bulletin

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

December 2020 | www.rcslt.org

Eyes wide open: a first hand experience of awake craniotomy

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References

1. Mucosamin Mouthwash and Mucosamin Oral Spray Instructions For Use.

2. Favia, G. et al. (2008) Accelerated wound healing of oral soft tissues and angiogenic effect induced by a pool of amino acids combined to sodium hyaluronate (Aminogam). J Biol Regul Homeost Agents. 2008: 22(2): 109-116.

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Contents

ISSUE 824

4 **Letters**

5 **News digest**

6 **News in pictures**

12 **Opinion: Tracy Broadley Jackson, Idalina Rodrigues** and **Jen Wood** on student teletherapy placements

13 **Opinion: Marianne McGrath** on COVID-19 data analysis

14 **Opinion: Hayley Greatorex and Sophia Parinchy** on working through the pandemic as independent SLTs

15 **Opinion: Claire Elliott-Purdy** on PTSD and the COVID-19 frontline

16 **Awake Craniotomy: Clare Cavanagh** with a service user's perspective

21 **Book reviews**

23 **In the journals**

24 **Research and outcomes forum**

26 **Jois Stansfield:** Looking to the future

29 **My working life: Christian Boakye**

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Victoria Briggs

EDITORIAL

Giving thanks

Cause for celebration may have been thin on the ground this year, but in the final issue of *Bulletin* for 2020 we're signing off on a positive note.

Leading the celebratory charge on p6–9 is just a small sample of the members who took to social media over the past few months to tell us their SLT stories, share their good news and give thanks to the profession via the **#SLTappreciation** campaign.

Appreciation this issue also comes from service user Clare Cavanagh, who writes this month's cover feature in praise of one special SLT who was by her side through the dark days of a glioblastoma diagnosis and the awake craniotomy that followed (p16). We'd love to see more service users in future issues of *Bulletin*. If you have case studies you'd like to share with us, or can otherwise help to facilitate the inclusion of service users within the magazine, then please do get in touch.

Against the backdrop of COVID-19, we've seen a significant rise in submissions to the *Bulletin* inbox this year—many the result of new understanding gained about the disease, or new ways of working brought about because of it.

This issue, we've brought you four separate perspectives on the effects of the pandemic (p12–15). We've also started publishing members' articles to the COVID-19 hub on the website (see **bit.ly/2V0TxI2**).

Next year we'll be working on ways to bring you an even wider range of content and more opportunities for publication. If you're feeling inspired over the holidays to submit to *Bulletin*, then do check out our updated writing guidelines at **bit.ly/3kXn4gc**.

In the meantime, we'll be taking a short break over the festive period: **the RCSLT will be closed 25 December–4 January**.

Victoria Briggs, editor
bulletin@rcslt.org @rcslt_bulletin

Your RCSLT

MATTHEW MILLS, consultant SLT

I worked as an actor, musician and voice teacher for 15 years before I trained to be an SLT. In 2005, the RCSLT steered me towards some voluntary placements, after which I began the MSc at University College London.

In 2015 I helped found the Trans and Non-Binary Voice and Communication CEN, which has gone from strength to strength. The RCSLT has supported us through the development of a competency framework—a supportive document for members.

I've been fortunate to work with many highly skilled therapists and teachers who are devoted to making a difference, centring lived experience and pioneering a robust evidence base. It is a privilege to support members' enquiries and develop a new generation of specialists.

Email: MMills@Tavi-Port.nhs.uk

LETTERS

***Bulletin* thrives on your letters and emails. Write to the editor,** bulletin@rcslt.org
Letters may be edited for publication (250 words maximum).

New DAAWN for people with aphasia

Bulletin readers working with people with aphasia may be interested to hear about pilot software developed as part of a Newcastle University collaboration between the departments of speech and language sciences and computer science.

DAAWN (digitised assessment for aphasia of written naming) is a tool designed to demonstrate the potential to capture more detailed information than is possible via pen and paper assessments.

It will carry out automated scoring for an assessment of typed naming and generate a downloadable PDF containing detailed data on client performance. This allows the SLT to access information such as response time, any errors that were self-corrected, or any extended pauses when writing.

It does not require any registration by the SLT or person with aphasia, and no personal data is stored.

Further information is available at **daawn.ncldata.dev** or by emailing **fiona.menger@ncl.ac.uk**

Dr Fiona Menger, lecturer in speech and language sciences, Newcastle University

Virtual forum success

We formed the Clinical-Academic CEN in September 2019 in response to the growing engagement of SLTs with research.

Our first study day was cancelled because of COVID-19, so we were thrilled at the opportunity to adapt the programme using the RCSLT webinar platform.

With more than 200 sign-ups and 120 people 'with' us on the day, it was a huge success and demonstrates SLTs' enthusiasm for research. We had three excellent speakers, a Q&A, breakout rooms, online polls and Jamboards.

This virtual forum has potential for pan-UK networking, sharing ideas, experiences and learning—a welcome positive outcome of COVID-19.

The Clinical-Academic CEN committee: Katie Monnelly, Gemma Clunie, Emma-Louise Sinnott, Margaret Coffey, Sarah Edney, Lucy Roebuck-Saez and Milly Heelan

Correction

In October's *Bulletin*, we ran an obituary for Shirley Davis in which we incorrectly published her date of death as 2019. Shirley died this year, in fact, in 2020. Apologies.

FOLLOW THE RCSLT ON facebook AND twitter
VISIT: WWW.RCSLT.ORG AND FOLLOW THE LINKS

News digest

NEWS IN BRIEF

Business leader panel launches symbol

To mark the launch of the new Communication Access Symbol, RCSLT president Nick Hewer and CEO Kamini Gadhok hosted a remote panel event, speaking to business leaders about the importance of supporting people with communication difficulties.

The panel—which included Craig Goold, head of customer experience, Skipton Building Society; Johnny Timpson, cabinet office champion for insurance and banking; Kate Nicholls, chief executive, UKHospitality; Ian Wright CBE, chief executive, Food and Drink Federation; Francis Ingham, director general, PRCA; and Tamara Hill, policy advisor, employment and skills, British Retail Consortium—discussed the impact of the new initiative, with a particular focus on the importance of communication against the backdrop of COVID-19.

With face coverings having become the norm, and a greater focus on digital and online communication tools in all areas of life, the pandemic has given many people an insight into what it may be like to live with a communication need. And for those who have additional communication needs, the pandemic has made communication even tougher.

The Communication Access Symbol and accompanying training will make a huge difference, not least by encouraging greater empathy and understanding. As panellist Ian Wright said: "The initiative makes [businesses and organisations] think about every individual in the workplace, particularly in the spirit of the pandemic where we're all trying to look out for each other."

More than 700 organisations and individuals have registered for the training since the launch.

To read more and watch the panel discussion, visit **bit.ly/3q0RwtU**

75th anniversary: members meet with royal patron

To mark the RCSLT's 75th anniversary year, a group of members recently met with the organisation's patron, Her Royal Highness The Countess of Wessex, to talk about the amazing work of SLTs and the impact they have on people's lives.

The wide-ranging conversation, held virtually via Zoom and available to view online, touched on members' work with COVID-19 patients, telehealth, diversity within the profession and the importance of good leadership.

During the meeting, Her Royal Highness expressed her pride in RCSLT members, saying: "Speech and language therapists are a particular breed—very caring and very empathetic—so I'm not surprised at all that they've stepped up and have had to perform all sorts of different roles."

Many thanks to those who were part of the meeting: RCSLT chair Dr Della Money, CEO Kamini Gadhok, trustee Pauline Downie, and members Sarah Wallace, Catherine Stewart, Kara Beattie, James Smithson, Charlotte Thompson, Angela Whiteley, Heeral Davda, Rachel Radford, Rafiah Badat and Rebekah Davies.

View the video at **bit.ly/3m27mls**

RCSLT Conference 2021

The RCSLT will be announcing a call for abstract submissions for our 2021 conference early in the new year. Don't miss out on the opportunity to share your work with the profession. Conference 2021 will be an entirely virtual event—keep an eye on the RCSLT website for further details.

◎ Visit **rcslt.org/forthcoming-events**

Hospital food review recognises key role of SLTs

An independent review of NHS hospital food, published in November by the Department of Health and Social Care in England, highlights the important role that SLTs play in modified diets for people with dysphagia.

◎ Read more at **bit.ly/373yOsP**

Entry-level dysphagia competencies: consultation

The RCSLT is holding a consultation on the draft of the new, internationally aligned, entry-level dysphagia competencies, from 11-24 January 2021. Sign up for the consultation to let us know what you think.

◎ For more information, visit **bit.ly/2J6XmIQ**

RCSLT and NAPLIC DLD diagnosis survey

UK SLTs are asked to complete the RCSLT and NAPLIC developmental language disorder (DLD) diagnosis survey, which aims to identify SLTs' understanding of this diagnostic term, as well as barriers and enablers to DLD diagnosis at individual and local service levels.

◎ To complete the survey, visit **bit.ly/33d3iXY**

How has COVID-19 affected access to services?

The RCSLT's UK-wide survey on people's access to speech and language therapy aims to find out how the COVID-19 pandemic, and in particular the UK-wide lockdown, has affected people's access to services. It is open until **5 February** 2021, and available in a range of accessible formats.

◎ Visit **bit.ly/3piK2Sy**

For the latest news and information from the RCSLT, visit **rcslt.org**

News in pictures

Times have undoubtedly been tough this year, but members have met the challenges of 2020 with wisdom, compassion, creativity and strength.

While the pandemic prevented us from bringing you the in-person events we'd originally planned to mark the RCSLT's 75th anniversary this year, our virtual celebration of the profession—conducted on social media—has seen our timelines flooded with members' achievements and stories about the work they do.

We've brought you a small selection of those posts below and hope you continue posting your photos using the **#SLTappreciation** hashtag throughout the remainder of the year.

1

1. "I became an SLT because my little brother (now 30 years and over 6ft) with DiGeorge syndrome had a wonderful SLT for many years. She always included me in his therapy and helped our whole family to communicate better. I met her again in my early career... she was still wonderful." (@JenMurphySLT)

2. "This week marks 25 years of being a qualified SLT. I'm still learning, still smiling and always grateful for the wisdom... and support people have given me on my journey as an SLT. Privileged and proud to be able to make a difference where I can. My philosophy: keep noticing and keep wondering." (@coppertoptweet)

3

2

3. "Proud as punch to be rocking my first SLT uniform! I'm three and half months in and starting to feel a little more confident and a lot more settled. Absolutely loving every minute thanks to the lovely team I have surrounding me!" (@fmulderrigSLT)

4. "Why SLT? My careers teacher suggested I manage a fish farm, which didn't seem like a good fit! I did English at uni, loved language and wanted to help people. Did my MSc at Newcastle and have never been to a fish farm." (@susanthomsonslt)

5. Being an SLT isn't always a piece of cake but winning Aintree Hospital's virtual bake off with a brain cake is pretty sweet! (@slt_aintreenhs)

4

5

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1945 – 2020

6. "I met an SLT by chance who invited me to shadow her. We had one kid who had complex needs and was non-verbal. He approximated 'apple' after a summer of intensive therapy. I was sold from that point, and always remember that little boy when I eat an apple!" (@imanvirjislt)

7. SLT Thomas Starr-Marshall (far right) showcased the breadth and depth of an SLT's knowledge when he represented the University of Strathclyde on *University Challenge* last month. The team even made it to the semi-finals! (@tstarrmarshall)

8. "#mySLTday included one of those love-my-job moments when a patient branded me 'fundamental' in his recovery. Full credit to the whole MDT of course but touching nonetheless." (@CarolineP_SLT)

9. "More years ago than I care to admit, I graduated from the University of Reading and started working as an SLT. I have worked on different teams and specialist areas over the years. I've learnt so much from the children and adults I've worked with and I still love this job." (@theo_read66)

10. SLT Hafsa Moolla created this amazing collection of diverse and inclusive SLT stickers. Hafsa says she hopes that each and every SLT and SLT2B can one day feel seen in these stickers. (@HafsaMoollaSLT)

11. Bryony Rust has been braving the unpredictable British weather and taking her therapy outside! Perhaps her tropical companion can help summon some sunshine? (@saltbythesea)

12. Congratulations to Dr Sean Pert who becomes the RCSLT's new deputy chair. Sean, who works as senior clinical lecturer at the University of Manchester and is lead SLT for the Indigo Trans Health Service in Greater Manchester, also featured in our Faces of SLT series on Instagram recently, talking about his experiences of the profession. (@SeanPert)

13. SLT Jackie Harland was awarded an MBE for her dedication to international services for children with special needs. Well done Jackie, and well deserved!

14. Thanks to PhD student Caitlin Holme for sending us this photo of a Communication Access Symbol billboard, that she spotted outside her flat in Bristol! (@HolmeCaitlin)

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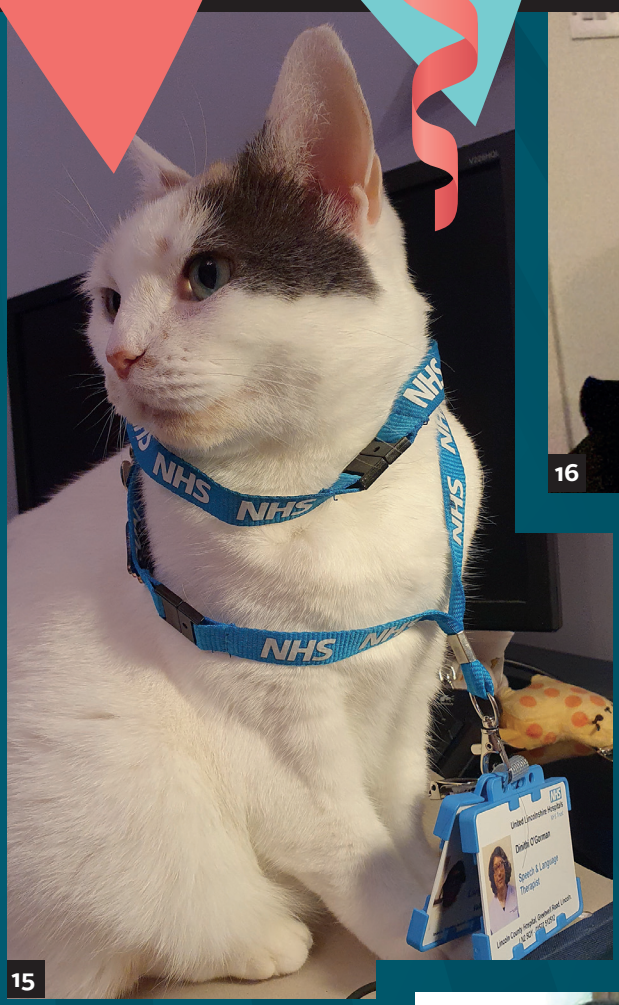
CELEBRATING 75 YEARS
1945 – 2020



15

16

16. "I'm glad that even with social distancing, we're still regularly catching up with colleagues about patients and service development. Working with amazing colleagues and patients is part of why I love being an SLT." (@ZainabSLT)

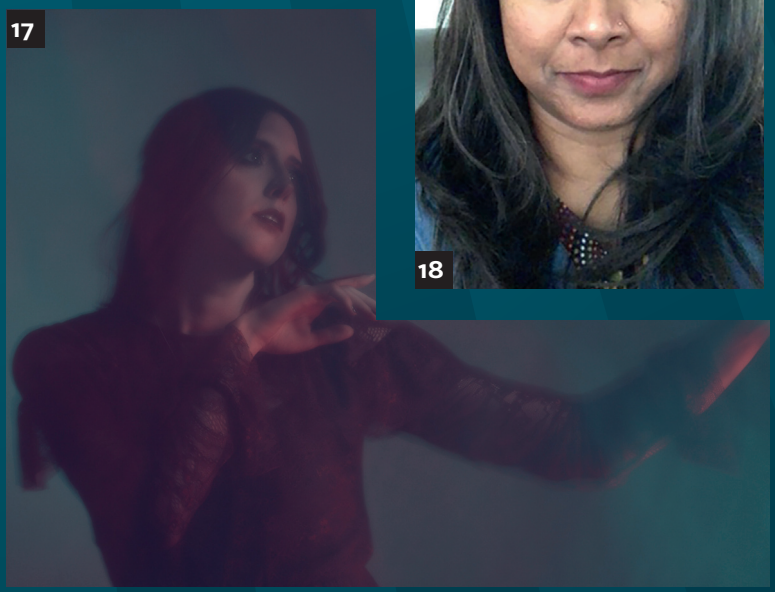
17. Second year SLT student and singer-songwriter, Jodie Fox wowed us with her incredible new single *Fall Asleep*. Jodie's music can be found on Spotify, Apple Music and Bandcamp. Remember us when you're famous, Jodie! (@thejodiefox)

18. "I enjoy working with the children and young people I see for SLCN in clinic and schools. The emails that parents and school staff send me to thank me gives me a wonderful sense of achievement and motivation." (@KaminiLaws)

19. The RCSLT welcomes Mary Heritage as its new chair this month. Mary (@MaryHeritage) takes over the reins from outgoing chair, Dr Della Money, whose farewell column can be read on page 10 of this issue of *Bulletin*.

15. SLTA Chimney doesn't have her own Twitter account, otherwise she would have posted her own #SLTappreciation tweet. Luckily her colleague and cat-mum (@Dinithi_SLT) does!

18


17

19

DELLA MONEY

INCLUSIVE NATURE

In some ways it seems like yesterday when I accepted the position of chair of the Board of Trustees at the Cardiff RCSLT Study Day in 2018. In other ways, that day seems like a lifetime ago, as we face so many new challenges across all of our lives and the lives of our service users, their families and carers.

It is the inclusive nature of a membership organisation that initially brought me to the Board of Trustees. In my inaugural speech, I spoke about all members having a role to play in their professional body, and over my term of office I have been delighted to meet many of you at a range of face-to-face and virtual events, conferences and ceremonies.

There have been so many highlights, including the RCSLT Conference in Nottingham, student study days and Hub events, as well as the opportunities for collaborative working to support our profession. As inclusion has been the golden thread running through my career, last month's launch of the new Communication Access Symbol, which gives voice to people living with a communication disability, is definitely up there with the best of them.

Throughout my term of office, trustees and the RCSLT senior management team have worked collectively to set a sound strategic direction to enable better lives for people with communication and swallowing needs. Together with our members, the RCSLT has succeeded in delivering its strategic plan around the provision of quality services, active influencing and innovative thinking.

"There have been so many highlights..."

Over the past few months, I have been so proud to see members step up in response to the challenges presented by the pandemic, and address the inequalities faced by our members and our patients. The high degree of professionalism, clinical expertise and love for the profession, while putting our service users front and centre, is to be applauded.

Of course, you don't have to be a trustee to make a difference (and not everyone would want to be chair, I never imagined I would!) but it has been a rewarding and inspiring opportunity that I have loved, and such an honour, especially as we celebrate 75 years.

At the December AGM, I will hand over the reins to Mary Heritage and Sean Pert, and look forward to seeing the RCSLT continue to grow under their leadership and direction.

For my part, I will continue to be an engaged member, driving forward communication inclusion and equality for all. Thank you everyone for everything you do.

Dr Della Money, RCSLT chair

DEREK MUNN

Like no other

Writing columns for the December and January editions of magazines is an exercise in cliché avoidance—looking back and forward, one door closes and another opens. The end of 2020 is a time for superlatives—a year like no other that any of us currently alive have experienced.

The speech and language therapy profession has risen to the challenge. This is true of course for colleagues working in acute settings, who have dealt with personal risk and the hampering of personal protective equipment (PPE) to develop and deliver care for a completely novel condition. But it is just as true of the community SLT donning and doffing PPE on the doorsteps of service users, and of the paediatric SLTs, NHS and independent, finding ways to continue their work remotely or adapt to new face-to-face restrictions.

A sliver of a silver lining has been an increase in recognition and visibility for the profession. Both within the health and care system, and in mainstream media, we have seen greater coverage of and reference to communication and swallowing and the work of SLTs.

"The profession has risen to the challenge"

As we take stock of the year, we know the challenges that we will be working on going forward. Some are fixed dates: the end of the Brexit transition period on 1 January 2021, or the national elections in Scotland and Wales at the start of May. Others are the themes arising in whole or part from COVID-19: rehab, telehealth and the emergence of 'Long COVID', to name a few. There will be a renewed need to influence locally, as integrated care systems and primary care networks in England develop. The stories and numbers coming from our service user survey, in the field right now, will be critical to this effort. We will also continue to work actively with our members to address the issues of diversity and representation within the profession.

Last but not least come health and wellbeing. We are all physically tired and emotionally weary, and the RCSLT will seek to provide support where and whenever we can.

Derek Munn, RCSLT director of policy and public affairs
Email: derek.munn@rcslt.org

FOCUS ON DIVERSITY

Outdated assumptions

Images of SLTs in twinsets and pearls may be long gone but, as **Dr Sharon Adjei-Nicol** discovered, other stereotypes about what SLTs look like still linger

Over the past year there has been a notable shift across the profession, as well as calls to action to address the issue of diversity within speech and language therapy. Reflecting on my own experiences as a Black SLT, I have found that what some might see as historic stereotypes, such as SLTs wearing 'twinset and pearls', or only being white, middle-class females, are actually assumptions that persist today, and influence how Black, Asian and minority ethnic SLTs are perceived.

A recent experience highlights this.

During a care home visit, and while preparing for the start of a therapy session in a client's room, a multi-disciplinary team (MDT) member knocked on the door and informed me that the client "could not have visitors right now", as they were expecting an SLT to "see him any minute".

Given I was there at the exact time as the SLT they were expecting, it is interesting that I was not automatically presumed to be the therapist. I waited a few seconds for the MDT member to process what was happening and realise her mistake, but she did not. When I responded that I was, in fact, the SLT, the look of shock was one that I and other Black, Asian and minority ethnic SLTs have seen many times before.

> *"While there is still much to do, a lot has changed"*

Fortunately, I am finding this happens less and less frequently than it did when I first started working with adults 16 years ago. I remember queuing to register for a specialist interest group meeting (now known as a CEN) as a newly qualified SLT. At the time, I was presumed by one of the organisers to be in the wrong place. While there is still much to do, a lot has changed since then. I am encouraged to see the gradual changing demographics of the profession, and it is great to see platforms like *Bulletin* encouraging open and honest reflection and discussion.

Dr Sharon Adjei-Nicol, SLT in independent practice and senior lecturer, University of Greenwich
@AcquireSLT

Making an impact

We've launched this year's *RCSLT Impact Report* in an exciting new digital format, designed to be viewed as widely as possible and shared across social media.

Each year, the *Impact Report* summarises key information from the *Trustees' Annual Report*, which presents members with a detailed account of the RCSLT's work over the last financial year.

This year's new-look *Impact Report* comes in the form of an illustrated graphic, showcasing some of the topline statistics on what the RCSLT has been doing, from influencing government policies to producing up-to-the-minute guidance.

View the *Impact Report* illustrated graphic, and view the full *Trustees' Annual Report*, at **rcslt.org/agm-2020**

Email your CEN notice to **bulletin@rcslt.org**
To find out more about RCSLT CENs, visit: **bit.ly/rcsltcens**

Social Emotional and Mental Health Needs CEN (SE)

11 January 2021, 9.30am-3.30pm

This is a participant-led day. We will have a focus on intervention as well as discussing current projects, research, issues raised from practice, case studies and 'looking after yourself'. Please bring assessments, resources, interventions and CPD feedback to share. Email angelajsloan@btinternet.com to get further details and book a place via Zoom.

East Midlands ASD CEN Webinar

11 February 2021, 9.15am-12.30pm

Speaker: Shona Murphy on 'Busting Autism Myths'. Full agenda to be confirmed. Further information and booking details to follow. Cost: TBC. Email h.bettle19@googlemail.com

East Midlands DLD CEN

11 February 2021, 9am-12pm
via Microsoft Teams

Topic: DLD current evidence and practice. Speaker: Dr Judy Clegg, University of Sheffield. To register your interest with the Nottinghamshire Health Care Children's SLT Service, email eastmidsdldcen@gmail.com

Tracy Broadley Jackson, Idalina Rodrigues & Jen Wood

Tracy Broadley Jackson, Idalina Rodrigues and Jen Wood reflect on a student teletherapy placement

A virtual way forward

ILLUSTRATION BY **Sara Gelfgren**

Although teletherapy isn't a new concept in healthcare, student teletherapy placements are less well documented. The onset of lockdown directly impacted student SLTs in a variety of ways, not least around the provision of student placements, which necessitated new and creative methods for hands-on clinical education.

Placements within independent practice gave rise to another set of dilemmas, such as whether clients could be charged for sessions run by students; where the student would be based; and how being the sole therapist for a student on placement would work

Amazingly, teletherapy proved to be the bridge between these issues.

In May 2020, Jen Wood, a student SLT, approached Tracy, an independent SLT, to request some clinical hours towards completing her final placement. Discussions with Tracy and Idalina, the placement co-ordinator at De Montfort University (DMU), determined that teletherapy could meet Jen's learning needs.

DMU quickly produced the required paperwork around confidentiality and consent forms, so that Jen could safely participate in teletherapy sessions and complete her placement.

The placement proceeded positively, with Jen observing groups, individual assessments and therapy sessions. As a final-year student, she was soon able to prepare and carry out activities within sessions, progressing to independently implementing plans, and evaluating and recording session notes. One of the benefits of using teletherapy was that the clinician could, with consent, watch the sessions with her own microphone and video switched off, making observation less intrusive. This created a safe and supportive learning environment. Office space was no longer an issue, and—due to her reduced travel hours—Jen had more time to produce some excellent resources, including observation schedules, factsheets and worksheets to use in her sessions.

From the independent practice perspective, we explored different ways for Jen to work independently, including providing free 'bonus' sessions to clients and running a small group for clients with specific needs that were not able to be met in a larger group. This enabled Jen to see clients on her own and carry her own caseload.

Jen enjoyed building genuine connections with clients, despite the physical distance. All the clients were very happy for her to join the sessions and provided extremely positive feedback about her involvement.

Jen worked with a range of adult clients with conditions such as Parkinson's, dyspraxia, aphasia and dysphagia. Moreover, it was easier to pinpoint specific clients for her to see as we were not tied to a set day.

Regarding support time, it was possible to admit Jen into the sessions early to confirm plans, and we established a recurring meeting to debrief after each session. We also arranged weekly catch-up time, which felt easier to manage without the usual distractions of a busy, open office or the difficulty of finding a quiet room to meet in.

From a student perspective, completing placement via teletherapy had its pros and cons.

Initial concerns about internet connection, maintaining a confidential environment, having access to client notes and issues around security were overcome through discussion and careful planning.

The most challenging aspect was lacking physical access to assessments and resources, but the plethora of online learning materials available helped immensely.

Despite the challenges and initial reservations, Jen was able to complete the required hours, gain a range of opportunities, and achieve the learning outcomes needed to complete her placement. Almost without exception, we were able to address all learning outcomes and Jen passed with flying colours.

The key to the success of this placement has been Jen's flexibility and drive, coupled with the practice educator's and university's commitment to providing robust clinical support. ■

Tracy Broadley Jackson, Speakmore Independent Speech and Language Therapy
Email: hello@speakmore.co.uk
Idalina Rodrigues, senior lecturer and clinical education lead, De Montfort University
Email: idalina.rodrigues@dmu.ac.uk
Jen Wood, graduate SLT

Marianne McGrath

COLUMN

Opinion

Marianne McGrath shares the results of a COVID-19 data analysis undertaken at Chelsea and Westminster Hospital's intensive therapy unit

Facts from the frontline

ILLUSTRATION BY **Sara Gelfgren**

Preparing for the first wave of COVID-19 was not an easy task. Guidance seemed to change on a daily basis as the NHS came to grips with an ever-evolving pandemic. Redeployment and PPE caused considerable difficulties in the everyday lives of SLTs. In addition, as this was a new cohort of patients with no evidence to refer to, it was challenging to give patients and families a dysphagia prognosis related to COVID-19.

I work at Chelsea and Westminster Hospital and our trust experienced a significant volume of COVID-19 admissions. Within the speech and language therapy team, we felt it was important to retrospectively analyse the caseload in order to reflect and prepare for a second wave.

Our data analysis included patients admitted to ITU with confirmed COVID-19 between March and June 2020.

In total, 74 patients were admitted with the disease: 54 were successfully discharged and 20 passed away. Of the 54 patients that survived, 20 were referred to speech and language therapy during their ITU admission.

Of these 20 patients, four were female (two of whom were pregnant) and 16 were male. Three of the patients had strokes while in ITU.

All of the patients had been intubated and 18 of the 20 patients had a tracheostomy. No patients required a long-term tracheostomy though, and all of these patients were decannulated before being stepped down to the acute wards.

All patients referred to speech and language therapy had an initial swallow assessment and required modified fluid and diet recommendations. A quarter of the patients required swallow rehabilitation and four of these patients were deemed to require a percutaneous endoscopic gastrostomy (PEG). All patients who had dysphagia rehabilitation and a PEG were male.

> *"The data reveals a need for tracheostomy-trained SLTs"*

Patients were followed up by SLTs when they were stepped down to acute wards. Seven were discharged to other hospitals or rehabilitation units, and all four patients who had a PEG were discharged from hospital with the PEG. They had all commenced oral intake but could not meet their nutrition or hydration needs orally. Six patients were discharged from hospital with ongoing speech and language therapy needs.

Positively, 14 of the patients were discharged from hospital on their baseline recommendations, suggesting that COVID-19 does not result in long-term swallow impairments in the majority of patients. It would be beneficial to follow all patient journeys after discharge to monitor the long-lasting effects of COVID-19 on the swallow function.

Analysing trends between the 20 patients who were referred to speech and language therapy, the majority of patients presented with critical care weakness, resulting in globalised oropharyngeal dysphagia. Swallow function improved as generalised strength improved and these patients got back to their baseline recommendations in 1-2 weeks post-decannulation.

There were trends for patients who presented with a more significant dysphagia and required more intense speech and language therapy input and monitoring. This included multiple failed extubation attempts, a slow tracheostomy wean (>4 weeks), and cognitive impairments.

Interestingly, there was a high element of patient anxiety and fear of choking/aspiration noted, which often halted fluid and diet upgrades.

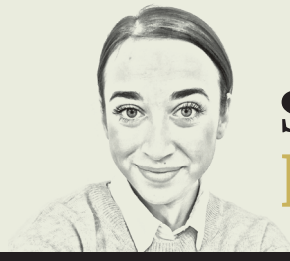
Through this experience and analysis, we learnt that the speech and language therapy service could prepare for adequate staffing numbers to deal with a second wave. This may also help to build a case when there is a risk of staff members being redeployed.

The data reveals a need for appropriate training to ensure there are enough tracheostomy-trained SLTs. It also allows SLTs some insights in terms of dysphagia presentation in COVID-19, as well as the prognosis and potential risk factors that would result in patients requiring more extensive SLT input. ■

Marianne McGrath, SLT, Chelsea and Westminster Hospital
Email: marianne.mcgrath@nhs.net

Resources
You can find guidance and resources on COVID-19 at rcslt.org/learning/covid-19

Hayley Greatorex



Sophia Parinchy

Independent SLTs Hayley Greatorex and Sophia Parinchy share their experience of working through the first phase of the pandemic

Life in lockdown

ILLUSTRATION BY **Ben Mounsey-Wood**

The COVID-19 pandemic created an environment of uncertainty across our whole profession. As SLTs who work in schools, the news of school closures earlier in the year left us wondering how we would continue to support children when we were unable to leave our homes. Inspired by colleagues in Australia and the US, we started to ask how remote working could work for us. Remote therapy, an idea we once scoffed at, soon became our only option to achieve the continuity of care that children on our caseload and staff within our settings required.

Soon we were thinking: Teletherapy? We could give that a go. Online training? Let's do it!

In the space of three days we had a plan. We sent letters to families letting them know what we could offer, liaised with staff to explore our options, and spent a lot of time reassuring each other that this new way of working could actually be possible.

We hit the ground running the week after lockdown was announced. Through our work as associates of Soundswell Speech and Language Therapy Solutions, we are fortunate enough to work with the innovative and forward-thinking Nelson Mandela School in Birmingham.

Following discussions with the leadership team there, we decided to spend this time delivering staff CPD sessions. As any therapist in a school knows, finding time to deliver training can be difficult, but with Zoom at our fingertips we created a rolling package of weekly training sessions. In just a short space of time we delivered training on vocabulary, Blank's levels, developmental language disorder (DLD) and supporting children with grammar difficulties.

> *"...it's important to celebrate the positives"*

The training was well received, and one of our proudest moments was the overwhelming response from teaching staff on their increased understanding of DLD and how it can present through behavioural difficulties. Staff have described this session as an 'aha moment' and have since asked for our contribution to behaviour policy and interventions across the school.

Following this success, we started to engage in other projects independently. Hayley has delivered Makaton training to a multiagency team and professionals working in the community. These included optometrists, occupational therapists, doctors, school and nursery staff, and parents.

Meanwhile, Sophia has gained a greater understanding of the barriers faced by parents and children through being in their living room virtually rather than only seeing them at school.

Sophia says: "This has helped me to adapt my therapeutic approach, to sit as part of their family routine. I never thought I would be sticking colourful sticky dots to my face live on screen in front of parents. However, if the child needs to work on their expressive language for 'body parts', then needs must!"

Tips for working remotely

- Ensure you have contact numbers for parents and get in touch just before the session to avoid technical difficulties.
- When delivering remote therapy, you'll need to get (extra) silly to keep the child engaged.
- Working through school holidays is exhausting—make sure you have enough time off.
- Draw the line between work and home. Try to stop replying to emails after 5pm and don't have work emails on your phone.

Although we're both exhausted—and we certainly have a few more wrinkles to show for it—it's important to celebrate the positives during this challenging time. We're still learning how to develop our technical skills every day, but now we're excited by it rather than daunted.

The work we've done during the pandemic has been so valuable and rewarding—it's something we'll never forget. ■

Hayley Greatorex, independent SLT and director of Talk with Ease
Sophia Parinchy, independent SLT and director of Achieve Communication
Email: a-communication@outlook.com

Claire
Elliott-Purdy

COLUMN

Opinion

Claire Elliott-Purdy discusses her experience of dealing with post-traumatic stress disorder after being redeployed to the COVID-19 frontline

Shock to the system

ILLUSTRATION BY **Ben Mounsey-Wood**

At the peak of the pandemic, I was very keen to take on a new role as a helper in the intensive therapy unit (ITU) at the Whittington Hospital in London. I jumped into my new role with only a day's notice and with my colleague Sian Kelly (thankfully, an absolute warrior) by my side. We did not have any training or preparation for the role, because the ITU was overrun at the time. Redeployment came as a shock to the system!

Many positives came from this experience. I valued working with a team of 30+ helpers and we all felt proud to be part of the NHS on those gruelling 12-hour shifts. Our faces were sore from the masks we had to wear, our feet hurt, and our personal protective equipment made us exhausted from the heat.

I was completely in awe of the nurses and the doctors. Every shift, they were rushed off their feet, yet all the patients continued to receive excellent care. It was phenomenal how hard everyone worked.

The adrenaline carried me through this period. It was stressful and traumatic because people's lives were at risk, and despite everyone's best efforts, many didn't make it.

After every shift I made sure I had a comforting meal to come home to, I offloaded to my family and prioritised watching the TV show *Friends* (my happy place). I felt I was taking good care of my mental health.

> *"PTSD seemed to have flicked a switch inside my brain"*

Once my redeployment had come to an end, my sense of pride in the work I'd done started to slip away. It was replaced with an ominous mind fog that made me feel like there was no way out. I'd perseverate on thinking about the patients and their families, about what they'd gone through, and was overwhelmed with feelings of anger, panic and fear. When I woke up in the morning, I didn't want to leave my bed because even going downstairs felt too scary.

Something I had not experienced before—post-traumatic stress disorder (PTSD)—seemed to have flicked a switch inside my brain.

I needed help fast, but when I applied for counselling and support the waiting period was too long. It was then that I discovered the charity Frontline 19 for healthcare workers, which was able to offer me free therapy the next day. This therapy has since helped me to process the trauma I experienced and to understand myself better.

After months of therapy with Frontline 19 I knew I needed and wanted something extra to aid my recovery. This is when I discovered another charity called Climbing Out. They provided me with a community of people with whom I could overcome physical and mental obstacles as we embarked on a wide range of exciting and terrifying activities together. I now have a group of amazing and inspirational friends, a new support network and a toolbox for the future.

I'm forever grateful to Frontline 19 and Climbing Out for helping me to see beyond the dark clouds that had fogged up my thoughts and feelings. I now have sunshine in my sky and I can use my tools to help keep it there.

Everyone is experiencing their own struggles at this time, so I urge you to check out the charities below if you think they could help. SLTs have immense compassion for others, but sometimes we forget to give ourselves the same compassion. ■

Claire Elliott-Purdy, highly specialist SLT
Email: Claire.Elliott-Purdy@nhs.net

Resources

Frontline 19 offers supervision, debriefing and emotional support to healthcare workers during times of crisis (www.frontline19.com)

Climbing Out runs outdoor activity programmes aimed at rebuilding confidence, self-esteem and motivation In people who've been through trauma (www.climbingout.org.uk)

See www.rcslt.org/learning/covid-19/resilience-self-care for a comprehensive list of other wellbeing and self-care resources

Eyes wide open

Clare Cavanagh shares her experience of being guided by an SLT through an awake craniotomy and beyond

ILLUSTRATION BY **Oliver Allan**

I was 30 years old when I was diagnosed with a brain tumour. Glioblastoma—a word I'd never heard before—suddenly held such power over me and was set to change my life in every possible way.

In May 2015 I had my first ever seizure walking home from work. I woke up to see a group of kind strangers who had called 999. The paramedic who guided me towards an ambulance asked me to tell him my name. I suddenly began to panic: I didn't know my name.

After having an MRI scan, I met with a surgeon who suggested I was suitable for an awake craniotomy. At this point, I hadn't had any other symptoms besides the seizure. The surgeon told me that the tumour was located in my left temporal lobe. He explained the risks within that area in terms of speech, reading and writing abilities, and memory.

The damage from my seizure seemed to have somehow 'reset' my brain to protect me from the reality of that shocking and traumatic news. While my family surrounded me in support, I shrugged and agreed with the surgeon that the 'awake' was the best option. It was scheduled to take place the following Monday. I had six days left as 'me'.

Clare Cavanagh

Preparing for surgery

On the Friday prior, I met a number of professionals at the Western General Hospital in Edinburgh who prepared me for the surgery. I met a nurse who made notes about my weight, reactions and physical details, followed by a junior doctor who assessed my psychological responses. Next was an anaesthetist who explained her role in the process and gave specific details, such as repeating the exact words she would use to wake me up in surgery so that I would recognise the timbre of her voice.

The last appointment was with an SLT called Stephanie*. I was feeling tired after a long day, but her encouragement and kindness urged me on. She provided me with a number of tasks to do, such as asking me to make a cross with my left foot (which took me a very long time); telling me a story and asking me to repeat as many details that I could remember; giving me a drawing of a scene and asking me to describe it to her; and presenting me with images to name.

I was frustrated with myself. I looked at each image Stephanie showed me and knew exactly what they were, but it took me a long time to reach for the right word, and some I couldn't find at all. (Five years later, I'm still enraged at the word 'canoe' for abandoning me that day.)

Stephanie told me not to worry about the length of time it took me to put sentences together. She said the process was going to take patience and assured me that I had the determination to get better.

"With your sentences, imagine that you are looking to drive from Edinburgh to Glasgow, but there are works on the motorway," said Stephanie. "You will just have to take a detour, maybe through Wishaw or one of the country roads, but you will get there in the end."

As Stephanie was going to be by my side during surgery, she said it was important for her to understand what level my abilities were prior to the surgery. She was going to remove the pictures I had struggled with (goodbye, 'canoe'!) and explained the schedule of tasks she would use to guide me while they removed my tumour. The last thing she asked was for some more information about me. We were going to be talking for at least 2–3 hours in surgery and Stephanie said she might need prompts to keep me going throughout it.

Stephanie scribbled away as I told her about my family and friends, places I'd lived in and travelled to, jobs and hobbies that brought me happiness. Then she asked for a list of things that I wouldn't want to talk about or, even worse, those that would potentially affect me emotionally during surgery. I told her there were only two things: my Granny who had died four years prior and who I still mourned for every day; and the book I'd always hoped I would write, realising that, after surgery, I might never have enough words or brain power to write again.

After that meeting, I felt absolutely prepared. Stephanie and her colleagues were so precise and honest, I knew exactly what to expect during the surgery so there was no reason to fear it. I said goodbye to my parents, which was the hardest moment of my life, and watched as a crew in scrubs →

approached me. From behind her mask, I recognised the voice of my anaesthetist as I counted down to sleep.

Waking up

I have spoken to Stephanie recently about what I remember about the surgery. It was a long procedure, which I now recall as a rapid montage of memories. I remember:

- Stephanie asking me to count to 10. At number four, I went into 'speech arrest', when I was suddenly unable to speak. I heard Stephanie alert the surgeon, who responded by making a change of position in the area of stimulation. A few seconds later, I was able to continue counting and got all the way to 10.
- Talking about my travels in Vietnam and a medical professional in the room asked me if I had been to a restaurant there that he too had visited.
- Being 'stitched' back together and the excruciating agony I felt as they sealed my wound with 44 metal pins.
- Asking Stephanie if she could bring me a margarita to ease the pain, and she jokingly responding that, unfortunately, they kept the tequila in another room.

After surgery, I experienced six weeks of oncology treatment—radiotherapy and chemotherapy. I struggled to read and write initially, and I made up my own dictionary of words† in conversations, where each expressed a powerful meaning of its own. I couldn't understand conversations involving more than one person. Watching TV was confusing and hard to keep up with. It took a long time to feel like myself again.

> *"She asked for a list of things that I wouldn't want to talk about during surgery"*

When I saw Stephanie last year, I felt lucky to be sitting opposite her, not as a patient but as an intrigued writer who is finally finishing the book she always wanted to write, and seeking wisdom from a professional and kind companion who had held my hand through the most terrifying part of my life. She has always listened carefully, understanding my trauma from day one, and respecting my wishes throughout. I have learnt that trust is a soothing tranquiliser. Stephanie's honesty, sensitivity and respect—her recognition of me as an individual—is what I most needed to keep going during my recovery.

Recently, she asked me how I feel now—do I feel entirely back to who I was before? I told her no, I don't feel like I'm 100% back and probably never will, but my old life has been replaced with one filled with enthusiasm and gratitude for each day. I've enjoyed the many 'detours' I've had to take over the past five years. They have provided me with the best views on the road to my life destination ahead. And as old and new words appear like little gifts in my brain on a daily basis as I continue to write, I wouldn't have it any other way.

Clare J Cavanagh is a freelance writer living in Edinburgh. Her memoir *My Words Will Find Me* was shortlisted for the 2018 Portobello Books Prize.
@clarecavanagh1 @clarejcav
www.clarejcavanagh.com

**Stephanie's real name has been changed by request.*

†A selection of words from Clare's new dictionary:

– **CONFRUSTRATION:** A mix of 'confrontation', 'confusion' and 'frustration', which actually captured exactly how I was feeling at the time.

– **SPARTNERSHIP:** 'Sportsmanship' and 'partnership', describing the camaraderie I had with family and friends, as though we were running an emotional marathon together.

– **DISTRESPECT:** Mentioned while discussing NHS staff such as Stephanie who 'respected' what I most needed most when I was in 'distress'.

– **GOOSEPUNKS:** A physical feeling I expressed when I was excited and nervous about an upcoming event.

An SLT's role in 'awakes'

Claire Axton

An awake craniotomy aims for maximal removal of a brain tumour while preserving critical language function. SLTs are key players in the process, constantly testing and monitoring language function, and alerting the surgeon to any changes.

Timothy Jones, a consultant neurosurgeon at St George's Hospital in London, says, "Knowing that the person I'm operating on is able to talk to an SLT gives me the confidence to carry on with the surgery."

Prior to surgery, I meet with patients to take a pre-operative baseline of communication and provide crucial information about the day of surgery, so as to prepare them for the often intimidating prospect of undergoing a brain operation while awake, and to provide support and reassurance.

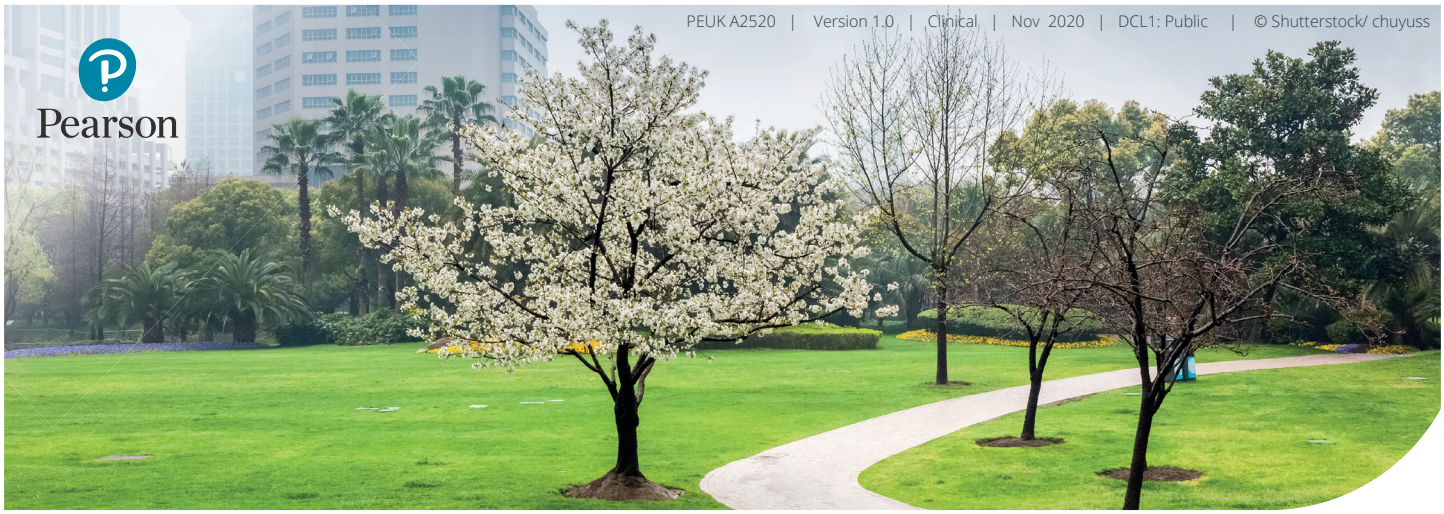
Working in the field of awake craniotomy means shouldering the responsibility of safeguarding our patients' communication, and it's not unheard of to experience a restless sleep the night before surgery.

When the call to attend theatre arrives, I experience an adrenaline rush accompanied by a plethora of questions: will the team be waiting impatiently for me, or will the patient not actually be ready yet? Will the patient wake properly and be testable? Will it be difficult to differentiate between actual language errors and the patient's fatigue, so that I can give meaningful feedback to the surgeon?

Five years on from attending my first awake craniotomy, it remains a privilege to be in the operating theatre supporting the patient through this stressful, but essential, process.

Claire Axton, highly specialised SLT, neurosciences and awake craniotomy, St George's Hospitals NHS Foundation Trust
Email: claire.axton@stgeorges.nhs.uk
@taupebleue

ROBIN BOOT PHOTOGRAPHY



Support adapted to you and your client's needs

As we move forwards so much remains uncertain, and you may be looking into ways to continue supporting your clients in the new year.

One thing that won't change is Pearson Clinical Assessment's range of resources and tools that can help you to be there for those that need you the most, either face to face or via a virtual Telepractice session.

Learn more on our assessment delivery options at: **pearsonclinical.co.uk/sltsupport**

Training courses at City Lit
for Speech and Language Therapists

Effective counselling skills: (XS503)
Wed-Fri 9-11 June 2021, 9.30am-5pm **Fee £399**
Topics: developing the therapeutic relationship, boundaries, responding, paraphrasing, reflecting, questioning, immediacy, self-disclosure and loss.

Counselling skills for recently qualified speech and language therapists as well as therapists in training. (XS511)
Fri 22 January 2021, 10am-4.30pm **Fee £99**
Develop core counselling skills to help you work with emotional issues you will encounter as an SLT. Learn through experience and reflective practice.

Working with adults who stammer: (XS502)
Wed-Fri 24-26 March 2021; Mon 4 Oct 2021
Interactive workshop covers assessment and selection, stammering modification, interiorised stammering, cluttering, acquired stammering and introduction to mindfulness. Opportunity to hear clients' perspectives.

Introduction to mindfulness: (XS501)
Mon-Tue 17-18 May 2021, 9.30am-4.30pm **Fee £239**
Learn the elements of mindfulness-based stress management and mindfulness-based cognitive therapy. Experience a range of mindfulness practices. Theory is included and relevance for clients and therapist well-being benefits explored.

Acceptance and Commitment Therapy (ACT): (XS510)
Thur-Fri 17-18 June 2021, 10am-4.30pm **Fee £199**
The two major goals of ACT are acceptance of experience that is out of personal control and taking committed action towards living a valued life. You will learn how this is achieved and relevance to SaLT.

Advancing your practice for speech and language therapists working with adults or young people who stammer wishing to develop their practice. (XS522)
Fri 25 June 2021, 10am-4.30pm **Fee £99**
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For further details contact: speechtherapy@citylit.ac.uk

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Accurate at time of publication: September 2020.

Nutilis Complete is a Food for Special Medical Purposes for the dietary management of disease related malnutrition and must be used under medical supervision.

Reviews

Books and resources reviewed and rated by *Bulletin* readers

BOOK

The Renfrew Language Scales: Action Picture Test, 5th Edition

AUTHOR: Catherine Renfrew
PUBLISHER: Routledge, 2020
PRICE: £69.99
REVIEWER: Naomi Brown, independent SLT
RATING Book ●●●●○

The Renfrew Language Scales: Action Picture Test (RAPT) 5th Edition is aimed at SLTs and other professionals working with children aged between 3 to 8.5 years of age wishing to gain an expressive language sample.

The RAPT was re-standardised in 2018 with 882 children across the UK. While the 10 questions have remained the same as previous editions, the picture stimuli have been updated to feel clearer and more realistic.

The scoring guides break down potential answers, and it's been made easier to establish whether a child should score a point or not if an answer is not exactly the same as the exemplar. There are helpful examples given and information about how to score these.

The instruction manual includes percentiles for information and grammar scores, enabling comparison with the child's peer group. It also suggests targets and resources following identification of areas of difficulty.

Overall, this is a much improved edition. In practice I feel it will continue to provide a quick assessment for expressive language with more up-to-date picture stimuli and a clearer scoring guide. I feel that the recent re-standardisation would give me confidence that the scores were marked against a current population of children.

BOOK

Creating Practice-based Evidence: A guide for SLTs

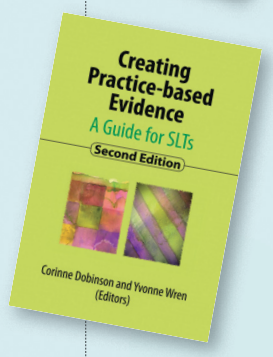
AUTHORS: Corinne Dobinson and Yvonne Wren
PUBLISHER: Plural Publishing, 2019
PRICE: £24.99
REVIEWER: Rosie Murray, specialist SLT, St John's School and College
RATING Book ●●●●◐

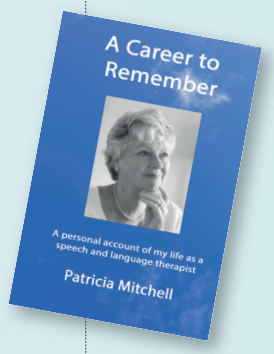
Does my intervention make a difference to my client's impairment? Is my intervention cost-effective?

This well-organised book posits the question to all SLTs: 'How can my clinical questions become research questions?' Written by 21 well-known clinical researchers, the book is divided into five sections, moving from early information gathering to the final stages of publication. Fully worked examples are provided, making the information easier to digest for the novice clinical researcher. This is paired with practical solutions around dealing with data and funding.

The funding section is particularly useful, though perhaps more relevant to NHS researchers. Each chapter has learning outcomes, as well as process maps and graphs, where applicable.

Early chapters also deal with subjects that are highly relevant to internal, small-scale research and clinical audit. This allows the book to be used as a reference point to dip into, for the 'research-curious' among us, through to more experienced clinical researchers.





BOOK

A Career to Remember

AUTHOR: Patricia Mitchell
PUBLISHER: Independently published
PRICE: £4.99 (paperback)
REVIEWER: Moira Little, retired SLT manager, NHS Lothian
RATING Book ●●●●●

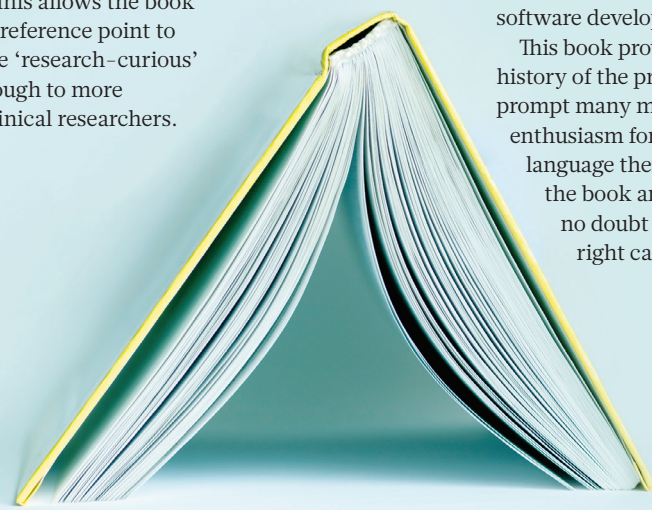
During lockdown Tricia wrote this book, a very personal account of her life and career as an SLT, starting in 1969 at the Edinburgh School of Speech Therapy with her 12 fellow students through to her final post as SLT manager in NHS Borders.

Tricia recalls running intensive groups for adults with aphasia, taking the group on outings and activity holidays in Kielder in Northumberland. She describes the challenges of an SLT manager, leading her team through the many inevitable service reviews and reorganisations, implementing the latest policies, participating in the RCSLT Management Board and working with Queen Margaret University students.

Many amusing and touching anecdotes are recorded in the book, demonstrating the resourcefulness, creativity and pioneering spirit of SLTs.

Probably the greatest change in the past 50 years has been the increasing use of IT, and Tricia documents the progression from paper records to electronic patient and staff records, telehealth, videoconferencing and her own involvement in the React2 software development.

This book provides an interesting history of the profession and will prompt many memories. Tricia's enthusiasm for speech and language therapy shines through the book and we are left in no doubt that she chose the right career.



Simply Puree introduces the Level 4 breakfast range

Since IDDSI guidelines were introduced in April 2019, it's our opinion that breakfast items available for dysphagic patients in healthcare settings have remained very limited. It's our view that it can be difficult for healthcare professionals working with a dysphagic population to ensure that their patients are getting tasty, nutritious and texture-compliant breakfasts. Simply Puree has the answer to this, offering an impressive range of level 4 breakfast items, which are both delicious and visually appetising, for the dysphagic patient.

The Simply Puree level 4 breakfast range caters for those patients with a reduced appetite, or those who are perhaps in the early days of returning to oral feeding, by offering a 150g portion of traditional porridge made with creamy oats. In addition, there is a range of delicious fruit purees—apple, pear, peach or fruit cocktail—which are also in 150g portions and can be enjoyed either hot or cold, with or without porridge. There is also the 'on-toast' range, which is ideal for those patients with a reduced appetite and/or those just returning to oral feeding. The on-toast items in the range include egg, baked beans, and cheese, all served on toast. These meals are 160g per portion and can be enjoyed as a breakfast item or as an additional snack item during the day.

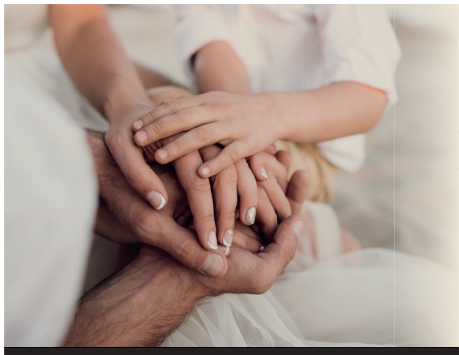
For those dysphagic patients who have a larger appetite and/or less swallowing fatigue, the breakfast omelette served with baked beans, mashed potato and a cheese sauce is very popular with our clients. This comes in a portion size of 380g. Also in a portion size of 380g is the all-day breakfast, which consists of sausages, scrambled egg, mashed potato and baked beans. As the name suggests, it can be used as a breakfast item but also as a lunch or evening meal.

Clare Park, consultant speech and language therapist for Simply Puree, says, "The items in this breakfast range are developed with the dysphagic patient in mind as they return to oral feeding. They offer a good choice for the SLT and dietician for a dysphagic caseload, where breakfast choices for modified texture meals that are compliant with IDDSI are often limited in a healthcare sector setting."

Made to the highest safety standards, with a wide choice of portion sizes and breakfast items, this range gives you total reassurance every time. Each item complies to the IDDSI guidelines for texture for level 4, with consistency in nutritional content, allowing you to easily control calorie intake. Made to home-cooked standards, these delicious breakfast meals are full of flavour and, as Clare Park, consultant SLT for Simply Puree, says: "They are a much better start to the day for dysphagic patients than just a yogurt, which is so often the case for this population in hospital."

SIMPLYFOODSOLUTIONS

For the opportunity to receive complimentary samples of the Simple Puree Breakfast range and other meals from the extensive range please visit: simplyfoodsolutions.co.uk/simply-puree or www.bidfood.co.uk/our-products/own-brand/simply-puree



Our monthly look at the latest in published research

In the journals

To review an article or suggest an article for review, email katie.chadd@rcslt.org

Young-onset dementia

This study explored positive experiences of post-diagnostic support for people with young-onset dementia (YOD) as part of the ANGELA project, a study aiming to develop good practice in YOD.

A total of 552 people with a diagnosis of YOD responded to a national survey asking a range of open-ended questions about the positive experiences of post-diagnostic support that they had received. Responses were analysed thematically.

Eight themes were identified. The participants reported positively about services that enabled them to: understand YOD; have access to age-appropriate services; receive interventions for physical and mental health needs; have a voice; have independence while managing risk; ensure financial stability; maintain or develop social relationships; and be connected with family and society.

The role of speech and language therapy in supporting relationships was specifically mentioned. Notably, the results highlight the positivity relating to services that enabled and supported people with YOD to participate in activities and relationships rather than traditional 'therapy'.

The authors conclude: "The emergent themes provide the basis from which specifically tailored support can be developed to address the unique challenges created for each individual living with young-onset dementia."

Claire Clark, SLT, Aberdeenshire Adult Team, NHS Grampian

Reference

Stamou, V., Fontaine, J.L., O'Malley, M., Jones, B., Gage, H., Parkes, J., Carter, J. and Oyebode, J. (2020) The nature of positive post-diagnostic support as experienced by people with young onset dementia. *Aging & Mental Health*, 1-9. DOI: 10.1080/13607863.2020.1727854.

Prolonged disorders of consciousness

This study investigated the practice of specialist teams involved in determining emergence from prolonged disorders of consciousness (PDOC). It suggests that the Royal College of Physicians' (RCP) (2013) criteria for determining PDOC requires updating.

A questionnaire was devised and sent to 15 post-acute rehabilitation units across the UK where patients in PDOC were regularly admitted. Data from 75 members of the multidisciplinary team was analysed descriptively, and open responses were analysed thematically.

The findings suggest that current clinical practice, such as using recommended formal assessments, involving the multidisciplinary team and family in diagnosis of emergence from PDOC, aligns with RCP (2013) guidance. However, respondents also indicated divergence from the guidance. Survey results suggested low confidence in the usefulness of recommended formal assessments in PDOC diagnosis. Respondents reported finding informal approaches and personalised stimuli more useful. Almost one third used additional information, such as observations of interactions with familiar people, to judge whether an individual had emerged from PDOC.

Despite the recent update to the RCP guidance, the authors comment: "There is a need for further guidance for clinical teams in how to deal with this uncertain diagnosis, as different approaches are currently applied."

Sophie Borrett, highly specialist SLT, Portsmouth Hospitals NHS Trust

Reference

Pundole, A., Varley, R. & Beeke, S. (2020) Assessing emergence from a prolonged disorder of consciousness: Current opinion and practice in the UK. *Neuropsychological Rehabilitation*. doi.org/10.1080/09602011.2020.1758160

Aphasia awareness

In this narrative review the authors examine the literature on aphasia awareness and related campaigns, and propose a research agenda to instigate change.

The authors highlight international low levels of basic knowledge and awareness of aphasia, with minimal improvement over time despite campaigns and initiatives. The article suggests benefits to improved public awareness, such as reduced stigma, recognising the impact on people's lives, and promoting participation. The authors identify potential problems with past aphasia awareness campaigns and initiatives.

They propose a comprehensive research agenda to address aphasia awareness, with key features such as:

- Involving key stakeholders as co-designers at all levels of development
- Basing campaigns on evidence of what is needed, according to key stakeholders
- Adopting unified messages and shared understanding across international campaigns
- Recruiting those from disciplines that have expertise in marketing, health promotion and public communication
- Tailoring the campaigns to an appropriate target audience
- Evaluating the effectiveness of campaigns, and revising approaches and strategies as needed.

They conclude: "It is time for more effective, targeted and collaborative aphasia awareness campaigns, or we risk the same disappointing aphasia awareness survey results over the next decade."

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

Philippa Clay, specialist SLT, Gloucestershire Royal Hospital

Reference

Simmons-Mackie, N., Worrall, L., Shiggins, C., Isaksen, J., McMenamin, R., Rose, T., Guo, Y. E. and Wallace, S. J. (2020) Beyond statistics: a research agenda in aphasia awareness. *Aphasiology*, 34 (4), 458-471.

SHUTTERSTOCK

Kathryn Moyse

Katie Chadd

Kathryn Moyse and Katie Chadd report on the dataset from the first wave of the COVID-19 data collection tool

COVID-19 data collection: early insights

Data has played a critical role throughout the course of the COVID-19 pandemic, from monitoring the prevalence and outcomes of the disease at a national level, to informing and evaluating new ways of working locally. In addition to responding to various challenges in the early phase of the pandemic (RCSLT 2020; Moyse 2020), SLTs working with patients with COVID-19 also identified a priority area: collecting data about the presentation, management and outcomes for these individuals.

It was identified that a consistent approach to routinely collecting data would be critical in enabling the profession to monitor and evaluate provision of care and the outcomes for this new patient group, and would enable services to share learning about the impact of interventions and models of service delivery. Alongside this, collecting data in a consistent way would help to build a body of evidence about the impact and contribution of speech and language therapy in the management of individuals with COVID-19 to share with key stakeholders, including other members of the multidisciplinary team.

Developing the dataset

A data sub-group of the COVID-19 advisory board was established to develop a dataset to capture information about the presentation, management and outcomes of individuals with confirmed or suspected COVID-19.

The data collection template (see **bit.ly/2GiquMw**) was developed by the working group through rounds of testing and refinement, and the final version was released in May 2020. The template enables a number of key data fields to be captured, including essential patient demographics, diagnoses, interventions provided and outcome measures.

Services involved in the project can, subject to approval by their organisation, submit the data they have collected to the RCSLT. This involves uploading the populated template to the COVID-19 data collection tool. This tool collates and analyses the data provided by speech and language therapy services across the UK, and generates reports summarising the data that they have submitted. Find out more about the COVID-19 data collection tool at **bit.ly/2HSfl6v**.

Preliminary results

At the time of writing, five speech and language therapy services have provided anonymised data on 271 patients with confirmed or suspected COVID-19. These individuals were referred to speech and language therapy between 26 January 2020 and 14 August 2020, and have received care across a range of locations, including intensive care units, acute wards, outpatient settings and care homes. We expect further data to be submitted for this 'first wave' in due course.

The COVID-19 SLT dataset from the first wave reveals the following patient characteristics:

- 64% of patients were male, 36% were female
- 79% were aged 60 years and over
- 78% of patients had a confirmed diagnosis of COVID-19
- 28% were orally intubated and 21% had a tracheostomy.

These individuals presented with a range of speech, language, communication and swallowing needs (table 1), but the vast majority of patients presented with dysphagia (74%).

Table 1: A summary of the speech, language, communication and swallowing needs recorded for the 271 individuals with confirmed or suspected COVID-19

Speech and language therapy diagnosis	Number of patients	Percentage of patients
Dysphagia	200	74%
Dysphonia	40	15%
Post-extubation dysphagia	27	10%
Dysarthria	12	4%
Cognitive communication disorder	7	3%
Aphasia	6	2%
Not specified	38	14%

(NB more than one diagnosis could be recorded, therefore the percentages do not total 100)

Research and Outcomes Forum

ILLUSTRATION BY **Madeleine Allcock**

"...we are now better equipped to demonstrate the positive impact of speech and language therapy"

Table 2: Outcomes for individuals with dysphagia in association with a confirmed COVID-19 diagnosis

Care pathway (objective of intervention)	Number of patients	Median impairment start score	Median impairment end score	Median change in impairment
Improvement	26	3.0	4.5	+1.5*
Sustain	16	3.0	3.0	0.0
Managed decline	14	2.0	1.0	0.0
Not specified	25	3.5	4.0	0.0

**A positive or negative change of 0.5 or more on the TOMs is a clinically significant change (Enderby and John 2015)*

Outcomes

Speech and language therapy services submitting data to the COVID-19 SLT dataset had the option of recording outcomes for the individuals that they are working with using different outcome measures, including Therapy Outcome Measures (TOMs) (Enderby and John 2015, 2019). Table 2 shows the outcomes for 81 individuals with a confirmed diagnosis of COVID-19 for whom dysphagia was the only speech and language therapy diagnosis recorded and the TOMs impairment data for dysphagia was reported.

Firstly, the data in table 2 indicates that the objective of intervention for individuals with dysphagia in association with a confirmed COVID-19 diagnosis spans the range of 'improvement', 'maintenance' and 'managed decline'.

Further inspection of the data would be required to identify whether there are any characteristics that determined the care pathway ascribed to individuals. Secondly, the data in table 2 indicates that, for the subset of patients who are expected to make improvement, a strong clinically significant improvement is seen, as indicated by an average change of +1.5 for this group of individuals.

Added value

While being mindful that the COVID-19 SLT dataset is in its infancy, the profession is beginning to accumulate data that provides us with an insight into the profile of individuals with COVID-19 receiving speech and language therapy and the outcomes of intervention. Here we have presented a snapshot of the data that has been submitted to the database, which also includes data about the medical diagnoses, the nature and type of intervention provided, and other outcome measures. Services participating in this project have a wealth of data at their fingertips to help understand this relatively new patient group and evaluate the provision of services. We are aware that services are also utilising this data for purposes such as building a business case for increased staffing.

Alongside the uses of this dataset locally, we are now better equipped to demonstrate the positive impact of speech and language therapy. Backed by data, we can show our valuable contribution to the management of patients with COVID-19 and substantiate the view that speech and language therapists are an integral part of the multidisciplinary team.

Get involved

To take part in the project, sign up and download the data collection template at **cdct.rcslt-root.org**

Alternatively, please contact **ROOT@rcslt.org** if your service:

- would be interested in using the COVID-19 SLT app; and/or,
- is already using the RCSLT Online Outcome Tool (ROOT).

Kathryn Moyse, RCSLT outcomes and informatics manager
Email: kathryn.moyse@rcslt.org
Katie Chadd, RCSLT research and outcomes officer
Email: katie.chadd@rcslt.org

References

Enderby, P., John, A. *User Guide: Therapy Outcome Measures.* Croydon: J & R Press Ltd, 2019.

Enderby P & John A. *Therapy outcome measures for rehabilitation professionals.* Third Edition. Guildford: J&R Press Ltd, 2015.

Moyse K. An ever-changing landscape. RCSLT *Bulletin* 2020; 820: 18-19.

RCSLT. Impact of the COVID-19 pandemic on the speech and language therapy profession. RCSLT website. [Online]. Available from: www.rcslt.org/learning/covid-19/rcslt-guidance#section-7

Out of the past and into the future

In the final instalment of her history series, ***Jois Stansfield*** *reflects on the RCSLT's 75th anniversary themes and on her own professional journey*

Visit www.rcslt.org/75years to download December's illustration by Elly Walton

January was ***firsts***. My speech and language therapy education started in 1969, as the RCSLT reached its silver jubilee. My first job, in 1972, involved visiting six schools and clinics spread across Nottinghamshire every week. Trying to play catch-up where a clinic had been left unstaffed for the previous three years was a bit of a challenge! Sending out triple bookings rapidly cleared that waiting list, although it's not a tactic I would recommend to newly qualified colleagues today. Inevitably, the only time all three families would turn up was for the final appointment of the day.

The February theme was ***love***. It is clear from the many contributions to *Bulletin* and the *International Journal of Language and Communication Disorders* (IJLCD) over the years that most SLTs love their work most of the time, and I have been one of the lucky people who (nearly) always woke up looking forward to the day. An early opportunity came in 1973, when I moved to Canada. Here I was a member of a huge hospital team, and joined a research outreach project with an occupational therapist and a physio, which gave me my first publication: in the August 1974 *Bulletin*. It was a brilliant multi-professional experience.

In March, ***women*** was the theme. Over the past 50 years or so, I have been lucky in having mentorship from some wonderful women: the bosses who tore a strip off in private but always supported in public; the women who encouraged my choices, despite their reservations about the track I was choosing; those who offered a shoulder to cry on when things did not turn out as expected (all careers have their downs as well as ups); and not least those who led from the front by example.

The world of work was April's theme. Since 1945 we have moved from school, hospital and private therapy to a much wider range of working environments. My own world of work has offered opportunites I could not have foreseen at the beginning of my career: sometimes exciting (for instance, when I was accepted onto the MSc course in Human Communication), sometimes scary (such as working in a high-security forensic hospital with a prison officer in one corner and a personal alarm in my hand), and sometimes just plain silly (for instance trying to 'therap' in a swimming pool with a very slippery and active learning-disabled child).

Come May, come ***the spotlight***. I have a great respect for those who are prepared to go in front of the camera and make the case for speech and language therapy in the media. The earliest honorary press officer of the college was instrumental in getting the national press to cover speech and language therapy events in St James' Palace (1969; 1994), while 'Speak Week' in the 1980s gave rise to a huge influx of positive SLT-related press stories across the UK. The Giving Voice campaign continues the good work to this day.

June focused on ***service users***, the most important people in our work. The range of people we work with today is vast, from prenatal work with expectant parents to end-of-life joint decision-making with elderly people—quite an extension from the articulation, voice and speech work described in the early days of the profession. Listening to service users can open our eyes—a colleague reported a recent conversation with one young person with autism, who, upon being asked: "are apples good for you?" replied "not if you live with seven dwarfs". Hmmm.

July was probably the most topical theme: ***diversity***. With the renewed global efforts of the Black Lives Matter movement bringing the issue to the forefront, it was uncomfortable to be confronted with just how little diversity is in evidence in the RCSLT's history. The early profession was largely drawn from a small pool of upper-middle class white women, rarely men, and no people of colour. While this has been recognised over many years (certainly from the early 1980s, when the RCSLT had many initiatives to extend diversity), and some progress has been made, it is clear that there is still much work to be done.

Around the world was August's theme. Speech and language therapy emerged in

many different parts of the world over the 20th century. Cultural differences emerged across America, Australasia, Asia, the Middle East, Europe and the (then) USSR, but international colleagues were generous in sharing expertise and experiences. Communication Therapy International (**communicationtherapyinternational.org**) gives valuable guidance to anyone hoping to contribute to speech and language therapy services outside their home countries.

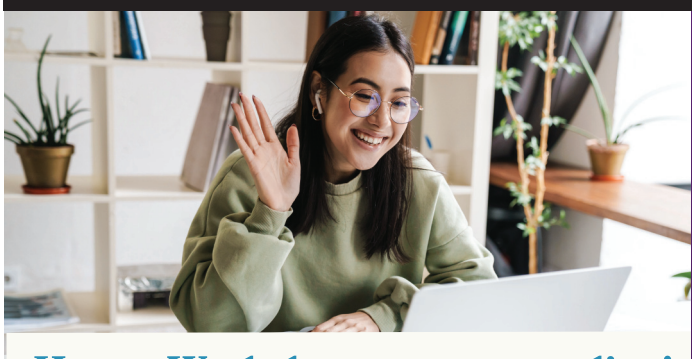
As September brings the start of the academic year, the theme was ***education and training***. Over the years student education has moved from tightly constrained three-year training courses via the first (and at the time contentious) degree course in Newcastle University (established in 1964) to today's Honours and Master's degrees across the four UK nations. Continuing professional development is a requirement of registration and we can also be inventive in how we interpret this: I have learned a great deal, for example, from students over the years; indeed, I listed students as one of my top resources in an article in *Speech and Language Therapy in Practice* in 2006 (**bit.ly/2UaHDen**).

October lists ***inspiration*** as its theme. Early SLTs were inspired to help the communication difficulties they encountered, which in the 1940s and '50s often came in the form of post-war damage and trauma. Sometimes inspiration can come from observing a therapy session (Betty Byers Brown's ability to hold a child's attention to task still amazes me 40 years later), while seeing best practice, whether in research integrity, management or clinical practice, can inspire each of us to achieve the best we possibly can.

Science, research and innovation was November's theme. The increase here has been exponential in the past 75 years, and the range of journals and other publications available through the RCSLT showcases examples from every field of interest. Working in Edinburgh for many years, I was able to see the way in which speech science changed our work, with lab 'kit' moving from analogue machines measuring nasal air escape and formant frequencies, through to electropalatography and ultrasound to observe intra-oral movements, and ultimately the clinical applications of these technologies.

And finally for December 2020, ***the future***. The founders of the RCSLT would have found today's world unrecognisable. But I suspect not one of us in January 2020 could have predicted what we were about to experience this year: the speed and nature of change that engulfed the profession, the country and the world. The resilience, innovation and commitment of SLTs and SLTAs, demonstrated through the pages of *Bulletin*, social media feeds and conversations with colleagues, fills me with optimism for the future of the profession. ■

Jois Stansfield, emeritus professor, Manchester Metropolitan University



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MY WORKING LIFE

Christian Boakye

OCCUPATION: HIGHLY SPECIALIST SLT

"The prison environment can have a distinct impact on communication skills"

I feel fortunate to work with young offenders, aged 15–21, in my role at Feltham Young Offenders Institution.

My aim is to highlight the communication strengths and needs of our young men, helping them to effectively engage in the criminal justice system and beyond. This involves increasing understanding of their own communicative ability and awareness of areas they may need support with, so that they're able to employ effective strategies and advocate for themselves.

An important factor to successful participation is how well those around the young person can support any communication needs. This involves sharing recommendations from assessments, supporting the creation of accessible information and offering training. It ensures that staff feel confident in adapting the way they offer information, and young people are then more able to understand information given.

Recently, I supported a young person to co-facilitate training for a group of prison officers. He spoke about his experience of having autism in prison. He explained how difficulty reading body language made him adopt the approach of 'hit first and ask questions later', and how he had been reprimanded on several occasions for unknowingly saying things deemed to be inappropriate.

This training allowed the officers to understand the young person's perspective and enabled a productive conversation about the best ways to offer support.

Many of the young people I work with have had disrupted education or have grown up in environments ill-suited to acquiring age-appropriate language skills. Then there is the impact of neurodevelopmental disorders such as attention deficit hyperactivity disorder or autism spectrum disorder on communication skills. Others may have a speech impairment, mental health difficulties or social communication difficulties. This makes for a busy and varied role.

In fact, the prison environment can have a distinct impact on communication skills. Let's take, for example, the young man who, following multiple assaults, presents as hypervigilant. He constantly scans his surroundings for threat and is unable to fully concentrate on conversation or information given. As a result, he misses out on vital information and feels his interactions are not as meaningful.

Similarly, the impact of adverse childhood experiences can lead to attachment difficulties that may affect how a young person interacts with adults or people in authority. For example, a young person may present as rude, uncooperative or even overfamiliar. I enjoy working with the multidisciplinary team to understand each young person's individual journey and how this may affect their communication.

A recent highlight of mine was supporting a young person through his parole hearing. I made the parole board aware of strategies to support his communication needs and worked with the young person on his overall communication, including pace of speech, volume and non-verbal communication. After his parole hearing, his probation worker reported that he had clearly taken tips from his therapy on board and had given a good account of himself. This great news was made even better by the board granting him parole.

Make no mistake, prison can be a challenging environment to work in, but these moments make the job so worthwhile.

It is difficult to ignore that Black, Asian and minority ethnic young people make up about 80% of our prison population at Feltham. As a Black man, I am passionate about doing what I can to help. I often work with young people of a similar cultural background to mine and I'd like to think this helps to engage them with the service. But also, if seeing a young professional Black man could inspire hope and determination in just one young person, then it is all very worthwhile for me.

While others may view prison as a hopeless place, my view is quite the opposite—there is so much potential to be harnessed in these young men. I count myself lucky to be part of their journey. ■

Christian Boakye, highly specialist SLT
Email: Christian.boakye@nhs.net
@SLTChristian

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Various dates

Elklan Supporting Children and Adults using AAC

25 January; 1, 8 and 22 February; and 8 March 2021. Via web access, 7-8pm each day. Suitable for SLT assistants, SLTs and educationalists. Practical strategies and activities will be taught to give learners a thorough grounding in AAC. Delivered over 5 webinars with personal study between. Cost: £380 excluding VAT; tel: 01208 841450; email: henrietta@elklan.co.uk; visit: www.elklan.co.uk

Various dates

Elklan Supporting Children and Adults Using AAC

8, 15 and 22 January 2021, via web access. 10am-12.30pm each day. Equipping SLTs to provide accredited training to staff supporting users of AAC. Covers effective use of high and low tech communication aids. The webinars will cover: questions concerning the content of the relevant e-learning sessions, practicing marking, the accreditation procedure, administration & website. Cost: £235 excluding VAT; tel: 01208 841450; email: henrietta@elklan.co.uk; visit: www.elklan.co.uk

Various dates

Michael Palin Centre for Stammering Training

Book your place now to build your knowledge and confidence in supporting children of all ages who stammer, as well as building transferable skills to other client groups. Cost: £100 per day; visit: michaelpalincentreforstammering.org/tc-events/; email: mpc.admin@nhs.net

Various dates

Talking Mats Online Foundation Course

12 January, 9 February and 9 March. Be more effective in involving individuals in sharing their views and making decisions: register now for Talking Mats Online Training. Advanced Keeping Safe Online Course starting 1st of every month. Email: info@talkingmats.com; visit: www.talkingmats.com; tel: 01786 479511

Various dates

Supporting Developmental Language Disorder

Courses to help SLTs and teachers support students with DLD. Free introduction, classroom strategies for teachers and current evidence base for SLTs. Visit: www.moorhouse.surrey.sch.uk/courses; tel: 07557 440603; email: training@moorhouseschool.co.uk

18-21 January, online

Elklan Total Training Package for 0-3s

2-5pm via web access every day. Equipping SLTs and EY advisors to provide accredited training to early years staff. The webinars will cover: questions concerning the content of the relevant e-learning sessions, practicing marking, the accreditation procedure, administration and website. Cost: £495 excluding VAR; tel: 01208 841450; email: henrietta@elklan.co.uk; visit: www.elklan.co.uk

18-19 January, online

Nuffield Dyspraxia Programme (NDP3): Modules 1-2

Presented by Dr Pam Williams FRCSLT, co-editor of current NDP third edition. Cost: £99-£120; students and returners £50. Visit: coursebeetle.co.uk/nuffield-dyspraxia-online-18-19-jan-2021; email: info@coursebeetle.co.uk

20-22 January, Derby

Supporting 8-14s Who Stammer

Trainer: Kevin Fower. This workshop will increase knowledge and skills in assessing and treating primary school-aged children who stammer. The course will also aim to develop participants' confidence in the management of this age group. This course is appropriate for therapists working with children from 7 to 14 years old. Cost: £300; CPD: 19.5 hours. visit: www.ncore.org.uk; tel: 01332 254679; email: uhdb.ncore@nhs.net

21-22 January, online

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25-28 January, online

Elklan Total Training Package for Vulnerable Young People (VYP)

2-4.30pm via web access every day. Equipping SLTs and teaching advisors to provide accredited training to staff working within youth offending institutions, prisons and vulnerable situations. The webinars will cover: questions concerning the content of the relevant e-learning sessions, practicing marking, the accreditation procedure, administration & website. Cost: £495 excluding VAT; tel: 01208 841450; email: henrietta@elklan.co.uk; visit: www.elklan.co.uk

28-29 January, online

LSVT LOUD Virtual Live Clinician Certification Workshop

Teaches speech-language therapy/pathology professionals, assistants, and students an evidence-based, intensive treatment programme for people with Parkinson's disease with application to other neurological conditions. Cost: £200-£530; visit: coursebeetle.co.uk/lsvt-loud/; email: info@coursebeetle.co.uk

3-4 February, online

Hodson's Cycles Approach

Enhancing and Evaluating Phonological and Metaphonological Skills of Children with Highly Unintelligible Speech. Presented by Lesley C. Magnus PhD, CCC-SLP, S-LP(C) and Raul Prezas PhD, CCC-SLP. Cost: £99-£120; students and returners £50. Visit: coursebeetle.co.uk/hodsons-cycles-approach-online-4-feb-2021/; email: info@coursebeetle.co.uk

8-9 February, online

Nuffield Dyspraxia Programme (NDP3): Modules 3-4

Presented by Dr Pam Williams, FRCSLT co-editor of current NDP third edition. Cost: £99-£120; students and returners £50. Visit: coursebeetle.co.uk/nuffield-dyspraxia-online-8-9-feb-2021/; email: info@coursebeetle.co.uk

8-11 February, online

Elklan Total Training Package for Pupils with SLD

2-4.30pm via web access every day. This course equips SLTs and teaching advisors to provide accredited training to staff working with pupils with SLD in different educational settings. The webinars will cover: questions concerning the content of the relevant e-learning sessions, practicing marking, the accreditation procedure, administration & website. Cost: £495 excluding VAT; tel: 01208 841450; email: henrietta@elklan.co.uk; visit: www.elklan.co.uk

1-4 March, online

Elklan Total Training Package for 3-5s

2-5pm via web access every day. Equips SLTs and EY advisors to provide accredited training to Early Years staff. The webinars will cover: questions concerning the content of the relevant e-learning sessions, practicing marking, the accreditation procedure, administration & website. Cost: £495 excluding VAT; tel: 01208 841450; email: henrietta@elklan.co.uk; visit: www.elklan.co.uk

1-4 March, online

Elklan Total Training Package for 11-16s

2-4.30pm via web access every day. This course equips SLTs and teaching advisors to provide accredited training to staff working with pupils with SLD in different educational settings. The webinars will cover: questions concerning the content of the relevant e-learning sessions, practicing marking, the accreditation procedure, administration & website. Cost: £495 excluding VAT; tel: 01208 841450; email: henrietta@elklan.co.uk; visit: www.elklan.co.uk

3-12 March, online

Selective Mutism Masterclass: Modules 1-4

Presented by Maggie Johnson FRCSLT. Cost: £99-£320; visit: coursebeetle.co.uk/selective-mutism-march-2021-online/; email: info@coursebeetle.co.uk

8 March

Bilingual Children with Speech and Language Difficulties

A day re the current evidence base for identification and management, with clear pointers for practice. Led by Dr Sean Pert of Manchester University. Cost: £99-£120; students and returners £50; visit: coursebeetle.co.uk/bilingualism-mar-2021-online/; email: info@coursebeetle.co.uk

15-18 March, online

Elklan Total Training Package for Verbal Pupils with ASD

2-5pm via web access every day. Equipping SLTs and teaching advisors to provide accredited training to staff supporting verbal pupils with ASD, 3-18 yrs. The webinars will cover: questions concerning the content of the relevant e-learning sessions, practicing marking, the accreditation procedure, administration & website. Cost: £495 excluding VAT; tel: 01208 841450; email: henrietta@elklan.co.uk; visit: www.elklan.co.uk

15-18 March, online

Elklan Total Training Package for 5-11s

2-4.30pm via web access every day. Equips SLTs and teaching advisors to provide accredited evidence informed training to staff working in primary schools. The webinars will cover: questions concerning the content of the relevant e-learning sessions, practicing marking, the accreditation procedure, administration & website. Cost: £495 excluding VAT; tel: 01208 841450; email: henrietta@elklan.co.uk; visit: www.elklan.co.uk

16-18 March, Derby

Working with 15-18s Who Stammer

Trainer: Jane Harley. This workshop will increase participants' understanding of the issues involved in working with secondary school students who stammer, their confidence in assessing overt and covert aspects of stammering, and their skills in integrating speech management, communication skills and psychological approaches such as CBT. Cost: £300; CPD: 19.5 hours; visit: www.ncore.org.uk; tel: 01332 254679; email: uhdb.ncore@nhs.net

22 February, online

Speech assessment and therapy

Presented by Dr Sean Pert of Manchester University. Cost: £99-£120; students and returners £50. Visit: coursebeetle.co.uk/speech-assessment-feb-2021-online/; email: info@coursebeetle.co.uk

22-23 March, Derby

Palin Parent Child Interaction

Trainer: Sarah Caughter. This workshop will increase your knowledge and skills in assessing and identifying children who are at risk of more persistent problems, as well as in the treatment of early stammering. The course will cover the assessment and management of this age group and is potentially applicable for children up to 7 years of age. Cost: £100; CPD: 13 hours; visit: www.ncore.org.uk; tel: 01332 254679; email: uhdb.ncore@nhs.net

25-26 March, online

Core Vocabulary Therapy for Inconsistent Phonological Disorder

Presented by Dr Jan Broomfield. Cost: £99-£120; students & returners £50. Visit: coursebeetle.co.uk/core-vocabulary-march-2021-online/; email: info@coursebeetle.co.uk

31 March

Speech Transcription Refresher

Maintain skills of live speech transcribing using the International Phonetic Alphabet (IPA) and Extended IPA which are core to accurate assessment and diagnosis. Led by Dr Sean Pert of Manchester University. Cost: £60-75; students and returners £40. Visit: coursebeetle.co.uk/speech-transcription/; email: info@coursebeetle.co.uk

7-8 June, RCSLT, London

Elklan Total Training Package for 5-11s

Equips SLTs and teaching advisors to provide accredited, evidence-informed training to staff working in primary schools. Cost: £495 excluding VAT; tel: 01208 841450; email: henrietta@elklan.co.uk; visit: www.elklan.co.uk

7-8 June, RCSLT, London

Elklan Total Training Package for 11-16s

Equipping SLTs and teaching advisors to provide accredited training to staff in secondary schools. Strategies will help students maximise their communication. Cost: £495 excluding VAT; tel: 01208 841450; email: henrietta@elklan.co.uk; visit: www.elklan.co.uk

9-10 June, RCSLT, London

Elklan Total Training Package for 0-25s with Complex Needs

This course equips SLTs to provide accredited training to staff who manage pupils with complex learning needs. It covers pre-intentional to early intentional communication. Cost: £495 excluding VAT; tel: 01208 841450; email: henrietta@elklan.co.uk; visit: www.elklan.co.uk

9-10 June, RCSLT, London

Elklan Total Training Package for 3-5s, with optional TTP for 0-3s

9-10 June 2021 (3-5s), and 11 June 2021 (0-3s). Equipping SLTs and EY advisors to provide accredited training to Early Years staff. These will be delivered as face-to-face training unless circumstances change. Cost: £495 for 3-5s, £250 for 0-3s, £745 for both. All prices are excluding VAT. Tel: 01208 841450; email: henrietta@elklan.co.uk; visit: www.elklan.co.uk

11 June, RCSLT, London

Elklan Let's Talk with Under 5s Training Pack

SLTAs and EY practitioners will be equipped to provide accredited training to parents of pre-schoolers. Relevant Elklan Level 3 qualification essential. Cost: £235 excluding VAT; tel: 01208 841450; email: henrietta@elklan.co.uk; visit: www.elklan.co.uk

11 June, RCSLT, London

Elklan Let's Talk Together Training Pack

Practitioners will be equipped to provide accredited training to parents of pupils with social communication need including ASD. Relevant Elklan Level 3 qualification essential. Cost: £235 excluding VAT; tel: 01208 841450; email: henrietta@elklan.co.uk; visit: www.elklan.co.uk

11 June, RCSLT, London

Elklan Let's Talk with 5-11s Training Pack

Educationalists will be equipped to provide accredited training to parents of 5-11s. Relevant Elklan Level 3 qualification essential. Cost: £235 excluding VAT; tel: 01208 841450; email: henrietta@elklan.co.uk; visit: www.elklan.co.uk

28-29 September, Glasgow

SOFFI Method: Supporting Oral Feeding in Fragile Infants

Therapy Links UK is proud to host this event in Glasgow. This course is relevant for doctors, nurses and therapists working with preterm and medically complex infants in the NICU/SCBU and community settings and covers assessment and intervention strategies. Cost: £485 (discounted rate available of £435 for the first 15 delegates that book via Therapy Links UK website); visit: www.therapy-links.co.uk/training

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Are your patients drinking enough?

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- Is a gum-based thickener
- Doesn't alter the natural appearance, taste or texture of drinks[3]
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Helping patients to stay hydrated

HYDRATION ANGELS

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Visit dysphagia.org.uk

Alternatively, call Fresenius Kabi on 01928 533 516 or email scientific.affairsUK@fresenius-kabi.com

References 1. Emma Derbyshire. The Essential Guide to Hydration. Available from: https://www.naturalhydrationcouncil.org.uk/wp-content/uploads/2012/11/NHC-Essential-Guide-Hydration-FINAL.pdf Accessed 29th January 2018 **2.** http://iddsi.org/ Date accessed: November 2017 **3.** Fresenius Kabi data on file - Thick & Easy Clear - Acceptability Study Report Sept 2014. **Date of preparation**: September 2020. **Job code**: EN01831b.
Thick & Easy is a trademark of Hormel Health Labs. Fresenius Kabi is an authorised user.

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