the theory of Cervical Ascutlation and learn the ‘How, What and Where’ of Cervical Ascutlation. Delegates will have an opportunity to participate in a practical session, identifying normal and disordered swallow sounds. Venue: London Road Community Hospital, Derby | Fee: £130

27th June 2018
Advanced Course: Therapy Management of Parkinson's
The programme will cover management at each of the 4 stages of Parkinson’s: Diagnoses, Maintenance, Complex and Palliative, with emphasis on stage 2 and stage 3. 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. Venue: Royal Derby Hospital, Derby | Fee: £150

Stampering: 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:
• Explore talking and stammering
• Identification
• Explore stammering
• Explore change
• Tools for change
• Soft starts
• Changing rate
• Voluntary stammering
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Quick Look Dates

Various dates
Talking Mats® Courses

Develop your use of Talking Mats at an advanced level. There are opportunities in the following areas:
Advance Care Planning, 21 February (Stirling) and 22 March (London). Train the Trainer, 18/19 April. Safeguarding, 20 April (Stirling) and 13 June (London). Visit: www.talkingmats.com; email: info@talkingmats.com; tel: 01786 479511.

Various dates
Elklan Total Training Package for 5-9s

6-9 March, Holiday Inn, Salford; 30 April – 1 May, COSLA, Edinburgh; 21-22 May, RCSLT, London. This course equips SLTs and teaching advisors to provide practical, accredited, evidence-informed training to education staff and SLTAs. Innovative advice and strategies help children maximise their speech, language and communication potential and access the curriculum more effectively. Price: £495. Tel: 01208 841450; email: henieth@elklan.co.uk; visit: www.elklan.co.uk

Various dates
Elklan Total Training Package for Verbal Pupils with ASD

5-6 March, Holiday Inn; 3-4 May, COSLA, Edinburgh. This revised course equips SLTs and teaching advisors to provide practical, accredited, evidence-informed training to those supporting pupils with ASD in all settings including mainstream schools. Covers a wealth of practical strategies and approaches proven to be effective with these pupils. Price: £495. Tel: 01208 841450; email: henieth@elklan.co.uk; visit: www.elklan.co.uk

Various dates
Elklan Total Training Package for Under 5s Tutor Training Pack

5 March, Holiday Inn, Media City, Salford; 15 May, Cornwall; 27 June, RCSLT, London. This course is designed for SLTAs, EY practitioners and parents to equip them to provide practical, accredited, evidence-informed training to parents/carers of 2-5 year olds. Participants must have successfully completed the Elkan Level 3 award, Speech and Language Support for 2-5s/0-3s. Price: £425. Tel: 01208 841450; email: henieth@elklan.co.uk; visit: www.elklan.co.uk

Various dates
Talking Mats® Foundation Courses

Be more effective in involving people in decisions and attend a Talking Mats Foundation course. Locations: Online, 6 March, Stirling, 15 March and 12 April; London, 26 March; York, 24 April; Manchester, 17 May; Belfast, 17 May. Visit: www.talkingmats.com; email: info@talkingmats.com; tel: 01786 479511.

Various dates
Elklan Let’s Talk with Under 5s Tutor Training Pack

7 March, Holiday Inn, Media City, Salford; 8 May, Cornwall; 28 June, RCSLT, London. This course is designed for SLTAs, HTAs, TAs, SENCOs, teachers and parents to equip them to provide accredited, practical, evidence-informed training to parents/carers of 2-5 year olds. Participants must have successfully completed the Elkan Level 3 Award, Speech and Language Support for 2-5s/0-3s. Price: £425. Tel: 01208 841450; email: henieth@elklan.co.uk; visit: www.elklan.co.uk

Various dates
Elklan Total Training Package for 3-5s Tutorial Training Pack

7-8 March, Holiday Inn, Salford; 13-15 March, Holiday Inn, Salford (optional 0-3s); 30 April – 1 May, COSLA, Edinburgh (3-5s). This course equips SLTs and teaching advisors to provide practical, accredited, evidence-informed training to staff working in secondary school settings and SLTAs. Covering 3-5 years. The additional day provides information for those working with 0-3s. Teacher/therapist teams welcome. Option to do one day 0-3s for Elkan Tutors who have trained on Total Training Packages for 3-5s or under 5s. Price: £495 for 3-5s two day, £745 for all three days, 3-5s AND 0-3s, £250 for 0-3s one day. Tel: 01208 841450; email: henieth@elklan.co.uk; visit: www.elklan.co.uk

Various dates
Elklan Total Training Package for 0-3s

7-8 March, Holiday Inn, Salford; 21-22 May, RCSLT, London. This course equips SLTs and teaching advisors to provide practical, accredited, evidence-informed training to staff working in secondary school settings and SLTAs. Teacher/therapist teams welcome. Price: £495. Tel: 01208 841450; email: henieth@elklan.co.uk; visit: www.elklan.co.uk

Various dates
Elklan Total Training Package for 27-01s

3-4 May, COSLA, Edinburgh; 23-24 May, RCSLT, London. This course equips SLTs and teaching advisors to provide practical, accredited, evidence-informed training to support communication in 0-25 year olds with more complex needs, in all settings including mainstream schools. It covers pre-intentional to early intentional communication skills. Price: £495. Tel: 01208 841450; email: henieth@elklan.co.uk; visit: www.elklan.co.uk

Various dates
ARCoS (Association for Rehabilitation of Communication & Oral Skills)

One-day courses, £37: FOTT Study Day, 21 May and 15 October; Moves to Swallow, 11 June and 19 November; Making the Most of Mealtimes, 28 June and 10 December; Therapeutic Oral Hygiene, 16 April and 17 September. Five-day two-part courses, £625: 7-9 May (part 1) and 19-21 July (part 2); 2-3 September (part 1) and 3-5 November (part 2). Email: admin@arcos.org.uk; tel: 01284 746795.

27 February, RCSLT, London

Beyond the Flashcards

Calling all SLTs working with babies and young children with hearing loss. Join AVUK for a practical workshop at the RCSLT in London. Topics include getting a head start with speech development and purposeful play. Places are limited and cost just £5. Visit: www.avuk.org.uk; the-flashcards-for-speech-and-language-therapists-27-february
do we support them?
join researchers, health professionals, educators and families as we explore
the issues, share the latest ideas and come up with some practical solutions.
Price: £120.
Email: susanna@earfoundation.org.uk
23 March, Southampton
Voice Clinic Forum 2018
A multidisciplinary approach to the up-to-date management of common conditions presenting to the voice clinic. Sessions on neurological disorders, functional disorders and care of the elite performer. Keynote speakers, panel discussions, case discussions and free paper session.
Visit: www.britishvoiceassociation.org.uk; email: administrator@britishvoiceassociation.org.uk
23-24 March, London
Insight Workshop
This two-day interactive workshop is suitable for professionals working with adults who have insight problems following brain injury. Location: Gatwick Hilton Hotel. Price: £185.
Email: enquiries@brainretraining.co.uk; tel: 01273 472 369; visit: www.brainretraining.co.uk/i/sf.php?id=72
24 March, London
Unspoken
Unspoken, an original and highly-acclaimed stage play about stammering performed by Leeds Arts Centre, tells the powerful story of Alex, young man who stammers. It addresses themes of difference; vulnerability, choice; compromise; and the burden of experience or memory. Tickets between £6 and £15. Venue: City Lit, London. Visit: unspeaksnatlyst@ljub.ac.uk; email: rachel.everard@citylit.ac.uk; tel: 020 7492 2579.
17-19 April
Working with Children and Young People with Voice Disorders
This course is aimed at SLTs working with voice disordered children in a community or educational setting. Also has relevance for SLT Voice Therapists. Tel: 020 7095 2069; email: slc@gatwickhospital.co.uk
More Than Words®
Visit: www.eurospeech.com
18-19 May
The Elizabeth Foundation Videofluoroscopy Course
Recognise the link between cognition, phonation, resonation and speech production. Learn how motor therapy tools to train/transition therapy that teaches functional communication and social skills in real, everyday settings. Outcome measures integral to each module and generalisation of skills with parents part of the therapy. Suitable for children, young adults and adults with deafness, ASD, DLD, learning difficulties and physical disability, from age 7-25 and beyond.
For information and bespoke training to your local team, email: info@smiletherapypictraining.com; visit: www.smiletherapypictraining.com
21-22 June, RCSLT, London
smile Therapy Practitioner Training: Day 1 and Day 2
Day 1 and Day 2 training for SLTs and specialist teachers in this innovative 2-step therapy that teaches functional communication and social skills in real, everyday settings. Outcome measures integral to each module and generalisation of skills with parents part of the therapy. Suitable for children, young adults and adults with deafness, ASD, DLD, learning difficulties and physical disability, from age 7-25 and beyond.
For information and bespoke training to your local team, email: info@smiletherapypictraining.com; visit: www.smiletherapypictraining.com
30 May, Brighton
Foundation VideoFluoroscopy Course
This new one-day course is suitable for SLTs working towards achievement of videofluoroscopy competencies for diagnosis and treatment of adults with acquired dysphagia.
Delegte price: £165. Location: Royal Sussex County Hospital, Brighton. Email: Duncan.brown@rehab.med.ac.uk
14 May
It Takes Two to Talk®
23 March, London
Laryngectomy: Surgical Voice Restoration
Presented by leading experts, this unique advanced level programme for speech and language therapists working with laryngectomy patients (standard and extensive surgical reconstruction) includes communication and swallowing rehabilitation, emphasising surgical voice reconstruction. Specifically, it will focus on problem-solving post laryngectomy; videoendoscopy, air insulation, Botox and Candida management. Visit: www.imperial.ac.uk/kbp/srv; email: cpld@imperial.ac.uk; phone Eva Moreno at the Centre for Continuing Professional Development on 020 7594 4685.
16 May, London
It Takes Two to Talk®
24 May, Nottingham
NEW Thera ’P’
Practical and parent-centred, not a picture card in sight. Get children to think, imagine and problem solve. Relevant for speech, language and motor skill development, and learn how activities can meet a range of speech and language goals. Price: £90, bring a friend for £10.
For information and bespoke training to your local team, email: susanna@earfoundation.org.uk
21-22 June, RCSLT, London
smile Therapy Practitioner Training: Day 1 and Day 2
Day 1 and Day 2 training for SLTs and specialist teachers in this innovative 2-step therapy that teaches functional communication and social skills in real, everyday settings. Outcome measures integral to each module and generalisation of skills with parents part of the therapy. Suitable for children, young adults and adults with deafness, ASD, DLD, learning difficulties and physical disability, from age 7-25 and beyond.
For information and bespoke training to your local team, email: info@smiletherapypictraining.com; visit: www.smiletherapypictraining.com
June, Midlands
TalkTools Level One and Level Two
Tactile-sensory approach using TalkTools to train/transition to muscle movements for speech production. Learn how motor activities are used to improve phonation, resonance and speech clarity.
Visit: www.talktools.co.uk; tel: 01937 234747; email: info@eg-training.co.uk
16-18 May, Dublin, Ireland
It Takes Two to Talk®
18 May, RCSLT, London
smile Therapy Practitioner Training: Day 3
Day 3 training for SLTs and specialist teachers in this innovative 2-step therapy that teaches functional communication and social skills in real, everyday settings. Outcome measures integral to each module and generalisation of skills with parents part of the therapy. Suitable for children, young adults and adults with deafness, ASD, DLD, learning difficulties and physical disability, from age 7-25 and beyond.
For information and bespoke training to your local team, email: info@smiletherapypictraining.com; visit: www.smiletherapypictraining.com
18 May, London
Active Relaxation Training Workshop
This one-day interactive workshop is suitable for professionals working with individuals who have health problems made worse by stress and/or fatigue price: £95. Location: Gatwick Hilton Hotel. Email: enquiries@brainretraining.co.uk; tel: 01273 472 369; visit: www.brainretraining.co.uk/london/relaxation_spf.php?id=73
New **Purée Petite**.

500+ calories and 15g+ protein in one smaller portion. Perfect for reduced appetites.

The **new Purée Petite range** takes a fresh look at Category C meals, for patients with dysphagia. Each energy-dense 275g dish is smaller in size for patients with reduced appetites, but with similar calorie and protein content to the larger meals in our Softer Foods range. Meaning the much needed nutrition goes exactly where it belongs, in your patient.

Arrange a free tasting today and discover how Purée Petite and our other Softer Foods meals for Category C, D and E diets can help your patients.

To order a **FREE** brochure or to arrange a tasting call 0800 066 3702 wiltshirefarmfoods.com