bulletin
THE OFFICIAL MAGAZINE OF THE ROYAL COLLEGE OF SPEECH & LANGUAGE THERAPISTS
February 2020 | www.rcslt.org

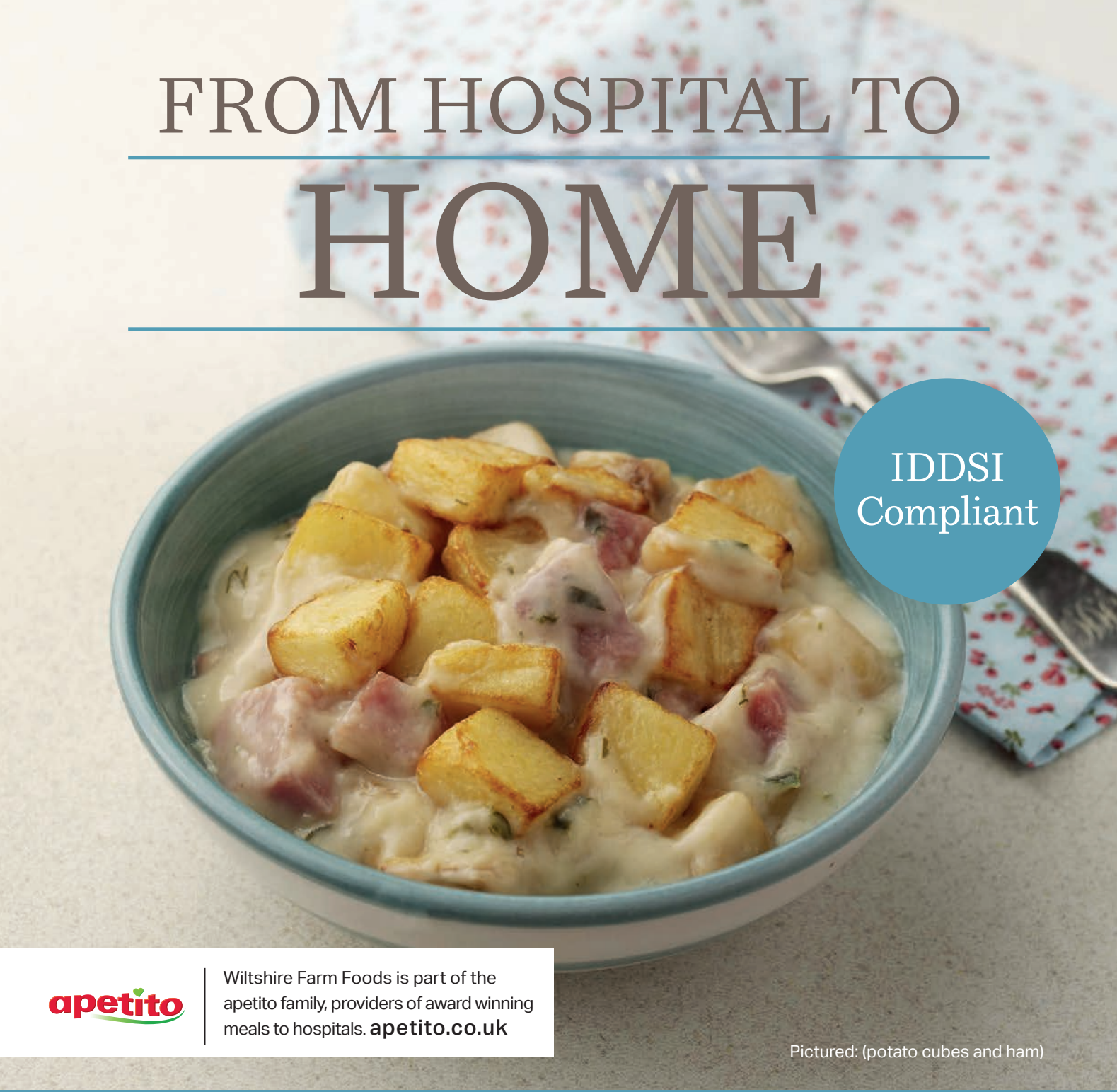
Ask the Experts: on airway stenosis

Developing barium recipes for videofluoroscopy

All to play for: how an MDT therapy group supports child cancer patients through play

ROYAL COLLEGE OF SPEECH & LANGUAGE THERAPISTS
CELEBRATING 75 YEARS
1945 – 2020

FROM HOSPITAL TO HOME



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Pictured: (potato cubes and ham)

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Victoria Briggs

EDITORIAL

Language of love

In the words of Lennon and McCartney, 'All you need is love', and in this second month of the RCSLT's 75th anniversary year, to tie in with February's creative theme, we've got lots of love lined up for you.

In her first column for *Bulletin* (p9), RCSLT director of professional development Judith Broll (**@BrollJudith**) writes on the subject of love, food and adult dysphagia. While Jois Stansfield, emeritus professor at Manchester Metropolitan University, takes a trip down memory lane to look at passion for the profession in the early days of speech and language therapy on p5.

Our social media channels will be talking the language of love across Twitter, Facebook and Instagram all month, and over on the RCSLT website we've got lots of additional love-related content, so be sure to make a date with **www.rcslt.org/75years**

What do you love most about being an SLT? Tell us on Twitter using **#RCSLT75** or send an email to the *Bulletin* inbox with your anniversary-themed news. Remember, there's a limited edition pin badge (pictured) in it for any 75th submissions that we publish in the magazine.

Victoria Briggs
editor
bulletin@rcslt.org
@rcslt_bulletin

Your RCSLT

JONATHAN PELL

I was delighted to join the RCSLT as content officer in October last year. I have a background in the charity and public sectors, having worked at the National Lottery Heritage Fund in their digital team for the last couple of years.

Much of my role at the RCSLT is focused on bringing people onto the website and helping them to find and engage with the wide range of digital content we have available.

Over the next year, I will be working with the digital and content teams to better understand how our members access the website and navigate the digital ecosystem.

I am excited to see what the future holds at the RCSLT and how we can work together to improve our digital offering.

Jonathan Pell, content officer
jonathan.pell@rcslt.org

LETTERS

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

Reflections from a student

As I approached the end of 2019, and the end of my time as a speech and language therapy student, I wanted to reflect on and share the range of opportunities I have experienced as a student member of the RCSLT.

My initial motivations for joining included receiving the monthly *Bulletin* and access to the range of online resources to help with assignment and placement preparations. My membership also provided me with numerous networking opportunities, including the RCSLT Conference, the East Midlands Hub Day and Student Study Day. At these events I have had the opportunity to meet students and qualified therapists with shared clinical areas of interest.

What was unexpected and really exciting was that my RCSLT membership provided me with a platform to share the work and knowledge from my own placement. Through my student membership I presented at this year's RCSLT Conference and the East Midlands Hub Day, sharing my passion for transgender voice therapy as well as developing my professional presentation skills.

As the RCSLT enters into its 75th year my message to speech and language therapy students for 2020 is that I encourage you to become a member of the RCSLT, and if you're already a member then I encourage you to make good use of the opportunities that membership provides!

Sarah Rabin, fourth-year speech and language therapy student, De Montfort University, Leicester
@sarahrabin24_7

2019 Giving Voice Award for language technology team

News of this Giving Voice Award was omitted from December's Bulletin in error—apologies.

Congratulations to Delyth Prys, Dewi Bryn Jones and Stefano Ghazzali (pictured) from the Bangor University Language Technology Unit Team, who were awarded a 2019 Giving Voice Award. This was in recognition of delivering a personalised voice-banking facility in Wales and for creating greater public awareness of speech, language and communication needs.

FOLLOW THE RCSLT ON facebook AND twitter

VISIT: WWW.RCSLT.ORG AND FOLLOW THE LINKS

News

QUICK LOOK DATES »

19 FEB — RCSLT minor grants deadline

06 MAR — European Day of Speech and Language Therapy

18 MAR — Swallowing Awareness Day

Love is... an enjoyable career

As part of her research project, Jois Stansfield spoke to SLTs who qualified in the earliest days of the RCSLT about their love of the profession

In the 1940s and '50s speech and language therapy was a tiny profession, and it took some time for it to become widely known. "Who had heard of speech therapy as a profession, never mind in 1948!" remembered Jay D*, who qualified in 1951.

Participants I spoke to were clear that the choice of career drew on their enthusiasms—Carol S from the class of 1961 was drawn to the "mixture of medicine and English, both of which interested me".

There were definite challenges to training back then, with many recalling demanding schedules that included evening and weekend classes, but most participants thoroughly enjoyed their courses. "I absolutely loved it. I loved the lectures. I loved all the new stuff, all these strange things. Phonetics, what on earth were phonetics?" says Jay D.

Once qualified, the love of the job shone through, with practice across the professional spectrum. SLTs who qualified in the 1940s, '50s and '60s listed aphasiology, cleft palate, cochlear implant services, dysphagia, laryngectomy, stammering and voice as the clinical areas they most enjoyed.

Many patients were also remembered with affection. Sally K (class of 1946), spoke of a once unintelligible child she had worked with: "She had entered in for a speech and drama festival competition. I think she was 7 or 8. Got distinction. They [the judges] wouldn't believe she had ever had anything wrong."

There was even some romantic love in the early days of the profession, as reported by Althea C (class of 1961): "Bob Fawcus [who was later to become the first ever professor of speech and language therapy] was a year ahead of me as a student. Margaret Fawcus was already a working therapist. And their love grew during his final year... they married quite soon after he qualified."

Of course not everything in the speech and language therapy garden was lovely. SLTs in this period were realistic about their careers, and all had bad as well as good experiences. They spoke of equipment that was too heavy to carry, poor pay, medical and educational colleagues who patronised, patients and families that expected miracle cures, and much beside.

Overall, however, the picture was a positive one. "A great learning profession, speech and language therapy... if you really want to do it it's the best job in the world," said Janet C from the class of 1959. "I couldn't have had a better professional life," said Jess W from the class of 1957, "I loved every minute of it—well, most minutes. Every minute might have been a little bit Pollyanna-ish!"

The profession is always changing, but my wish for current SLTs is that at the end of their careers they can say the same as Amanda C from the class of 1954: "I loved being a speech therapist and doing what I did, and I had a wonderful, wonderful 40 years."

Jois Stansfield, emeritus professor, Manchester Metropolitan University

With thanks to Linda Armstrong for her contributions

**All names are pseudonyms*

ROYAL COLLEGE OF SPEECH & LANGUAGE THERAPISTS
CELEBRATING 75 YEARS
1945 – 2020

◎ Illustration created by Elly Walton for the RCSLT. For a downloadable version, and more content on the theme of 'Love and speech and language therapy', visit **rcslt.org/75years**

NEWS IN BRIEF

Research Champion Workshop

Save the date for the RCSLT Research Champion Workshop 2020, which will be held at City, University of London on 6 July. Research Champions will be given the opportunity to learn more about the EBP and research cycle, network with colleagues, and share work and experiences.

◎ If you're interested in submitting an abstract for a poster presentation, email **katie.chadd@rcslt.org**

NIHR fellowship change

The NIHR has made changes to its pre-doctoral clinical academic fellowship (PCAF), which opens this month for its third round. Applicants must now apply for either a 'standard PCAF' (allowing time to develop a doctoral application, and undertake masters level training or a full masters if required) or a 'PCAF bridge' (a programme with less support for those with more experience).

◎ Visit **bit.ly/2S8Jtwy**

RCSLT Online Outcome Tool

The RCSLT Online Outcome Tool (ROOT) now contains outcomes data for more than 33,000 individuals receiving speech and language therapy, with involvement from more than 170 organisations to date.

◎ If you are interested in joining the SLTs currently using the ROOT, visit **bit.ly/303jbNZ**

TWEET TALK »

@C_S4LT
#mySLTday still beaming after @ZoeTheBall read out my 'I have the best job' text celebrating speech and language therapy on national radio this morning @RCSLT @GivingVoiceUK

@MaryHeritage
Happy Anniversary to us. RCSLT is 75 years old. What a time to be an SLT in UK. For such a young profession, we punch well above our weight. Can't wait for each month's celebrations to unfold #RCSLT75

Renewing your membership in 2020

Look out for this year's membership renewal information email arriving in your inbox this month, with information on fees for your member category, and an overview of RCSLT services, resources and networks.

If you pay your fees by direct debit, your membership will be renewed automatically. Around 16,600 members now pay by direct debit and benefit from a £13.50 discount on their fees. If you have a UK bank account and don't pay by direct debit, consider switching to save yourself time and money.

Insurance cover

The RCSLT provides professional indemnity insurance for Certified, Newly Qualified – Practising, Overseas Qualified Practitioner – UK Practising, Student and Assistant members based in the UK, as well as for Non-practising, Returners and Retired members in respect of past practice. An overview of your insurance cover can be found on the RCSLT website (**bit.ly/RCSLTmembershipinsurance**), and you may also be interested in listening to our webinar on insurance (**bit.ly/RCSLTinsurancewebinar**). It is a legal requirement of Health and Care Professions Council (HCPC) registration to hold professional indemnity insurance. Please ensure you are in the correct category when renewing your membership, as this cover cannot be backdated. If you need to change your membership category, your personal details, or the way in which you pay your fees, contact the RCSLT membership team at **membership@rcslt.org**. The RCSLT also provides legal fees insurance for UK-based members related to referrals to the HCPC.

Our insurance covers fully paid-up members only. Members paying by cheque or credit card will only be covered from 1 April if we have received your payment before this date—if you pay after 1 April, your cover will resume from the date you make your payment.

SLTs who are resident in the Republic of Ireland and are HCPC registered are eligible to join the Certified members category. However, due to possible changes in insurance law arising from Brexit, the cover provided in respect of professional indemnity and legal fees insurance after 31 August 2020 may change. We will write separately to these members explaining the position.

Late renewals and fees

If you choose to renew your membership outside the usual renewals period, you will still be liable for your fees on the full-year basis. However, we will not be able to backdate your insurance cover and you will not have access to member-only areas of the RCSLT website if your membership lapses.

If you have not heard from us about renewing your membership by 1 March 2020, please get in touch by emailing **membership@rcslt.org** or calling **020 7378 3010/3011**.

RCSLT fees 2020/21

Membership category	*Designatory letters*	*Direct debit[1] 2020/21 (£)*	*Cheque or card payment 2020/21 (£)*
UK RESIDENT			
Certified[2]	CertMRCSLT	259.00	272.50
Non Practising	MRCSLT	162.00	175.50
Newly Qualified – Practising	MRCSLT	162.00	175.50
Newly Qualified – Non-practising	MRCSLT	43.00	56.50
Returner	MRCSLT	162.00	175.50
Retired[3]	MRCSLT	66.00	79.50
Student	MRCSLT	43.00	56.50
Assistant	–	94.00	107.50
Overseas Qualified Practitioner – UK Practising	MRCSLT	259.00	272.50
Overseas Qualified Practitioner – UK Non-practising	MRCSLT	162.00	175.50
OVERSEAS RESIDENT			
International Affiliate[3]	MRCSLT	210.00	223.50

Approved by the Board of Trustees and announced at the AGM 2019

1. Reflects £13.50 discount for payment by direct debit.
2. HCPC-registered SLTs resident in the Republic of Ireland may wish to join the Certified members category.
3. Retired members who are not resident in the UK and wish to receive hard copies of *Bulletin* and the IJLCD will be charged a supplementary postage charge, depending on where they live.

Statutory notifications

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

@MagpieChatter
You know you've done a day of sensory feeding work when you come home with crumbs in your eyebrows! #mySLTday

@deeba_slt
#MySLTDay using social media stories to help a teenager with TBI understand how to keep safe, followed by modelling of a communication aid in a baking session in a day centre. Love how varied my job is!

Singing with Santa in Belfast

In December, all nine Belfast Sure Start programmes came together for 'Singing with Santa' at St Anne's Cathedral—the first ever performance by the Sure Start Parent and Staff Choir. The event was attended by 800 parents and children under 4 from across the city, bringing festive cheer and a clear message that singing is good for you! Directed by Julie Allen of Everyday Harmony, the 50-strong choir performed pop classics and Christmas numbers, all with enthusiastic audience participation.

Sure Start supports families with children under 4 years old living in disadvantaged areas. It provides a range of programmes that aim to support a child's language and learning skills, health and wellbeing, and social and emotional development.

Anne McKee, lead SLT for Sure Start, said the event had a real positive impact. "For parents in particular, when they feel positive they have more head space to engage with their children in an attuned and responsive way. These interactions make a big difference to a child's developing brain, to how they learn to talk, to think, to play and make friends."

The Singing with Santa event was organised in partnership with the Belfast Trust Arts in Health Programme.

Dysphagia research priorities in 2020

March 2020 marks two years since the RCSLT published its top 10 lists for dysphagia research priorities.

Last year, we produced a collection of case studies from members who worked hard to address the priorities, and in 2020 we are looking to update this collection with even more stories about your projects.

This collection will be used to spread the word about how the evidence-base for dysphagia is developing, and is an opportunity for you to disseminate and exchange your ideas with colleagues.

If you would like your dysphagia project featured, email **katie.chadd@rcslt.org** for more information.

To view the top ten lists, visit **bit.ly/RCSLTtoptenlist**

DELLA MONEY & KAMINI GADHOK

A WHOLE-SYSTEM APPROACH

By the time you're reading this column, we hope that many SLTs across the UK will have plans in place to celebrate the RCSLT's 75 years as a professional community. For some, the celebrations and awareness-raising may already have begun! In the early years of the professional body, with around 100 members, being part of the RCSLT community must have felt very 'real' to each and every one of the SLTs involved.

Now we have an organisation with an infrastructure that includes a board of 13 trustees, 50 staff, 35 specialist areas, various committees, more than 17,500 members, and a whole variety of professional networks that span academia, research, clinical expertise and professional leadership across a range of employment contexts.

So the big challenge and opportunity in our anniversary year is how to recreate that sense of the RCSLT being all of us, working together to achieve our charitable aim as a professional organisation that enables better lives for people with communication and swallowing difficulties. Over the past 75 years, the RCSLT may have expanded to the point where it would be unrecognisable to our founder members, but it is still OUR professional body, working WITH US and FOR US. Our members are still the future of the RCSLT, just as they were 75 years ago—and yes we're looking at all of you!

"How do we become a team of many parts?"

To start with, we would love to hear your views about how we can realise this vision for the future of the profession: how do we become a team of many parts, all working together to develop professional guidance and resources, to learn, to influence key stakeholders and the public and—most importantly—to co-produce all of these ambitions with our service users?

Staff at the RCSLT are keen to get out and about to meet SLTs as a way of recapturing the essence of the organisation's early days, and to be part of a whole-system approach that collaborates, co-produces and fully enables the promotion of excellence in speech and language therapy.

Dr Della Money, RCSLT chair
Kamini Gadhok, MBE, RCSLT chief executive
Email: kamini.gadhok@rcslt.org

FAST FACTS »

170
organisations involved in the ROOT project to date

164
delegates attended 2019 RCSLT Student Day in December

Clarification on DLD briefing paper

Susan Ebbels clarifies the RCSLT's position on developmental language disorder (DLD) in relation to diagnosis under the age of 5 and non-verbal IQ

The RCSLT DLD briefing paper's main recommendations about when to diagnose DLD are as follows:

1. The child has language difficulties that create barriers to communication or learning in everyday life;
2. The child's language difficulties are unlikely to resolve by five years of age; and
3. The language difficulties are not associated with known biomedical conditions such as brain injury, neurodegenerative conditions, genetic conditions or chromosome disorders such as Down syndrome, sensorineural hearing loss, or autistic spectrum disorder or intellectual disability.

The second and third points have created some confusion recently, particularly the differential diagnosis of intellectual disability versus DLD and diagnosis of language disorder or DLD in children under 5 years of age.

Intellectual disability

On p4, the briefing paper has been amended to make clear that, when talking about intellectual disability, it is *non-verbal* IQ that would typically be below 70, rather than a combination of verbal and non-verbal IQ. The amended section on intellectual disability now reads (change in italics): "This diagnosis would typically entail a *non-verbal* IQ level below 70 as well as major limitation of adaptive behaviour. Where this is the case, the diagnosis would be 'language disorder associated with intellectual disability'".

If an overall, combined IQ level were to be used, it would be very difficult for a child with a severe language disorder to get a diagnosis of DLD, as their low verbal scores would pull their combined score down. Also, children with lower verbal IQs would need higher non-verbal IQs than other children to compensate and thus to receive a diagnosis of DLD. This interpretation was not intended in the original version of the briefing paper and the amendment makes this clear.

In addition, also on p4, the briefing paper states that for children who do have differentiating conditions, "language disorders occurring with these conditions need to be assessed and children offered appropriate intervention".

Diagnosis in children under 5

On p2 the briefing paper states that DLD should be diagnosed when a "child's language difficulties are unlikely to resolve by 5 years of age"and later that the "emphasis is on children whose difficulties are unlikely to resolve without specialist help" (p4). So it is important that SLTs are able to make decisions about whether a child's difficulties are likely to resolve by 5 years or not. Specific risk factors are listed in section 2.2 of the paper: poor language comprehension, poor use of gesture, socio-economic disadvantage and/or a family history of language impairment.

For pre-schoolers with language behind their peers, distinguishing those who have few risk factors from those at high risk of persisting difficulties is important for informing intervention decisions. The briefing paper clearly states that children "who do not have these risk factors would fall under the broader category of SLCN, but would not merit diagnosis of 'disorder' unless the problems persist to 5 years of age" (p4). They could also be described as having 'language difficulties', a descriptive term, which does not imply anything about the likelihood of these resolving.

So, what about children who are under 5 years of age and are at high risk of having persisting difficulties? The briefing paper perhaps does not make a clear enough statement about this group, but it does say "language is relatively stable by the age of 4" (p7) and "if a child fails to make sufficient progress following systematic targeted interventions (eg, setting based language groups), this may be an indication of meeting criteria for DLD diagnosis" (p13). Therefore, for a child with language below peers, who has risk factors such as poor language comprehension, family history of language difficulties and poor use of gesture, and who has made insufficient progress following intervention, a diagnosis of language disorder or DLD could be given before the age of 5. If the presence of differentiating conditions is uncertain, 'language disorder' as an umbrella term could be the most appropriate diagnosis, which could later be revised to either 'language disorder associated with X', or DLD, when the presence or absence of differentiating conditions has been ascertained.

To view the briefing paper, **visit bit.ly/DLDbriefingpaper**

Dr Susan Ebbels, RCSLT adviser on school-aged children with language disorders and Director of Moor House Research and Training Institute
Email: ebbelss@moorhouseschool.co.uk

378
people downloaded the RCSLT's 2019 Conference resources

100
members of the College of Speech Therapists in 1945

Student Day 2019

Della Money and Kamini Gadhok (centre) with students at RCSLT Student Day 2019. Photograph by Eleanor Alexander @slt_eleanor

We were excited to attend RCSLT Student Day 2019 in December. There was a lovely feel in the room as everyone arrived and chatted over a cup of tea. The introduction from RCSLT chair Della Money set out the plan for the day, along with teaching us a little more about the Health and Care Professions Council (HCPC) and the RCSLT.

The RCSLT's 'treasure island' of information was really informative and helpful. We learnt about local and national policies, the huge wealth of resources available to us through the RCSLT and the platforms of support to be utilised throughout our careers. There was also a wealth of information regarding job interviews and applications—as final-year students, knowing there are resources available to support us in this area is reassuring.

Four fantastic newly-qualified practitioners (NQPs) gave us some insight into the transition from student SLT to working therapist through their presentations. There were also helpful tips on applying and gaining experience, anecdotes on what to expect in our first year post-qualification, and plenty of reassurance. We were then able to ask the NQPs questions about obtaining roles, achieving competencies and where to find support if we needed it.

After a well-deserved lunch break, we had the opportunity to develop our understanding and knowledge about job applications and the interview process for NQP Band 5 positions. A panel of expert managers provided plenty of tips, hints and advice for aspiring SLTs, as well as answering our burning questions! We then had the chance to implement the advice through practice-based scenarios with our peers.

Lauren Ashmore, final year BSc student; Stephanie Illingworth, final year MSc student; and Charlie Gascoyne, final year MSc student, The University of Sheffield

SHUTTERSTOCK

Judith Broll

COLUMN

SPREADING THE LOVE

Since starting at the RCSLT in November, I've been struck with how hard staff and members work to 'spread the love' about the profession, knowing how life-changing and inspirational our work can be. Given the RCSLT's 75th anniversary theme this month is love, I have chosen for my first *Bulletin* column to talk about my love for the profession. I love its ever-expanding diversity, flexibility and innovation—ours is a profession that pushes boundaries, concepts and practice. My clinical love is adult dysphagia. I love food, and appreciate how catastrophic it must be to find eating and drinking difficult and dangerous. I see the role of SLTs working in dysphagia as trying to problem-solve, advocate and support individuals and their families to safely meet their nutritional and hydration needs.

"…ours is a profession that pushes boundaries, concepts and practice"

The work around the management of patients for whom eating and drinking cannot be made safe is fraught with complexity and often multiprofessional, semantic misunderstandings. Having SLTs front and centre when it comes to delivering a clear plan continues to be essential.

What I also love about the profession is the way we are able to enhance people's lives. It's often the small, mundane things that make the biggest difference, such as making a cup of tea for a patient who has been nil-by-mouth for weeks, and the thanks from relatives when they can start to plan meals for their loved one after a stroke.

And things are changing. On a recent transatlantic flight, I was delighted to see the airline I was on offering a pureed food option. There is a significant public health message within our work with people with eating, drinking and swallowing difficulties, and it is heartening to see that the message is starting to get through. Swallowing Awareness Day on **18 March** is a great opportunity to spread the message far and wide about dysphagia via **#swallowaware2020**. See you there!

Judith Broll, RCSLT director of professional development
Email: judith.broll@rcslt.org

News


The MRA Advisory Group

Thinking about working abroad?

If you're thinking about going to work abroad as an SLT, you will need to know about the Mutual Recognition Agreement (MRA), an arrangement between the RCSLT and five other professional associations from English-speaking countries: USA, Canada, Australia, New Zealand and Republic of Ireland.

What does this mean for me?

Being part of the MRA has many benefits for RCSLT members—employers in MRA countries will know that you have completed speech and language therapy education and training of a similar standard to their own SLTs, and you will know that the country has a similar scope of practice to the UK. It also allows for an easier information and practice exchange between SLT colleagues internationally.

You can access the MRA if you are a certified RCSLT member, have completed your university degree in speech and language therapy in the UK, and have completed the RCSLT NQP Framework. For more information, visit **bit.ly/RCSLTMRA**.

You should also look into the professional association of each country, if you are considering practising there and becoming a member:

- ASHA: www.asha.org
- IASLT: www.iaslt.ie
- NZSTA: speechtherapy.org.nz
- SAC: www.sac-oac.ca
- SPA: www.speechpathologyaustralia.org.au

Fit for purpose

The RCSLT attended a meeting with the other professional associations in November to recalibrate the agreement in light of recent regulatory changes in some of the MRA countries. There was general agreement that this is a positive initiative that benefits members of all associations, and recognition that the international speech and language therapy workforce is becoming more mobile.

However, there was also agreement that improvements can be made to make the MRA more fit for purpose in the future. Each MRA association identified a work plan going forward, and the next steps include the following:

- We will continue to work together with the other MRA associations to make the application process more streamlined and easier to use.
- We will update the information on the website to reflect the discussions held at the recent meeting, and hold a webinar in April to support this information.

If you have any questions about the MRA process, email **info@rcslt.org**

Judith Broll, RCSLT director of professional development, judith.broll@rcslt.org

Louise Borjes, RCSLT professional guidance manager, louise.borjes@rcslt.org

NEWS IN BRIEF

SLT teams win big

The end of 2019 saw RCSLT members across the country recognised for their amazing work with some high-profile award wins. They included:

Advancing Healthcare Awards Wales: Award for Improving Public Health

The first Advancing Healthcare Awards Wales celebration event was held in Cardiff in November. It celebrates the inspiring achievements of the healthcare science, allied health and pharmacy professionals working to improve citizen health across Wales. The winner of the Award for Improving Public Health, sponsored by Public Health Wales, was Sue Koziel, speech and language therapy clinical lead for preschool at Swansea Bay University Health Board, for her outstanding work on the 'Preschool Speech and Language Therapy Preventative Pathway'. The award was presented by the Chair of Public Health Wales, Jan Williams.

King's Stars: Exceptional Patient Facing Team Award

King's College Hospital NHS Foundation Trust's annual awards ceremony, King's Stars, was held in November, and saw the trust's speech and language therapy team win the Exceptional Patient Facing Team Award. King's Stars recognises and celebrates exceptional patient care, motivational leadership, innovative research, and inspirational teaching at the trust.

The judging panel, made up of senior clinicians and members of the trust's board, described the team as 'both modest and exceptional, delivering excellent patient care and support for their families'.

NSH Forth Valley: Top Team Award

The Children's Speech and Language Therapy Team in Forth Valley won 'Top Team' at the NHS Forth Valley annual awards. This award recognises teams that deliver excellent service and provide a supportive environment which drives improvement. The team comprises 63 staff across Falkirk, Stirling and Clackmannanshire in Central Scotland. The judging panel noted the team's commitment to developing a truly person-centred service, and the way it demonstrated improved outcomes for children and young people with communication needs. The team has also been engaged in some exciting, sector-leading work to facilitate a healthy work culture using improvement methodology.

Ben Meadows & Mira Funga Opinion

Ben Meadows and Mira Funga on using video technology to improve the effectiveness of communication guidelines for those with learning disabilities and behaviours of concern

Video stars

ILLUSTRATION BY **Sara Gelfgren**

London Borough of Merton's behaviour support service for people with a learning disability (LD) or behaviours of concern (BoC) includes an SLT, a psychologist and a positive behaviour support practitioner. Our main aim is to enable positive change for our clients and their families.

Most often, our input is to provide written guidelines and support strategies, model suggestions and then review. While we know our interventions can have positive effects, we have too often had the experience of attending reviews and asking ourselves in frustration: "Why hasn't this been implemented?!" Taking it to heart, we began to reflect on how we were presenting our suggestions.

When guidelines are handed over, they include an explanation and modelling of the recommendations. However, high staff rotation and frequent use of bank and agency staff in services, together with the stressful and often hectic lives of families supporting people with LD and BoC, meant there was a need to refresh and model the strategies.

Looking at the evidence base, we found that:

- video modelling is as effective as live modelling, and both are more effective than handouts with written instructions (Reo and Mercer, 2004); and
- verbal instructions are less effective for getting people to learn a new behaviour than video modelling of the behaviour (Cheraghidocheshmeh et al, 2009).

> *"The video guidelines got a positive reception from families and carers…"*

We started to use individualised video guidelines that explained and modelled the use of the specific behaviour and communication strategies recommended for each person. We filmed the therapist explaining the reasons for using a visual timetable and demonstrating how it is used.

The video guidelines got a positive reception from the families and carers; they seemed to appreciate the person-centred approach, which addressed the issues that they were most likely to come across during their day-to-day use of the strategies.

Enthused, and keen to take our video guidelines a step further, we thought it would be good to have a set of widely accessible universal good practice videos, and to include people with LDs in their creation. We contacted the Baked Bean Company, which provides services such as inclusive drama projects for people with LD, to collaborate on the task of making our most frequently recommended strategies into short films. We scripted scenarios for using a visual timetable, offering choices, and positive reinforcement or praise, which were acted out by people with LD.

We then posted these on the Merton Council YouTube channel (see **bit.ly/38LWKkf**).

Including video technology in our clinical practice has been a step towards developing more inclusive, accessible and effective guidelines. In both examples used above there was a certain initial investment of time: planning, scripting, making resources (visual timetables), recording and editing the videos. However, we feel the benefits far outweigh the initial time costs, given the following factors:

- positive responses from carers and staff;
- families having instant access to accessible guidelines that they can watch repeatedly;
- saving time in the long term (not having to do repeat visits to demonstrate strategies again or to new staff); and
- creating a positive experience for the families and paid carers.

Do get in touch if you have any questions or want to share your experience of using video! ■

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All to play for

Maria Denise Pessoa Silva, Michelle Payne, Deborah Rawlinson and Dr Lesley Edwards discuss how a multidisciplinary therapy group maximises play opportunities for hospitalised young children with cancer

ILLUSTRATION BY **Eliot Wyatt**

Children who undergo cancer treatment involving long inpatient stays may have less access to typical development opportunities, including play and peer interaction, than other children. The multidisciplinary therapies team (MDT) at The Royal Marsden Hospital NHS Foundation Trust (RM) identified a need for typical play experiences and social interaction opportunities among pre-school patients. Jigsaw, a pre-school group, was established to help meet children's developmental needs alongside their medical needs.

Background

Each year between 2012 and 2014, nearly 1,800 children were diagnosed with cancer in the UK. Among those, the highest incidence was in children under five. More children are surviving into adulthood following cancer treatment, so the importance of supporting child development during treatment is being recognised (CRUK, 2017).

Children who undergo cancer treatment, especially those who experience long inpatient stays, may have fewer opportunities to engage in activities that support typical pre-school development. It is well documented that from birth to five years, a significant amount of developmental learning occurs; it is vital that this is facilitated by caregivers and environmental opportunities (Whitebread, 2012).

During treatment, opportunities for play experiences such as nurseries, trips out and parties are limited due to neutropenia and infection risk (Koukourikos et al, 2015). Besides disruption to routine and less learning opportunities, hospitalisation without regular access to play experiences and usual peer interaction can potentially be detrimental to children's wellbeing, social communication skills and language development. This could result in higher levels of anxiety, separation anxiety and sadness, which may cause long-term problems (Rokach, 2016).

Jigsaw group

Recognising this, the MDT at RM identified a need for typical play experiences and opportunities for social interaction among pre-school patients, their parents and siblings. To provide this, Jigsaw was established. Its main objective was to provide play opportunities and therapeutic support for pre-school children and their families during cancer treatment.

Jigsaw acts as a triage group for developmental or acquired difficulties and therapy needs. The MDT ensures that Jigsaw provides a holistic approach in a safe, in-hospital environment where, as far as possible, no medical procedures take place.

Jigsaw also aims to support parents' confidence to engage in more play activities outside of the sessions, and to model appropriate and safe ways of engaging in age-appropriate play so children can continue to reach their developmental milestones during treatment.

Jigsaw is a drop-in weekly group for all children under five who are receiving treatment at the RM, held in the therapies room adjacent to the →

ward. It is run by two therapists who rotate each week: an SLT, an occupational therapist, a physiotherapist and an assistant psychologist. This is to provide multidisciplinary advice and support that considers the child in a holistic manner. The psychology service has the opportunity to obtain an overview of the emotional and psychological aspects involving the child and their family.

It is a relaxed, informal group with various toys of different shapes and textures, and involving soft play, messy play, singing action songs and music. These activities promote:

- Communication development: word learning, requesting, language models, listening and following instructions
- Social skills: sharing, peer interaction, imaginative play, positive behaviour models, following rules, waiting and taking turns
- Cognitive development: experimenting, hiding, imitating, imagining, pairing
- Motor development: throwing and catching, hand-eye co-ordination, motor planning
- Family wellbeing, such as providing the space for sibling support, meeting other parents, signposting to resources.

MDT aims and objectives for the Jigsaw group include:

- Providing opportunities for social skill development
- Engagement in age-appropriate, play-based learning with adult support and models
- Active play alongside or in co-operation with peers
- One hour spent out of bed in a non-medical space
- Parental peer support opportunities
- Ensuring holistic needs are met and developmental care is provided
- Screening for language development or peer interaction and play skills
- Offering MDT advice to reduce impact of hospitalisation and early referral if needed.

Parents are actively encouraged to participate in the group. They are invited to share their experiences with staff and each other. When appropriate, parents may take time to rest and reflect, or carry out practical daily living activities.

Paperwork is kept to the minimum levels of professional requirement, with record sheets for attendance and comments. Session details and attendance are logged on electronic patient notes. Concerns raised are shared at the medical or multi-disciplinary ward round.

"Jigsaw is a valuable opportunity to view children holistically and identify areas of need"

Jigsaw provides a vital opportunity for children to engage in typical play experiences while unwell, and highlights the importance of play to parents. Very often, Jigsaw will be the first time children will be invited to play while attached to intravenous lines and feeding tubes. The group facilitates play under these circumstances and supports parents to manage lines and equipment while their children are mobilising and playing. Our understanding is that this is a starting point for parents and children to normalise play in the hospital environment.

Peer support can be greatly beneficial, and parents actively seek support from each other in the group. Jigsaw allows parents of newly diagnosed children to seek advice from others going through a similar experience.

Following Jigsaw attendance, parents have informally reported they feel more confident to take their children to activities within and outside of the hospital. They report being pleased to see their children play again and have the opportunity to play with others. Their quotes include:

- "This is the longest he has played and not cried since we came into hospital."
- "She used to do this sort of stuff and I don't want her to get out of the habit. I see it leads towards school as well as being therapeutic. The soft play encourages her to move and it's great having other adults engaging her in play."

Jigsaw also gives an opportunity to identify developmental difficulties. In the hospital setting, within the medical model, developmental care can be under-prioritised. However, Jigsaw is a valuable opportunity to view children holistically and identify areas of need. It highlights the importance of developmental care and typical childhood experiences within the hospital environment and MDT.

Future direction

Jigsaw has been successfully running for three years, with benefits reported informally via letters and listening post comments from staff and families. As a result, a formal funding bid has been submitted to embed daily nursery nurse input for our pre-school patients to ensure their access to the foundation stage curriculum continues.

In the future, we plan to evaluate the impact of this expansion of the service and consider how to achieve wider participation in the group. There is scope to develop a social mealtime opportunity at the end of the session to support positive meal-time experiences and reduce the risk of behavioural feeding difficulties post-treatment. ■

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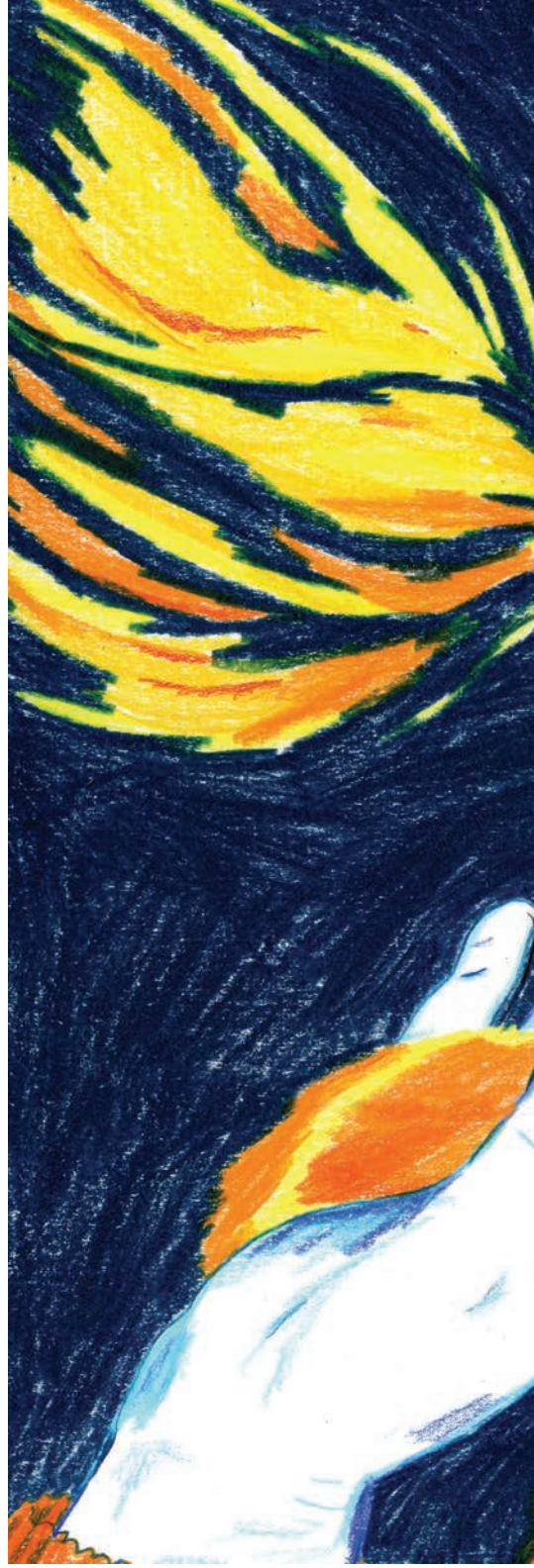

What is the SLT's role in supporting adults diagnosed with airway stenosis?

Lindsay Lovell, Gemma Clunie, Lizzie Lobeck and Justin Roe discuss how SLTs at the National Centre for Airway Reconstruction are working with ENT specialists to help patients with airway stenosis

ILLUSTRATION BY **Hannah Lock**

Airway stenosis is defined as the abnormal narrowing of central airways from supraglottis to carina, and is an umbrella term for a wide group of rare conditions (Nouraei and Sandhu, 2013). In adults, causes can include post-intubation injury, auto-immune conditions, sarcoidosis, cancer, bilateral vocal cord paralysis, external tracheal compression, radiotherapy and idiopathic subglottic stenosis (Nouraei et al, 2007). Symptoms include dyspnoea, stridor, altered voice and swallowing changes. Many patients require tracheostomies. When more conservative management of a patient's stenosis, such as lasering or dilatation, has been trialled without success, patients will often proceed to having a more definitive reconstruction procedure—either a cricotracheal resection (CTR) or a laryngotracheal resection (LTR).

CTR and LTR

In a CTR procedure the section of the tracheal stenosis is excised, and end-to-end anastomosis is carried out. For this procedure to be successful, there usually has to be a clear margin between the vocal cords and the end of the stenosis (Clunie et al, 2017). In an LTR procedure, the cricoid cartilage is split, the lesion or stenosis excised and the framework of the trachea then expanded by using rib cartilage grafts and a tapered, skin-covered stent to keep the airway open. A tracheostomy is placed below the level of the stent and after two weeks the stent +/- tracheostomy is removed (Nouraei and Sandhu, 2013).

Patients with airway stenosis often have multiple co-morbidities, and quality of life can be seriously compromised both pre- and post-surgery. It is a chronic condition that often has uncertain long-term outcomes and may require numerous surgical interventions. Both the disease and surgery can involve the supraglottis, larynx and subglottis. Although it is a benign condition, patients can be significantly

functionally compromised in terms of breathing, voice and swallow.

The impact on swallowing can involve reduced hyolaryngeal elevation and excursion, reduced upper oesophageal sphincter opening, and residue build-up post-swallow. This leads to airway penetration and aspiration during or post-swallow (Lennon et al, 2016).

The impact on a patient's voice can involve roughness, breathiness and strain, along with the problems associated with having a tracheostomy. In the two weeks following reconstruction, surgeons aim to reduce damage to critical functions—for example using a closed, tapered stent to limit the impact on the vocal folds. Post-surgery, the voice can often be lower in pitch, prone to fatigue and difficult to project (Bryans et al, 2013; Houlton et al, 2011).

Airway stenosis management

Charing Cross Hospital at Imperial College Healthcare NHS Trust is the home of the National Centre for Airway Reconstruction, led by Guri Sandhu, consultant ear, nose and throat (ENT) surgeon. This is the largest service of its kind in Europe, with numbers comparable to the largest centres in the US. The team uses advanced surgical techniques to manage airway stenosis that are only carried out at Charing Cross and at the Cleveland Clinic in Ohio, US. In addition, the service is a quaternary referral centre for a variety of complex ENT conditions resulting in communication and swallowing disorders.

In late 2015, two SLT posts were created and funded by the ENT department for the purpose of developing a new specialist speech and language theapy service that would form part of the complex ENT/airway MDT, which also includes two ENT consultants, an ENT fellow and two airway clinical nurse specialists. Dietetic, physiotherapy and occupational therapy input are also available when required, and a psychologist will soon join the team.

We provide expert speech and language therapy assessment and treatment to patients with these complex airway conditions, from pre-treatment through surgical intervention and onwards to rehabilitation. As specialist SLTs working in this area, it is vital that we are confident in managing breathing, voice and swallowing as related components of the disease, and understand their interplay with one another. Considering any of these in isolation would limit our ability to best manage these patients and to work alongside ENT colleagues.

Detailed baseline clinician- and patient-reported outcome measures and instrumental swallowing evaluations must be routinely carried out to inform surgical planning, particularly as pre-operative aspiration is associated with poorer outcomes (Holman et al, 2018). All patients who are to undergo CTR or LTR at Imperial have a full pre-operative speech and language therapy assessment of their voice and swallow, which also includes an instrumental swallowing assessment, usually a fibreoptic endoscopic evaluation of swallow, as this allows orientation to altered anatomy. If oesophageal issues are also suspected, then a videofluoroscopy may also be carried out.

Given the complexity of these patients and the chronic-progressive nature of the condition in most cases, many patients require a high level of follow-up care and remain on the caseload through repeated outpatient and inpatient care episodes.

Longer term needs

Airway stenosis will improve for some patients, but some will require repeated surgeries to manage their lifelong condition. The role of the MDT, and the SLT in particular, often involves managing →

"...it is vital that we are confident in managing breathing, voice and swallowing as related components of the disease, and understand their interplay with one another"

expectations, rehabilitation needs and the psychological needs of these patients so that they can maintain a quality of life that is acceptable to them.

As we are a quaternary referral centre, some patients prefer to continue their voice and swallow rehabilitation closer to home. We therefore act as clinical advisors on a local, national and international basis to our SLT colleagues, who may be managing these patients following surgical intervention at Imperial. We are always happy to be in regular communication with SLTs to help guide rehabilitation, advise on likely prognosis and provide continued monitoring of these patients when they return to the ENT clinic at Imperial. We are also working with organisations such as the British Laryngological Association to develop further education opportunities for SLTs, and hope to run courses in the future.

Future research

The evidence base for the management of airway stenosis focuses on improving breathing outcomes, with swallowing and voice being considered as secondary outcomes, or not at all. The small body of speech therapy literature focuses on voice outcomes in a small sub-section of this population (Bryans et al, 2013; Houlton et al, 2011).

A core aim of our service is to expand on the current evidence base by leading on and contributing to research projects that will increase our knowledge of how to manage these patients' communication and swallowing disorders. Gemma Clunie has been awarded a prestigious clinical doctoral fellowship funded by the National Institute for Health Research (NIHR), evaluating the voice and swallowing concerns and outcomes of patients with airway stenosis who undergo reconstructive surgery. Dr Justin Roe has been awarded a postdoctoral fellowship, funded by the Imperial Health Charity and Imperial NIHR Biomedical Research Centre, to co-produce a Patient Concerns Inventory in partnership with clinicians and people diagnosed with airway stenosis (PCI-AS).

Conclusion

Airway stenosis is a complex condition to treat, and we must not underestimate the burden on patients when it comes to to their quality of life. SLTs have a key role in managing the swallow, voice, communication and psychological needs of this patient population, often on a long-term basis. Future research at Imperial will aim to better understand the needs of these patients in order to provide evidence-based, targeted swallowing and communication therapy that meets the individual's needs. ■

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Recipes for success

Amy Schiwitz on developing standardised barium recipes for videofluoroscopy

The importance of standardisation in videofluoroscopic swallow studies (VFSS) is receiving growing attention (IDDSI, 2016; Martin-Harris et al, 2008). In 2017, the speech and language therapy department at East Sussex Healthcare NHS Trust developed its own standardised recipes for barium used in VFSS. We had to take into account several factors when developing these, including barium concentration, ingredients and flow rate. This article is a discussion of the considerations and steps we took to develop our own standardised barium recipes.

Standardisation

Standardisation based on evidence and expert consensus maximises the quality and repeatability of evaluations. It allows for more effective communication between different assessing clinicians and more accurate comparison between patients, or within the same patient before and after treatment.

Several aspects of VFSS can be standardised, including the contrast recipes, how each bolus is presented and the terminology and concepts used in interpretation. One example of a standardised tool is the Modified Barium Swallow Impairment Profile, which provides a protocol for administration of various textures and a standardised framework for interpretation of swallowing impairment (Martin-Harris et al, 2008).

Like many clinicians, we had prepared barium for years with no specific measurements. For example, we prepared thin fluid by diluting Baritop, a barium sulphate suspension, with water. For level 2 (mildly-thick) fluid, we used undiluted Baritop; for thicker consistencies, we thickened Baritop until it 'looked right' or mixed it with custard and thickened to make a level 4 (puree). Because of this approach, our patients received varying consistencies and concentrations even within the same exam, reducing the accuracy and reliability of our evaluations.

The goal of our project was to develop standardised barium recipes for use in VFSS. We aimed to develop recipes that would be compliant with the International Dysphagia Diet Standardisation Initiative (IDDSI) and of a consistent concentration.

Standardised recipes for barium contrast should consider the concentration of barium since it has been found that higher concentrations tend to leave greater amounts of residue in the oropharynx, even in individuals without dysphagia (Steele et al, 2013). Additionally, higher barium concentrations are associated with longer duration of pharyngeal transit times. This variation in residue and swallow duration could lead to inaccurate judgements about the degree of oropharyngeal dysphagia. A consistent barium concentration of 20% to 40% weight/volume (w/v) is recommended for assessing oropharyngeal dysphagia, in order to minimise residue and maximise visibility (Stokely et al, 2014).

Ingredients

Before creating the recipes, we had to consider our ingredients. Any use of commercial barium sulphate products apart from the instructions on the label is considered off-label (National Institute for Health and Care Excellence, 2017). While it is clearly necessary to use barium products off-label in order to achieve different consistencies, it is advisable to only mix barium contrast with water because there may be unknown interactions between the constituents of barium products and ingredients such as milk (Steele et al, 2013).

We also wanted to minimise the risk of lung injury from any potential aspiration of contrast. While barium is an inert substance, which can be safely aspirated in small amounts, studies in rats have shown that aspiration of milk fat leads to a severe haemorrhagic and necrotising reaction in lung tissue (Federle et al, 2013; Takil et al, 2003). Given the potential risks

"Standardising the concentration of barium ensures we do not over diagnose our patients with dysphagia"

Table 1: Record form for testing recipes

Recipe			Trial 1 - after 10 min		Trial 2 - after 30 min		Trial 3 - after 60 min	
			ml left in syringe	IDDSI level	ml left in syringe	IDDSI level	ml left in syringe	IDDSI level
Normal fluid – IDDSI level 0	grammes water:	grammes contrast:						
Slightly thick – IDDSI level 1	grammes water:	grammes contrast:						
Mildly thick – IDDSI level 2	grammes water:	grammes contrast:						
Moderately thick – IDDSI level 3	grammes water:	grammes contrast:						
Extremely thick – IDDSI level 4	grammes water:	grammes contrast:						

of aspirating dairy and of mixing barium with off-label substances, we decided to use water only and thickener for our standardised barium recipes.

It was also necessary to complete a flow-rate test for each recipe since the addition of barium has been found to change viscosity (Steele et al, 2013). The IDDSI framework provides objective ways of measuring fluid level using the syringe and spoon tilt tests. These objective tests are important because the reliability of judging fluid thickness is poor even among SLTs (Glassburn and Deem, 1998).

Recipes

Our project group completed the IDDSI syringe test after 10, 30, and 60 minutes for each recipe (table one shows the record form). We decided to use E-Z-HD, a different barium sulfate powder, rather than Baritop because we found that diluted Baritop was too lumpy when thickened. Instead, we found the smoothest results by preparing thickened water first, then adding the E-Z-HD powder gradually while mixing with a fork.

Although we did our own calculations of the amount of barium powder needed to achieve a concentration of 40% w/v, it is now possible to use the free barium calculator provided by Catriona Steele (see Toronto Rehabilitation Institute below). The final recipe should always be flow-rate tested to ensure the thickness is correct.

The results of our project group were barium recipes for IDDSI levels 0-4 that were stable for at least 60 minutes after mixing and at a concentration of 40% w/v. Once we had determined that the amount of E-Z-HD powder needed for each of our recipes was 41g per 100ml fluid, we decided to see if it was possible to measure this by volume using a tablespoon measure. Although using a tablespoon reintroduces a degree of variability, we felt that in the context of a busy clinic it was easier to measure using culinary tablespoons rather than using a scale every time. Conveniently, 41g of E-Z-HD powder was found to be equivalent to two level tablespoons. We now routinely use tablespoon measures in our VFSS clinics instead of kitchen scales.

Increased confidence

Since developing these recipes we have increased confidence in the quality and reliability of our VFSS examinations. Standardising the concentration of barium ensures we do not over diagnose our patients with dysphagia due to increased oral residue and slowed transit times. Measuring the flow rate of our recipes ensures the textures they receive in VFSS will be similar to those they receive outside of clinic. Choosing the safest ingredients possible reduces the risk of harm to patients if they aspirate during the exam. By taking a considered approach to VFSS we maintain a higher professional standard and maximise patient safety. ■

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Service user involvement

Multiple challenges arise when supporting people with learning disabilities (LD) to express their views and participate in decisions about their care. This study aimed to promote the establishment of an evidence-based approach to eliciting such views when developing an Educational Health Care Plan (EHCP).

Videos of structured interviews with 22 participants were taken, whose level of LD ranged from moderate to profound and multiple LD. Interviews were conducted by someone who knew the participant well and supported them using AAC methods as necessary. Responses were interpreted using a triangulated approach by two people who knew the participant (parent and teacher/SLT) and one researcher who did not, allowing questionnaire validity and the reliability of interpretations to be assessed.

Eleven participants responded to 75-100% of questions and only four reached the same level for more abstract questioning about future aspirations. A significant effect of assessor was observed, with teachers/SLTs rating participants' understanding significantly lower than parents and researchers.

The authors conclude: "Our research shows the need to debate the crucial issue of how to meaningfully involve young people with an LD and communication difficulty in the EHCP process, so that their views can be heard and acted upon to improve their experience of education, health and care."

David Sanchez, SLT, SABP NHS Foundation Trust

Reference

Pearlman, S. & Michaels, D. (2019). Hearing the voice of children and young people with a learning disability during the Educational Health Care Plan (EHCP). Support for Learning, 34 (2), 149 161.

SLT practice for preschoolers

This study aimed to identify the key factors underpinning SLT practice with preschoolers with developmental speech and language disorders (DS & LD). These factors were used to develop a high-level framework representative of clinical practice.

Some 245 SLTs participated at local sites, specific interest groups and two national events. A mixed methods approach was adopted, with the utilisation of 'knowledge elicitation' techniques to facilitate the data collection. This included techniques such as concept mapping, teach-back and sorting exercises.

The results highlighted that speech and language therapy practice with this client group falls into three key areas:

- Addressing the child's impairment and skills.
- Achieving functionally meaningful skills and carryover.
- Supporting adults to provide a supportive communicative environment.

It was highlighted that the exact configuration of these areas is shaped by the child's context and individual needs, with terms such as 'it depends' often being used by participants when describing their practice.

The authors state: "While further work is needed to provide details of interventions and models that sit within the framework, it takes an important first step in highlighting SLTs' priorities for preschool children with DS & LD."

Lucy Rodgers, early years SLT, Sussex community NHS Foundation Trust

Reference

Morgan, L., Marshall, J., Harding, S., Powell, G., Wren, Y., Coad, J. & Roulstone, S. (2019). 'It depends': Characterizing speech and language therapy for preschool children with developmental speech and language disorders. International Journal of Language & Communication Disorders, 54 (6), 954-970.

Story grammar intervention

This study found that an adapted story grammar (SG) intervention delivered to pupils with autistic spectrum disorder (ASD) resulted in improved comprehension of questions, especially where visual supports were utilised.

The participants were five boys aged 5-7 years, each with a diagnosis of ASD and individual education plan goals to improve comprehension of language. A withdrawal design was used, with both baseline and intervention conditions. Comprehension was measured in each session using a researcher-developed test. The test included a combination of fact and inference questions. Strategies such as matching questions and definitions to SG elements, story maps, and least prompts and expansions were used during intervention.

Participants responded better to fact than inference questions. All participants demonstrated more success in answering questions in intervention conditions, in comparison to baseline. Greatest gains in comprehension test scores were demonstrated in the third and final intervention phase.

The authors state that: "All participants improved their ability to respond to inference questions with visuals suggesting that visual supports may be one way for individuals with ASD to participate in and learn from instruction targeting less familiar skills."

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

Alex Jones, specialist SLT, Hywel Dda Health Board

Reference

Whalon, K., Henning, B., Jackson, E. and Intepe-Tingir, S., (2019). Effects of an adapted story grammar intervention on the listening comprehension of children with autism. Research in Developmental Disabilities, 95, doi.org/10.1016/j.ridd.2019.103507

SHUTTERSTOCK

Shona
Kirtley

Shona Kirtley discusses the value of using reporting guidelines to achieve complete and transparent research reporting

Reporting guidelines

Reporting guidelines are simple tools to help authors include the important details about what they did and found when writing up their research study for publication. They often consist of a statement paper listing the reporting items, a separate downloadable fillable checklist—and sometimes a flow diagram—followed by a longer paper detailing each reporting item with their rationale and examples of good reporting (known as the Explanation and Elaboration, or 'E&E' paper). The checklist can be submitted along with the manuscript and many journals now encourage or require a reporting checklist and flow diagram to be submitted, setting out such requirements in their journal instructions to authors.

Common problems

Reporting guidelines were developed because it was observed that many published papers omit important details about the study aims, methods or results. In the absence of complete reporting, readers will be unable to fully understand what was done and what was found, and researchers unable to repeat the study or unable to use the study results in their own clinical practice or to inform future research (eg, in a systematic review and meta-analysis). Indeed, this was highlighted in 2017 when an investigation into the adequacy of intervention descriptions in the speech-language pathology literature concluded, "Clinicians and researchers are restricted in the usability of evidence from speech-language pathology randomised controlled trials because of poor reporting of elements essential to the replication of interventions" (Ludemann et al, 2017).

Common problems identified in research publications include incomplete reporting (eg, omitting details of study participants or selectively reporting data or results); inaccurate reporting (eg, inconsistencies between the abstract and the main text, confusing or misleading data or graphs, and introduction of 'spin' or the misinterpretation of results); and issues relating to delayed reporting or non-publication of research studies.

Many studies have examined the reporting quality of biomedical research, including numerous speech and language therapy researchers. An assessment of effect-size reporting practices in the *American Journal of Speech-Language Pathology* (AJSLP) and other American Speech-Language-Hearing Association (ASHA) journals found that, "effect size was reported less than 30% of the time when inferential statistics were used, and only half of those reports included an interpretation of effect size" (Meline & Wang, 2004). Examination of the reporting of socioeconomic status (SES) in paediatric language research featured in three journals and concluded that, despite an increase in SES reporting over the time period studied, "one quarter of studies published in the three journals combined still do not report SES" (Inglebret et al, 2017). The authors rightly point out that this impacted on "the generalisability of research findings to specific children". An investigation of the completeness of reporting of randomised controlled trials in occupational therapy and speech therapy concluded that, "occupational therapy and speech therapy articles published in peer-reviewed journals met slightly more than half (56%) of the criteria outlined by the CONSORT Statement" (Mabus and Nelson, 2008).

Reporting guidelines address these problems by reminding authors of the key (minimum) details that must be included to provide a transparent and accurate account of their study. In addition to using them when writing, reporting guidelines can also be consulted during the research study planning stage and reviewers can use them during the peer review process to check that all the necessary detail has been reported in the manuscript under review.

EQUATOR Network

The EQUATOR (Enhancing the Quality and Transparency of Health Research) network is an international initiative, established in 2006, that seeks to improve the reliability and value of published health research by promoting accurate, complete and transparent reporting of all studies, and the wider use of reporting guidelines to support reproducibility and usefulness, and minimise avoidable research waste.

SLTs will find EQUATOR resources helpful during the planning and reporting of their research studies. The free-to-access EQUATOR website provides resources to help all those publishing research. The reporting guideline database

Research and Development Forum

ILLUSTRATION BY **Ollie Silvester**

"Complete and transparent reporting really does matter"

provides a comprehensive, searchable collection of health research reporting guidelines, with links to the guidelines, checklists, flow diagrams and extensions. This is supplemented by a flow chart and online tool designed to help researchers quickly find the most appropriate reporting guideline and checklist. The toolkits section provides practical help, supporting writing for publication, peer reviewing, using reporting guidelines in journals, teaching research skills and guidance on how to develop a reporting guideline. The library for health research reporting contains reporting guideline translations, research and publication ethics guidance, and guidance developed by editorial groups, professional medical writers and funding bodies. To increase awareness and use of reporting guidelines, the network also runs courses, including the EQUATOR Publication School organised by the EQUATOR Centres located in the UK, Canada and Australia.

Using reporting guidelines

Reporting guidelines have been developed for all the main research study designs.

In general, reporting guidelines can be grouped into three main areas of focus: the study type itself (eg, SPIRIT for reporting clinical trial protocols); an individual aspect of a research study (eg, TIDieR for reporting intervention description and replication); and a particular section of the research report (eg, SAMPL for reporting the statistical analyses and methods).

Some reporting guidelines have been extended to provide more detailed guidance for very specific aspects of a study (eg, CONSORT-Cluster for reporting cluster randomised trials or PRISMA-Harms for reporting harms in systematic reviews). These 'extensions' build on the items contained in the original reporting guideline with a focus on expanding particular sets of items.

When reporting your study you should obtain copies of the main statement, the E&E paper and the checklist (and flow diagram if available). Fill out the checklist to keep track of where in your manuscript you have reported each of the items. It is worth noting that when writing up some research studies more than one reporting guideline may need to be followed; eg, when reporting a randomised trial you may need to use CONSORT, TIDieR and CONSORT for Abstracts.

Many researchers across disciplines, including speech and language therapy, use reporting guidelines to ensure their work is reported as well as possible. The RESTART randomised trial (de Sonneville-Koedoot, 2015) provides a practical example of an SLT-focused trial publication where the authors have followed the CONSORT reporting guideline and included a completed CONSORT checklist and flow diagram (see: **bit.ly/2rRd5DN**).

Research reporting matters

Complete and transparent reporting really does matter in ensuring that research results can be replicated, utilised in clinical practice or used to inform future research. As journals increasingly encourage or mandate the use of reporting guidelines, SLT researchers will need to follow reporting guidelines to ensure that their studies meet changing journal submission requirements. By following reporting guidelines, SLT researchers will ensure that all SLT research publications are robust, reliable and useable, leading to an improved evidence base and better patient care.

Shona Kirtley, knowledge and information manager, the EQUATOR network
Email: shona.kirtley@csm.ox.ac.uk

References

EQUATOR reporting guideline database (www.equator-network.org/reporting-guidelines)

EQUATOR Wizard (www.penelope.ai/equator-wizard)

Ludemann, A., Power, E., Hoffmann, T.C. (2007). Investigating the Adequacy of Intervention Descriptions in Recent Speech-Language Pathology Literature: Is Evidence from Randomized Trials Useable? Am J Speech Lang Pathol26(2), 443-455.

Meline, T. & Wang, B. (2004). Effect-size reporting practices in AJSLP and other ASHA journals, 1999-2003. Am J Speech Lang Pathol, 13(3), 202-7.

Inglebret, E., Bailey, S., Clothiaux, J.A., Skinder-Meredith, A., Monson, K. & Cleveland, L. (2017). Reporting of Socioeconomic Status in Pediatric Language Research. Am J Speech Lang Pathol,26(3), 1042-1052.

Norton-Mabus, J.C. & Nelson, D.L. (2008). Reporting of randomized controlled trials in occupational therapy and speech therapy: evaluation using an expansion of the consort statement. OTJR : Occupation, Participation and Health, 28(2), 64-71.

de Sonneville-Koedoot. C., Stolk, E., Rietveld, T. & Franken, M.C. (2015). Direct versus Indirect Treatment for Preschool Children who Stutter: The RESTART Randomized Trial. PLoS One, 10(7), e0133758.

Northern Ireland representative vacancy on the RCSLT Professional Practice and Policy Committee (PPPC)

If you are excited and passionate about the big issues facing our profession, then the PPPC is the place for you.

We are seeking to fill the Northern Ireland representative vacancy on PPPC.

Applicants are expected to have previous experience of active engagement with the RCSLT and to be able to demonstrate that they are part of a professional network of SLTs. The term of office will run from appointment until the 2022 AGM with an option to re-apply for a further three years.

Strategic and in-depth, the PPPC monitors and anticipates both the external environment and internal developments on behalf of the Board of Trustees. Recent business has included technology, international work, advanced practice and justice. The agenda for future meetings will be just as full.

If you are interested in applying, please contact Jo Offen: jo.offen@rcslt.org or telephone **0207 378 3007.**
Application details can be found on our website: bit.ly/2sB4yoG
Deadline for submission of applications is 9:00 am on Monday 2 March 2020.

ROYAL COLLEGE OF SPEECH & LANGUAGE THERAPISTS

FINANCE AND RESOURCES COMMITTEE (FRC) MEMBER WANTED

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- **Do you want to broaden your professional skills?**
- **Do you like the challenge of thinking strategically?**
- **Would you like to play a part in the running of your RCSLT?**

If the answer is yes, you could be interested in joining the RCSLT Finance and Resources Committee (FRC). This is a chance to be part of the governance of the RCSLT, which will take you into the areas of finance, investments, HR, contracts, performance management, audit, risk, facilities, heritage work and membership administration, while also giving you an insight into all areas of RCSLT activity.

Although it is desirable rather than essential to have professional expertise in one or more of these fields, it is important to be able to assimilate information, think strategically and have a willingness to make decisions on behalf of the RCSLT.

The Committee meets four times a year in London. There is also an induction day and further training will be given if required. The role is unremunerated, but expenses are paid. The term of office is for three years, starting from the date of approval of this application, to the AGM in 2022, with an opportunity to re-apply for a further three years.

For details, please email **jo.offen@rcslt.org** or tel. **0207 378 3007**.

For more information, supporting documents and application forms, visit: **bit.ly/2sB4yoG**

The deadline for completed applications is 9am Monday 2 March 2020.

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

REMEMBERING

Obituary

Travers Reid

1930–2019

"He was a wonderful role model…"

We were deeply sorry to hear of the death of Travers Reid in October 2019, aged 89. Travers held a special place in the hearts of Action for Stammering Children and the Michael Palin Centre for Stammering, and will be greatly missed.

Travers was a true gentleman, whose ambition and achievements changed the lives of thousands of children and families. First and foremost, he was a devoted family man, married to Sandra for 60 years and intensely proud of his children and grandchildren.

More than 30 years ago, as a successful businessman, Travers had a vision of a world without stammering. Having been affected by stammering throughout his life, he was determined to help children and young people gain access to the help that was not available to him during his childhood.

In the 1980s, with pioneering speech and language therapy, and stammering expert Lena Rustin, Travers decided to set up a charity to provide specialist help to stammering children and their families. He recalled that it took several meetings with the Charity Commission to persuade it that stammering was a worthy cause. His persistence paid off and in 1989 The Association of Research into Stammering in Childhood was launched, with the organisation raising money to provide information videos, spread awareness and develop therapy programmes.

A partnership was established between the charity and the NHS, which still operates today. By 1991, Travers had made contact with Michael Palin (pictured), who gave his support to the opening of the Michael Palin Centre for Stammering Children in 1993. The Centre is recognised nationally and internationally as a centre of excellence in this field, offering assessments and therapy, as well as training and research.

Travers visited the centre regularly, eager to meet the children and young people and their families, listen to their stories and share his own experiences. He was a wonderful role model, showing that stammering need not hold an individual back, that potential can still be realised, and that you can crack a good joke with or without a stammer. Travers was also a great support to the team of therapists, showing a keen interest in the therapy, teaching and research programme. He recognised the importance of evidence-based practice and founded the annual Travers Reid Award to encourage research studies into stammering conducted by student SLTs. In October 2015, Travers was made a Fellow of the RCSLT in recognition of his services.

Without Travers Reid's vision, commitment and determination, thousands of children would not have received this specialist support, and hundreds of therapists across the world would not have been trained. His contribution has been exceptional and will always be remembered and celebrated.

Travers's role as Life President afforded him some interesting opportunities, including meeting Prince Charles at Clarence House, two receptions at 10 Downing Street, and regular attendances at the House of Commons. In May 2019, despite poor health, his determination ensured he would not miss Action for Stammering Children's 30th anniversary celebration. He remained a constant support to the Board of Trustees, keeping in touch to the end.

Travers will be remembered for his charm, thoughtfulness, extraordinary memory, wide knowledge, compassion and mischievous sense of humour. Despite health worries over several years, his indomitably independent spirit was legendary. His increased physical frailty belied a lively intellect and quick wit. Action for Stammering Children and the Michael Palin Centre will continue as his lasting legacy—an achievement of which he was justly proud.

Elaine Kelman, Frances Cook and Diana de Grunwald at the Michael Palin Centre for Stammering Children; Jo Hunter, chair of trustees, Action for Stammering Children

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FEBRUARY CEN NOTICES
CLINICAL EXCELLENCE NETWORKS

Send your CEN notice by email to bulletin@rcslt.org by 1 March for the April issue and 1 April for May. To find out more about RCSLT CENs, visit: bit.ly/rcsltcens

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

South East and London Stammering CEN
17 February, 9.30am – 4.30pm

A study day exploring stammering, bullying and resilience. Sarah Caughter (SLT, Michael Palin Centre) joins us from Reaching In Reaching Out (International Resilience Skills Training Programme) to run a half-day training on resilience approaches with children. Followed by Nicky Locke and Anita McKiernan who talk about how they address bullying and stammering in the City University Intensive Stammering Groups. Also opportunities to reflect with SLT colleagues and discuss ways of applying to our own clinical settings. Attendance and CEN membership: £20; students and retired: £10. Venue: City Lit, Keeley St, London, WC2B 4BA.
Email: sealsmembership@gmail.com

Communication Therapy International CEN
29 February

'Confidently Competent: Six steps to working well in low and middle income countries'. Venue: Manchester Metropolitan University. For more details, visit www.communicationtherapyinternational.org

ABICA CEN (Acquired Brain Injury in Children & Adolescents)
6 March, 9.30am – 5pm

'The management of children and young people with brain tumours'. An exciting study day with a wide range of professionals and topics related to brain tumours. Agenda to follow. Venue: St Michael's Hospital Lecture Theatre, St Michael's Hill, Bristol BS2. Cost: £20. To book a place, email: ihatfield@thechildrenstrust.org.uk or visit bit.ly/358xVwx

Yorkshire Dysfluency CEN
11 March, 9.30am – 12.30pm

The next meeting will be held at The Reginald Centre, 263 Chapeltown Road, Chapeltown, Leeds, LS7 3EX. Please confirm your attendance by emailing Susie Robertson (chair) on susie.robertson@nhs.net

AAC CEN (London)
12 March

We are putting together the schedule for our next event, where we will be talking about AAC and autism. Since a few of our members haven't been receiving emails, we ask anyone who has been having problems to email us on aaclondoncen@gmail.com. New members can sign up at www.webcollect.org.uk/aaclondon. Alternatively, for updates follow us on Facebook (@AACLondon) and Twitter (@aaclondoncen)

Trent Voice CEN
12 March, 9.00am-5.00pm

Upper Airways Study Day. For: Ear Nose and Throat and Respiratory SLTs (Paediatric and adult) who work in outpatient and inpatient settings. The day will cover: assessment and management of inducible laryngeal obstruction and chronic cough. Where: Royal Hallamshire Hospital. Cost: £10 Trent Voice CEN members, £20 non-members. Speakers: Jen Murphy, Karen Esposito.
Email trentvoicecen@outlook.com

Wales CEN Voice
12-13 March

The Wales Voice CEN is excited to be hosting internationally renowned voice experts Dr Gillyanne Kayes and Jeremy Fisher of Vocal Process, who will be delivering a 2-day course primarily aimed at SLTs. Lunch and refreshments will be provided. It will be held at The Media Resource Centre, Oxford Road, Llandrindod Wells, LD1 6AH. Cost: £250. Any enquiries, contact joanne.fletcher@wales.nhs.uk

CEN for SLTs with an interest in ABA
13 March, 9.00am – 5pm

Presentations from parents of children with ASD who have employed both SLTs and BCBA and their experiences of dealing with these professionals; MSc in ABA presentations on the views of people with ASD on ABA and an overview of an ABA charity by both those who work for it and parents of children who receive therapy; Presentations on Acceptance and Commitment Therapy (ACT) and Relational Frame Theory (RFT) . £10 for CEN members and £20 for non-members. Contact bethan.mair@tiscali.co.uk for further details and to book a place. Venue: RCSLT London HQ.

Practical Approaches to SEMH difficulties CEN
20 March

Please come and join us at Lewisham's Kaleidoscope Centre on for a training session with psychologist Dr Charlotte Flackhill who will be offering training on how to use the Coventry Grid to differentiate between ASD and attachment difficulties. She will also offer strategies for engaging and helping to understand the behaviours of students who have ASC and anxiety. Following this we will have a session with life coach Kevin O'Neil looking at hands-on methods to overcome our own barriers to progression. Contact secretary Kate Gill at katie.gill11@gmail.com or chair Rachel Wilson-Dickson at rachelwd@gmail.com for further details and to book a place.

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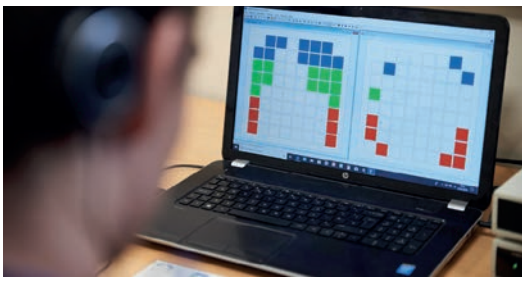

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Writing for *Bulletin*

As the professional membership magazine of the RCSLT, *Bulletin* relies on articles written by members, for members.

We welcome submissions from people working across the speech and language therapy profession, in all settings and whatever stage you're at in your career, including students, retirees, and everyone in between.

Whether you've got news, an opinion or a case study to share, *Bulletin* gives you a great way of connecting and communicating with your peers.

Publishing in *Bulletin* also counts towards your continuing professional development (CPD) hours.

TYPES OF CONTENT

LETTERS TO THE EDITOR
Share your thoughts on a particular issue, respond to something you've read in *Bulletin*, or put a question to other members in 250 words or less.

NEWS
We accept news items about members, or on issues that are of interest or importance to the profession. We don't accept news about commercial events, products or services. News submissions should be a maximum of 300 words.

MY WORKING LIFE
Tell us about your professional life in 650 words. Or send us a 120 word snapshot of who you are and what you do for YOUR RCSLT, along with a recent photo.

OBITUARIES
Please get in touch if you would like to contribute an obituary for a friend or colleague who has passed away. These pieces should be 600-650 words in length and include a photo, if possible.

BOOK REVIEWS
If you wish to be added to our list of book reviewers, email us with your details and clinical areas of expertise and we'll get back to you as we're sent new titles. Book reviews should be around 200 words.

FEATURES
Bulletin features are in-depth articles on topics likely to be of interest to a broad range of SLTs. Examples include professional advice (eg 'Making the switch from public to private sector work'); clinical conditions and their treatment; individual case studies; service users' first-hand accounts; the instigation and outcomes of innovative ways of working; and evaluations (including audits, service evaluations, qualitative projects and dissertation projects of clinical relevance).

The word count for a one-page feature is 650 words, while two-page features should come in at 1,200 words (which includes references, graphs, tables and charts).

Please note that we do not accept articles that have been previously published (including online). Submitted features should also observe the set word count limits.

OPINION
Is there a topical issue you want to shout about or a personal perspective you'd like to share? Opinion pieces should be 650 words long and draw on your own experiences and perspectives, while being relevant to the profession.

SUBMISSIONS PROCESS
Email your submission to bulletin@rcslt.org with the proposed section you're contributing to ('News', 'My Working Life' etc.) in the subject line. The editorial team will acknowledge receipt of your submission within one month and will endeavour to review it and return it to you with any suggestions or amendments within eight weeks. If your article is accepted for publication, the editor will contact you with more detailed edits and information about when it will be published.

You can also submit queries to the team with an outline of a proposed article, if you're unsure whether or not it will be suitable for publication. The team will aim to get back to you within eight weeks with recommendations.

The RCSLT retains the copyright of any article accepted for publication.

Please note there is a strict three-month embargo on content from the date of publication and, while we normally permit re-printing, we would ask you to credit *Bulletin* with first publication rights and seek permission from the magazine's editor.

PHOTOGRAPHY
Photographs submitted to *Bulletin* should be of a high resolution (normally 300 dpi or 500kb in size). Please notify us at the time of submission of any photo credits and ensure you have obtained the written consent for publication of everyone depicted in the photo. Scanned images from books and magazines cannot be used for copyright and technical reasons.

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MY WORKING LIFE

Lucy Titheridge

OCCUPATION: SLT AND TRAINEE ADVANCED CLINICAL PRACTITIONER

"To my knowledge, I am the first SLT to take on this role"

I qualified as an SLT in 2005 and have been fortunate to work in a variety of areas of speech and language therapy. After 13 years, I felt I needed a new challenge, but wanted to remain clinical and to provide patient-centred care. Having worked at the Royal Derby Hospital for the past 11 years, I have been fortunate to see the role of advanced clinical practitioner (ACP) develop—and to work with these professionals. Most of the ACPs I have worked with have come from nursing, paramedic or physiotherapy backgrounds. To my knowledge, I am the first SLT to take on this role.

Advanced clinical practice is undergoing significant restructuring to ensure that nationwide standards are high, regardless of initial training. Within the Royal Derby Hospital, it is transforming traditional healthcare by allowing experienced, skilled clinicians to develop further, giving them the increased autonomy to deliver an improved patient journey. One of the requirements of qualifying as an ACP is completing a Master's in advanced practice, as well as a portfolio of clinical evidence.

There are challenges in any new job, and in my first week I realised I had a huge mountain to climb, which included learning how to carry out venepuncture, cannulation, blood gas tests and ECGs. I will continue to scale this mountain as I develop new skills, but this is part of the excitement of the role. In the initial months, medication was a huge challenge—this is something that SLTs don't get involved with in great depth, and I now have to think about its impact on patients on a daily basis. Three years on, my knowledge and skills have increased significantly. I can now independently assess patients and start to formulate management plans, including requesting certain tests.

I am often asked why I transitioned to the role. My focus has always been delivering

clinical care, and I have a passion for teaching. When thinking about the four pillars of advanced practice—clinical, education, research and leadership—I felt this was something I could do and would enjoy, and I hoped to bring new skills to the role. SLTs are autonomous and make independent decisions; we have excellent assessment and interpretation skills; and we are exceptional communicators. All of this has given me a good grounding for being a trainee ACP (tACP).

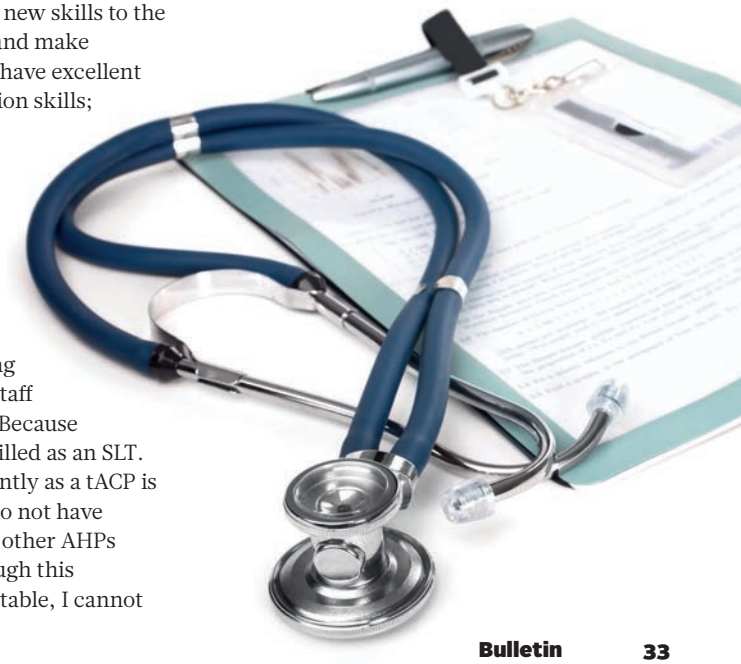
I ensure that I continue to use my SLT skills daily as a tACP—assisting with capacity decisions, assessing dysphagia, and educating staff and relatives, for example. Because of this, I feel I haven't deskilled as an SLT.

My main challenge currently as a tACP is prescribing; currently we do not have prescribing rights, as some other AHPs working as ACPs do. Although this challenge is not insurmountable, I cannot complete a full episode of care without relying on another ACP or medic to prescribe for me. I hope that one day we will get prescribing rights so that I can fulfil the role to its maximum potential, having developed skills in assessing patients with view to making differential diagnosis.

Would I promote the ACP role to other SLTs? Definitely! We have so much to offer and have key skills that can be transferred—and vice versa. I am still an SLT and proud, but the ACP role is a way to develop yourself as a professional, as well as contribute to patient care further. This gives me great job satisfaction. ■

Lucy Titheridge, SLT and trainee ACP
Email: lucy.titheridge2@nhs.net

The RCSLT would like to hear from any SLTs who work as ACPs. Please email lucy.adamson@rcslt.org for more information.



Various dates

Elklan Total Training package for 5-11s

2-3 March, Salford; 8-9 June, RCSLT, London; 9-10 November, RCSLT, London. Equips SLTs and teaching advisors to provide accredited, evidence-informed training to staff working in primary schools. Cost: £495 excluding VAT; tel: 01208 841450; contact: henrietta@elklan.co.uk; visit: www.elklan.co.uk

Various dates

Elklan Total Training Package for Verbal Pupils with ASD

2-3 March, Salford; 8-9 June, RCSLT, London; 9-10 November, RCSLT, London. Equipping SLTs and teaching advisors to provide accredited training to staff supporting verbal pupils with ASD, 3-18 years. Cost: £495 excluding VAT; tel: 01208 841450; contact: henrietta@elklan.co.uk; visit: www.elklan.co.uk

Various dates

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

3 March, Salford; 15 October, RCSLT, London. Educationalists will be equipped to provide accredited training to parents of 5-11s. Relevant Elklan Level 3 qualification essential. Cost: £235 excluding VAT; tel: 01208 841450; contact: henrietta@elklan.co.uk; visit: www.elklan.co.uk

Various dates

Elklan Let's Talk Together Training Pack

3 March, Salford; 15 October, RCSLT, London. Practitioners will be equipped to provide accredited training to parents of pupils with social communication need including ASD. Relevant Elklan Level 3 qualification essential. Cost: £235 excluding VAT; tel: 01208 841450; contact: henrietta@elklan.co.uk; visit: www.elklan.co.uk

Various dates

Elklan Let's Talk with Under 5s Training Pack

3 March, Salford; 15 October, RCSLT, London. SLTAs and EY practitioners will be equipped to provide accredited training to parents of pre-schoolers. Relevant Elklan Level 3 qualification essential. Cost: £235 excluding VAT; tel: 01208 841450; contact: henrietta@elklan.co.uk; visit: www.elklan.co.uk

Various dates

Elklan Total Training Package for 11-16s

4-5 March, Salford; 11-12 November, RCSLT, London. Equipping SLTs and teaching advisors to provide accredited training to staff in secondary schools. Strategies will help students maximise their communication. Cost: £495 excluding VAT; tel: 01208 841450; contact: henrietta@elklan.co.uk; visit: www.elklan.co.uk

Various dates

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

4-5 March (3-5s) and 6 March (0-3s), Salford; 10-11 June (3-5s) and 12 June (0-3s), 11-12 November (3-5s) and 13 November (0-3s), RCSLT, London. Equipping SLTs and EY advisors to provide accredited training to Early Years staff. Cost: £495 for 3-5s, £250 for 0-3s, £745 for both excluding VAT. Tel: 01208 841450; contact: henrietta@elklan.co.uk; visit: www.elklan.co.uk

Various dates

ARCOS (Association for Rehabilitation of Communication & Oral Skills)

1 day courses (£130): FOTT Study Day, 4 May and 19 October; Moves to Swallow, 1 June and 9 November; Making the Most of Mealtimes, 13 July and 7 December; Therapeutic Oral Hygiene, 23 March and 28 September. Five Day 2-Part Courses (£625): Part 1, 18-20 May and Part 2, 6-7 July; Part 1, 14-16 September and Part 2, 16-17 November. Contact: admin@arcos.org.uk; tel: 01684 576795

11 February, Birmingham

Learning to the use the Therapy Outcome Measure (TOM)

One-day training workshop with Prof Pam Enderby. Cost: £175 (check website for CTN member discount); visit: www.communitytherapy.org.uk

22 February, Manchester

Tension release

Helping voice users unlock tension and free their voice. A day about managing muscular and psychological tension in professional voice users. A multidisciplinary approach to releasing tension from experts in their fields. Hear the input from an experienced voice therapist, a skilled physiotherapist and learn how to self-manage tension through self-hypnosis or external vibration therapy to relax muscles. Visit: www.britishvoiceassociation.org.uk; contact: administrator@britishvoiceassociation.org.uk

9-11 March 2020, London, England

More Than Words® Certification Workshop

Learn how to involve parents of children with autism to facilitate their child's social and communication skills in everyday contexts, fulfilling the key criteria for effective early intervention for these children. www.hanen.org/Professional-Development/More-Than-Words/2020-Mar-09-London-England.aspx

10-12 March

1, 2 or 3 Day Masterclasses: Selective Mutism for Professionals and Parents/Carers

With Maggie Johnson. Suitable for teachers, therapist and parents. Cost: £195 - £499; visit: bit.ly/2YuwxSQ; contact: info@coursebeetle.co.uk

19-20 March, Birmingham

Camperdown Program Workshop

Two-day workshop for SLTs to learn about this evidence-based approach for working with adolescents and adults who stammer. Presenters: Dr Helen Jenkins & Gillian Rudd. Cost: £300; contact: TalkTheTalkTraining@gmail.com

19 March

Speech & Language Profiles of Children with Neurodevelopmental Conditions

One-day course by Neurodisability SLTs at Great Ormond Street Hospital, Central London. For SLTs (NHS/Independent) working with children in Early Years, Mainstream and Specialist settings. Visit: bit.ly/37VFrfs

20 March, RCSLT, London

Introduction to working with children and young people with SEMH needs

Presented by Melanie Cross, lead author of the RCSLT clinical guidelines on SEMH. Cost: £215; visit: bit.ly/2qda28a; contact: info@coursebeetle.co.uk

21 March, Sheffield

NAPLIC Conference & AGM: DLD Moving forward together

Speakers include: Caroline Rowland, James Law, Marie Gascoigne. Practitioner presentations: Making use of evidence and sharing best practice. Exhibition. Cost: £105 to 10 January 2020, £165 after. Non-members welcome. Visit: www.naplic.org.uk/conferences; contact: carol.lingwood@btopenworld.com; tel: 01273 381009

25-27 March, London

It Takes Two to Talk certification workshop

Learn how to facilitate parents' involvement in their child's early language intervention through teaching, coaching and scaffolding so that they can effectively apply the learning to everyday interactions with their child. Visit: bit.ly/2NiYoAL

27 March, Birmingham

ASLTIP Conference

ICC Birmingham. For all your clinical and business needs. Speakers from Suzy Lamplugh Trust, ICO and safeguarding adults and children – it is one not to be missed. Dyslexia, dyspraxia, talking to parents, assessments and supervision and many more great topics and exhibitors. Book now – limited availability. Visit: bit.ly/369RTY9

30 March – 3 April, London

Working with deaf people: Part one

An introduction to all aspects of assessment and therapy with deaf people. Cost: £480; contact: ruthmerritt@csdconsultants.com

31 March – 1 April, Warwickshire

Derbyshire Language Scheme two-day workshop

Tutor: Ailsa Beggs. Closing Date: 3 March. Cost: £185 per person or £375 to include basic scheme resources (including orange teaching manuals, picture test, etc).
Contact: Debbie.Evans2@swft.nhs.uk

16 -17 April, Birmingham

PODD Communication System Introductory Training

Delivered by licenced trainer Natalie Fitzpatrick. Cost: £250; visit: bit.ly/33NxDLf;
contact: info@coursebeetle.co.uk

21-22 April, Birmingham

Nuffield Dyspraxia Programme NDP3

Delivered by Dr Pamela Williams, co-editor of current NDP third edition. Cost: £195-£350; visit: bit.ly/2CHwyZp; contact: info@coursebeetle.co.uk

24 April, RCSLT, London

Bilingual Children with Speech and Language Difficulties

A day re. the current evidence base for identification and management, with clear pointers for practice. Led by Dr Sean Pert of Manchester University. Cost: £215 or £190 if two book together; visit: bit.ly/2DOqfnw; contact: info@coursebeetle.co.uk

24 April, RCSLT, London

smiLE Therapy Training Day 3

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. Visit: www.smiletherapytraining.com; contact: info@smiletherapytraining.com

29 April – 1 May, London

Working with Selective Mutism

29 April, Module 1: Understanding SM – a 24/7 approach for families and schools. 30 April, Module 2: Small-steps programmes. Module 3: Working with adolescents and individuals who are 'hard to reach'. 1 May, Module 4: When it's more than Selective Mutism – working with co-existing conditions and behavioural issues. UCL, London. Cost: Three days £480, individual days £160. Tutor: Maggie Johnson, FRCSLT. Email: sslycpd@ucl.ac.uk; Visit: bit.ly/2QdQJX3;
tel: 0207 679 4204/4020

29 April – 1 May

Working with Children and Young People with Voice Disorders

This course is aimed at SLTs working with voice-disordered children in a community or educational setting. Visit: www.ichevents.com;
contact: ich.events@ucl.ac.uk;
tel: 020 79052675

4-6 May, Manchester

More Than Words certification workshop

Learn how to involve parents of children with autism to facilitate their child's social and communication skills in everyday contexts, fulfilling the key criteria for effective early intervention for these children. Visit hanen.org/Programs/For-Parents/More-Than-Words.aspx for more information

14-15 May

Paediatric Tracheostomy for Speech and Language Therapists

Two-day course aimed at clinicians working with children with tracheostomies in both hospital and community settings.
Visit: www.ichevents.com;
contact: ich.events@ucl.ac.uk;
tel: 020 7905 2699

18-19 May, London

The Nuffield Dyspraxia Programme

Suitable for SLTs who want to update their knowledge of childhood apraxia of speech/developmental verbal dyspraxia and to learn how to use the latest edition of the Nuffield Dyspraxia Programme (NDP3) in their practice effectively. Topics include: theoretical aspects, assessment, differential diagnosis, the current evidence-base for intervention approaches and service delivery, key principles of the NDP3 & a step-by-step guide to treatment planning using NDP3, illustrated by clinical case studies. Workshop sessions on analysis of NDP3 assessment data and treatment planning using NDP3 & opportunities to discuss clinical cases. Tutors: Dr Pam Williams & Shula Burrows.
Cost: £350;
contact: sslycpd@ucl.ac.uk;
visit: bit.ly/2QdQJX3;
tel: 0207 679 4204/4020

19 May, Birmingham

The current evidence base for school-aged children with Developmental Language Disorder

An update on the current evidence base for intervention for school-aged children with language impairments. Led by Dr Susan Ebbels. Cost: £215;
visit: bit.ly/2TjevlL ;
contact: info@coursebeetle.co.uk

19-21 May, Newcastle upon Tyne

SVS TRAINING – FEES Workshop & Masterclass

Dr Susan Langmore will present the most recent research supporting clinical FEES practice and guide you through the systematic protocols for best practice. Under her guidance and supported by a UK Faculty you can build on your skills in practical endoscopy using live and simulation experiences. The extended interpretation module will provide case discussions and videos of patient examinations that are challenging to interpret and/or prove challenging in recommending diet or rehabilitation options. Will provide knowledge and skills for both novice and experienced FEES practitioners. Visit: www.svsassociates.co.uk; cost: £675 to 29 February, £745 after 1 March; contact: jackie.ellis4@btopenworld.com

21 May, RCSLT, London

Business Diagnostics and Planning

For SLT business owners, providing a diagnostic tool and personalised support for thorny issues, including pay, contracts and resources, with strategies for business sustainability and future planning. Experienced course tutors, Dr Amanda Smith, SLT, and Mark Hunt, Business Consultant, both ILM qualified Executive Coaches. Cost: £495; contact: amandasmithcoaching@gmail.com; tel: 07968 693698.

1 June, London

Social Thinking across the Home and School: The ILAUGH Model

Pam Crooke with introduction by Michelle Garcia Winner. This is an award-winning programme for children/adults with social communication difficulties. Suitable for professionals and parents.
Cost: £175;
visit: www.sltcommunicationcourses.co.uk; contact: info@sltcommunicationcourses.co.uk

2–3 June, London

Social Thinking - Emotions

Speaker: Michelle Garcia Winner.
Day 1: Understanding Emotions and Strategies to Develop Self-Regulation.
Day 2: Emotion- Based Strategies to Foster Relationship Development and Academic & Career Performance.
Suitable for professionals and parents. Cost: £300; visit: www.sltcommunicationcourses.co.uk; email: info@sltcommunicationcourses.co.uk

5 June, London, RCSLT

Attachment difficulties and complex trauma – impacts on SLCN

Presented by Melanie Cross, lead author of the RCSLT clinical guidelines on SEMH. Cost: £215;
visit: bit.ly/380yUA5; contact: info@coursebeetle.co.uk

10 June, Derby

Advanced Course: Therapy Management of Parkinson's

The programme will cover management at each of the 4 stages of Parkinson's – Diagnosis, Maintenance, Complex and Palliative, with emphasis on the latter 2 stages. Motor and non-motor symptoms will be covered and principles of therapeutic management will be followed by individual discipline workshops. Venue: Royal Derby Hospital, Derby. Cost: £130;
CPD: 5.75 hours;
visit: www.ncore.org.uk;
contact: uhdb.ncore@nhs.net

10-11 June, RCSLT, London

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

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

11 June, Manchester

Cough Control Therapy: Clinical Skills

A one-day clinical education course designed to facilitate delegates with the skills and knowledge to deliver effective non-pharmacological therapy for chronic cough. All levels of practice welcome; streamed workshops based on clinical experience. Delivered by national expert Consultant SLTs Jemma Haines & Claire Slinger. Visit: coughcontrol.eventbrite.co.uk; cost: £150;
contact: coughcontrol@gmail.com

22 – 23 June, Northampton

Dysphagia for Speech & Language Therapists

Lecturer: Professor Maggie-Lee Huckabee. Begin with a review of physiology in the context of innervation and muscular anatomy and focus on improving the clinical skill of inferring pharyngeal physiology from clinical and neurophysiologic findings. This seminar will provide an overview and update of information related to long-term rehabilitation of disordered swallowing physiology; in particular, focus will be on exercises targeted toward improving pharyngeal motility. Venue: The Park Inn, Northampton.
Cost: £300; CPD: 11.5 hours;
visit: www.ncore.org.uk;
contact: uhdb.ncore@nhs.net

8-10 July, London

Learning Language and Loving It Certification Workshop

Learn how to provide outstanding in-service education that gives Early Years practitioners the skills to facilitate children's social, language and literacy development. Visit www.hanen.org/Programs/For-Educators/Learning-Language-Loving-It for more details

29-30 September, Glasgow

SOFFI Method: Supporting Oral Feeding in Fragile Infants

Therapy Links UK is proud to host this training for the second time in the UK. This two-day course will summarise Dr Erin Ross's (Feeding Fundamentals, USA) integrated approach to supporting oral feeding in preterm and medically complex infants and is relevant for SLTs, doctors, nurses and other therapists working both in the NICU and community settings. It will cover evidence-based information, assessment and intervention strategies. Cost: £485 (£435 for the first 15 delegates that book via Therapy Links UK website);
visit: www.therapy-links.co.uk/training

12-13 October, RCSLT, London

Elklan Total Training Package for Pupils with SLD

This course equips SLTs and teaching advisors to provide accredited training to staff working with pupils with SLD in different educational settings. Cost: £495 excluding VAT;
tel: 01208 841450;
contact: henrietta@elklan.co.uk;
visit: www.elklan.co.uk

12-13 October, RCSLT, London

Elklan Total Training Package for Pupils with SLD

This course equips SLTs and teaching advisors to provide accredited training to staff working with pupils with SLD in different educational settings. Cost: £495 excluding VAT;
tel: 01208 841450;
contact: henrietta@elklan.co.uk;
visit: www.elklan.co.uk

12-13 October, RCSLT, London

Elklan Supporting Children and Adults using AAC – Accredited CPD

Suitable for SLT assistants, SLTs and educationalists. Practical strategies and activities will be taught to give learners a thorough grounding in AAC. Cost: £340 excluding VAT;
tel: 01208 841450;
contact: henrietta@elklan.co.uk;
visit: www.elklan.co.uk

14 October, RCSLT, London

Elklan Training Package – Supporting Children and Adults Using AAC

Equipping SLTs to provide accredited training to staff supporting users of AAC. Covers effective use of high- and low-tech communication aids.
Cost: £235 excluding VAT;
tel: 01208 841450;
contact: henrietta@elklan.co.uk;
visit: www.elklan.co.uk

19-20 November, RCSLT, London

smiLE Therapy Training Day 1 & 2

For SLTs & Teachers. Innovative 10-step therapy. Teaching FUNCTIONAL communication and social skills in REAL settings. OUTCOME MEASURES & empowering PARENTS integral to therapy.
Visit: www.smiletherapytraining.com; contact: info@smiletherapytraining.com

If undelivered please return to:
RCSLT, 2 White Hart Yard,
London SE1 1NX