

communication

SUMMER 2013/14

matters



DR MAGGIE-LEE HUCKABEE
'SILVER LININGS'

HISTORY OF SLT IN AUCKLAND

THE DREAM JOB

WATOTO, UGANDA

FOOD SCHOOL



New Zealand
Speech-language
Therapists' Association

Tē Kāhui Kaiwhakatikatika Reo Kōrero o Aotearoa

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Helen McLauchlan
President

president@speechtherapy.org.nz

As we near the end of the year, it seems appropriate to look back and see what we have achieved. One of our most public achievements has to be our new look website. We have received lots of positive feedback and despite a few minor technical difficulties are very pleased with the results. Thank you to the working party who worked on this project but particularly Sara Moore and the office team.

Thank you to all members who contributed to working parties over 2013. We have had a great deal of activity this year and some very valuable work achieved. Your input and expertise is much appreciated.

As we look to the New Year, 2014 promises to be a very exciting one for the NZSTA. It's conference year so make sure you have it in your diaries - **Wellington, 9-11 April 2014 – Transforming Practice: Making space for Innovation**. It is shaping up to be another outstanding event and I encourage you to come along and see the profession in NZ at its very best. Thank you to the Conference planning committee for all the work already completed.

We will also be celebrating the launch of the International Communication Project (ICP-2014) at the Conference. The NZSTA will host a reception to launch the NZ programme of events. We hope to have a range of invited guests attend the launch, including those who live with communication impairment. Please come along to promote, support and help educate about the work we do as a profession and on the

impact of communication impairment in our communities.

For those of you who haven't been to the website yet, do take a minute to go online and sign the pledge to show your support - www.communication2014.com "Support individuals' basic human right to communicate. Your signature will help bring public attention to the campaign and urge decision-makers in New Zealand and around the world to make communication a priority. Together we can ensure that people with communication disorders have access to the support and services they need."

WE NEED YOU! We are looking for members who want to be involved and contribute to the ICP. Join us on the New Zealand working party or become a Communication champion! The champions will take a lead in co-ordinating local events and activities to promote ICP-2014. It is our hope that these champions will get the conversation started about communication disability. This is our opportunity to promote what we do, and the rights of those we do it for.

If you are interested in the NZ working party please get in touch and look out for more information in the New Year about how to sign up to be a Communication Champion.

Wishing you all a relaxing and enjoyable festive season.
Meri Kirihimete.

Helen





“we are all ultimately driven by the desire to improve patient outcomes”



A cloud with a very silver lining

DR MAGGIE-LEE HUCKABEE, RECIPIENT OF THE 2014 GRACE GANE AWARD

WORDS: DR MAGGIE-LEE HUCKABEE

The past five years have seen a positive shift in clinical routines in medical speech and language therapy within New Zealand, resulting in substantive improvement in patient health outcomes and associated health care costs. Although this type of change is inherently multi-factorial, a key contributor is likely the growing integrative link between clinicians and researchers. Cough reflex testing has been a prominent feature in the research programme of my lab since early 2005. By 2009, student researchers in the lab had completed pilot research on this test in healthy controls and patients with Parkinson’s disease (Leow) and had collected normative data on healthy adults (Monroe). Late in this year I met with Helen McLauchlan

at Middlemore Hospital with the hopes of initiating a research programme to transfer cough reflex testing out of the lab and into a clinical setting through a translational research programme. Helen’s support for clinical change, the consequent recruitment of Anna Miles as a very skilled and determined PhD student to further develop and execute the research, and an HRC translational research grant has consequently resulted in dramatic changes in clinical assessment protocols at many DHBs across New Zealand. It is often the case in research that the results of greatest interest...and frequently of greatest impact...are those that you don’t expect. In this first clinical trial, we didn’t see what we

wanted to see, but we did see what we needed to see: that pneumonia rates for dysphagic stroke patients across DHB’s involved in the study averaged almost twice what has been reported in the international literature. These findings from our first large clinical trial were discouraging, but provided a mandate for clinical change and great motivation to continue seeking better ways, through clinical research, to influence outcomes in patients with dysphagia. A number of District Health Boards have joined in with a lengthy list of student researchers from my laboratory to develop and implement a research programme relative to cough reflex testing (CRT) in the assessment of dysphagia. This is no longer ‘my’ research programme; it is very clearly ‘our’ programme. As our research base has grown, other DHBs have joined in, either implementing CRT into their clinical routines or joining into the research programme with onsite data collection. As a result, pneumonia rates have declined dramatically, at least through provisional assessment at one DHB, with clinicians at the Canterbury District Health Board consequently receiving the Supreme Award of this DHB for Quality Improvement and Innovation. Well done to these clinicians! To date we have gathered a fairly substantial corpus of data regarding the validity, reliability and outcomes of this test. But our work is not done. The answers provided through each completed study precipitate further questions that will need to be addressed. I see two threats to our continued success. First, we need to assure that the evidence collected through the research that we have all contributed to is not ‘lost in translation’. Recent updates to the concept of evidenced based practice stipulate the inclusion of best available evidence from research, from clinical practice and from patient preference.¹ We need to recognise that the research base is still merging for CRT and that before we can adapt this technique for clinical practice, we need to maintain separation of the three components above to first derive a strong research base. Patience is required.

Second, as many of you involved in prior research will attest, translational research is hard! In the short-term, it creates more paperwork and less clinical freedom for you in your clinical routine. It creates more constraints and less academic freedom and control for me. We all therefore face the challenge of sustaining interest and motivation to see this clinical research programme to the end. We all have contributed to this research programme for the same reason: to improve quality and quantity of life for those with swallowing impairment. As partners in the clinical research process, we carry unique but different contributions to ensure success. And although the more immediate motivations may vary, we are all ultimately driven by the desire to improve patient outcomes. And so far, this is exactly what we have done. In the space of a very short time, and with acknowledgement of great efforts and inconvenience by many, we have managed to put a huge dent in the adverse outcomes associated with swallowing impairment. Lets not stop now! Finally, to close: this is a grand opportunity for me to extend a very enormous ‘thank-you’ to all who have contributed to our collective research programme. I would not be able to list all clinicians at all sites, but particular thanks, from the top of the north to the bottom of the south, to: Waitemata DHB, (Becca Hammond, Andrea Benoit and team), Counties Manukau DHB (Helen McLauchlan and team), Auckland DHB, Bay of Plenty DHB (Fiona Hewardine and team), Capital Coast DHB (Helen Rigby and team), and Canterbury DHB (Annette Howard and team). Also many thanks to a virtual army of student clinical researchers: LiPyn Leow, Margaret Monroe, Anna Miles, Sara Moore, Mary McFarlane, Rachel Bennet, Kim Manco, Hui Teng How, Sarah Davies, Molly Kallesen, Helana Kelly, Warren Cossou, Becca Owen, Danielle Waterhouse, Cassandra Sampson, Rebecca Tinney and Kate Ombler.

1. Dollaghan, et al. (2007)



Cognitive Communication Impairments

WORDS: MAEGAN VANSOLKEMA AND SHEILA STEELE

At our intensive inpatient rehabilitation service for adults with acquired brain injury (usually traumatic in nature), we work very closely as a member of the inter-disciplinary team to support the changes to cognition that frequently occur after brain injury. As Speech and Language Therapists we have comprehensive training in cognition, so an important part of our role is to assess, diagnose, treat and educate regarding a range of cognitive impairments. We use a 'Cognitive Pyramid' to explain skills and difficulties to the clients, including a group therapy session which uses practical activities to demonstrate and discuss one layer of the pyramid at a time. This article is a brief summary in understanding our role in assessing and treating clients with cognitive communication impairments.

SPEED OF PROCESSING & CAPACITY

It is very common for clients to experience reduced capacity for information following brain injury, and a slower speed at which they can take this information in. We often use the analogy of a vessel that starts to overflow. Research completed here at ABI Rehabilitation shows that the greatest support for learning new information is to slow down the rate at which it is presented. As client's ability to follow conversations, instructions or to

take on board information is directly affected by their capacity and speed of processing, we aim to support them to develop compensatory strategies. For example: structuring environments to cut out background stimulation, requesting repetition or written information, and pacing the amount of information used at any one time.

ATTENTION

Attention skills are very vulnerable to change following a brain injury, particularly whilst the client is in a stage of Post-Traumatic Amnesia, and we often work closely with the client to re-develop types of attention throughout their rehabilitation. This may include sustaining attention for the duration of a task or short session, selecting attention in increasingly busy settings, switching attention between speakers in a group setting, and dividing attention during complex tasks. It is vital to support client's to develop functional attention skills as this is the first step in making new memories, and meaningful conversations, social events and leisure activities all require use of attention. Client's that can be tangential in their comments may need to focus first on their attention skills, to reduce the degree to which they become distracted.

VISUO-SPATIAL

We work closely with the Occupational Therapists and Psychologists to review visuo-spatial skills, which can be affected if the parietal lobes are damaged. Depth perception, object recognition, scanning difficulties, and inattention or neglect to areas of space are examples of potential changes. As Speech Language Therapists, the affect that this can have on reading and writing can be of particular interest. We can support the client to use strategies such as colour to draw their attention to one side of space, adapting text size and contrast to support reading, and reducing the amount of visual information that they are required to process at any one time.

LANGUAGE

If injury affects the language centers of the brain, typically in the left hemisphere, difficulties with expression, comprehension, reading and writing can occur. For clients without aphasia, word finding difficulties, organization of narrative and discourse, difficulty following complex instructions or understanding abstract concepts, can all be common challenges.

MEMORY

For clients with reduced capacity, speed of processing difficulties, reduced attention or comprehension skills, memory is highly likely to be affected. It is not unusual for clients to "fill the gaps" in their memory, resulting in confabulations which affect their conversations and interactions with others. Our understanding of memory and in particular auditory memory skills places us in good stead to work closely with other therapists to assess the client's skills, to determine where the break down in the memory process lies, and set up both appropriate rehabilitation activities and compensatory strategies. These could include: use of spaced retrieval for client's relying on implicit memory to develop functional skills in looking at a diary, or recalling a dysphagia strategy; development of external memory aids such as diaries and iPad's to support organization and prospective memory skills; use of rehearsal and chunking strategies to support consolidation; developing insight and awareness and requesting repetition or written information from others.

EXECUTIVE FUNCTIONS

These higher level thinking skills refer to organization, planning, decision making, appropriate behavior, initiation ("start, stop and oops buttons"), reflection, and reasoning. Referring to the cognitive pyramid, lower level thinking processes need to function in order to feed into and support these skills. Neurologically, the frontal lobe controls these skills, but relies on communication from all other parts of the brain. Disinhibition and impulsiveness can be reflected in client's speech through verbosity, inappropriate comments. Difficulties with reasoning will affect client's ability to debate, negotiate, and make inferences. Difficulties with flexibility and rigidity of thought can impact client's ability to understand non-literal language or indirect requests, or to shift from one topic to another. Providing education around these changes with the goal of developing awareness and the ability to take a step-back and implement strategies is a key goal.

ASSESSMENTS

The La Trobe Communication Questionnaire uses 30 rated questions to review a range. The benefit of this assessment is the comparison provided by close others and with pre-injury skills, allowing change and the client's level of insight to be explored.

The Scales of Cognitive Ability for Traumatic Injury is a clearly structured assessment reviewing perception, orientation, organization, recall and reasoning. This assessment is very good for assessing basic cognitive skills.

The Functional Assessment of Verbal Reasoning and Executive Skills is a more complex assessment allowing review of complex comprehension, complex expression, verbal reasoning, and executive functions. This assessment is client directed and looks at how an individual can independently understand, plan, and solve various real world tasks through writing and verbal explanation.

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The History of SLT in Auckland

LOOKING BACK

WORDS: ELLE GLAZER

Approximately 10 years ago I was invited to participate in a NZSTA initiative to produce a written history of the development of Speech Language Therapy services in Auckland. To the best of my knowledge this chronicle was never written. Recently two events made me realise that if it is not written shortly, it never will be. Firstly, we have just lost one of the founding health service Speech Language Therapists, Valerie McIntyre (see “Communication Matters” July 2013). Val was instrumental in the development of services for patients who had undergone laryngectomy, in setting up The Voice Clinic, in establishing with Roz Young the Intensive Fluency Courses for adults, and much more. Also, for many years Valerie was the union representative for Speech Language Therapists in the health system and

all SLT’s are indebted to the efforts she put into ensuring our wages and conditions are as good as they are today. Secondly, at a recent meeting of Waitemata Community SLT’s I attended, it was obvious that only one of this group of 7/8 therapists had been employed by the health service for any period of time, making it unlikely that they understood how extraordinary it was that there were now 8 Community Therapists serving the Waitemata area.

I was involved with the development of the adult community service in Auckland and this is the area of our development this article will cover.

When I came to New Zealand from the USA in 1975, the provision of speech language therapy for adults in Auckland was

“The increased presence of Speech Language Therapists in the health sector created an awareness of the need for more SLT expertise for various populations”

minimal. There were two part-time English trained therapists, Val McIntyre and Roz Young, at Auckland Hospital, a part time Dutch-trained therapist, Nell Philcox, at Greenlane and a Canadian-trained part-time therapist, Rae Blumenthal, at the newly- opened North Shore Day Ward. Occasionally one of these therapists spent some time at Middlemore. When my family decided to remain in NZ, we were able to obtain Permanent Residency on the basis of there being a shortage of SLT’s trained to work with adult patients despite the fact that there were almost no positions (and certainly no full time positions) in the health service in Auckland. While waiting for creation of a suitable position I occasionally did some relieving, had a small private practice (mainly voice patients on the North Shore) and worked on a voluntary or barter basis when clients could not afford to pay.

The position of Supervising Speech Therapist, Extramural Hospital -the community service which then served the entire Auckland Region (Pokeno to Wellsford) -was advertised in 1978. It was the first fulltime SLT position in Auckland and was part of a larger plan to expand “extramural” services. My initial brief was to set up and trial the services of a home visiting SLT in one geographical area of Auckland and on the basis of that trial to develop a service that included four full-time therapists (North, South, Central and West) and the supervisor. The trial took place in the northern area as I lived in Whangaparaoa and as there was a new purpose-built facility for community based services across the road from the North Shore Day Hospital. The administrative branch of the community services was based in a building on the corner of Gillies Ave. and Teed St. and as a department head I attended meetings there once a week. I began the SLT service by acquiring suitable assessments and therapy materials for adult clients, visiting many GP’s and

relevant specialists in the northern area and talking with relevant hospital and “extramural” staff.

Referrals trickled in initially but after six months I was able to write a report and request permission to advertise in NZ and overseas for a second therapist. There were no applicants from within NZ for the first “district” therapist position so the position was advertised in the UK “Bulletin”. Advertising in the USA was not permitted at the time. Rosie Fraser (now Wallace), a Scottish therapist, was the first of the many therapists, who were recruited from overseas for the community SLT service. While I continued to provide services to the northern area, Rosie began developing services in South Auckland. Rosie remained in NZ for less than two years. She had a very strong accent, as did many of the overseas-trained therapists who followed her. Within the health service -and the communities -there were always jokes about these therapists with foreign accents helping people talk better.

Initially the caseload of an Extramural therapist included all types of adult cases except swallowing disorders which did not become part of the SLT’s repertoire until the 90’s. In the late 70’s and early 80’s each Extramural therapist had her own hospital board car which could be driven to and from work. Not having to start/end at base provided considerably more flexibility in scheduling than exists today and allowed therapists to visit seven/eight patients in a day.

In 1980 Sue Ashmore became the first New Zealand trained therapist to join the Extramural team. Ruth Merrill was the second New Zealand trained therapist. Both these therapists worked hard to update their knowledge of adult speech and language disorders as much of this information had not been included in the training programme in Christchurch which then trained SLT’s primarily for work in the education sector.

Until the devolution of the health services in the late 80's, these were the only Extramural SLT's who were not recruited from overseas. While U.K. - trained therapists were in the majority, (Lin Field, Maeve McHugh, and Kay Raffell who have remained in NZ were part of this group) there were eventually therapists from Australia (Anne Cooney), U.S.A. (Joyce Fennell) and South Africa (Minju Jairam).

As a result of her work with patients who had had stroke at Auckland Hospital and after observing Stroke Clubs in the UK, Roz Young started the first Stroke Club in New Zealand, the Mt. Eden Stroke Club in 1978/9. Development of other Stroke Clubs throughout the Auckland region then took place over a period of several years. Visiting these clubs regularly became part of the Extramural SLTs' work. At some club SLTs ran conversation groups which lead to the therapists training Stroke Club volunteers to run groups.

Roz Young was also influential in the development of the Volunteer Stroke Scheme. She had learned about volunteer schemes for adults with aphasia whilst on holiday in the UK and had brought back information about the scheme that Valerie Eaton Griffith started as a result of her experiences with actress Patricia Neal. As this was a period in which there was still money available for developing community based services, Roz and I submitted a very detailed proposal following a study trip I made to look at a number of volunteer schemes operating in the UK. The beginnings of the Volunteer Stroke Scheme, established in 1982 and initially called The Volunteer Scheme for Communication Impaired Adults, are fairly well documented and more information can be obtained from Jan Wanless. Until the late 80's major responsibility for the development and maintenance of this scheme was part of the Extramural Supervising SLT's job with the Volunteer Organisers being directly responsible to her.

Up to the late 80's and the development of the district health boards which split up the Extramural staff by areas with major changes to the management structure, the Extramural SLTs were a frequently changing but always increasing number of therapists working with primarily adult clients. We

had excellent support from management to develop services as we saw fit. There were not the current restrictions about transporting patients and we were able to organise courses and workshops for patients across boundaries. We periodically organised and led courses for small groups of patients from all over Auckland with, for example, severe apraxia, global aphasia and in one instance we led a weekly evening course for young deaf adults.

We were also encouraged to develop our resources and each major base had its own set of resources. Infrequently used assessments, materials and reference books were held in my office at the Gillies Ave headquarters. When I started at Extramural Hospital there were few relevant books and journals in Philson Library. We were fortunate that The Head Librarian, Margaret Gibson Smith, became interested in developing this resource and for many years purchased just about everything we requested.

The increased presence of Speech Language Therapists in the health sector created an awareness of the need for more SLT expertise for various populations, for example intellectually challenged adults, adults with head injuries, young adults requiring rehabilitation and preschool children with major developmental problems who began being seen at home in 1986 by a newly developed team which included a Speech Language Therapist. The first SLT to be associated with this team was Linda Barton who was recruited from the UK. For several years Linda was also part of the Extramural SLT team even though many of our meetings and in-services were not relevant to her work.

By the time of the official change to District Health Boards (Auckland, Waitemata, and Manukau) in Auckland the number of Extramural SLT's in the Auckland region had increased from 5 to 8/9. I had understood that the SLT meeting I attended recently was a meeting of all Waitemata SLT's so you can imagine how surprised I was to discover that all the therapists around the table were Waitemata community therapists. Our profession has come a long way in a short time!

International Communication Project 2014

WORDS: DEAN SUTHERLAND

SUPPORT INDIVIDUALS' BASIC HUMAN RIGHT TO COMMUNICATE.

As Speech-language therapists, we know that communication is essential to the social, intellectual, emotional and physical well-being of all individuals throughout New Zealand and around the world. We now want to make sure everyone else knows about the vital importance of communication and the critical role that communication professionals play.

The International Communication Project (ICP-2014) provides an opportunity to do this, both here in New Zealand and around the world with the support of our friends and colleagues.

Please join the NZSTA in supporting this global campaign by signing our online petition. Your signature will help bring public attention to the campaign and urge decision-makers in New Zealand and around the world to make communication a priority. Together we can ensure that people with communication disorders have access to the support and services they need.

The NZSTA will be launching the ICP-2014 at our conference in Wellington on 9th April 2014.

Visit www.communication2014.com to find out about the International Communication Project. To sign the petition - Click here to add your name to the growing list of campaign supporters.

Thank you for your support!

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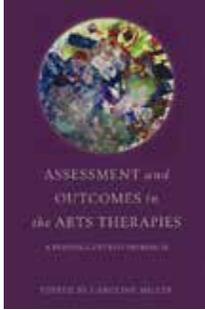
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Assessments and Outcomes in the Arts Therapies A Person-centred Approach

A COLLABORATION BETWEEN SPEECH SCIENTISTS AND MUSIC THERAPISTS

WORDS: CAROLINE MILLER

Chapter three, in this new book published by Jessica Kingsley Publishers, demonstrates a fruitful collaboration between speech scientists and music therapists. It draws on approaches and measures specific to each discipline and combines these in a way which best suits a specific client. In the case study in this chapter, the client and therapist work within a therapist-researcher model, tracking changes in his symptoms of Parkinson's Disease through participating in a choir. The writers of this chapter were music therapist, Alison Talmage, with speech scientists Professor Suzanne Purdy, Laura Fogg-Rogers, Sylvia Leao of Auckland University.

Other chapters in the book focus on designing, or using, specific measures which fit the phenomenology of each person's condition as reported in the case studies outlined in those chapters. Combinations of standardised measures alongside individually designed measures allow a close collaboration between clients and therapists, as well as between therapists from different professional training. The case studies document the work of arts therapists working with adult and child clients, with a focus on how change in therapy can be monitored and documented within person-centred practice.

The book was launched at the Women's Bookshop in Ponsonby, Auckland in mid-October. The launch was followed by presentations at the arts therapies symposium held at Whitecliffe College of Arts and Design, by arts therapists and speech scientists. It was evident that there were significant synergies in members of the different disciplines working together, and we hope to find more opportunities for such work.

The book is available through the Women's bookshop in Auckland (order through the website), through the publisher's website (Jessica Kingsley Publisher), and from other internet sources. (Enquiries about the book can be emailed to cmillerc@xtra.co.nz).

The Dream Job

THE NEW GRADUATE ROTATIONAL POSITION AT THE CDHB

WORDS: ELEANOR BARCLAY AND ASHLEIGH FARR

The New Graduate Rotational position at the CDHB has been the first of its kind to be offered in speech language therapy in New Zealand. The proposed outline was a fixed term 2 year position for 2 candidates, rotating throughout the areas of paediatrics, adult acute, stroke rehabilitation and adult community. In reality the position did not go quite to plan due to various funding issues and saw the community rotation reduced for Ashleigh and not offered to myself (Eleanor) with extended experience in the acute setting.

This position was advertised in December 2011 with interviews taking place January 2012. The interview process was an 'assessment station' with all 11 interviewees taken through group tasks and an individual interview process.

Working across all these different areas of speech language provided us with experience across a range of different settings and stages in the patient's continuum of care. It allowed us to learn from very talented and experienced therapists and become welcomed members of many different teams.

Within the paediatrics rotation we were exposed to inpatient, and outpatient caseloads allowing us to work on the NICU, with cleft palate patients and children with feeding difficulties. The knowledge we gained about developmental dysphagia was interesting to contrast with acquired dysphagia and overall contributed to our knowledge and skills in swallowing disorders.

Adult acute was a fast-paced area to learn in, and provided us with experience in acute stroke, general medicine and neurology caseloads. This rotation provided us with core assessment skills in dysphagia and communication that gave us more confidence entering the areas of rehabilitation and community. We learnt a lot about triaging and the nature of illness at an acute stage. We also gained competencies in cough reflex testing and videofluoroscopy.

Stroke rehabilitation was an area that allowed us to learn about how a patient's condition can improve or remain in a more chronic state following a stroke. We were able to gain experience in the subacute care of a patient and become more confident with a range of assessments and therapies that could be offered to patients. Having the knowledge of acute care supplemented this experience also as we better understood where our patients had come from.

The community rotation was an area not offered to myself due to funding issues, but Ashleigh found it to be an area that challenged her way of thinking, forcing her to move away from a purely clinical hospital environment to a more holistic way of working with people in their home environments.

Overall our experience of the new graduate rotation provided us with a broad range of skills that we are excited to apply and develop.

The new graduate rotational position is being offered again in 2014.



Adventures in Paediatric Dysphagia

A TASTE OF THINGS TO COME

WORDS: BIANCA GORDON (UNIVERSITY OF AUCKLAND) EMMA NECUS (WDHB/CMDHB)

Paediatric dysphagia is a growing specialism in the world of Speech-Language Therapy. In 2012 two passionate dysphagia therapists, Bianca Gordon and Emma Necus developed a new way of teaching a course to therapists who wanted to develop new skills in this exciting and challenging area of practice.

We used a case-based learning approach to teach qualified speech-language therapists and a physiotherapist the fundamentals of dysphagia knowledge. Case-based learning also provides numerous opportunities for developing clinical decision-making skills.

Preparing the cases was time-consuming, developing scenarios and ensuring participants had sufficient information to

work with, whilst also recognising the knowledge they brought with them to the course. We developed seven cases that provided opportunities to learn about anatomy and physiology, child development, assessment and intervention planning as well as exploring ethical decision making, caseload prioritisation and communication skills.

We approached SLTs in Auckland to facilitate parts of the course. These subject experts developed specific cases that addressed particular areas of practice such as a school-aged child with cerebral palsy, a preterm infant home in the community after discharge from NICU and a child with behavioural feeding difficulties.

“We used a case-based learning approach to teach qualified speech-language therapists and a physiotherapist the fundamentals of dysphagia knowledge”

Feedback from our participants during and after the course was really positive. The learning was intensive and challenging but the safe space we created allowed them to explore and refine their thinking. They also used the opportunity to grow the network between them. Emma received a proud email from an SLT who had just done their first CFE and all the course leaders have been available after the course to provide an on-going listening ear in relation to complex cases the participants had.

The research reports that students enjoy Case-based learning and think that it enhances their learning. The data are inconclusive as to the effects of this type of learning compared with other types of activity. Thistlethwaite JE, Davies D, Ekeocha

S, Kidd JM, MacDougall C, Matthews P, Purkis J, Clay D. (2012). We found the course really enjoyable as teachers – there were no “lecture-style” presentations - and the participants gave very positive feedback. They enjoyed the interactive learning and the chance to apply their knowledge to cases where nothing is clear cut.

We intend to use this model for future teaching, and look forward to working with other therapists in this exciting field of practice. In the future we would like to collaborate and create a south Island based version of our course.

For further discussion or information please contact Emma emmanslt@gmail.com or Bianca b.gordon@auckland.ac.nz



Paediatric SLT visits Watoto, Uganda

RESCUE RAISE REBUILD

WORDS: **INEZ SAXBY**

It's been my dream since I was 17 to do volunteer work in Africa. In August this year, that dream became a reality! I joined The Watoto Child Care Ministries in Uganda for two weeks as part of a Global Medical Team Project. This organisation caters for international volunteers to give of their time, skills and expert knowledge to an incredible cause. The founders were Gary and Marilyn Skinner from the USA, now residing in Uganda. Their dream: to rescue, raise and rebuild the most vulnerable. The ministry supports 3 villages with clusters of houses in each. Each site has a babies' home, a medical clinic, kindergarten, primary and secondary school, plus accommodation for teachers and other staff.

The children come from varied backgrounds where they have been abused, orphaned or abandoned. In northern Uganda there is also trauma rehabilitation for former child-soldiers. The children are housed with a 'new' mother, typically a woman on her own with no children. There are usually 7 children per home, which is culturally typical.

The aim of Watoto is to provide these vulnerable children with home care, medical support, education, vocational training, counselling, and spiritual discipleship.

My role was to assess and provide management recommendations for speech, language and paediatric dysphagia within the villages and babies' homes and training for the special needs team and teachers.

“There are only 7 trained therapists in the whole of Uganda who service both education and health sectors”

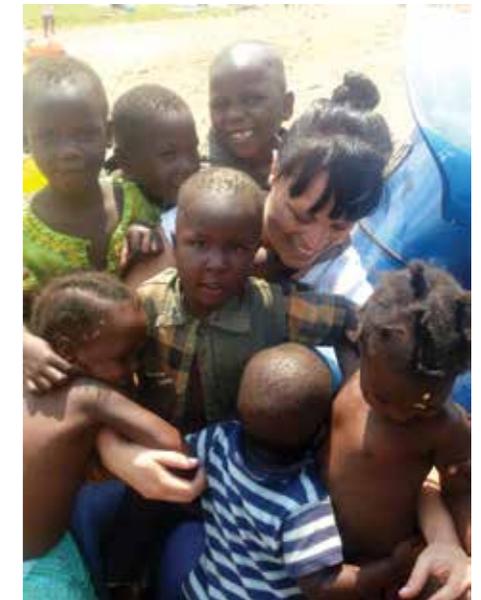
Speech Language Therapy is lacking in a huge way. There are only 7 trained therapists in the whole of Uganda who service both education and health sectors! Getting consistent therapy for a growing special needs population is near impossible.

The majority of children I saw had special needs ranging from cerebral palsy, autism and various other congenital disorders. Referral from teachers consisted of children with developmental delays, primarily from a lack of early intervention and a history of neglect or abuse. I was completely in my element within the babies' home, assessing and managing dysphagia and communication needs of the babies and toddlers. The special needs children in these villages are said to be the first generation in Uganda! Historically they would have been neglected and become outcasts in their village. There is a desperate need for training of caregivers and teachers.

The special needs team have developed themselves into a well-functioning interdisciplinary unit exuding exceptional experience where professional boundaries are not an issue! Two weeks was not enough time to fully offer everything I could bring to them. However I was able to offer tangible, relevant advice, directing therapy with easily achievable goals. My overall recommendations, on leaving Watoto, included safe feeding practices in the babies' home and to develop a proposal requesting teacher-aid support in the classrooms.

Since my visit, I have heard that they are applying for funding to get a regular part-time SLT as part of their IDT. Overall it was an incredible, very challenging, life-changing experience. The beautiful culture and people are well and truly entrenched in my heart. They have not seen the last of me! For those of you, who are reading this and your heart pounds a little faster, please visit the website below. Start investigating being part of an amazing opportunity that you will never forget!

<http://www.watoto.com/get-involved/visit-watoto>



Food School

WORDS: GRACE ADAMS, MSLT (PRAC), FINAL YEAR STUDENT, UOA

As my last clinical placement comes to an end, and the real world is starting to edge into view, I just wanted to write a few words about the awesome experience that I have been having these last few weeks. I have been lucky enough to be involved in the University of Auckland Speech therapy clinic's first ever "Food School". Under the direction of Bianca Gordon, teaching fellow at the University and qualified Speech-Language therapist, and with close liaison and advice from one of Auckland DHB's Child Development teams, myself and my peers have been running two sessions a week with 4-5 children.

The sessions we run are based on principles from SOS feeding therapy, a systematic desensitization approach to feeding therapy developed by Dr Kay Toomey - we call it organised chaos. When the children arrive with their families we have 10-15 minutes of sensory play before moving through to the "picnic room". Parents observe through one way glass, while we set up the table, and introduce new flavours, textures, and tastes in a safe and pressure-free environment. The children we are working with are all very aversive to food and eating for various reasons: ranging from autism spectrum disorder through to one of our clients who has a long history of reflux and gastrointestinal difficulties.

Each food has a song or action that is paired with it, the style seems informal but really, a lot of thought has gone into how each food is introduced and how the steps on the hierarchy will be achieved. The hierarchy I talk about is a 32-step progression from tolerance, touching, smelling, tasting and then eating new foods. Each child is different and in a group setting it can be a challenge to balance each child's level and skill sets. For example; while one of our children gets really engaged in the songs and the actions, another will completely shut down once we start singing. I have learnt valuable skills in reading a situation and modifying as necessary- another really important lesson I have learnt it to absolutely celebrate the small stuff.

As I have gone through my studies, I have progressed from not knowing that speech-language therapists "do" dysphagia and feeding therapy, to finding it more and more my area of interest. The physical complexities amaze me and as I learn more about this area, I am ever increasingly impressed by the mechanics involved. I am also endlessly fascinated by the psychological factors that are entwined with eating; an act that previously I took for granted and didn't think about. New flavours can be scary, but red liquorice went down a treat- every one of our clients at least touched it, and one of our girls even nibbled the end and ate a piece - huzzah! I am having so much fun that I don't even mind when I come home with apple puree in my hair.



New Zealand SLT in Kenya

WORDS: NATALIE MYLES



In November 2012 I moved to Kenya to start a Voluntary Service Overseas (VSO) placement as an SLT with a local organisation called Special Education Professionals (SEP). SEP is an organisation that aims to improve the quality of life for children with special needs living in slums of Nairobi through family centred trans-disciplinary intervention. We have a variety of professionals including special needs teachers, occupational therapists and physiotherapists but I'm the only SLT. As a team, we work in various therapy centres/projects in slum areas. My role is varied - a mixture of "hands-on" training for other professionals and parents and more formal training in the form of practical workshops.

In addition to working in therapy centres, SEP also holds monthly "assessment days" on a Saturday where families can bring their child with special needs for assessment and advice from a variety of professionals. These days are held in a variety of locations around Nairobi and sometimes further afield.

Here in Kenya there are many occupational and physio-therapists but only a handful of foreign trained SLTs. The profession of SLT is not recognised by the government yet, so none of these therapists are working in Government schools or hospitals - all are working either in private practice or for NGOs/charities (the majority in private practice). Although there is a long way to go, there have been some exciting developments in the world of SLT here recently - just this year the Kenyan Association of Speech and Language Therapists officially registered as an association. Currently we have 16 members (12 therapists and 4 assistants). The recent East African SLT conference in Mombasa attracted 120 people from all over Africa and beyond (including Fiona Herwedine from NZ!). Hopefully within the next couple of years there will be a training programme available here at one of the Universities - there are various collaborations between international and Kenyan Universities being explored at the moment.

Life as a volunteer in Kenya is somewhat different to life in NZ. I'm one of the very few Wazungu (foreigners) living in my neighbourhood (and the only one who goes running in the mornings) so I'm very well known! My neighbours are very friendly and I can't really go anywhere without having a chat to someone about how I am, how my family is, where I'm going and what I'm doing (good for my Kiswahili)! To get around I walk (a lot!) and use the local public transport - mini-busses in various states of disrepair called "Matatu". The Nairobi traffic is crazy - it can take 1.5-2 hours to get from my home to a centre and this will include at least 2 matatus and some walking. I do meet many interesting people on my journeys though and I have certainly seen a lot of Nairobi!

Working and living here is not without its challenges but it's incredibly rewarding and overall I've absolutely loved my year in Kenya. In fact I've enjoyed it so much that I've extended my placement for another 6 months...

For more information:

- Special Education Professionals Kenya
www.facebook.com/sepkenya
- Association of Speech and Language Therapists Kenya -
www.asltk.wordpress.com
- www.facebook.com/pages/Association-of-Speech-and-Language-Therapists-Kenya



Area Updates from Spring 2013

NORTHLAND/TAI TOKERAU

Alexandra Cave, Area Rep

- To advocate for speech and language therapy this year Gay Easterbrook took posters to 75% of the kindergartens in Northland. Gay also provided a free speech and language screening clinic which was useful for developing awareness of SLT and provided good opportunities for parental discussion. Karen Sturge wrote an article about speech and language therapy for the hospital weekly newsletter.
- Alexandra Cave will be starting up a Northland dysphagia SIG if interest is sufficient. It will predominantly have a community paediatric focus and be a supportive, practical learning environment. Adult therapists are invited. This initiative has come out of the Local Level Agreement between NDHB and MoE. Interested Northland therapists please email Alexandra.cave@northlanddhb.org.nz
- Professional development recently included a workshop on Routine Based Intervention which Sharon Collier and other MoE staff attended. The founder of this intervention, Robin McWilliam, plans on adapting the programme to make it more relevant to New Zealand. Both therapists from child health attended the Paediatric Dysphagia Study Day in Wellington and Loraine Hamm presented on tongue tie. The day was highly valuable.
- Lola Demeter has started in the mid-north, joining Kathy Arlidge. Beverly Jackson is acting service manager at MoE and there is no cover for her therapist role. Whangarei hospital therapists have Eleanor Rubio, a final year Massey student in paediatrics and adults. Leanne Beukman will finish

in her role at Blomfield Special School at the end of this year and we wish her all the best.

- Members would like to feedback that the new website is great and members find it much easier to navigate.

WAIKATO/ BAY OF PLENTY

Biddy Robb, Area Rep

- New staff members for Waikato and Rotorua DHB's and Whakatane MinEd.
- Student placements at Waikato and Tauranga from Massey, Auckland and Canterbury.
- An awesome Area Study day in November with presentations from Peter Wright (Neurologist) and Thirayan Muthu (Neurosurgeon). Jacinta Parsons, Natalie Stowe, Fiona Hewerdine and our very brave student Mark Saxton tied their presentations into the theme of neurology giving us a well rounded day.
- Speech Language Therapy Week was heralded in with some innovative ideas from the various DHB's.
- We continue to run our area meetings via teleconference as this is the best medium to reach the most people. We usually have four to five host sites around the region that members and non-members can join.

CENTRAL AREA

Jodi White, Area Rep

- It was a quiet quarter on the update front for the Central region

- The team at Hawke's Bay DHB are progressing with the development of their FEES service. They also recently undertook a planning day to review progress on quality initiatives and goals for the coming year. Also Megan Pickering is to present at the 1st international Foetal Alcohol Syndrome in Brisbane. She will be talking about the FAS service at HBDHB which is a pioneering service.
- MidCentral DHB have ordered a new FEES stack and are awaiting its arrival in order to start developing the service and working on the relevant competencies.
- There was also a healthy contingent of attendees from this region at the recent aphasia conference and this was worthwhile for all.

CANTERBURY/WESTLAND AREA

Eleanor Barclay and Megan Chinnery, Area Reps

- Dr Maggie-Lee Huckabee, Stella Ward, Sara Moore, Helana Kelly, Fiona Lee and Annette Howard of the NZBRI and the Speech Language Therapy Department at Christchurch Hospital (respectively) won the Overall Supreme Award at the Canterbury Health System Quality, Improvement and Innovation Awards presented by the Ministry of Health. The award was for their project that evaluated the introduction of a standardised cough reflex testing protocol to the bedside swallowing evaluation. Showing a significant reduction in pneumonia rates in patients post-stroke and the subsequent savings of the health dollar.
- Therapy Professionals run a very successful choir for patients with Neurological conditions. The choir consists of approx. 40 members at the moment and performs 2 concerts per year. As far as they are aware, it is the only choir of this kind run by a Speech-Language Therapist and a Music Therapist collaboratively. Therapy Professionals want to let all SLT's know that they can refer patients to the choir at any time.
- Colette Maier is now the Speech-Language Therapy Liaison for the Canterbury Initiative Project. The project works to improve the interfaces between primary care, hospitals and the public. Colette asks for members in our region to

- provide information to her for this project regarding their specialist area of Speech-Language Therapy, including any links to websites etc. This ensures the health sector and public receive the best and most current local information regarding the services we provide. Email Colette at: colette@notonlywords.co.nz
- Members enjoyed sharing tips and resource ideas with each other at our last breakfast meeting. The favourites were: 'ToonTastic' a free ipad app for kids to work on story making/ retell skills and www.teacherspayteachers.com great for language resources for children.
- A new website called www.aphasiafriendly.co. The website has a Free Resource Library and aims to be a platform for users and producers of aphasia friendly material to share their resources.

OTAGO/ SOUTHLAND AREA

Margaret Gaudelius, Area Rep

- We were delighted to have two of our Central members join us for our Spring Area meeting. We hope more of our members can join us (either face-to-face or via teleconference) for our four meetings next year – it is great to connect with other Speech-language therapists in our area.
- The Dunedin Hospital has welcomed a new therapist, Tessa, to their team. They have a position open for a New Graduate SLT at present.
- The Otago Ministry of Education and the Southern District Health Board are continuing to work together to develop a local level agreement around supporting school-aged students with feeding and swallowing issues.
- The Ministry of Education has released a new practice framework for the Communication Service which provides Speech language Therapy to school-aged children.
- The Central Otago Health Services limited (COHSL) has increased its Speech-Language Therapy Service
- SHOUT has done a fantastic job of advocating for Speech-Language Therapy during Awareness week in Central Otago with a range of interesting and innovative activities targeting a wide sector of the community.



Sara Moore – Communications

communications@speechtherapy.org.nz

2013 has been an incredible year for the NZSTA and a busy year for the Communications portfolio. I am hanging up my coat in the new year, and making way for the next member of the Executive Council to take my place. Could it be you?

I joined the EC almost 4 years ago and have had the opportunity to work alongside some incredibly talented and dedicated SLTs and researchers. Dr Dean Sutherland, Dr Clare McCann, Felicity Bright, Kerrie Gallagher and Adele Siave have all made significant contributions to our profession and association and were a pleasure to learn from. And currently, Lucy Greig, Philippa Friary, Dr Brigid McNiell and Helen McLauchlan have been my partners on the EC. Being part of the NZSTA at this level is a huge opportunity to learn and develop new skills in strategy and governance as well as get involved with new ventures and opportunities serving our membership. During my involvement I was able to rebuild this very publication, and get systems in place to support a sustainable and high calibre magazine we can all be proud of. I have enjoyed collating this edition following the recent departure of editor extraordinaire, Catherine Epps. And next year we have a brand new editor leading the Communication Matters ranks, Marja Steur! Join me in welcoming her for her first issue in March 2014.

A significant piece of work that has recently been completed is the brand new NZSTA website, www.speechtherapy.org.nz is well worth a look. This is the long awaited result of hours of planning and efforts by a very dedicated team. Specific thanks must go to Gretchen Wade in the office, who has spent many dedicated hours on this project and developed new skill sets

in this role, it is appreciated by all! The new site brings new professionalism to our association, new opportunities with new technology and up-to-date interfacing systems to develop services and tools to better our association. It is a really exciting achievement, and we welcome your feedback.

Awareness week is now a member-driven SLT focussed time of year, with 2013 upping the ante yet again! Congratulations to all the individuals and teams of SLTs who worked so hard at promoting and advocating for our profession and those we work with. Very special congratulations goes out to the winners of the advocacy campaign who pulled out a stellar effort in Central Otago. The team at SHOUT speech-language therapy did an amazing job of advocating across a number of different services and to the public and media. They will receive an iPad for their efforts which I 'm sure will be well utilised with their clients.

2014 will see the official launch of the International Communication Project, Helen McLauchlan, Dr Dean Sutherland and Libby French will be coordinating New Zealand's efforts. So keep an eye out, and get involved in this huge international project.

Finally, my sincere thanks to all the membership for your willingness and enthusiasm to support, advocate and promote all it is we do. It has been a real privilege to represent you for this time and I thank you all for your support and feedback over the past 4 years. Have an excellent summer and holiday season. 2014 will be an exciting year!

Sara



Lucy Greig – Member Networks

membernetworks@speechtherapy.org.nz

KIA ORA KOUTOU

Firstly I would like to thank Jodi White (Central Area Representative) for stepping in so willingly to cover my parental leave in July. Jodi's contribution to the Association and the Executive Council (EC) over these three months was greatly appreciated.

Renewal of membership for 2014 has also never been so easy. This is due to the functions and capabilities of the new website. Congratulations to Sara Moore, the working party, and the office administrators on the launch of our fantastic new website. I am sure you will all agree that it is a very user-friendly and professional site. There are many benefits to being a member of the NZSTA. Take a look at <http://www.speechtherapy.org.nz/page/info-for-slts/benefits/>. Remember

renewals are due by the 1st January 2014 so if you haven't already get on-line and indicate your intent to renew ASAP.

Member Networks has been busy over the past three months continuing work on a number of new initiatives and guidelines. Look out for the launch of the revised New Graduate Provisional Membership Guidelines, the new Return to Practice Guidelines, and the introduction of the Association's inaugural Private Practitioner Representative in early 2014.

Finally, I wish you all a very safe and happy Christmas and summer break. May you be rested and rejuvenated for another busy year improving the lives of those living with communication and swallowing disorders.

Lucy



Philippa Friary – Professional Development

professionaldevelopment@speechtherapy.org.nz

*“Rest up, recoup and recharge as 2014
is promising great opportunities”*

My aim for 2013, together with the support of the Exec and the SLT community, was to provide ongoing opportunities for accessible and affordable professional development. We planned to do this by; communicating events that are happening in your area through the PD Calendar on the website, coordinating clinical issues on topics you have requested, together with a national professional development event and linking you all in with international speakers visiting our shores.

On reflection of the year that was, here are some of the many professional development highlights for 2013 ...

The year kicked off with our Clinical Issue on Voice with presentations from Dr Anne Vertigan from New South Wales, Tika Ormond and Marie Hammond from Christchurch. Thank you.

We then moved to the ‘mighty Waikato’ for our national Professional Development Symposium where we were joined by over 80 attendees each day to hear presentations put together by 54 researchers and clinicians around New Zealand. A huge thank you goes out to, Kerrie Gallagher and Barbara Murphy for opening the hui, to Felicity Bright and Clare Palmer our keynotes, to Claire, Gretchen and Mary-Beth with their help in pulling the event together. And don’t forget the Friday afternoon macaroons.

Moving into Spring, we were inspired by our Clinical Issue presenters, Dr Jill Douglass and Tika Ormond, who both

presented webinars around the topic of fluency disorders. Thank you for your thoughts, ideas and wisdom. We have been trialling a new medium for delivering professional development using ‘Scopia’ which is a web based platform and so far have had favourable feedback which supports us continuing with this into 2014.

And all the while in the background this year the Conference Planning Committee lead by Helen Rigby and comprising of; Sam Scott, Claire Winward, Clare McCann, Sally Kedge, Gretchen Wade, Pam Richards and myself having been pulling together a pretty impressive programme for you. NZSTA 2014 Conference – Transforming Practice – Making space for creativity – 9, 10, 11 April

From the mighty Waikato, to the fabulous Te Papa museum in Wellington. The Scientific Programme Committee has selected the abstracts and posters and the programme is ready to go live in January. As you know we have two keynote international speakers, Prof Liz Ward from Australia and Marie Gascoigne from the UK, together with our very own Dr Maggie Lee Huckabee who has been awarded the Grace Gane Award. All I can say at this stage is that we have a stimulating programme and great entertainment planned for all those attending as this will also mark New Zealand’s launch of the International Communication Project. Don’t miss your early bird registration.

Now if you want to be a part of our highlights list for 2014 why not think about applying to be an Expert Advisor for the NZSTA. The role of Expert Advisor is one which is highly valued by the NZSTA, the membership and our communities. An Expert Advisor is someone with a clinical or non-clinical area of expertise who can be called on by the association to; provide an expert opinion to the Association or public on a document or policy, act as a media spokesperson, be contacted by membership on clinical and non-clinical issues as related to their area of specialism, to be involved in association working parties and to be consulted on other related areas.

You can become an Expert Advisor by submitting your application form to the Executive Council. The Council will review your application against the following criteria:

- A current practising member
- A record of good standing with the Association
- More than 5 years’ full time experience in the nominated expert area
- Demonstrated recognition both internally and externally of expertise in the nominated expert area.

Watch the Exec Updates and website : www.speechtherapy.org.nz for the launch of this role and details on how to apply or nominate someone.

Also launched this year for 2014 is our new CPD Framework. For more information on this go to our website and the Professional Development Policy <http://www.speechtherapy.org.nz/page/info-for-slts/pd/>

Don’t forget the awards and grants that NZSTA, with the support of the university programmes and individuals such as Stella Ward, offers its members. Details on how to apply are available on the website. Remember the deadline for your application will be February 2014 given our April AGM where these are announced.

I am not surprised if you are feeling slightly fatigued after reading through what we have all been up to, as it has been a busy year. Now it is time to enjoy that well deserved break with friends and family, read that slightly trashy novel that you have been putting off and enjoy a lazy Sunday after a little too much left over Xmas ham. Rest up, recoup and recharge as 2014 is promising great opportunities.

Mauri Ora

Philippa Friary



Dr. Brigid McNeill – Professional Standards

professionalstandards@speechtherapy.org.nz

SEASON'S GREETINGS!

I hope this message finds you in the wind-down to Christmas and looking forward to the break ahead. I thought I'd take this opportunity to highlight a few of the current projects within Professional Standards as well as take a glimpse towards potential priorities within the portfolio for 2014.

PHARMAC SUBMISSION

In October, a requested submission was presented to PHARMAC regarding the use of thickened foods and fluids to manage dysphagia. I hugely valued the expertise and time given so generously by the clinicians and researchers who contributed to the submission. A huge thank you goes out to Andrea Benoit, Shirley James, Kate Milford, Alison Paulin, Robin Matthews, Emma Necus, Dr Maggie-Lee Huckabee, Bianca Gordon, Melissa Keesing and Rachelle Quaid.

PROGRAMME ACCREDITATION COMMITTEE (PAC)

I am pleased to report that Massey University's speech-language therapy programme has recently been re-accredited. Thanks to the members of PAC, members of the site visit panel, and the staff and students at Massey University who all worked collaboratively to produce this outcome.

I would also like to take the opportunity to acknowledge the contribution of Moira Nelson who has recently stepped down from her role on PAC. Moira has been on the committee since June 2012 and has participated in reviewing the documentation for re-accreditation for all three university programmes. Thank you Moira! We are thus looking to appoint a new private practice representative for the committee for a 4-year term. If you would

like further information about this role, please contact Colette Maier (PAC Chair) on colette@notonlywords.co.nz.

ETHICS WORKING PARTY

The Ethics working party, led by Heather Drysdale, is making great progress in their brief to review the Code of Ethics and processes for complaints and will have a full draft ready for representation to the Executive Council in early 2014.

LOOKING AHEAD TO 2014

In 2014, we are looking at re-structuring the Professional Standards portfolio to increase its manageability and efficacy. In that vein, Dr Clare McCann will continue as the NZSTA representative on the international Mutual Recognition Agreement (MRA) committee and on the Allied Health Aotearoa New Zealand (AHANZ) Committee. Clare will feed forward information from these committees to me (and thus the Executive Council). It is fantastic to have continuity in these important roles. Thanks to Clare for her continued contribution to the association!

At our most recent Executive Council meeting, Helen wisely prompted us to think strategically about pertinent issues and/or goals within our portfolios. The issues of building the association's relevance to members across all sectors and registration came up for me, so I will be looking to pursue your thoughts on those topics in the New Year. If you have any suggestions and/or comments about a potential strategic focus within Professional Standards, I would love to hear from you at professionalstandards@speechtherapy.org.nz.

Once again, all the best for a restful and fun holiday period with family and friends!
Brigid

Contact Details

EXECUTIVE COUNCIL

President
Communications
Member Networks
Professional Development
Professional Standards
Maori and Cultural Development

Helen McLauchlan
Sara Moore
Jodi White
Phillippa Williams
Dr Brigid McNeill
Position vacant

president@speechtherapy.org.nz
communications@speechtherapy.org.nz
membernetworks@speechtherapy.org.nz
professionaldevelopment@speechtherapy.org.nz
professionalstandards@speechtherapy.org.nz
culturaldevelopment@speechtherapy.org.nz

AREA REPRESENTATIVES

Northland-Te Tai Tokerau
Auckland
Waikato/BOP
Central
Wellington
Canterbury (shared position)

Alexandra Cave
Emma Necus
Biddy Robb
Jodi White
Libby French
Megan Chinnery
Eleanor Barclay
Margaret Gaudelius

Alexandra.cave@northlanddhb.org.nz
emmanslt@gmail.com
Biddy.Robb@waikatodhb.health.nz
jodi.white@midcentraldhb.govt.nz
libby.french@gmail.com
mchinnery25@vanasch.school.nz
Eleanor.Barclay@cdhb.health.nz
Margaret.Gaudelius@minedu.govt.nz

Otago/Southland

STUDENT BODY REPRESENTATIVES

Canterbury Student Reps

Rebecca Tinney
Ruth Price
Chloe Lawrence – Year 2/3
Hazel Gray - Year 3/4
Lily Boss – Year 1/2
Karen Watson
Marie Young

rtr23@uclive.ac.nz
rvp17@uclive.ac.nz
Chloe.Lawrence.1@uni.massey.ac.nz
Hazel.Gray.1@uni.massey.ac.nz
09080295@uni.massey.ac.nz
kwat065@aucklanduni.ac.nz
myou088@aucklanduni.ac.nz

Auckland Student Reps

OTHER CONTACTS

Administrator
Speech, Language and Hearing
Journal of the APSSHL, HKAST and NZSTA
Members Affairs and Issues Administrator
Inventory of SLT Resources for borrowing
NZSTA Website Address
NZSTA Email Address
NZSTA Postal Address
NZSTA Physical Address

Gretchen Wade

+64 9 3079223

Editor: Mike Robb
Claire Linthwaite
sltresources@hotmail.com
www.speechtherapy.org.nz
nzsta@speechtherapy.org.nz
NZSTA, P O Box 137 256, Parnell, Auckland 1151, New Zealand
Level 3, Denby House, 156 Parnell Rd, Parnell, Auckland, New Zealand

michael.robb@canterbury.ac.nz
membersaffairs@speechtherapy.org.nz

SUBMISSION DEADLINES FOR COMMUNICATION MATTERS

Autumn Issue 2014 – 6 March 2014



www.speechtherapy.org.nz | P O Box 137 256, Parnell, Auckland 1151 | Level 3, Denby House, 156 Parnell Rd, Parnell, Auckland, New Zealand

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ISSN 2324-2302 (Print) ISSN 2324-2310 (Online)