

Bulletin

RCSLT

The official magazine of the Royal College of Speech and Language Therapists



THE 'N' MIX MODEL

COVID-19 and the
changing face of
student placements

ISSUE 826

SPRING 2021

RCSLT.ORG

Anti-racism in speech and language therapy | Outcomes data: evaluating the pandemic
Critically appraised topics explained | **Good leadership and CPD** | Implementing innovation
Selective mutism | Wellbeing in the workplace | **Word learning in the early years**

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Date of preparation: February 2021

References:
1. Data on file, 2020
2. BNFC – Last updated: 29 October 2020
3. PAR Glycopyrronium bromide 1mg/5ml Oral solution

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VICTORIA BRIGGS

Changing world



Welcome to the first edition of *Bulletin* in its expanded quarterly format. We've given the magazine a pretty substantial makeover since you saw it last. With a fresh new look, a revitalised structure, and a broader range of content than before, our aim is to deliver a stronger mix of features, voices and viewpoints that offers something for everyone.

This issue, we take a look at the changing world of student placements (p22). Given the restrictions imposed by the pandemic, the need to build placement capacity for student SLTs is something that every member of the profession can get behind. We've launched a campaign to raise awareness of the need to increase placement capacity too, and hope that many of you will get involved.

We're also delighted to have Dr Muna Abdi join us this issue in the first of a new interview series for the magazine (p30). As well as talking to Dr Abdi about anti-racism, we profile the RCSLT's upcoming anti-racism event in May, and introduce you to the members who'll be leading May's profession-wide journey of listening and learning.

While outward appearances may have changed, *Bulletin* remains the same at



**We've launched
a campaign to
increase placement
capacity**

heart. It's a magazine by members and for members, and much will be familiar about this issue. *Bulletin* regulars such as My Working Life, In the Journals, and the Research and Outcomes Forum are all here – albeit with a nip and tuck. We've introduced lots of new content too, largely as a result of our member consultation last year. If you took part in our survey or focus groups then you might just spot some of your feedback and ideas come to life within these pages.

One of those new sections is Service User Voices. Sharing his story this issue is children's author and poet Michael Rosen, a man with 140 books to his name and a former Children's Laureate. We're grateful to Michael for writing an exclusive piece for us about being helped to recover his voice following intubation, and wish him well for his continued good health.

If you know a service user who would like to share their story, or you have your own contribution you'd like to make to the magazine then do please check out our updated writing guidelines at bit.ly/WriteForBulletin.

We'll be back with you in July. If you've got any comments to share about the new-look magazine or have ideas for future content, then please do get in touch. We'd love to hear from you

Victoria Briggs

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📧 [@rcslt_bulletin](https://twitter.com/rcslt_bulletin)

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SHARE YOUR THOUGHTS ON OUR SOCIAL MEDIA PLATFORMS @RCSLT_BULLETIN



Send your letters, notices and talking points to bulletin@rcslt.org or tweet @rcslt_bulletin

LETTER

Scottish magic

In the West of Scotland is a little group of SLTs who work with adults with acquired brain injuries. Before the pandemic, this group would meet a few times a year to chat about their experiences and share a journal, resource, or supportive word. But when their bigger family, the Scottish Brain Injury CEN, was not able to meet for some time, they wanted to do something that brought everyone together. Webinars and teleconferencing were considered, but they finally settled on the mysterious magic of... podcasting.

The first episode was broadcast in December 2020. Since then, Jan and Helen, the intrepid SLTs, have planned episodes

covering all topics to do with people with brain injuries. Their podcast is a safe place for anyone who takes part to share their ideas and their journey. So, you are invited to join this little bit of Scottish magic by listening in, coming for a chat, or sharing the podcast with your fellow SLTs.

Episodes can be listened to on Spotify, Anchor, Google Podcasts, Breaker, RadioPublic and PocketCasts.

HELEN MACLEAN and **JAN MCINTOSH-BROWN**

✉ thebstpodcast@gmail.com

🐦 @BrainySLT

📍 @brainyspeechtherapists

LETTER

Striking a chord

I have been a member of the RCSLT since 1972, but have never been moved to write to *Bulletin* before now. However, the opinion from Ann Wilson (*Bulletin*, November 2020) about the difficulties in accessing appropriate education and sufficient therapy for children with verbal dyspraxia struck a painful chord with me. I am consistently appalled at the ignorance on this subject and, despite my best endeavours, have had no satisfactory result for any of my verbally dyspraxic clients. We should be well on the road to providing for these children's needs: this is not a new issue.

JULIA BLAKE, independent SLT
✉ juliablakeslt@hotmail.co.uk

LETTER

FREE BRISBANE APHASIA TEST

I'm excited to let you know about the recent publication of the psychometrics of the Brisbane Evidence-Based Language Test (EBLT) – a free aphasia assessment available for download from brisbanetest.org. Its aim is to provide a useful new speech and language therapy resource for aphasia care.

The EBLT has been psychometrically evaluated in three statistically-powered, EQUATOR-compliant studies (Rohde et al, 2020) examining the test's validity (diagnostic accuracy) and reliability (intra-rater, inter-rater). It's available in five adjustable versions – all psychometrically validated – allowing you to pick and choose the version that best meets your needs.

If you'd like to find out more or if you have an EBLT research idea you would like to collaborate on, please don't hesitate to get in touch.

ALEXIA ROHDE, PhD, senior lecturer, Southern Cross University, Brisbane, Australia
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Spotlight on Hubs

The RCSLT has a wide range of professional networks available to support members, from Clinical Excellence Networks (CENs) to research champions, leadership mentors and clinical advisers. But if you're looking to connect with peers in your region, consider getting involved in your local RCSLT Hub.

What is a Hub?

Hubs are geographic networks of SLTs that support members by providing continuing professional development (CPD) opportunities. They also help to foster a regional identity and allow the flow of information to and from local CENs and the RCSLT.

Hubs meet on a regular basis to champion local work, disseminate



national work and priorities, and share best practice on a range of topics.

The UK is split into 14 RCSLT Hubs (see graphic): 10 in England, one in each of the nations, and one for the Channel Islands and Isle of Man.

Every RCSLT member, from students through to retired members, can join a Hub.

- 🔗 To find out more, visit bit.ly/RCSLTHubs
- ✉️ kaleigh.maietta@rslt.org

LETTER

Dual conflict

I am writing in response to the letter from Sonia Smith in January's *Bulletin* about the dual roles of professional and parent. I experienced this many years ago when my mother had motor neurone disease (MND), and would concur with Sonia's situation.

There must be many other SLTs who are torn in dual roles. I found it difficult to cope as I knew exactly how this dreadful disease was going to pan out, well before my Mum and others in the family did.

Shortly after she died I spoke to over 200 professionals at an MND conference about my experience, as I felt so strongly about bringing about an

understanding of managing this dreadful disease. I also wrote an article for *Bulletin*, for which I received many letters of support (in the days before emails!) from members who'd had similar experiences, and others who worked with MND patients who said I had helped them change their practice.

I think this conflict is not new and there could be some benefit to bringing the subject up again so this can be shared with others and support provided.

I would be happy to help in any way.

- DR KAYE RADFORD**, retired SLT
- ✉️ kaye.radford@icloud.com

THINKING GREEN

We've heard members' feedback loud and clear: sustainability is important to you. So we're taking steps towards becoming a more environmentally friendly magazine:

- *Bulletin* is now printed on sustainably sourced, wood-free, uncoated paper.
- All trees harvested towards the production of *Bulletin* are either replaced or allowed to regenerate naturally.
- We've swapped traditional ink for vegetable-based ink.
- Our printers are working towards being powered by 100% renewably sourced electricity by November 2021.
- *Bulletin* will continue to be shipped plastic-free.
- 🔗 For more information, visit bit.ly/GreenBulletin



It's impossible to overstate how damaging the last year has been for many children

ANNE LONGFIELD OBE in her outgoing speech as children's commissioner for England



WHAT'S NEW ON rslt.org

The **RCSLT LEADERSHIP GUIDANCE** has had a big refresh – it includes useful information for all members, whatever career stage you're at.

🔗 bit.ly/3k2mwXv

If you're considering a remote dysphagia assessment for a service user, but you're not sure if it's safe, check out the **NEW TELEHEALTH DYSPHAGIA DECISION-MAKING TOOL**. It'll help you understand the benefits and risks, and make an informed decision.

🔗 bit.ly/3qxQbKB

The **BRAND-NEW ENTRY-LEVEL DYSPHAGIA COMPETENCIES** for pre-registration SLTs have now been published.

🔗 bit.ly/3aBdMF3

NEW GUIDANCE ON SLT APPRENTICESHIPS has been published, for universities and employers who may be interested in taking on an SLT apprentice in the future.

🔗 bit.ly/3av33LX

The **RCSLT'S CURRICULUM GUIDANCE** has been updated to include information about apprenticeships and dysphagia competencies.

🔗 bit.ly/3oyxZp4

Revised guidance for **PRE-REGISTRATION PRACTICE-BASED LEARNING** has been published, replacing the guidance published in September 2020.

🔗 bit.ly/3kozk4

RCSLT members now have access to the **SAGE RESEARCH METHODS ONLINE RESOURCE**, which includes video tutorials, planners and tools to guide you through your speech and language therapy research journey.

🔗 bit.ly/RCSLTsage

Need to

Communication Access UK

Since the launch of the Communication Access Symbol and accompanying training in November 2020, the project has gone from strength to strength.

To date, 1,100 individuals and 592 organisations have registered for the training. Prominent organisations include London and Country Mortgages, the UK's biggest mortgage broker, and the Skipton Building Society (pictured), which has rolled the training out to all of its 89 branches across England.



Work is underway to develop the next phase of Communication Access UK, so be sure to keep an eye on communication-access.co.uk

COVID-19: Guidance, resources and FAQs

The COVID-19 hub on the RCSLT website is home to all of our most up-to-date coronavirus-related information. You can access frequently asked questions from RCSLT members, guidance on a range of COVID-related topics, our series of COVID-19 webinars, and more.

Some notable recent additions to the hub include:

- Updates to the RCSLT guidance on reducing the risk of transmission and use of personal protective equipment, reflecting new and emerging evidence around airborne transmission of the virus and new variants.

🔗 bit.ly/3uaYLIL

- Information for members who need documentation to establish their key worker status, in order to prove their eligibility for the vaccine.

🔗 bit.ly/3axJZwK

- An updated position statement from the RCSLT, based on work by the International Ultrasound Group, regarding the use of ultrasound for swallowing and upper airway assessment.

🔗 bit.ly/2N8Fgod

- A new section featuring a range of case studies from members working through the pandemic in a variety of settings.

🔗 bit.ly/3kodMkR

🔗 Visit the hub at rslt.org/covid-19

know



REGULARS
NEED TO KNOW

1,100

individuals and **592 organisations** have registered for the **Communication Access Symbol training**

In the media

A *BBC News* article published in February highlighted the vital role of speech and language therapy during the COVID-19 pandemic.

The article shared the story of service user Robert Crowther (pictured), and the part speech and language therapy played in his recovery from coronavirus.

Robert's time in intensive care left him with speaking and swallowing difficulties, and he praised the work of SLTs, who have been working tirelessly to help him, and thousands like him, recover.

RCSLT CEO Kamini Gadhok and member Dr Camilla Dawson, clinical adviser in critical care, also featured in

the article, helping to spread awareness of the amazing work of SLTs in critical care settings.

The article was widely shared across social media, reaching more than 180,000 people on Twitter alone.

🔗 Read the article at bbc.in/2Zvs8QF



The AGP Alliance

As part of the Aerosol Generating Procedure (AGP) Alliance, the RCSLT, the British Dietetic Association and others have joined forces to call for access to better personal protective equipment (PPE) for healthcare workers in cases of suspected or confirmed COVID-19 patients.

This has involved profile-raising work, as well as bringing together a range of organisations (including the Royal College of Nursing, Fresh Air UK and the Allied Health Professions Federation) to pen a letter to MPs asking them to press the Government to provide better PPE. Read more at bit.ly/3kPxOic

NEWS IN BRIEF

New head of RCSLT Wales

The RCSLT is delighted to announce that Pippa Cotterill has been appointed as the new head of the RCSLT Wales office. Pippa is the professional lead for education at Aneurin Bevan University Health Board in south-east Wales, and she will continue in that role while working with the RCSLT part-time.

✉️ You can contact Pippa at philippa.cotterill@rcslt.org

Domestic Abuse Bill

Over the past few months, the RCSLT has been working with members of the House of Lords to influence the Domestic Abuse

Bill to ensure it offers better protection for people with communication needs who have experienced domestic abuse, and their children. If you work or have worked with people who have experienced domestic abuse, their children, or the perpetrators of abuse, please get in touch as we are keen to hear about your experiences.

✉️ Email padraigin.oflynn@rcslt.org

CPLOL renamed

CPLOL (the Standing Liaison Committee of EU Speech and Language Therapists and Logopedists), the European speech and language therapy network of which the RCSLT is a part, has been renamed as ESLA – the European Speech and Language Association. The new name was used for the European Speech and Language Therapy

Day in March, which celebrated the theme of telepractice and digital technologies with activities across the continent.

There is an action group of RCSLT members involved with ESLA – email info@rcslt.org if you'd like join.

🔗 For more information, visit eslaeurope.eu

Minor grants

The RCSLT minor grants programme awards grants of up to £500 to applicants seeking to enhance their own CPD and benefit the profession. Grants can be used towards training, online courses, conferences, research or specialised books or equipment. The next minor grants deadline is coming up on 16 June, so why not apply?

🔗 For more information, visit bit.ly/RCSLTminorgrants

DIVERSITY AND CAREERS PROMOTION

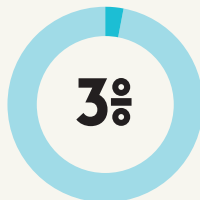
Why are there so few male SLTs?

The RCSLT's gender diversity working group recently ran a survey of male SLTs to better understand how the profession appeals to men, with the aim of developing a more nuanced approach to improving the gender diversity of the profession.

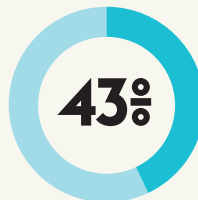
The survey yielded some interesting insights – the majority of male SLTs start studying for their degree as mature students, and for them finding out about the profession was overwhelmingly a result of personal experience.

Respondents also indicated that significant barriers to entry existed around a lack of role models, a perceived 'feminine professional culture' and a perceived lack of pay and status.

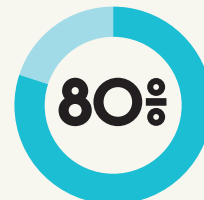
🔗 View a summary of the survey results at bit.ly/3lbotif



of the speech and language therapy workforce is male



of male SLTs **discovered the profession through a family member or other person in their life**



of male SLTs **started studying for their degree age 21 or over**

SLTs with disabilities

The RCSLT has established a new working group to address the needs of SLTs with disabilities, and we're delighted that so many members were able to join the first group meeting.

The group has helped to author new virtual events guidance (used for the first time at RCSLT Student Day in December) and is developing tips to help speech and language

therapy managers make reasonable adjustments for SLTs with disabilities.

Careers profiles

The careers promotion working group has been developing a set of diverse member career profiles to promote the profession on social media. Plans are also underway to look at the promotion of the profession to mature students and career changers – a vital cohort to target, given that 65% of student SLTs are over

21 when they begin their degree.

We're looking for more members to join working groups or to offer their careers story for use in promotional materials, especially those from under-represented groups in the profession. You don't need any special expertise to join a working group, and student SLTs are also welcome.

🔗 To get involved, email padraigin.oflynn@rcslt.org

Anti-racism in speech and language therapy

A profession-wide online event with content led by Black, Asian and ethnic minority SLTs will be held on 21 and 26 May. The event aims to support cultural change within the profession, and there is an associated programme of learning available for all members in the lead-up to the days.

🔗 For more information on the event, and an interview with Dr Muna Abdi, see page 30.

UP
COMING

APRIL

11 World Parkinson's Day
16 World Voice Day

MAY

Stroke Awareness Month
4-9 Deaf Awareness Week
10-16 Mental Health Awareness Week

JUNE

7-13 Carers Week
21-27 Learning Disability Awareness Week
21 Motor Neurone Disease Awareness Day

Mental health reform

The long-awaited white paper on Reform of the Mental Health Act for England and Wales has been published by the UK Government. The consultation on the paper closes on 21 April and the RCSLT will be making a detailed response.

RCSLT awards open soon

Nominations will soon open for the annual RCSLT Honours Ceremony and Giving Voice Awards, which acknowledge the achievements of those who have demonstrated an outstanding contribution to speech and language therapy.

Upcoming projects to look out for● **Children's mental health**

e-learning: a new e-learning course is being developed, covering support for children who have both speech, language and communication needs and mental health needs.

● **Entry-level dysphagia**

competencies: look out for good practice examples, which we will be publishing throughout the spring, while we are discussing implementation with higher education institutions.

● **Updated deafness guidance:**

look out for the RCSLT guidance on deafness, which has recently been updated and will be published soon.

🔗 Visit bit.ly/RCSLT-projects for a list of current RCSLT projects you can get involved in.

The HCPC CPD audit: summer 2021

The Health and Care Professions Council (HCPC) will begin its next audit of SLTs on 1 July. If you are selected for audit you will be notified at the beginning of July and will have until 30 September to submit your profile and evidence of your continuing professional development (CPD) activities.

Here are some tips on how to prepare:

● **Impact of COVID-19:** the HCPC is aware that the content of your CPD activities is likely to be impacted by the pandemic; see their advice for recording CPD during this time at bit.ly/3pLwm22

● **Ensure your CPD record is up to date:** reflect on the CPD you've done since October 2019. Have you recorded everything? If audited, could you demonstrate how it has improved your practice as well as benefited your service users?

● **Update your contact details:** ensure the HCPC has your correct contact details – tell them as soon as possible if you change your address, email or phone number.

📧 The RCSLT is here to support members through the audit process. If you have any queries, email info@rcslt.org

RCSLT CONFERENCE 2021

Breaking barriers and building better

The RCSLT events team is busy preparing for the 2021 conference – an entirely virtual event taking place between 5-7 October.

The theme of 'Breaking barriers and building better' is an apt one for 2021 – over the past year we've seen members adapt their practice in unprecedented ways, from the rapid take-up of telehealth to widespread workforce redeployment. The conference itself will consist of live events over the three days, and delegates will also have access to a range of presentations, posters and learning opportunities in the weeks leading up to the event.

The conference content will focus on a range of topics, including:

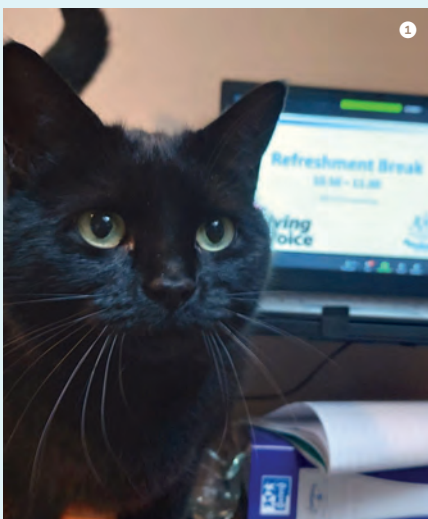
- innovating to continue meeting the challenges of COVID-19
 - diversity within the profession
 - resilience, health and wellbeing
 - improving and expanding the quality of clinical practice
 - development and innovation of the workforce, including student placements
 - co-production of services and research
 - leadership across the profession
- Abstracts are still being accepted in the categories of research, service evaluation/audit and 'brag and steal', so get in touch if you'd like to submit a project.

🔗 For more information, visit bit.ly/38fANf3

Want your photo to be featured in the next issue of *Bulletin*? Post your pic on Twitter tagging @rcslt_bulletin or using the hashtag #GetMeInBulletin and we'll publish a selection of the best

Got something to tweet about?

Whether redeployed to the frontline, assisting with the vaccine rollout, or delivering care remotely, our latest photo round-up shows members reflecting the reality of life against the backdrop of the pandemic

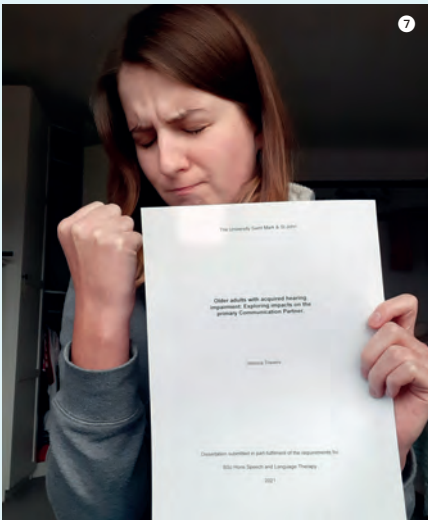




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11

1 Rescue cat Heidi joined student SLT Zoe Temple for a few hours of CPD on RCSLT Student Day last December. We hope having a cat around for company counted towards Zoe's com*pet*encies @ZoeT_SLT

2 Taslima Begum Ali proves that there is nothing a student SLT can't do as she continues to provide excellent service throughout the pandemic @taslimaSLT

3 NQP James Smithson completed his first full day working on the COVID-19 wards at Norfolk and Norwich University Hospital. Thank you for your incredible work, James! @SLTSmithson

4 The speech and language therapy team at Barts Health NHS Trust in London were collectively awarded the 'Barts Health allied health professional of the year' award in recognition of their excellent service and contributions during the COVID-19 pandemic @FreyaSparksSLT

5 Teamwork makes the dream work! SLT Ilyeh Nahdi (right) and occupational therapist Sarah Isles (left) form just one of the therapy teams leading on the national mass COVID-19 testing programme for schools and educational settings @IlyehNahdiSLT

6 This incredibly good boy is Oscar, and his little smile has been a ray of sunshine for SLT dog-mum Caitlin Addison after her first week of redeployment @CaitlinAddisSLT

7 Congratulations to all the student SLTs who submitted their dissertations this year. Jess is feeling particularly proud of herself – as she should be! @travers_jess

8 Young Yahya swaps his teddy bear for January's issue of *Bulletin*. An excellent decision, Yahya! @NabeelaSLT

9 Not even a pandemic could stop Emily celebrating her graduation in style @EmilyParham

10 Alba the cat doesn't worry about teletherapy sessions – she's a professional @KatieLevySLT

11 With only a few short months to go until qualifying, SLT Caitlin Addis received her RCSLT membership card. Welcome to the club, Caitlin! @Caitlin_SLT

♥ 2750 likes



RCSLT CONFERENCE 2021

Breaking barriers and building better

5-7 October 2021

The 2021 RCSLT Conference will be our first ever entirely virtual event, offering the opportunity for speech and language therapy professionals from all specialisms and sectors to come together for three days of learning, connecting and recharging.

The conference will feature oral and poster presentations,

parallel and plenary sessions, and keynote speakers, covering a wide range of adult and child specialisms.

Don't miss out on this opportunity to update your knowledge, celebrate the spectacular work of the profession, and re-connect with your professional community.

Call for papers

DEADLINE 17 MAY 2021

With a focus on the theme of 'Breaking barriers and building better', we are seeking abstracts in the following three categories:

- ▲ Research
- ▲ Quality improvement/audit/service evaluation
- ▲ Brag and steal

If you're an SLT in full-time clinical practice, a student SLT, an early career researcher, an SLT team, a clinical research collaborator or working at a university, now is the time to think about sharing the great work you have been involved with.

See the abstract submission guidelines at bit.ly/RCSLTconference2021 for further details.

Themes

▼ **INNOVATION:** through careful evaluation to meet the challenges we face, including COVID-19

▼ **DIVERSITY:** within the profession, the areas in which we practice and the populations we serve

▼ **RESILIENCE:** caring for the health and wellbeing of the profession

▼ **NEW EVIDENCE:** the latest and best in speech and language therapy research

▼ **QUALITY:** improving clinical practice

▼ **WORKFORCE INNOVATION:** from student placements to consulting and everything in between

▼ **CO-PRODUCTION:** putting our service users at the heart of clinical services and research

▼ **COLLABORATION AND INTEGRATION:** working together and adding value through speech therapy

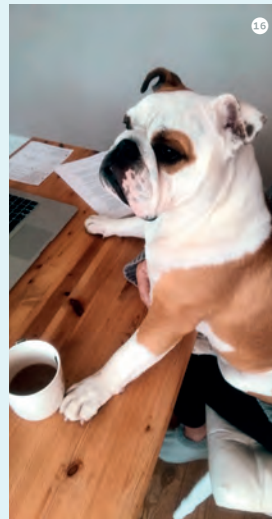
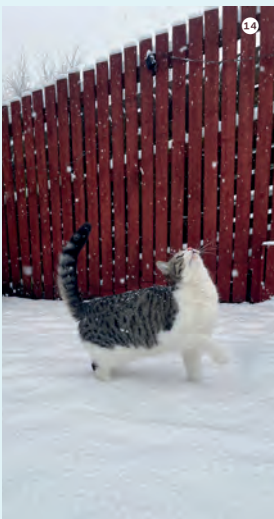
Visit rslt.org to book your place





12 Steph, Zoe, Elise, Caroline and Rachel from speech and language therapy teams around Staffordshire and Stoke-on-Trent, pictured supporting the COVID-19 vaccination programme. Keep up the good work, team!
@MPFTPaedSALT

13 SLT Lisa Kyle has turned her hand to creating quilted cards: one to congratulate colleague Roganie Govender on her recent MBE award (congrats Roganie!), and another to thank Barbara Callender and Carol Griffiths for making personalised scrubs for the head and neck SLTs at University College London Hospital
@lk2o67



14 SLT and cat-mum Fatimah Bint-Hanif introduced coffee to snow. By the looks of things it went very well
@FatimahBH

15 SLT Anna White and her 10-year-old daughter Ellie decided to cheer everyone up during the third lockdown with this incredible cake for Ellie's school
@annahanson8o

16 Poppy the English bulldog helped dog-mum Annabella to develop some in-service training for prolonged disorders of consciousness. Keep up the good work, Pop!
@annabellaSALT

17 Kate Maher gave us serious *Bridgerton* vibes with this handmade embroidery – absolutely stunning
@katemaher16

18 SLT Catherine Williams contributed to an urgent brain tumour surgery, maximising tumour resection and thereby minimising risk to the patient's speech and language function. We are in awe!
@SLTCWilliams



Want your photo to be featured in the next issue of *Bulletin*? Post your pic on Twitter tagging **@rcslt_bulletin** or using the hashtag **#GetMeInBulletin** and we'll publish a selection of the best



Building a more diverse profession needs the leadership of a more diverse board

MARY HERITAGE

A radical new focus

Adopting an inclusive approach to the RCSLT's governance



Growing up with two sisters meant that, almost every day, there would be a whine of 'It's not fair'. 'Life's not fair!' was the usual reply. But I always thought: 'Shouldn't we at least try to make it fair?'

Life doesn't appear to be getting any fairer though. The pandemic has served to show up more and more injustices and inequalities: in the spread of the virus, the impact of the disease and the uptake of vaccination.

These are complex challenges. The more complex the issue, the greater the need for different approaches. In multidisciplinary teams, we speak up for SLTs to be included because of the different perspectives we bring that benefit clinical care. When it comes to addressing the issues around the diversification of the profession, we need to adopt the same inclusive approach to the RCSLT's governance.

The RCSLT board is responsible for setting the RCSLT's strategic direction, identifying what is most important to SLTs and service users in the years that lie ahead. If only we could see into the future, especially now that we are aware of how profound and sudden global changes can be. As we revisit our strategic priorities this year, the board needs to consider a myriad of perspectives.

I am committed to a new and radical

focus on equalities. Building a more diverse profession needs the leadership of a more diverse board. The experiences of some members have shown us that barriers exist in the profession. We need to take steps that ensure every member can have influence and that every voice is heard.

Over the coming year you will notice that the board will be making some radical changes to the way we represent and interact with members. I'm committed to being more open and letting you know how you can contribute:

- We will be making space for more members to find a place.
- We will offer you more ways to influence the future direction of the profession.
- We will make it easier and more appealing to play a part.

I have also pledged to take some personal steps, starting with participating in the anti-racism event in May (see p33). And I am being mentored by members and colleagues who are from different backgrounds to my own.

While life still isn't fair, I've decided I have a small part to play in making improvements where I can. **B**

MARY HERITAGE, RCSLT chair

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📧 [@maryheritage](https://twitter.com/maryheritage)

KAMINI GADHOK

Looking back and moving forward

While the challenges of the past year continue, there are many achievements we can be proud of

When the RCSLT's COVID-19 advisory group first met more than a year ago, the urgency in our voices was clear, even over a crackly conference line.

While we couldn't know the wide-ranging implications of a global pandemic, we did know that members and staff would have to work together, and fast, to understand and respond to the challenges.

Our immediate priority: personal protective equipment to reduce the risk of transmission and protect members and patients. We rapidly set about producing guidance and campaigning for members to be given the protection they needed.

Alongside this, we needed to support members to continue to deliver care safely, including through telehealth. Members worked hard, sometimes into the night, to create guidance and disseminate it through webinars and networks.

While challenges throughout this period have arisen from the extra pressures brought about by the pandemic, with members feeling overwhelmed and exhausted, there have also been opportunities. These have included working with colleagues across the health, business and education sectors to address common concerns, such as the impact of the pandemic on our children and young people. These alliances will stand us in good stead in the months and years ahead.

In the past year, the use of digital

platforms has enabled us to collaborate with members as never before, as well as transforming the pace at which we work. That first crackly teleconference? It's given way to regular video meetings that bring together members from across the UK, and a programme of webinars that draw thousands of viewers. The recognition of the value of the profession in the media has been a highlight.

None of this would have happened without members' involvement. So these achievements are shared across the profession, which has shown incredible resilience and leadership, and which we will continue to celebrate and shine a light on.

While the vaccine rollout gives us hope, many unknowns about COVID-19 remain. Our ability to be flexible, agile and responsive will be crucial as we support the profession by campaigning for safer working conditions, and work to ensure SLTs can deliver care in innovative ways.

Our commitment to supporting members to be actively anti-racist, working to increase diversity in the workforce, and ensuring SLTs are enabled to meet the needs of diverse populations will be a critical part of our work too. **B**

KAMINI GADHOK MBE, RCSLT chief executive officer

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🐦 @KGadhok



These alliances will stand us in good stead in the months and years ahead

Selective mutism (SM) landed on my doorstep recently, turning my family life upside down. As an independent SLT in Northern Ireland, I was busy juggling work with three children aged six, four and two. I was also beginning to notice that my two-year-old was showing signs of something more than just shyness. And I was right – later that year she was diagnosed with SM.

With the start of nursery school looming, I set out on a journey for answers and support. My chatty, playful daughter (now three) turned into a different child around unfamiliar people. She seemed almost afraid of other children, while the ring of the doorbell would send her into a panicked state. Fears began to surface, usually as questions: Mummy, what would happen if the wind blew me away? Mummy, what would happen if you died? Mummy, what would happen if the car drove away? I began to see a little girl with a higher-than-normal level of anxiety, especially when it came to talking to people outside our family.

After contacting our local speech and language therapy department, I was informed that SLTs were not part of the pathway for selective mutism. The pathway here was via GP, paediatrics and



More than just shy

Michelle McCauley shares her experience as the SLT-parent of a child with selective mutism



**MICHELLE
MCCAULEY**
Independent SLT

educational psychology. I know my daughter has an anxiety disorder; I see it daily. Not just in social communication and talking, but also when transitioning to new environments. She is bright, funny and, believe it or not, loud, when relaxed at home – but anxiety rears its head regularly. So, I can understand the role of psychology in the treatment of SM. But SLTs also work with a range of communication difficulties which overlap with anxiety, such as dysfluency, autism spectrum disorder and psychogenic voice disorders, so it seems natural they would be beneficial in SM too.

There is no doubt that SM is a multifaceted, complex condition that needs a coordinated, multidisciplinary approach. Early intervention is important to reduce the risk of long-term effects on social, emotional and academic functioning. Children with SM don't require weekly speech and language therapy sessions, but they do need access to professionals who can liaise with schools, offer training, signpost services, coach parents and build support networks. My child's teacher was trained in SM by an SLT and has been able to move my daughter through the stages of confident talking, while making her classroom a safe and positive place to learn. If

you were to ask her could she have done this without the training and support though, I am sure her answer would be 'no'.

I was able to quickly upskill to help my child in her daily walk with SM. The *Selective Mutism Resource Manual 2nd edition* (Johnson and Wintgens, 2016) gives SLTs the tools to diagnose and carry out therapeutic techniques for SM. The Selective Mutism in Research Association (SMIRA) is another vital tool, with a Facebook page for professionals and lots of free resources available to download.



Selective mutism needs a coordinated, multidisciplinary approach

Although SLTs are not always included in the pathway for SM, it is my opinion and personal experience that the skills and understanding SLTs possess mean their role is key in supporting children (and the adults around them) to manage SM. As SLTs, we are well-trained to deal with a broad spectrum of communication difficulties, regardless of the many different aetiologies from which they arise, and SM is no different. **📌**

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How often have you heard someone say, ‘we’ve always done it this way’ and slam the door shut on potential change? We’re all guilty of it – too many patients, not enough time and no space or energy to be creative about the way things are done. But what if you could make a very small change with just a small amount of time and still create a big impact? At the Northumbria Specialist Emergency Care Hospital (NSECH) we asked ourselves just that.

At both national and local trust levels, the NHS puts focus on innovation and the implementation of initiatives designed to improve efficiency, financial accountability, patient flow and high-quality care (see: longtermplan.nhs.uk). In addition, we are under pressure to be environmentally robust (see The King’s Fund sustainability paper: bit.ly/35W1vrT). Unfortunately, our existing system of clinical documentation did not lend itself to fulfilling these aims. Drowning in paperwork for an ever-growing volume of patients, and feeling like we were spending more time filling out forms than with patients, we were desperate for a lifeline.

As is no doubt the case throughout NHS trusts, the need for increasingly defensible, contemporaneous documentation had become all-encompassing in our hyper-acute speech and language service. This meant a lot of our paperwork had already been streamlined, but there was still opportunity for us to increase time spent with patients and reduce duplication of information, without draining our already stretched reserves of time, or compromising the integrity of our documentation.

To tackle this problem, we began by quantifying the time spent on each part of our patient administration process. Over a two-week period, we gathered data regarding the time spent on case histories, direct patient clinical time, and clinical documentation. The data highlighted that



The way we’ve always done it

Elaine Bolam and Louise Morley
on the benefits of implementing small yet effective changes

case histories took between 10% and 64.3% of the total time with the patient, averaging out at 26.5%, and revealing the potential for increased clinical capacity if the time taken for them could be reduced.

We took our case history process (the ‘we’ve always done it that way’) and made some changes. We:

- used the existing ward book to record patient’s assessment, review, communication and swallow status.
- discontinued the case history form,



Drowning in paperwork... we were desperate for a lifeline

which duplicated information from the medical pathway.

- streamlined relevant history details by documenting in existing ward book (medical pathway available throughout patient’s stay if more details required).
- discontinued SLT-held paper records (care plans, reports, onward referrals etc) are now stored and shared electronically.

Making these minimal changes had the desired effect. We saw a reduction in the average time spent on the case history from 26.5% to 16%, and an increase in direct patient contact time from 39.8% to 49.5%. The average percentage of patients seen on the day of referral also increased from 94.75% to 97.8% under the new system.

Naturally, we were delighted with these outcomes. We’d minimised our environmental impact by switching from paper to electronic records, and improved patient confidentiality by discontinuing the postage of paper resources between sites. While still challenging, the ever-increasing volume of referrals and caseload size felt more manageable with the reduction in paperwork. And our time was tangibly better spent in direct clinical contact with the patients.

By asking yourselves what things you’ve ‘always done this way’, you might be surprised at the ripples of change you’re able to facilitate with small yet effective action. **B**

ELAINE BOLAM, specialist SLT and **LOUISE MORLEY**, SLT, Northumbria Specialist Emergency Care Hospital
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When times are tough

It's never been more important to practise self-care. **Rosalind Clift** writes on wellbeing in the workplace



Now more than ever, SLTs are having to be resilient and maintain a sense of wellbeing during some of the most stressful and challenging times that we have faced as a profession. McCann et al (2013) conducted a literature review into 'resilience in the health professions' and surprisingly no articles were found in relation to speech and language therapy. Overall, very little research in this area has been undertaken, which is concerning given the importance of resilience in maintaining personal and professional wellbeing. However, there are important findings that we can take from the general research and apply to speech and language therapy settings. And there are things we can all put in place to help us in both our work and personal lives.

Resilience is defined as 'the ability to maintain personal and professional wellbeing in the face of ongoing work stress and adversity' (McCann et al, 2013). COVID-19 has made the workplace pressures of waiting lists, deadlines and service delivery even more challenging than before. In our home life, we may have a multitude of roles and responsibilities that have also been exacerbated by the pandemic. So how can we build resilience in such difficult times?

When talking about resilience and

self-care, it's necessary to differentiate between 'wellbeing' and 'happiness'. Happiness is a singular emotion, but wellbeing encompasses both positive and negative emotions, with all emotions seen as healthy and inevitable. Resilient people are able to acknowledge all of their emotions, reach for healthy coping skills, and use painful experiences as an opportunity for personal growth (Morin, 2020).

Resilience can be nurtured by taking care of your physical and emotional health, and it is crucial for SLTs to be aware of their stress levels. Imagine that you have a beaker of water and every potential stress that you experience adds a bit more water into the beaker. These could be negative events such as getting stuck in traffic or having to cancel holiday plans, but can also be more positive stressors such as planning an outing. The beaker continues to fill, until there is nowhere for the water to go and it eventually spills over – at this point we are struggling to handle the stress we are under. To prevent this, it is important to identify ways to both reduce the stressors



ROSALIND CLIFT

Highly specialist SLT with Sussex Community Foundation Trust, and trainee counsellor and psychotherapist

(pouring less water in) and relieve the stress (letting water out before it overflows). Stress has a cumulative effect and usually occurs over long periods of time, so incorporating regular self-care into your routine is important.

Self-care is any 'life-giving activity that restores, sustains or improves your health,' (Reading, 2017). Different people will find different things calming and relaxing, but

listening to music, going for a walk, taking a digital detox, or having an early night are some common ways to counteract stress. Good nutrition, adequate sleep and physical exercise also contribute to our sense of wellbeing.

You may find it helpful to seek additional support. Most workplaces have employee assistance programmes through which individuals can seek assistance in the form of talking therapies. These are confidential and individuals can usually self-refer.

It's important to remember that self-care is not selfish, so don't feel bad about taking that lunch break, keeping healthy work-life boundaries, or seeking help. As SLTs, we must be able to look after ourselves in order to look after others. 📧

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It's crucial for SLTs to be aware of their stress levels



FOCUS ON DIVERSITY

Standing in my shoes

Yasmin Jacob and **Natalie Smalling** discuss how acknowledging the nuances within racial discrimination is necessary if a genuine understanding and allyship with others is to be found

Wanting to feel part of a group is something many of us will have experienced, but when the majority of your work place doesn't look like you, it is often impossible to feel as though you belong.

Humans naturally want to fit in and feel accepted by the group of people they find themselves amongst. But, as someone who is mixed-race and bilingual, I belong to multiple groups when it comes to race and culture.

Because of this, I am often encouraged to see patients who are 'similar' to me – that is, patients who also do not reflect the majority of SLTs in terms of their race and culture.

But if a patient and I are both different from the majority, does it follow that we must therefore be the same as each other? Or that I am the best SLT to work with that patient? The answer is 'not always', although having a greater understanding of culture, race and religion is something that, as an SLT, can only be a good thing.

I always try to understand my patients and put myself in their shoes. This is easier when I have patients who speak the same languages as me, or are culturally similar. I love being able to share similar stories with them, or discovering that we have a shared understanding about a topic. When this happens, I notice how this has a positive impact on the patients and also on my day at work.

Knowing that you have been able to share something with a patient is really special, and I have my diverse background and my own culture to thank for that. I am so proud of my multicultural background and the opportunities and sense of job satisfaction it has given me. Being able to share a sense of belonging with patients is truly one of the greatest pleasures. **B**



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OPEN YOUR EYES

In my experience, talking about colourism (ie prejudice against individuals with a dark skin tone, typically among people of the same ethnic or racial group) leaves many feeling uncomfortable.

However, the denial of its existence, or lack of acknowledgement, means one remains complicit in a system that does not benefit Black people and those with darker skin.

Being of Black, Asian and white heritage means I have received a privilege not offered to people with darker skin. My lighter skin tone and straighter hair attracts comments such as, 'you have a nice caramel skin tone' and 'isn't your hair lovely'. In contrast, it's not uncommon for Black women and girls to hear comments such as 'you're pretty, for a dark-skin girl' and 'you don't need to wear sunscreen, you won't burn'.

Do I know that the world sees me as non-white? Yes, but I'm also acutely aware that I'm deemed a more 'acceptable' version of Black than someone who has a darker skin tone than me. Why? Because I never question wearing my hair out for fear that it might be seen as 'unprofessional', although I know many Black women who would.

I think it's time we all opened our eyes to the difficulties faced by darker-skinned people, because only then can real change be implemented.

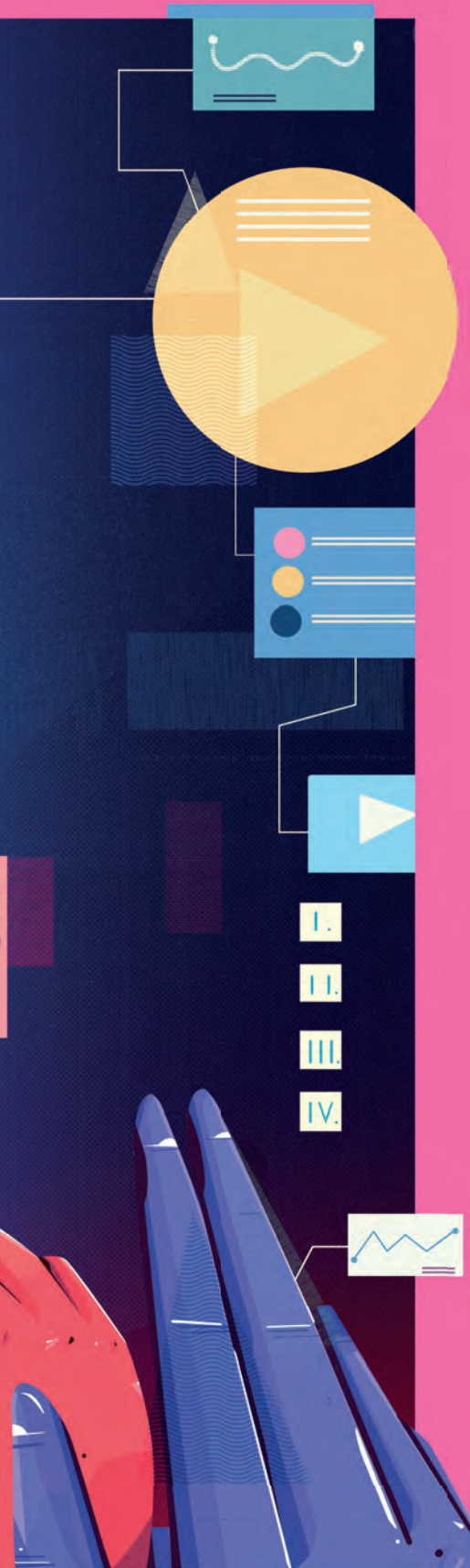
Ignoring an issue because it doesn't affect you doesn't mean it's not happening. Being an ally in the fight against racism also includes calling out discrimination and prejudice against individuals with a darker skin tone. **B**



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The pick ‘n’ mix practice educator

With COVID-19 disrupting student placements, practice educators at the Royal Marsden Hospital implemented a new supervisory model to support student SLTs through their final year placements. Grace McCormack shares her experience of the ‘pick ‘n’ mix’ model ➔

ILLUSTRATIONS JOE WALDRON



At a time of national emergency, COVID-19 presented members of the speech and language therapy profession with a number of workforce-related challenges, including the redeployment of staff, capacity issues related to COVID-19 staff sickness, and increased workforce demands (RCSLT, 2020). This inevitably had a huge impact on the availability of student placements for student SLTs. Higher education institutions, together with Health Education England, worked together to ensure that final year pre-registration (undergraduate and postgraduate) student SLTs were prioritised for placements during the pandemic. The result was that SLT placements had to be rethought, with many being cancelled or replaced with e-learning.

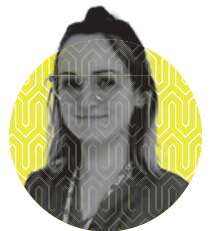
As a master's postgraduate student completing my final placement at the Royal Marsden Hospital (RMH) in London during a pandemic, I realised I was in a unique position. While I was glad of the opportunity to spend four weeks at this world-renowned cancer centre, I was also aware of the potential risk of contracting COVID-19 and/or passing it on to family at home. Unlike previous placements, I had been offered a 15-day, paid band 3 contract for my RMH placement to ensure death in service benefits. A paid placement sounded brilliant from my student perspective, but understanding why this contract was in place was a reminder of the seriousness of undertaking a clinical placement during this time.



Background

Student SLTs are offered a range of placement settings and experiences with a variety of supervisory models over the course of their studies. The aim is to support their professional and clinical competencies, which enable them to develop from novice to competent practitioner (McAllister et al, 2011). The 1:1 supervisory model in the field of speech and language therapy can be perceived by many to be necessary for a successful placement. However, it is often in conflict with service provision and does not always optimise student learning opportunity (Kersner and Parker, 2001; Moore et al, 2003). The 2:1, 3:1 and 4:1 models can have a positive impact on both the service provision and learning by encompassing peer support and peer learning (Moore et al, 2003).

A recent speech and language therapy-focused study indicates that the supervisory model within the clinical learning environment needs to expand from a



I felt the placement model enabled a rapid rate of knowledge growth

GRACE MCCORMACK



behaviourist approach to an increased focus on the underlying relationships embedded in supervision, and actively promote reflective practice (Quigley et al, 2020). The need to therefore look beyond a defined model is clear, to ensure that placements are responsive to student needs and practice educator (PE) capacity.

Pick 'n' mix

My PE informed me that I would be working with both inpatients and outpatients with head and neck cancer (HNC) who were undergoing radiotherapy and/or surgery. Having had previous placements based in mainstream schools, I felt I needed to expand my clinical skills with adults, developing my dysphagia

competencies in particular. I was encouraged to prepare by reading up on HNC, specifically the assessments and outcome measures used by SLTs in this area. I watched a live lecture I found on head and neck surgery techniques from The Royal Society of Medicine, which prepared me for seeing surgical scars and working with people following surgery. My preparatory work was recognised and praised by the speech and language therapy team at RMH from day one of my placement.

The supervisory model used during my time at RMH was dubbed the 'pick 'n' mix PE' as I had a number of SLTs supporting me across the entire team. I worked with different therapists on different days but had a 'touchpoint' meeting each morning via Zoom with my main PE as we were not based on the same site. I quickly gained experience from working with and receiving feedback from highly specialist therapists, the clinical lead, the department head and a consultant SLT.

As I was working with a range of therapists, I was exposed to numerous different service delivery models, including assessment and therapy via telehealth, as well as face-to-face interactions with inpatients on the wards. Given the current change in practice across the country (RCSLT, 2020), I feel



THE PE'S PERSPECTIVE

Our department at the RMH was keen to facilitate placements for final-year students so they could complete their degrees. Our routine of assigning one student to an SLT was not possible as we had changed all outpatient clinics to telehealth appointments, and these were run by SLTs in their homes to reduce footfall in the hospital. We wanted to ensure the students were given a sense of the real working world of SLTs in a dynamic setting. I worked with two students at a distance, we spoke daily via Zoom, and their reflections with goal updates were sent to me via email.

The students completed self-reported questionnaires with the patients via telephone before appointments, as we did not have the time to complete them in a 30-minute session. They carried out communication therapy on the ward, something we could not prioritise during the pandemic with so many patients with altered airways and dysphagia needs.

This pick 'n' mix PE model worked for our department, but more importantly the students benefited from it; their learning and autonomy by the end of the placement was testament to success of this model. At a time of constant change in the NHS, I feel having to adapt to this model has been a positive experience. We will continue to use this model, incorporating telehealth and virtual support for students in the future.



LAUREN LEIGH-DOYLE, highly specialist SLT and clinical research NIHR Fellow

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🐦 @laurenleighdoyle



AT A GLANCE

Benefits of the pick 'n' mix model

1 Service delivery: Students experience a mix of in-person and telehealth service delivery models

2 Range of knowledge: Students work closely with multiple SLTs, so can access knowledge and experience across different clinical specialisms

3 Real-world ready: Students finish placement with a wider range of skills and experience, leaving them better prepared for their first SLT post



fortunate to have developed telehealth skills as a student. This included competencies such as monitoring and optimising feeding conditions via video, and understanding how to modify my communication style to meet patients' needs.

Self-directed learning was a clear priority on this placement. As a student in such a specialist centre, there was a whole new vocabulary I needed to learn. I was given time to look up patients' notes and make sense of the terminology used before presenting my findings to the SLT

onsite that day. I was encouraged to seek opportunities and spent some time at the RMH sites in London and Surrey. I also took the opportunity to get some of my dysphagia competencies signed off. This included performing oromotor examinations (with support) on patients following complex surgery.

Each SLT gave me advice and shared personal tips on performing everyday clinical duties. The fundamentals, I realised, were the same in each appointment, as assessment and therapy sessions were patient-centred, using repeatable and multidimensional patient- and clinician-reported outcome measures.

The clinical specialists I worked with gave me insights into patients' needs. Clinical specialities included voice therapy, surgical voice restoration, and rehabilitation after radiotherapy. Each therapist offered something different, and this really stood out

to me. The rate of learning was fast as I covered many different patient pathways from day one. In comparison to my previous placements, I felt the placement model enabled a rapid rate of knowledge growth. This was because I spent time with therapists who had different specialities (ie voice and tracheostomy).

At the end of each day I was asked to email my reflections to my PE and the SLT I had worked with that day. I sent a list of three things that went well and three things that I needed to work on to achieve my goals. I kept a record of these to discuss in my final review: a whirlwind four weeks condensed into a diary of reflections and achievements enabled by this new model of PE.

COVID-19

My pick 'n' mix PE experience at RMH has been exceptional and I feel fortunate to have been able to utilise the endless knowledge shared by a team of experienced SLTs. With so many students engaging with e-learning, I realised I needed to make the most of this placement. By working with a variety of therapists, I experienced what it is actually like to work in a team of SLTs. This would not have been possible without the pick 'n' mix model, which has truly enhanced my experience. Not having a PE onsite meant I had no choice but to be self-led. It has made me realise that head and neck speech and language therapy is the area I would like to specialise in. Further, I have developed clinical skills and confidence in my ability to be an important part of a team of SLTs. I feel this model of learning has succeeded in preparing me for my first band 5 post by increasing my clinical independence and integrating me into a wider team of therapists.

In these difficult times that require us to adapt and use resources in a different way, the pick 'n' mix PE is one solution to the challenges facing student placements. This model benefits the clinicians as the students can learn quickly how to take on tasks to support the workload of the clinician, while students realise that their input is appreciated. Access to a virtual platform is essential for this model. **B**

GRACE MCCORMACK, SLT, The Royal Marsden NHS Foundation Trust

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🐦 [@grace_mc_slt](https://twitter.com/grace_mc_slt)



REFERENCES

For full list of references visit: bit.ly/BulletinReferences

Pay it forward

With COVID-19 continuing to jeopardise student placements, **Jo Sandiford** calls for SLTs to help build placement capacity



Finding sufficient practice placements for pre-registration students during the pandemic has been challenging. There have been times when students worried that they might not be able to graduate or proceed to the next level of their training due to reduced placement offers.

Recognising the challenge, the RCSLT rapidly published interim practice-based learning guidance last summer to facilitate practice placements in the 2020-2021 academic year.

This was hugely supportive in enabling universities and practice educators to think differently about practice placements. The guidance focused on looking at how students could achieve their clinical competencies (based on the Health and Care Professions Council standards of proficiency 2014), through a combination of direct client-facing sessions and practice-based learning activities, including case studies and making podcasts.

It has been fantastic to see how much practice educators have supported students throughout this period, as well as being innovative in the way they have developed practice-based learning opportunities.

There is still a very real risk to the sustainability of the profession if the landscape of practice placements does

not continue to develop in the months ahead. All qualified SLTs benefitted and learned from practice placements, and now have a duty to pay this forward to the future workforce.

Following from the interim guidance, the new RCSLT Practice-Based Learning Guidance 2021 was published in February this year (see: bit.ly/3cT7CBG).

Written by a group of SLTs from the NHS and independent practice, as well as university tutors, the guidance is aimed at all SLTs and university programmes, and reflects the learning, innovation and developments that have emerged due to the pandemic.

The key recommendations in the guidance are aimed at:

- sustaining quality practice placements
- increasing placement capacity
- encouraging SLTs to think differently about placements.



There is a very real risk to the sustainability of the profession

What are the requirements for learners on practice placements?

- Students must achieve 150 mandatory sessions of practice education across the duration of their pre-registration training (a session equates to a half day).
- 100 of these sessions must be overseen by an SLT.
- 30 sessions should be adult, 30 paediatric, and the remainder can reflect local service delivery needs.
- These sessions can be provided through a combination of direct client-centred care and a range of practice-based learning activities.
- A minimum of 25% of each practice placement should involve direct client-centred care.
- 50 sessions can be completed through clinically related activities, overseen by other professionals.

What are the recommendations for SLTs?

- All practising SLTs are asked to offer a minimum of 25 days of practice-based learning per year, per whole time equivalent (pro rata) – except in Northern Ireland, where there is an alternative allocation model.
- All areas of speech and language therapy clinical practice are appropriate to support student practice placements; leadership and research placements are encouraged.
- No SLT setting is considered too specialist to support student practice-based learning.
- Peer and multiple supervision models should be offered where possible.
- Innovative placements are encouraged, eg students working on triage projects, or developing training packages.
- Practice placements can take place in person, via telehealth, or as a hybrid.



Sections in the guidance include: placements in the independent sector, diversity and inclusion in placements, accessing the placement tariff, educator training, quality assurance of placements, and more. The guidance also contains specific advice relating to COVID-19, which will be updated as required.


Practice placements


Last month the RCSLT launched a campaign (see:

bit.ly/PlacementsCampaign) to highlight the new practice-based learning guidance and raise awareness of the need to increase practice placement capacity.

It is hoped the campaign will motivate, support and inspire SLTs to move away from a traditional view about placements and think more broadly – having a student velcroed to your side for six weeks is no longer realistic or useful.

Instead, students can be included within workforce planning – they are assets to service delivery models and can support innovation within practice. They also deserve the best clinical teaching that practising SLTs can give.

If you think you can offer a practice placement to support the future of speech and language therapy, please contact info@rcslt.org or the speech and language therapy programme at your local higher education institution. We'd love to hear from you. 

 You can lend your support to the RCSLT's practice placement campaign by using the [#FutureofSLT](https://twitter.com/hashtag/FutureofSLT) hashtag on Twitter.

JO SANDIFORD, lead author of the RCSLT's practice-based learning guidance, and senior lecturer in speech and language therapy at Leeds Beckett University

 J.C.Sandiford@leedsbeckett.ac.uk

Dysphagia competency training roll-out

The new entry-level dysphagia competencies offer an additional opportunity for learners to expand their clinical experience via practice placements



At the end of February, the RCSLT launched the new entry-level dysphagia competencies.

Announced in last November's *Bulletin* ('Fit for the future', Broll, Borjes and Harden), the initiative to embed dysphagia competency training in speech and language therapy pre-registration courses is now underway.


After receiving more than 360 member responses to a consultation on the subject, the published competencies (see: bit.ly/3cTX3Ov) will be rolled out by higher education institutions, starting this September.


Between now and the start of the new academic year, the RCSLT will be having individual meetings with all UK universities that deliver pre-registration speech and language therapy programmes, to discuss how the competencies can be integrated within their individual programme's curricula.


Our discussions with universities will inform the scoping of a new simulation project, which aims to support training of these competencies and bridge the gap

between theory and practice.

In parallel, we are keen to support clinicians who educate and train students while on practice placements. Feedback from the consultation revealed that that some clinicians do not feel confident signing off the competencies. As such, the RCSLT will be working with members to develop supporting guidance on this matter.

As this project stretches to 2024, we want to continue working collaboratively with the whole profession to ensure that these entry-level dysphagia competencies are fit for purpose. There will be an opportunity to reflect on the implementation of the competencies at a later stage and make amendments if necessary. 

JUDITH BROLL, director of professional development, **LOUISE BORJES**, professional guidance manager, **PADRAIGIN O'FLYNN**, external affairs assistant
 louise.borjes@rcslt.org

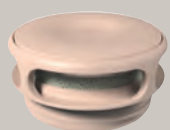
 To see how you can get involved with current RCSLT projects, visit: bit.ly/RCSLTCurrentProjects



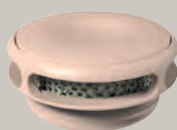
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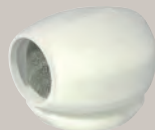
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You cannot be an anti-racist without hope. Young people give me hope. The more aware they are of the issues, the more empowered they are to push for change, the more assurance we can have of a better future



*The RCSLT's anti-racism event in May is part of a wider programme of learning aimed at bringing about cultural change in the profession. Ahead of the event, Bulletin caught up with education consultant **Dr Muna Abdi** to get her reflections on the event's key theme →*





Change makers

PHOTOGRAPHY ROB WHITROW

Can you tell us a little about yourself?

I am an anti-racist scholar and practitioner with over 12 years' experience in teaching, research and training. I am the founder and director of MA Education Consultancy CIC, a community interest company that works to support individuals and organisations to meaningfully embed anti-racism into their practice and development.

Can you explain what anti-racism is?

Anti-racism is essentially the act of disrupting racism. It is a verb. It requires us to understand what racism is and how it functions, in order to do the work of challenging and dismantling these systems of inequity.

Why does being anti-racist matter (as opposed to not being racist)?

Being 'not-racist' is a focus on the individual. It says 'I can remove myself from a dynamic that negatively impacts people of colour, because I do not explicitly engage in racist acts'. Being 'not-racist' absolves us of collective responsibility and doesn't acknowledge the institutional and systemic nature of racism.

How does one become actively anti-racist?

By first being self-reflective and asking difficult questions, like 'what is valued in this space and what is silenced?', and 'how have I been advantaged in spaces where others have been disadvantaged?'. Then using that self-reflection alongside education to translate your learning into meaningful action.

What does it mean to be a good ally?

There is no blueprint for allyship. People are informed by their own lived experiences and encounters with different systems of power. But you can work to be effective allies by listening, being self-reflective, understanding your privileges, and working in solidarity with those you are an ally for.

What's your advice for dealing with feelings of discomfort that might arise when discussing subjects such as race, racism or unconscious bias?

Those feelings are inevitable and necessary. You have to find ways to work through those complex emotions so that they don't become self-centering or paralyzing. Always remember that your dis/comfort should not be prioritised over the safety of those who are affected by the system.

How important is the use of language when discussing these topics?

Very important. Being racially literate means not only being able to use the language, but to understand how language is used to frame and understand the world. Language is a gateway into issues.





What books or resources would you recommend to learn more?

All of those listed on the Anti-racist Educator website: theantiracisteducator.com/reading

What gives you hope about the future?

You cannot be an anti-racist without hope. Young people give me hope. The more aware they are of the issues, the more empowered they are to push for change, the more assurance we can have of a better future. We have to try and leave the world for them with less pain than we have had to endure. 🗣️

DR MUNA ABDI

🐦 @Muna_Abdi_PhD
📧 ma-consultancy.co.uk

ILLUSTRATION: ALICE MOLLON / IKON IMAGES

TAKING PART

A *nti-racism in speech and language therapy – towards diversity and inclusion for our profession and service users* is a virtual live event being held on Friday 21 May, 9.30am-12pm, and Wednesday 26 May, 5.30-8pm, to allow for maximum participation (it's the same event – you need only come to one).

We're delighted to have Dr Muna Abdi speaking at the event, alongside several of our members who we've profiled (see p34-36), so you can get to know them in advance.

A programme of pre-event learning has also been created by members and is available as videos that you can access in your own time, either individually or within your teams and services, via the RCSLT website.

As well as hearing from a wide range of speakers, members will also be able to take part in practical, interactive workshops at the event, where they can share ideas, experiences and learning with each other. The workshop sessions will be facilitated by members of the RCSLT anti-racism reference group and RCSLT staff.

All members are invited to attend what is sure to be a welcoming, inclusive and rewarding event – one that's been designed for the whole profession and built around principles of collaboration and co-production.

ACTION

- 📍 Head to bit.ly/3rtOEFI to register for the event and access the pre-learning resources
- 🗣️ Already registered to attend? Tweet about it using the **#SLTAntiRacism** hashtag and meet other event participants in advance, or share your **#pledge** about how you plan to enact change in the profession



Meet the presenters



OWEN CHINEMBIRI

Owen joined NHS England as an implementation lead in 2018 and has experience working in

clinical, informatics, equality and transformation roles. Prior to working in the UK, Owen worked as a paediatrics occupational therapist in Zimbabwe and Botswana, and is an alumnus of the NHS 'Graduate Scheme Health Informatics' specialism and the 'Ready Now' programme for senior Black, Asian and ethnic minority leaders.

📍 @OwenChinembiri



NAOMI IGNATIUS

Naomi is a senior SLT working in London, and a member of the Chief Allied Health Professions Office

Black, Asian and Minority Ethnic Strategic Advisory Forum. In addition to her clinical interests, ranging from critical care to early years, she is passionate about deconstructing the inherent racism within the speech and language therapy profession, and the wider community of allied health professionals.

📍 @nay_p31



DR JOANNE FILLINGHAM

Dr Joanne Fillingham qualified as an SLT in 1998 and completed a

PhD in 2005. Since then she has worked in clinical and leadership roles in a variety of settings at a local, regional and national level. She was appointed clinical fellow to the chief allied health professions officer for NHS England, and joined NHS Improvement in 2016 as the first clinical director for allied health professions, where she provides expertise on how NHS Improvement can work to support trusts in service improvement and the professional development of AHPs.

📍 @jkfillingham



ILYEH NAHDI

Ilyeh works with students with complex needs in a Brent independent special

school. She co-hosts the podcast *SLTeaTime* (@SLTeaTime), in which issues of race, ethnicity and cultural competency are discussed within the framework of speech and language therapy, and has guest lectured at universities across the country, highlighting the current context in anti-racism work, lived experiences, and practical ideas to integrate change. Ilyeh is a member of the RCSLT's anti-racism reference group.

📍 @IlyehNahdiSLT



STUART PALMA

Stuart is the professional head of allied health professions at NHS Improvement and a

physiotherapist by profession. He has worked in a number of clinical, operational and non-clinical roles across the NHS in both private and professional sectors, at local, regional and national levels. Stuart's interests include leadership and culture, quality/service improvement and programme/project management. He is passionate about an authentic, values-based approach to leadership, to ensure organisations are able to develop and embed healthy, sustainable and effective working cultures.

📍 @stuartgpalma



PAULA PARR

Paula has a background in special needs, learning disabilities and autism.

Her first speech and language therapy post in the early 1980s covered a diverse community, and was where her steep learning curve started. Paula worked in a variety of NHS settings in England and Wales before spending 10 years running a charity for people with autism and their families in Bedfordshire. Paula has worked in the Middle East and the Seychelles, where she had the opportunity to learn about other cultures and ways of thinking. In her current post in Greenwich, Paula is the lead for autism in her team.



DR SEAN PERT

Dr Sean Pert is a senior clinical lecturer at the University of Manchester, consultant

SLT for the Indigo Gender Service in Greater Manchester, deputy chair of the

RCSLT, and an RCSLT adviser in bilingualism. Sean has been an active member of the LGBTQ+ community for over 25 years, and is delighted to be working on voice and communication change with trans and non-binary people in the diverse and inclusive city of Manchester.


 @SeanPert



CAROLINE POOLE

For over 20 years Caroline has developed a broad portfolio of experience within

healthcare, having held clinical, managerial and strategic leadership positions across community and acute services, and in commissioning. In 2017 she joined NHS Improvement, where her portfolio has included developing national policy and strategy, and supporting implementation, with a strong emphasis on using improvement methods to deliver high-quality and sustainable models of care. Caroline is a registered SLT and qualified coach.


 @CarolineNhs



NAZIA RIZWAN

Nazia has worked as an SLT since 2007. Having grown up in a bilingual and ethnic minority

household, Nazia was acutely aware of the differences faced by people of Black, Asian and ethnic minority descent from a young age. Nazia has worked across several NHS trusts, and is currently a lead for the school years service in Greenwich, Oxleas NHS, where she maintains several school caseloads and oversees the developmental language disorder workstream. Over the past year, Nazia has used her position to take a more active role in promoting anti-racism within Oxleas NHS Trust and on social media.

 @NaziaRizwanSLT



GLOSSARY OF TERMS

While there are many different definitions of the terminology used to discuss race, equality, diversity and inclusion, a shared understanding is essential for continued learning. **Below is a list of some of these terms, crafted alongside members of the RCSLT's anti-racism reference group**

Ally: Someone who is dedicated to the lifelong process of building relationships based on trust, consistency and accountability with marginalised individuals and/or groups of people.

Anti-Black: Showing discrimination against Black people specifically.

Anti-racism: Making conscious efforts and taking deliberate action against racial hatred, bias, systemic racism, and the oppression of marginalised groups.

Colourism: Prejudice or discrimination against individuals with a dark skin tone, typically among people of the same ethnic or racial group.

Cultural appreciation: Participating in the celebration of a culture with compassion and an understanding of where that culture came from and why it came to be.

Cultural appropriation: The act of taking or using things from a culture that is not your own, especially when you do not understand or respect that culture.

Cultural competency: The ability to understand, appreciate and interact with people from cultures or belief systems different from one's own.

Cultural inquisitiveness: Being honest and open about one's lack of knowledge about a person's cultural practices, beliefs and way of life; having the confidence to ask respectful questions about that person's unique perspective.

Decolonising (in terms of education and academia): The process of rethinking, reframing and reconstructing the curricula and research literature that preserve the Europe-centred, colonial lens.

Diversity: To empower people by respecting and



appreciating what makes them different, in terms of race, age, gender, ethnicity, religion, disability, sexual orientation, education and social class.

Intersectionality: The acknowledgement that everyone has their own experiences of discrimination and oppression and we must consider all factors that can marginalise people – gender, race, class, sexual orientation, physical ability, etc.

Microaggression: Comments and/or actions that subtly express a prejudice towards a member of a marginalised group (for example, asking a non-white person where they are ‘really from’). ‘Micro’ is not a measurement of size or synonymous with ‘slight’, but indicates the level in which these occurrences happen, in contrast to ‘macro’, systemic and social structures.

PoC: An abbreviation of the term ‘people of colour’.

Protective hesitancy: The failure to give feedback due to fear of being perceived as racist.

Racism: The belief that race is the primary determinant of human traits and capacities, and that racial differences produce an inherent superiority of a particular race. Prejudice or discrimination by an individual, community, or institution against a person or people on the

basis of their membership of a particular racial or ethnic group.

Symbolic annihilation: Absence of representation, or underrepresentation, of a group of people.

Tokenism: The practice of hiring or appointing a ‘token’ number of people from underrepresented groups in order to deflect criticism or give the appearance of diversity and equality.

Unconscious bias: Unconsciously favouring others who look like you and/or share your values, and negatively pre-judging those who do not.

White fragility: Discomfort and defensiveness on the part of a white person when confronted by information about racial inequality and injustice.

White privilege: The inherent benefits that come from being white.

White supremacy: The belief that white people are inherently superior to other races, and/or that white people should have control over people of other races. It can refer to the social, economic, and political systems that collectively enable white people to maintain power over people of other races.

REFERENCES

For a full list of references, visit bit.ly/BulletinReferences



SUNITA SHAH

Sunita Shah has been an RCSLT advisor since 2005. She has worked for the NHS for 20 years as a bilingualism specialist, and was chair of the London Bilingualism CEN for over five years. In 2007 Sunita opened her own practice, Let’s Communicate, with offices in Stanmore and Cheshire. She is an author of 20 published titles for children aged 0-12 years on Hindu gods, goddesses and festivals.



ANGELA WHITELEY

Angela is a specialist SLT and DigitalHealth.London fellow working for an NHS trust in South East London. Her fellowship focuses on using technology to develop ideas into practical solutions that support delivery of patient care. She is also a co-founder of SLTs of Colour (@SLTsOfColour) on Instagram, which provides an inclusive support network to Black, Asian and minority ethnic SLTs. The network promotes cultural humility, diversity and inclusion in the profession. Its vision is for the profession to have more therapists from diverse backgrounds, to reflect the population they serve, and for SLTs to feel included and represented.

📍 @ofSLTs

🔗 To read more about the presenters’ roles on the day, visit: bit.ly/30jh3ma

NEXT STEPS

🔗 For further reading, see our anti-racism reading and resources list: bit.ly/38vWfMO

✉️ If you’re interested in joining the anti-racism reference group, which works with the RCSLT to develop and embed anti-racism, ethnic diversity, and cultural competency policies in the profession, email dilnaz.gorwala@rcslt.org for further information.

🔗 Head to the RCSLT’s anti-racism professional network online for further discussion and to seek support: bit.ly/2HpWdQz

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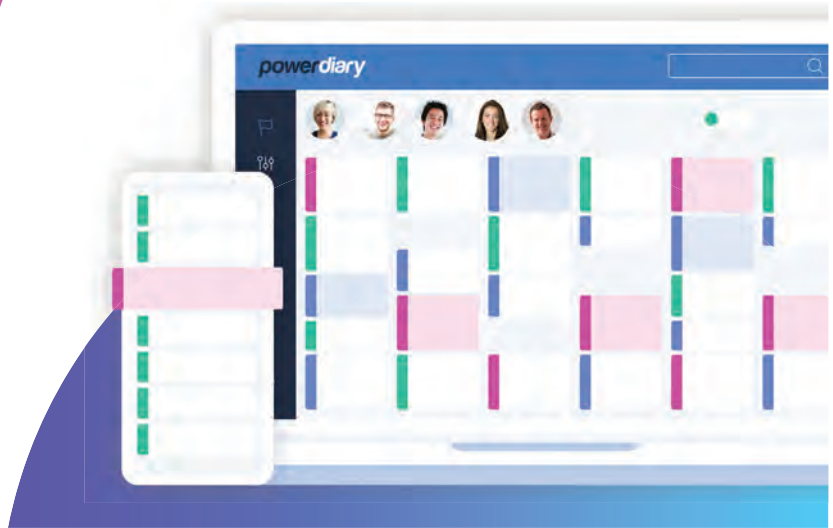
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Clara's case

Beverley Curtis outlines the importance of multidisciplinary working in a medically complex case set against the backdrop of COVID-19

Clara*, a typically developing 16-year-old, was referred to speech and language therapy in June 2020, by the gastroenterology team at Noah's Ark Children's Hospital for Wales. She had a history of severe colitis, but no history of eating, drinking or swallowing difficulties. She had recently experienced extensive

ulceration throughout her gastrointestinal tract and had been admitted to her local hospital with the ulcers. She developed significant respiratory symptoms, diagnosed as COVID pneumonia (inflammation of the lung tissue due to COVID-19). Her nutrition and hydration were delivered non-orally and she was reported to be coughing severely and refusing all oral intake.

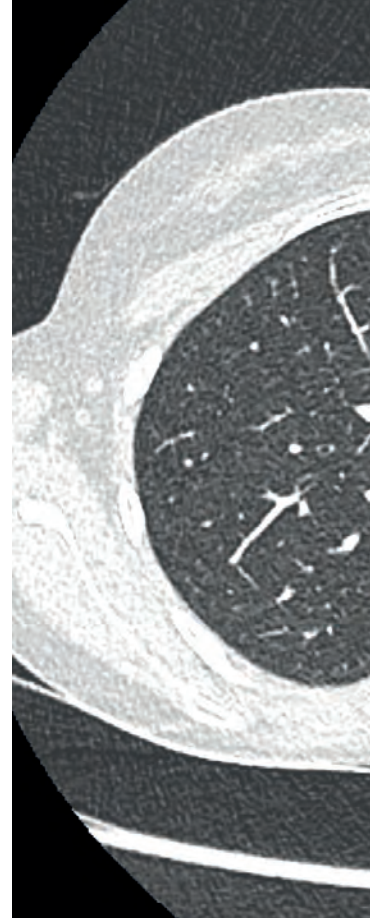
Swallow assessments identified normal voice quality and normal speech. Clara's oral motor skills and cranial nerve exam were also normal. Clara was observed to be repeatedly coughing forcefully and spitting phlegm and saliva boluses into a bowl. She was using water to rinse her mouth but was reluctant to demonstrate a voluntary swallow, fearing that it would make her cough more. Voluntary swallows of water and of chilled and/or fizzy drinks resulted in immediate, prolonged coughing. Observations of involuntary swallows of a small volume of coughed up

secretions demonstrated normal pharyngeal phase on cervical auscultation and did not result in cough. Observations of swallow of ice cream resulted in delayed cough. Although Clara was coughing at all times, there was a marked increase in coughing following any attempt at swallowing. Clara was understandably very anxious and reluctant to attempt voluntary swallows.

We concluded that the pharyngeal phase of swallow seemed efficient based on good oral skills, timely swallow, and no evidence of aspiration before or during the swallow. However, Clara was showing clinical signs of aspiration after the swallow, which was difficult to understand. Clara's distress and reluctance were evident, but her difficulties could not be explained as purely behavioural. Pharyngeal/oesophageal phase dysphagia needed further investigation. Clara vehemently refused an upper gastrointestinal (GI) tract contrast study (which involves drinking barium solution to assess the structure and function of the oesophagus) but agreed to a careful videofluoroscopy swallow study (VFSS) with a familiar SLT.

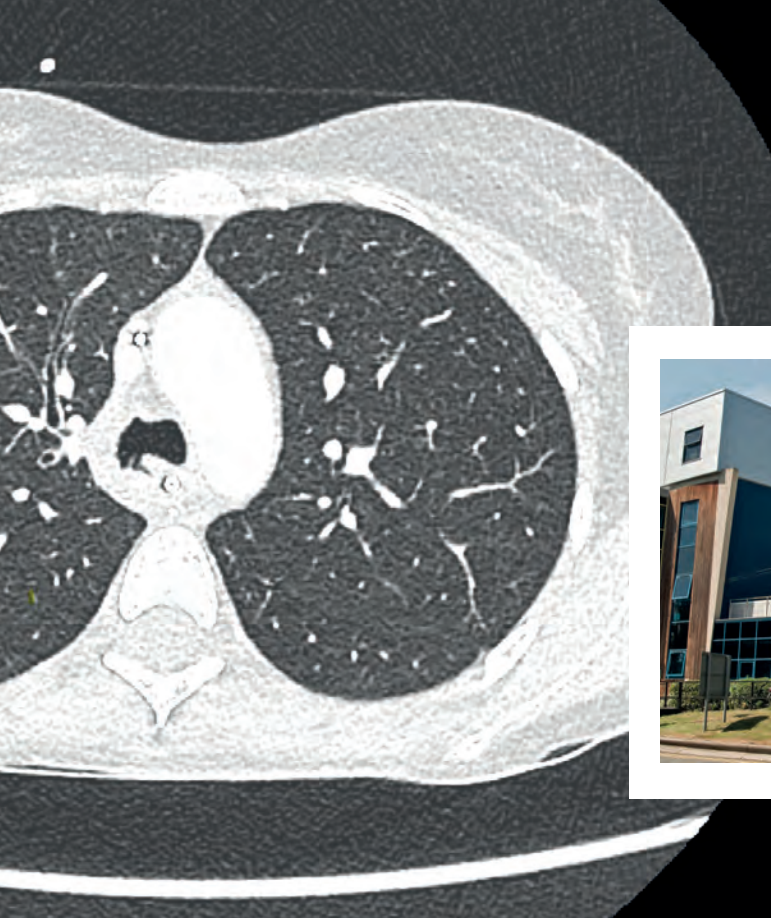
The VFSS, using liquid barium IDDSI level 0, identified efficient pharyngeal phase of swallowing with timely swallow initiation and minimal residue. However, coughing was elicited, with immediate appearance of a scattering of contrast in the upper trachea. As no contrast was seen to enter via the larynx, suspicion was raised of a connection between the oesophagus and airway. These findings were discussed with the medical team, who reviewed an earlier scan (CT thorax), carried out prior to her transfer for tertiary care. This identified a large broncho-oesophageal fistula – ie a hole between the oesophagus and the right main bronchus. It was suggested that this fistula resulted from an advanced ulcer in the lower oesophagus. This provided an explanation for the severe coughing when attempting any oral intake, and Clara's ongoing poor respiratory health.

Clara's management subsequently included optimised medication and chest physiotherapy to treat her upper



CASE STUDIES WANTED

We're looking for case study contributions for this new section of *Bulletin*. Email: bulletin@rcslt.org with your submissions. More information at: bit.ly/BulletinCaseStudy



- Oesophago-right main bronchus fistula
- Noah's Ark Children's Hospital



button battery ingestion or following oesophageal surgery (Thakkar et al, 2019). In Clara's case an acquired fistula was identified. The lesson learnt is when unexplained aspiration is identified by an SLT, although rare, an acquired aerodigestive connection should be considered as a possible differential diagnosis.

- The current uncertainty surrounding COVID-19 is

also relevant. While in her local hospital, with worsening respiratory symptoms that were unexplained, Clara had several negative antigen tests and COVID-19 was initially ruled out. She subsequently received a positive antibody test. Given how poorly we understand the effects of

COVID-19 on children, it was assumed that Clara's very poor respiratory health must be due to COVID pneumonitis. On identification of the fistula, it became clear that the cause was almost certainly aspiration lung disease and she may have had totally asymptomatic COVID-19. It is unclear whether COVID-19 has exacerbated her pre-existing inflammatory condition. Clara's respiratory health improved with exclusive jejunal feeding and optimised respiratory management. The lesson here is to be cautious of misassumptions about the effects of COVID-19.

respiratory tract infection, followed by steroids as first line treatment to address the inflammation that had resulted in the fistula. A safe feeding method involved jejunal feeding (feed delivered directly into the jejunum, beyond the stomach). This was to minimise the risk of refluxed stomach contents entering her airway. Further SLT input was not needed. From liaison with the gastroenterology team, it seems Clara's treatment resulted in partial resolution of the fistula, but further surgical management is needed.

Clara's respiratory health has improved but her quality of life is significantly affected by her frequent need to spit out her saliva and the need for nasojejunal feeding.



Clara was showing clinical signs of aspiration after the swallow

An upper GI contrast study may have provided the necessary diagnostic information if Clara had given consent. Increasingly, however, the dynamic view offered by fluoroscopy is proving helpful in assessing the oesophageal phase of swallowing, as in this case. Clara's case illustrates the advantages of close, flexible multidisciplinary working between speech and language therapy and gastroenterology teams. **13**

Learning points

- Connection between the airway and the gastrointestinal tract (aerodigestive connection) is included in speech and language therapy literature as a congenital, anatomical reason for dysphagia (Lefton-Greif, 2008). The most common form, tracheo-oesophageal fistula (TOF), is a connection between the oesophagus and the trachea. This is usually identified soon after birth as it results in coughing and choking when feeding and requires urgent surgical repair (Goyal et al, 2006). In cases of chronic cough, unidentified congenital TOF may be suspected as a rare cause (Jongste and Shields, 2003). Acquired fistula is reported in adults, associated with malignancy, trauma and HIV infection (Didde and Shaw, 2006). The literature includes reports of (infrequent) acquired fistulae in children only in cases of

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*This is a summary of the case. Further details are available from the author, who is very happy to address any clinical queries. *The service user's name has been changed by request.*



Learning the meanings of words:

The state of the art

Sam Jones and Gert Westermann from the International Centre for Language and Communicative Development (LuCiD) reflect on word learning and how it can be effectively facilitated

Learners of a second language may sympathise with the challenge faced by young word learners. Not only must children identify discrete words in continuous speech, but they must also map those words to meanings – and often there are many possible meanings for any given new word. This is known as the problem of referential ambiguity, and it is far from trivial.

Any spoken word may refer to an object that is or is not present; to ongoing, completed, or impending action; or to the qualities of an object or the manner in which an action is performed. Nevertheless, in contrast to many second language learners, children demonstrate impressive aptitude in resolving referential ambiguity. By age two, children are able to learn word-referent associations after very few exposures; a skill



termed ‘fast-mapping’ (Carey, 2010). In this article, we ask: what does recent research tell us about how children solve the problem of referential ambiguity, and how might this apply to clinical practice?

Ambiguity theory, old and new

Children’s aptitude in resolving referential ambiguity has been attributed to (possibly innate) constraints, such as ‘mutual exclusivity’ (Markman and Wachtel, 1988). For instance, on hearing the phrase ‘pass me the pear’, children presented with a familiar apple and an unfamiliar fruit may infer that the word pear describes the latter, because they already have a name for the apple. In recent years, researchers have developed different views of what these constraints could be.

On the one hand, children could combine their prior knowledge about how words map to objects, together with the words they hear, to infer a new word’s likeliest referent (eg Xu and Tenenbaum, 2007). On the other hand, children could use intention-reading skills such as gaze-following to infer which object an adult is referring to when using a new word (eg Tomasello, 2009). Here, the challenge is seen as one of inferring not what a word means in and of itself, but what the speaker intends in a given situation. An assumption common to these lines of thought is that children’s rapid inferences about the referent of a word are equivalent to having successfully learned that word’s meaning. However, contemporary research challenges this assumption.

Recent behavioural research, for instance, has revealed that despite successful performance in tasks that involve mapping a new word to an object, children’s long-term retention of the word-object mappings may be poor (Horst and Samuelson, 2008). This is because even when referent selection in the moment is accurate, the links

between words and referents remain numerous and messy (McMurray, Horst and Samuelson, 2012). Such evidence suggests that children’s ability to resolve referential ambiguity in the moment is not necessarily the same as long-term word learning. Children may well solve the immediate problem of referent selection by exploiting, for instance, logical constraints or socio-pragmatic cues, but word-referent mapping takes time.

Indeed, theorists have argued that in-the-moment ambiguity resolution must be rapid, while learning must be slow. There is a socio-pragmatic requirement to make quick and dirty inferences regarding word meanings in order to achieve goals. Consider, for example, the inferences made during interactions in an unknown language while travelling. Learning, on the other hand, must be slow because many of these in-the-moment inferences are likely to be incorrect, and therefore rapidly forming hard-and-fast word-referent associations would result in a system of errors.

Radically, this means not only that solving the immediate problem of referential ambiguity does not necessarily entail learning, but also that learning does not necessarily entail solving the immediate problem of referential ambiguity. Instead, multiple word-referent associations may be formed at any given time, with these then gradually strengthened or pruned over further exposures.

Implications for caregivers and practitioners


As those working in speech and language therapy are aware, there is good reason that anyone involved in a child’s development should aim to provide that child with a language-rich environment. Early vocabulary size is a significant predictor of later grammatical awareness and literacy (Lee, 2011), each of which is associated with educational outcomes (Conti-Ramsden et al, 2018).

One conclusion from recent research in ambiguity resolution is that we should be wary of interpreting successes in word recognition tasks (during assessment or intervention) as evidence of learning. Conversely, we should be mindful that poor in-the-moment word recognition does not necessarily reflect deficient long-term language knowledge, but may instead reflect specific difficulties in immediate ambiguity resolution. As Thomas, Schulz and Ryder



REFERENCES

To see a full list of references, visit: osf.io/6zdsa/



We should be wary of interpreting successes in word recognition tasks as evidence of learning





AT A GLANCE

Strategies to support vocabulary growth



Establish joint attention through gaze and gesture



Talk about items the child is currently engaged with



Link words through active comparison (eg of colours or textures)



Play with a restricted number of toys or objects



Read storybooks (even repeatedly), particularly those without a large number of moving parts



Use recasts incorporating novel vocabulary



Harness features of baby talk, including a simplified grammar and a reduced speech rate

(2019) have argued, this makes the SLT's expertise in determining the limitations of standardised tools of assessment in a given context essential.

Recent eye-tracking work, for instance, found that despite typical initial looks towards a target image corresponding to a spoken word, children with developmental language disorder (DLD) subsequently made more looks towards competitor images than their typically developing peers (McMurray, Klein-Packard and Tomblin, 2019). One plausible interpretation of these results is that referential ambiguity resolution may be a challenge for some children with DLD even when they have the long-term language knowledge required to complete a given task.

While successful in-the-moment referent selection does not necessarily entail learning, it is also true that we cannot 'turn off' learning. For this reason, facilitating immediate referential ambiguity resolution by simplifying the learning environment may support the formation of stable word-referent associations over the long term. Restricting play to a limited number of toys and reading storybooks without a large number of moving parts have, for instance, been associated with gains in vocabulary size (Oakes, Kovack-Lesh and Horst, 2009; Horst, Scott and Pollard, 2010). Similarly, referent identification may be supported through gaze and gesture, or through building conversation around items that children are attending to (eg Goodwyn, Acredolo and Brown, 2000). Each of these approaches has been shown to improve vocabulary growth by helping children identify word referents in a socially meaningful way.

The finding that word-referent associations are fine-tuned over time

suggests that experiencing the same word-object mapping in multiple situations is vital. In this way, while in one situation a word may occur in the presence of multiple objects or actions, over time that word is likely




to co-occur regularly with a specific object or action. Making comparisons between objects and actions during play or general exchanges may support such cross-situational learning (Smith et al, 2002), for instance, comparing the materials, colours, or sizes of similar toys or items of cutlery.


Cross-situational learning is in fact the only way to acquire grammatical words such as 'if' and 'when', for which there is no obvious environmental referent. This suggests that while 'baby talk' (eg raised pitch, slower speech rate) can help attract and sustain children's attention, it is important to use full grammatical sentences in conversation with children (Hoff and Naigles, 2002).

Finally, a large research literature documents the association between shared storybook reading and gains in early vocabulary size. Interestingly, research has also identified gains in vocabulary size associated with repeatedly reading the same storybook (Horst, Parsons and Bryan, 2011). This finding is consistent with the idea that stable word-referent associations take time to develop. Similar strategies (though with appropriate modifications or at a higher dosage) may support vocabulary development in children who struggle with language, such as children affected by DLD.

Whether the child we are engaging with struggles with language or not, the strategies we employ to assist that child's vocabulary development have two essential aims: to support the resolution of referential ambiguity in the short term, and to support the formation of accurate word-referent associations in the long term. 


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We know what you're made of

Are your patients drinking enough?

We all know that water is essential for life! Unfortunately, not everyone finds it easy to drink enough to stay hydrated.

Dysphagia sufferers, estimated at 8% of the population² often struggle to take in enough liquids, even developing a fear of swallowing.

It's time to take hydration seriously

Thick & Easy™ Clear



Thick & Easy Clear

Thick & Easy Clear is prescribed to modify the consistency of drinks, helping people with dysphagia to swallow safely.

Thick & Easy Clear:

- Encourages fluid intake, therefore reducing the risk of dehydration
- Is a gum-based thickener
- Doesn't alter the natural appearance, taste or texture of drinks³
- Retains a consistent thickness over time

A NEW online resource for healthcare professionals, carers and patients bringing training, expert information and helpful advice about caring for patients with dysphagia in the community.
Visit dysphagia.org.uk

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

Helping patients to stay hydrated



Join today, visit www.whatwemadef.org to help hydrate the nation and make a dramatic difference to peoples' care.

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Date of preparation: April 2020. Job code: EN01854b. Thick & Easy is a trademark of Hormel Health Labs. Fresenius Kabi is an authorised user.



FRESENIUS KABI

caring for life

Critically Appraised Topics explained

Hazel Roddam and Sophie Chalmers *discuss CATs, a rapid review approach to answering clinical practice questions*

The challenge facing all clinicians is to demonstrate that we keep informed about the current research evidence that underpins our clinical case management of individuals, as well as our service delivery planning. This is the fundamental basis for continuous quality improvement across healthcare and has been the focus of research into knowledge translation strategies for almost three decades.

Busy practitioners are recommended to access pre-appraised evidence sources in the first instance, including evidence-based clinical guidelines and systematic reviews, which have synthesised the findings from primary research into a more accessible secondary evidence source. However, when these searches don't fully answer the focus of our

clinical/service questions, we need strategies to guide our next steps. It's essential that we have confidence in practical tools and time-efficient processes to help us undertake our own reviews of the latest evidence to answer the priority questions in our own clinical settings.

Systematic reviews demand academic expertise and are generally conducted by a team. They also take considerable time to complete, which poses another challenge in clinical contexts where decisions are required in a timely manner. Consequently, "rapid reviews have evolved as a way to promote application of the best available evidence by providing information in a more accessible format when and where it is needed" (Grant and Booth, 2009).

What is a CAT?

Of course, all rapid reviews still need to have a rigorous method and be undertaken in a fully transparent way. The Critically Appraised Topic (CAT) approach has been developed across a wide range of healthcare disciplines to provide a structured and brief summary of up to five papers that relate to the specified question.

While a CAT has less breadth and depth than a full systematic review, the process is still highly systematic and appropriately robust, and produces pragmatic findings to inform practice (White et al, 2017). This approach is intended to be undertaken by all healthcare professionals, in a realistic timeframe and without specialist training. CATs are advocated for SLTs "in the

use of research evidence in their clinical decision making; aiding the translation of research evidence to clinical practice and bridging the research-to-practice gap" (Raghavendra and Swift, 2019).

Conducting a CAT review

As with all types of review, the key is to frame a question that is relevant, meaningful, and defines a highly specific issue. This should identify the most directly relevant evidence sources. A well-defined question should also specify the most relevant type/s of research designs, to achieve a more efficient and effective search. Recommended templates for framing the question include PICO (Richardson et al, 1995) and PESICO (Schlosser et al, 2007).

The search is subsequently conducted, screening against the specified inclusion/exclusion criteria. In common with



● ●

A CAT's strength is that the findings can provide practitioners with a 'clinical bottom line'

November 2019 *Bulletin* for more on this resource), which promotes the use of CATs to answer clinical practice questions. In 2019 a special issue of this journal presented a wide range of CATs from across speech and language therapy clinical practice, as well as a tutorial on a modified CAT approach for undertaking a synopsis of qualitative research evidence

Skeat and Roddam, 2019).

In the same issue, Skeat and Roddam present the findings of a CAT review of parental perceptions of their involvement in their child's speech and language therapy treatment. As most early language interventions aim for a high level of parental engagement, the clinical bottom line findings of this review potentially have direct implications for the work of many paediatric therapists.

However, it's also important for practitioners to anticipate how to react if a CAT review reveals no published research evidence that directly answers their clinical question. Sophie carefully constructed a CAT question generated by her reflection in an acute inpatient neuro rehabilitation unit, where some cases with severe sensory-motor oropharyngeal dysphagia made little progress with traditional swallowing therapy. Based on an awareness of national developments and emerging evidence from relevant product developers, the speech and language therapy team questioned whether an alternative treatment option such as pharyngeal electrical stimulation (PES) could have been of benefit to these patients. Previous research had focused on the treatment of post-stroke dysphagia and tracheostomised patients, and it was unclear what research, if any, has been conducted in other acquired neurological disorders within an acute inpatient rehabilitation setting.

Sophie's PICO question was: in adults with acquired neurological oropharyngeal dysphagia in an acute

all review models, CATs aim to prioritise secondary research sources (which have already reviewed the evidence in a clinical area) before primary studies and other expert opinion sources. Unlike an exhaustive systematic review, CATs aim to produce only a synopsis of the highest level available evidence.

White et al's 2017 paper provides clear guidance for SLTs on judging the strength and validity of evidence for inclusion, helpfully framed in relation to whether the focus of your question is on evidence of effectiveness, participant experiences, or accuracy of assessment tools and strategies. The CAT report should provide clarity about the size of the evidence base, to indicate "how representative the CAT might be of that body of research" (White et al, 2017).

The strength of a CAT is that the findings can provide practitioners with a 'clinical bottom line' relatively quickly, to enable them to confidently adopt the take-home messages into practice immediately.

CAT examples

SLTs are advised to first check for any completed synopses relevant to their topic on databases including the Cochrane Library, speechBITE, or other useful sources such as ASHA's Evidence Maps, or the RCSLT's evidence pages (which can be found within the clinical guidance page on each clinical topic on the RCSLT website). Another great place to look is in the journal *Evidence-Based Communication Assessment and Intervention* (see the Research and Outcomes Forum in the



IJLCD LATEST

● The 2021 *International Journal of Language and Communication Disorders (IJLCD)* lecture on 'New Horizons in the clinical management of communication disability' will take place as a virtual event on 3 June. Confirmed speakers include Professors Alex Leff from University College London and Angela Morgan from the University of Melbourne.

● Those submitting papers to the IJLCD will soon be asked to include the relevant **reporting guidelines** from the Equator Network (equator-network.org), to help authors and reviewers ensure the paper includes all of the most important information. Those planning to submit papers in the future may want to look at the reporting guidelines before they start writing, or even before they plan their study.

🔗 To read the latest issue of the IJLCD, visit bit.ly/RCSLTjournals

therapy treatment. Three papers were reviewed which were deemed the most relevant to the topic and met the highest quality of evidence, including one meta-analysis (Bath et al, 2016, Vasant et al, 2016, Scutt et al, 2015). These all focused on the impact of PES on patients with post-stroke dysphagia predominantly in the subacute phase.

This CAT showed that there are currently no published studies that answered Sophie's specific question about the use of PES for patients with severe oropharyngeal dysphagia caused by acquired neurological disorders in the acute stages

rehabilitation setting, does pharyngeal electrical stimulation intervention improve penetration-aspiration scores, dysphagia severity, functional swallowing outcomes, and health economic factors?

Sophie conducted a literature search using Healthcare Databases Advanced Search (HDAS) from NHS Health Education England, looking for any studies that were randomised control trials (RCTs), meta-analysis of RCTs, retrospective analyses, or observational studies, as well as any relevant conference abstracts, and anything currently registered on a clinical registry. Further inclusion and exclusion criteria were set based on the PICO question. Titles and abstracts of relevant studies were screened to identify those that potentially met the eligibility criteria, and duplicates were deleted. Full text copies were then retrieved and assessed for eligibility.

No studies investigated PES for patients with acquired neurological dysphagia other than those with post-stroke dysphagia. Furthermore, no papers explicitly stated that patients recruited were in an acute phase or rehabilitative phase of their

inpatient rehabilitation units and can often have complex and severe sensory-motor dysphagia. A variety of physiological and behavioural dysphagia therapy techniques are available to SLTs, but all have a limited evidence base. While electrical stimulation to the pharynx has shown some preliminary evidence and promising trends in very small studies in a limited population of patients with acute and subacute stroke, research into the impact of PES in other neurological conditions causing severe dysphagia is needed.

Sophie's first attempt at conducting a CAT was produced in CPD time and closely aligned with the service's annual objectives. From start to finish, the CAT took approximately 20 hours to complete over a few months. For members working in the NHS, this could be cut down further by using trust librarians to assist in developing a search strategy and completing a methodical literature search. Connecting with other clinicians and researchers who have experience of the CAT process can also be invaluable. Networks such as ReSNetSLT, the ClinAcSLT CEN and the RCSLT Research Champion network help to connect interested individuals.

Summary

This CAT example helps to demonstrate the value of rapid review in practice to:

- inform future clinical services and treatment pathways
- use the available evidence with patients and families who may ask about novel treatment approaches
- critically appraise information received or promoted from industry.

It can also support the research priority setting agenda for our profession, particularly in areas of practice where the current research evidence base for effectiveness of interventions remains limited. 📌

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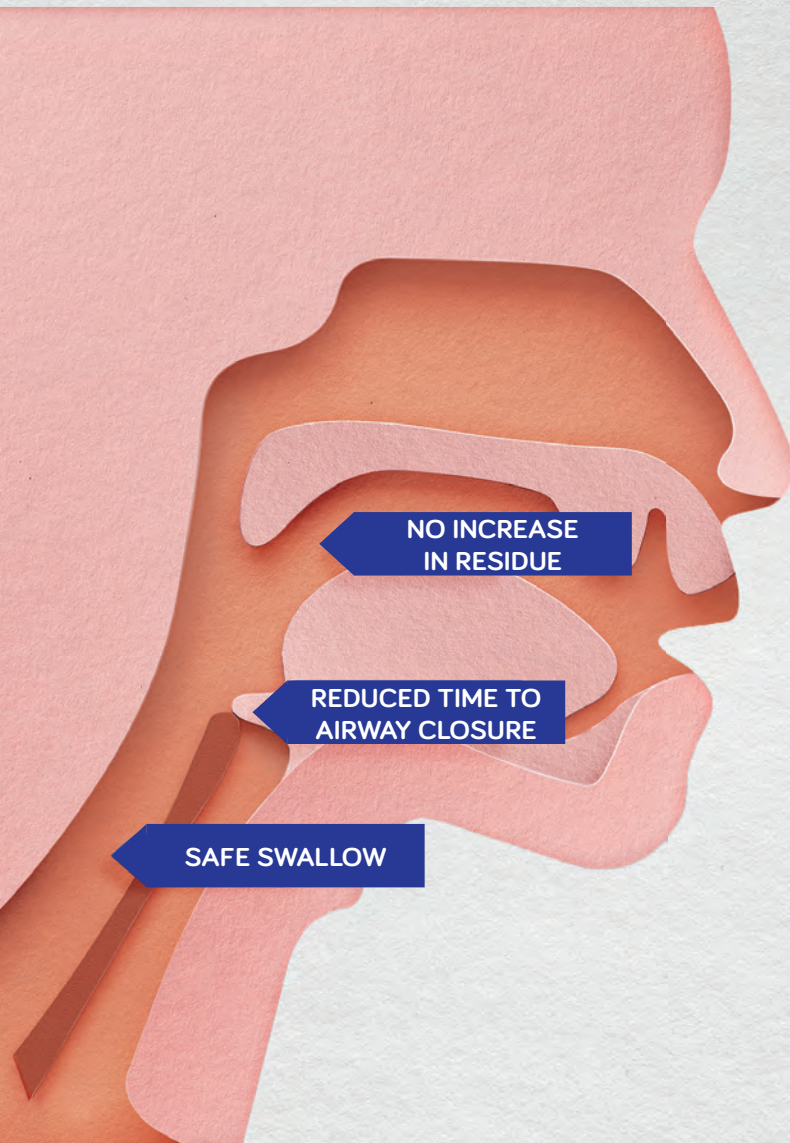
REFERENCES

To see a full list of references, visit: bit.ly/BulletinReferences

(other than stroke), eg neurovascular conditions, neuro-oncological conditions or neurological trauma. These patients are commonly referred to SLTs in acute

NUTILIS CLEAR: TRANSFORMING SWALLOW MANAGEMENT

Triple S study finds **unique evidence of the impact of Nutilis Clear** on the three key areas of swallow — **safety, efficacy, and physiology of swallowing**¹



SCAN THE QR CODE BELOW TO FIND OUT MORE ABOUT THE STUDY



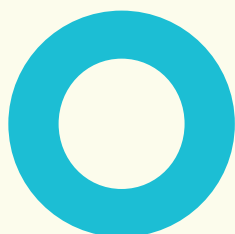
This information is intended for healthcare professionals only.

Nutilis Clear is a Food for Special Medical Purposes for the dietary management of dysphagia and must be used under medical supervision.

Reference: 1. Bolivar-Prados M et al. Neurogastroenterol Motil, 2019:e13695.

Evaluating disruption

Kathryn Moyle and Katie Chadd compare speech and language therapy outcomes data from before and after the pandemic



Over the course of the COVID-19 pandemic, speech and language therapy services have been required to make substantial

changes. There is no denying that routine clinical data is, and will continue to be, critical to monitor these impacts and inform decision-making. Thus, reviewing data when there is an unexpected change is valuable in demonstrating both the positive and negative consequences (Chadd, Moyle and Enderby, 2021).

Our profession is in a privileged position to compare data on speech and language therapy outcomes collected in 'usual times' with that during 'pandemic times' by using the RCSLT online outcome tool (ROOT), which contains therapy outcome measure (TOM) data (Enderby and John, 2015; 2019). We can use this data to draw comparisons and explore variations.

Many services have started to utilise telehealth during the pandemic (RCSLT, 2020). Yet SLTs have expressed concern regarding the suitability of telehealth for

some interventions. Here, we look at therapy outcomes before and after the pandemic, for patient groups which may be disadvantaged by telehealth: dysphonia and phonological disorder. While we

cannot say for sure that all therapy after the pandemic was via telehealth (and so not directly assessing whether it is disadvantageous or not), it is interesting to draw comparisons with pre-pandemic

TABLE 1 shows the proportion of patients improving (in one or more of the TOM domains) in each intervention group, for episodes of care ending between 23 March 2019 and 22 January 2020, compared with the same period in 2020-21.

Primary TOMs scale	Year	Total number of episodes of care	Proportion of episodes demonstrating a clinically significant ¹ improvement in one or more TOM domain
Dysphonia	2019-2020	343	75.2%
	2020-2021	59	96.6%
Phonological disorder	2019-2020	184	88.6%
	2020-2021	125	89.6%
Total ²	2019-2020	5551	68.3%
	2020-2021	3201	80.4%

¹ An increase of 0.5 or more on the TOM is a clinically significant change (Enderby and John, 2015) ² Total ROOT data excluding sets using the AAC TOM scale which deviates from the typical TOM structure, with multiple impairment ratings therefore that has not been provided here.



practices, nonetheless.

Overall, outcomes appear to be slightly better in the 2020-2021 cohorts than in 2019-2020 (tables 1 and 2). This appears especially true for the dysphonia group, where there is a considerable increase in the number of episodes of care resulting in an improvement in 2020-2021, compared with 2019-2020 (+21.4%) (table 1). Outcomes for phonological disorder appear similar in both cohorts (table 1) but there is some evidence that the gains made are less in 2020-2021 (+0.5 across all domains), than in 2019-2020 (+1.0 in four domains) (table 2).

We can speculate on the reasons for these differences. For example, it is likely that only a subset of patients received speech and language therapy in the last year, compared with usual times. These individuals could be a 'less impaired'



Outcomes data can assist with evaluating the positive and negative consequences of the pandemic


subset, ie those without comorbidities (who may have been shielding), or those who are more readily able to access telehealth. This latter group may potentially be younger, more cognitively able, or more socio-economically advantaged – all characteristics which may facilitate better engagement with speech and language therapy. It would appear reasonable to speculate that therapy for phonological disorder would be difficult in the 'pandemic year' even if

held face-to-face, due to the acoustic distortion arising from face masks. This could explain the reduced progress seen. Clearly, there is much to consider, and we would need to drill down further into this dataset to look at which factors influence this variation.

For services where these factors are known and recorded, outcomes data can assist with evaluating the positive and negative consequences of the pandemic. It is just as valuable to use this to identify what is not working well (traditionally and in the 'new' ways) and use this to plan services going forward. For example, it may become evident that a client group has worse outcomes via telehealth, which could be used to argue the case against taking a digital first approach for these individuals.

Get involved

We hope this has highlighted that data is an asset, particularly in times of disruption. We would encourage services to prioritise the collection and evaluation of data as much as possible.

The RCSLT provides a number of tools and resources to support gathering and analysis of outcomes data, including the RCSLT online outcomes tool and the COVID-19 data collection tool. For more information and to get involved with our work exploring health inequalities, please contact root@rcslt.org. 

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REFERENCES

To see a full list of references, visit: bit.ly/BulletinReferences

TABLE 2 shows the average change in each TOM domain for different intervention groups, for episodes of care ending between 23 March 2019 and 22 January 2020, compared with the same period in 2020-21.

Average change from start-end TOM score						
Primary TOMs scale	Year	Impairment	Activity	Participation	Wellbeing	Carer wellbeing
Dysphonia	2019-2020	+1.0	+1.0	+1.0	+1.0	0
	2020-2021	+1.0	+1.0	+0.75	+1.0	0
Phonological disorder	2019-2020	+1.0	+1.0	+1.0	+1.0	0
	2020-2021	+0.5	+0.5	+0.5	+0.5	+0.5
Total ^a	2019-2020	+0.5	+0.5	+0.5	+0.5	+0.5
	2020-2021	+0.5	+0.5	+0.5	+0.5	+1.0

^aTotal ROOT data excluding sets using the AAC TOM scale which deviates from the typical TOM structure, with multiple impairment ratings therefore that has not been provided here.



Good leadership

Carrie Biddle and **Victoria Harris** take a look at how the RCSLT's updated leadership guidance can support best practice

The last year has provided unrelenting challenges for leaders everywhere, and prompted many discussions along the way about what good leadership looks like.

In December, the RCSLT updated its leadership guidance (see: bit.ly/RCSLTleaders). Against the backdrop of the pandemic, it was a timely endeavour, with co-authors drawn from across the four nations to support leadership development in the profession, and with recommendations included from members.

Good leadership leads to good outcomes in many ways:

- It harnesses the full potential of the workforce to deliver the best patient outcomes. People with communication and swallowing needs require high-

quality, safe, effective, sustainable speech and language therapy services. This can only be achieved with a clear vision, and a shared purpose delivered with effective professional and clinical leadership.

- It results in better staff motivation and wellbeing. Good leaders ensure they check in regularly with others and actively seek opportunities to engage

with people. Employees who feel listened to, supported and valued bring their best selves to work and are more likely to stick around. They are also more likely to seek out opportunities for personal improvement and service development.

- By building capacity and confidence in people, good leaders understand their responsibility to provide professional



Good leadership leads to good outcomes

development opportunities and talent management programmes to grow future leaders.

- Developing yourself as a leader is motivating, fulfilling, and enables you to utilise your strengths to maximise impact.

New guidance

The RCSLT places a high value on leadership. It's embedded into the student SLT curriculum, newly qualified practitioner goals, and the competencies for lifelong learning. We're committed to supporting members to grow capabilities and confidence as



KEY TAKEAWAYS

Leadership

1 Leadership is a 'me to we' experience

The new guidance supports the development of resilient, inclusive and transformational leadership.

2 No one leads in a vacuum

The ability to connect with others and utilise their experiences to support change for the better defines the actions of great leaders. In the new guidance, you'll find sections on building networks, leading teams, and quality improvement. There are also

leaders at all levels.

In order for SLTs to become effective leaders, they need to keep pace with the clinical and professional landscape, and respond to it proactively. They also need to keep an eye on the horizon, to be ready to innovate when needed and expand their area of practice.

Each section of our new leadership guidance pulls together a selection of materials, offering starting points, reflective pieces, and key resources on different aspects of leadership.

We recommend you use the section headings to identify where to dip in and out in ways that provide a learning experience tailored to your personal leadership learning objectives. 📌

CARRIE BIDDLE, Health Education England South West regional head of allied health professions, and lead author of RCSLT leadership guidance;
VICTORIA HARRIS, RCSLT head of learning

📍 @carrie_biddle

📍 @RCSLTlearn



sections exploring different leadership roles, leading in the education and development of others, leading with care in patient safety, as well as clinical business skills.

3 21st century leadership is required

The future of health and social care relies on us to ensure we have the strategic leadership skills to bring people together within complex, dynamic systems and situations. The section on strategic leadership in the guidance has this covered, and information is provided about policies, strategies and national leadership programmes across all four nations of the UK.

ONLINE LEARNING

MND webinars

The Motor Neurone Disease (MND) Association has launched a free monthly webinar series for health and social care professionals.

Each webinar features subject experts on different aspects of MND care, including cough augmentation, speech and language therapy, Kennedy's disease, and psychological care.

🔗 For a full list of subjects and speaker information, visit: bit.ly/3ppFQA8

Speak up!

Encouraging a healthy 'speaking up' culture for the benefit of patients and workers alike is the aim of a new online training programme from Health Education England.

Freedom to Speak Up in the Health Sector is a three-part e-learning series that's relevant for all healthcare workers, from students and volunteers, through to senior leaders.

🔗 More information about the programme can be found at: bit.ly/3affVoa

Compassionate care

Talking to relatives – COVID-19 compassionate phone communication is a framework developed by palliative care doctors for use by other healthcare workers.

Covering concepts such as uncertain recovery and tips for compassionate conversations, the guide is available via the Learning Hub: a digital platform that provides easy access to a wide range of education and training resources for health and care professionals (see: bit.ly/3t53Slh).

🔗 Follow the Learning Hub on @HEE_TEL

CENs

Clinical Excellence Networks

East Midlands ASD virtual CEN

20 April 2021, 9.15am-12.30pm

Cost: £10. Zoom.

Speaker Shona Murphy on 'Busting autism myths' and 'False accusations of fabricated and induced illness' in two 45-minute sessions, with opportunities for Q&A.

✉ eastmidlandsasdcen@gmail.com

Acquired brain injury in children and adolescents (ABICA) CEN

24 April 2021, 9am-12pm

Cost: Free. Microsoft Teams.

For AGM, selection of CEN members, discussion of virtual patient care, case discussion and more. Email for full agenda, description of CEN Member roles and to book a place.

✉ ihatfield@thechildrenstrust.org.uk

London ASD CEN

28 April 2021: Speakers and timings TBC

If you are not already on our mailing list, email to be notified when the Eventbrite link becomes available. Via Zoom.

✉ londonasdcen@gmail.com

South East CEN in deafness

6 May 2021, 10am-4pm

Bilingualism, online CEN. Registration from 9.45am. Book via Eventbrite or email.

✉ stephanie.broodbank@leadinglearningtrust.org

✉ kalifa.coleman-best@leadinglearningtrust.org

Promoting communication in the early years CEN

11 May 2021, 9.30am-12.30pm

Cost: Free to current members (from Sept 2020); New members £10. Microsoft Teams.

Developing excellence in early years to support a child's communication and language. Sue Allingham on the EYFS reforms; developing excellence in early years to support communication; and supporting settings in the way forward – especially important in light of COVID-19.

✉ nickilees@nhs.net

Email your CEN notice to bulletin@rcslt.org
CEN notices are now online too:
rcslt.org/events

QUICK LOOK DATES

Pragmatics & Semantics: Myths, Clarification & Practice

Times to suite you via web access

Long distance, flexible learning at work or home with Dr Wendy Rinaldi. Topic choices include: diagnostics, inference, pragmatics, organisation and word-finding, concepts of self-esteem, safeguarding & independence. CPD pack/ebooks included.

✉ enquiries@wendyrinaldi.com

Elklan Supporting Children and Adults using AAC – Accredited CPD

17 and 24 May, 7-28 June via web access

£250 excluding VAT

Suitable for SLT assistants, SLTs and educationalists. Practical strategies and activities will be taught to give learners a thorough grounding in AAC. Delivered over five webinars with personal study in-between.

✉ henrietta@elklan.co.uk

🌐 elklan.co.uk

Elklan Training Package – Supporting Children and Adults Using AAC

25 June, 2 and 9 July via web access

£235 excluding VAT

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 elearning sessions, practicing marking, the accreditation procedure, administration and website.

✉ henrietta@elklan.co.uk

🌐 elklan.co.uk

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

11 and 19 May via web access

£235 excluding VAT

Educationalists will be equipped to provide accredited training to parents of 5-11s. Relevant Elklan Level 3 qualification essential.

✉ henrietta@elklan.co.uk

🌐 elklan.co.uk

Elklan Let's Talk Together Training Pack

12 and 19 May via web access

£235 excluding VAT

Practitioners will be equipped to provide accredited training to parents of pupils with social communication need including ASD. Relevant Elklan Level 3 qualification essential.

✉ henrietta@elklan.co.uk

🌐 elklan.co.uk

Elklan Let's Talk with Under 5s Training Pack

13 and 19 May via web access

£235 excluding VAT

SLTAs and EY practitioners will be equipped to provide accredited training to parents of pre-schoolers. Relevant Elklan Level 3 qualification essential.

✉ henrietta@elklan.co.uk

🌐 elklan.co.uk

Elklan Total Training Package for 0-3s

25 June - 1 July and 26 November - 2

December via web access

£495 excluding VAT

Equipping SLTs and EY advisors to provide accredited training to early years staff. The webinars will cover: questions concerning the content of the relevant elearning sessions, practicing marking, the accreditation procedure, administration and website.

✉ henrietta@elklan.co.uk

🌐 elklan.co.uk

Elklan Total Training Package for 3-5s

18-24 June and 19-25 November via web access

£495 excluding VAT

Equips SLTs and EY advisors to provide accredited training to early years staff. The webinars will cover: questions concerning the content of the relevant elearning sessions, practicing marking, the accreditation procedure, administration and website.

✉ henrietta@elklan.co.uk

🌐 elklan.co.uk

Elklan Total Training Package for 11-16s

4-10 June and 19-25 November via web access

£495 excluding VAT

Equips SLTs and teaching advisors to provide accredited evidence informed training to staff working in secondary schools. The webinars will cover: questions concerning the content of the relevant elearning sessions, practicing marking, the accreditation procedure, administration and website

✉ henrietta@elklan.co.uk

🌐 elklan.co.uk

Elklan Total Training Package for 5-11s

7-13 May via web access

£495 excluding VAT

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 elearning sessions, practicing marking, the accreditation procedure, administration and website.

✉ henrietta@elklan.co.uk

🌐 elklan.co.uk

Talking Mats Foundation Course

4 May, 1 and 29 June, 27 July, 24 August,

21 September via web access

Be more effective in involving individuals in sharing their views and making decisions. Register now for Talking Mats Online Training!

✉ info@talkingmats.com

🌐 talkingmats.com

The Shaping Coding System Online Course

Various dates

Via web access

Designed to teach spoken and written

grammar to school-aged children with developmental language disorder (DLD). Three accredited online courses available for SLTs and those working within education.

📧 training@moorhouseschool.co.uk
📍 moorhouse.surrey.sch.uk/courses

The Inclusive Communication Course
Various dates via web access

£180 (group discounts available)
Tutor feedback after each module – six online modules. For those in public-facing roles to develop understanding, skills and confidence when communicating with people with learning or communication challenges.

📧 info@coursebeetle.co.uk
📍 coursebeetle.co.uk/courses/the-inclusive-communication-course/

Supporting Developmental Language Disorder (DLD)

Courses to help SLTs and teachers support students with DLD, includes: free introduction, classroom strategies for teachers and current evidence base for SLTs.

📧 training@moorhouseschool.co.uk
📍 moorhouse.surrey.sch.uk/courses

Speech Assessment and Therapy
5 May via web access

£99-£120; students and returners £50
Presented by Dr Sean Pert of Manchester University

📧 info@coursebeetle.co.uk
📍 coursebeetle.co.uk/speech-assessment-may-2021-online/

Solution Focused Brief Therapy
10-14 May via web access

£199-£200; student and SaLT returners to work £100
With applicability for all work with those with SLCN and their families presented by Ali Berquez.

📧 info@coursebeetle.co.uk
📍 coursebeetle.co.uk/sfbt-may-2021-online/

NAPLIC Conference 2021 - Language: The Bridge Across The Gap

8 May via web access
£30 (members' early bird rate) or £60 (non-members' early bird rate)
Courtenay Norbury, Neil Mercer, Wendy Lee, Charles Hulme, Kate Nation and Yvonne Wren, plus practitioner presentations on team work supporting DLD from Pippa Cotterill and Mary-Jo Speary. Focusing on all aspects of DLD and SLCN, the event will look at the latest research, innovations and best practice to improve outcomes.

📧 naplic.conference@gmail.com
📍 naplic.org.uk/conferences

Laryngectomy: Surgical Voice Restoration

12-14 and 20-21 May via web access
This unique advanced level programme for SLTs working with laryngectomy patients includes communication and swallowing rehabilitation, emphasising surgical voice restoration. Presented by experts, it will focus on problem solving post laryngectomy; videofluoroscopy, air insufflation and Botox.

📧 cpd@imperial.ac.uk

📍 imperial.ac.uk/cpd/svr

Mindfulness for SLTs
17-18 May via web access

£199
Experiential introduction to key elements of mindfulness-based stress reduction and mindfulness-based cognitive therapy. Relevant to wide range of adult/paediatric client groups and has personal stress management/wellbeing benefits for therapists.

📧 speechtherapy@citylit.ac.uk

Hodson's Cycles Approach - Enhancing and Evaluating Phonological and Metaphonological Skills of Children with Highly Unintelligible Speech

20-21 May via web access
£99-£120; student and returners £50
Presented by Lesley C Magnus and Raul Prezas

📧 info@coursebeetle.co.uk
📍 coursebeetle.co.uk/hodsons-cycles-approach-online-may-2021/

Introduction to Stammering
24 May via web access

£99-120; students and returners £50
Presented by Elaine Kelman, consultant SLT and head of The Michael Palin Centre for Stammering in London.

📧 info@coursebeetle.co.uk
📍 coursebeetle.co.uk/introduction-stammering-may-2021/

How to support children's language in the early years

26 May via web access
£99-£120; students and returners £50
Presented by Professor Julian Pine and colleagues from the ESRC LuCID Centre.

📧 info@coursebeetle.co.uk
📍 coursebeetle.co.uk/early-years-language-may-2021-online/

Bilingual Children with Speech and Language Difficulties

8 June via web access
£99-£120, students and returners £50
A day re the current evidence base for identification and management, with clear pointers for practice. Led by Dr Sean Pert of Manchester University.

📧 info@coursebeetle.co.uk
📍 coursebeetle.co.uk/bilingualism-jun-2021-online/

ADOS-2 Administration and Coding Course

7-10 June, Bristol
ADOS-2 is the latest revision of the Autism Diagnostic Observation Schedule and is the most widely used observational assessment in the diagnosis of autism.

📧 ados2training.co.uk

Acceptance and Commitment Therapy for SLTs

17-18 June via web access
£199
Helpful to wide range of SLT clients/carers and with a strong evidence base. ACT (a mindfulness-based approach) is about acceptance of difficult experience and taking action towards

living a valued life. Learn about ACT's key components on this experiential workshop.

📧 speechtherapy@citylit.ac.uk

Core Vocabulary Therapy for Inconsistent Phonological Disorder

17-18 June via web access
£99-£120; students and returners £50
Presented by Dr Jan Broomfield.

📧 info@coursebeetle.co.uk
📍 coursebeetle.co.uk/core-vocabulary-jun-2021/

Nuffield Dyspraxia Programme

21-22 June (modules 1-2), 5-6 July (modules 3-4)

£99-£120
Presented by Dr Pam Williams.
📧 info@coursebeetle.co.uk
📍 coursebeetle.co.uk/nuffield-dyspraxia-online-mod-1-2-21-22-jun-21

LSVT LOUD Virtual Live Clinician Certification Workshop

24-25 June via web access
£200-£530

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.

📧 info@coursebeetle.co.uk
📍 coursebeetle.co.uk/lsvt-loud/

smiLE Therapy: Day One Training
24-25 June via web access

For SLTs and teachers. Innovative 10-step therapy. Teaching functional communication and social skills in REAL settings. Outcome measure and empowering parents integral to therapy.

📧 info@smiletherapytraining.com
📍 smiletherapytraining.com

smiLE Therapy: Day Two Training
28-29 June via web access

For SLTs and teachers. Innovative 10-step therapy. Teaching functional communication and social skills in REAL settings. Outcome measures and empowering parents integral to therapy.

📧 info@smiletherapytraining.com
📍 smiletherapytraining.com

Supporting 8-14s Who Stammer
28-30 June via web access

£300
Michael Palin Centre Trainer: Martha Jeffery. 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 seven to 14 years old.

📧 uhdb.ncore@nhs.net
📍 ncore.org.uk

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

2-8 July via web access
£495 excluding VAT
This course equips SLTs to provide

accredited training to staff who manage pupils with complex learning needs. The webinars will cover pre-intentional to early intentional communication, questions concerning the content of the relevant learning sessions, practicing marking, the accreditation procedure, administration and website.

smiLE Therapy: Day Three Training
8-9 July via web access

For SLTs & specialist teachers who have completed their first smiLE Therapy module at their workplace. To problem solve and share feedback, outcome measures, the power of parent groups and staff groups and to plan next steps to get maximum impact for their students in their newly learned life skills.

📧 info@smiletherapytraining.com
📍 smiletherapytraining.com

Speech Transcription Refresher
12 July via web access

£60-£75; students and returners £40
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.

📧 info@coursebeetle.co.uk
📍 coursebeetle.co.uk/speech-transcription-refresher-workshop-online-jul-21/

SOFFI Method: Supporting Oral Feeding in Fragile Infants

28-29 September, Glasgow
£485
Dr Erin Ross, Speech & Language Pathologist, will lead this excellent 2-day course aimed at SLTs and other professionals working with preterm and medically complex infants in both the NICU and in community settings.

📍 therapy-links.co.uk/training

Multidisciplinary Team Management of Atypical Parkinson's

3 November, Derby
£130

The aims of the course are: Gain an increased knowledge and understanding of atypical Parkinson's conditions; understand the overall management of these conditions; understand and know how to implement therapy interventions and have an understanding of how such conditions can impact an individual.

📧 uhdb.ncore@nhs.net
📍 ncore.org.uk

Elklan Total Training Package for Verbal Pupils with ASD

5-11 November via web access
£495 excluding VAT
Equipping SLTs and teaching advisors to provide accredited training to staff supporting verbal pupils with ASD, 3-8 years. The webinars will cover: questions concerning the content of the relevant learning sessions, practicing marking, the accreditation procedure, administration and website.
📧 henrietta@elklan.co.uk
📍 elklan.co.uk



See our **Quick Look**
Date event listings
in this edition of
Bulletin!

Specialist CPD brought to you by Course Beetle

We are a specialist training provider. Visit our website to view our:

- Online masterclasses
- LSVT Loud Virtual live Training and Certification Course
- **NEW** Course Beetle Academy 'The Inclusive Communication Course' self-study, SaLT supported learning for those without specialist prior knowledge

www.coursebeetle.co.uk



Together, we can help children with autism connect through better communication

When we combine the skills, dedication and compassion of parents and professionals, we effect greater change than anyone could alone.

Join the thousands of SLTs around the world using Hanen's More Than Words® strategies with families.



Register for a More Than Words® workshop today.
www.hanen.org/MTWBulletin



Pearson

Moving forwards

As restrictions begin to lift, you may be looking into different assessment options that allow you to support your client's speech and language needs, no matter where they are.

Our range of helpful tools and resources include:

- ▶ Guides for safe face-to-face sessions
- ▶ Digital assessment solutions
- ▶ Telepractice assessment support

Learn more at: pearsonclinical.co.uk/sltpath



Melanie PACKER

*Senior lecturer and placement lead
at Birmingham City University*

In my current working life, I find that I am constantly asking myself what it means to be an SLT. What are the skills, values and behaviours that are needed?

And how do they manifest in the different roles that SLTs take on? At the heart of these questions is my own reflection on my end goal to be the best version of myself, as an SLT who works in the service of others. As a senior lecturer and the placement lead at Birmingham City University (BCU), I still draw upon the knowledge, skills and values that are essential in clinical practice and my end goal remains the same. Teaching on professional practice modules also provides me with an opportunity to encourage students to ask themselves the same questions.

Collaborative working has always been pertinent to any professional activity that I've been involved in, and this certainly hasn't changed since making the transition into teaching. Now I have the privilege of working with pre-registration (undergraduate and postgraduate) students, lecturers in the faculty of health, education and life sciences, and SLTs from across the West Midlands region. Since joining the teaching team at BCU, I have been heavily involved in preparing students for placement, sourcing placements and supporting practice educators. There have also been opportunities to link with other higher education institutions, as well as the RCSLT.

When the pandemic struck, our small team at BCU had to work very hard to find solutions for student placements. The pandemic forced lecturers and practice educators to think


creatively, and this has led to some great outputs and outcomes. As a collective of SLTs across the region, both lecturers and practice educators have ventured into the world of telehealth placements, something that we'll be sure to continue and develop further in the months ahead, alongside face-to-face opportunities.

In recent months I have witnessed how SLTs have adapted in response to the pandemic and worked with the university to explore, sustain or generate new ways of continuing placements in spite of the challenges. It has been a fantastic reminder of what a resourceful and resilient profession we are.

Former colleagues have sometimes asked whether I miss daily clinical interactions and therapy with clients. The truth is, I have always found working as a paediatric SLT to be incredibly rewarding. However, a senior manager once told me that to make a difference it is important to position yourself in a role that allows you to bring about the most good and the greatest positive influence. This advice guided my previous work with families and services, and is something I continue to live by in my current role.

Working in placement education gives me an opportunity to give something back to the profession by ensuring we


have a contemporary, forward-facing speech and language therapy workforce that is able to meet the needs of the communities we serve.

I have come a long way since working as an SLTA in 2001 within an adults with learning disabilities team, then working in paediatric clinics and innovative projects in early years environments, to now working at a university, and I feel incredibly proud to work as an SLT in and for the West Midlands region. 



**Working in
placement
education
gives me an
opportunity
to give
something
back**

 Melanie.Packer@bcu.ac.uk

 [@MelaniePacker72](https://twitter.com/MelaniePacker72)

University dysphagia awareness training goes virtual

WILTSHIRE

EST. FARM 1991

FOODS

Since 2018, **Wiltshire Farm Foods** has pioneered knowledge sharing with its university training programme, specifically designed for undergraduate healthcare students.

Equipping speech and language therapists, occupational therapists and dietitians with specialist expertise through their dysphagia awareness sessions has proved extremely popular with course providers, keen to enrich content for their students whilst in lockdown.

Wiltshire Farm Foods' company dietitian, Emily Stuart, hosted the first of several trainings with undergraduate dietitians at Hertfordshire University last month: providing insight on the issue of swallowing difficulties – also known as dysphagia - and its associated risks. The sessions were brought alive through a combination of academic, social and practical elements.

When it comes to engaging healthcare professionals of the future about dysphagia, Emily says that this training will not only give students a broader understanding of this specialist subject, it will also prepare them in meeting the often-complex needs of their future patients:

"We've had a really positive response to our virtual trainings this year.

University lecturers have welcomed the opportunity to enrich course content

and engage students with additional curriculum material. As well as reviewing the social issues that people with dysphagia can face, we discuss the importance of safety precautions when using appropriate utensils, sitting position and posture, along with the international descriptors for texture modified meals and addressing nutritional concerns."

The fully comprehensive hour-long webinar also includes a practical element called 'Ready, Steady, Blend', where students are tasked with making a standard Wiltshire Farm Foods roast beef meal suitable for someone following a IDDSI Level 4 diet, to eat, using a blender at home. This task, designed to enhance the students' future clinical practice, highlighted how difficult it can be to make a meal safe for those with



Wiltshire Farm Foods Softer Foods range

We understand the importance of the 'hospital to home' journey

JENNY WATERFIELD,

healthcare professional and
Softer Foods marketing manager

swallowing difficulties, the importance of aesthetics and other issues presented to carers.


Jenny Waterfield, healthcare professional and Softer Foods Marketing Manager, is confident the training will prepare dietitians of the future as they embark on their professional careers:

"Having engaged with a number of healthcare professionals, we understand the importance of the 'hospital to home' journey; ensuring patients receive

adequate nutrition once discharged is crucial.

"Complications such as dysphagia often present a barrier to eating well and safely, so the more we can educate undergraduate healthcare students about these issues, the more prepared they will be when it comes to assessing the needs of their patients. We're looking forward to conducting more trainings during the year ahead - hopefully not all of them will be delivered in a virtual capacity!"

For more on how Wiltshire Farm foods supports SLTs and their patients visit: specialistnutrition.com/healthcare-professionals

 If you have an interesting story to share, or news of an event or project in your region, email bulletin@rcslt.org

A new space
dedicated to
showcasing news
and initiatives
from across
the UK

Scotland and Wales go to the polls

On 6 May* voters in Scotland and Wales will head to the polls for the **Scottish Parliament** and **Senedd Cymru/Welsh Parliament** elections

In the **Scottish Parliament election**, recovery from the pandemic and renewal will be top priorities, while Scottish independence will also be a big ticket item. But where will the interests of people with communication, eating, drinking and swallowing needs fit within all this?

The RCSLT and like-minded organisations have worked to get three commitments into party manifestos, by asking them to commit to the following:

1. To create a world-leading inclusive communication nation in Scotland.
2. To make sure everyone with a long-term condition gets the highest quality

rehabilitation, when and where it works best for them.

3. To guarantee all children and young people get every opportunity to develop the best speech, language and communication skills they can for a happy and successful life.

You can help to give service users a head start in Scotland's next government by visiting rcslt.org/policy/scotland to find the tools you need to get our asks into the hearts and minds of candidates.

You can also join in the campaign via [@rcsltscot](https://twitter.com/rcsltscot) on Twitter, or by emailing kim.hartleykean@rcslt.org.

KIM HARTLEY KEAN, head of RCSLT Scotland



The response to the pandemic is likely to loom large in peoples' mind as they cast their votes in the **Senedd Cymru/Welsh Parliament election**, too.

However, with support on the rise for both the Welsh independence and 'Abolish the Senedd' movements, there may be a few surprises in store.

The RCSLT Wales team has been working hard to raise awareness of the needs of people with speech, language and communication needs and swallowing difficulties, and the role of the profession in improving their lives,

among candidates. You can read our manifesto asks at rcslt.org/policy/wales. We're keen to increase awareness of our calls with as many politicians as possible, and strongly encourage Welsh members to get involved in the campaign – we have support and ideas available to help you get started.

To find out more, email caroline.walters@rcslt.org and let us know what you're up to in Wales by tagging [@rcsltwales](https://twitter.com/rcsltwales) on Twitter.

PIPPA COTTERILL, head of RCSLT Wales and **DR CAROLINE WALTERS**, RCSLT external affairs manager (Wales) **(date correct at the time of writing, but may be subject to change)*




New app for intubated patients

A free app to support communication in intensive care units (ICUs) has been developed by the assistive technology team at Barnsley Hospital NHS Trust.

Developed in conjunction with ex-ICU patients, the app comprises design elements specifically tailored to patients who are intubated and in high-dependency units or ICUs.

Features are aimed at providing reassurance to patients in periods of lucidity, such as the time and date, and information about what happened to them, as well as a simple keyboard that allows patients to communicate. The ICU Communication App can be downloaded for free from the Apple app store.

 For more information about the app and its accompanying communication resources, visit: bit.ly/3rM1qzE

Speech and Language Therapists



Locations: Special and mainstream schools
Contract type: Permanent
Hours: Full time/part time (minimum 3 days)/term time only considered
NHS band: 7 PMLD & dysphagia; band 5-6 mixed specialisms
Specialist areas: Education, paediatrics, special schools, learning disabilities, autism, PMLD, dysphagia
Start date: ASAP
Recruiter: Barnet, Enfield and Haringey Mental Health Trust (Enfield Community Division)
 These posts are available with a golden hello which will be discussed with you at interview

Paediatric Highly Specialist Band 7 Speech and Language Therapist: Complex Needs and Dysphagia – Full time

Based in Waverley School - an outstanding specialist school for children with complex learning difficulties. You will be part of the school based Speech and Language Therapy team within a multidisciplinary team of O.T./P.T./Nurse fully integrated into the school provision. You will be part of the SLT team of 2 wte at the school which also has an Autism provision. You will work closely with the school management team to determine priorities for workforce development. Training /consultation and ongoing support are embedded within school delivery. The school has a strong collaborative, in-class working model. The school is active in developing its communication environment and there are exciting opportunities to work with all staff to develop the communication and eating experiences of the children. You will support and develop children's communication skills in partnership with the young person, parents and school staff and monitor their eating and drinking. The school is committed to developing alternative and augmentative communication and a particular interest in the use of PODD. Staff will receive regular professional support and supervision and access to CPD and clinical lead specialist.

Newly Qualified /Developing Specialist Band 5- 6 posts. Newly commissioned permanent roles

Full or part time opportunities across a range of Mainstream / Special school sites: Durants, Russet House, and Oaktree schools with sessions available in mainstream schools to work with young people with EHCPs. This is an opportunity to structure a post around your areas of interest. In Enfield, we can offer you;

- Access to Clinical lead expert Therapists in the areas of: Developmental Language Disorder, Autism, SEMH, Deafness and Complex needs who can offer individualised support and training for your further development
- A commitment to your continued professional development. Within the last year the team has accessed SCERTS, Approaches to AAC, Attention Autism Levels 1-4, classroom strategies in DLD with on-going opportunities to receive accredited training in Talking Mats. External Training through the Trust Centralised Funding.
- A dynamic, innovative supportive and friendly team with staff turnover figures half the national average
- Staff reporting high levels of job satisfaction
- A strong ethos of collaborative working and user consultation
- A commitment to embedding the 'voice of the child' and using this information to inform target setting.
- The opportunity to tailor make a component of your job to develop in the area that you are most interested in.
- A buddy system where you will be paired with a member of the team for informal guidance and support in addition to a supervision package adjusted to your needs.

We would be very happy to discuss these posts if you are interested. Please contact Judy Sleat; Judy.Sleat@NHS.net or 020 8702 4284. Applications can be made via the BEHMHT website at: jobs.beh-mht@nhs.uk

Exciting opportunities will soon be available to work in a new Speech, Language and Communication multi-professional Hub addressing universal and targeted needs in schools. These posts are band 8A-7 so please contact us if you would like to discuss and register your interest.



Crowdys Hill School

Speech and Language Therapy

Permanent – 2 days per week – Term Time Only

Salary: : £27,966 - £31,832 (pro-rata)

Crowdys Hill School are seeking to recruit an enthusiastic and dynamic Speech and Language Therapist to join our busy therapy department. We are a special needs school with 226 pupils, with Complex Needs aged between 5-19 years and the majority of our students are diagnosed with A.S.C. We currently deploy a range of communication strategies in the classroom and deliver specialist group intervention during the school day.

You will be in charge of your own caseload and supported by another Speech and Language Therapist. The post holder is required to train members of staff in the school setting and should be a team-worker.

The post is for two days a week during term-time and is flexible. There may be a possibility for further hours in the future. Both newly qualified and experienced applicants are welcome.

Please download the application pack:

www.crowdyhill.swindon.sch.uk/current-vacancies.html

For more information, contact recruitment@crowdyhill.swindon.sch.uk, or call Trudy Topp on 01793 332400.

Closing date: 19 April 2021

Interviews: Week commencing 26 April 2021

Start date: September 2021 but this is negotiable

Crowdys Hill School is committed to safeguarding and promoting the welfare of children. Successful applicants will be required to undergo an enhanced DBS check.

Flis Parsons

1956–2020

Flis was a skilled and respected therapist, a great people-manager, an amazing cook, a party animal and a good friend. It was with such sadness that we learnt of her death.

After qualifying at Birmingham Polytechnic (now Birmingham City University) in 1977, Flis's first job was in Sandwell – a place which stayed close to her heart. Later she moved to Staffordshire, and the colleagues she met there remained friends until the end of her life. Initially Flis worked for mid-Staffordshire health authority as a specialist in learning disabilities; by 1988 she had reached the dizzy heights of 'principle for paediatrics'.

The late 1980s and early 1990s saw considerable organisational change and Flis found herself back in Sandwell in 1992, this time as both principle for paediatrics and deputy service lead. Over the next few years, others also found themselves in Sandwell and were welcomed into a small but happy band of therapists.

Flis, now service lead, used her skills to raise the profile of speech and language therapy – first locally, then regionally as chair of the West Midlands SLT Managers' Forum, and ultimately nationally.

Flis was a firm believer that children deserved the best start, no matter where they lived or what disadvantages they faced, and for a time she managed a Sure Start children's centre. What better place than an inner city borough to begin to make a difference – and make a difference she did. The quality of care that children receive depends on the workforce and Flis created much more than a workforce; she created a strong team.

In 2000, Flis was elected chair of the

RCSLT. She was proud but also terrified. Several of us made the journey to Edinburgh to see her inaugurated: sitting at the back, willing it all to go without a hitch – which of course it did!

There are several standout memories from this period: Flis appointed current CEO Kamini Gadhok to the RCSLT and was the first chair to work with her. She made visits to Parliament, finding a voice for speech, language and communication needs at every opportunity, and represented the profession

at the funeral of the Queen Mother (then RCSLT patron).

Flis was a very kind person with a distinctly 'hands-off' management style, but she was no pushover. She was strong and always spoke up for what she believed was right. This honesty continued when she moved into senior management in the primary care trust. Against a backdrop of more reorganisation, Flis climbed the promotion ladder until, in 2007,

one merger too far resulted in redundancy.

Flis had experienced health worries for several years, including a bad car accident and surviving necrotising fasciitis. In November 2020, Flis died of complications following major surgery.

Flis leaves behind a partner, three wonderful children and two grandsons. Their loss is huge. We hope there is some comfort to be found in knowing their mum left such a personal and professional legacy. **B**

DIANA MCQUEEN and **LIZ ROGERS**



**In 2000,
Flis was
elected
chair of
the RCSLT**

"I loved Flis and have such good memories of her. She was a true leader, and the driving force in bringing me to the RCSLT all those years ago to create a significant step change in the organisation. I was very sad to hear that she had died so suddenly"

**KAMINI GADHOK MBE,
RCSLT CEO**

In the journals



Prosody in practice


Prosody, the melody and rhythm of speech, is impaired in a range of conditions including motor speech disorders, autism spectrum disorder and hearing loss. Prosodic disorders and differences can affect a client's ability to express themselves and to understand others' intended messages. A survey of 245 speech language pathologists (SLPs) in the US found that the majority acknowledged prosody was within their scope of practice, but rarely assessed or treated it. The survey suggested the following explanations.

- There are few published tools for assessment of prosody and none simultaneously assess grammatical, pragmatic and emotional elements of prosody.
- Although evidence about intervention is from small-scale studies, these suggest that targeted prosodic skills improved for the majority of participants.
- There is a lack of knowledge and training opportunities related to prosody.
- Prosody was usually a lower priority relative to other aspects of speech and language for clients with complex needs.

There is a lack of relevant research including normative data on prosodic development.

The authors' recommendations included: "Increasing training opportunities, encouraging collaboration between researchers and SLPs with expertise in prosody, and the development of a clinically feasible prosody assessment."

DR ANNE BREAKS, consultant SLT, Evelina London Children's Hospital

 Hawthorne, K and Fischer, S (2020) Speech-language pathologists and prosody: Clinical practices and barriers. *Journal of Communication Disorders*, 87, 1-15

ComAlong Toddler study

This qualitative study describes parents' perceptions of the ComAlong Toddler intervention. A total of 16 parents from 13 families were interviewed for the study; they each had children ranging from 18 months to three years, with a wide range of speech and language abilities.

Parents described continued use of all three early parent-focused interventions, including responsive communication ('act like an owl'), enhanced milieu teaching ('act like a fox'), and use of multi-modal augmentative and alternative communication (AAC). They emphasised the importance of modelling, coaching, feedback and home visits.


Parents reported embedding the tools into their everyday lives. They commented on improvements in their children's interest in

communicating and noticed that using AAC had improved their children's receptive language.

Although parents had some reservations about the weekly assignments, they also reported that they 'actually made a difference'. Where two parents were involved, they felt assignments enabled them to cooperate and gain shared insight into their child.

The authors conclude that these interview results 'may suggest long-term benefits of ComAlong Toddler'.

CATHERINE HALE, acting service lead, Communication Aid Service East of England (CASEE), Cambridge University Hospitals


 Fäldt, A, Fabian, H, Thunberg, G and Lucas, S (2020) "All of a sudden we noticed a difference at home too": parents' perception of a parent-focused early communication and AAC intervention for toddlers. *Augmentative and Alternative Communication*, 36 (3), 143-154

Virtual reality and aphasia

Virtual reality (VR) could be an alternative way to provide social support interventions for people with aphasia. This study looked at the feasibility of a VR platform (EVA Park, a virtual world that participants navigate as an avatar) as a way to

deliver such interventions. Thirty-four people with aphasia took part, attending 14 fortnightly sessions. Participants attended over 80% of the planned sessions, and most participants also used EVA Park to socialise outside of intervention sessions.

Treatment fidelity across sessions was good. No improvements were found in wellbeing and quality of life measures after the intervention, but

 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. Your own critical appraisal is advised when following them up.

 Sign up for the RCSLT Research Newsletter by emailing info@rcslt.org. Twitter is also an excellent source of new research, and we regularly promote research papers via [@rcsltresearch](https://twitter.com/rcsltresearch)

 We're always looking for journal reviews, so if you want to share an interesting piece of research with other members, email sarah.lambert@rcslt.org

Communication rights of autistic children

This policy paper is an important call to action on behalf of autistic children, especially those from minority or indigenous groups. The authors highlight that “communication is core to our everyday life” and link their proposed actions to the UN Convention on the Rights of the Child (1989). These proposals are:


- Promoting more inclusive communication practices in our society
- Enabling the co-creation of communication support services with autistic children and other relevant stakeholders
- Increasing the visibility, access and inclusivity of specialist services

SLTs are key to implementing these actions. The authors highlight “widespread beliefs that multilingualism is detrimental... for autistic children have led to practices of forced monolingualism”; and that “promoting

inclusive communication practices in society... will benefit all autistic children, but we must also take specific actions to benefit autistic children with multilingual and multicultural backgrounds.” The RCSLT clinical guidelines on bilingualism (RCSLT, 2019) will support SLTs to do this.

The authors issue a challenge: “Researchers, clinicians and policymakers have a duty to make this happen – will you?” A good starting point is a service audit on diversity.


DR SEAN PERT, senior clinical lecturer, University of Manchester; **DR CAROL STOW**, FRCSLT, retired consultant SLT (bilingualism)

 Gréaux, M, Katsos, N. and Gibson, JL (2020) *Recognising and Protecting the Communication Rights of Autistic Children, Languages, Society and Policy*. Available from: doi.org/10.17863/CAM.60323

participants' language scores did improve. The average cost per participant was £1,364: the main costs were providing devices for people to access the programme (20 participants needed device loans) and travel expenses for training visits. Access to devices and a reliable internet connection were noted as possible barriers to the adoption of intervention programmes like this, and the researchers identified some adjustments that would be made to the

programme before further trials. They concluded, however, that “a larger trial of remote group support, using virtual reality, would be merited”.

HANNAH HARVEY, student SLT, City, University of London

 Marshal, J et (2020) randomised trial of social support group intervention for people with aphasia: A Novel application of virtual reality. *PLoS ONE*. 5(9), e0239715


Cultural competence

This paper examines the notion of ‘cultural competence’ within the speech and language therapy profession. An online survey consisting of 10 open-ended questions was distributed through a variety of channels to all practising SLTs in New Zealand. It was completed by 124 therapists and responses were analysed using a qualitative methodology called ‘interpretive description’.

The survey revealed wide variation in clinicians’ understanding of ‘cultural competence’ and the paper questions this terminology. The researchers found that ‘culturally competent’ traits and behaviours suggested by SLTs were either about obtaining knowledge or demonstrating certain behaviours. Roughly one third of respondents acknowledged self-identity and how this will affect one’s practice. Factors such as training and lack of resources or time were also raised.

Although this research was conducted in the specific bicultural context of New Zealand, the researchers suggest it could serve as a useful foundation for services in other countries too. They state: “It is important for the SLT profession to come to a unified understanding of cultural competence (or a chosen similar concept) and how to work towards it.”

SARAH LAMBERT, RCSLT research and outcomes officer

 Brewer, KM and McCann, CM (2020) Perceptions of cultural competence in the New Zealand speech-language therapy profession. *Speech, Language and Hearing*. Available from: [doi: 10.1080/2050571X.2020.1808345](https://doi.org/10.1080/2050571X.2020.1808345)



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For application details and further information please visit www.valenceschool.com > work for us

or contact Sally Casey, Therapy Lead
07715 618771 or scasey@valence.kent.sch.uk

Closing date for applications: 30 April 2021
Interview date to be confirmed

The school retains the right to interview suitable applicants and appoint before the deadline.

Valence School is committed to safeguarding and promoting the welfare of every student and we expect all our staff and volunteers to share this commitment. References will be taken up before interview and the successful applicant will require an enhanced DBS check.



Fantastic Speech & Language Therapist Opportunities at the Vale Federation Special Schools, Aylesbury

Booker Park and Stocklake Park schools cater for students with a wide range of complex learning difficulties across the entire age range (3-19). Many students have ASC and associated difficulties.

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HIGHLY SPECIALIST DYSPHAGIA SPEECH & LANGUAGE THERAPIST (AFC Equivalent Band 7) to take the lead in delivering the service for Dysphagia throughout the schools. This is a part-time post.

Both posts are permanent and are based on a 52 week contract, with a minimum designated working time of term time + 3 weeks for the Team Leader post, and term time + 2 weeks for the Dysphagia Specialist. Annual leave is incorporated into the school holidays.

Closing date: 12 noon Monday 26th April 2021
Interview date: Week beginning 3rd May 2021

For further information and to arrange an informal discussion, please email: saltmanagement@thevalefederation.com
Application information available on the school website: thevalefederation.com/careers
Please attach your CV to the Buckinghamshire Council application form, which must be completed.

The Vale Federation of Schools is committed to safeguarding and promoting the welfare of children, young people and vulnerable adults and expects all staff, workers and volunteers to share this commitment. The successful candidate will be required to undertake pre-employment checks and we must be in receipt of a cleared Enhanced Disclosure & Barring check and two satisfactory references prior to starting employment.

Michael ROSEN

After six weeks on a ventilator due to COVID-19, author and broadcaster Michael Rosen writes in praise of the SLT who gave him back his voice



occluded singing round the house, but the loo is a great place to make my mix of foghorn noises and tuneless singing of *Twinkle Twinkle Little Star* and *Frère Jacques*.

FG told me to do this as warm-ups before performances, broadcasts and university lectures. When I do it, I can instantly hear in my right ear (COVID took the other one!) how my voice fills out, has a wider range, and is immediately less 'reedy'. If the reediness creeps back in, I

In late March 2020, I contracted COVID-19. As a consequence, I ended up in intensive care on a ventilator, subsequently with a tracheostomy, spending some 48 days in all in the intensive care unit at the Whittington Hospital in London.

I discovered soon after that my voice had a reedy feel as if I couldn't get my vocal cords to work. I couldn't generate any power – my voice would 'drop out' if I tried to speak with a higher pitch. I couldn't reach the bottom notes and I had lost the ability to vary the voice. As I'm a professional speaker, doing broadcasts on the BBC, poetry performances in schools and teaching in university, I was worried. Was this the new me? Had my professional life now become severely restricted?

I was referred to an SLT at the Whittington, and over a period of several weeks I did a series of Zoom sessions. The therapist (FG) showed me that I had 'forgotten'

how to use my diaphragm and was trying to produce sounds through a tiny part of my speaking apparatus. She gave me various exercises to do, like blowing-talking through a tube into water, doing deep breathing using my nose, lowering my shoulders, singing 'raspberries' (vibrating my lips while blowing up my cheeks), and doing 'occluded' singing using my lips, my fingers, or the palm of my hand to teach myself to re-find my diaphragm and get it to work.

I used my ancient O-level biology lessons and rudimentary medicine course (I dropped out) to remind myself that the diaphragm is the muscular base of the thorax and that these exercises would get it to push upwards and create a fuller flow of air up into my larynx. FG also reminded me that I couldn't do this consciously as it operates unconsciously.

I now irritate the family by walking about doing

find it useful to remember what she said about breathing in deeply through my nose and dropping my shoulders, and if I'm sitting down to stop slumping.

This has all been uplifting, satisfying and, in its own way, very emotional. It connects with something quite deep in how I see myself and how I am with other people. I am massively grateful to FG for working so hard with me, and being so cheerful, encouraging and fun as a teacher. I will always be thankful to her for this and to the whole speech and language therapy profession for incorporating science, pedagogy and humanistic principles in helping me so much.

Now back to my occluded nursery rhymes! **B**



I irritate the family by doing occluded singing round the house

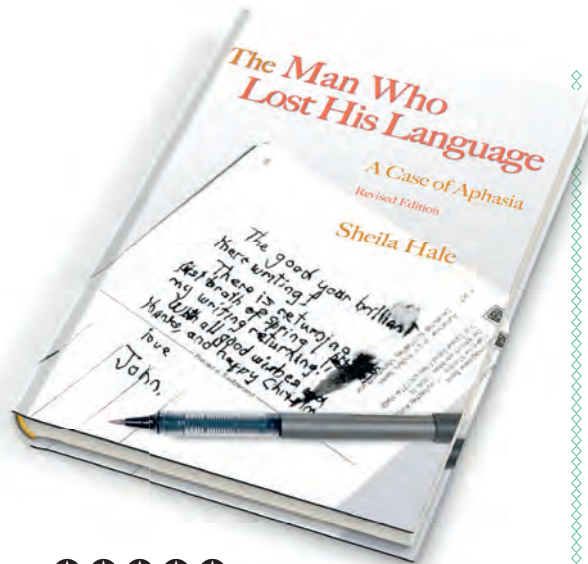
Michael's new book *Many Different Kinds of Love: A story of life, death and the NHS* is published by Ebury Press and available in print, ebook and audio formats

[michaelrosen.co.uk](https://www.michaelrosen.co.uk)

[@MichaelRosenYes](https://twitter.com/MichaelRosenYes)

BOOK REVIEWS

Books and resources reviewed and rated by *Bulletin* readers



★★★★★

The Man Who Lost His Language: A Case of Aphasia

AUTHOR: Sheila Hale

PUBLISHER: Jessica Kingsley

PRICE: £14.99

Author Sheila Hale writes of her husband John, who had a significant stroke and was left with severe expressive aphasia. Sheila describes how this affected John, providing an intimate insight into aphasia from the perspective of a carer. She also expresses how things have changed (for the better) in stroke services.

Sheila's husband was a highly respected academic. She describes his presentation after he survived his stroke, brilliantly demonstrating how aphasia does not affect intelligence. Sheila took it upon herself to research aphasia and speak to leading aphasiologists to try and find a 'cure' for her husband, resulting in a detailed chronology of aphasia research.

I thoroughly enjoyed reading this book – it enhanced my empathy for families of those living with aphasia and helped me to gain a better understanding of their perspective while developing my knowledge. I would recommend it!

SONIA MALLON, specialist SLT (stroke)

★★★★

The Simple Guide to... series (Shame, Trauma and Attachment Difficulties)

AUTHOR: Betsy de Thierry

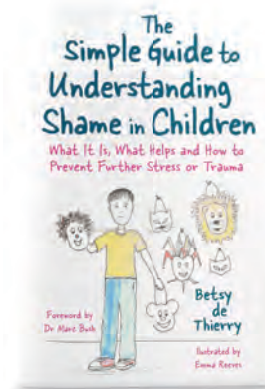
PUBLISHER: Jessica Kingsley

PRICE: £8.99

These three short books summarise the current thinking on the challenging, and often misunderstood, areas of shame, trauma and attachment difficulties in children, in a clear and accessible style.

All three books are focused on the potential for healing and recovery. They begin with a clear definition of the subject and explore possible causes and impacts on children's development, followed by a range of advice and activities to support children to self-regulate, manage their behaviour and connect to their emotions.

The books would make for a useful resource for SLTs, teachers, and others



working with children who want to develop their understanding of the impact difficult experiences have on children's emotions, behaviour and development.

Impressively, the author

openly discusses challenges and trigger areas in a way that is kind and supportive to the parent who may be reading about their own child.

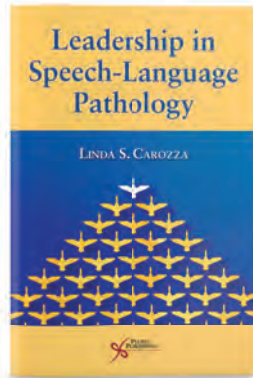
Having read these books, I feel more confident in my abilities to support children experiencing challenging circumstances; the advice on strategies and activities to use will be a useful addition to my therapy toolkit.

CLAIRE ATKINS, specialist SLT, Coventry and Warwickshire Partnership Trust

★★

Leadership in Speech-Language Pathology

AUTHOR: Linda S Carozza
PUBLISHER: Plural Publishing
PRICE: £42



the need to learn specific skills prior to taking on leadership. However, the practicalities of the suggestions made are limited.

While the author set out to summarise what leadership means, the content leans towards helping established managers reflect on

This book explores leadership qualities and how they present within various professions. It suggests that many speech and language therapy departments are led by experienced SLTs, but many of them have had limited formal management training. The skills required of a manager are vastly different to those of a clinician – some show ‘natural leadership’, others become overwhelmed with the different responsibilities.

The author uses research to highlight when leadership skills are required, and

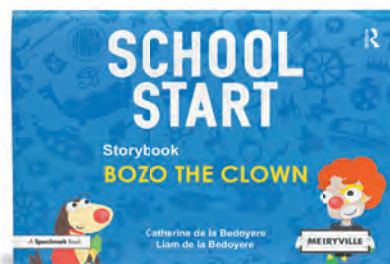
their leadership style. There is limited instruction for those seeking to improve their leadership skills. ‘Leadership’ and ‘management’ are used synonymously in the book, so much of the advice is related to service delivery/development and line management. For this reason, I feel it has limited application for much of the workforce.

SAMANTHA TREBBLE, SLT specialising in mainstream and social emotional and mental health

★★★★

School Start Storybook Collection: Bozo the Clown

AUTHORS: Catherine and Liam de la Bedoyere
PUBLISHER: Routledge
PRICE: £11.63



These books are aimed at parents and staff working with children in reception and Key Stage 1. The individual stories are fun and child-friendly, with engaging pictures to capture the imagination. Each story contains helpful prompt questions for the adult to ask, centred on the development of comprehension, expression, vocabulary, memory and sequencing. There is also some discussion at the start of each book regarding how to make the experience fun; ie to ‘teach not test’.

Users should be mindful of the language levels of each child (some questions may be too complex for children with severe language needs). It should also be noted that questions are just one part of the reading experience – particular attention is drawn to the additional guidance at the start of the book about modelling vocabulary, for example.

LUCY RODGERS, specialist early years SLT, Sussex Community NHS Foundation Trust

★★

The Autism Language Launcher: A parent’s guide to helping your child turn sounds and words into simple conversations

AUTHOR: Kate Wilde
PUBLISHER: Jessica Kingsley
PRICE: £14.99

The author is the director of the Son-Rise Program (a home-based programme for children and adults with autism spectrum disorders) and shares ideas,



terminology and progress trackers that are used within the programme.

The book’s main strength is its clear and accessible descriptions of approaches to support joint attention and

early language modelling. Wilde suggests many relevant strategies, such as following a child’s lead, mirroring, creating communicative opportunities and practical ideas for becoming a more enticing communicative partner.

However, there are aspects of the book that raise concerns. Wilde focuses almost exclusively on spoken language with little reference to receptive language difficulties or augmentative and alternative communication methods. Wilde also recommends practices that are discredited or lack evidence, including facilitated communication and dietary adaptations.

Overall, the negative aspects of the book outweigh the useful ideas that Wilde suggests.

ANNA WESTAWAY, senior specialist SLT, Sheffield Children’s NHS Foundation Trust



Where next?

Want to delve further into the topics explored in this issue? We've compiled a list of related resources to help you to deepen your understanding

Listen

RCSLT PODCASTS

The newly launched podcast series with authors of research papers featured in the *International Journal of Language and Communication Disorders* (IJLCD) is now live.

- To listen to RCSLT podcasts go to soundcloud.com/rcslt or search 'RCSLT' on your favourite podcast app.

RCSLT WEBINARS

Leadership: May

Join us for a leadership webinar, where our expert panel will be discussing routes into leadership while sharing knowledge about the guidance and learning opportunities available to support you on your journey.

Deafness awareness: May

This webinar will raise awareness of the role of SLTs in supporting children who are deaf, and help you to learn more about what support is available.

Speech and language therapy and the HCPC audit process: 10 June

Join the RCSLT for our joint webinar with the Health and Care Professions Council (HCPC) to support you through the HCPC audit process and identify what resources are available for you.

- View upcoming webinars at rcslt.org/events

Read

LEADERSHIP

- RCSLT leadership guidance: bit.ly/RCSLTleadership
- RCSLT leadership mentors: bit.ly/RCSLTmentors
- Leadership learning journey: rcsltcpd.org.uk

OUTCOMES

- ROOT registration page: bit.ly/RegisterROOT
- RCSLT COVID-19 data collection tool: bit.ly/RCSLTdata
- ROOT publications, resources and useful links: bit.ly/ROOTlinks

PRACTICE-BASED LEARNING AND PLACEMENTS

- RCSLT practice-based learning guidance: bit.ly/PBLguidance
- RCSLT, COVID-19: Maximising the speech and language therapy workforce: bit.ly/RCSLTworkforce
- RCSLT Telehealth guidance: bit.ly/RCSLTtelehealth

RESEARCH METHODS

- The SAGE research methods collection has

lots of information about conducting reviews (including rapid reviews): bit.ly/RCSLTsage

RESILIENCE AND WELLBEING

- Resources to support your health and wellbeing: bit.ly/RCSLTwellbeing

SELECTIVE MUTISM

- RCSLT clinical information on selective mutism: bit.ly/RCSLTsm
- See also: selectivemutism.org.uk

WORD LEARNING

- What Works database of evidenced interventions to support children's speech, language and communication: bit.ly/RCSLTwhatworks
- The ESRC International Centre for Language and Communicative Development (LuCiD) evidence briefings for policy makers: bit.ly/RCSLTlucid
- BBC Tiny Happy People: bbc.co.uk/tiny-happy-people

DON'T FORGET

Key resources on the RCSLT website

- For up-to-date information and resources on COVID-19: bit.ly/RCSLTcovidhub
- To find out more about the RCSLT's anti-racism work: bit.ly/RCSLTanti-racism
- Keep on top of the latest RCSLT news and announcements: rcslt.org/news



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