

communication

WINTER 2012

matters



NEW PRESIDENT

**IMPLEMENTING COUGH
REFLEX TESTING**

MOBILE TECHNOLOGY & SLT

MOJO MATHERS INTERVIEW



New Zealand
Speech-language
Therapists' Association

Te Kāhui Kaiwhakatikatika Reo Kōrero o Aotearoa

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Editorial – Catherine Epps

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WELCOME TO THE WINTER EDITION OF COMMUNICATION MATTERS 2012. BY THE TIME YOU READ THIS ISSUE THE NEW ZEALAND SPEECH-LANGUAGE THERAPISTS' ASSOCIATION BEYOND BOUNDARIES 2012 CONFERENCE WILL HAVE PASSED. I HOPE YOU WILL ENJOY THE PHOTOS, AND HIGHLIGHTS FROM THIS SUCCESSFUL EVENT.

Also in this issue is a significant focus on the area reports and updates. For the first time, the annual reports from our hard working area representatives are included within Communication Matters for you to review. As you will discover, each area group has a different flavour and provides us all with the opportunity to contribute directly to the way the NZSTA operates, and can be accessed within your local area.

It is great to see the influence of technology changing our practice too. There are a number of articles discussing the use of technology; as well as a growing list of websites of interest, and a request to review a relevant "app" in each new issue. The highlight of this issue for me though, is the interview with Mojo Mathers, MP. It was a fantastic opportunity to meet with her, and to hear her perspectives about her life, living as a deaf person in a hearing world.

Please do continue to submit both articles and feedback on the content of Communication Matters. Your input is used to generate and shape each new issue- and is therefore really valuable.

Catherine



COMMUNICATION MATTERS IS PRINTED ON RECYCLED PAPER USING VEGETABLE-BASED INKS



Helen McLauchlan President

president@speechtherapy.org.nz

EXECUTIVE COUNCIL

Hello my name is Helen McLauchlan and following the NZSTA AGM held in Auckland on 23rd May 2012 I am the new President of the NZSTA. I am very excited to be taking on this role at such a challenging and important time for the association. I look forward to contributing to the association in a positive way. Following the AGM we also welcome Philippa Williams to the Professional Development portfolio and confirm Adele Siave's appointment to the Maori and Cultural development portfolio. Together with the other members of the Executive council; Dr. Clare McCann, Lucy Greig and Sara Moore we look forward to guiding the association towards its strategic goals.

At the AGM we elected new executive council members and therefore we farewell others; Dr. Dean Sutherland steps down from the role of President and Felicity Bright steps down from the Professional Development Portfolio. On behalf of the association I would like to thank Dean and Felicity for all they have contributed to the association during their terms in office. Both have given time, energy and enthusiasm to the NZSTA and have been vital in the achievements of the Executive Council over the past few years.

CONFERENCE

As you will be aware we recently held our biannual NZSTA conference in Auckland. 'Beyond Boundaries 2012' was a very positive and engaging 3 days. As part of the Conference planning committee it was a great privilege to be able to showcase all of the interesting research and other developments happening in the profession currently. Our keynote speakers Professor Sheena Reilly and Dr Deborah Hursh offered stimulating presentations and challenged us to think about the whole community and the boundaries we experience in our

therapeutic relationships. Terry Wackrow provided the Grace Gane Memorial lecture and gave us an insight into the specialist skills needed and challenges encountered working in the neonatal intensive care unit. A real highlight of the conference was an address from our inaugural Patron, Judge Andrew Beacroft. He shared his personal story and experiences with speech-language therapy and gave credit to the profession for 'changing his life'.

I personally enjoyed reconnecting with old friends and colleagues and of course meeting new ones. The presence of many of our life members was an inspiration for all present. I would also like to acknowledge and thank my colleagues on the conference planning committee, who all put in a great deal of effort ensuring the conference was a success.

AN INTRODUCTION

It was great to meet so many members during the 3 days of conference and I thank you for the many kind wishes and congratulations on my election as President. I am a graduate of the degree programme at Canterbury University and have worked in Hutt, Hawke's Bay and Counties Manukau DHB's in NZ as well as time spent working in London. My clinical experience is with adult populations, primarily in acute settings. My current role is as Professional Leader Speech-language Therapy at Counties Manukau DHB and I have an interest in ongoing professional development and leadership.

I am excited about the opportunities that are presenting themselves to our profession in New Zealand and internationally. Together with an excellent, professional and highly competent Executive Council I look forward to continuing to engage with the membership about the direction set for us in our strategic plan and subsequently refined at the AGM. I look forward to meeting with and talking to many of you over the coming months.



Study Tour in South India for Therapists

28 OCTOBER – 10 NOVEMBER 2012

WORDS: JON BAINES

Marilyn Pattison, Executive Director of the World Federation of Occupational Therapists, is leading a new study tour especially designed for speech-language therapists, occupational therapists and physiotherapists in South India.

Running from 28 October to 10 November 2012, the tour travels from the Coromandel Coast via Bangalore, Mysore, the Blue Mountains and into Kerala. The tour takes a fresh look at Indian society and healthcare and provides in-depth access to local institutions to see how communities are using grassroots solutions to overcome prejudice surrounding disability in India.

Specialist professional visits and talks are wide ranging and stray off the beaten track, encompassing the Mysore Speech

and Language Therapy Centre, a leprosarium, an Ayurvedic hospital, a village clinic and a centre treating children with cerebral palsy.

Cultural highlights include taking a toy train to the tea plantations, visiting an elephant orphanage, cruising along the backwaters of Kerala and exploring the palaces and markets of Mysore. There is an optional beach extension in Kerala.

To reserve a place or for more details please contact Jon Baines Tours:

Phone: 03 9343 6367

Email: info@jonbainestours.com.au

Website: www.jonbainestours.com/ot



Kings College Jazz Band at Conference



Terry Wackrow receives the Grace Gain award from Helen McLauchlan and a representative from Grace's family.

"I hope this event has given you some new perspectives and practical skills to aid you in the challenge of working Beyond Boundaries."



Beyond Boundaries

NZSTA BIENNIAL CONFERENCE, AUCKLAND

WORDS: **ANDRÉA BENOIT, CO-CONVENOR** PHOTOS: **ANNABEL GRANT**

Well, I can't say I got much sleep during the week of May 21, but it was worth it. Beyond Boundaries, felt like a huge success to me both from my perspective as co-convenor, and as a participant.

It was a real pleasure to be involved in organising this event, and an even greater pleasure to attend it. I thoroughly enjoyed the paper presentations, posters, keynote speeches, and workshops as well as the many insightful conversations that came about because of them. There was a real sense of collegiality, support, and celebration which is what conferences like this should engender.

I would encourage all of you, whether you attended the conference or not, to fill out the Conference survey. Your feedback is vital in improving this event each year.

The next Conference is slated for Christchurch in 2014. The earthquakes has been a major catalyst for innovation in the Canterbury region—what better venue to host a Conference with innovation at its heart?

On behalf of the Conference Planning Committee, thank-you to everyone who has been involved in the 2012 NZSTA Conference. I hope this event has given you some new perspectives and practical skills to aid you in the challenge of working Beyond Boundaries.



Professor Sheena Reilly giving a keynote presentation.

BEYOND BOUNDARIES CONFERENCE 2012 UPDATE

The three keynote sessions from the conference were recorded and audio CDs are now available at a cost of \$14 per speaker or \$36 for all three.

For further details please contact David at Auckland Recording Service Ltd email totalrecall@xtra.co.nz



Outgoing President, Dr Dean Sutherland.



Interview with Mojo Mathers, MP, Green Party

WORDS: CATHERINE EPPS

SPEECH-LANGUAGE THERAPISTS WORK WITH PEOPLE OF ALL AGES TO ENABLE THEM TO PARTICIPATE IN COMMUNICATION-BASED ACTIVITIES. THOSE WITH COMMUNICATION DIFFICULTIES EXPERIENCE CHALLENGES WITH PARTICIPATING IN ACTIVITIES SUCH AS; HAVING CONVERSATIONS, LEARNING TO READ AND WRITE, USING THE PHONE, AND SPEAKING IN PUBLIC. MANY OF THESE EXPERIENCES WILL HAVE PARALLELS TO THOSE EXPERIENCED BY THE DEAF COMMUNITY.

I had speech-language therapy myself as part of my schooling to help me with my speech. I had a great speech-language therapist who worked hard with me at college.

HOW DID YOU FIRST GET INTO THE PUBLIC ARENA?

My Masters degree is in Community Forestry and I became concerned about the impact on the environment of a dam being built in the Canterbury region. I became involved in political activism as I campaigned with others to stop it being built. We were able to bring about change by ensuring greater consultation with the public, the issue of water quality was taken more seriously, and greater consideration was given to the impact of the dam on the environment.

I was a volunteer with the Green Party, and then in 2006 became a policy advisor for the Green Party. I then became an MP in 2011.

WHAT ARE THE MOST IMPORTANT THINGS OTHERS CAN DO TO ENABLE YOU TO ACCESS CONVERSATION?

I can not hear the speakers during phone conference calls. I was the first deaf person to need this support from the NZ relay service. For this process, I need clear protocols for how the phone conference will work and a fast typist. Each person must say their name before they make their point. The benefit is that the whole phone conference becomes more structured.

For meetings, I need good lighting and I sit with my back to the window as contrast is important to enable easier lip reading. An oval table is important, as well as a clear speaking order so that people only speak one at a time. People say to me that they benefit from this approach as it makes meetings easier to follow for everybody.



“Once I knew that it was okay if my speech did not pass as “normal” and “like a hearing person,” I was a much happier person.”

HOW DO YOU FEEL ABOUT BEING AN ICON FOR THE DEAF COMMUNITY?

I am the same as others. People shouldn't be shy of asking for what they need. I encourage people to be assertive as their input will add value. It is important that you are clear about what you need and that you don't feel that you are putting people out. You must value your own opinion. Often only a minor change is needed to enable you to contribute.

I am so grateful for the input and support that I have had. I didn't have the option of learning sign language. For me, I became more confident when I accepted that I was a deaf person in a hearing world. I stopped being ashamed and I didn't need to pretend. Once I knew that it was okay if my speech did not pass as “normal” and “like a hearing person,” I was a much happier person.

WHAT DEVELOPMENTS DO YOU SEE HAPPENING FOR PEOPLE WITH DISABILITIES IN SCHOOLS AND IN THE WORKFORCE IN NEW ZEALAND?

I think the changes will be positive as we become a more diverse society. This will be to the benefit of everyone, their friends, and families. It is important not to miss out on people's perspectives. By being inclusive, it makes us richer, stronger, and more tolerant. There is a real warmth and understanding from welcoming diversity. There is a different feel to a community that is accepting.

WHO IS YOUR INSPIRATION?

I admire a range of strong women and people who stand up for what they believe in. They have done what is right without trying to make personal gains. I am also inspired by people who have the courage of their convictions, such as Gandhi or Janette Fitzsimons.

Constraint Induced Language Therapy (CILT) in Practice

WORDS: MELISSA BRAZIER AND NAOMI SEOW, CAPITAL AND COAST DISTRICT HEALTH BOARD

WHAT IS CILT?

CILT evolved from the principles of Constraint Induced Movement Therapy founded by Taub in 1999. Taub hypothesised that one reason hemiplegic limbs don't always improve after stroke is because of over-compensatory use of the stronger limb, causing learnt non-use of the affected limb. CILT was born when these principles were applied to aphasia therapy by Pulvermuller in 2001. CILT is based on:

1. Constraining the compensatory systems – the use of gesture, writing and drawing.
2. Forced use of impaired system – focusing on verbal output only.
3. Massed practice – intensive practice of at least 3 hours a day over a 10 day period.

The goal of CILT is improved verbal output. It is an impairment based intervention, as opposed to a compensatory holistic approach such as Total Communication. Early research into the effectiveness of CILT is promising, although it is still unknown whether improvements are due to intensity or constraint (ASHA Systematic Review, 2009).

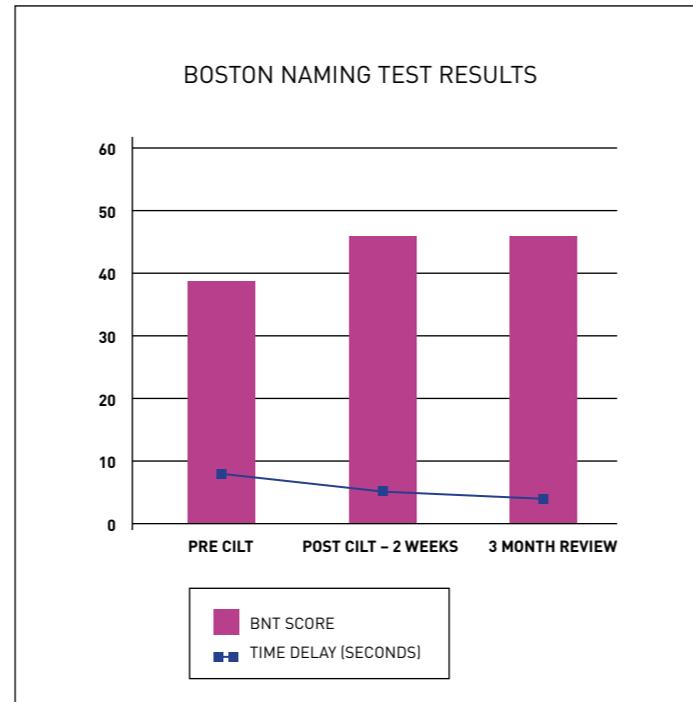
Research tells us that intensity of input is vital to language recovery. But how viable or even possible is it to deliver therapy that intensively within the resources we have at our District Health Board? In January 2012, two intrepid therapists and Mr Smith decided to find out!

CILT IN PRACTICE:

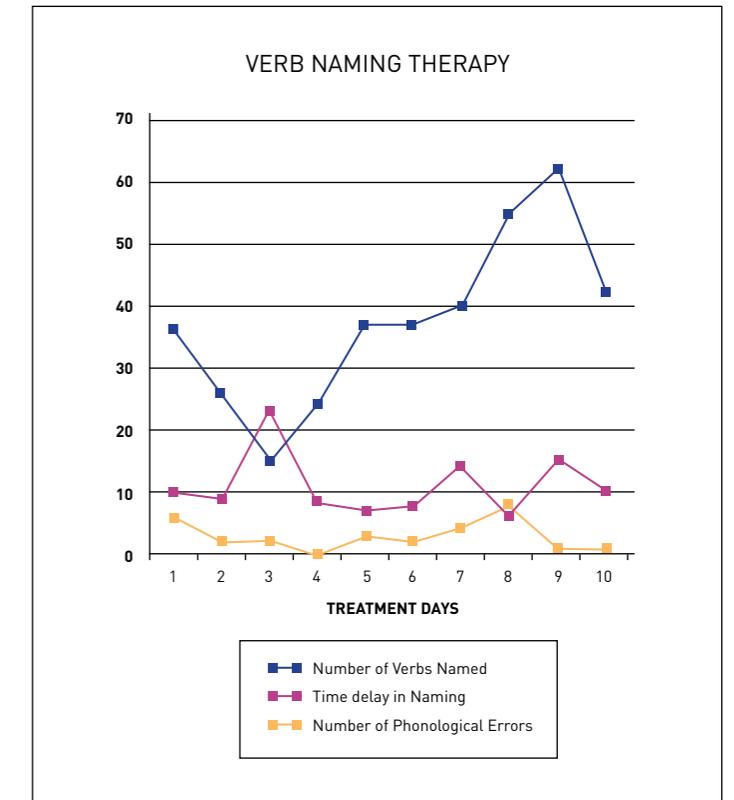
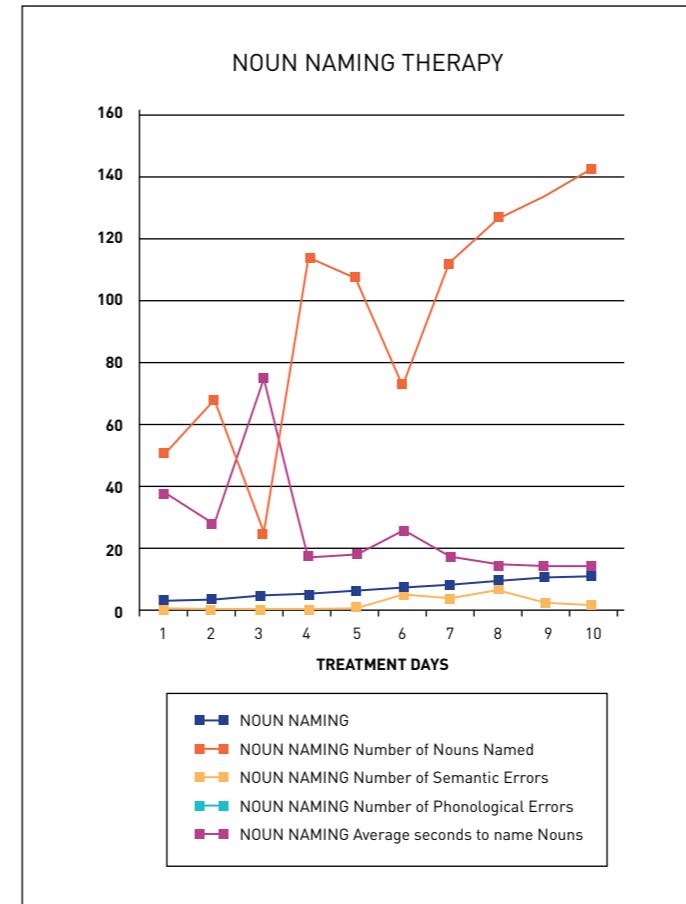
Mr Smith had sustained 2 left MCA strokes in December 2010 resulting in severe expressive aphasia. He had made steady gains in traditional therapy and this had now resolved to moderate expressive aphasia. Assessments revealed the main areas of deficits were the phonological output lexicon and buffer storage.

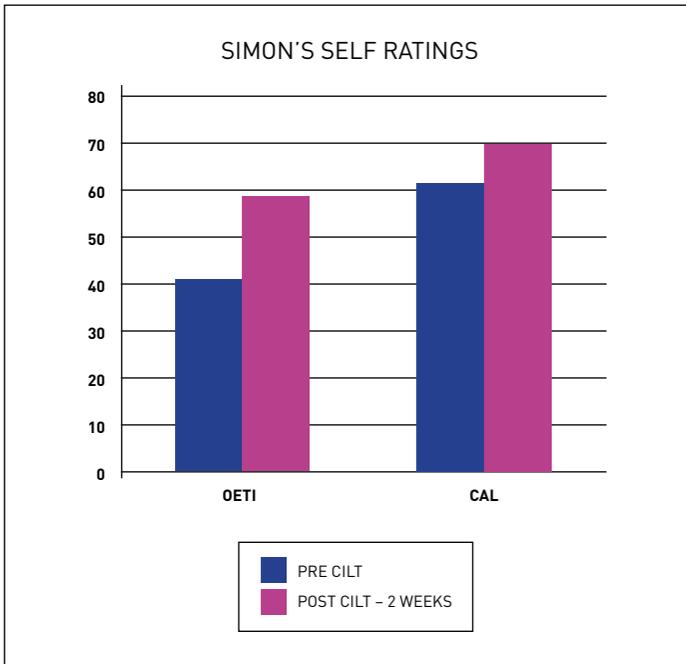
CILT was delivered in 2x90 minutes sessions per day across 10 days by 2 therapists. Therapy tasks included noun and verb naming, rhyme judgements, homonyms/synonyms/antonyms and phonological segmentation of non-words.

Pre and Post therapy measures included selected sub-tests of the PALPA, Boston Naming Test (BNT), as well as the Communicative Activity Log (CAL) and Communicative Effectiveness Index (CETI) for more functional measures.



“Mr Smith himself reported an improvement in both his language and his confidence.”





OUTCOME AND REFLECTIONS:

Pre and post assessments showed an improvement in language function. More importantly, Mr Smith himself reported an improvement in both his language and his confidence. There was a significant improvement in the speed and accuracy in his confrontation naming as the treatment progressed. On a 3 month BNT retest Mr. Smith appeared to have maintained his improvements. Certain issues, however, must be considered in CILT delivery. It is suggested that potential CILT candidates should be carefully selected, as CILT tends to emphasize patients' verbal difficulties. Patients must have a certain amount of personal robustness to withstand times of frustration within therapy sessions. Acute patients have a great deal of spontaneous recovery, hence, one should consider using CILT with clients with chronic aphasia. Sharing patients between clinicians is a great way of delivering the programme and preventing clinician fatigue.

In conclusion, we would recommend using a CILT approach for people with chronic aphasia if considering an impairment based therapy approach. Perhaps utilising SLT students as well as trialling CILT in group therapy sessions may be other avenues to explore.

For more information please contact:
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Technological telepathy: speech constructed from brain activity

WORDS: STEPHEN ROBINSON, SPEECH-LANGUAGE THERAPIST

I read an interesting article by Helen Thomson in a recent New Scientist (4 Feb 2012 pages 6-7,) about trying to read the sound spectrogram that the brain is processing from the ear. Different parts of the auditory cortex respond to the different frequencies from the cochlear, and with probes (and the brain exposed), these areas can be identified and activity measured. With software, this information can be converted back into sound, which apparently sounds strange but words can be identified. The interesting thing is that these parts of the brain also light up when you are reading a word silently, or just thinking about a word, so it might be possible to 'read' a person's mind by converting the patterns into sound! The researchers do speculate about the possibilities for people who aren't able

to speak, but it would need brain surgery for the implants and practical application seems a long way off. Another research team is trying to interpret motor signals from the brain of a paralysed person when he is thinking about talking. Software that models the movements that would happen in the vocal tract if the person were not paralysed has been able to produce some vowel sounds, but nothing more complex yet.

This article generated quite a bit of interest at the Auckland area meeting, particularly around who would make suitable candidates for such procedures, so I hope speech-language therapists will find ways to get involved in this sort of research in the future.



University of Canterbury Summer Research Experiences

FAMILY MEMBER GOALS FOR PEOPLE WITH APHASIA

WORDS: LUCY SCHUMACHER, 4TH YEAR SPEECH-LANGUAGE THERAPY STUDENT, UNIVERSITY OF CANTERBURY

Last summer holidays (2011/2012) I had a University of Canterbury Summer Scholarship under the supervision of Dr Tami Howe, looking into the goals that family members have for relatives with aphasia.

The study was part of a larger multi-centre Australian qualitative investigation that was funded by the National Health and Medical Research Council. This larger study explored the rehabilitation goals of people with aphasia, their family members, and their speech-language therapists. For my project I analysed the transcripts of interviews with forty eight family members of people with aphasia. I used qualitative content analysis to identify the goals that the family members had for their relatives. The family member participants included both males and females, were a variety of relatives and were in a range of living situations.

The analysis revealed the following broad categories of goals:

- recovery, and their future – “I just want her to get better...I want her to be OK “
- improving communication – “not being able to communicate, in some ways it’s more of a problem than the physical problems, can’t go out and buy another voice”
- social contact - “what he requires is mixing with people”,

- independence – “to encourage him to become as independent as possible”
- stimulation - “it’s about really getting him stimulated”,
- positivity and hope- “I wanted him to know that he hasn’t just put in hospital and left there...that there was a light at the end of the tunnel”
- information - “if he’d got...some better understanding of that I think that might of helped too”
- finding available services - “I just think more...speech therapy, more, more, more.”
- health concerns both physical and emotional – “he’s just so ... physically and emotionally drained.”

It is hoped that by becoming aware of the similarities and differences between the goals of individuals with aphasia and their family members, clinicians will be able to provide better services for this population.

The personal benefits I got from this summer scholarship were acquiring new research skills and gaining an increased understanding of the impact of aphasia on both the people with aphasia and their family members. I hope that this understanding will help me to provide family-centred intervention for people with aphasia in the future.



The Effect of Rate Modification on listeners’ comprehension of hypokinetic dysarthria

WORDS: ANNALISE FLETCHER, 4TH YEAR SPEECH-LANGUAGE THERAPY STUDENT, UNIVERSITY OF CANTERBURY

I have had the opportunity to be closely involved in research investigating speech treatment for individuals with Parkinson’s disease. Under the supervision of Dr. Shira Katseff (Postdoctoral Fellow, New Zealand Institute of Language, Brain and Behaviour), I was involved in a project that examined changes in listeners’ comprehension of hypokinetic dysarthric speech following rate modification. The purpose of the project was to discover if, and how, alteration of just one syllable can affect the intelligibility of an entire phrase. Using data collected with funding from the New Zealand Neurological Foundation (Associate Professor Megan McAuliffe, principal investigator), speakers with Parkinson’s Disease were recorded saying phrases at their habitual rate, and were then prompted to say the phrase again at a slower rate. In each case, the word found to have exhibited the greatest improvement in intelligibility in the slow condition relative to habitual was identified, and the stressed syllable from this word isolated, and spliced into the habitual speech condition. The corresponding syllable from the

habitual speech condition was copied into the slow condition.

Forty listeners, allocated to two different listening conditions, were then asked to transcribe the cross-spliced sentences – as well as their unmodified counterparts – and the resulting changes to syllable, word and phrase-level intelligibility were analysed. We found that by changing just one syllable in a phrase, the intelligibility of surrounding words could be altered, even though these words were semantically unrelated. When a slower, more intelligible syllable was present in one word, listeners were able to more accurately transcribe other words within the phrase. This appears to suggest that individuals with Parkinson’s Disease undergoing speech-language therapy focused on rate modification may not need to slow every syllable in order to achieve significant improvement in the intelligibility of their speech.

Completing this project has afforded me a valuable understanding of the various elements of the research process, from performing background literature searches and formulating research questions, to designing stimuli, programming experiments and running participants. I have also gained an appreciation of the evidential basis behind the speech treatments we currently employ, and it is hoped that the data we have gathered in the course of this project will provide further evidence for the efficacy of speech-language therapy in the future.



Mobile Technology and SLT: Toys or Tools?

WORDS: HELEN RIGBY, CAPITAL AND COAST DISTRICT HEALTH BOARD

Mobile technology is here. iPads, iPods, iPhones and Androids are in our schools, clinics, and homes. Some are hailing mobile devices as ‘a revolution’ in terms of the portability, diverse applicability and capabilities on offer to practising SLTs. Any of us that have ‘played’ with them know that they can be great fun and that the variety of functions, games and references available through various Apps (computer applications) is quite mind-boggling.

WHY DO WE NEED TO PAY ATTENTION TO MOBILE TECHNOLOGY?

Our patients and their families are using Apps on their mobile devices and starting to ask us about the ‘best Apps’ to help with therapy for their family member. We had two recent examples of this in health within local DHBs. One family wanted to know of any Apps to help with motor speech rehabilitation. Another family had found an aphasia therapy App that they thought might be useful for their mother and wanted to know if it was a good one.

Our students are also using them. My enquiries with the three University Clinical Directors revealed that all three NZ campus clinics have now purchased iPads and are starting to use them in the clinics for a variety of purposes.

SLTs working with AAC are using them and have been for a while.

PROS

- Fun and motivating – anecdotally patients are reporting really enjoying using them (including older patients)
- Socially acceptable and contemporary
- Multifunctional & versatile – Apps can be used for information, education, assessment, therapy, notes, recording, measuring, rewarding....
- Light and portable – a huge ‘toolbox’ in one device
- Opens out the possibility of intensiveness of self/home practice

CONS

- Funding issues for set up (convincing managers they are not ‘luxuries’ or toys!)
- Technical know how
- Usual AAC considerations if used for this (e.g. training and generalisation)

WHAT ARE THE PRACTICAL CONSIDERATIONS?

- Resourcing/cost – Set up costs involved (devices, cases) and then ongoing costs of buying ‘Apps’ – some hospital based SLTs (overseas) are doing this with iTunes gift cards.
- iCloud – means that several devices can be linked to the same account and synced so that Apps can be bought once and shared between devices.
- Wifi/connectivity – issue within DHBs and might be an issue in other settings.
- IT support – within our DHB devices which are not ‘networked’ are not supported by IT. iTunes is blocked so to set up an account we will need to circumvent this somehow.
- Recording – the quality may not be that great –might need to get an external microphone if using it for purpose of recording for perceptual analysis. On a personal note however, I have used my iPad to video patients and the sound and picture quality have been quite adequate and I have been immediately able to play back the video to patients which has been extremely useful.
- Security – they are desirable, small devices that could easily be nabbed!
- Durability – this is something of an unknown at this stage. The recommendation on websites and blogs as that at the very least covers are bought with the iPads so that they have some protection.

WHAT APPS ARE AVAILABLE?

- LOTS!! Here are a few types of Apps available. More SLT/SLP Apps are being developed even as you read. Some are free, some have a small cost and some are more expensive and often have a ‘lite’ version for free so that you can trial them.
- Paediatrics - Child language, articulation, phonological awareness, apraxia, autism, cause/effect, rewards
- AAC - lots of different programmes – everything from a YES/NO App to switching to complex story boards and picture systems
- Dysphagia –e.g Northern Speech Services ‘Normal Swallow’ and ‘Dysphagia’ Apps, iSwallow, Dysphagia2Go
- Motor Speech eg. Bla Bla Bla, Speech Sounds on Cue, Smarty Ears
- Acquired Language - eg. Tactus Therapy – range of Apps targeting language skills; Small Talk have a suite of apps for people with aphasia

- Cognitive Therapy
- Fluency counters
- dB meters, metronomes, voice recording, video recording, mirrors
- Conversation starters

RECOMMENDATIONS:

1. iPads and Apps are here – we need to know about them since our patients and families do. They can be a useful addition to our SLT ‘toolbox’.
2. Look for reviews, recommendations &/or try before you buy options (eg. Lite Apps or web demos).
3. Start talking to your IT dept now to work out how you will solve any IT barriers that exist.
4. Start lobbying to get iPads into your future budgets.
5. Let’s keep each other updated. I have suggested to the Editor that we start a regular column in Communication Matters where we can review &/or recommend (or not!) different Apps.

SOME USEFUL WEBSITES:

- <http://www.asha.org/SLP/schools/Applications-for-Speech-Language-Pathology-Practice/>
- www.geekslp.com (App available) – news, blogs, reviews, handy tips – she also develops and sells Apps – published under Geek SLP or Smarty Ears (Barbara Fernandes)
- TiPS: Technology in Practice for S-LPs <http://technologyinpracticeslp.wordpress.com/about/>
- Everything iPad for Speech and Language Pathologists Renena Joy, M.Sc., S-LP(C) and Kerry Clancey, M.Sc., S-LP(C)

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Area Updates

SUMMER/AUTUMN 2012

AUCKLAND:

- Several of the DHBs in the Northern Region have begun training their staff in disability responsiveness, and others are soon to follow! This is to ensure that healthcare workers understand the principles of the NZ Disability Strategy and what it means in their workplace, whether with clients or colleagues. The training is an online module which takes under an hour to complete. Contact Alison Paulin for further info. (alisonp@adhb.govt.nz)
- Felicity Bright has recently started a new role at AUT, working with allied health students to increase their awareness of swallowing and communication difficulties and how to better engage people with communication difficulties in therapy, as well as helping them learn about the role of the speech-language therapist. This involves teaching on undergraduate and postgraduate papers and working alongside students in the on-campus interprofessional clinic.

WAIKATO/BOP

- Tauranga Hospital / BoP DHB is to be part of Dr. Maggie-Lee Huckabee's oral hygiene study
- Tauranga Hospital is looking forward to taking a student from Scotland.

HAWKE'S BAY:

- The Releasing Time to Care Project as part of CCDM (Care Capacity Demand Management) is up to the final module. The biggest challenge has been adapting the tool that was developed in the NHS system to NZ conditions. The positive that have so far been identified are improved teamwork, streamlining of processes and a general feeling of moving forward. This project has been run across all Allied Health.

- SLT is now also part of a Complex Needs Clinic at a Special School. This clinic makes use of the full MDT including Teachers/Teacher Aides and parent. There is also a complex needs at mealtime clinic being set up that involves SLT, Psychology, OT and Dietician.

CENTRAL

- MidCentral DHB is very happy to welcome Jason Bergancia to the team in the position of Paediatric SLT after a long vacancy; Jason took up his new role in January and is already into the full swing of the NZ Health System.
- Jodi White reported that she has been approached to contribute to a funding application for a possible new community stroke rehabilitation service in the region, so will be compiling this.
- Palmerston North Hospital has purchased some new interim sEMG equipment.
- Natalie Oakley reported that the Combined Voice Clinic team are hoping to trial new stroboscopy equipment in the near future with the hope of purchasing it permanently.
- Jodi White reported back about the Acute Stroke Team at MidCentral DHB. She is the Quality Coordinator for this team and is currently undertaking an audit into secondary complications following stroke. Depending on the quality of the data collected this may be written up.
- There is a new MND clinic that has now been running at MidCentral for 9 months. It is a three-monthly clinic with coordinated appointments and MDT meeting at the conclusion. This seems to be working very well and the patients have been very positive about feeling that they are being cared for by a coordinated team.



WHANGANUI:

- Whanganui Hospital now has funding for 4 FTE SLT. This is very good news for the region. There will be an increase in the Paediatric service in Whanganui.

WELLINGTON:

- Catherine Epps has been appointed to the position of Executive Director Allied Health, Technical & Scientific for Capital & Coast DHB and begins her role on 21 May 2012.

OTAGO/SOUTHLAND

- Rachael Bennett has started working at Special Education in Dunedin and Sarah Hermans is the new addition to the speech-language therapy team at Dunedin hospital.

Websites of Interest

Child Language Teaching and Therapy is an inter-disciplinary journal publishing research in the field of children's spoken and written language needs. A new initiative started in 2011 with the production of podcasts, available from the journal web-page at: <http://clt.sagepub.com/>. Each podcast is associated with a paper published in the journal, and the associated paper will be available to download freely. The most recent podcast is by Maggie Snowling and Pam Baylis, presenting a paper that evaluates a phonological reading programme for children with Down syndrome. In our second podcast, Dr Lisa Archibald discusses two papers on working memory and language impairments and our first podcast was with Janet Wright and Joy Stackhouse on evaluating intervention and service provision in schools. Further podcasts will be published with each issue of

the journal, and will be available from the journal web-page.

<http://www.researchreview.co.nz/>

You can subscribe to different reviews that will be sent to you electronically on a monthly basis.

<http://www.tepou.co.nz/>

Te Pou provides a range of services including working to support and develop disability workforces in New Zealand. Te Pou has developed a range of resources and information to improve services, support the workforce, inform outcomes and provide training and funding.

LSVT renewal training is now available online at

<https://onlinelearning.lsvtglobal.com/>

<http://www.deaf.org.nz/nz-sign-language>

NZ Sign Language with videos of the sign being signed & can copy/paste the sign into document

Anatomy DVD-ROM - producers:

http://www.primalpictures.com/speech_language_pathology.aspx

This DVD has great anatomy diagrams, video footage of a nasendoscopy so good to show normal laryngeal function for voice patients, a normal swallow on VFS (albeit fluid only). It also had an animation of a normal swallow (and other animations) - good for patient education. There are also patient information sheets which you can customise.

MEMBER QUERIES

Is anyone interested in a national SIG for head and neck cancer? Please contact alexandra.smedley@cdhb.govt.nz



Life Member Profile

INTERVIEW WITH LOIS LAWN

WORDS: **LUCY GRIEG WITH LOIS LAWN**

I STARTED MY CAREER AS AN SLT

In New Plymouth, my home town, as the sole therapist in Taranaki working in a clinic which had been a dental clinic.

WHAT ATTRACTED ME TO THE PROFESSION WAS...

I knew that speech therapists existed; as Muriel Lister (who later married Ray Stroobant, another therapist) was working at the Clinic at the primary school I attended. I also knew the two therapists who followed her – Beryl Hoben (Paul) who trained in 1944, and Colleen Davies (Smart). All three were very good role models. After attending Ardmore Teacher's College I was delighted to be accepted for the training course in Christchurch in 1951.

I HAVE BEEN A MEMBER OF NZSTA FOR 61 YEARS.

I joined as a student in 1951 and always kept subs current. I was awarded Life Membership in 1996.

MY BEST DAY IN THE JOB WAS...

taking no notice of the rules of the Education Department in the 1950's; that pre-school and children with intellectual handicaps were not to be enrolled. Better still no official ever queried it or ever found out!

MY WORST DAY IN THE JOB WAS...

the advent of Tomorrows Schools in 1989 with our loss of autonomy.

THE CONTRIBUTION I HAVE MADE TO THE PROFESSION THAT I AM MOST PROUD OF IS...

Having the opportunity to travel overseas (at my own expense) to

meet well- known therapists in UK and USA and attend courses. The knowledge I gathered was always shared with my colleagues when I got home and also presented at conferences. Some of the courses I attended were; the Palin Stuttering Course, the Wilstar Programme, Hanen Programmes, Myofunctional Therapy, Voice Therapy (Christina Shewell) and many more.

Chris Justin and I raised financial assistance from organisations and with practical help from Otago University, we produced a film 'The Spoken Word' and a manual to accompany it on the development of speech, to show to parents and teachers of pre-school children.

I organised a survey of children from 3 -8 years to provide a NZ standardisation for the 3rd edition of Renfrew's Word Finding Vocabulary Scale. Chris Justin, Phil Silva, and I produced The Dunedin Articulation Test.

From the time I moved to Dunedin I have been involved in many ways. I was the first President of the new Executive System from 1980-1984 which brought a huge change for the NZSTA. I have been on several committees including the committee based in Christchurch which eventually set up the degree course; followed by the committee for selection of students; and finally the committee set up to prepare and produce the Programme Accreditation Framework.

I represented New Zealand at the IALP 1980 Washington Conference where I delivered a paper on the making of The Spoken Word and had the film running for people to look at during breaks. Most people were amazed how attractive and healthy the children were! In Edinburgh in 1983 Chris and I represented the NZSTA and delivered a paper on The Dunedin Articulation Test, and in Brisbane I was part of a multi discipline team presentation highlighting the progress that can be made with children with autism when we work together.

THE PEARLS OF WISDOM I HAVE FOR OTHER MEMBERS/SLTS ARE...

I have never regretted my choice of this profession – it has led to many opportunities and friendships. Much has been learnt on the way and I am still learning. The key is to be able to meet and work with a range of clients, be a good listener, have good people skills, and be open to new ideas.

FINAL THOUGHTS...

I could write a book on the vast difference between the work we do now compared with the working life of a therapist in the early days of our profession.

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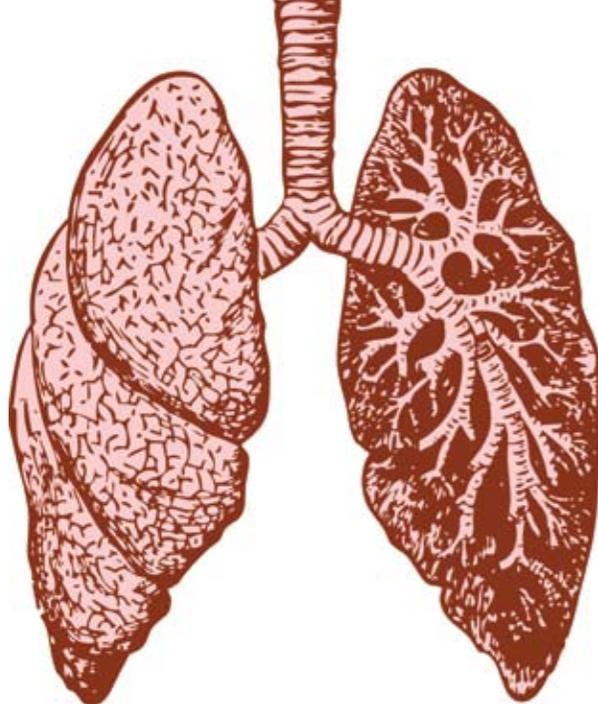
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years. It was first applied to clinical swallowing assessment in the late 1990's. Early research has indicated a positive impact of cough reflex testing on the reduction of pneumonia after stroke.

Several clinical trials have been conducted across New Zealand over the last two years to investigate the clinical utility and validity of cough reflex testing in dysphagia assessment with several manuscripts under review in international journals. More locally, a manuscript is currently under review by the New Zealand Medical Journal entitled "Clinical outcomes for patients with dysphagia after stroke in New Zealand." (Miles, McLauchlan & Huckabee). Although not addressing cough reflex testing directly, this manuscript identifies the characteristics and outcomes associated with dysphagia after stroke in New Zealand and makes comparisons to international data. Unfortunately, we found New Zealand pneumonia rates and mortality rates were alarmingly high, compared to international standards, and instrumental assessment referral rates were extremely low. Pneumonia rates averaged 27%, with 38% of those who failed a cough reflex test developing pneumonia despite active dysphagia assessment and intervention. Of the 312 acute stroke patients who participated in the clinical trial only 13% were referred for an instrumental swallowing assessment (e.g. VFSS or FEES). More concerning, of those patients who failed the cough reflex test, less than 50% were referred for instrumental assessment.

These data are an eye-opening indictment of limitations in our multidisciplinary management of swallowing impairment and with upcoming publication may cast unfavourable attention on our service delivery practices. However, they also present a great opportunity for us to re-evaluate our clinical protocols and reconsider the integration of multidisciplinary services to improve patient outcomes. Using international data as a benchmark, the prospects are great for New Zealand speech-language therapists to use local data to instigate MDT discussion and quality improvement initiatives.

SUGGESTED RECOMMENDATIONS FOR CHANGE IN PRACTICE

Based on a review of the literature and analysis of the results of the clinical trial, we proposed the following multi-disciplinary recommendations in the NZJM article:

- Refine screening and clinical assessment procedures to identify at-risk patients (see below for rationale for cough reflex testing).
- Implement early use of instrumental assessment to guide appropriate management decisions.
- Address multifactorial issues that contribute to pneumonia, particularly consider implementation of stringent oral care policies.
- Initiate multidisciplinary education programmes focusing on predictors of pneumonia with specific emphasis on oral cares and extreme caution in patients identified as silent aspirators.
- Review the research and consider implementation of cough reflex testing to increase sensitivity of clinical swallowing assessment.

TOP REASONS FOR TESTING COUGH

Pneumonia is a multi-factorial symptom and multidisciplinary management is likely the best way to effect a significant change. One contribution we can make as speech- language therapists is to increase sensitivity of clinical assessment. As discussed, cough reflex testing offers a tool for identifying our most at-risk patient: the silent aspirator. We have developed these top reasons for testing cough to support speech-language therapists wanting to implement this tool in their work place. We hope this summary of the literature will aid multidisciplinary understanding and justification of the need for change in dysphagia management.

- Laryngeal cough reflex has been identified in the stroke population to be impaired for up to a month or longer (with permanent impairment in some patients).¹
- 50% of stroke patients will aspirate and 50% of those who aspirate have no protective cough silent aspiration.² Therefore, aspiration can't be detected at bedside.
- Unfortunately we don't miss the mildly impairment patients: 70% of patients with severe aspiration are missed on clinical exam.³
- Silent aspiration produces a thirteen-fold increased risk of pneumonia.
- Pneumonia results in a three-fold increased risk of death by 30-days.⁴

- Cough Reflex testing examines sensory integrity of the vagus nerve and does no harm. It has been used in respiratory medicine since 1952 with no documented adverse consequences.
- A recent study documented an unacceptably high pneumonia rate of almost 30% in dysphagic stroke patients in NZ DHBs. This compares to an international average of 16-19%.⁵
- Aspiration pneumonia adds approximately \$10,000 to the cost of an acute stroke admission. Based on the number of stroke admissions in 2011 and the current pneumonia rate, this costs one DHB alone \$3,275,208 per year in additional costs.
- A videofluoroscopy costs approximately \$550. Evidence based SLT practice = priceless.

ACT NOW

- Don't wait for your physicians to read the journal article and challenge you on its content.
- Print out copies of the article and discuss it at multi-disciplinary team meetings.
- Encourage your multi-disciplinary team to consider a collaborative action plan to improve services in your hospital.
- Use this as an opportunity to drive change and promote speech-language therapists as progressive, proactive professionals who are not afraid to change in the face of new evidence!

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Driving change or being driven:

OPPORTUNITIES FOR PROACTIVE CHANGE IN DYSPHAGIA MANAGEMENT

WORDS: ANNA MILES, SARA MOORE, MAGGIE-LEE HUCKABEE

A critical limitation of a standard bedside swallowing assessment is it's inability to detect silent aspiration (aspiration of food/ fluids without a cough response). Despite our best intentions, best training and best clinical skills, we will always be left with the nagging questions: Did the patient not cough because he did not aspirate? Or did he aspirate but has no protective cough? A tool for identifying patients with an impaired and intact cough in response to aspiration would go a long way to increasing our confidence in clinical assessment. Cough reflex testing has been used in respiratory medicine for over 50

Area Updates for 2011

Northland/Tai Tokerau Area

WORDS: SHARON COLLIER & BEVERLEY JACKSON, NORTHLAND AREA REPRESENTATIVES

2011 was another busy year for all the speech-language therapists in the Tai Tokerau area. Membership of the NZSTA is currently at 12. The Area Representative role has been shared by Sharon Collier and Beverley Jackson since May 2011 when Suanna Smith left to coach singing in the USA.

HIGHLIGHTS

The Northland DHB SLT service has welcomed a new member of their team, Karen Sturge which has increased their staffing level.

SLT Awareness Week was promoted by both the Health and Education Teams. In the hospital the SLTs put information/jokes and cartoons promoting SLT for the public and the staff. The Educational SLT's looked at promoting the wide range of areas speech and language difficulties can have an impact on e.g. criminal justice.

The health team reported that they attended a 'stroke day' in Auckland. The Education team has been busy working on developing the new 'language and learning intervention' (LLI). This strategy allows SLT's to provide training to school staff in order to help develop the child's language skills. Much work has gone into developing the modules for the LLI.

CHALLENGES

Our challenge this year has been increasing attendance at our NZSTA meetings. We are working through various strategies to see what suits the members. We all feel we benefit from networking together at the meetings.

This year we look forward to continuing to work together and strengthen relationships further. Thank you to all the SLT's in Northland for their support and help over this year.

Auckland Area

WORDS: YVONNE COPE, AUCKLAND AREA REPRESENTATIVE

Over the year we have enjoyed discussing the issues that affect us nationally as a profession and sharing local issues, personal professional highlights, and ideas/opinions with each other. Though attendance at meetings has continued to be reasonably low, Auckland members like getting together to socialise and welcome others (including non-members) to get involved too.

HIGHLIGHTS

One of the highlights of 2011 was the Opening of the National Office in Parnell. Now that the refurbishment is complete, we will appreciate having this fabulous facility for our Area meetings. Another highlight was the national SLT Awareness Week activities at workplaces and which concluded with the inaugural Cocktail Party. The Party was a great social event and an opportunity to celebrate our profession together. About 55 SLTs, partners and students attended. Other highlights include the sharing of knowledge from various professional development events, current topics of research and/or areas of expertise. We have valued this participation and contribution from our members at our Area meetings.

Finally, regular feedback from Auckland members has been that they like the new look Communication Matters and have appreciated the amount and frequency of feedback from the Executive Council in 2011.

Waikato/BOP Area

WORDS: BIDDY ROBB, WAIKATO/BOP AREA REPRESENTATIVE

Waikato/BOP membership for 2011 was 62. Attendance at meetings has been steady. Teleconferencing continues to be the best way for the Area Meetings to be conducted due to the wide geographical spread of our members in this region. We are trying to build up satellite groups so there can be more of a social aspect at the conclusion of the business end of the meeting.

HIGHLIGHTS

There were several highlights for the members in our region in 2011: successful study days were held in Taupo, one in March and another in September, each day including a wide range of topics; the NZSTA teleconferences, including Joan Shepherd and one on eosophageal dysphagia, were a great way to get valuable professional development with little cost to our finances and time; student placements were taken in both health and education settings in the Waikato, Tauranga and Rotorua areas and were very enjoyable for staff and students. Finally, the Speech-language Therapy Awareness Week was promoted with a range of internet quizzes across the various DHB's and participation levels were high.

CHALLENGES

A challenge for the Area Representative has been keeping Members' interest in and increasing attendance at area meetings. There has been greater emphasis on the social side of the meetings at the end of 2011 and it is hoped that this will continue to motivate members to come along/ring in. Getting access to professional development has been another challenge for all SLTs, including members, in the area. Teleconferences with accompanying power point or videoconferences have been acknowledged an acceptable option and members have taken up these opportunities this year.

DEVELOPMENTS

Biddy Robb took over the Area Representative position from Carla Knott in May 2011 and has been enjoying the challenges of the position.

During our Area Meetings, we have opened up the floor for people to contribute useful websites or information that will be of benefit to others. We have also encouraged 'sole' therapists to join up with a group e.g. Tauranga often have extra SLT's who are able to join in to the teleconference.

In 2012 we look forward to building an even stronger network within the Waikato/BOP area.

Central Area

WORDS: JODI WHITE, CENTRAL AREA REPRESENTATIVE

The NZSTA members and SLTs in general in the Central Area have continued to be very busy over the past year. Attendance at the Area Meetings has been low again this past year. We have continued to offer teleconference link up for each meeting and there are some members who regularly take advantage of this option. Attendance at meetings is certainly appreciated as is all the feedback received from members about all the relevant topics as the Association can only be as strong as its membership. The more people who attend, the more robust the discussion and more ideas can be generated.

HIGHLIGHTS

One of the main highlights in the Central Area over the past year was the Awareness Week campaigns. Many workplaces took advantage of the popularity of “The King’s Speech” to add to our publicity. The team at Palmerston North Hospital managed to get into two of the local papers. Other groups had themes for the week focusing on the profession and what SLTs can offer, many activities including quizzes, morning teas and displays were undertaken. Also, of note is the response to the roll out of the National VFSS Guideline. Many DHBs in the Central region have changed or modified their practice to incorporate the Guideline as much as possible with many ongoing action plans in place.

CHALLENGES

I have challenged members in the Central Area is to make a commitment to attending meetings, providing feedback to the Executive committee and becoming more engaged with the Association so that we can have a stronger voice.

I would like to encourage any non-members in the area to join and participate in meetings and also any current members who have not participated in meetings recently to plan for joining in over the coming year. I look forward to meeting more members over the next year.

Wellington/ Nelson Area

WORDS: SARAH MARTIN, WELLINGTON/NELSON AREA REPRESENTATIVE

The highlight of the year was Marilyn Heine being awarded Life Membership. This is an acknowledgement of her considerable contribution to the profession, as profiled in the Summer edition of Communication Matters 2011.

A number of Wellington/Nelson members made significant contributions to the profession in 2011, including Hannah Clements who was awarded the NZSTA Clinical Supervision Award and Helen Rigby who has been on various committees, for both the Association and regionally. Others have raised the profile of our profession in non-SLT roles. Natalie Richardson was appointed Allied Health Director, Medical and Community Services, at Hutt Valley DHB and Brigitte Meehan has been closely involved with the InterRAI at the Ministry of Health.

Other area highlights have included: sub regional clinical service projects, in ENT and Paediatrics, both of which have had SLT representation by NZSTA Members; and the launch of two new SIGs in the wider Wellington region, Aphasia and Paediatric Feeding, the latter includes both education and health SLTs.

Providing a local forum that attracts Education, Health, and SLTs in independent practice has been an ongoing challenge. Attendance at area meetings represents approximately 20% of the membership. The main reasons for general low attendance appear to be: difficulty finding a time and venue that suits the majority; lack of opportunity for SLTs in the Nelson/Blenheim area to be involved; and low numbers of education SLT members attending.

The current Area Representative is standing down after two years in the position. This is an opportunity for a speech-language therapist from Education and/or Nelson to take up the role and go some way in reducing the extent of the issues/ challenges outlined above.

Canterbury Area

WORDS: SHANNON EMMERSON & STEPHANIE DAVIS, CANTERBURY AREA REPRESENTATIVES

Christchurch is still getting back on its feet - red zones, demolitions and rebuilds are affecting everybody in different ways. Despite this, speech-language therapists from all agencies and private providers have and continue to be managing well to provide services to the Canterbury community.

MEETINGS

Social breakfast meetings have been particularly well attended in comparison to formal meetings. In 2011 we offered both breakfast and formal meetings in the evenings to give members more opportunity of keeping abreast of issues and information. Teleconferencing was also available and we hope to hear more from our satellite areas in the future. We had a great social get-together at the end of 2011 at a local café. There was a good turn out from our student members, who were interested in networking with other SLT providers, particularly with the challenges ahead for new graduates in gaining employment.

Interesting questions and professional debate have arisen within the meetings. It is has been good to hear people speaking their mind and introducing discussion. It was also great to see members from different service providers using the meetings as opportunities to develop further professional networks.

DEVELOPMENTS

We have appreciated the input from Lucy Grieg (Member Networks, Executive Council,) within our Area meetings, and wish her all the best up in Auckland. Big thanks too, to Angela Leigh for her excellent work in her short term role as the NZSTA administrator and look forward to working more with Gretchen Wade in 2012. Our members are also eagerly awaiting the launch of the NZSTA mentoring programme, which is currently in the development phase.

Finally, thank you to our area members for supporting us in our role as area reps. We greatly appreciate your feedback and input into this role.

Otago/Southland Area

WORDS: MICHELLE JOHNSON, OTAGO/ SOUTHLAND AREA REPRESENTATIVE

Area meetings have continued at the Vera Hayward Centre over the year with the support of both education and health speech-language therapists. This has been pleasing to see as it has generated more discussion and has been a great opportunity for networking.

HIGHLIGHTS

Dysphagia has been a focus of education sessions at the hospital. In February Maggie-lee Huckabee ran a training day for SLTs on Cough Reflex Testing (CRT.) The team is now planning on piloting CRT in June starting with the Stroke Unit.

The planning of a Special Interest Group in AAC for the region (including all disciplines that work with clients who have AAC needs) commenced after two members attended the ATANZ conference in Auckland. The aim of the SIG was to set up a local network so that therapists could share their skills and knowledge to improve our intervention with AAC clients. Agenda items include case studies, technology updates, and sharing learning from professional development. The inaugural meeting was at the start of this year.

Talklink has been a familiar face in the region with a number of professional development opportunities occurring on a regular basis for both professionals and parents.

CHANGES

There have been several staffing changes in both Special Education and Otago/Southland DHB. New graduates and senior therapists have joined the teams.

I have come to the end of my term (May 2012) as Area Representative for Otago/Southland. This will be a big change for the members in the region as I have been Area Representative for many years. I would like to thank all the Otago/Southland SLTs for their support during my time as Area Representative. A new Area Representative will be announced at the AGM in May.



Dr Clare McCann – Professional Standards

professionalstandards@speechtherapy.org.nz

KIA ORA KOUTOU.

What a busy few months it has been for the Association. Firstly, HUGE congratulations and thanks go to the Conference Organising Committee (Andrea Benoit, Helen McLauchlan, Jo Davies, Annabel Grant, Tracy Kendall, Maryanne O'Hare, Turid Peters and Suzanne Purdy) along with Felicity Bright (Professional Development) and Pam Richards for a tremendous conference in Auckland. As many of you know, the conference was to have been held in Christchurch, but due to the devastating earthquakes we needed to change the venue at the last minute. This meant the committee were under pressure from the outset and I think they delivered a high quality conference which provided some great opportunities for learning and networking.

At the AGM I was confirmed in the role of Professional Standards for the remainder of my term (until the AGM in 2013). My vision for the next year is twofold. I plan to determinedly pursue our application for registration under the HPCA Act (or its alternative, if self-regulation is the appropriate course of action) and to work collaboratively with other members of the Executive Council (and other Associations within New Zealand and internationally) in the maintenance of the standards of our profession.

SCOPE OF PRACTICE

It is a pleasure to launch the Scope of Practice for the NZSTA. This was adopted by the Executive Council at its last meeting and is now available on the Association website (as a pdf document). I am extremely grateful to the working party (Robyn Gibson, Helen McLauchlan, Karen McLellan, Anna Miles, Sheela Namboordiripad and Philippa Williams,) who worked for many months putting this together. I am also appreciative of the time and expertise of Liz Doell and senior advisors of the Ministry of Education – Special Education who reviewed a draft document and gave valuable feedback.

PROGRAMME ACCREDITATION COMMITTEE (PAC)

2012 will be a busy year for the Committee. Two programmes (Canterbury University and the University of Auckland) have applied for re-accreditation this year as part of the seven-year cycle. The BSLT programme at Massey University will be reviewed in 2013. The Committee will be undergoing two full days of training in June facilitated by an experienced speech-language therapy accreditor.

We are currently seeking a representative from the Health sector and a representative from the Private Practice sector to fill two vacancies on the Committee. Further information about these positions is available from Colette Maier (the Chair of the PAC).

HPCAA

Prior to re-submitting an application under the new criteria, the Ministry of Health advised that they are reviewing the terms of references which is likely to include changes to the Regulatory Authorities. Professor Des Gorman, Executive Chair of the Health Workforce New Zealand (HWNZ) Board, was recently quoted as saying: "Our work programme includes the proposal for an amalgamation of support functions for the regulatory authorities (RAs) to extend the focus of the RAs from 'patient safety' alone to 'patient safety, workforce intelligence gathering and workforce husbandry'. A reform of this nature in Australia has proven highly successful." The Executive Council is keenly awaiting the outcomes of this process and from there we will know how best to proceed with our re-submission. Given that Prof Gorman refers to the Australia context, it is worth mentioning that in 2010 Speech Pathology Australia were unsuccessful with their application for consideration under the equivalent Act in Australia and have subsequently pursued a process of authorised self-regulation (along with a number of other allied health professions that are not registered).

I hope you will join me in my focus to maintain the high standards of professional practice of speech language therapy in Aotearoa New Zealand while continuing to advocate for those who have communication difficulties. As always, if you would like to discuss any aspect of professional standards with me, please email me at: professionalstandards@speechtherapy.org.nz

Clare



Felicity Bright – Professional Development

professionaldevelopment@speechtherapy.org.nz

It feels a little strange to write my final Professional Development report for Communication Matters after four years in the role. It has been a busy but enjoyable four years.

Several highlights stand out:

- The Professional Development seminars. These seem to have taken on a life of their own and are becoming a well-recognised component of the NZSTA PD programme. Their smaller size with only one stream appears to help delegates feel a real sense of community amidst our diverse profession.
- Development of PD guidelines. While these may not be visible to members, these guidelines capture all the small processes that must occur to make a PD event happen smoothly and on budget and can serve as a checklist in planning. They are essential for the sanity of those working on the PD events!
- Refinement of the CPD framework. This was completed in conjunction with Dr Clare McCann (Professional Standards) and we aim to implement it next year. We anticipate this will make the CPD process more robust. We also intend that it will make the CPD process easier for members.
- The Clinical Issue format which has been trialed in several forms with the support of a number of members. While the

format isn't quite 'right', it reflects our desire to implement easy access, low cost professional development. With a little tweaking, I believe this approach may be very effective for providing PD on a number of topics.

- Last but most definitely not least, the active contribution of members in the different workshops, teleconferences, seminars, forums and conferences that the NZSTA provides. The quality and quantity of submissions to the biennial conference has steadily increased over the six years I have been involved and this reflects the growing research culture in both academic and clinical settings. Members have been proactive in highlighting areas for PD and have supported me in planning and providing events such as the Tracheostomy, Voice and Paediatric Dysphagia workshops. Many of you have attended these events and your ongoing support of the profession and the Association is greatly appreciated.

The NZSTA conference, Beyond Boundaries, offered a very comprehensive, diverse, high quality programme. Its smooth running can be attributed to the significant efforts of the Conference Planning Committee, led by Andréa Benoit and Helen McLauchlan, and the Conference Manager, Pamela Richards.

I am delighted that Philippa Williams was elected to Professional Development portfolio. Philippa has a passion for professional development and I know the portfolio will grow from here.

I encourage members to actively support the efforts of the Executive Council. They put a phenomenal amount of their own time into the Association, responding to member and non-member queries, developing and implementing guidelines, organising large events and representing you and your clients in a variety of forums. There is only so much they can do in their voluntary capacity and I urge you to contact them and explore how you may be able to contribute. Your input will help the Association work toward the strategic objectives identified by members, thus making the Association stronger and better able to support and advocate for members, the profession and the clients we work with.

INTRODUCING PHILIPPA WILLIAMS TO THE PROFESSIONAL DEVELOPMENT PORTFOLIO:

I am feeling excited about my new role on the Exec Council as Professional Development Portfolio holder. I wish to congratulate Felicity Bright on the outstanding job she has done

while in this role for the past 4 years. Her fantastic work and contributions from the SLT community has cemented a solid professional development culture for us all. My focus will be on continuing this excellent work and finding out more about what the SLT community would like from this role.

To give a bit of background about myself - I have a particular passion in the areas of clinical education and professional development which has developed throughout my career. This passion was kindled during my roles in the UK, one of which was working on the Head Injury SIG committee and helping to organise regular PD meetings with UK clinicians. This interest continued on my return to NZ in 2009 where I joined the Counties Manukau DHB team and became a member on the Auckland Regional PD committee. I have now been working for The University of Auckland as Clinical Director for the MSLT Prac programme for 18 months and continue to spark my passion in this area, working with both students and clinicians in the workplace to craft our future SLT workforce. I am looking forward to working with you all in the near future.

Ka kite
Felicity and Philippa



Sara Moore – Communications

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Well, we're officially into the chilly season of winter, or at least in the South Island we sure are. So it was a fantastic reprieve to head north to warmer shores for the 2012 NZSTA Conference in Auckland. And what a brilliant event it was! It was clear that a huge amount of work had gone into planning every detail in an attempt to strike the right balance of educational, professional and social opportunities for each attendee. I myself heard a number of comments about the high calibre and range of presentations over the week, so a big thanks to the planners and other volunteers who helped make it happen. It was an event I felt proud to be a part of.

During the conference we were joined by head of communications of the Irish Association of Speech Language Therapists, Jonathon Linklater. Ireland's association shares lots in common with New Zealand, so the opportunity to meet with him one-on-one and discuss our associations' similarities, kick around ideas, and explore how we might collaborate together proved hugely beneficial.

It's great to welcome our new President, Helen McLachlan and also our new Professional Development person, Phillipa Williams, who were elected during the AGM in Auckland. Their

fresh energy comes at an exciting time for the Association, with many projects to be considered and developed. My thanks and best wishes also go to our outgoing President, Dean Sutherland as well as Felicity Bright for the awesome work they have both done over the past 4 years. I know I've personally learned plenty from both of them, and their voluntary effort and dedication have been to our associations benefit. At the AGM we also officially farewelled Justine Wilkinson, and our best wishes extend to her also.

Speech Language Therapy Week 2012 will be upon us from 17-21 September, so do get in touch if you have any ideas or requests that I can support you with. And please, feel free to let your creativity get the better of you! We're yet to see an SLT Flash Mob during awareness week, but maybe 2012 will be the year?

The Executive Council is meeting in July to plan future directions for the various NZSTA portfolios, and I'm looking forward to even more brave new communication ventures in the year ahead. And as always, feel free to drop me a line if you have suggestions or feedback to throw in the mix.

Sara



Lucy Greig – Member Networks

membernetworks@speechtherapy.org.nz

It was wonderful to see so many members at the Biennial Conference, Beyond Boundaries, and at the AGM in May. High quality professional development events are one of the greatest benefits to members of the Association, and this event was no exception. Along with the challenge to push our practice 'beyond boundaries' it also provided an opportunity to form and strengthen relationships with members from around the country and with SLTs from further afield. The breaks between sessions just didn't seem long enough!

AREA REPRESENTATIVES

Area Representatives play an important role in the Association. They provide a link between the EC and the members and opportunities for regional networking. At the AGM this year, two new Area Representatives were elected: Libby French (Wellington/Nelson) and Margaret Jackson (Otago/Southland). They will join Sharon Collier/Beverley Jackson (Northland/Tai Tokerau), Yvonne Cope (Auckland), Biddy Robb (Waikato/BOP), Jodi White (Central), and Shannon Emmerson/Stephanie Dunkin (Canterbury) in representing you, our members, across the country. You can find their contact details at the back of this issue of Communication Matters.

MEMBER AFFAIRS AND ISSUES ADMINISTRATOR

I would like to warmly welcome Claire Linthwaite, our new Member Affairs and Issues Administrator, to the team. I am looking forward to working with Claire over the next few months and Claire is happy to respond to any queries you may have regarding member issues (membersaffairs@speechtherapy.org.nz).

MEMBER CATEGORIES FOR 2013

With the changing employment environment, it has been

apparent that the member categories have become restrictive. For example, new graduates who have not yet found employment do not fit into any category. Several remits on the Member Category clauses in the Constitution were accepted by the membership at the AGM. Full details of the new membership categories will soon be available on-line and will be well publicised prior to membership renewal in 2013. In the meantime, please do not hesitate to contact Claire Linthwaite or me with any queries regarding your eligibility for membership.

AREA AND STUDENT MEETINGS

Autumn Area Meetings were held during April/May as were student meetings at each of the accredited SLT training programmes. Collated minutes from these meetings are available on the website with EC responses to members' questions and comments. The EC value the feedback, ideas, and suggestions we receive through this forum. They provide us with 'food for thought' and ultimately help move the Association in the direction that you, the members, want. So please do attend and get involved.

MEMBER INVOLVEMENT

I am looking forward to the challenges in the year ahead and working with our new Executive Council towards our strategic goals. Member support is going to be paramount to achieving these, and therefore in my role as Member Networks I hope to establish networks of members who have a strong belief in the Association and are willing to share their skills, expertise and enthusiasm.

If you would like to discuss any member issues or would like to play a more active role in the Association, please do email me at: membernetworks@speechtherapy.org.nz
Lucy



Adele Siave – Māori and Cultural Development

culturaldevelopment@speechtherapy.org.nz

TENA KOUTOU KATO

Thank you to all the organisers, exhibitors, presenters, helpers and attendees who made the conference a huge success. I want to extend special thanks to Michael Steedman, from the University of Auckland, for opening the conference. His whaikorero set the scene for the conference, with his personal story of how Speech Language Therapists had been integral in helping to maintain his uncle's life roles after his uncle had had a stroke. The conference contained a great range of quality papers, workshops, and posters addressing work with clients from different cultural backgrounds. There were also wonderful discussions and ideas for improving cultural competence and relationships were forged with colleagues with the same passion for ensuring that we are providing culturally appropriate services.

I am excited to have been officially voted onto the Executive Council in the role of Māori and Cultural Development portfolio at the AGM. The overall goals for this portfolio will remain the same, with a focus on cultural competence, recruitment, and building relationships with iwi and Māori service providers. Achieving these goals will involve a team effort and I hope that those with a keen interest in cultural development are willing to take on a new challenge.

Nga mihi nui
Adele

Executive Board

EXECUTIVE COUNCIL

President
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Member Networks
Professional Development
Professional Standards
Maori and Cultural Development

Helen McLauchlan
Sara Moore
Lucy Greig
Philippa Williams
Dr Clare McCann
Adele Siave

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Biddy Robb
Jodi White
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Waikato/BOP
Central
Wellington
Canterbury (shared position)

Otago/Southland

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Inventory of SLT Resources for borrowing
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SUBMISSION DEADLINES FOR COMMUNICATION MATTERS 2012

Spring 2012 – 14 August

Summer 2012/2013 – 1 December



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