

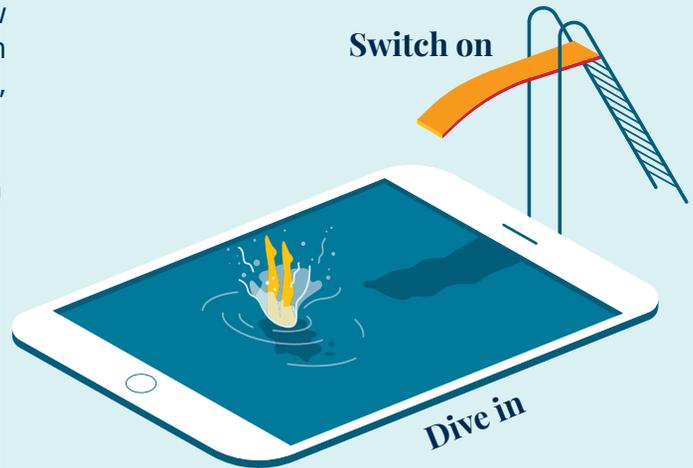




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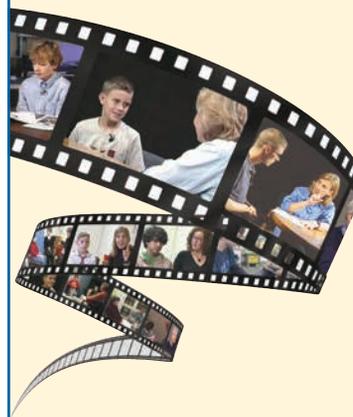
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# Steven Harulow

EDITORIAL



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



## Sound and vision

It's nearly time to renew your RCSLT membership for 2016-2017 and we'll soon be emailing everyone to let them know about their personal payment details. You can see the new membership rates for the coming year on the opposite page.

The main communication message from our membership survey in late 2014 was that some members were either unaware of or unfamiliar with the range of RCSLT products and services that we have on offer.

To help remedy this, I've taken the opportunity this month to put together a brief overview of the benefits that RCSLT membership provides. Please take a look; you might be surprised at the wealth of resources you can access - for example the 1,600+ specialist journals you can read for free; our dedicated enquiries service; the newly-revamped online clinical resources section; news of our influencing activities to secure better lives for people with communication and swallowing needs; our YouTube video collection; and much, much more.

The RCSLT's vision 'To be the professional body that promotes excellence and supports speech and language therapy' exemplifies why we are here as an organisation. I hope that you get to make the most of at least some of what we have to offer in 2016.

### Steven Harulow

Bulletin editor

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

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### My RCSLT

Claire Butler



I have been an SLT and a member of RCSLT for more than 20 years. At work I use RCSLT position papers to develop local guidance in dysphagia and courses advertised via RCSLT have radically changed my working practice. Since becoming an RCSLT adviser in dysphagia, I've joined the adviser network, which is a great professional support, and I love

answering queries from other SLTs. The monthly Bulletin provides thought-provoking articles and acts as a platform to share my experiences with others in the profession, while Bulletin queries allow me to quickly put a question to a larger audience of SLTs.

## All the young dudes

Last semester, Newcastle University Speech Therapy Society raised money for Communication Matters. We hosted a comedy event to raise awareness of alternative and augmentative communication (AAC). We were delighted that Lee Ridley, aka Lost Voice Guy (pictured above), gave up his time to perform. He was supported by student comedians from the university and members of the Speech Therapy Society presented a talk on the importance of AAC for people who would otherwise not have a spoken voice.



The audience comprised speech and language therapy students, lecturers and students from other courses giving a wide scope for raising awareness. We provided refreshments and held a raffle to help raise a grand total of £432.62. Communication Matters will use this to complete their e-learning resource to teach carers and others about AAC at a basic level. We are proud to have inputted into the development of such a great resource.

A number of final year students from the society attended the recent RCSLT Student Study Day in Leeds. We were inspired to empower fellow students to strive for change by taking an active role in RCSLT's Giving Voice Campaign.

We delivered a lecture to all speech and language therapy students at Newcastle University, backed by one of our lecturers, Helen Stringer.

We are hoping to join forces with societies from other universities to increase public awareness nationwide about the power of speech and language therapy. Anyone interested in joining us for a one-off event, please contact me at: [e.burgess@newcastle.ac.uk](mailto:e.burgess@newcastle.ac.uk)

**Emaline Burgess, Speech Therapy Society President, 2015-2016**

## Golden years

Speech and language therapy at the University of Reading is 40 years old. Do you have a memory to share; would you like to be involved in our celebrations? For further information, please contact Ashika Mistry. Email: [a.mistry@reading.ac.uk](mailto:a.mistry@reading.ac.uk)

**Allison Biddle, Clinical Coordinator and Highly Specialist SLT, University of Reading**

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





Closing date for RCSLT Minor Grants



Voice Box NI closing date for entries



European SLT day

## RCSLT membership renewals 2016

### RCSLT membership: your essential professional advantage in a competitive world

You will very soon receive your 2016-2017 RCSLT membership renewal information by email. This will show your personal membership fees and outlines the benefits of RCSLT membership (read pages 12 to 15 to find out more about what the RCSLT has to offer).

If you pay your fees by direct debit you do not have to return any paperwork – we will renew your membership automatically. If you need to change your membership category, your personal details or the way in which you pay your fees, please contact the membership team (see below). If you bank in the UK, switching to direct debit will save you time and money. More than 12,000 members now pay by direct debit and benefit from a £12.50 discount on their fees.

#### Deadline 1 April 2016

Our insurers tell us that the RCSLT's professional indemnity insurance covers fully paid-up members only. This means our insurance policy will not cover those who pay by cheque or credit card after 1 April. Cover will

resume once you make your payment. Please do not leave your membership renewal until the last minute in case the time it takes us to process it means we

cannot include you in the list of members we send to our insurers on 1 April.

#### Late renewals

Some members choose to renew their membership outside the usual renewals period. If you rejoin after the renewals period, you will still be liable for your fees on the full-year basis. However, you will not be covered by RCSLT insurance or have access to member-only areas of the RCSLT website, including the CPD diary, while you are not paid up.

✉ **Email: [membership@rcslt.org](mailto:membership@rcslt.org) or tel: 020 7378 3008/3010. If you have not heard from us about renewing your membership by 1 March 2016, please get in touch.**

#### RCSLT fees 2016-2017

Membership category	Designatory letters	UK resident		Overseas resident	
		Annual direct debit 2016-17	Cheque or card payment 2016-17	Annual direct debit 2016-17	Cheque or card payment 2016-17
Practising	CertMRCSLT	231.00	243.50	260.00	272.50
Non-practising	MRCSLT	143.00	155.50	172.00	184.50
Newly-qualified (practising)	MRCSLT	143.00	155.50	172.00	184.50
Newly-qualified (non-practising)	MRCSLT	36.00	48.50	66.00	78.50
Returner	MRCSLT	138.00	150.50	167.00	179.50
Retired member	MRCSLT	57.00	69.50	86.00	98.50
Student	MRCSLT	36.00	48.50	66.00	78.50
Associate	MRCSLT	83.00	95.50	-	-
Supervised trained practitioner	MRCSLT	231.00	243.50	-	-
International	MRCSLT	-	-	260.00	272.50

Due to an administrative issue, which has been addressed, members benefitted from a lower increase in member fees for 2015-2016 than had been announced at the 2014 AGM. In order to correct this, this year's fee increase will be slightly higher than announced at the 2015 AGM. The weekly difference to a practising member will be 6p.



#### Our congratulations

go to Rebecca Bright, SLT and founder of Therapy Box. Rebecca was appointed a Member of the Order of the British Empire (MBE) in the 2016 New Year Honours. The award recognises Rebecca's services to app development for people with communication difficulties.

#### I CAN has announced

the appointment of the University of Sheffield's Dr Judy Clegg as one of its new trustees. Judy, senior lecturer in the Department of Human Communication Sciences, will also take up the position of chair of governors at I CAN's Dawn House School in Nottinghamshire.

#### The University of Essex

is to create a new award in memory of student Hannah Witheridge. Hannah was doing a Master's degree in speech and language therapy at the university when she died in Thailand in September 2015. The award for clinical excellence will recognise students who demonstrate outstanding work on placements, with Hannah as the first recipient.

#### University College London

is offering a free course on 2 March on developing research ideas. The afternoon will help clinicians to develop their research ideas into concrete plans. Attendees will learn how to formulate research questions, prepare a research plan and explore their next steps.

✉ **Visit: <http://tinyurl.com/UCLResearchSkills>**



**Suzanne Rastrick @ SuzanneRastrick**  
#SALT: Campaigning by @RCSLT & evidence based local 'Hubs' for members underline truly interagency working for pts.

**Anna volkmer @volkmer\_anna**  
Good work on the "my working life" article in @rcslt\_bulletin @MCAsupporttool highlighting importance of communication at the MCA- great!

## Reflections on the student study day



Leeds Beckett University (LBU) welcomed speakers and final-year students from 14 UK universities for the 2015 RCSLT National Student Study Day on 9 December.

Over the course of the day, attendees learnt about the vital role they play in the community, including campaigning for change, and bringing up-to-date evidence into clinical placements.

After a welcome from RCSLT Chair Maria Luscombe, we heard from RCSLT Country Representative for England

Janet Harrison and NHS service transformation specialist Mark Roberts. They gave an inspiring talk about how students can be key players in campaigning for change. Attendees expressed a desire to contribute to the evidence base, to impact directly on government legislation through campaigning rather than adapting quietly to financial cuts and to recognise when their practice, or that of others, is not necessarily best for the service user.

RCSLT Director of Policy and Public affairs Derek Munn

provided a useful insight into government policy and legislation relevant to speech and language therapy, and RCSLT Director of Professional Development Dominique Lowenthal spoke about the creation of CQ Live and the importance of sharing our practice and ideas with others.

RCSLT CEO Kamini Gadhok outlined the areas expanding within speech and language therapy, including dementia, dysphagia, mental health and youth justice. She also familiarised us with relevant

legislation and the financial pressures services across the UK are facing.

Maria gave valuable tips around preparing for NQP interviews. Her key messages included showing an awareness of the service to which you are applying, being clear about why you want to work within that service and, importantly, letting your personality shine through in applications and at interview.

The final talk came from Rebecca Boddington, an NQP who graduated from LBU in July 2015, and her supervisor SLT Grace Combella. Rebecca discussed the highlights and challenges of being an NQP, while Grace reflected on the benefits of having an NQP in a service.

As the day ended, there was an air of excitement among the students who were looking forward to putting the information they had learnt from the sessions into practice as they enter the world of work.

**Rebecca Masters, Sara Homayonfar and Ella Vickers, SLT students Leeds Beckett University**

## The UK Bilingual Toddler Project

How many words is a bilingual two-year-old supposed to know or say in each of his/her languages? Several factors have an impact on bilingual language skills – for example, the relative amount of exposure to each language, the language parents speak to themselves and the distance between the two languages.

The UK Bilingual Toddler Project, led by Caroline Floccia at the Plymouth University, aims to investigate the weighting of each factor to give a measure of the vocabulary of bilingual children. Parents of more than 300 UK-based bilingual two year olds

completed a 100-word version of the Oxford Communicative Development Inventories (CDI), the equivalent CDI in the child's additional language, a family questionnaire and a language exposure questionnaire.

This research is the progression of previous work, which identified that bilingual children with at least 60% of

exposure to English should be assessed like monolingual children in language tests (Cattani et al, 2014, International Journal of Language and Communication Disorders). The publication was recognised for its potential impact on clinical practice/guidelines and research excellence. The measure for bilingual children will be available in 2016.

**Dr Allegra Cattani, School of Psychology, University of Plymouth**

Find out more. Visit: [www.psy.plymouth.ac.uk/babylab](http://www.psy.plymouth.ac.uk/babylab) or email: [a.cattani@plymouth.ac.uk](mailto:a.cattani@plymouth.ac.uk) or [caroline.floccia@plymouth.ac.uk](mailto:caroline.floccia@plymouth.ac.uk)



**Emma Pagnamenta**  
**@EmmaPagnamenta**

Do you have a journal club in your  
#SLT dept? Join our virtual club  
#ResNetSLT @RCSLT  
@HazelRoddam1 @jkfillingham

**murraytrees @murraytrees**  
Getting my brain back into  
work mode after the holidays by  
reading @RCSLT Bulletin.  
New ideas for the new year



**MARIA LUSCOMBE & KAMINI GADHOK**



## Giving Voice Choir receives vital funding

The double award-winning Giving Voice Choir has received funding from Leeds Community Healthcare Charity which will allow it to continue until December 2016.

The inclusive choir for adults with neurological conditions and their carers launched in June 2014 and was formed by Leeds Community Healthcare Speech and Swallowing Team SLT Wendy Neill.

The choir – which works in partnership with Arts at Trinity, Carers Leeds, Parkinson UK, Alzheimer’s Society and the MS Society – meets every Tuesday from 6.30 to 8pm at Holy Trinity Church, Boar Lane, Leeds. Members sing songs from the decades, including

‘Skyfall’, ‘These boots are made for walking’ and ‘Crazy little thing called love’.

Giving Voice Choir won the Leeds Community Healthcare in Innovation 2014 award and an RCSLT Giving Voice award in 2015.

Leeds Community Healthcare Charity’s aim is to enhance and improve rather than fund patient care. The charity provides grants to projects that are over and above those served by government funding. The Giving Voice Choir money will pay for the choir leader and rehearsal venue.

📌 **Keep up to date: ‘like’ the page at [facebook.com/givingvoicелеeds](https://www.facebook.com/givingvoicелеeds) and follow @givingvoicelds**

## Take part in this year’s Chatterbox Challenge

Children’s communication charity, I CAN, has launched this year’s Chatterbox Challenge – its annual sing-along fundraising event for children under five years of age.

Celebrating its 15th year, Chatterbox Challenge 2016 is open to registrations from nurseries and early years settings across the UK.

The theme for 2016 is ‘Ben and Holly’s Elf and Fairy Party’. According to I CAN, “Children will have fantastic fun learning songs around the theme before singing

them together in an inclusive sing-along.

“As well as developing their own communication skills they’ll be raising funds to help children across the UK who are struggling to speak and understand.”

Although Chatterbox Challenge 2016 runs from 8-14 February, early years settings and nurseries can hold their challenge at any time.

📌 **Visit: [www.chatterboxchallenge.org.uk](http://www.chatterboxchallenge.org.uk) for more details and to download a resource pack**

## STUDENT COMMISSIONS FOR 2016-2017

In December 2015, Health Education England (HEE) published its education and training commissions for 2016-2017. According to the document, HEE aims to reduce the number of speech and language therapy education and training commissions for 2016-2017 by 40 places (a reduction of 6%).

The RCSLT along with other members of the Allied Health Professions Federation (AHPF) strongly oppose HEE’s decision to reduce the number of student commissions for this period. We have raised concerns with HEE and MPs regarding the impact that this may have on the future of the speech and language therapy workforce, particularly given the broader context of changes to student funding (read Derek Munn’s column on page 9 for more information on the NHS bursary proposals).

As a member of HEE’s Advisory Group, the RCSLT submitted supporting evidence to inform HEE’s decision-making process and to challenge proposals to reduce the number of student commissions. However, like many other health professional bodies, our evidence appears to have been ignored.

The AHPF argues that the data and reasoning behind this decision seems highly questionable. After all, the allied health professions are best equipped to deliver the services that prevent ill-health in the first place – and for which there is widespread consensus.

The obvious reality is that our ageing society is rapidly increasing the demand on health and social care services. We need a workforce with the right expertise and skills mix, and in the right numbers, to meet this challenge head on.

We need a workforce that is capable of keeping

people independent and promoting quality of life.

We are working with other members of the AHPF to further challenge the transparency of HEE’s decision-making regarding education and training commissions, and understand the role that HEE will play in relation to workforce planning, following planned changes to student funding. If the NHS is to deliver the quality and range of services our society needs, workforce planning has to be credible and coherent. ■

*“We need a workforce with the right expertise and skills mix”*

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

## Cornwall holds speech and language therapy month

In October 2015, Cornwall's Peninsula Community Health held a month to focus on the adult speech and language therapy service. We used the opportunity to feature areas we felt needed more emphasis, and hopefully investment by our commissioners.

We developed displays, presentations, leaflets, screen savers and updates for the service and organisational websites. On 1 October, invited launch attendees included commissioners and MPs, and our displays featured dysarthria resources, a comparison of various thickening agents, patient experience feedback, our volunteer scheme and our dementia training package. Radio Cornwall interviewed patients and staff and our communications team tweeted an ongoing commentary.



Emma Farr explains voice production to Derek Thomas MP at Helston Hospital. He posted his appreciation on Facebook.

Each week focused on an aspect of the service. In week one, SLTs in Liskeard and Helston focused on voice care for everyone. This included short talks for public and staff, and opportunities to have an individual SLT consultation. Local MP Derek Thomas

attended the Helston event, accepted a Giving Voice badge and information on voice care, and posted his appreciation on Facebook.

During week two, we assisted with the Cornwall Assistive Technology Group's information day, which

included presentations from services and helpful material on equipment and service provision, plus opportunities to try out communication aids.

Week three concentrated on communication issues in dementia, with displays in the St Austell and Camborne-Redruth community hospitals. This was also an opportunity to publicise our new training package for staff working with people with dementia.

In the final week, we held three events highlighting the role of our 'communication partners' – volunteers who see patients presenting with a range of communication disorders. Events in Stratton, Bodmin and Truro resulted in a number of applications to join the scheme.

Overall this was a great opportunity to promote our work and put the spotlight on communication. It was tiring and very demanding but we achieved good responses and interest.

**Margaret M Ray, Head of Adult Speech and Language Therapy**

### RCSLT online resource of the month

#### Policy and campaigns

The online RCSLT policy and campaigns pages feature the RCSLT's policy work, including political briefings, consultation responses, All Party Parliamentary Group on Speech and Language Difficulties activity and details of our major campaigns.

Visit: [www.rcslt.org/governments/policy\\_and\\_campaigns](http://www.rcslt.org/governments/policy_and_campaigns)



## Apply now for an RCSLT minor grant

The next RCSLT minor grants deadline is fast approaching on 10 February, so why not apply for money to boost your continuing professional development activities?

Three times a year, the RCSLT awards grants of up to £500 to certified and other RCSLT members. This can contribute to presentations and/or attendance at conferences; conference fees; specialised training, particularly short courses; academic publications, such as publishing of research; research into speech and language therapy; and the purchase of specified equipment and/or books (normally to a maximum of £100). We will consider other purposes on their merits.

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

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



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visitors per year



Derek  
Munn

COLUMN

## Students mobilise to defend bursary

The police said 5,000 people demonstrated on 9 January against the Government's decision to abolish NHS student bursaries.

It rained. We didn't care. The 'Bursary or Bust' painted on faces of student nurses stayed put and the 'speech therapy students won't be silenced' banner took up the width of the road. Resuscitation Annie was there; she travelled on the train with a medic from Brighton, and NHS staff joined us having worked all week. #BursaryorBust trended on Twitter for hours.

We marched over Waterloo Bridge; we marched along the Strand. The public applauded



as we passed by. Sambattalion, a London based samba-fusion band, pounded their war drum as we entered Whitehall and opposite Downing Street NHS students, professional bodies, unions and MPs spoke

against cutting bursaries.

They told us it will leave each NHS student with £65K of debt, overload the NHS clinical placement system and lose any semblance of NHS workforce planning. This is a terrible idea. The Government needs to do better. We'll make certain of it.

Leigh Andrews, SLT Student City University

## Celebrate speech and language therapy on 6 March

Dyspraxia is the theme of this year's European Day of Speech and Language Therapy on 6 March.

Organised by the Comité Permanent de Liaison des Orthophonistes/Logopèdes de l'Union Européenne (CPLOL), the day started life in 2004. It aims to increase public awareness about communication disorders, their effect on human health, the rights of individuals who have

communication difficulties and ways they can be helped. The message of day is that by sharing knowledge and experience throughout Europe these issues can be highlighted more effectively.

The European day is the perfect opportunity to refresh your local Giving Voice messages and activities. Successful activity from previous years has included magazine and newspaper articles, interviews on local radio and flyers and posters in schools, nurseries and clinics. So, take this opportunity to spread the message about the importance of speech and language therapy.

Visit the CPLOL website: [www.cplol.eu](http://www.cplol.eu)

For activity ideas, visit the Giving Voice website and download the local activity menu for members: <http://givingvoiceuk.org/your-campaign-resources>

## THE BEST START IN LIFE – AND YOUR CAREER

In January we met with Early Years Minister Sam Gyimah MP to discuss our early years work, the RCSLT project funded by the Department for Education measuring outcomes for children with speech, language and communication needs, and how best we can work with government to support children to have the best start in life.

Just a few days after our meeting, the Prime Minister's 'Life Chances' speech mentioned the importance of communication and play in relation to young children's development and even mentioned attachment theory. He spoke about 'the baby-talk, the silly faces, the chatter' – you can make up your own jokes about the House of Commons.

Meanwhile, the changes to student funding in England continue to be a priority. We briefed MPs ahead of parliamentary debates on the NHS bursary in December and January, and have continued to keep members updated on developments with briefings on the student funding page of our website and regular updates on Twitter.

We are continuing to consult with student members and staff working on speech and language therapy courses at universities, Key issues include:

- Maintaining and widening participation and access into the profession for students from disadvantaged backgrounds and mature students – many student members have informed us that they could not afford to undertake their studies without financial support, and they would be put off applying for a course due to the prospect of incurring debt.
- Funding for postgraduate courses, both those doing a postgraduate course and those doing a second undergraduate degree.
- Funding and capacity for placements.
- Preparing for the new system if it goes ahead – how do we adapt to a free market in university courses and student numbers.

We are also working closely with other members of the Allied Health Professions Federation to inform the Government's upcoming consultation, and we have been engaging with trade unions such as the Royal College of Nursing and UNITE, as well as the Council of Deans of Health. ■

Visit our website for further information: [www.rcslt.org/governments/england\\_student\\_funding\\_changes](http://www.rcslt.org/governments/england_student_funding_changes) and follow @RCSLT and @RCSLTpolicy for up-to-the-minute news.

Derek Munn, RCSLT Director of Policy and Public Affairs  
Email: [derek.munn@rcslt.org](mailto:derek.munn@rcslt.org)

GETTY

## Education Bill highlights SLCN

Head of RCSLT Scotland Office Kim Hartley Kean reports that the RCSLT has had success in getting speech and language therapy/speech, language and communication needs (SLCN) highlighted during the passage of the Education (Scotland) Bill through the Scottish Parliament.

With support from the RCSLT, Mary Scanlon MSP lodged amendments to the bill. The Education Committee debated the amendments on 1 December.

As a result, Scottish Minister for Learning, Science and Scotland's Languages Dr Allan MSP said, "I am in complete agreement with Mary Scanlon that there should be support to meet the speech, language and communication development needs of children who receive Gaelic-medium education (GME); indeed, to meet all their additional support needs.

"In summary, I agree with the intention to support children's speech, language and communication development needs, but the most effective way to do that is through statutory guidance rather than in the bill."

The Minister also promised



to include speech and language therapy/SLCN interests in statutory guidance on GME to be published in the future.

Kim says, "I will contact the minister's office to offer RCSLT support in developing statutory guidance. I hope as many members as possible of the bilingual/GME network will get involved in supporting this work. Let me know if you are keen to work on statutory guidance when it starts to get developed."

Email: [kim.hartleykean@rcslt.org](mailto:kim.hartleykean@rcslt.org)

## Sign up to receive IJLCD alerts by email

Did you know that you can sign up to receive email alerts so that you will never miss new International Journal of Language and Communication Disorders (IJLCD) content?

The IJLCD is evolving to ensure it maintains its position as the natural home for applied speech and language therapy-related evidence and research. RCSLT members can access the current issue, the entire back catalogue, news and virtual

issues of the journal via the member section of the RCSLT website.

Signing up to email alerts is easy. Visit the IJLCD website via the link below and look at the 'Journal tools' section (in the top left hand corner on a desktop computer). Click on the 'Get new content alerts' link and follow the instructions to register with Wiley and receive your IJLCD updates.

● Visit: <http://tinyurl.com/rcslt-pubs>

### International Dementia Awards finalists

Congratulations go to South Warwickshire Foundation Trust Community Mental Health Team Speech and Language Therapy Clinical Lead Maggie Drury and SLT Leo Small. They were delighted to be finalists at the International Dementia Awards, held on 3 November in Birmingham, in the category of 'Service Innovation'. The creation of a triage telephone sheet has enabled them to prioritise the increasing number of referrals received throughout Warwickshire for people with dementia who have dysphagia.

### Sylvia joins Sensory Integration Network board

The Sensory Integration Network (SIN) UK and Ireland is pleased to welcome Dr Sylvia Taylor-Goh to its board of directors, in the pivotal role of director of postgraduate education. Sylvia will lead a team of clinical specialists in the area of Ayres Sensory Integration. She will be responsible to the board for the planning, development and implementation of all of SIN's postgraduate university accredited courses. She will also work in collaboration with Ulster University to deliver postgraduate, post-registration, education programme and enrich the experience and learning of all SIN students on accredited courses.

### Better prescribing of symbol-based communication aids

Manchester Metropolitan University researchers are developing new clinical techniques to better prescribe symbol-based communication aids to improve the quality of life of children with limited natural speech. Findings from the £800,000 three-year speech and language research project will influence current practice to improve the consistency and quality of clinical decision making when providing symbol communication aids in the NHS. Chief investigator Dr Janice Murray, says, "We want to further enhance the quality of life for these children but need to ensure the current process is as effectual as it could be by determining how to optimise clinicians' decisions when assigning the correct symbol communication aids."

### SLT poster success

Jackie McRae and Sarah Morgan are celebrating success at the Intensive Care Society's annual 'State of the Art' conference. Their poster, 'Restoration of speech and swallowing in dysphagic spinal cord injured patients receiving mechanical ventilation via tracheostomy – a case series', won in the best clinical practice poster category. Jackie and Sarah, colleagues at the London Spinal Cord Injury Centre at the Royal National Orthopaedic Hospital, were particularly pleased because this was a highly-medical event and they were the only non-doctors to win. According to Jackie, "It is great praise and acknowledgement for the work that we do with these very complex patients in a challenging environment. We hope to publish this work soon."

● Visit: <http://tinyurl.com/jusaag9>

Laura Parlour discusses issues of dehydration for individuals with dysphagia

## Taking the thickened fluid challenge



ILLUSTRATION Trina Dalziel

During National Nutrition and Hydration Week 2015, the speech and language therapy team at Abertawe Bro Morgannwg University Health Board (ABMUHB) teamed up with the nutrition and dietetics department to highlight the challenge of keeping patients with dysphagia hydrated.

Ten individuals – four SLTs, a dietitian, two nurses, a physiotherapist, an occupational therapist and a member of the catering team from the Princess of Wales Hospital, ABMUHB –

took part in a ‘Thickened fluid challenge’. The project aimed to explore the experience of staff drinking thickened fluids only for 72 hours. Questionnaires gave participants the opportunity to report details of their fluid intake as compared to a ‘typical day’ and

to reflect on the challenge.

From this small scale study we found that the thicker the fluid consistency, the less participants were likely to drink. To ensure adequate hydration and nutrition levels are maintained it may be beneficial to:

- Offer patients smaller meals or snacks throughout the day rather than three main meals.
- Return to patients regularly to encourage them to drink.
- Encourage them to take their medication with a full glass of fluid rather than just sips.

### Challenge considerations

Participants also said the drink options routinely provided on wards are not palatable or thirst quenching when thickened. As a result of the challenge, ABMU’s catering staff have agreed to provide a greater range of drink options, including chilled juices and squashes, to wards on a long-term basis. Ward hostesses will ensure these are available and offer patients a choice of drinks at snack and meal times

It is time consuming to prepare and drink fluids; SLTs and thickener product representatives will continue to deliver training sessions to ensure those working with patients with dysphagia are competent to prepare thickened drinks in accordance with recommendations. Hospital wards use 750ml jugs and staff are encouraged to make up larger quantities of thickened fluid at a time; reducing the need for repeated preparation of drinks.

Mood and cognition are significantly affected by poor fluid intake and patients must be

adequately hydrated to engage in ward activities and rehabilitation. Food record charts are a useful way of tracking a patient’s fluid intake because this may contribute to altered mood and engagement.

Patients on thickened fluids are more at risk of dehydration, which may result in headaches, nausea and bladder/bowel disturbances. Dehydration can affect both the medical care and rehabilitation of the patient. Multidisciplinary team members will feedback on signs of dehydration, eg urinary tract infections, headaches, altered behaviour and physiology, and the clinical team will respond appropriately to symptoms.

Swallowing medication with Level 3 thickened (pudding thick) fluids can be difficult, so close collaboration with pharmacists is vital to identify alternatives to tablet medication. If there are difficulties, staff will liaise with speech and language therapy and pharmacy about suitable alternative forms.

Consuming thickened drinks in social situations could be difficult or awkward and consideration needs to be given to the wider social context in co-production with individual patients and their relatives. Patients on modified fluids long term may prefer to use thickener sachets, which are more discreet and can be used more easily and subtly in social environments.

The thickened fluid challenge increased awareness and management options to meet the hydration needs of patients with dysphagia. Getting the multidisciplinary team involved in similar projects may help to promote a greater understanding and appreciation of the patient experience. ■

*“Getting the multidisciplinary team involved may help to promote a greater understanding and appreciation of the patient experience”*

**Laura Parlour, SLT Abertawe Bro Morgannwg University Health Board**  
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**B**etter lives for people with communication and swallowing needs – this is the new mission statement for the RCSLT. It accompanies the RCSLT’s vision to be the professional body that promotes excellence and supports speech and language therapy. These two simple statements exemplify why we are here as an organisation and provide the basis on which the RCSLT has built its strategic plan up until 2018. Now in our 71st year, we are constantly adapting and improving, and have a great deal to offer our members. Here is just a sample of some of the resources and services we provide.

### Someone to talk to

The RCSLT has a dedicated enquiry service to help you find advice on professional and other work-related issues. We receive around 400 enquiries a month, so get in touch to find information on what to do if you are facing service cuts, if you want to work overseas, if you want to talk to an RCSLT adviser or anything else we can help you with.

☉ Visit: [info@rcslt.org](mailto:info@rcslt.org) or tel: 020 7378 3012

### Networks, connections, communities

The 14 RCSLT Hubs are a thriving network of individuals and groups that promote and foster connections between members and others. They support all participants to share, contribute and implement the evidence base; innovate and evaluate new practice; collect data and measure outcomes; maintain a strong and empowering professional identity within integrated service delivery; and improve intelligence around innovation and evidence that can flow between local, regional and

# Game-changing resources

**Steven Harulow** looks at the information, support and services available to RCSLT members

ILLUSTRATIONS BY Tom Wooley

national levels. More than 100 RCSLT clinical excellence networks (CENs) also present a great opportunity to access active groups of clinicians, researchers and academics. RCSLT clinical advisers support members by responding to enquiries and acting as a respected voice for the profession. They also help us contribute to consultations, influence key policies and develop research and development in their field.

☉ Visit: <http://tinyurl.com/qyqqghw>

### Help with your CPD

We provide tools and information to support your professional development so you can meet the Health and Care Professions Council’s (HCPC’s) continuing professional development (CPD) requirements. Using your personalised RCSLT online CPD diary and our helpful CPD resources, webinars and e-learning tools will help you structure

your professional development and evidence your CPD activities. We also provide information for returners to the profession, individuals wishing to work overseas and guidance for those on maternity leave.

☉ Visit: <http://tinyurl.com/k5a3kwc>

### Money, money, money

The RCSLT offers valuable financial support in the form of grants and awards to help members undertake professional development. For example, three times a year we provide minor grants of up to £500. This can contribute to presentations and/or attendance at conferences, conference fees, short courses, academic publications, research into speech and language therapy, and the purchase of specified equipment and/or books. The next deadline is 10 February. We also have a welfare fund for members in financial distress and periodic funds to facilitate international travel.

☉ Visit: <http://tinyurl.com/n5hxxb4>

### RCSLT events and webinars

These are a cost effective way to keep up to date and meet your CPD needs. For example, in 2015 the RCSLT Conference, ‘Celebration, innovation and application: The use of technology across our profession’, brought members together to share best practice in a rapidly changing area of activity. Our highly-regarded annual student study day introduces undergraduates to the world of work as a newly-qualified practitioner and the broader professional landscape. We also »

*“We have a huge range of resources in our online ‘Research Centre’, including a 1,600-strong journals collection”*

» host a webinar programme on a wide range of subjects – from ‘Reforms and cuts’ to ‘Finding the evidence for clinical questions’ and ‘Dementia’. We have a packed programme for 2016.

© Visit: [www.rcslt.org/news/intro](http://www.rcslt.org/news/intro)

### Building the evidence base

RCSLT research networks support the profession in meeting the challenges of evidence-based practice and research. Members can get involved directly by joining our dynamic research champion network. We have a huge range of resources in our online ‘Research Centre’, including a 1,600-strong journals collection that gives members access to published research. We also have dedicated staff to support members in accessing, applying and creating evidence.

© Visit: <http://tinyurl.com/mhbpzxl>

### Outcomes and Communicating Quality

The RCSLT Outcomes Project is developing a consensus driven approach to addressing outcomes for the profession. The project has already identified the Therapy Outcomes Measures Core Scale as the ‘best fit’ tool to begin gathering consistent data nationally.

© Visit: <http://tinyurl.com/hul93qr>

In 2015, more than 1,700 RCSLT members took part in our innovative online project to co-create the successor to Communicating Quality 3 – a set of guidance and resources to support SLTs to deliver high-quality services that integrate the HCPC standards of conduct, performance and ethics. We are delighted to announce that Communicating Quality Live will launch in 2016.

© Visit: <http://tinyurl.com/q38468j>

### Affordable insurance

The UK Government has introduced legislation that requires HCPC registrants to have professional indemnity arrangement in place as a condition of their registration. The RCSLT provides affordable insurance cover for members practising in the UK, the Channel Islands and the Isle of Man. This provides cover against third-party actions and legal defence costs. You can also access legal advice from our insurer’s appointed legal representative.

© Visit: <http://tinyurl.com/khp93o8>

### Support for services

Speech and language therapy services continue to lose posts, face a reduction in the banding of staff that remain, and are having to restrict the services provided in



order to save money – all this at a time of increasing demand. We are very keen to help you, so contact the RCSLT (tel: 020 7378 1200) as soon as you find out that your service is under threat. We have engaged with several services and found that face-to-face meetings can be very helpful.

The RCSLT’s Giving Voice campaign (<http://givingvoiceuk.org>) helps members to demonstrate how speech and language therapy transforms lives. As part of the campaign, we produced a ‘cuts toolkit’. This contains two key documents. The ‘RCSLT statement on the roles and responsibilities

of registered practitioners’ reiterates your professional obligations and is a useful benchmark against which to gauge decisions you are being asked to make. You can also use the ‘RCSLT briefing for decision-makers’ to give an insight into the short- and long-term impact of poor budget decisions.

© Visit: [www.rcslt.org/members/cuts\\_toolkit/intro](http://www.rcslt.org/members/cuts_toolkit/intro)

### Local influencing

The cuts toolkit also provides information on how to engage and influence local budget

holders, and how your service users and their relatives and carers challenge cuts. It will also direct you to RCSLT resources ([www.rcslt.org/members/support\\_for\\_services](http://www.rcslt.org/members/support_for_services)) including:

- **The Manager's Resource Pack** – provides information to influence commissioners and others, focusing on achieving financial balance. Includes information relating to the risks of not providing speech and language therapy.
- **The Commissioning Resource Manual** – supports leaders in the planning, commissioning and delivery of speech and language therapy services in line with government and local priorities.
- **Quality standards for schools as commissioners of speech and language therapy services** – highlights quality standards that are priorities for schools to adhere to in the commissioning process.
- **Policy statements and position papers** – cover topics such as adult critical care, the role of SLTs in videofluoroscopic evaluation of oropharyngeal swallowing function and speech and language therapy provision for people with dementia.

### Campaigning activities

Under the umbrella of our 'Giving Voice' campaign, members can demonstrate SLTs' unique value to national and local decision makers, while showing evidence of their efficiency and value for money.

For example, our 'Giving voice for people with dementia' campaign (<http://givingvoiceuk.org/dementia>) aims to demonstrate the role SLTs play in helping individuals with dementia with communication, eating, drinking and swallowing difficulties, and the support they can provide to carers.

### Political influencing

In 2015, the RCSLT's Policy and Public Affairs Team continued to secure better lives for people with communication and swallowing needs. Here are some examples:

- To support the communication skills of children in socially disadvantaged areas, we worked with the Welsh Government on their Flying Start early years' programme to develop guidance and resources for early years' staff and parents. In Scotland, we influenced the draft statutory guidance to the Children and Young People (Scotland) Act and we are leading on developing a framework for speech and language therapy provision in early years' programmes in Northern Ireland.

*“You provide the energy, expertise and assistance to further the work of the profession”*

- We backed Save the Children's national literacy campaign, 'Read On Get On', and hosted a roundtable to discuss how we could support the campaign's early language goals.
- We influenced the guidance accompanying the Health and Social Care (Safety and Quality) Act to ensure health and adult social care bodies share information about an individual's speech, language and communication needs where this might facilitate the provision of care. We are advising the Scottish Government on legislation to create a duty on public bodies to provide augmentative and alternative communication equipment and support services to people who need them.
- The National Institute for Health and Care Excellence accepted our recommendations in their guideline on

delivering personal care and practical support to older people living in their own homes. As a result, older people in England with communication difficulties or who need help to eat and drink should receive longer home care visits.

### Play your part

Our continued success depends on your ongoing support and participation.

You provide the energy, expertise and assistance to further the work of the profession for the benefit of the people who use your services. Take this opportunity to see how you can play a more active role; whether as part of your hub, as an RCSLT board or committee member, as a contributor to our social media platforms, as a Bulletin author or as a member of a CEN. We look forward to hearing from you. ■

### Your RCSLT resources

#### The RCSLT online

While we develop our new website, we are creating new and refining our existing resources to improve your online experience. For example, our new 'Clinical Resources' section ([www.rcslt.org/clinical\\_resources/Topic\\_areas](http://www.rcslt.org/clinical_resources/Topic_areas)) contains rich information about the whole gamut of speech and language therapy topics. It includes characteristics, aetiology, vulnerability and risk issues, prevalence and incidence figures, national policy context, guidelines and supporting resources, and useful contacts.

We also have our own YouTube channel (<https://www.youtube.com/user/RCSLT>) where you can access content, including our leadership video series and our series on dementia. Our social media platforms continue to grow in popularity. We now have nearly 12,000 Facebook friends (<https://www.facebook.com/RCSLT>) and 8,770 Twitter followers (<https://twitter.com/RCSLT>). Join the online debate today.

#### RCSLT publications

The monthly RCSLT Bulletin is the only magazine for SLTs in the UK and provides members with professional news, clinical features, research, opinion, journal and book reviews, event listings, job opportunities and more. The current issue and entire back catalogue of the International Journal of Language and Communication Disorders, our peer-reviewed journal, are available online.

📍 Visit: <http://tinyurl.com/kydeg64>

**B**irmingham Community Healthcare NHS employs me one day a week to coordinate quality SLT student clinical placements across the trust.

This role is unusual and there are only three or four student coordinator posts in other trusts. I am always looking for continuing professional development and peer supervision opportunities in this fulfilling and interesting role. McAllister (2001) suggests clinical education is under researched and developed in the UK.

For these reasons, I applied successfully for a Winston Churchill Memorial Travelling Fellowship and in 2014 I completed my five-week fellowship and visited Australia, New Zealand and Singapore. My objectives were to learn about the Competency Assessment in Speech Pathology (COMPASS) (McAlister, 2013) and its particular use in multicultural environments. I wanted to investigate how we could use this in the UK to develop evidence-based placement models that develop SLT students' competencies. I also aimed to use my learning to empower current SLTs to achieve a more consistent evidence-based approach to student education.

### Using COMPASS

Clinical teaching is a staged approach in New Zealand, closely integrated with speech and language therapy services. The Ministry of Education employs paediatric SLTs and has set criteria for access to speech and language therapy intervention. Pre-school children with severe and moderate speech, language and communication needs, and school-age children with severe speech, language and communication needs receive input. However, if a child falls into the moderate to mild category, a parent's options are to attend student-led clinics (some universities charge a fee) or opt for private speech and language therapy. Some parents also chose to access student-led clinics and private SLT, while receiving public-funded speech and language therapy input.

Student SLTs receive their classroom-based teaching from researchers and academics, and their clinical teaching from a clinical educator employed by the university who runs the university clinics – based at the university, in mainstream schools or in hospitals that form part of the provision in that setting. The clinical



# COMPASS: finding the right level of support

**Raman Kaur** looks at a competency-based approach to clinical placements

ILLUSTRATION BY Edu Fuentes

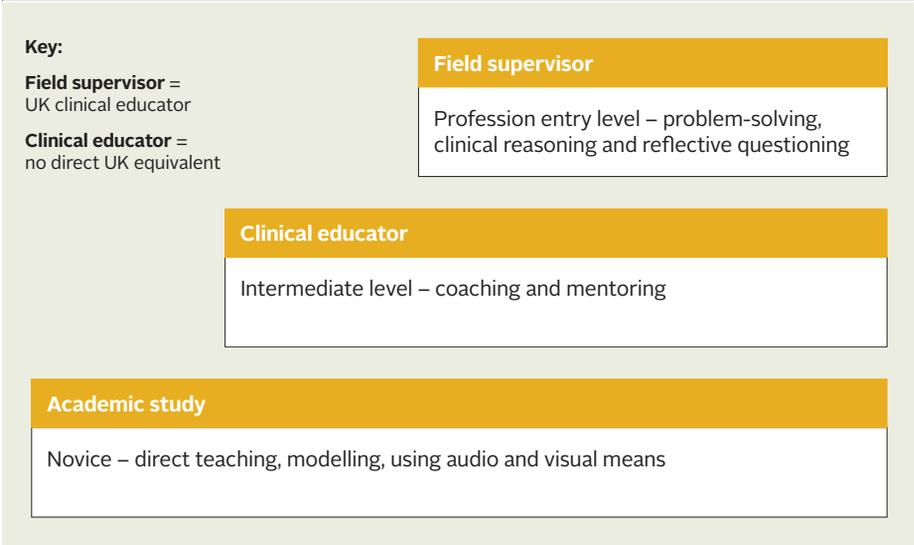
educator adapts his or her clinical teaching style to accommodate the competence levels of students (figure one). Novice students experience direct modelling and teaching using audio-visual means; intermediate level students receive coaching and mentoring; and entry level students take

part in problem solving, clinical reasoning and reflective questioning. This facilitates clinical development and competence before they take part in a clinical placement with their field supervisor (an SLT employed by the Ministry of Education).

This staged approach of teaching and the



**Figure one: The stages involved in clinical teaching**



ethos of students contributing to provision of services is different from the UK. All UK students go directly to their clinical placement, without any intermediate level and are educated by their field supervisors. Universities refer to field supervisors as clinical educators and may expect clinical teaching and supervising to take place dependent on the level of the student.

**UK implications**

Educators and clinicians at the Clinical Excellence Network in Student Clinical Education have discussed the COMPASS model. Using such a model would bring advantages to clinicians currently working with multiple tools and would provide an efficient, equitable and transparent system which SLT students were familiar with, before embarking on clinical placements across the UK.

The role of clinical educator and field supervisor has further scope to be discussed and developed in the UK. Stewart (2013) suggests that becoming a placement educator is heavily dependent on the supervisory experience and the clinical teaching SLTs themselves experience while on clinical placement. If an SLT experiences more of a supervisory style of placement

education they may have different expectations to one who experiences a clinical educating style (coaching and mentoring) during their clinical placement.

The clinical educator may view their role to include direct teaching, which is in contrast to the field supervisor role. The expectations of the approach of clinical teaching needed on placements may not be clear. This is particularly relevant as universities are increasingly beginning to have simulation labs and university clinics, which may either be on campus or in the community in partnership with local speech and language therapy services. ■

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**Raman Kaur, SLT Student Coordinator, Birmingham Community Healthcare Trust.**

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 ■ **Full report available:** [www.wcmt.org.uk/users/ramankaur2014](http://www.wcmt.org.uk/users/ramankaur2014)  
 ■ **Travelling Churchill Fellowships:** [www.wcmt.org.uk](http://www.wcmt.org.uk)  
**With special thanks to trustees at the Winston Churchill Memorial Trust**

**References & resources**

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*“The role of clinical educator and field supervisor has further scope to be discussed and developed in the UK”*

# Your essential RCSLT information

## London HQ

2 White Hart Yard, London SE1 1NX  
Tel: 020 7378 3000

## Northern Ireland

Arthur House, 41 Arthur Street, Belfast BT1 4GB  
Tel: 02890 446 385

## Scotland

49 North Castle Street, Edinburgh EH2 3BG  
Tel: 0131 226 5250/4940

## Wales

2nd Floor, Transport House, 1 Cathedral Road, Cardiff CF11 9SB  
Tel: 029 2039 7729

## Enquiries (professional)

Tel: 020 7378 3012 email: [info@rcslt.org](mailto:info@rcslt.org)

## Enquiries (membership)

eg change your name, your address your membership type and anything to do with member payments. Tel: 020 7378 3008/3010 Email: [membership@rcslt.org](mailto:membership@rcslt.org)

## Website: [www.rcslt.org](http://www.rcslt.org)

RCSLT jobs website:  
<https://www.speech-language-therapy-jobs.org>  
Giving Voice: [www.givingvoiceuk.org](http://www.givingvoiceuk.org)

## RCSLT social media

Twitter <https://twitter.com/RCSLT>  
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## RCSLT insurance

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## Research Centre

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## Member journal access

RCSLT members can access more than 1,700 journal titles for free in the RCSLT Journals Collection  
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## Clinical decision making

Our interactive online tool provides a step-by-step guide to evidence-based clinical decision-making process  
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## Creating evidence

Visit the 'Doing research' and 'Clinical academic research careers' webpages to help you in all elements of carrying out research  
[www.rcslt.org/members/research\\_centre/introduction](http://www.rcslt.org/members/research_centre/introduction)

## Get involved in research

Find out more about RCSLT research champions and how to join the network [www.rcslt.org/members/research\\_centre/become\\_a\\_research\\_champion](http://www.rcslt.org/members/research_centre/become_a_research_champion)

## RCSLT research publications

View our 'Research and Development Forums', 'Ask the Experts' series, research newsletters and 'In the Journals' summaries of recent research articles.  
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## RCSLT Bulletin

Online archive (2003 to present day)  
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Writing for the Bulletin, <http://tinyurl.com/qcglkwdl>

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Advertise clinical excellence network meetings in the Bulletin  
Email: [cen@rcslt.org](mailto:cen@rcslt.org)

## Clinical Excellence Networks

[www.rcslt.org/members/professional\\_networks/cen\\_introduction](http://www.rcslt.org/members/professional_networks/cen_introduction)

## RCSLT Hubs

<http://tinyurl.com/Iraqk6e>  
Email: [hubs@rcslt.org](mailto:hubs@rcslt.org)

**A**n outcome measure should identify the impact of an intervention. Some individuals with dysphagia receive speech and language therapy input to improve the impairment, increase their functional swallow, reduce impact on social participation and reduce the effects of the impairment on their wellbeing or that of their carer/relative. Intervention aimed at one of these areas may impact on other areas. For example, improving functional swallowing may lead to improved wellbeing. It is equally possible that in some individuals reducing anxiety (improving wellbeing) will lead to improved function. A benefit of TOM over other outcome measures cited in the article is its ability to measure participation and wellbeing.

Jodi mentions the difficulty in measuring participation and wellbeing in an acute setting. While reflecting a person's participation in the environment they are in should be possible (ie, assessing a patient's autonomy, confidence and capability to participate actively in treatment), Jodi's team found this difficult to assess on the TOM scale due to restrictions imposed by their hospital environment and acute episodes of medical illness (such as chest infection) which influence patient participation. We understand some acute sector teams have found this possible. Pam points out that the TOM tool allows users to identify 'not appropriate' if measuring participation is not possible; similarly, if a therapist is unable to make an accurate judgement of emotional wellbeing they can also identify this as 'not appropriate'.

For patients with 'multiple morbidities of which dysphagia is not the primary issue' it is advised that the therapist uses the appropriate adapted scale (of which there are 47) or the core scale rather than the dysphagia scale. By adopting these approaches it should be feasible to use TOM on all clients receiving acute intervention. However, this does mean inputs for dysphagia are not captured on an isolated scale, but form a more holistic multidisciplinary or medical measure rather



# Outcome measures in acute dysphagia

**December's Bulletin feature, 'Outcome measures in acute dysphagia', contained points that require clarification with regard to using Therapy Outcome Measures (TOM) in the acute setting**

than an outcome specific to speech and language therapy. TOM can identify two impairments (eg, on the cognition scale as well as the dysphagia scale).

The article suggests a difficulty of using TOM because of patients' inability to participate in setting their own goals or reviewing their outcomes'. A basic principle of TOM is that it is for the therapist to make the judgement following assessment and observation, and where possible discussing this with the client. While all domains can be completed without patient involvement, the acute team trialling TOM felt discussions with the patient were paramount, particularly for accurate assessments of wellbeing – because contact with patients in this setting can often be brief or 'one off' encounters.

Another difficulty identified within Jodi's trial of TOM was in fitting observations of dysphagia impairment and function 'neatly' into one of the predetermined descriptors. The TOM manual explains these descriptors are guides and should be used as 'best fit' descriptors. This is why half points are available to indicate whether someone is slightly better or worse than a descriptor. The manual points users towards the core scale if descriptors are not helpful, demonstrating the flexibility of the TOM tool. The acute team did, however, find

scales outlined in alternative dysphagia measures more intuitive for use in the acute setting; therefore, they opted to use an alternative tool rather than default to the TOM core scale. The team acknowledges that with extra time and training it may have been possible to make the TOM descriptors work for them.

The TOM manual and training indicate the importance of practising on 10 patients prior to collecting data to improve familiarity, speed of scoring and reliability. This is in keeping with other dysphagia outcome measures, which also advise group scoring exercises and reliability testing.

An inadvertent error in December's article indicated that TOM has a five-point scale, when in fact it has an 11-point scale (score 0-5 with half scores) over four domains. It has strong reliability and like any other assessment or outcome measure needs to be understood and practised, as detailed in the manual. Unlike other dysphagia outcome measures, TOM does have applicability in settings outside the acute hospital.

In view of its potential application across the profession, Jodi and Pam maintain an interest and dialogue in the use of this measure in the acute hospital and would be happy to hear from other therapists working in the acute setting who are either already or are considering using TOM. ■

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**This article refers to Jodi Allen, Highly-specialist SLT, National Hospital for Neurology, University College London Hospitals. Email: [jodi.allen@uclh.nhs.uk](mailto:jodi.allen@uclh.nhs.uk). Pam Enderby, Professor Emeritus University of Sheffield. Email: [p.m.enderby@sheffield.ac.uk](mailto:p.m.enderby@sheffield.ac.uk)**

*“TOM does have applicability in settings outside the acute hospital”*



# Ask the experts

## *What research has been done around the success of using physiological responses to support work to establish PMLD likes and dislikes/positive and negative emotions?*

**Juliet Goldbart**

Professor of Developmental Disabilities, Associate Dean for Research  
Faculty of Health, Psychology and Social Care, Manchester Metropolitan  
University

**P**rofound and multiple learning difficulties' (PMLD) is a description rather than a diagnosis.

To make sense of the research, however, we need some consensus, so this article will relate to people who have very significant intellectual impairments and, typically, other difficulties in, for example, movement, vision, hearing and their health. Much of the research I will identify comes from Belgium and the Netherlands, where the term Profound Intellectual and Multiple Disabilities (PIMD) is used, with a definition that includes profound intellectual impairment and severe motor difficulties.

Physiological responses have been explored with this group as an attempt to identify and assess, objectively, mental states and responses that typically developing people would express verbally. This is important because Vos et al (2010) found, through proxy reports, that people with PIMD have lower subjective wellbeing than people with mild, moderate or severe intellectual disabilities or those without any disability.

Some studies (Darling and Circo, 2015;

Petry and Maes, 2006) suggest familiar observers can reliably identify happiness indicators in people with PMLD/PIMD. Researchers have looked at whether observations of emotional states correlate with various physiological measures. As yet, these studies are exploratory, with small numbers of participants and tentative conclusions.

Munde et al (2012) used a specially designed vest with sensors woven into the fabric, which continuously measured a range of heart and respiratory factors. They found physiological changes (higher heart rate and lower respiratory sinus arrhythmia levels) in three people with PIMD associated with what she calls alertness, but could be considered as arousal. Munde suggests that interaction partners can use this information to time their interactions with people with PIMD to make use of greater alertness, but acknowledges the need for further research.

Vos et al (2012; 2013), in a much larger study, studied the responses of 27 adults with PIMD to four negative and four positive stimuli, selected by familiar staff members. Responses were video-recorded and measures taken of heart rate, respiration, skin conductance and skin temperature

## **“The first three to six seconds after presentation of a stimulus were the most sensitive”**

using the same equipment. They found (2012) that the first three to six seconds after presentation of a stimulus were the most sensitive, with lower heart rates to negative, compared to positive stimuli. Across the first 30 seconds, there was an increase in heart rate to high intensity stimuli, which I suggest could be interpreted as an increase in arousal level or alertness. Skin temperature was higher in the context of low intensity negative emotions compared to low intensity positive emotions. In relation to positive emotions, they found (2013) a higher percentage ribcage contribution, marginal lower mean inspiratory flow and lower heart rate variability.

Taken together, these studies suggest that increases in heart rate are associated with increased alertness/arousal, but the direction of the response—positive or—negative, is more difficult to make use of in practice.

Blain-Moraes and Chau (2012) tried to develop this research further by evaluating whether a teenager with PMLD could learn to communicate using voluntary control of his autonomic nervous system signals. This was unsuccessful, which the authors attribute to his lack of contingency awareness, wide variation in his autonomic nerve system signal patterns, and difficulties with caregivers' interpretations.

Not surprisingly, Vos et al (2013) question how useful this information is outside a research setting. Current research, however, suggests heart rate, breathing patterns and tiny changes in skin colour and facial expression can be identified from video-observations and image processing, using freely available code (Rubinstein, 2014). This may eventually offer opportunities for practitioners to use physiological data to support interpretation of emotions in people with PMLD in real world settings. ■

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**For references see page 26**





# Victoria Joffe & Emma Pagnamenta

**Victoria Joffe and Emma Pagnamenta talk to SLTs about their experiences of completing a PhD alongside demanding clinical roles**

## A marathon not a sprint

In previous forums we have encouraged you to think about undertaking research and studying further to enhance your clinical practice and career trajectories. Many of you have been in touch to share your ambition of studying further and we have emphasised the importance of embedding this aim in your personal development review.

Over the past year we have showcased members who have taken different routes to conducting research within a formal degree structure. We started with Emma Black, who in March 2015 shared her experiences of her research internship and Masters in Research, funded by the National Institute of Health Research. In June 2015, Billie Lowe talked about how she came to embark on a full-time PhD after a long clinical career. Professional doctorates were our next focus when Anne Breaks, Carole Charters and Trish Chilton shared their experiences in our November issue.

One question we get asked continually is how to undertake a further degree and conduct research while working as a clinical practitioner. This, of course, is one of the most difficult challenges colleagues will face – juggling the needs of their clients and clinical practice

with the requirements of study and development as a clinical researcher. Some choose to put their clinical role on hold and, if possible, take on full-time study. However, this is not always possible financially or desirable for those looking to combine their clinical and academic endeavours.

While this combination brings with it inevitable challenges, it also provides some perfect synergies and opportunities. To share insights on this dual clinical and academic role, we look to two highly-experienced SLTs who have completed PhDs, having continued to pursue demanding clinical roles at the same time.

Pam Williams, consultant SLT and team manager at the Nuffield Hearing and Speech Centre, RNTNE Hospital, London, passed her PhD viva for her thesis, ‘The diadochokinetic skills of children with speech difficulties’ at the University of Sheffield. Jackie Kindell, who works for Pennine Care NHS Foundation Trust and the University of Manchester, passed hers for her thesis ‘Interaction-focused life story work in semantic dementia: a mixed methods study’.

### How it all started

Both Pam and Jackie specialised early in their careers – Pam

working with children with severe speech difficulties and Jackie in dementia/adult mental health. Before deciding to do a higher research degree, both had management and teaching experience, with a PhD as a natural progression, rather than an intention throughout their careers.

Both Pam and Jackie identify completing their Master’s degree as an essential step in their journey to a PhD – with Pam completing hers 19 years after completing her professional qualification, and Jackie 19 years after initially graduating as an SLT. With Pam undertaking her PhD studies 30 years after becoming a SLT, and Jackie 21 years after, it is clear this is more a marathon than a sprint, and both expressed a strong clinical motivation for studying further.

Jackie: “In my clinical and management posts I have always been keen to develop services to consider whether we were doing the best job we could for our service users and to think about whether there were any gaps in provision and how we might creatively fill those gaps. Research provides a way to share good practice and challenge our assumptions.”

Pam: “Following my



qualification, I saw my career pathway as primarily clinical. However, I think I always had some thoughts about further academic study. My work at the Nuffield Centre has also helped me to stay involved with the literature in my specialist field.”

How to get funding is one of



*“For Jackie (right) and Pam, research and practice are different sides of the same coin”*

# Research and Development Forum



ILLUSTRATION BY Ben Mounsey

the most frequent questions we get from members looking to study further. Jackie was able to obtain hers from The Dunhill Medical Trust, which enabled her to enrol with the university and negotiate further with her NHS employer. Pam took a different approach by applying directly to the university to do a PhD and, once accepted, she successfully applied for a fee waiver. She also made some salary sacrifices to purchase additional annual leave for data collection and writing up. Their experiences show that funding can take many forms and that it is worth looking around and being prepared for strategic negotiation.

## Maintaining practice

When we asked why they chose a part-time PhD alongside clinical practice it was clear both Jackie and Pam's research ideas were fully embedded in their practice and both had clinical and managerial roles that were impossible to 'put on

hold' for a substantial amount of time. Being in post during their PhD studies brought many advantages, including designing a research study that emanated from, and was therefore continually linked to, their clinical services and facilitating the recruitment of participants. For Jackie and Pam, research and practice are different sides of the same coin.

## Developing the evidence base

Another common theme was the process Jackie and Pam took to refine the questions from their clinical practice into a manageable research project.

Pam: "I would say clinical work makes you want to find out what is currently known on a subject and the evidence base, and helps you generate research questions. However, in practice, it is often very difficult to follow this through in a meaningful way, partly due to time constraints, the lack of access

to resources and sometimes due to limited opportunities to discuss and explore clinical questions in depth with people who have knowledge of research methodologies. Being enrolled on a PhD programme helps you focus your questions and makes it easier to have access to academic sources of information and to research active colleagues and mentors."

## PhD benefits

When we asked about the benefits of doing a PhD we were struck by the impact on wider colleagues as well as personal benefits.

Jackie: "Practically, I've also helped them [colleagues] with finding articles, looking in the literature, helping them access relevant academic expertise from the university and in service presentations. I've also arranged training sessions from my university colleagues and from other academics.

Colleagues in my service and in the Old Age Psychiatry North CEN read through my research case studies and gave insightful comments, saying the exercise had made them reflect on their own practice, make some changes and consider further study themselves."

Pam: "I shared many of my experiences with my colleagues, which seemed to have a positive effect on them. For example, two members of my team decided to undertake a period of further academic study themselves."

## PhD challenges

For Pam and Jackie the challenges of completing a PhD alongside clinical roles included dedicating study time and maintaining a presence in both practice and research. Preserving boundaries between their roles, being aware of ethical issues and tensions around both sides of the work and knowing when these might come into conflict were also important.

Jackie: "When you are engaged in a research project it is with you all the time in your thinking. It's never finished, so ideas can pop into your head at any point and take your attention. That means you have to be careful about a work-life balance and in my case NHS work, research work and home life balance."

Pam: "I also needed to learn to step back from my facilitative approach as a therapist and to remind myself to collect data as an impartial researcher."

Many congratulations to Pam and Jackie on their PhD successes. We thank them for sharing their experiences. Read their interviews online (<http://tinyurl.com/z8vdaot>). ■

.....  
**Professor Victoria Joffe**,  
**RCSLT Trustee for Research and Development. Email:**  
**vjoffe@city.ac.uk; @vjoffe.**  
**Dr Emma Pagnamenta**, **RCSLT Research Manager. Email:**  
**emma.pagnamenta@rcslt.org; @emmapagnamanta; #rcsltresearch**

## Useful PhD advice

- Talk to your manager and your research and development department if you work for the NHS.
- Choose supervisors with whom you think you can work and who can encourage and inspire you to keep going.
- Think carefully about your time availability and discuss options with your employer.
- Allow plenty of time to obtain support from your local research and development office and apply for NHS ethical approval, if needed.
- Consider who can help with your research, such as students and colleagues.

The School-Age Child Who Stutters:  
**Working Effectively with Attitudes and Emotions ... A Workbook**

Kristin Chmela, M.A.,  
 Nina Reardon, M.S.,  
 Lisa A. Scott, Ph.D.



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## Our monthly look at the latest in published research

# In the Journals

Send articles or publications to consider for future issues. Email: emma.pagnamenta@rcslt.org

### Dysfluency brain activity

Children who stutter show abnormalities in the time course of oscillatory brain activity when listening to rhythmic sounds, an Australian study has found.

Electrical oscillations in the brain within the beta frequency band play a role in forming and tracking internal timing cues, which are important for speech. A deficit in rhythm tracking in this frequency range supports the hypothesis that stuttering is a disorder of brain mechanisms involved in speech timing.

Researchers used magnetoencephalography to record brain activity while children aged three to nine years listened to sequences of auditory tones. Ten typically developing children and 10 children who stutter all showed a modulation of brain activity in the beta range in response to the tones presented.

In the typically developing children, the peak of the beta oscillation was timed with the onset of each tone. In contrast, the 10 children who stuttered showed a shift in beta oscillations, with the trough of the oscillation occurring around the onset of the tone. The authors state, "The difference in beta modulation in children who stutter may reflect an abnormal tracking ability that also impairs their speech production."

**Reviewed by Jen Chesters, Clinical Research Training Fellow, University of Oxford**

#### Reference

Etchell AC, et al. Abnormal time course of low beta modulation in non-fluent preschool children: A magnetoencephalographic study of rhythm tracking. *NeuroImage*. 2016;125: 953-963. doi:10.1016/j.neuroimage.2015.10.086

### Post-cardiac surgery dysphagia

Individuals undergoing cardiac surgery can present with dysphagia postoperatively. Identification of patients at high risk of postoperative dysphagia may minimise the consequences of aspiration in this patient group.

This is the finding of a retrospective review of data from 1,314 patients undergoing heart surgery over a 15-month period. A nurse screen identified 307 patients as showing signs of dysphagia and referred for videofluoroscopy. Videofluoroscopy categorised the patients as dysphagia being present (115) or absent (192).

The study compared patient-specific characteristic, intraoperative variables and postoperative outcomes between patients with and without dysphagia. From this the researchers determined the strongest independent predictors of postoperative dysphagia creating a risk of dysphagia in cardiac surgery score.

The key finding of this study was the identification of the seven variables that most strongly predict dysphagia post cardiac surgery - male, body mass index <20 kg/m<sup>2</sup>, chronic lung disease, cerebrovascular disease, ventricular assisted device placement or heart transplant, hypothermic circulatory arrest, postoperative ventilation >24 hours.

**Reviewed by Pippa Hales, Speech and Language Therapy Lead, Papworth Hospital, Cambridge**

#### Reference

Joshua C, et al. A novel risk score to predict dysphagia after cardiac surgery. *Procedures Annals of Thoracic Surgery* 2015; 100:2, 568-574.

### Character inferences

When listening to stories, children as young as three make inferences about a character's internal response and their goal or problem, Canadian research suggests.

Researchers conducted a scoping review of 16 studies of dialogic reading with children, aged three to six years, published between 1985 and 2012. The dual aims were to review the current knowledge of children's inferential comprehension in story grammar and to identify the best methods to demonstrate inference.

The study found three- to four-year-olds made inferences about internal responses, goal of the character and the trigger event. Additional inferences were made by children aged five to six, attempting to solve the problem, predicting the next step and the consequence of the problem. The children's performance was linked to the methods, with questioning during the story eliciting a more complex answer. Sorting inferences by category and the child's 'think aloud' responses gave a fuller understanding of inferential comprehension in the typically developing child.

The subjects responded to various narrative methods, but inferences were best when the story was presented in both visual and auditory form, with questions posed during the reading. The authors highlight implications for future research, "breaking down inferential comprehension in smaller parts... may lead to designing educational material that promote inferential comprehension in young children".

**Reviewed by Mary Pegler, Specialist SLT, Oxford Health NHS Foundation Trust**

#### Reference

Filiatrault-Veilleux P, et al. Inferential comprehension of 3-6 year olds within the context of story grammar: a scoping review. *International Journal of Language and Communication Disorders* 2015; 50:6, 737-749. Open access.

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

## FEBRUARY CEN NOTICES

### CLINICAL EXCELLENCE NETWORKS

Send your CEN notice by email: [cen@rcslt.org](mailto:cen@rcslt.org) by 5 February for March, by 4 March for April, and by 8 April for May. To find out more about RCSLT CENs (formerly SIGs), visit: <http://tinyurl.com/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](mailto:venuehire@rcslt.org)

#### North West Voice CEN

**2 February**

Mindfulness and imagery: A tool for change in voice therapy. Relevant evidence implications and practical exploration with Christina Shewell (author, senior lecturer and clinical expert in voice). Education Centre, The Royal Bolton Hospital. Members £25; non-members £45. To book your place, email Sally Dennis, CEN Secretary: [Sally.dennis2@nhs.net](mailto:Sally.dennis2@nhs.net)

#### North West Aphasia CEN

**8 February, 10am – 4pm**

'Treatment outcome in aphasia rehabilitation'. Keynote speech: Professor Pam Enderby. Followed by Treatment Outcome Measures practical workshop. Agenda TBC. University of Manchester, Room 2.218, University Place, Oxford Road, Manchester M13 9PL. Members £20; non-members £30; annual membership £15. Email: [helen.lawton@postgrad.manchester.ac.uk](mailto:helen.lawton@postgrad.manchester.ac.uk) or book directly: <http://tinyurl.com/pwvckve>

#### South Wales Paediatric Dysphagia CEN

**9 February, 9.15am – 4pm**

Topics: gastro-oesophageal reflux disease in children and young people, current NICE guidelines. TOF packages of care and intervention. Members £15; students £5. Lecture Theatre, Education Centre, Ysbyty Ystrad Fawr, CF82 7EP. To book, email: [s.walespaediatricdysphagiasig@gmail.com](mailto:s.walespaediatricdysphagiasig@gmail.com)

#### National Transgender Voice and Communication Therapy CEN

**19 February, 10am – 5pm**

Inaugural meeting and CPD event: Therapy skill sharing and developing as gender specialists. Gender Identity Clinic, London W6 8QZ. £20 only as a first event. Spaces limited to 40. To book, email: [matthew.mills@wlmht.nhs.uk](mailto:matthew.mills@wlmht.nhs.uk)

#### North West Special School CEN

**22 February, 9am – 12pm**

We will discuss how we implement the use of different apps in special schools. Please come prepared with how you use a chosen app. We will also discuss members' experiences of courses, cases and therapy techniques. Lytham Primary Care Centre, Victoria Street, Lytham FY8 5EE. £7 per meeting for members (£15 annual fee for three meetings); £10 non-members. To book, email: [laura.linton@bfwhospitals.nhs.uk](mailto:laura.linton@bfwhospitals.nhs.uk)

#### National CEN in Disorders of Fluency

**24 February, 10am – 4.30pm**

An introduction to Solution Focused Brief Therapy. Theoretical introduction and practical workshop led by Alison Nicholas of the Michael Palin Centre. CEN members free; £25 to join on the day (£10 for students). Places limited to 30. Birmingham City University. Email: [Isabel.oleary@nhs.net](mailto:Isabel.oleary@nhs.net) to book

#### Children Who Have Social, Emotional and Mental Health Needs CEN (SE)

**29 February, 9.30am – 3.30pm**

Case discussions, developing a clinical resources section for child mental health. Please also bring assessments, resources and interventions to share. ISP Caterham. Bring and share lunch (+ small charge for drinks). Email: [melanie@melaniecross.co.uk](mailto:melanie@melaniecross.co.uk)

#### South West Brain Injury CEN

**14 March, 11am – 4pm**

'Brain injury case studies: the challenges of working with clients with mental health and other presentations' £4. Head Injury Therapy Unit, Frenchay Beckspool House, Bristol. To reserve your place, email: [adenman@natstar.ac.uk](mailto:adenman@natstar.ac.uk)

#### ASD (Central Region) CEN

**18 March, 1pm – 3.30pm**

ASD and challenging behaviours, Dr Kate Thomas, Clinical Psychologist LD-CAMHS. Room T051, 3rd Floor, Brierley Hill Health and Social Care Centre. £5. A meeting for therapists working in CAMHS will follow between 4 and 5pm. Email: [phoebe.kent@bcpft.nhs.uk](mailto:phoebe.kent@bcpft.nhs.uk)

#### Clinical Education CEN

**18 March, 10am – 4.30pm**

Students: a drain or resource? More time needed? More fun? More learning? Come along to a practical day led by Ann Parker to generate enthusiasm and confidence for managing student placements in all settings with any SLT. Friends' House, London NW1 2BJ. Members free; non-members £15. Email: [k.shobbrook@ucl.ac.uk](mailto:k.shobbrook@ucl.ac.uk)

#### Counselling and Therapeutic Skills CEN

**22 March, 9.30am – 4pm**

'Resilience building: diverse strategies for skilfully supporting our clients, students and ourselves'. Birmingham City University. Email: [ruth.phillips.sig@hotmail.co.uk](mailto:ruth.phillips.sig@hotmail.co.uk)

#### Tracheostomy CEN

**27 April, 9am – 4.15pm**

Decannulation: the whys and wherefores, evidence-based protocols, case studies, and group discussion for sharing practice. Queen Square, London. £20 to include lunch (£10 for students). Email: [apundole@rhn.org.uk](mailto:apundole@rhn.org.uk)

Continued from page 20...



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Vos P, et al. The tell-tale: what do heart rate, skin temperature and skin conductance reveal about emotions of people with severe and profound intellectual disabilities? *Research in Developmental Disabilities* 2012; 33, 1117-1127.

Vos P, et al. See me, feel me. Using physiology to validate behavioural observations of emotions of people with severe or profound intellectual disability. *Journal of Intellectual Disability Research* 2013; 57:5, 452-461.

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

# Obituary

REMEMBERING

## Frances Graham (née Lockwood)

1950 – 2015

This is to celebrate the life of Frances Graham (née Lockwood) who passed away all too soon in January 2015, aged 64. Her diagnosis came as a bolt from the blue, but Frances faced her illness with the same dignity, integrity and strength of character that she had shown in all aspects of her life as a therapist, friend, wife and mother. This was also how she dealt with losing her beloved husband, Clive, in September 2013.

Frances was a natural communicator and networker, and had wonderful personal qualities, including a wonderful sense of humour, often with a surreal quality. She conveyed huge warmth and compassion with insight into the vulnerabilities and needs of friends, colleagues, children and parents.

Frances was an exceptional and inspirational SLT. She trained at the Oldrey Fleming School of Speech Therapy in London in the late 1960s. Once qualified, she joined Hounslow where she worked throughout her career for 40 years. She could have been a model with her flowing blonde hair, beautiful face and blue eyes, or a presenter on BBC Radio 4 with her beautiful voice. Frances was a great mother to Kate and James.

Frances first worked with speech and language impairment, gaining a Masters degree in this subject. She later became the borough's leading authority on autism spectrum conditions. In both arenas, she believed passionately in working closely with teaching and other professionals and in addressing the child or young person's needs in close collaboration with family and carers.

The mutual respect Frances offered

and inspired, provided support and encouragement to people involved in the care of children. She was an exceptional therapist who could draw out the trust and engagement of the most profoundly autistic child and her support inspired many to develop their practice and sometimes to devote their careers to autism.

Frances was very well regarded by education colleagues. She collaborated with them through therapy, assessment, parent support and joint training. Her professionalism, knowledge and personal qualities shone through in her empathy, integrity and sense of humour. One parent said Frances had been such a positive support for her child and also for her husband, who had also been helped by Frances as a child.

People described Frances as a 'breath of fresh air' and praised her ability to think outside of the box. She was an incredibly reflective and thoughtful professional. She read widely and always offered new insights into clinical work. Clinical supervision or general clinical discussion with Frances was always educational. Yet, Frances always said she learned so much from talking to other therapists, including students. She cared deeply about the

*"All who met and worked with Frances were better practitioners and people as a result"*



children and families she worked with and gave a huge level of commitment.

If being an excellent clinician was not enough, Frances was also a renowned and extremely engaging public speaker. She ran courses for teachers at Queen Charlotte's, University College London, the Institute of Education and for the local education authority. She would be asked to return year after year and could captivate and enthuse large audiences about speech and language impairments. She was evangelical about teaching Cued Articulation to teaching staff and spread this knowledge widely within Hounslow.

Frances had a real fun-loving side to her. Her irreverent anecdotes were the source of much hilarity at many of our department's gala luncheons. She had many outside interests, including a passion for dancing to a wide range of music. She enjoyed a trip to the Alhambra with friends during her illness.

All who met and worked with Frances were better practitioners and people as a result. We all miss her terribly but knowing and working with her was an immense privilege. Kate and James can be confident that their remarkable mother made an enormous difference to the lives of countless people over the years. Her legacy lives on in those she nurtured and inspired.

**Sue Novell, Heather Anderson, Nancy Goodchild, SLTs; Diana Loffler, educational psychologist; Jane Harris, teacher**

# Appointments

## Harnessing the potential of young people. You make it possible.

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## Primary Care Division - 4 WTE Permanent Speech and Language Therapy Posts

The Isle of Man is situated in the Irish Sea, 60 miles off the Lancashire, Merseyside and Irish coasts. The Island is easily commutable by sea to Liverpool or Heysham and by air to major city airports in England, Ireland and Scotland. You are encouraged to research the advantages of working and residing on the Isle of Man.

Following the sanctioning of business cases, we are delighted to offer exciting opportunities for innovative and enthusiastic Speech and Language Therapists to work within a friendly, supportive and forward thinking team. Strong links exist with other professionals and MDTs. Should you wish to discuss these posts, please do not hesitate to contact:

Rebekah Traynor, Adult Team Lead: [rebekah.traynor@gov.im](mailto:rebekah.traynor@gov.im)  
Kim Wheeler, Paediatric Team Lead: [kim.wheeler@gov.im](mailto:kim.wheeler@gov.im)  
or Eileen Gilmartin, Service Manager: [eileen.gilmartin@gov.im](mailto:eileen.gilmartin@gov.im) specifically for the Band 7 post or please ring **01624 642630 Departmental Secretary**.

The closing date is **29th February 2016**.

Interviews will be notified within 4 weeks of the closing date.

To apply online please visit [www.gov.im/jobs](http://www.gov.im/jobs) or to obtain an application form and job description contact **Mr George Corrin, Human Resources Officer, Office of Human Resources, on 01624 685274 or e-mail: [ohr@gov.im](mailto:ohr@gov.im)**

Please note police checks are required for these posts.

Driving Licence and access to own vehicle essential.

A relocation package is available for successful off Island candidates.

### Team Lead across Head & Neck Cancer, ENT and Critical Care

Ref: DOH&-002991

Band 7 - £34,091 - £44,817

### Adult Acute & Community Generalist Post

Ref: DOH&-001909

Band 6 - £28,314 to £38,214

Both these posts may be considered as development posts at the appropriate banding should you be interested but not have the skills and knowledge.

### Stroke Lead post across the Adult Acute and Community Services with a key role in developing a new stroke service

Ref: DOH&-001908

Band 6 - £28,314 - £38,214

### Band 5 developing to Band 6 Split Post across Adult Acute and Community and Paediatric Mainstream School and Clinic Settings

Ref: DOH&-002801

Band 5 Annex T - £25,153 - £31,891

You will have the opportunity to work alongside other dedicated colleagues, to share skills and knowledge and to participate in the development and enhancement of these essential services. Videofluoroscopy and FEES services are established.

Each member of staff has a PDP and CPD is encouraged.



**Isle of Man  
Government**

*Reilrys Ellan Vannin*

Department of Health  
and Social Care

*Rheynn Slaynt as Kiaraíl y Theay*



Unlocking Language is an independent speech and language therapy service. We have services in London, Essex and Devon, We are now developing our services in Liverpool on a pioneering project working with our NHS colleagues. We are looking for:

**3x band 5 Speech Therapists**  
**1x band 6 Speech Therapist**  
**1x band 7 speech therapist**

These are full time posts but part time will be considered (3 days).  
Location: Liverpool City Centre  
Salary £22,000- £40,000 (dependent on experience)

Start date: Feb-March 2016.

The posts will be working in mainstream schools (primary and Secondary), special needs and running outpatient clinics. We have an excellent employee benefits system setup with generous perks.

To apply or for an informal discussion please send your CV with a cover letter to: [info@unlockinglanguage.co.uk](mailto:info@unlockinglanguage.co.uk)

Interviews commencing asap.  
For more info contact us on 0207 473 3624 or 07402 837 137.

## Two Paediatric Speech and Language Therapists required.



**Ruth Jacobs Children's Therapy** is a very well known and well respected Independent Practice. We are a large team of Speech and Language Therapists working in our clinics in Chelsea and North West London, in schools and nurseries. We work with a wide age range of children and a very wide range of communication difficulties.

**We are looking to appoint a Therapist qualified for 2/3 years and newly qualified Speech and Language Therapist. The candidates need to be dynamic, flexible and enthusiastic.**

The posts could be term time only if preferred. Salary dependent on experience.

If you would like to join our excellent and friendly team, please contact our Practice Manager Wendy Jenkins - [wendyjenkins3@yahoo.co.uk](mailto:wendyjenkins3@yahoo.co.uk)

## Speech & Language Therapist



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

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

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

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

# Community Evangelist/ Speech Therapist

As part of a major new initiative within Tobii Dynavox, the global leader in Assistive Technology (AAC, Apps, Boardmaker and Computer Access), we are looking to build a team of highly motivated and socially engaged individuals in a new Community Engagement team. You will be based in the UK.

As technology for disability advances each year, the customers of Tobii Dynavox, and stakeholders in assistive tech, are constantly looking for new ways to engage with our products; webinars, events, Twitter, Facebook groups, online training courses.



# tobii dynavox

### The role and responsibilities

The Community Evangelist will be the social heartbeat of Tobii Dynavox within their locality, responsible for organising regular events promoting AAC, Computer Access and Special Education solutions to all stakeholders.

### Your days will be filled with

- Meeting Disability Organisations
- Feeding back to the global product team to influence future assistive technology solutions
- Promoting Tobii Dynavox solutions at events
- Hosting webinars, collaborating with partners of Tobii Dynavox

### We are looking for

- an extreme networker with a genuine passion to make a difference in the lives of disabled people.
- a technology addict, active in social networks, and able to work collaboratively and energetically with a wide array of people in varied job roles.
- Degree qualification
- First class presentation skills

We find it to be a strong merit if you have experience of apps, e-commerce, social media engagement, disability issues.

The role of Community Evangelist will involve travel, regular attendance at conferences and occasional international trips.

Please submit your resume through our website as soon as possible. Questions can be sent to [hector.minto@tobiidynavox.com](mailto:hector.minto@tobiidynavox.com)

### Don't wait! At Tobii, we move quickly!

Application Deadline 15th March  
Competitive Salary.

<http://www.tobii.com/group/careers/job-hub/job-details/?vacancy=1554233>

## QUICK LOOK DATES

### Picture Exchange Communication System (PECS)

Level 1 Workshops – Brighton, Peterborough, Bristol, Manchester, Newcastle, Oxford, Southampton, Birmingham and Belfast. Transitioning from PECS to Speech Generating Devices – Cardiff and Birmingham. SoSAFE! Social and Sexual Safety Training – Peterborough, Oxford, Belfast, Plymouth and Brighton. Visit: [www.pecs-unitedkingdom.com](http://www.pecs-unitedkingdom.com), tel: 01276 609 555

**1-2 February, RCSLT London;**  
**10-11 March, Ramada Hotel Salford Quays; 26-27 May; 14-15 November, RCSLT London**

### Elklan total training package for 5-11s

Equips SLTs and teaching advisers to provide practical, accredited evidence informed training to education staff and SLTAs. £470 pp. Tel: 01208 841 450, email: [henrietta@elklan.co.uk](mailto:henrietta@elklan.co.uk), visit: [www.elklan.co.uk](http://www.elklan.co.uk)

**4-5 February, RCSLT, London; 7-8 March, Salford; 23-24 May; 17-18 November, London**

### Elklan Total Training Package (TTP) for 3-5s

Equips SLTs and teaching advisers to provide practical, accredited training to staff working in Early Years. Teacher/therapist teams welcome. £470 pp. Tel: 01208 841 450, email: [henrietta@elklan.co.uk](mailto:henrietta@elklan.co.uk), visit: [www.elklan.co.uk](http://www.elklan.co.uk)

**8-9 February; 17-18 November, RCSLT London**

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

Revised course equips SLTs and teaching advisers to provide practical, accredited evidence informed training to those supporting verbal children with ASD. Covers a range of practical strategies and approaches. £470 pp. Tel: 01208 841 450, email: [henrietta@elklan.co.uk](mailto:henrietta@elklan.co.uk), visit: [www.elklan.co.uk](http://www.elklan.co.uk)

**2 March from 12pm**

### Free UCL course in developing research ideas

This free afternoon will help clinicians to develop their research ideas into concrete plans. Attendees will learn how to formulate research questions; prepare a research plan and explore their next steps. For full details and to book your place, visit: <http://tinyurl.com/UCLResearchSkills>

**7-8 March, Ramada Salford Quays; 23-24 May, Intuition Southwark London; 14-15 November, RCSLT London**

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

Equips SLTs and teaching advisers to provide practical, accredited evidence informed training to staff working in secondary school settings and SLTAs. Teacher/therapist teams welcome. £470 pp. Tel: 01208 841 450, email: [henrietta@elklan.co.uk](mailto:henrietta@elklan.co.uk), visit: [www.elklan.co.uk](http://www.elklan.co.uk)

**9 March, Salford**

### Elklan total training package for 0-3s

One-day course for existing Elklan tutors. Equips SLTs and teaching advisers to provide practical, accredited evidence-informed training for staff working in Early Years settings to enable them to develop the communication skills of babies and very young children. Only available to existing Elklan tutors who have completed an Elklan TTP previously. Teacher/therapist teams welcome. £235 pp. Tel: 01208 841 450, email: [henrietta@elklan.co.uk](mailto:henrietta@elklan.co.uk), visit: [www.elklan.co.uk](http://www.elklan.co.uk)

**7-8 March (with optional day TTP for 0-3s on 9 March), Salford Quays**

### Elklan total training package for 3-5s

Equips SLTs and teaching advisers to provide practical, accredited evidence informed training to staff working in Early Years settings from 0-5 years. Teacher/therapist teams welcome.

£470 pp for under 5s two days; £670 for all three days. Tel: 01208 841 450, email: [henrietta@elklan.co.uk](mailto:henrietta@elklan.co.uk), visit: [www.elklan.co.uk](http://www.elklan.co.uk)

**9-10 March, Salford; 26-27 May, RCSLT London**

### Elklan total training package for children with complex needs

Equips SLTs and teaching advisers to provide practical, accredited evidence informed training to support communication in children with more complex needs. Covers pre-intentional to early intentional communication skills. £470 pp. Tel: 01208 841 450, email: [henrietta@elklan.co.uk](mailto:henrietta@elklan.co.uk), visit: [www.elklan.co.uk](http://www.elklan.co.uk)

**11 March, Salford; 9 June; 1 November, London**

### Elklan Let's Talk 5-9s tutor training pack

Designed for SLTAs, HLTAs, TAs, SENCOs, teachers and parents to equip them to provide accredited, practical, evidence informed training to parents/carers of 5-9 year olds. Participants must have successfully completed the Elklan Level 3 award, 'Speech and language support for 5-11s'. £235 pp. Tel: 01208 841 450, email: [henrietta@elklan.co.uk](mailto:henrietta@elklan.co.uk), visit: [www.elklan.co.uk](http://www.elklan.co.uk)

**11 March, Salford; 9 March; 1 November, London**

### Elklan Let's Talk Together tutor training pack

Designed for SLTAs, EY practitioners and parents to equip them to provide accredited, practical, evidence informed training to parents/carers of verbal children with autism aged four to 13 years. Participants must have successfully completed the Elklan Level 3 award, 'Speech and language support for verbal children with ASD'. £235 pp. Tel: 01208 841 450, email: [henrietta@elklan.co.uk](mailto:henrietta@elklan.co.uk), visit: [www.elklan.co.uk](http://www.elklan.co.uk)

**11 March, Salford; 9 June; 1 November, London**

### Elklan Let's Talk with under 5s tutor training pack

Designed for SLTAs, EY practitioners and parents to equip you to provide accredited, practical, evidence informed training to parents/carers of 2-5 year olds. Participants must have successfully completed the Elklan Level 3 award, 'Speech and Language Support for under-fives/0-3s'. £235 pp. Tel: 01208 841 450, email: [henrietta@elklan.co.uk](mailto:henrietta@elklan.co.uk), visit: [www.elklan.co.uk](http://www.elklan.co.uk)

**17 March, Central Hall Westminster**

### Adult hearing screening – can we afford to wait any longer?

To book contact Susanna Holt: [susanna@earfoundation.org.uk](mailto:susanna@earfoundation.org.uk)

**Stage 1: 18 March/28 April/30 June; Stage 2 - Day1: 29 April/ 20 May/1 July; Stage 2 - Day2: 8 July**

### smILE Therapy Training Stage 1 and Stage 2

New courses for SLTs and teachers. Innovative therapy teaching functional communication and social skills to students with special needs. Visit: [www.smile-interaction.com](http://www.smile-interaction.com), email: [courses@smiletherapy.info](mailto:courses@smiletherapy.info)

**21 March, University Hospital Lewisham**

### A safer approach to risk feeding

Multidisciplinary event covering implementation of the risk feeding pathway from acute to community. Talks from geriatricians, palliative care, dietitians, physiotherapists and SLTs. Time: 9.30am to 4pm. £100 (including a risk feeding pack). Email: [dharinee.hansjee@nhs.net](mailto:dharinee.hansjee@nhs.net)

**8-9 April, Gatwick Hilton Hotel**

### Insight workshop

Two-day interactive workshop is suitable for professionals working with adults who have insight problems

following brain injury. £175. Email: [enquiries@braintreetraining.co.uk](mailto:enquiries@braintreetraining.co.uk), tel: 01276 472 369. Full course details available at: [www.braintreetraining.co.uk/L\\_spf.php?id=53](http://www.braintreetraining.co.uk/L_spf.php?id=53)

**11 April, Birmingham**

### Cervical auscultation course

Run by Quest Training. A practical, skills-based course. £138.50. Further information from [www.quest-training.com](http://www.quest-training.com) or contact Jo Frost, tel: 07904 981 462, email: [Jofrost29@gmail.com](mailto:Jofrost29@gmail.com)

**12-14 April, London**

### Hanen's It Takes Two to Talk certification workshop

Shows you the most effective ways to involve parents in the intervention process. You'll gain a practical, step-by-step teaching methodology that will help you accommodate the individual learning needs of parents and ensure that they both understand and are able to apply their learning effectively to everyday interactions with their child. 22 CPD hours. Visit: [www.hanen.org/ITTTworkshop](http://www.hanen.org/ITTTworkshop), email: [info@hanen.org](mailto:info@hanen.org)

**23 April, Aston Business School Birmingham**

### NAPLIC conference and AGM

Exploring how spoken language underpins progress in literacy. Keynotes: Professors Maggie Snowling and Dorothy Bishop. Practitioner presentations and exhibition. Early bird booking rates available. Members from £95. Non-members welcome. Visit: [www.naplic.org.uk](http://www.naplic.org.uk), email: [carol.lingwood@btopenworld.com](mailto:carol.lingwood@btopenworld.com), tel: 01273 381 009

**26 April, The Ear Foundation Nottingham**

### Auditory neuropathy spectrum disorder

Exploring this complex issue, drawing on specialist expertise to find out what we know and how to manage it. Contact Susanna Holt [susanna@earfoundation.org.uk](mailto:susanna@earfoundation.org.uk) for more information

**28-29 April, City Lit London**

### Mindfulness for SLTs

An experiential workshop relevant to a wide range of adult and paediatric client groups and also relevant to therapists' own wellbeing and stress management. You will be introduced to core elements of mindfulness-based stress management and mindfulness-based cognitive therapy. £146. Email: [carolyn.cheasman@citylit.ac.uk](mailto:carolyn.cheasman@citylit.ac.uk) or tel: 020 7492 2578

**29 April, RCSLT London**

### Introduction to counselling skills, caring and maintaining boundaries

Practical, friendly and empowering day course for therapists and assistants in their work settings. Designed for newer and returning therapists, but all welcome. Run by Sally Newman and June Norris. Numbers limited, ensuring individual attention. £95 (Early bird £85) Contact Sally Newman at Therapy Skills Training Alliance. For info and to book, email: [newmansallyspeech@yahoo.co.uk](mailto:newmansallyspeech@yahoo.co.uk) or tel: 07821 250 312

**9-10 May, RCSLT London**

### Elklan total training package for vulnerable young people

Equips SLTs and teaching advisers to provide practical, accredited training to staff working in secondary school settings and SLTAs. Teacher/therapist teams welcome. £470 pp. Tel: 01208 841 450, email: [henrietta@elklan.co.uk](mailto:henrietta@elklan.co.uk), visit: [www.elklan.co.uk](http://www.elklan.co.uk)

**9-13 May, London**

### Adult Dysphagia Training – Theoretical Course

One-week intensive course/tutorial aimed to provide participants/NQT with theoretical knowledge to assess and manage adults with acquired

neurological dysphagia. Cost: £350. Contact: Mark Livingstone Tel: 0207 288 5546 email: [mark.livingstone2@nhs.net](mailto:mark.livingstone2@nhs.net)

**13 May, Salford Quays; 3 November, RCSLT London**

### Elklan specialist training package – supporting children and adults using AAC

Equips existing Elklan tutors to provide practical, accredited training to those supporting ALL users of AAC. Cascade the training to colleagues, assistants and education staff. £235 pp. Tel: 01208 841 450, email: [henrietta@elklan.co.uk](mailto:henrietta@elklan.co.uk), visit: [www.elklan.co.uk](http://www.elklan.co.uk)

**13 May, Gatwick Hilton Hotel**

### Active relaxation training workshop

Practical, one-day interactive workshop is suitable for professionals working with individuals who have health problems made worse by stress and/or fatigue issues. £85. Email: [enquiries@braintreetraining.co.uk](mailto:enquiries@braintreetraining.co.uk), tel: 01276 472 369. Full course details available at: [www.braintreetraining.co.uk/relaxation\\_spf.php?id=54](http://www.braintreetraining.co.uk/relaxation_spf.php?id=54)

**16-18 May, Wirral (Liverpool)**

### Hanen's More Than Words entry-level workshop

Fulfil the key criteria for effective early intervention for children with autism. Learn how you can involve parents to facilitate their child's social and communication skills in everyday contexts. Now open to SLTs with no previous Hanen training. 22.5 CPD hours. Visit: [www.hanen.org/MTWworkshop](http://www.hanen.org/MTWworkshop), email: [info@hanen.org](mailto:info@hanen.org)

**19 May, The Ear Foundation Nottingham**

### Colourful semantics

Help children to unblock the confusing world of spoken and written sentences with its creator Alison Bryan. Contact Susanna Holt: [susanna@earfoundation.org.uk](mailto:susanna@earfoundation.org.uk) for more information

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

### Acceptance and commitment therapy for SLTs

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

**21-22 June, RCSLT London**

### TalkTools Level One

Level One: A three-part treatment plan for oral-placement therapy: A general introduction to the TalkTools programme presented by Monica Purdy, TalkTools Level 6 instructor. £430. Visit: [www.eg-training.co.uk](http://www.eg-training.co.uk), tel: 01530 274 747, email [info@eg-training.co.uk](mailto:info@eg-training.co.uk)

**23-24 June, RCSLT London**

### TalkTools Level Two

Level Two: Oral-placement therapy: assessment and programme plan development. Designing TalkTools programmes based on client's diagnoses presented by Monica Purdy, TalkTools Level 6 Instructor. £430. Visit: [www.eg-training.co.uk](http://www.eg-training.co.uk), tel: 01530 274 747, email [info@eg-training.co.uk](mailto:info@eg-training.co.uk)

**2-3 November, RCSLT London**

### Elklan total training package for pupils with SLD

Equips SLTs and teaching advisers to provide practical, accredited evidence and informed training to develop communication in children and young people with severe learning difficulties in all settings including mainstream schools. £470 pp. Tel: 01208 841 450, email: [henrietta@elklan.co.uk](mailto:henrietta@elklan.co.uk), visit: [www.elklan.co.uk](http://www.elklan.co.uk)



# South West and Wales Dementia CEN

SUE JONES (CHAIR); NATALIE ELLIOTT (TREASURER); SAM ROWE (SECRETARY)

*“We are planning our next event on  
14 April 2016 in Cardiff”*



**D**ementia care is a growing speciality within speech and language therapy. The RCSLT recognised dementia as its top priority in 2014 and 2015, launching a national dementia campaign to raise awareness of the role of speech and language therapy, and publishing its dementia position paper.

On 24 March 2015, we held a dementia study day in Gloucester for SLTs working in the South West of England and Wales. The RCSLT Wales and South West Hub activity fund supported the event, and helped to bring together the talent in the profession at a regional level. Topics for discussion included the RCSLT campaign and position paper; differential diagnosis and evidenced-based practice. We also discussed the role of speech and language therapy across a range of services, from early diagnosis and intervention through to end of life care, including memory assessment service, young onset dementia, carer education, swallowing assessment and management, specialist inpatient units, and care home support teams.

Speakers included SLTs specialising in the care and support of people with dementia. They were joined by guest speakers RCSLT Head of the Wales Office Dr Alison Stroud and Dr Martin Ansell,

clinical director of older persons mental health services at 2gether NHS Foundation Trust (Gloucestershire). Dr Ansell spoke on delirium, depression and dementia.

Facilitated workshops discussed clinical competencies for SLTs working within the field of dementia, both with a specialist and general caseload. These provided an opportunity for delegates to look at speech and language therapy provision across a range of services and to discuss the challenges and opportunities for SLTs in dementia care – how the ideas presented could inform other services; the skills SLTs feel they already have that transfer to dementia care; and the skills gap at individual and service levels.

Delegate feedback on the elements that provided greatest value of the day included the information about established dementia services, for those considering setting up similar services; the importance of the role of an SLT in dementia care; sharing of good practice; the support and evidence to pursue better service provision; and the networking opportunities.

Excellence Network (CEN) for Dementia. The aims and objectives of the CEN will be to focus on speech and language therapy services for people living with dementia and those caring for them; provide mutual support, help and encouragement; exchange ideas and information; discuss policy with regard to working with people living with dementia; and create more interest in, and knowledge of, speech and language therapy roles within dementia care.

The CEN will use Basecamp as a means of communicating about events, sharing files, posting messages/questions and will have a shared calendar. We are planning our next South West and Wales Dementia CEN event on 14 April 2016, in Cardiff. The programme will be based on the feedback received from the previous study day with topics covering assessment and management of communication disorders and dementia. ■

**For further information about the CEN contact: Sue Jones (Chair), Natalie Elliott (Treasurer), or Sam Rowe (Secretary). Email: [sue.j.jones@glos.nhs.uk](mailto:sue.j.jones@glos.nhs.uk), [samuel.rowe@herefordpct.nhs.uk](mailto:samuel.rowe@herefordpct.nhs.uk) or [Natalie.Elliott@wales.nhs.uk](mailto:Natalie.Elliott@wales.nhs.uk)**

As a result of this event, we have now established the South West and Wales Clinical

# Introducing our Softer Foods range.

## Helping people with dysphagia feel good about food again.

**Wiltshire Farm Foods:** Delivering the right texture, flavour and appearance.



372 – Cat C Thick Puréed Chicken & Gravy

As a healthcare professional, you know the challenges patients with dysphagia face to prepare safe food that looks and tastes appetising. We understand it too. Our award-winning **Softer Foods** frozen ready meal range offers over 70 delicious, texture modified dishes that meet the needs of Category C, D, and E diets. Cleverly moulded to look as good as they taste, then with free delivery to the door – it's a chance to help your patients feel good about food again. You look after the treatment. Let us look after the mealtimes.

**Try our Softer Foods FREE or  
request our brochures. Call  
0800 066 3702  
or visit [softerfoods.co.uk](http://softerfoods.co.uk)**

**Softer Foods**

from



Wiltshire Farm Foods